

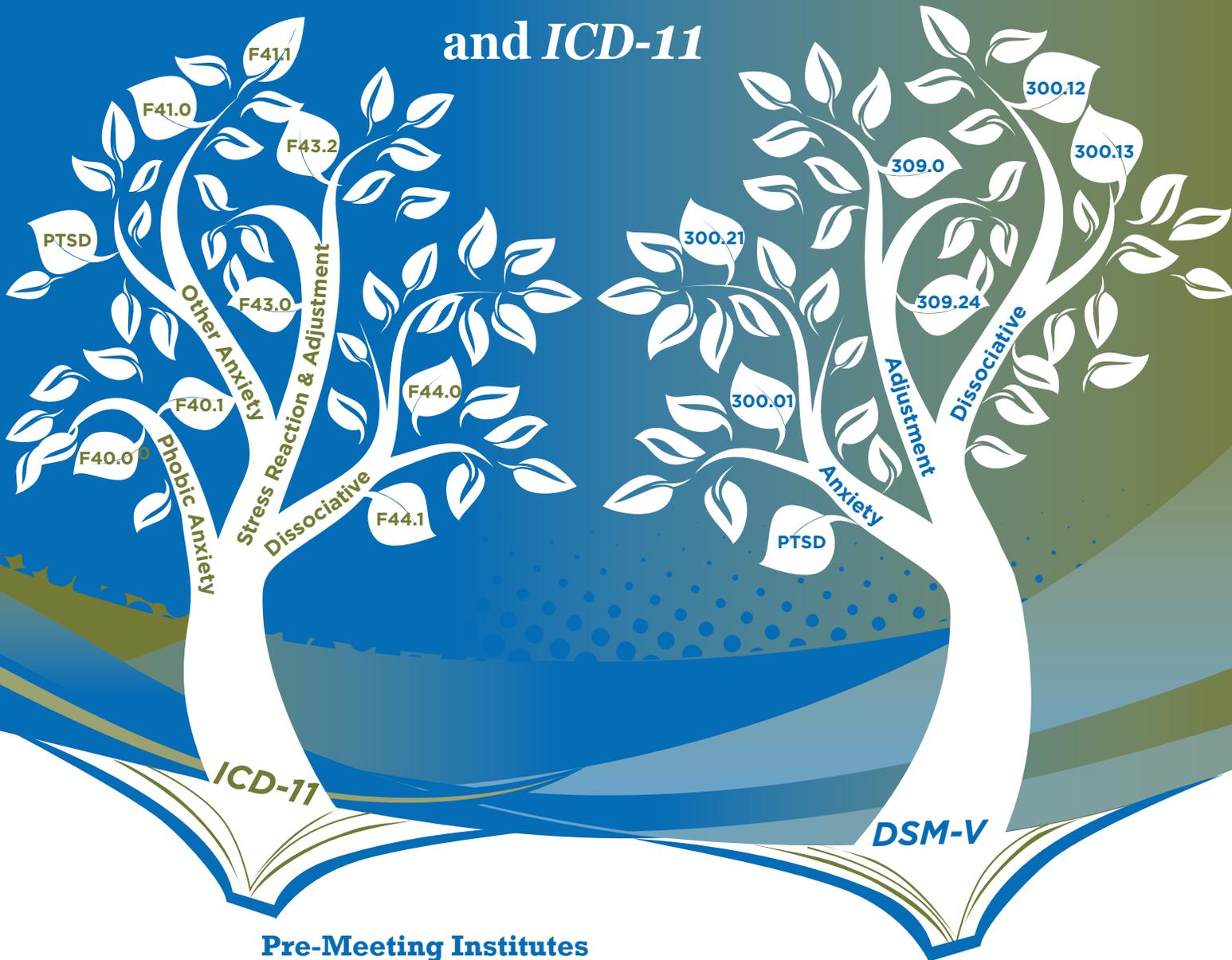


THE INTERNATIONAL SOCIETY FOR
TRAUMATICstress
STUDIES

ISTSS 25th Annual Meeting



Traumatic Stress Disorders: Toward *DSM-V* and *ICD-11*



Pre-Meeting Institutes
Wednesday, November 4

The Westin Peachtree Plaza
 Atlanta, Georgia USA

Final Program and
Proceedings

The largest gathering of professionals dedicated to trauma
 treatment, education, research and prevention



Boston University School of Medicine
 Continuing Medical Education

Jointly Sponsored by
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Visit www.istss.org
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**The 25th Silver Anniversary Annual Meeting
is supported in part by
an educational grant from:**



This event is supported by **National Institute of Health Grant Number R13MH078814 from the National Institute of Mental Health**. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Mental Health or the National Institutes of Health.



THE INTERNATIONAL SOCIETY FOR
TRAUMATICstress
STUDIES

ISTSS 26th Annual Meeting

November 4 – 6, 2010

**Pre-Meeting Institutes
November 3**

**Le Centre Sheraton Montréal Hotel,
Montréal, Québec, Canada**

The largest gathering of professionals dedicated to
trauma treatment, education, research and prevention

Visit **www.istss.org**
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**Translation,
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Pre-Meeting Institutes	1:30 p.m. – 5:00 p.m.
Thursday Sessions	
Concurrent Session 1	8:00 a.m. – 9:15 a.m.
Keynote Address	9:30 a.m. – 10:45 a.m.
Poster Session 1	9:30 a.m. – 6:00 p.m.
Concurrent Session 2	11:00 a.m. – 12:15 p.m.
Concurrent Session 3	2:00 p.m. – 3:15 p.m.
Concurrent Session 4	3:30 p.m. – 4:45 p.m.
Poster Session 1 Presentations	5:00 p.m. – 6:00 p.m.
Friday Sessions	
Concurrent Session 5	8:00 a.m. – 9:15 a.m.
Concurrent Session 6	9:30 a.m. – 10:45 a.m.
Poster Session 2	9:30 a.m. – 6:00 p.m.
Concurrent Session 7	11:00 a.m. – 12:15 p.m.
Concurrent Session 8	2:00 p.m. – 3:15 p.m.
Concurrent Session 9	3:30 p.m. – 4:45 p.m.
Poster Session 2 Presentations	5:00 p.m. – 6:00 p.m.
Saturday Sessions	
Concurrent Session 10	8:00 a.m. – 9:15 a.m.
Concurrent Session 11	9:30 a.m. – 10:45 a.m.
Poster Session 3	9:30 a.m. – 6:00 p.m.
Concurrent Session 12	11:00 a.m. – 12:15 p.m.
Concurrent Session 13	2:00 p.m. – 3:15 p.m.
Concurrent Session 14	3:30 p.m. – 4:45 p.m.
Poster Session 3 Presentations	5:00 p.m. – 6:00 p.m.
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Dear Colleagues

We are delighted to welcome you to the Silver Anniversary Annual Meeting of the International Society for Traumatic Stress Studies. This year's meeting will provide an opportunity to celebrate the society's many contributions to the field of traumatic stress studies and a chance to consider where the field is headed. This year's theme, **Traumatic Stress Disorders: Toward DSM-V and ICD-11**, was selected to provide a forum to consider how we conceptualize, assess and diagnose problems of posttraumatic adjustment in order to ultimately facilitate research, prevention, treatment and policy development.

In addition to the usual collection of high quality peer-reviewed presentations scheduled in the program, we are excited about several special features of this year's 25th Annual Meeting:

- **Plenary and Featured Speakers:** **Dr. Darrel Regier**, vice-chair of the *DSM-V* Task Force and our keynote speaker, will deliver an address entitled "Redefining PTSD With Empirical Data: Implications for *DSM-V*" in which he will discuss future directions in the diagnosis of traumatic stress disorders and the intersection between *DSM-V* and *ICD-11* revision. **Dr. David Spiegel** of Stanford University will discuss proposed changes to the classification and definition of dissociative disorders. **Dr. David Barlow** of Boston University will present a proposal for a dimensional organization of the emotional disorders and the development of a transdiagnostic therapeutic approach. **Dr. Ann Rasmussen**, also of Boston University, will discuss psychobiological correlates of traumatic stress disorder diagnoses.
- **DSM-V PTSD Workgroup Panel:** Members of the *DSM-V* PTSD workgroup will discuss and debate proposed modifications to the PTSD diagnosis in a moderated, interactive forum.
- **Master Clinician Demonstrations:** This year we will be showcasing 5 different Master Clinicians, who will demonstrate interventions from their respective psychotherapy models with a common pseudo-patient diagnosed with combat-related PTSD.
- **Pre-Meeting Institutes:** As usual, we are offering some of the highest quality training opportunities available on traumatic stress through our Pre-Meeting Institutes. This year marks the first year of ISTSS-sponsored *Learning Collaboratives*, which will allow participants to sign up for ongoing telephone consultation after the day-long training. See the PMI section for more information.
- **Past Presidents Panels:** Two panels of past ISTSS presidents will reflect on the first 25 years of ISTSS and the evolution of the field of traumatic stress studies.
- **25th Annual Meeting Celebration:** The conference will close with the Silver Anniversary Celebration on Saturday night. Join us in celebrating the rich history of ISTSS that evening.

We look forward to the dialogue among researchers, clinicians, students, policy makers and consumers at this year's Annual Meeting. It is through these exchanges that we fuel progress in the classification of traumatic stress disorders and advance all of the aspects of traumatic stress studies supported by our diagnostic systems.

We hope that you enjoy this year's program and your time in Atlanta!

Mark W. Miller, PhD and Candice M. Monson, PhD
25th Annual Meeting Co-Chairs

Patricia A. Resick, PhD
ISTSS President



About the International Society for Traumatic Stress Studies

ISTSS is an international multidisciplinary, professional membership organization that promotes advancement and exchange of knowledge about severe stress and trauma. This knowledge includes understanding the scope and consequences of traumatic exposure, preventing traumatic events and ameliorating their consequences, and advocating for the field of traumatic stress. The society has a diverse membership from around the world. Members are social, behavioral and biological scientists; professionals from mental health and social services disciplines and individuals representing religious, legal and other professions. ISTSS activities include education, training and information resources.

Program Committee

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Reginald Nixon
Holly Orcutt
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Suzanne Pineles
Nnamdi Pole
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Casey Taft
Elisa Triffleman
Rivka Tuval-Mashiach

Connie Veazey
Dawne Vogt
Ulrike von Lersner
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Angela Waldrop
Terry Weaver
Anke Weidmann
Kamila White
Claudia Zayfert

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Matthew J. Friedman, MD, PhD 1995-1996
Elizabeth Brett, PhD 1994-1995
Charles Marmar, MD 1993-1994
Susan Roth, PhD 1992-1993
Robert S. Pynoos, MD 1991-1992
Bessel van der Kolk, MD 1990-1991
Jacob D. Lindy, MD 1989-1990
Yael Danieli, PhD 1988-1989
John Wilson, PhD 1987-1988
Charles Figley, PhD 1985-1987

Schedule at a Glance

Tuesday, November 3

4:00 p.m. – 6:00 p.m. Registration

Wednesday, November 4

7:30 a.m. – 8:30 a.m. Coffee and Tea

7:30 a.m. – 5:00 p.m. Registration

8:30 a.m. – Noon Pre-Meeting Institutes

10:30 a.m. – 5:00 p.m. Bookstore

1:30 p.m. – 5:00 p.m. Pre-Meeting Institutes

7:00 p.m. – 8:00 p.m. Orientation Meeting

8:00 p.m. – 10:00 p.m. Cash Bar Meet & Greet

Thursday, November 5

7:00 a.m. – 8:00 a.m. Coffee and Tea

7:00 a.m. – 5:00 p.m. Registration

7:00 a.m. – 6:00 p.m. Bookstore/Exhibits

8:00 a.m. – 9:15 a.m. Concurrent Session 1

9:30 a.m. – 10:45 a.m. Keynote Address

9:30 a.m. – 6:00 p.m. Poster Session 1

11:00 a.m. – 12:15 p.m. Concurrent Session 2

12:30 p.m. – 1:45 p.m. Special Interest Group (SIG) Meetings

2:00 p.m. – 3:15 p.m. Concurrent Session 3

3:30 p.m. – 4:45 p.m. Concurrent Session 4

5:00 p.m. – 6:00 p.m. Poster Session 1 With Author(s) Present

6:15 p.m. – 7:00 p.m. Awards Ceremony

Friday, November 6

7:00 a.m. – 8:00 a.m. Coffee and Tea

7:00 a.m. – 5:00 p.m. Registration

7:00 a.m. – 6:00 p.m. Bookstore/Exhibits

8:00 a.m. – 9:15 a.m. Concurrent Session 5

9:30 a.m. – 10:45 a.m. Concurrent Session 6

9:30 a.m. – 6:00 p.m. Poster Session 2

11:00 a.m. – 12:15 p.m. Concurrent Session 7

12:30 p.m. – 1:45 p.m. Student/Trainee Luncheon Meeting

2:00 p.m. – 3:15 p.m. Internship and Post-Doctoral Program Networking Fair

2:00 p.m. – 3:15 p.m. Concurrent Session 8

3:30 p.m. – 4:45 p.m. Concurrent Session 9

5:00 p.m. – 6:00 p.m. Poster Session 2 With Author(s) Present

6:15 p.m. – 7:00 p.m. Business Meeting

9:00 p.m. – 10:00 p.m. Reception for VA and DoD Employees

Saturday, November 7

7:00 a.m. – 8:00 a.m. Coffee and Tea

7:00 a.m. – 2:00 p.m. Exhibits

7:00 a.m. – 3:30 p.m. Registration

7:00 a.m. – 5:00 p.m. Bookstore

8:00 a.m. – 9:15 a.m. Concurrent Session 10

9:30 a.m. – 10:45 p.m. Concurrent Session 11

9:30 a.m. – 6:00 p.m. Poster Session 3

11:00 a.m. – 12:15 p.m. Concurrent Session 12

12:30 p.m. – 1:45 p.m. Special Interest Group (SIG) Meetings

2:00 p.m. – 3:15 p.m. Concurrent Session 13

3:30 p.m. – 4:45 p.m. Concurrent Session 14

5:00 p.m. – 6:00 p.m. Poster Session 3 Presentations With Author(s) Present

6:00 p.m. – 8:00 p.m. 25th Silver Anniversary Celebration

8:00 p.m. Conference Adjourns



Registration

The ISTSS Registration and CE/Membership Services desks are located in the Overlook Area, 6th floor and will be open at the following times:

Tuesday, November 3	4:00 p.m. – 6:00 p.m.
Wednesday, November 4	7:30 a.m. – 5:00 p.m.
Thursday, November 5	7:00 a.m. – 5:00 p.m.
Friday, November 6	7:00 a.m. – 5:00 p.m.
Saturday, November 7	7:00 a.m. – 3:30 p.m.

Participation in the ISTSS 25th Annual Meeting is limited to registered delegates.

Your full registration includes:

Education Sessions and Materials

- Admission to all program sessions (except Pre-Meeting Institutes, which require an additional fee)
- Admission to Poster Sessions
- Final Program and Proceedings

Networking/Social Events

- Awards Ceremony
- 25th Silver Anniversary Celebration Reception
- Morning coffee and tea networking opportunities
- Special Interest Group (SIG) meetings

Conference Features

- Keynote Address
- Featured Sessions
- ISTSS Past Presidents Panel Presentations
- ISTSS Annual Business Meeting
- ISTSS committee and task force meetings
- Master Clinician Series
- NEW! Video-captured recordings for additional CE credit
- Students/Trainees visits with the presidents
- Student Poster Award
- Internship and Post-Doctoral Program Networking Fair
- Exhibits of products and services
- ISTSS Bookstore
- Audio recordings of education sessions

Events Available for Additional Fee

- Pre-Meeting Institutes
- Learning Collaboratives
- Cash Bar Meet and Greet
- Special Interest Group (SIG) box lunches

Membership Information

Join now for 2010

ISTSS meeting registration does not include membership in ISTSS. If you are not already a member, consider joining the Society now at the registration desk located in the Overlook Area on the 6th floor. ISTSS membership includes the peer-reviewed *Journal of Traumatic Stress* and *Traumatic StressPoints*, the award-winning bi-monthly, online society newsletter. As an ISTSS member, you will also enjoy access to the "Members Only" section of the ISTSS Web site, which includes an online directory of all members, an invaluable resource for instant connection to an extensive network of trauma experts; discounts on use of the

Meeting Hotel and Meeting Rooms

All sessions and events at the ISTSS 25th Silver Anniversary Annual Meeting will take place at The Westin Peachtree Plaza Hotel in Atlanta, Georgia. A floor plan of the meeting facilities is located on the back cover.

The Westin Peachtree Plaza Hotel

210 Peachtree Street
Atlanta, GA 30303
Phone: +1-404-659-1400 Guest Fax: +1-404-589-7424

Attire

Attire for the conference is business casual.

Audio Recordings

Not able to attend any or all of the educational sessions at the ISTSS Annual Meeting? ISTSS is producing audio recordings of every educational session which will be available for purchase as a set. Listen from the Web at any time or download and save individual sessions as MP3 files to listen on the go without cumbersome CDs. In addition to the audio, selected sessions will have slides available as Adobe Acrobat® presentations. Take home the meeting by ordering the set of audio-recordings and available slides at the exclusive onsite price of \$69 for members and \$89 for non-members. This discounted price is only available to those individuals attending the conference. Audios recordings will also be available for anyone interested in purchasing them after the meeting. Visit www.istss.org for more details after the conference. Within 4 weeks following the conclusion of the meeting, you will receive an e-mail with information on how you can access your audio-recordings and slides. Be sure to provide a valid e-mail address.

Badges

The Annual Meeting badge you received in your on-site registration packet is required for admittance to all sessions and social activities. A fee may be charged to replace lost badges. First-time attendees are designated with light blue ribbons. Please help welcome them to the ISTSS meeting.

In honor of the 25th Anniversary Celebration of ISTSS, additional ribbons are available at the registration desk noting five-year increments of membership. Stop by and pick one up to attach to your badge!

ISTSS Career Center; discounts on selected publications from Haworth Press, a leading source of trauma journals and texts; and eligibility for recognition and awards presented by ISTSS to individuals who have made outstanding contributions to the field.

ISTSS members may participate in Special Interest Groups and committees. Your ISTSS membership plays an important role in supporting international trauma research and treatment. ISTSS membership is based on a calendar year — January 1 through December 31 — and dues are not prorated. Join now and your membership will be valid thru December 31, 2010.

Bookstore for ISTSS

The Overlook Area – 6th Floor

Professional Books offers a large selection of trauma-related publications for sale during the meeting. Contact Marcie Lifson at Professional Books at +1-800-210-7323 or +1-617-630-9393, by e-mail: read9books@aol.com, or visit www.professionalbooks.com.

Bookstore Hours

The bookstore is open Wednesday, from 10:30 a.m. – 5:30 p.m., Thursday and Friday from 7 a.m. – 6 p.m., and Saturday, from 7 a.m. – 5 p.m.

Business Center

Behind the Concierge Desk – 5th Floor

Copying, faxing, office supplies, computer and printer stations and other business services are available from the hotel business center, which is located directly behind the concierge desk. Assistance is available Monday – Friday from 7:30 a.m. – 4 p.m.

Committee Meeting Rooms

The Tower Meeting Rooms #1201-1205, located on the 12th floor, are available for committee or small group meetings at designated times during the conference. Attendees can reserve meeting times by using the sign-up sheet outside each of the meeting rooms.

Exhibits

International Foyer, 6th Floor

Thursday, November 5
Friday, November 6
Saturday, November 7

7:00 a.m. – 6:00 p.m.
7:00 a.m. – 6:00 p.m.
7:00 a.m. – 2:00 p.m.

Stop by the exhibits to see the display of products and services of interest in the trauma field. The exhibits provide valuable interaction between the profession and organizations that supply the products and services. A list of the exhibitors can be found in the final program with additional exhibitors in the onsite newsletter in your registration packet.

Meeting Evaluation

ISTSS needs your input to enhance future ISTSS meetings. An online meeting evaluation survey will be e-mailed to you shortly after the ISTSS Annual Meeting. Your participation in this survey is greatly appreciated.

Message Center

The Overlook Area – 6th Floor

The ISTSS message center is located next to the registration desk in the Overlook Area – 6th floor at The Westin Peachtree Plaza Hotel. Messages for registrants are posted alphabetically by last name. Please remove your messages after you have received them. The ISTSS message center can be reached by calling the hotel operator at +1-404-659-1400 and asking to be transferred to the ISTSS registration desk.

Smoking Policy

Smoking is prohibited at any ISTSS function.

Speaker Ready Room

Boardroom – 6th Floor

If you plan to use audiovisual aids during your presentation, visit the speaker-ready room before your presentation. The room is equipped with much of the same audiovisual setup as session rooms, so you may test your materials and rehearse your presentation.

Speaker Ready Room Hours

The Speaker Ready Room is available from 7 a.m. – 5 p.m., on Wednesday, Thursday, Friday and Saturday from 7 a.m. – 3:30 p.m.

Special Assistance

Notify the ISTSS Registration Desk in the Overlook Area – 6th floor, if you require special assistance at the conference.

Video Recordings - Earn Additional CE Credits

This year, ISTSS will be capturing two Pre-Meeting Institutes on video. If you do not attend one of these PMIs in person, you'll have the opportunity to access the content of the PMI after the meeting has concluded. If you attend one of the PMIs being recorded, you'll have access to a video recording of the session you attended. Each video recording will be bundled with supplemental reading material and a quiz. By purchasing the recording and the supplemental material and passing the quiz, you'll earn 4 CE credits.

Video recording of the following PMIs will be available:

PMI-5 Parent-Child Interaction Therapy: An Evidenced Based Intervention for Children With a Trauma History

(Robin H. Gurwich, PhD)

PMI-11 Doing It Well and Doing It Right: An Ethics Workshop for Trauma Specialists

(Constance Dalenberg, PhD; Lucy Berliner, MSW)

See page 50 and page 53 for a description of these Pre-Meeting Institutes. The fee for each package of video-recording, supplemental material, quiz and 4 CE credits for a passing score is \$70 for members and \$80 for non-members. Please visit the Registration Desk to purchase your video-recording set today. Within three weeks following the conclusion of the meeting, you'll receive an e-mail with information on how you can access your recordings.

Visit the exhibitors in the International Foyer located on the 6th Floor.

Institute on Violence, Abuse & Trauma, Alliant International University

10065 Old Grove Road, Suite 101
San Diego, CA 92131
Phone: +1-858-527-1860 ext. 4050
Fax: +1-858-527-1743
E-mail: bgeffner@pacbell.net
Web site: www.ivatcenters.org

Brochures and information about Alliant International University's Institute on Violence, Abuse and Trauma (IVAT), as well as information and sample journals from Taylor and Francis/Haworth Press' Trauma and Maltreatment Program, flyers about IVAT's training program and conferences as well as a book list from its online bookstore are provided.

Routledge Journals

325 Chestnut St.
Philadelphia, PA 19106
Phone: +1-215625-8900
Fax: +1-215-625-2940
E-mail: amanda.patterson@taylorandfrancis.com
Web site: www.routledge.com

For two centuries, Taylor & Francis has been fully committed to the publication of scholarly information. Under our Routledge imprint, we publish a wide variety of journals in the mental health field. Visit the Routledge table to view our products and to pick up FREE sample copies of our journals!

The Trauma Disorders Program at Sheppard Pratt

6501 N Charles Street
Baltimore, MD 21204
Phone: +1-410-938-3157
Fax: +1-410-938-3159
E-mail: ifisher@sheppardpratt.org
Web site: www.sheppardpratt.org

As a program with national & international recognition in a top- ten ranked behavioral health facility, The Trauma Disorders Program at Sheppard Pratt offers treatment for all stages of psychological trauma recovery. Integrating an intensive multi-disciplinary approach through individual, milieu and process-oriented, experiential and psycho-educational group therapies, our expertly trained treatment teams provide a structured, supportive environment to facilitate stabilization.

Walter Reed Army Medical Center

6900 Georgia Avenue N.W. Bldg T.2 Rm 272
Washington, DC 20307
Phone: +1-202-782-8940
Fax: +1-202-782-3539
E-mail: naomi.parker@amedd.army.mil
Web site: www.pdhealth.mil

The Deployment Health Clinical Center is a tri-service outpatient treatment facility located at Walter Reed AMC and services returning service members and family members who are experiencing post-deployment health concerns. It works with its patients, their families and their doctors to find answers, improve health care and enhance the quality of life after military deployments. The center offers a caring program that includes medical evaluation and treatment, veteran and clinician education, and strategies for improving the quality of post-deployment health care delivered within all Departments of Defense health care facilities.

Wiley-Blackwell

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Phone: +1-800-835-6770
E-mail: stepsmith@wiley.com
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Orientation Meeting

Wednesday, November 4

As part of the ISTSS welcome to the 25th Silver Anniversary Annual Meeting, experienced members of ISTSS will facilitate discussion during an Orientation Meeting. The Orientation Meeting will provide a framework for navigating the Annual Meeting and introduce participants to ISTSS as an organization. While geared toward first-time attendees, all ISTSS participants are invited to join in, ask questions, and add comments and insights. Following the Orientation Meeting, a cash bar will be available from 8 to 10 p.m. The Orientation Meeting will be held in the International H Room, while the cash bar will be held in the Vinings Room, both on the 6th floor. Stop by the Registration Desk in the Overlook Area on the 6th floor, if you have questions about the Orientation Meeting.

Cash Bar Meet and Greet

Wednesday, November 4

This event will offer an opportunity for all conference participants to interact socially in a relaxed environment. Beverages will be available for purchase.

ISTSS Special Interest Groups

Thursday, November 5

12:30 p.m. – 1:45 p.m.*

and Saturday, November 7

12:30 p.m. – 1:45 p.m.*

The purpose of Special Interest Groups (SIGs) is to provide members with a forum for communication and interaction about specific topic areas related to traumatic stress, as well as providing a means of personal and professional involvement in the activities of the Society. All meeting participants are welcome to attend the SIG meetings. *See page 22 for a listing of specific SIG meetings for each day.

Meet the ISTSS

Diversity Committee

Thursday, November 5

Committee Members Only

Tower Meeting Room

#1202 – 12th Floor

5:00 p.m. – 5:30 p.m.

5:30 p.m. – 6:00 p.m.

The ISTSS Diversity Committee is interested in your thoughts, opinions and questions about who we are as a committee, diversity issues within ISTSS, and more broadly, about diversity and traumatic stress studies. Committee members are inviting all interested Annual Meeting participants to the first half of the Diversity Committee meeting. We'll discuss and develop our priorities for the coming year and focus on how the committee can become more visibly responsive to the field and to ISTSS members. We welcome your input! If you have any questions after the meeting, contact Elisa Triffleman, chair of the Diversity Committee at elisatriffleman@earthlink.net.

Awards Ceremony

Thursday, November 5

Help us recognize this year's awards recipients. Everyone is invited to attend the Awards Ceremony.

Roswell – 8th Floor

6:15 p.m. – 7:00 p.m.

Student and Trainee Lunch and Meeting

Friday, November 6

All students and trainees are invited to attend a welcome meeting where they will have an opportunity to visit with past presidents of ISTSS. Each past president will lead a small table discussion on a topic of their choice (i.e., navigating an academic career, post-doc advice, tips for surviving medical residency, international trauma studies, how to advocate for policy change, etc.). Within a one-hour period, students will rotate between tables to meet various past presidents. Student and Trainee Section Members hope that students will grow from this mini-mentorship exercise and feel as though they have become a part of the ISTSS family. Pre-registered students/trainees will receive lunch which is paid for by ISTSS. All students must register for the Student/Trainee Meeting to be included in the lunch.

Don't forget to stop by the ISTSS Student and Trainee Welcome Table near the registration desk in the Overlook Area for more information on students' and trainees' activities.

Internship and Post-Doctoral Program Networking Fair

Friday, November 6

Plaza Ballroom – 10th Floor

2:00 p.m. – 3:15 p.m.

Finding an internship or post-doctoral program that offers trauma specific training can be difficult. In an attempt to ease this burden, the Student and Trainee Section of ISTSS is offering this session to provide an opportunity for students to talk with representatives of various internship and/or postdoctoral programs that offer rotations or specializations in the clinical aspects of working with trauma. The training programs will have the opportunity to recruit potential interns or post-doctoral residents, while the students will have the opportunity to locate these programs and ask questions about the experiences offered and the application process. Programs from across the United States will participate and represent a diverse set of clinical interests including military and veterans, children, sexual assault, prison populations, refugees and general community. Additionally, representatives will be present at this event to discuss the Fulbright Program and the Peace Corps as opportunities for international study, training, research, exchange and collaboration. This event was coordinated by Lynnette Averill, Student and Trainee Section vice chair.

Organizations Participating in the Internship and Post-Doctoral Program Networking Fair

Cincinnati VAMC

Location: Cincinnati, Ohio, USA

Program: Pre-doctoral Internship

Program Characteristics: Children

Training Level: Pre-doctoral, post-doctoral

Emphasis: Clinical, research

Contact: Kate Chard, PhD

Practitioner-scientist pre-doctoral training program with opportunities for rotations in PTSD, neuropsychology, substance dependence, healthy psychology and psychiatric emergency room.

Michael E. DeBakey Veterans Affairs Medical Center Psychology Internship Program

Location: Houston, Texas, USA

Program: Internship

Program Characteristics: Adults

Training Level: Internship, post-doctoral

Emphasis: Clinical

Contact: Ellen J. Teng, PhD

The goal of the Psychology Internship Program is to prepare interns for the practice of professional psychology in a variety of settings with a particular emphasis on preparation for VA and other medical/institutional settings.

Federal Bureau of Prisons

Location: Atlanta Georgia, USA

Program: Psychology Doctoral Internship Program

Program Characteristics: Adults

Training Level: Pre-doctoral, Post-doctoral

Emphasis: Clinical

Contact: Joshalyn Levister

The Bureau relies upon this program to provide uniquely qualified entry-level psychologists. Interns who are competent and comfortable working within the correctional setting are often recruited by the Bureau. <http://www.bop.gov/>

Iowa City VA

Location: Iowa City, Iowa, USA

Program: Professional Psychology Internship

Program Characteristics: Male and female veterans of all ages

Training Level: Internship

Emphasis: Clinical

Contact: Doris J. Stormoen, PhD

Evidence-based treatment approaches (e.g., CPT and PE). Major rotations include PTSD and the Women's Clinic, the latter of which focuses on work with patients suffering from military sexual trauma and their families as appropriate. <http://www.iowacity.va.gov/careers/psychintern>

Northwest Georgia Regional Hospital

Location: Rome, Georgia, USA

Program: Northwest Georgia Consortium Internship

Program Characteristics: Children, adults

Training Level: Pre-doctoral

Emphasis: Clinical

Contact: Victor S. Wolski, PhD

Three organizations consortium including public sector, regional psychiatric, substance abuse and developmental disabilities servicing 2+ million people, a community mental health center for children, adolescents, and adults, and a denominational affiliated children's residential treatment center. <http://www2.state.ga.us/departments/dhr/nwgc/index.html>

Louis Stokes Cleveland DVA Medical Center Psychology Service Training Programs

Location: Cleveland, Ohio, USA

Program: Pre-doctoral Internship

Program Characteristics: Military veterans

Training Level: Doctoral, pre-doctoral, post-doctoral

Emphasis: Clinical, research

Contact: Robert W. Goldberg, PhD, ABPP

Internship: Four month full-time rotation in PTSD Center for Stress Recovery provides generalist training in mental health. Residence: One-year full-time program provides training with a variety of trauma subpopulations and intervention modalities.

UC Davis Children's Hospital

Location: Sacramento, California, USA

Program: CAARE Center Clinical Psychology Training Program

Program Characteristics: Children

Training Level: Pre-doctoral, post-doctoral

Emphasis: Clinical

Contact: Georganna Sedlar, PhD

CAARE Center Clinical Psychology Internship Program provides training in empirically supported treatments (PCIT; TF-CBT) and working with maltreated children.

University of Washington

Location: Seattle, Washington, USA

Program: University of Washington Psychology Internship Program

Program Characteristics: Children, adults

Training Level: Pre-doctoral

Emphasis: Clinical, research

Contact: Debra Kaysen, PhD

Training in general adult psychology, general child psychology, and behavioral medicine/health psychology. Internship utilizes a scientist-practitioner training model. It is a "generalist" program that permits additional emphasis in adult and child psychology and behavioral medicine.

<http://depts.washington.edu/psychweb/internship/index1.htm>

VA Boston Healthcare System

Location: Boston, Massachusetts, USA

Program: Boston Consortium in Clinical Psychology Internship Program

Program Characteristics: Children, adults

Training Level: Pre-doctoral

Emphasis: Clinical, research

Contact: Jillian Shipherd, PhD & colleagues

Twelve scientist-practitioner training opportunities including two directly associated with the National Center for PTSD. Other rotations offer PTSD training experiences as part of broader clinical training. Interns may participate in cognitive processing therapy (CPT) training and ongoing consultation with Dr. Patricia Resick and her associates within the NC-PTSD (Women's Health Science Division); Seeking Safety training with Dr. Lisa Najavits is another opportunity offered to interns.

<http://www1.va.gov/bostonpsychologyfellowship/page.cfm?pg=18>

VA Boston Healthcare System

Location: Boston, Massachusetts, USA

Program: VA Boston Psychology Postdoctoral Fellowship Program

Program Characteristics: Adults

Training Level: Post-doctoral

Emphasis: Clinical, research

Contact: Jillian Shipherd, PhD

Affiliated with Boston University School of Medicine and Harvard Medical School, the program is organized into two APA-accredited programs, Clinical Psychology and Clinical Neuropsychology. It is committed to the scientist-practitioner model in clinical care, clinical research and professional teaching.

VA Maryland Healthcare System/University of Maryland

Location: Baltimore, Maryland, USA

Program: VA Maryland Healthcare System/University of Maryland Psychology Internship Consortium

Program Characteristics: Children, adults

Training Level: Pre-doctoral, post-doctoral

Emphasis: Clinical, research

Contact: Melissa Decker, PsyD

The consortium represents the integrated training experience of psychology across three primary sites, including two medical centers and a medical school. Interns at VAMHCS are placed into one of four tracks: comprehensive, health psychology, neuropsychology, or serious mental illness.

VA Medical Center-Salem

Location: Salem, Virginia, USA

Program: Salem VA Medical Center

Program Characteristics: Children, adults

Training Level: Pre-doctoral, post-doctoral

Emphasis: Clinical, research

Contact: Ted Wright, PhD, Tanya Aaen, PhD

A generalist program in psychology with a strong cognitive-behavioral orientation and scientist-practitioner model. Major rotations (4-6 months) occur for 4 days/week. A rotation in outpatient psychological services is required. Behavioral medicine/primary care, substance abuse, neuropsychology and PTSD major rotations are elective.

VA Pittsburgh Healthcare System

Location: Pittsburgh, Pennsylvania, USA

Program: VA Pittsburgh Healthcare System

Program Characteristics: Adults

Training Level: Pre-doctoral, post-doctoral

Emphasis: Clinical

Contact: Melissa Marcario, PhD

APA accredited Pre-doctoral psychology internship and postdoctoral fellowship. Internship offers a rotation in the outpatient PCT clinic and a rotation with the mood disorders team that includes experience with military sexual trauma. Program emphasizes assessment of PTSD and evidence-based treatment for PTSD including prolonged exposure and Cognitive Processing Therapy. Fellowship program includes one slot in PTSD, incorporating inpatient and outpatient experiences with the PCT clinic and MST.

VA Salt Lake City Health Care System

Location: Salt Lake City, Utah, USA

Program: Professional Psychology Training Program

Program Characteristics: Adults

Training Level: Pre-doctoral, post-doctoral

Emphasis: Clinical

Contact: Mary "Kitty" Roberts, PhD

Full-time, 12-month internship with four three-month major rotations, and one year of outpatient mental health and psychological assessment experiences. Structure allows for breadth and depth of clinical experiences and exposure to a variety of treatment approaches and supervisory styles.

Washington DC VAMC

Location: Washington, DC, USA

Program: Trauma Services

Program Characteristics: Adults

Training Level: Pre-doctoral, Post-doctoral

Emphasis: Clinical, research

Contact: Stacey Pollack, Meredith Charney

APA accredited internship for three pre-doctoral interns and one post-doctoral fellowship in Trauma Services. Trauma Services is an interdisciplinary team serving veterans with combat PTSD, non-combat military PTSD, military sexual trauma, as well as returning veterans with mental health issues.

ISTSS Annual Business Meeting Friday, November 6

All meeting participants are invited to attend the Annual Business Meeting. This is your opportunity to learn about the Society, ask questions and make suggestions about ISTSS. In addition to meeting ISTSS leadership, student poster awards will be presented and travel grant recipients will be announced.

Vinings I & II – 6th Floor 6:15 p.m. – 7:00 p.m.

25th Silver Anniversary Celebration Reception Saturday, November 7

All are invited to attend a reception at the ISTSS 25th Silver Anniversary Annual Meeting. Come help us celebrate and visit with many ISTSS Presidents!

Peachtree Ballroom – 8th Floor 6:00 p.m. – 8:00 p.m.

Educational Need

This meeting's theme is "Traumatic Stress Disorders: Toward *DSM-V* and *ICD-11*." The objectives are to provide a forum to consider how we define and conceptualize problems of posttraumatic adjustment with an eye toward upcoming revisions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and *International Classification of Diseases (ICD)* classification systems, and to facilitate an exchange of ideas about the reciprocal process by which diagnostic nomenclature influences science, clinical services, policy, advocacy and vice versa. Mental health diagnoses delineate the boundaries between normal and abnormal behavior, create a common language for clinicians, patients, researchers and policy makers and inform treatment planning and prognosis. Diagnoses are intended to reflect current knowledge, so revisions are necessary to keep pace with advancements in the field. Revisions could have far-reaching implications, affecting the field in areas ranging from basic clinical science to national healthcare policy. Submissions have been invited from across the field of traumatic stress studies to consider these broad implications.

Speakers are strongly requested to avoid unnecessary jargon and to make their work and its implication to the traumatic stress field as accessible as possible to those who do not share their particular perspective and type of scientific approach. This is designed to facilitate increased understanding of what different types of research (e.g., basic scientists, clinical researchers) focusing on different types of traumatic stressors (e.g., child maltreatment, disasters, terrorism, war) using different research methods and perspectives (e.g., epidemiology, genetics, psychosocial, psychobiological) have found as well as what the implications of their work are for the traumatic stress field. Our aspirational goal is to establish a jargon-free zone in which experts maximize communication of their work, findings and implications in a way that facilitates understanding and cross-fertilization among researchers, clinicians, and policy makers from other perspectives.

Educational Objectives

Participants of the ISTSS Annual Meeting will be able to:

- Demonstrate knowledge about the definition and conceptualization of issues around posttraumatic adjustment
- Describe the *DSM-V* and *ICD-11* revision processes and the major issues under consideration
- Demonstrate assessment and treatment implications of the *DSM-V* and *ICD-11* revision processes

Target Audience

This meeting is appropriate for attorneys, counselors, educators, journalists/media experts, marriage and family therapists, nurses, physicians, policy makers, psychiatrists, psychologists, researchers, social workers, victim advocates and students interested in traumatic stress for individuals, families and communities.

Continuing Medical Education

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Boston University School of Medicine and the International Society for Traumatic Stress Studies. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Boston University School of Medicine designates this educational activity for a maximum of 25.25 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CME Course Director

Danny Kaloupek, PhD, Boston University School of Medicine

Continuing Education Credit (non-MD)

The ISTSS 25th Silver Anniversary Annual Meeting is co-sponsored by The International Society for Traumatic Stress Studies and The Institute for Continuing Education. Continuing education credit is offered on a session by session basis with full attendance required for attended sessions. Application forms and CE packets will be available onsite. Types of CE credit are listed below. All CE types offer 25.25 credit hours. If you have questions regarding continuing education, contact The Institute by phone, +1-800-557-1950; fax, +1-866-990-1960; or e-mail, instconted@aol.com.

Psychology: The Institute for Continuing Education is an organization approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content.

Counseling: The Institute for Continuing Education is an NBCC approved continuing education provider and a co-sponsor of this event. The Institute for Continuing Education may award NBCC approved clock/contact hours for programs that meet NBCC requirements. The Institute for Continuing Education maintains responsibility for this program and its content. NBCC Provider No. 5643.

Social Work: The Institute for Continuing Education is approved as a provider for continuing education by the Association of Social Work Boards (ASWB), through the Approved Continuing Education Program (ACE). Licensed social workers should contact their individual state jurisdiction to review current continuing education requirements for licensure renewal. The Institute for Continuing Education maintains responsibility for the program. ASWB Provider No. 1007.

- **Illinois Dept. of Professional Regulation: Social Work License:** 159-000606.
- **Ohio Board of Counselor/Social Work:** Provider No. RCS 030001.
- **California Board of Behavioral Sciences:** Provider PCE 636.
- **Florida Provider:** Department of Health, Div. of Counseling, Social Work, Marriage/Family Therapy. BAP #255.

Marriage/Family Therapy: The Institute for Continuing Education is an approved provider of the Florida Department of Health, Division of Counseling, Social Work, Marriage/Family Therapy. Provider No. BAP 255.

Nursing: The Institute for Continuing Education is accredited as a provider of continuing education in nursing by the Alabama Board of Nursing, Provider No. 1124; and the California Board of Nursing, Provider No. CEP 12646. Nurses should contact their

state board to determine if approval of this program through the Alabama and California Board of Nursing is acceptable for continuing education in their state.

Alcohol/Drug: The Institute for Continuing Education is approved by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) to provide continuing education for alcohol and drug abuse counselors. NAADAC Provider No. 00243.

Ethics

The ISTSS Annual Meeting offers some sessions focusing on ethical issues in practice and research. These sessions have been approved by the continuing education provider to offer credits in ethics. However, please note that ultimately it is the responsibility of the course participant and his/her licensing board to make sure that courses approved for ethics meet his/her specific requirements. In addition, any ethics sessions would not meet California requirements, unless of course, they are specific to California laws/regulations.

PMI 8: Ethical Issues in the Daily Practice of Trauma Treatment: An Interactive Workshop
November 4, 8:00 a.m. – 12:00 noon

- Examine personal and professional values as they relate to ethical practice
- Identify core competencies that are important in the practice of trauma treatment, including knowledge, skill, judgment and cultural competence
- Choose between models of dilemma resolution to examine, discuss and find solutions to practice related ethical issues

PMI 11: Doing It Well and Doing It Right: An Ethics Workshop for Trauma Specialists
November 4, 1:30 p.m. - 5:00 p.m.

- Describe the main points of the ISTSS Best Practice Parameters
- Identify typical scenarios in which boundary mistakes are made in trauma treatment
- Cite specific methods of encouraging more ethical practice in forensic settings

Panel: Ethical Considerations, Motivations, and Perceptions in Trauma Research
November 6, 3:30 p.m. – 4:45 p.m.

- Discuss/address any specific concerns or present case examples
- Review contemporary researchers and clinicians' experiences with ethical considerations, research participants' perceptions and motivations to participate in trauma research
- Identify important ethical considerations in trauma research

Paper Session: Humanitarian Action Summit 2009-Proposed Ethical Guidelines for Research During Complex Emergencies
Saturday, November 7, 9:30 a.m. – 10:45 a.m.

- Identify potential risks for participants associated with conducting mental health and psychosocial research during complex emergencies
- Assess the challenges that power dynamics present to participation in research
- Interpret the cultural considerations that affect the informed consent process



THE INTERNATIONAL SOCIETY FOR
TRAUMATICstress
STUDIES

April 17, 2010
ISTSS Psychotraumatology Meeting
in conjunction with the
15. Zürcher Psychotraumatologie-Tagung

World Trade Center
Zürich, Switzerland

See the ISTSS Web site for more information

www.istss.org

Disclosure Policy

Boston University School of Medicine asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relationships with commercial interests. This information is disclosed to CME activity participants. Boston University School of Medicine has procedures to resolve any apparent conflicts of interest. In addition, faculty members are asked to disclose when any discussion of unapproved use of pharmaceuticals and devices takes place. Disclosures for the faculty members who submitted their responses after the printing of this final program will be announced in the Addendum.

Name	Disclosed Relationships
Berkowitz, Steven	Own stock in pharmaceutical companies
Davis, Michael	Partner in biotech company (Therapade) that seeks to commercialize D-cycloserine as adjunct to psychotherapy - no connect to this presentation
Fairbank, John	Consultant, RTI International
Foa, Edna	Grant/Research Support: Pfizer, Solvay, Eli Lilly, SmithKline Beecham, GlaxoSmithKline, Cephalon, Bristol Myers Squibb, Forest, Ciba Geigy, Kali-Duphar, American Psychiatric Association. Speakers Bureau: Pfizer, GlaxoSmithKline, Forest Pharmaceuticals, American Psychiatric Association and Jazz Pharmaceuticals. Consultant: Acetelion Pharmaceuticals
Herman, Judith	I own 80 shares of stock in GlaxoSmithKline. In 2008 I earned \$400 in dividends.
Layne, Christopher	I will be describing the use of interactive, graphical statistical software that is being designed for use in graduate-level evidence-based practice curricula. I am the president of a small company that designs and programs this software.
Newman, Elana	Grant/Research Support: Dart Center
Rothbaum, Barbara	Major Stockholder: Co-owner of Virtually Better, Inc.
Seng, Julia	I receive royalties as second author on a book. Sperlich MI, Seng JS. Survivor Moms: Women's Stories of Birthing, Mothering, and Healing after Child Sexual Abuse. Eugene, OR: Motherbaby Press, 2008.
Stein, Dan	Grant/Research Support: Astrazeneca, Eli-Lilly, GlaxoSmithKline, Jazz Pharmaceuticals, Johnson & Johnson, Lundbeck, Orion, Pfizer, Pharmacia, Roche, Servier, Solvay, Sumitomo, Takeda, Tikvah, and Wyeth.
Stein, Murray	Occasional consultant for and/or Grant Support from Bristol Myers Squibb, Jazz Pharmaceuticals, Hoffmann-La Roche
Turner, Stuart	Director, Trauma Clinic Ltd
Veazey, Connie	I work as a psychologist for Aucoin and Associates Psychology Practice in Lafayette, Louisiana.
Walser, Robyn	Royalties: ACT and PTSD books
Widner, Gregory	Have mutual funds with Vanguard and small amount of stock in various companies (GE, Merk, AT&T).
Yehuda, Rachel	Consultant for Bristol Meyer Squibb; received grant support Eli Lilly and company
Zayfert, Claudia	Royalty: Guilford Press

Additional disclosures are announced in the Addendum included in your on-site registration material.

Thursday, November 5, 9:30 a.m. – 10:45 a.m.

Redesigning PTSD With Empirical Data: Implications for DSM-V



Darrel Regier, MD, MPH

*Executive Director, American Psychiatric Institute for Research and Education and Director, Division of Research, American Psychiatric Association
Arlington, Virginia, USA*

The overarching goal of the fifth edition of the *Diagnostic and Statistical Manual of Mental disorders (DSM-V)* is to present the most valid and clinically useful diagnostic classification system to date. The *DSM-V* Task Force and Work Group members are especially mindful of cross-cutting dimensional factors that are not included in existing diagnostic criteria for all diagnoses including posttraumatic stress disorder (PTSD) and acute stress disorder (ASD). Of particular interest will be establishing a “living document” framework for incorporating new etiologic information on gene-environment (traumatic exposure) interactions that will guide future revisions of the *DSM-V*. For now, the use of cross-cutting dimensional assessments of broad psychopathology – including mood, anxiety, sleep, substance use, suicide risk and somatic symptoms – will help move clinicians closer to the goals of accurate detection, individualized treatment, and improved outcome tracking. This is particularly important for patients with PTSD, who frequently present with comorbid anxiety, mood, and substance use disorders that are often under-recognized and undertreated. The *DSM-V* workgroups are currently examining options for field trials to test these dimensional aspects and help move the field of psychiatry beyond the constraints of the current categorical classification system. Within traumatic stress disorders, for example, the application of a lifespan approach to PTSD may clarify variations in symptomatology, which appear to be developmentally sensitive. Dimensional measures for assessing severity and chronicity are also at issue and impact the identification of appropriate diagnostic thresholds. Capturing the differences in expressions of mental disorders mediated by gender, developmental stage across the lifespan, and cultural background are vital to linking *DSM-V* with international applications of these criteria. Finally, both within traumatic stress reactions and across all diagnoses, the role of functional impairment and disability assessment will be dealt with as a global measure that allows comparison with other medical conditions.

Dr. Darrel A. Regier has served for the past nine years as executive director of the American Psychiatric Institute for Research and Education (APIRE), as well as director, Division of Research at the American Psychiatric Association (APA). A principal responsibility has been to coordinate the maintenance and revision plans for the APA's *Diagnostic and Statistical Manual*. In 2006, he was named vice-chair of the *DSM-V* Revision Task to work jointly with the Task Force chair, Dr. David Kupfer. Prior to taking this position, Dr. Regier completed 25 years at the National Institute of Mental Health (NIMH), during which time he directed three research divisions in the areas of epidemiology, prevention, clinical research, and health services research. He initiated the development of several areas of research including national surveys of prevalence of mental disorders, mental health service use in primary care and specialty settings, the organization and financing of such services, and international programs on the classification of mental disorders with the World Health Organization. He served as the scientific coordinator/director for four National Advisory Mental Health Council reports to Congress on mental health insurance parity, and was a section editor of the surgeon's General's Report on mental health. In the international arena, Dr. Regier served as the mental health coordinator for the Health Committee of the U.S./Russian Commission on Science and Technology and remains as a consultant to the World Health Organization's mental health initiatives. He is currently the American editor for the journal, *Social Psychiatry and Psychiatric Epidemiology*. He has also published over 150 articles, book chapters, and monographs. He received his medical degree from the Indiana University School of Medicine and completed his medical internship at Montefiore Hospital in the Bronx. After a psychiatry residency at the Massachusetts General Hospital (MGH)/Harvard Medical School, he completed his research training at the Harvard School of Public Health and a fellowship at MGH. At the completion of his NIMH service, Dr. Regier retired as a rear admiral and assistant surgeon general in the Commissioned Corps of the United States Public Health Service.

Thursday, November 5, 3:30 p.m. – 4:45 p.m. Concurrent Session 4

Presidential Panel

International Society for Traumatic Stress Studies Over Time

Featured (25th Anniversary, Historical Perspectives)

Bonnie L. Green, PhD, Chair, 15th President (2000-2001),
JTS Editor, 1993-1997

Green, Bonnie L., PhD¹; Danieli, Yael, PhD²; Pynoos, Robert, MD³; Friedman, Matthew, MD⁴; Briere, John, PhD⁵; Newman, Elana, PhD⁶

¹Georgetown University Medical School, Washington, DC, USA

²Group Project for Holocaust Survivors and Their Children, New York, New York, USA

³UCLA School of Medicine, Los Angeles, California, USA

⁴National Center for PTSD, VAM & ROC, White River Junction, Vermont, USA

⁵University of Southern California School of Medicine, Los Angeles, California, USA

⁶University of Tulsa, Tulsa, Oklahoma, USA

This panel will examine the history of the Society over time. Each past president on the panel represents 20% of the life of the organization. These past presidents will discuss the types of issues and concerns that he or she was dealing with at the time of their presidency, their efforts to conceptualize and live up to the values of the Society, and any individuals and organizations that played an important role during their presidency. The speakers will be Dr. Yael Danieli (3rd ISTSS President), Dr. Robert Pynoos (6th ISTSS President), Dr. Matthew Friedman (10th ISTSS President), Dr. John Briere (16th ISTSS President), and our most recent past president, Elana Newman (21st ISTSS President).

Friday, November 6, 3:30 p.m. – 4:45 p.m. Concurrent Session 9

Featured Speaker

The Neurobiology Angle: PTSD Risk, Comorbidity, and Treatment Response

Featured (Bio Med, Clin Res)



Rasmusson, Ann M., MD

Medical Director, PTSD Clinical Services, VA Boston Healthcare System

The past 25 years have been marked by substantial advances in our understanding of basic neurobiological processes relevant to PTSD, such as those that underlie fear conditioning and extinction. Concomitantly, efforts by clinician scientists have yielded PTSD-specific cognitive and exposure treatments with high degrees of efficacy for PTSD and PTSD-related conditions such as depression. Psychopharmacological treatments targeting PTSD have met with more limited success. This talk will address neurobiological processes that may underlie the successes as well as limits of current interventions for PTSD. Improving these treatments and reducing the risk for PTSD and its comorbid psychiatric

and medical conditions should capitalize on our rapidly growing knowledge of interactive and individually variable genetic, epigenetic, neurobiological, and psychological processes that ultimately bear on arousal and information processing during extreme stress.

Dr. Rasmusson is currently the Medical Director of PTSD Clinical Services, VA Boston Healthcare System, a Research Affiliate of the VA National Center for PTSD, Women's Health Sciences Division (NC-PTSD, WHSD) at VA Boston Healthcare System, and an Associate Professor of Psychiatry at Boston University School of Medicine. She completed a residency in pediatrics at Johns Hopkins before undertaking a 4-year clinical and basic neuropsychopharmacology research fellowship, a residency in adult psychiatry, and a position at the NC-PTSD, Clinical Neuroscience Division, at Yale University School of Medicine where she worked until 2008. Her research has focused on the neurobiology of PTSD, with an eye toward reducing PTSD risk and facilitating treatment. She and colleagues at the NC-PTSD, Clinical Neuroscience Division, have significantly expanded our knowledge of brain and neuroendocrine factors involved in PTSD risk and stress resilience to include neuropeptide Y, BDNF, and a range of neuroactive steroids in addition to cortisol, such as allopregnanolone and DHEA(S). Her earlier work in animal models investigated the role of the amygdala in coordinating HPA axis, mesoprefrontal cortical monoamine, and behavioral responses to unconditioned and conditioned stress—processes that measurably influence the capacity for “rational” decision making under changing threat conditions. Her clinical research has evolved to focus on gender differences in the neurobiology of stress reactions, bidirectional causal relationships between nicotine dependence and PTSD, and more recently, medical conditions comorbid with PTSD, such as traumatic brain injury, metabolic syndrome, and chronic pain.

Friday, November 6, 9:30 a.m. – 10:45 a.m. Concurrent Session 6

Dissociative Disorders and DSM-V

Featured (Assess Dx, Clin Res)



Spiegel, David, MD

Willson Professor & Associate Chair,
Department of Psychiatry & Behavioral
Sciences, Stanford University School of
Medicine, Stanford, California, USA

The extensive review and planning process for the *DSM-V* will include consideration of the reintegration and rearrangement of the dissociative disorders. This abstract represents current thinking on the part of those involved in the *DSM-V* and experts on trauma and dissociation. The organization of the nosology has in the past been purely descriptive and purposely a theoretical. There is reason, however, to consider a section of the manual devoted to responses to stressful and traumatic life events. Such a section could include categories ranging from the adjustment disorders through acute and posttraumatic stress disorders and the dissociative disorders. The role of dissociative symptoms in both acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) is being re-examined. ASD is a strong predictor of PTSD, but many with the latter do not meet full criteria for the

former. The need for identification and early intervention with those who are acutely symptomatic is being considered. There is discussion of combining what is now called dissociative fugue as a subtype of dissociative amnesia, since it involves loss of episodic memory and customary identity along with travel but is quite rare. Depersonalization disorder is a kind of somatosensory dissociation that occurs with a variety of comorbid psychiatric disorders and occurs in 1.5-2% of the population. There is considerable controversy about conversion disorder. Some favor following *ICD 10* and including it among the dissociative disorders, possibly with a new name such as dissociative sensorimotor disorder, noting common co-occurrence with other dissociative disorders, frequent traumatic antecedents as with pseudoepilepsy, and a common underlying dissociative mechanism. Others argue that there is equally high co-morbidity with other somatoform disorders, including preoccupation with medical symptoms and doctor shopping. They also note that early life abuse and trauma is related to many other psychiatric diagnoses, including PTSD and depression. Dissociative Identity Disorder may retain its new name and diagnostic structure, except that evidence of switching between identities or personality states may not be required, and amnesia for everyday activities, which is a common symptom among those with the disorder and otherwise rare, may be added as a diagnostic criterion. Evidence addressing these proposed changes in the nosology of dissociation will be reviewed.

Dr. David Spiegel is the Jack, Lulu & Sam Willson Professor in the School of Medicine, associate chair of psychiatry & behavioral sciences, director of the center on stress and health, and medical director of the Center for Integrative Medicine at Stanford University School of Medicine, where he has been a member of the academic faculty since 1975. He is past president of the American College of Psychiatrists, and is past president of the Society for Clinical and Experimental Hypnosis. He has published 10 books, 336 scientific journal articles, and 144 book chapters on hypnosis, psychosocial oncology, stress physiology, trauma, and psychotherapy. His research has been supported by the National Institute of Mental Health, the National Cancer Institute, the National Institute on Aging, the John D. and Catherine T. MacArthur Foundation, the Fetzer Institute, the Dana Foundation for Brain Sciences, and the Nathan S. Cummings Foundation, among others. He is winner of 22 awards, including the 2004 Judd Marmor Award from the American Psychiatric Association for biopsychosocial research and the Hillgard Award from the International Society of Hypnosis.

Saturday, November 7, 9:30 a.m. – 10:45 a.m. Concurrent Session 11

Diagnoses, Dimensions, *DSM-V* and a Transdiagnostic Approach: Let's Get Radical

Featured (Assess Dx, Clin Res)



Barlow, David H., PhD, ABPP

*Founder and Director Emeritus, Center for Anxiety and Related Disorders at Boston University
Professor of Psychology, Boston University,
Boston, Massachusetts, USA*

To address issues of comorbidity, sub-threshold presentations, and the large number of OS diagnoses. *DSM-V* will likely organize groups of disorders, including emotional disorders, along dimensions. A scheme will be presented that collapses current *DSM-IV* emotional disorders into empirically supported common dimensions shared by all disorders including temperaments, mood, current disorder constructs of "key features," and extent and types of avoidance. This approach integrates easily with new Transdiagnostic unified treatment approaches applied to a variety of emotional disorders by targeting their shared features.

Dr. David H. Barlow is professor of psychology and psychiatry and founder and director emeritus of the Center for Anxiety and Related Disorders at Boston University. He received his PhD from the University of Vermont in 1969 and has published over 500 articles and chapters and 60 books mostly in the area of the nature and treatment of emotional disorders. He is the recipient of numerous awards, including the Distinguished Scientific Award for Applications of Psychology from the American Psychological Association. He was formerly professor of psychiatry at the University of Mississippi Medical Center and professor of psychiatry and Psychology at Brown University and founded clinical psychology internships in both settings. Dr. Barlow was also distinguished professor in the Department of Psychology at the University at Albany, State University of New York. Currently, he is professor of psychology and psychiatry, and founder and director emeritus of the Center for Anxiety and Related Disorders at Boston University. He was chair of the American Psychological Association Task Force of Psychological Intervention Guidelines, was a member of the *DSM-IV* Task Force of the American Psychiatric Association, and was a co-chair of the Work Group for revising the anxiety disorder categories. Dr. Barlow is also a diplomat in clinical psychology of the American Board of Professional Psychology and maintains a private practice.

Featured Sessions

Saturday, November 7, 11:00 a.m. – 12:15 p.m.
Concurrent Session 12

Presidential Panel

Issues in the Field of Traumatic Stress Through the Eyes of Previous ISTSS Presidents

Featured (25th Anniversary, Historical Perspectives)

Charles Figley, PhD, Chair and Discussant, Founding President, ISTSS, Founding Editor, *Journal of Traumatic Stress*

Figley, Charles, PhD¹; Bloom, Sandra, MD²; Wilson, John P., PhD³; Schnurr, Paula, PhD⁴; Keane, Terence, PhD⁵; McFarlane, Alexander, MD⁶

¹Tulane University, New Orleans, Louisiana, USA

²Community Works, Philadelphia, Pennsylvania, USA

³Cleveland State University, Cleveland, Ohio, USA

⁴VA Medical & Regional Office, National Center for PTSD, White River Junction, Vermont, USA

⁵VA Boston Healthcare System, Research Service, Jamaica Plain, Massachusetts, USA

⁶University of Adelaide, CMVH, Adelaide, South Australia, Australia

This panel will synthesize trends in the field of traumatic stress from the past 25 years. Dr. Sandra Bloom (12th ISTSS President) will describe trends in understanding and facing important and changing issues in the field. Dr. John Wilson (2nd ISTSS President) will focus on stress response syndromes and their conceptualization over time. Dr. Paula Schnurr (18th ISTSS President) will focus on the evolution of the science of trauma and PTSD. Dr. Terry Keane (11th ISTSS President) will focus on clinical innovation and treatment development trends. Dr. Sandy McFarlane (13th ISTSS President) will discuss the internationalization of the field throughout its related fields.

Saturday, November 7, 3:30 p.m. – 4:45 p.m.
Concurrent Session 14

Considering PTSD for DSM-V

Featured (Assess Dx)

Matthew Friedman, MD, Chair, National Center for PTSD and Dartmouth Medical School, White River Junction, Vermont, USA

Panelists: Brewin, Chris, PhD¹; Bryant, Richard PhD²; Keane, Terence, PhD³; Kilpatrick, Dean, PhD⁴; Schnurr, Paula PhD⁵

¹University College London, London, UK

²University of New South Wales, Sydney, N.S.W., Australia

³VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA

⁴Medical University of South Carolina, Charleston, South Carolina, USA

⁵National Center for PTSD and Dartmouth Medical School, White River Junction, Vermont, USA

A great deal has been learned about reactions to traumatic stress ever since 1980 when PTSD became an official diagnosis in *DSM-III*. The diagnosis was modified in 1994 for the *DSM-IV* because of new scientific findings as well as the collective clinical experience of many practitioners. Once again, we have an opportunity to review what has been learned during the past 15 years and to consider whether we should modify any of the PTSD diagnostic criteria for *DSM-V*. Last year, ISTSS convened a full day of symposia that not only reviewed the PTSD diagnostic criteria but also other posttraumatic reactions among children and adults. This year, Matt Friedman will moderate a panel composed of Chris Brewin, Richard Bryant, Terry Keane, Dean Kilpatrick and Paula Schnurr. They will address some of these issues in an interactive format that will invite audience participation.

Master Clinician Series

Each of the Master Clinicians will demonstrate therapy techniques representative of their respective therapies on the same pseudo-patient, "John", who suffered combat trauma while deployed to Iraq.

Thursday, November 5, 2:00 p.m. – 3:15 p.m.
Concurrent Session 3

Using Prolonged Exposure Therapy to Emotionally Process Traumatic Memories

Master (Practice, Assess Dx)

Riggs, David, PhD

Center for Deployment Psychology (CDP), Bethesda, Maryland, USA

Though many individuals who experience trauma such as war, terror attacks, violence and disaster will recover, those who suffer with post traumatic stress disorder may struggle for years and still be unable to regain a sense of normalcy in their lives. Prolonged Exposure therapy (PE) is one of the most effective and

extensively researched approaches to treating PTSD and other trauma-related disorders. PE has been shown to be an effective treatment for PTSD arising from a wide variety of traumas and in individuals with varied and complex presentations including patients with multiple traumas and in individuals with varied and complex presentations including patients with multiple trauma exposures (e.g., chronic abuse, combat, etc.), extremely chronic PTSD, multiple comorbidities, and significant Axis II pathology. Despite these findings, PE remains misunderstood by many clinicians who see it as unduly harsh, inflexible, and potentially harmful. PE treatment focuses on helping the client to overcome the natural tendency to avoid distressing situations and memories and to emotionally process the event. Through structured imaginal and *in vivo* exposure exercises, the therapist and the client work together to approach previously avoided material and to emotional reactions. By clinical case example, the workshop will illustrate the flexible application of the core components of PE and explore case formulation for treatment.

Participant Alert: Video or client role-play, plus audience participation in PE exercises may be potentially distressing.

Dr. David Riggs is the executive director of the Center for Deployment Psychology (CDP) and director of the training and education directorate of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Dr. Riggs also holds an appointment as a research associate professor of psychology at the Uniformed Services University of the Health Sciences. He received his PhD from the State University of New York at Stony Brook. Dr. Riggs has spent much of his career treating and studying anxiety disorders with an emphasis on PTSD as a clinical research psychologist at the Center for the Treatment and Study of Anxiety at the University of Pennsylvania and the National Center for PTSD at the Boston VA Medical Center. In his current position, Dr. Riggs heads a program that aims to train mental health professionals to effectively care for military service members and their families dealing with the stress of combat deployments. These efforts include the dissemination of evidence-based treatments for PTSD, anxiety, depression and other stress-related problems.

Thursday, November 5, 3:30 p.m. – 4:45 p.m. Concurrent Session 4

Acceptance and Commitment Therapy: Bringing Values to Life Following Trauma in Clinical Cases

Master (Practice, Assess Dx)



Walser, Robyn, PhD
*National Center for PTSD, Menlo Park,
California, USA*

Many individuals who suffer with posttraumatic stress following acts of terror, war, disaster and violence struggle to regain their pre-trauma lives. Once held personal values are often lost to disbelief and pain. They are also lost to the efforts and desire to avoid traumatic memories, painful feelings and unwanted thoughts. This loss, plus the avoidance strategies themselves, can have a powerful negative impact on individuals diagnosed with PTSD and other trauma related disorders. Acceptance and Commitment Therapy (ACT) is an intervention that targets avoidance by addressing problematic control strategies; and by promoting acceptance of internal experience through practices of willingness and being present in the current moment. Additionally, ACT explicitly explores valued living and works with clients to regain lost values by engaging in behavior change that is consistent with those values. ACT is a structured intervention that applies mindfulness and behavioral techniques in the treatment of PTSD. Although the research with ACT and the treatment of PTSD is young in its development, it is promising. By clinical case example, the workshop will illustrate the flexible application of the core components of ACT and explore case formulation for treatment.

Participant Alert: Video or client role-play, plus audience participation in ACT exercises may be potentially distressing.

Dr. Robyn Walser is associate director for the National Center for PTSD Dissemination and Training Division at the Veterans Affairs Palo Alto Health Care System, California. Dr. Walser received her degree in clinical psychology from the University of Nevada-Reno.

She is currently developing innovative ways to translate science-into-practice and is responsible for the dissemination of state-of-the-art knowledge and treatment, related to posttraumatic stress disorder, to health care professionals and trainees across all VA facilities nationally. She is working on a number of Web-based and educational PTSD products for both practitioners and veterans. In addition, she is responsible for several research projects investigating use of mindfulness and ACT in PTSD populations, plus substance abuse and PTSD and PTSD in the geriatric population.

Friday, November 6, 2:00 p.m. – 3:15 p.m. Concurrent Session 8

Cognitive Processing Therapy

Master (Clin Res, Practice)



Chard, Kathleen, PhD
*VA Cincinnati Medical Center, Ft. Thomas,
Kentucky, USA*

Studies suggest that approximately 18% of returning Veterans and 7% of civilians will experience PTSD in their life time. Individuals diagnosed with PTSD often report difficulty experiencing emotions such as love and happiness, instead they may describe feeling numb or angry. Due to the traumatic event circumstances many individuals do not have the opportunity to feel the natural emotions (e.g. fear) associated with the trauma and instead they must process the event later which may lead to a biased recounting of the events, e.g., hindsight bias. Research has shown that individuals with a diagnosis of PTSD commonly report cognitive distortions in the area of shame, blame and/or guilt, which can lead to “manufactured” emotions such as anger, guilt, or helplessness. Cognitive behavioral therapies, specifically Cognitive Processing Therapy (CPT), have been found to be an effective way to treat the symptoms of PTSD by allowing clients to feel the natural emotions and challenge the problematic thoughts that are leading to their painful emotions. CPT typically consists of three phases with the initial phase focusing on the meaning of the event and the connection between thoughts and feelings. The optional second phase involves a retelling of the traumatic event with a focus on identifying extreme or exaggerated thoughts that developed from the event, e.g. “stuck points.” During the third phase the therapist and patient collaboratively examine the individuals stuck points using a series of worksheets designed to provide a more balance view of the event(s). Several randomized controlled trials support the use of CPT for the treatment of PTSD from a variety of traumatic events, including combat, rape, assault and childhood sexual abuse. In addition, CPT is one of two therapies currently being disseminated for use throughout the Department of Veteran’s Affairs. In this presentation, participants will be introduced to several of the basic techniques utilized in CPT, including Socratic Dialogue, A-B-C sheets and Challenging Questions. A live role-play will demonstrate introducing the patient to these techniques and helping him challenge his disruptive cognitions regarding his experiences in Iraq.

Participant Alert: Participants may find the role-playing and description of trauma details distressing.

Dr. Kathleen M. Chard is the director of the PTSD and Anxiety Disorders Division at the Cincinnati VA Medical Center and associate professor of clinical psychiatry at the University of Cincinnati. As the VA CPT implementation director, Dr. Chard oversees the dissemination of Cognitive Processing Therapy to VA clinicians across the United States. She is the author of the *CPT for Sexual Abuse Treatment Manual* and is co-author of the *Cognitive Processing Therapy: Military Version Manual*. She is an active researcher and she has conducted several funded studies on the treatment and etiology of PTSD. Currently Dr. Chard is exploring the efficacy of CPT with veterans with PTSD and comorbid traumatic brain injury.

Saturday, November 7, 2:00 p.m. – 3:15 p.m.
Concurrent Session 13

Virtual Reality Exposure Therapy for the Treatment of PTSD

Master (Clin Res, Mil Emer)



Rothbaum, Barbara O., PhD, ABPP
Emory University School of Medicine, Atlanta, Georgia, USA

PTSD has been estimated to affect up to 18% of returning OIF veterans. Most trauma victims show fear and other reactions immediately following the traumatic event but in general these symptoms decline over

time. We believe this reflects the process of extinction and that the development of chronic PTSD in those who do not recover represents a failure of extinction. Extinction training in humans takes the form of exposure therapy. In the treatment of PTSD, exposure therapy usually involves prolonged, imaginal exposure to the patient's memory of the trauma and in vivo exposure to reminders of the trauma. Virtual Reality (VR) treatments may offer a viable alternative. VR offers a human-computer interaction paradigm in which users are no longer simply external observers of images on a computer screen but are active participants within a computer-generated three-dimensional virtual world. What distinguishes VR is a sense of presence, also essential to conducting exposure therapy. A growing body of literature supports the use of VR Exposure Therapy (VRE) as a tool for exposure therapy within a comprehensive treatment program. In this presentation, participants will be introduced to the methods and protocols for treatment using the Virtual Iraq for treatment of PTSD in service members or veterans who served in Iraq. A live role-play will demonstrate introducing the patient to the virtual Iraq and matching what the patient is describing with the virtual environment.

Participant Alert: Participants may find the role-playing and description of trauma distressing, or may find the stimuli distressing if they served in Iraq.

Dr. Barbara Olasov Rothbaum received her PhD in clinical psychology and is currently a professor in psychiatry at the Emory School of Medicine in the Department of Psychiatry and Behavioral Sciences and director of the Trauma and Anxiety Recovery Program at Emory. Dr. Rothbaum specializes in research on the treatment of individuals with anxiety disorders, particularly focusing on Posttraumatic Stress Disorder (PTSD).

She has won both state and national awards for her research, is an invited speaker internationally, authors scientific papers and chapters, has published 4 books on the treatment of PTSD and edited 2 others on anxiety, and received the Diplomate in Behavioral Psychology from the American Board of Professional Psychology. She was on the Board of Directors of the International Society of Traumatic Stress Studies (ISTSS), is past president of ISTSS, and was associate editor of *The Journal of Traumatic Stress*. Dr. Rothbaum is also a pioneer in the application of virtual reality to the treatment of psychological disorders.

Saturday, November 7, 3:30 p.m. – 4:45 p.m.
Concurrent Session 14

A United Transdiagnostic Treatment for Emotional Disorders Applied to Combat Related PTSD

Master (Clin Res, Mil Emer)



Barlow, David H., PhD, ABPP
Founder and Director Emeritus, Center for Anxiety and Related Disorders at Boston University
Professor of Psychology, Boston University, Boston, Massachusetts, USA

Deepening understanding of the nature of emotional disorders including PTSD

reveals that commonalities in etiology and latent structure among these disorders supersedes differences. This suggests new approaches to classification and the possibility of distilling a set of psychological procedures that would comprise a unified intervention for emotional disorders. Based on theory and data emerging from the fields of learning, emotional development and regulation, and cognitive science, we identify three fundamental therapeutic components relevant to the treatment of emotional disorders generally. These three components include (1) altering antecedent cognitive reappraisals; (2) preventing emotional avoidance; and (3) facilitating action tendencies not associated with the emotion that is dysregulated. This treatment takes place in the context of provoking emotional expression (emotional exposure) through situational, internal and somatic (interoceptive cues), as well as through standard mood induction exercises, and differs from patient to patient only in the situational cues and exercises utilized. Theory and rationale and the latest data supporting this new unified transdiagnostic approach are described in the context of sequelae of the trauma of war and resulting combat related PTSD. It is suggested that this unified treatment may represent a more efficient and possibly a more effective strategy in treating emotional disorders, pending further evaluation.

Participant Alert: Participants may find the role-playing and description of trauma distressing, or may find the stimuli distressing if they served in Iraq.

See page 18 for Dr. Barlow's biography.

ISTSS 2009 Award Recipients

The ISTSS Awards Committee, chaired by Karestan Koenen, PhD, announces the 2009 ISTSS Award Recipients. Please join us at the Awards Ceremony, Thursday, November 5 from 6:15 to 7 p.m. in the Roswell Room, 8th floor, to help honor the following distinguished ISTSS award recipients:

Lifetime Achievement Award

This award is the highest honor given by ISTSS. It is awarded to the individual who has made great lifetime contributions to the field of traumatic stress.

2009 Recipient: Roger Pitman, MD

Public Advocacy Award

This award is given for outstanding and fundamental contributions to advancing social understanding of trauma.

2009 Recipient: Matthew Friedman, MD, PhD

Chaim and Bela Danieli Young Professional Award

This award recognizes excellence in traumatic stress service or research by an individual who has completed his or her training within the last five years.

2009 Recipient: Matthew Tull, PhD

Robert S. Laufer Award for Outstanding Scientific Achievement

This award is given to an individual or group who has made an outstanding contribution to research in the field of traumatic stress.

2009 Recipient: Paula Schnurr, PhD

Sarah Haley Memorial Award for Clinical Excellence

This award is given to a clinician or group of clinicians in direct service to traumatized individuals. This written and/or verbal communication to the field must exemplify the work of Sarah Haley.

2009 Recipient: Linda Piwowarczyk, MD, MPH

Frank Ochberg Award for Media and Trauma Study

This award recognizes significant contributions by clinicians and researchers on the relationship of media and trauma.

2009 Recipient: Elana Newman, PhD



ISTSS Special Interest Groups

The purpose of Special Interest Groups (SIGs) is to provide members with a forum for communication and interaction about specific topic areas related to traumatic stress, as well as a means of personal and professional involvement in the activities of the Society. All meeting participants are welcome to attend the SIG meetings. ISTSS has arranged for SIG meeting attendees to purchase pre-ordered box lunches for these meetings. Lunch tickets for pre-registered SIG meeting attendees are in your registration envelope. Onsite registrants: there are a limited number of box lunches available for purchase on a first-come, first-served basis at the Registration Desk. SIG lunch tickets must be presented in the Overlook Area (where the box lunches are stationed) prior to the individual SIG meetings. You do NOT need to order a box lunch to attend the SIG meetings.

Thursday, November 5 12:30 p.m. – 1:45 p.m.	Room	Saturday, November 7 12:30 p.m. – 1:45 p.m.	Room
Child Trauma	International D, 6th Floor	Complex Trauma	International D, 6th Floor
Diversity and Cultural Competence	International E, 6th Floor	Early Interventions	International C, 6th Floor
Intergenerational Transmission of Trauma and Resilience	International H, 6th Floor	Family Systems Approaches to Trauma	International G, 6th Floor
Military	Vinings I & II, 6th Floor	Gender and Trauma	International F, 6th Floor
Psychodynamic Research and Practice	International C, 6th Floor	Human Rights and Social Policy	Vinings I & II, 6th Floor
Research Methodology	International F, 6th Floor	Internet and Technology	International E, 6th Floor
Spirituality	International G, 6th Floor	Media	International H, 6th Floor
Terrorism and Bioterrorism Related Trauma	Augusta I, 7th Floor	Lesbian, Gay, Bisexual and Transgendered Issues	Roswell, 8th Floor

The following is a list of presentations that are endorsed by the ISTSS Special Interest Groups. An endorsement indicates the SIG has determined this presentation is particularly relevant to their specific topic area.

Diversity and Cultural Competence SIG

Thursday, November 5, 8:00 a.m. – 9:15 a.m.

Thursday, November 5, 3:30 p.m. – 4:45 p.m.

Saturday, November 7, 9:30 a.m. – 10:45 a.m.

Symposium: The Cutting Edge of Research in Diversity and Trauma

Symposium: Comparative Analyses of Cross-Cultural Trauma Symptoms, and the Influence on Clinical Services

Symposium: Race Sexual Minority-Related Stressors in the Intersection Between Diversity and Trauma

Family Systems Approaches to Trauma SIG

Friday, November 6, 9:30 a.m.-10:45 a.m.

Friday, November 6, 9:30 a.m.-10:45 a.m.

Saturday, November 7, 3:30-4:45 p.m.

Symposium: Intimate Relationships and Understanding Responses to Trauma

Paper Session: Couples and Family Studies

Panel: Family Systems Approaches to Trauma: Relational Issues and the *DSM-V*

Gender and Trauma SIG

Friday, November 6, 9:30 a.m. – 10:45 a.m.

Friday, November 6, 11:00 a.m. – 12:15 p.m.

Saturday, November 7, 3:00 p.m. – 4:45 p.m.

Symposium: Gender and PTSD in the *DSM-V*: The Role of Emotion

Symposium: Treatment Trajectories of Substance Abusing Women With Trauma

Paper Session: Women and Gender Research

Intergenerational Transmission of Trauma and Resilience SIG

Thursday, November 5, 3:30 p.m. – 4:45 p.m.

Friday, November 6, 8:00 a.m. – 9:15 a.m.

Friday, November 6, 8:00 a.m. – 9:15 a.m.

Symposium: Mechanisms Underlying Transmission of PTSD and Trauma-Related Risk Across Generations

Symposium: Including Intergenerational Transmission of Trauma and Resilience in *DSM-V*

Paper Session: Rising Trajectory of Posttraumatic Stress Reactions Among War-Affected Children: Evidence From Rwanda

Lesbian, Gay, Bisexual and Transgendered Issues SIG

Saturday, November 7, 9:30 a.m.-10:45 a.m.

Saturday, November 7, 5:00 p.m. – 6:00 p.m.

Symposium: Race Sexual Minority-Related Stressors in the Intersection Between Diversity and Trauma

Poster: Intimate Partner Violence and the Role of Masculinity in Male Same-Sex Relationships

Psychodynamic Research & Practice SIG

Thursday, November 5, 2:00 p.m. – 3:15 p.m.

Friday, November 6, 9:30 a.m.-10:45 a.m.

Symposium: 25 Years of ISTSS: Psychodynamic Contributions Then and Now

Workshop: Psychodynamic Trauma Research: Where Are We and Where Do We Want to Go?

Research Methods SIG

Thursday, November 5, 11:00 a.m. – 12:15 p.m.

Thursday, November 5, 11:00 a.m. – 12:15 p.m.

PTSD

Thursday, November 5, 2:00 p.m. – 3:15 p.m.

Friday, November 6, 9:30 a.m. – 10:45 a.m.

Symposium: Neuroimaging and PTSD: New Findings and Evolving Technologies

Symposium: PTSD Symptoms Across Populations: Implications for Revising the Criteria in *DSM-V*

Symposium: New Advances in Understanding PTSD's Latent Structure

Paper Session: PTSD Factor Structure

Trauma Assessment and Diagnosis SIG

Thursday, November 5, 9:30 a.m. – 10:45 a.m.

Thursday, November 5, 2:00 p.m. – 3:15 p.m.

Friday, November 6, 2:00 p.m. – 3:15 p.m.

Keynote Address: Redesigning PTSD With Empirical Data: Implications for *DSM-V*

Symposium: New Advances in Understanding PTSD's Latent Structure

Symposium: Criterion A: Should It Stay or Should It Go?

Traumatic Loss and Complicated Grief

Friday, November 6, 2:00 p.m. – 3:15 p.m.

Symposium: The Psychological Impact of Trauma Across Cultures

Presentation endorsements were not submitted by the following SIGs: Child Trauma; Complex Trauma; Criminal Justice; Creative Body, Energy Therapies; Internet and Technology; Media; Military; Physical Injury, Chronic Illness and Disability; Physiology, Pharmacotherapy and Neuroscience; Early Intervention; Primary Care and Trauma; Human Rights and Social Policy; Spirituality; Terrorism and Bioterrorism Related Trauma.

Affiliate Societies of ISTSS

Affiliate Societies of ISTSS are: African Society for Traumatic Stress Studies (AfSTSS), Argentine Society for Psychotrauma (SAPsi), Association de Langue Francaise pour l'Etude du Stress et du Traumatisme (ALFEST), Australasian Society for Traumatic Stress Studies (ASTSS), Canadian Traumatic Stress Studies Network (CTSN), Deutschsprachige Gesellschaft Für Psychotraumatologie (DeGPT), European Society for Traumatic Stress Studies (ESTSS), Japanese Society for Traumatic Stress Studies (JSTSS).

The following is a list of presentations that are endorsed by the Affiliate Societies of ISTSS. An endorsement indicates that the Affiliate Society has determined this presentation is of particular relevance and/or interest to their organization.

African Society for Traumatic Stress Studies (AfSTSS)

Wednesday, November 4, 8:30 a.m. – Noon	PMI #9: Preventing Psychological Distress by Advising People in a Situation of Ongoing Life Stress
Wednesday, November 4, 1:30 p.m. – 5:00 p.m.	PMI #15: Skills for Psychological Recovery: An Evidence-Informed Intervention for Disaster/Mass Violence
Thursday, November 5, 3:30 p.m. – 4:45 p.m.	Symposium: Comparative Analyses of Cross Cultural Trauma Symptoms

Deutschsprachige Gesellschaft Für Psychotraumatologie (DeGPT)

Friday, November 6, 9:30 a.m. – 10:45 a.m.	Symposium: Gender and PTSD in <i>DSM-IV</i> : The Role of Emotion
Saturday November 7, 11:00 a.m. – 12:15 p.m.	Symposium: Developmental Trauma Disorder: Empirical Evidence of Diagnostic Validity
Saturday, November 7, 3:00 p.m. – 4:45 p.m.	Paper Session: Internalizing/Externalizing and PTSD

The following affiliates did not provide session endorsements: Argentine Society for Psychotrauma (SAPsi); Association de langue Francaise pour l'Etude du Stress et du Traumatisme (ALFEST); Australasian Society for Traumatic Stress Studies (ASTSS); Canadian Traumatic Stress Studies Network (CTSN); European Society for Traumatic Stress Studies (ESTSS) and; Japanese Society of Traumatic Stress Studies (JSTSS).

Clinician-Researcher Dialogue Task Force Endorsements

The following is a list of presentations that are noted as being supportive of increased clinician-research dialogue, a goal of ISTSS. A notation indicates that the Clinician-Researcher Dialogue Task Force has determined this presentation is of particular relevance and/or interest to clinicians and researchers striving to bridge the gap between practice and research.

Thursday, November 5, 8:00 a.m. – 9:15 a.m.	Symposium: Treatment Interventions for PTSD in Difficult or High Risk Populations
Thursday, November 5, 3:30 p.m. – 4:45 p.m.	Workshop: Applications of Dialectical Behavior Therapy to Trauma-Related Problems
Friday, November 6, 8:00 a.m. – 9:15 a.m.	Symposium: Current Findings on Barriers to VA Health Care Use
Friday, November 6, 8:00 a.m. – 9:15 a.m.	Symposium: Advances in Evidence-Based Treatment for PTSD
Friday, November 6, 9:30 a.m. - 10:45 a.m.	Symposium: Web-Based Interventions to Target Posttraumatic Stress Symptoms: An International Perspective
Friday, November 6, 2:00 p.m. – 3:15 p.m.	Symposium: Virtual Reality Exposure Therapy for PTSD
Friday, November 6, 3:30 p.m. – 4:45 p.m.	Symposium: Beyond PTSD Symptom Reduction: Social and Health-Related Benefits of Trauma Focused Treatment
Saturday, November 7, 11:00 a.m. – 12:15 p.m.	Symposium: Using Innovative Technologies to Expand Access to PTSD Treatment
	Workshop: The PTSD Treatment Engagement Group: A Brief Intervention to Enhance Veterans' Help Acceptance
Saturday, November 7, 8:00 a.m. – 9:15 p.m.	Paper Session: Treatment Studies II
Saturday, November 7, 11:00 a.m. – 12:15 p.m.	Paper Session: Treatment Studies: III Workshop: Going From Failure to Moderate Success With Vietnam Veterans in a U.S. VA Outpatient PTSD Program
Saturday, November 7, 2:00 p.m. – 3:15 p.m.	Paper Session: Treatment Studies IV

Daily Schedule – Tuesday and Wednesday

Tuesday, November 3

		Room	Floor	Page #
4:00 p.m. – 6:00 p.m.	Registration Open	Overlook	6	

Wednesday, November 4

7:30 a.m. – 8:30 a.m.	Coffee and Tea	Overlook	6	
7:30 a.m. – 5:00 p.m.	Registration	Overlook	6	

		Presentation		Room	Floor	Page #
Wednesday, November 4, 8:30 a.m. – 5:00 p.m.		Level	Keywords			
PMI – 1	Maximizing PTSD Treatment by Incorporating Significant Others <i>(Monson, Stevens)</i>	A	Clin Res, Practice	International C	6	48
PMI – 2	Trauma and the Body: Implications for Treatment <i>(van der Kolk, Ogden)</i>	M	Res Meth, Clin Res	International D	6	48
PMI – 3	Implementing CBT for PTSD in Clinical Practice: The Case Formulation Approach <i>(Zayfert, DeViva)</i>	M	Practice, Clin Res	International E	6	48
PMI – 4	Effective Treatment for Complex PTSD Related to Childhood Abuse and Multiple Traumatization <i>(Cloitre)</i>	M	Practice, Clin Res	International G	6	49

Presentation Type Descriptions

Pre-Meeting Institute (PMI)

Institutes are full- or half-day sessions that provide opportunities for intensive training on topics integral to the conference program, presented by leaders in the field.

Symposium

Session that includes a group of 3-4 sequential presentations, each related to the overall theme of the symposium.

Panel Presentation

Session that includes 3-4 participants discussing a common theme, issue or question. Panels may include short statements during which panelists outline diverse or similar approaches to the same question. Panels are typically more interactive than symposia, involving active discussion among the panelists.

Workshop Presentation

Instructional session that aims to help participants increase their understanding and skill in a particular area of interest. Such sessions may include active involvement of the audience.

Presentation Level

All presentations designate the knowledge/skill level required of the participant as either: Introductory (I), Intermediate (M) or Advanced (A). These should be used as a general guide only since attendees have very diverse educational and professional backgrounds.

Introductory (I): Presentations that all participants (including undergraduate students) with any appropriate background will be able to fully comprehend and/or appreciate. Presentations will discuss concepts that are considered basic skills/knowledge for those working in the field.

Intermediate (M): Presentations that participants may more fully comprehend/appreciate if they have at least some work experience in the topic to be discussed.

Advanced (A): Presentations consisting of concepts requiring a high-level of previous educational background, or work experience, in the particular area/topic to be discussed as well as being most geared for specialists and those in advanced stages of their career.

Case Study Presentation

Sessions that use material from a single or a set of cases to illustrate clinical, theoretical or policy issues. These sessions may involve the audience in discussion of the case material presented.

Paper Session

Individual presentations of no more than 15 minutes on a topic related to traumatic stress, typically including the presentation of research data.

Poster Session

Individual presentation in a poster format on a topic related to traumatic stress, typically including the presentation of research data.

Media Presentation

Session involving presentation of a segment of film, video, music, drama, literature, artwork, or other forms of media relevant to traumatic stress, along with discussion.

Daily Schedule – Wednesday

Presentation

Wednesday, November 4, 8:30 a.m. – Noon

		Level	Keywords	Room	Floor	Page #
PMI – 5	Parent-Child Interaction Therapy: An Evidenced Based Intervention for Children With a Trauma History <i>(Gurwitch)</i>	M	Clin Res, Child	International F	6	50
PMI – 6	Therapeutic Applications of Meditation and Mindfulness <i>(Waelde)</i>	I	Clin Res, Practice	International H	6	50
PMI – 7	Delivery of Prolonged Exposure for PTSD: An Introduction <i>(Foa, Feeny)</i>	I	Clin Res, Practice	Vinings I	6	50
PMI – 8	Ethical Issues in the Daily Practice of Trauma Treatment: An Interactive Workshop <i>(Williams)</i>	M	Soc Ethic, Res Meth	Vinings II	6	51
PMI – 9	Preventing Psychological Distress by Advising People in a Situation of Ongoing Life Threat <i>(Gersons, Nijdam, Friedman, McFarlane)</i>	M	Prev El, Soc Ethic	Augusta I	7	51
PMI – 10	Building Effective, Self Sustaining Programs for Traumatized Children and Families <i>(Tombs, Baldwin, Ellis, Saxe, Gross, Hidalgo, Beck, Kilkenny)</i>	M	Commun, Child	Augusta II & III	7	51
10:30 a.m. – 5:00 p.m.	Bookstore Open			Overlook	6	

Wednesday, November 4, 1:30 p.m. – 5:00 p.m.

PMI – 11	Doing It Well and Doing It Right: An Ethics Workshop for Trauma Specialists <i>(Dalenberg, Berliner)</i>	M	Practice, Assess Dx	International F	6	53
PMI – 12	SAFETY FUNCTION ACTION for Disaster Responders: A Coach-Supported Disaster Health Training Program <i>(Shultz, Allen)</i>	I	Disaster, Prev El	International H	6	53
PMI – 13	Family Systems Approaches to Trauma: Theory and Techniques for Working With Couples and Families <i>(Nelson-Goff, Schwerdtfeger)</i>	I	Practice, Soc Ethic	Vinings I	6	54
PMI – 14	“Listen, Protect and Connect”: Psychological First Aid for Children: Train the Trainer Course <i>(Schreiber, Gurwitch)</i>	M	Disaster, Child	Vinings II	6	54
PMI – 15	Skills for Psychological Recovery: An Evidence-Informed Intervention for Disaster/Mass Violence <i>(Watson, Brymer, Ruzek, Berkowitz, Vernberg, Jacobs, Macy, Layne)</i>	M	Disaster, Prev El	Augusta I	7	54
PMI – 16	The Importance of Organizational-Level Factors in the Delivery of Trauma-Informed Interventions <i>(Navalta, Saxe, Brown, Ellis, Kilkenny, Hansen)</i>	M	Practice, Child	Augusta II & III	7	55

Wednesday, November 4

7:00 p.m. – 8:00 p.m.	Orientation Meeting			International H	6	
8:00 p.m. – 10:00 p.m.	Cash Bar Meet and Greet			Vinings	6	

Keyword Type Descriptions

Sessions will be presented on a wide variety of topics identified by keywords:

1. Assessment/Diagnosis (Assess Dx)
2. Biological/Medical (Bio Med)
3. Children and Adolescents (Child)
4. Civilians in War/Refugees (Civil Ref)
5. Clinical or Interventions Research (Clin Res)
6. Clinical Practice Issues (Practice)
7. Community Programs (Commun)
8. Culture/Diversity (Cul Div)
9. Disaster/Mass Trauma (Disaster)
10. Media/Training/Education (Media Ed)
11. Military/Emergency Services/Aid Workers (Mil Emer)
12. Prevention/Early Intervention (Prev El)
13. Research Methodology (Res Meth)
14. Social Issues/Public Policy/Ethics (Soc Ethic)

Daily Schedule – Thursday

Thursday, November 5

		Room	Floor	Page #
7:00 a.m. - 8:00 a.m.	Coffee and Tea	Overlook	6	
7:00 a.m. - 5:00 p.m.	Registration Open	Overlook	6	
7:00 a.m. - 6:00 p.m.	Bookstore Open	International Foyer	6	
7:00 a.m. - 6:00 p.m.	Exhibits	Overlook	6	

Thursday, November 5, 8:00 a.m. – 9:15 a.m.		Level	Keywords	Room	Floor	Page #
Symposium	PTSD Diagnosis in Children: Implications for DSM-V <i>(Le Brocque, Kenardy, DeYoung, Delahanty, Kassam-Adams)</i> The Structure of PTSD Symptoms in Injured Children and Adolescents <i>(Kassam-Adams)</i> Post Trauma Reactions in Very Young Children: Implications for DSM-V <i>(de Young)</i> Alternative PTSD Diagnostic Criteria in Children With Traumatic Brain Injury: A Comparative Study <i>(Kenardy)</i>	M	Assess Dx, Child	Peachtree Ballroom	8	56
Symposium	Psychobiological Studies on PTSD in a Post War Region: Balkan Countries <i>(Vemetten, Savic, Knezevic, Damjanovic, Matic, Yahuda)</i> War Trauma- and PTSD-Related Alterations of Lymphocyte Glucocorticoid Receptor <i>(Matic)</i> PTSD, Related Somatic Symptoms and Comorbidities in Serbian War Veterans <i>(Spiric, Vermetten)</i> More Controlled Cortisol - Less Controlled Behavior <i>(Savic)</i> The Role of Intelligence, Neurocognitive Characteristics and Personality in Posttraumatic Stress <i>(Knezevic)</i> Basal Metabolic Rate in Patients With Posttraumatic Stress Disorder <i>(Damjanovic)</i>	A	Clin Res, Bio Med	International C	6	57
Symposium	Treatment Interventions for PTSD in Difficult or High Risk Populations <i>(Pinna, Pacella, Feeny, Lamoureux)</i> Battered Women and Their Children: Treatment Issues & Outcomes of a Cognitive-Behavioral Intervention <i>(Pinna)</i> The Efficacy of Prolonged Exposure at Treating PTSS and Its Correlates in an HIV Positive Population <i>(Pacella)</i> PE in Complex Clinical Populations: Major Depression and Imaginal Exposure in Chronic PTSD <i>(Zoellner, Feeny)</i> Treating Comorbid Posttraumatic Stress and Substance Use Disorders: A Meta-Analytic Review <i>(Lamoureux)</i>	M	Clin Res, Practice	International D	6	58
Symposium	The Cutting Edge of Research in Diversity and Trauma <i>(Triffleman)</i> Trauma, Binge Eating, and the “Strong Black Woman” <i>(Harrington)</i> Ethnic Differences in PTSD Following Injury: Hispanics’ Symptoms Differ in Kind as Well as Degree <i>(Schell)</i> Does Ethnicity Matter in the Treatment of PTSD? <i>(Lester)</i> Ethnocultural Variation in Responses to and Recovery From Trauma <i>(Pole)</i>	I	Cul Div, Clin Res	International F	6	60
Symposium	Predicting PTSD and Health Functioning Among OEF/OIF Veterans <i>(McDevitt-Murphy, Shea, Vujanovic, Williams)</i> PTSD, Alcohol, and Health Functioning Among OEF/OIF Veterans Presenting to Primary Care <i>(McDevitt-Murphy)</i> Functional Impairment Among OEF/OIF Veterans: Associations With PTSD Symptoms <i>(Shea)</i> Associations Between Dissociative Symptoms and Posttraumatic Stress Among OEF/OIF Veterans <i>(Vujanovic)</i> Risk Profiles and Health Outcomes Among OEF/OIF Veterans <i>(Williams)</i>	M	Mil Emer, Assess Dx	International H	6	61
Panel	Fighting Stigmatization of Trauma Through Education and Media Relations <i>(John-Lockett, Welch, Hellerman, Reynolds)</i>	I	Media Ed, Soc Ethic	International E	6	62

Thursday, November 5, 8:00 a.m. – 9:15 a.m.		Presentation		Room	Floor	Page #
Concurrent Session 1		Level	Keywords			
Panel	Organizational and Peer Support Programs: Media and Other Early Responders - Lessons Learned <i>(Forbes, McMahon, Ward-Lilley, Greenberg)</i>	I	Prev EI, Media Ed	Augusta I	7	62
Paper Session	Personality and PTSD			Vinings I & II	6	63
	Predicting Post Trauma Quality of Life: The Mediating Role of Hardiness <i>(Shatil)</i>	I	Clin Res, Mil Emer			
	Hardiness: Beyond Positive and Negative Emotionality? <i>(Erbes)</i>	M	Mil Emer, Res Meth			
	Personality as Moderators of the Relationship Between Military Experiences and PTSD Symptoms <i>(Caska)</i>	I	Mil Emer, Assess Dx			
	Consideration of Dimensional Trait Models to Assess Personality Variation in PTSD <i>(Rose)</i>	M	Clin Res, Assess Dx			
Workshop	PTSD Sleep Therapy Group Workshop <i>(Thompson, Franklin, Vandergriff)</i>	M	Practice, Mil Emer	International G	6	64

Thursday, November 5, 9:30 a.m. – 10:45 a.m.

Keynote Address	Redesigning PTSD With Empirical Data: Implications for DSM-V <i>(Regier)</i>	M	Assess Dx, Practice	Peachtree Ballroom	8	175
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Thursday, November 5

9:30 a.m. – 6:00 p.m.	Poster Session I Open			Atlanta Ballroom	7	65
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Thursday, November 5, 11:00 a.m. – 12:15 p.m.

Concurrent Session 2

Symposium	Longitudinal Examinations of Adjustment Following the VT and NIU Campus Shootings <i>(Orcutt, Littleton, Kumpala, Buck)</i>	I	Disaster, Clin Res	International C	6	65
	Experiential Avoidance and Peritraumatic Dissociation as Prospective Risk Factors for PTSD <i>(Kumpala)</i>					
	Psychological Distancing in Expressive Writing Following a Mass Shooting: Link to PTSD Symptoms <i>(Orcutt)</i>					
	Evaluation of a Cognitive Processing Model of Adjustment Following the VT Mass Shooting <i>(Littleton)</i>					
	Effects of Multiple Traumas on PTSD and QOL: Mediation of Benevolence Beliefs <i>(Buck)</i>					
Symposium	Attention in PTSD: Turning a Corner <i>(Kimble, Pineles, Constans)</i>	M	Assess Dx, Clin Res	International E	6	66
	Attentional Biases in PTSD: More Evidence for Interference <i>(Pineles, Shipherd)</i>					
	Cognitive Bias Modification Strategies for PTSD <i>(Constans)</i>					
	Eye Tracking and Visual Attention to Traumatic Stimuli in Veterans of the Iraq War <i>(Kimble)</i>					
Symposium	Neuroimaging and PTSD: New Findings and Evolving Technologies <i>(Engdahl, Shin, Morey)</i>	M	Bio Med, Res Meth	International F	6	67
	Combat Veterans With Active vs. Remitted PTSD; A Script-Driven Imagery Study Using Positron Emission Tomography (PET) <i>(Pardo)</i>					
	An fMRI Study of Emotional Memory in Posttraumatic Stress Disorder <i>(Handwerker)</i>					
	Neural Correlates of Emotional Memory in PTSD <i>(Pannu Hayes)</i>					
	Altered Neural Interactions Assessed by Magnetoencephalography (MEG) in Veterans With PTSD <i>(Georgopoulos)</i>					

Daily Schedule – Thursday

		Presentation		Room	Floor	Page #
Thursday, November 5, 11:00 a.m. – 12:15 p.m.		Level	Keywords			
Concurrent Session 2						
Symposium	Best Practices of Deployment-Related Mental Health Support; International Perspective <i>(Jetly, McFarlane, Greenberg, Castro)</i>	A	Practice, Prev El	International H	6	69
	An Evolving Process: Post Deployment Mental Health Support in the Australian Defense Force <i>(McFarlane, Hudson)</i>					
	Mental Health Care for Canadian Forces Soldiers-Before, During and After Kandahar <i>(Jetly, McFarlane)</i>					
	Support to Homecoming Personnel; The UK Perspective <i>(Greenberg)</i>					
Symposium	PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in DSM-V <i>(Scotti, Weathers)</i>	M	Assess Dx, Practice	Vinings I & II	7	70
	Using Item Response Theory to Identify Core PTSD Symptoms Across Populations and Measures <i>(Scotti, Jones)</i>					
	Stability of Core PTSD Symptoms by Age and Era of Military Veterans <i>(Unger)</i>					
	Validity and Clinical Usefulness of Fear, Helplessness, and Horror: Retaining Criteria A-2 in DSM-V <i>(Rabalais)</i>					
	Core PTSD Symptoms in Children From Taiwan and the United States: Implications for DSM-V and ICD-11 <i>(Fortson)</i>					
Symposium	Treatment of PTSD: More Than Just Symptom Reduction <i>(Perez, Iverson, Krause, Walter)</i>	M	Clin Res, Prev El	Augusta I	7	71
	Treating PTSD Reduces Risk of Intimate Partner Violence Risk <i>(Iverson)</i>					
	The Reduction of PTSD Symptoms Decrease Risk of Future Interpersonal Trauma <i>(Walter)</i>					
	Treating PTSD Impacts Battered Women's Risk for Revictimization Relative to Control Participants <i>(Perez)</i>					
	Role of PTSD in Interpersonal Violence Victimization <i>(Krause)</i>					
Panel	Making Evidence-Based Practice User Friendly: A Curriculum for Training "Data-Proficient" Clinicians <i>(Layne, Abramovitz, Strand, Saxe)</i>	M	Media Ed, Practice	International D	6	72
Workshop	Child and Family Traumatic Stress Intervention: Secondary Prevention Model for PTSD <i>(Berkowitz, Stover, Marans)</i>	M	Prev El, Child	International G	6	73
Workshop	Adaptation of Cognitive Processing Therapy for Torture Survivors in Kurdistan, Iraq <i>(Kaysen)</i>			Peachtree Ballroom	8	73

Thursday, November 5, 12:30 p.m. – 1:45 p.m. Special Interest Group Meetings

SIG	Child Trauma			International D	6
SIG	Diversity and Cultural Competence			International E	6
SIG	Intergenerational Transmission of Trauma and Resilience			International H	6
SIG	Military			Vinings I & II	6
SIG	Psychodynamic Research and Practice			International C	6
SIG	Research Methodology			International F	6
SIG	Spirituality			International G	6
SIG	Terrorism and Bioterrorism Related Trauma			Augusta I	7

Thursday, November 5, 2:00 p.m. – 3:15 p.m.		Presentation				
Concurrent Session 3		Level	Keywords	Room	Floor	Page #
Master Clinician	Using Prolonged Exposure Therapy to Emotionally Process Traumatic Memories (<i>Riggs</i>)	M	Practice, Assess Dx	Peachtree D/E	8	74
Symposium	Genes, Stress and Trauma: Interactions Shaping Vulnerability to Psychopathology (<i>Ressler, Kilpatrick</i>) Genes Encoding Key Regulators of Hypothalamic-Pituitary-Adrenal Axis Function: Interactions with Exposure to Childhood Trauma, and Adult Outcomes (<i>Bradey</i>) Genetic Interactions with Trauma Exposure in Children Referred to Child-Welfare Services (<i>Kaufman</i>) SERT Polymorphisms and Social Support in PTSD / Hurricane Victims (<i>Kilpatrick</i>) Beyond Individual-Level Trauma: The Importance of the Social Environment in GxE Studies of PTSD (<i>Koenen</i>)	M	Bio Med, Prev El	Peachtree B/C	8	74
Symposium	25 Years of ISTSS: Psychodynamic Contributions Then and Now (<i>Wittmann, Lindy, Marmar, Kudler, Brett</i>) Listening to What the Trauma Patient Teaches Us: A 30-Year-Perspective (<i>Lindy</i>) The Body Accepts but the Mind Denies: A Psychodynamic Perspective on PTSD (<i>Kudler</i>) BDP for PTSD: Relationship to Evidence Based Psychotherapies (<i>Marmar</i>)	M	Practice, Cul Div	International C	6	75
Symposium	Trauma and Health Risk Behaviors (<i>Mosher-Wilson, Dedert, Straits-Troster, Eggleston</i>) Adverse Childhood Events and Obesity: Results From a U.S. Population-Based Survey of Young Adults (<i>Dedert</i>) Tailoring Tobacco Use Cessation Efforts for Returning Combat Veterans (<i>Straits-Troster, Beckham</i>) Antecedents of Ad-Lib Smoking and Post-Quit Lapsing Among Adult Smokers With and Without PTSD (<i>Wilson</i>) PTSD and Alcohol and Other Substance Use (<i>Eggleston</i>)	I	Clin Res, Mil Emer	International E	6	76
Symposium	Children and War in Socio-Cultural Context (<i>Tol</i>) Mental Health and Trauma Exposures of Child Soldiers Compared to Civilian Children in Nepal (<i>Kohrt</i>) Interventions for Children Affected by War: Synthesis of Cluster Randomized Trials in Four Countries (<i>Tol</i>) Sierra Leone's Former Child Soldiers: A Follow-Up Study of Psychosocial Adjustment and Community Reintegration (<i>Betancourt</i>)	M	Civil Ref, Child	Vinings I & II	6	77
Symposium	New Advances in Understanding PTSD's Latent Structure (<i>Elhai, Naifeh, Forbes, Palmeri</i>) Differences in PTSD's Structure From Assessing Symptoms With or Without Reference to a Worst Trauma (<i>Elhai, Engdahl, Palmer</i>) Heterogeneity in the Latent Structure of Posttraumatic Stress Disorder (<i>Naifeh</i>) Internalizing and Externalizing Classes in Posttraumatic Stress Disorder: A Latent Class Analysis (<i>Forbes</i>) Using Additional Indicators of PTSD Factors May Help Demonstrate More Clearly Their Distinctness (<i>Palmieri</i>)	M	Assess Dx, Res Meth	Augusta I	7	78
Panel	Newly Returning Service Members: Overcoming Unique Barriers to Assessing, Diagnosing, and Treating (<i>Aaen, Wright, DeViva, Jakupcak, Collie</i>)	M	Mil Emer, Practice	International D	6	79
Panel	Impact of Clinical & Diagnostic Advances on Models for Graduate Training in Disaster Mental Health (<i>Demaria, Gurwitch, Jacobs, Rosenfeld</i>)	M	Disaster, Media Ed	International H	6	80
Case Study	Efficacy of Clinical Mental Health Services to Young Veterans in the Netherlands (<i>Mooren</i>)	M	Mil Emer, Practice	International F	6	80
Workshop	First Aid for the Front Line: Dealing With Vicarious Trauma (<i>Sexton</i>)	I	Practice, Prev El	International G	6	80

Daily Schedule – Thursday

		Presentation				
Thursday, November 5, 3:30 p.m. – 4:45 p.m.		Level	Keywords	Room	Floor	Page #
Concurrent Session 4						
Presidential Panel	International Society for Traumatic Stress Studies Over Time <i>(Green, Danieli, Pynoos, Friedman, Briere, Newman)</i>	I	Practice, Soc Ethics	Peachtree B/C	8	81
Master Clinician	Acceptance and Commitment Therapy: Bringing Values to Life Following Trauma in Clinical Cases <i>(Walser)</i>	M	Practice, Assess Dx	Peachtree D/E	8	81
Symposium	Mechanisms Underlying Transmission of PTSD and Trauma-Related Risk Across Generations <i>(Sanchez, Sullivan, Cloitre, Bradley, Yehuda, Ressler)</i> Trauma Exposure and Stress Response in Mothers and Their 6 to 12 Year Old Children <i>(Bradley, Cloitre)</i> Maternal PTSD and Risk for Psychopathology and Compromised Socio-Emotional Competencies in Children <i>(Cloitre)</i> Developmental Consequences of Adverse Care Giving in Non-Human Primates <i>(Sanchez)</i> The Neurobiology of Infant Attachment and Fear Suppression in Developing Rats <i>(Sullivan)</i>	M	Soc Ethic, Child	International C	6	81
Symposium	Information Processing and PTSD: Cognitive Research Across Different Stages of Processing <i>(Fani, Bremner, Gapen, Vermetten)</i> Attention Bias and PTSD: A Case for Ecologically Salient Stimuli <i>(Fani)</i> Declarative Memory for Neutral and Emotional Material in PTSD <i>(Bremner, Fani)</i> Facial Emotion Recognition Difficulties in Individuals With PTSD Symptoms <i>(Gapen)</i>	M	Res Meth, Bio Med	International D	6	82
Symposium	Comparative Analyses of Cross-Cultural Trauma Symptoms, and the Influence on Clinical Services <i>(Murray, Bolton)</i> The Influence of Culture-Specific Trauma Symptoms on Clinical Services in Zambia <i>(Murray)</i> Cross-Cultural Conceptualization of Trauma Symptoms in Zambia and Cambodia: A Comparative Analysis <i>(Skavenski)</i> Cross-Cultural Comparison of Symptoms Among of Systematic Violence <i>(Bass, Bolton)</i> Using Local Qualitative Data to Inform the Choice of Treatment Interventions for Adult Survivors of Torture in Iraq <i>(Spates)</i>	I	Cul Div, Assess Dx	Augusta I	7	83
Panel	Serving Iraqi Refugees in Jordan: A Comprehensive Approach to Care and Support for Humanitarian Staff <i>(Simon-Huisman, Eriksson, Snider, Ehrenreich)</i>	M	Civil Ref, Disaster	International E	6	84
Workshop	Applications of Dialectical Behavior Therapy to Trauma-Related Problems <i>(Harned, Rizvi)</i>	M	Practice, Clin Res	International G	6	85
Media Presentation	40 Years of Silence <i>(Lemelson)</i>	I	Disaster, Child	International H	6	85

Thursday, November 5

5:00 p.m. – 6:00 p.m.	Poster Session 1 With Author(s) Present/Cash Bar	Atlanta Ballroom	7
6:15 p.m. – 7:00 p.m.	Awards Ceremony	Roswell	8

Daily Schedule – Friday

		Presentation				
		Level	Keywords	Room	Floor	Page #
Friday, November 6, 8:00 a.m. – 9:15 a.m.						
Concurrent Session 5						
Panel	Resiliency in the Face of Trauma: How People Stand Tall Around the World <i>(Bonanno, Galea, Hobfoll, Caspi)</i>	M	Disaster, Cul Div	Peachtree D/E	8	93
Paper Session	Assessment Studies			International E	6	93
	Personality Subtypes of Adults With Traumatic Childhood Separations From Attachment Figures <i>(Malone)</i>	M	Clin Res, Assess Dx			93
	Symptom Severity Across the Anxiety Spectrum: Where Does Principal PTSD Fit? <i>(McTeague)</i>	M	Assess Dx, Res Meth			94
	The Impact of Event Scale-Revised: Status After a Dozen Years of Use <i>(Weiss)</i>	A	Assess Dx, Res Meth			94
	Modified Version of the PTSD Checklist, Specific Version (PCL-S-M) Links Symptoms Trauma to Specific Trauma <i>(Charvat, Weiss)</i>	M	Assess Dx, Res Meth			94
Paper Session	Child Studies: I			International F	6	94
	Rising Trajectory of Posttraumatic Stress Reactions Among War-Affected Children: Evidence From Rwanda <i>(Neugebauer, Turner, Neria, Gameroff, Fisher, Yamabe, Mack)</i>	M	Civil Ref, Disaster			94
	Parent-Child Transmission of Trauma Stemming From the Khmer Rouge Genocide <i>(Muong)</i>	I	Cul Div, Child			95
	Screening Children for Trauma: Is It Unethical or Is It Necessary? <i>(Ormhaug)</i>	I	Clin Res, Child			95
	Trauma in HIV Infected Youth: Traumatic Events and Trauma Symptomatology <i>(Broth, Henderson)</i>	M	Child, Res Meth			95
Case Study	Dexamethasone in Clinical Treatment of Acute Exacerbation of Chronic PTSD <i>(Driscoll)</i>	M	Clin Res, Prev El	International H	6	96

Friday, November 6

9:30 a.m. – 6:00 p.m. Poster Session 2 Open Atlanta Ballroom 7 207

Friday, November 6, 9:30 a.m. – 10:45 a.m.

Concurrent Session 6

Featured Speaker	Dissociative Disorders and DSM-V <i>(Spiegel)</i>	M	Assess Dx, Clin Res	Peachtree B/C	8	96
Symposium	Web-Based Interventions to Target Posttraumatic Stress Symptoms: An International Perspective <i>(Marsac, Cox, Mouthaan, Gomez, Brunet)</i>	I	Prev El, Cul Div	International C	6	97
	Development and Implementation of a Spanish Web-Based Intervention for Trauma Survivors in Mexico <i>(Gomez)</i>					
	Online Prevention of PTSD: A RCT of a Web-Based Multimedia Early Intervention for Injury Patients <i>(Mouthaan)</i>					
	The Development and Evaluation of Information-Provision Tools for Children and Their Parents <i>(Cox)</i>					
	Initial Evaluation of a Web-Based PTSS Prevention Tool for Parents of Injured Children <i>(Marsac)</i>					

Friday, November 6, 9:30 a.m. – 10:45 a.m.		Presentation		Room	Floor	Page #
Concurrent Session 6		Level	Keywords			
Symposium	Intimate Relationships and Understanding Responses to Trauma (<i>Meis, Monson, Reddy, Tuval-Mashiach</i>)	I	Clin Res, Practice	International D	6	98
	Couple Functioning and PTSD Symptom Clusters in National Guard Veterans of the Iraq War (<i>Meis</i>)					
	Cognitive-Behavioral Conjoint Therapy for PTSD: Initial Results From a Community Sample (<i>Monson</i>)					
	Coping With Simultaneous Dual Trauma: PTSD, Resources and Well Being in Israeli Couples Following the Forced Relocation From the Gaza Strip (<i>Tuval-Mashiach</i>)					
	Experiential Avoidance and Communication Patterns in OIF Veteran Couple Functioning (<i>Reddy</i>)					
Symposium	Gender and PTSD in the DSM-V: The Role of Emotion (<i>Kimmerling, Rasmusson, Bouin</i>)	M	Assess Dx, Bio Med	International H	6	99
	Event-Level Associations Between PTSD and Mood in Emerging Adults (<i>Kaysen</i>)					
	Gender Differences in Neurobiology With Relevance to DSMV PTSD A2 Criteria and Overall PTSD Risk (<i>Rasmusson, Pineles</i>)					
	Overview of Gender and PTSD Diagnostic Criteria (<i>Kimmerling, Rasmusson</i>)					
	Broadening A2: Using Peritraumatic Emotions to Predict PTSD (<i>Bovin</i>)					
Panel	What's New With Psychological First Aid? (<i>Brymer, Allen, Reyes, Macy</i>)	I	Disaster, Prev El	International E	6	100
Paper Session	Diagnostic Criteria and Nosology			International F	6	101
	Developmental Trauma in Chinese Children Exposed to Repeated Familial Physical or Sexual Abuse (<i>Ma</i>)	M	Child, Cul Div			101
	An Examination of the A Criterion: What Makes an Event Traumatic? (<i>Boals</i>)	M	Assess Dx, Res Meth			101
	Effect of Traumatic Bereavement on Trauma-Exposed Survivors (<i>Lundin</i>)	M	Disaster, Practice			101
	Delayed Posttraumatic Stress Disorder: Systematic Review, Meta-Analysis, and Metaregression Analysis (<i>Smid</i>)	M	Assess Dx, Prev E			102
Paper Session	PTSD Factor Structure			Augusta I	7	102
	Testing Alternative Models of PTSD and the Robustness of the Dysphoria Symptom Factor (<i>Armour</i>)	M	Assess Dx, Res Meth			102
	Diagnostic Alterations for PTSD: Results From Two Nationally Representative Samples (<i>Elhai</i>)	M	Assess Dx, Res Meth			102
	Longitudinal Consistency and Factor Structure of the PTSD Symptom Scale Among Women (<i>Mackintosh</i>)	I	Assess Dx, Res Meth			103
Paper Session	Couples and Family Studies			Vinings I & II	6	103
	Perceptions of Distress, Marital Satisfaction, and Understanding in Spouses of Vietnam Veterans (<i>Caska</i>)	I	Mil Emer, Res Meth			103
	Spouses' Perceptions and Veteran Self-Report of Anger and PTSD: Influence on Marital Satisfaction (<i>Rodrigues</i>)	I	Mil Emer, Disaster			103
	Composition of Psychological Distress in Spouses of Combat Veterans With PTSD Symptoms (<i>Renshaw</i>)	I	Mil Emer, Soc Ethic			104
	Predicting the Potential for Child Abuse Perpetration Among Victims of Domestic Violence (<i>Jacobs, Petretic, Beike, Cavell</i>)	M	Practice, Soc Ethic			104

Daily Schedule – Friday

		Presentation				
Friday, November 6, 9:30 a.m. – 10:45 a.m.		Level	Keywords	Room	Floor	Page #
Concurrent Session 6						
Workshop	Psychodynamic Trauma Research: Where Are We and Where Do We Want To Go? <i>(Wittmann, Ørner, Halpern, Krupnick)</i>	I	Clin Res, Res Meth	International G	6	104
Friday, November 6, 11:00 a.m. – 12:15 p.m.						
Concurrent Session 7						
Symposium	Recent Advances in PTSD Neuroimaging; An Update of Current Work <i>(Lanius, McFarlane, Vermetten, Brewin, Brenner)</i>	A	Bio Med, Res Meth	Peachtree B/C	8	105
	Comparison of PTSD and Depression Using Voxel-Based Morphometry <i>(Brewin)</i>					
	Multimodal Imaging of Working Memory in PTSD: Combining Data From ERP and fMRI <i>(McFarlane, Clark, Moores)</i>					
	“Default Network” Abnormalities in PTSD: A fMRI Investigation <i>(Lanius, Bluhm)</i>					
	Comparison of PTSD and mTBI Neuroimaging Studies <i>(Vermetten)</i>					
Symposium	Translational Research Meets Implementation Science: The VA MIRECC on Deployment Mental Health <i>(Fairbank, Staits-Troster, Schlenger, Kudler)</i>	M	Mil Emer, Clin Res	Peachtree D/E	8	106
	Gender-Specific Mental Health Findings Among OEF/OIF Veterans Seeking Care <i>(Kudler)</i>					
	Adaptation of Multi-Family Group Treatment for Veterans With TBI and Their Families <i>(Straits-Troster, Straus)</i>					
	Translational Research Meets Implementation Science: The VA MIRECC on Deployment Mental Health <i>(Schlenger)</i>					
Symposium	Trauma Sequelae in Women Exposed to Interpersonal Violence and Abuse <i>(Huth-Bocks)</i>	M	Practice, Assess Dx	International C	6	107
	Consequences of Childhood Abuse and Intimate Partner Violence Among Pregnant Women <i>(Huth-Bocks)</i>					
	An Examination of the Effects of Traumatic Events on Psychological and Physical Health Symptoms <i>(Mourad, Levendosky, Carolan, Davidson)</i>					
	Cortisol Outcomes Across Diagnostic Groups in Women Exposed to Intimate Partner Violence (IPV) <i>(Basu)</i>					
	Protective and Vulnerability Factors That Affect Complex PTSD in Women Exposed to Domestic Violence <i>(Leahy, Bogat)</i>					
Symposium	Treatment Trajectories of Substance Abusing Women with Trauma: The Problem With PTSD Diagnosis <i>(Cohen, Miele, Hien, Litt, Cohen, Campbell)</i>	M	Clin Res, Assess Dx	International D	6	108
	Full or Subthreshold PTSD Diagnosis in Women With Trauma and Addictions: Treatment Outcomes <i>(Miele, Campbell)</i>					
	Do Treatment Improvements in PTSD Severity Affect Women’s Substance Use Outcomes? <i>(Miele, Cohen)</i>					
	Case Examples of Diagnostic Issues and PTSD/SUD Symptoms for Women With Trauma and Addictions <i>(Litt)</i>					
Symposium	Cambodians’ Responses to the Khmer Rouge Trials <i>(Sonis, Pham, Stammel)</i>	I	Civil Ref, Disaster	International E	6	109
	Cambodian Attitudes and Mental Health on the Eve of the Khmer Rouge Trials <i>(Sonis)</i>					
	Cambodians’ Responses to the Khmer Rouge Trials <i>(Vinck)</i>					
	Mental Health and Readiness to Reconcile in the Context of the Khmer Rouge Trials in Cambodia <i>(Stammel)</i>					
Symposium	Impact of Specific PTSD Symptoms in the Development and Maintenance of Child PTSD <i>(Ostrowski, Briggs-King)</i>	M	Child, Prev El	International F	6	110
	Longitudinal Development of Child PTSD Symptoms in Pediatric Injury Victims <i>(Ostrowski)</i>					
	Hyperarousal Symptoms and PTSD Development in Children: An Examination of Traumatic Experiences and Co-Morbid Sleep Disorders <i>(Briggs-King, Murray, Fairbank)</i>					
	An Examination of PTSD and Substance Use in a Sample of Adolescents Presenting for Trauma Treatment <i>(Ostrowski)</i>					

Friday, November 6

		Room	Floor	Page #
7:00 a.m. – 8:00 a.m.	Coffee and Tea	Overlook	6	
7:00 a.m. – 5:00 p.m.	Registration Open	Overlook	6	
7:00 a.m. – 6:00 p.m.	Exhibits	International Foyer	6	
7:00 a.m. – 6:00 p.m.	Bookstore	Overlook	6	

Friday, November 6, 8:00 a.m. – 9:15 p.m. Concurrent Session 5

		Presentation	Level	Keywords	Room	Floor	Page #
Symposium	Current Findings on Barriers to VA Health Care Use (<i>Dutra, Ouimette, Southwick, Vogt, Whealin</i>)	M Assess Dx, Practice			Peachtree B/C	8	86
	Stigma-Related Barriers to VA Health Care Use for OEF/OIF Veterans (<i>Vogt</i>)						
	PTSD, Depression and Barriers to Care Among Male and Female Veterans (<i>Ouimette, Vogt</i>)						
	Barriers to Care Among Culturally Diverse U.S. Veterans (<i>Whealin</i>)						
	Reducing Mental Health Barriers to Care for OEF/OIF Veterans (<i>Southwick, Morrissey, Pietrzak, Goldstein</i>)						
Symposium	Disclosure, Reactions, and Support: Predictors and Consequences Following Sexual Violence (<i>Ullman, Littleton, Bryant-Davis, Borja</i>)	I Soc Ethic, Clin Res			International C	6	87
	Surviving Sexual Assault: African American Women, Social Support and Religious Coping (<i>Bryant-Davis, Gobin</i>)						
	An Ecological Consideration of Disclosure Following Sexual Abuse (<i>Borja</i>)						
	The Impact of Support and Disclosure Reactions on Sexual Assault Victims (<i>Littleton</i>)						
	Prospective Changes in Attributions of Self-Blame and Social Reactions to Women's Disclosures of ASA (<i>Ullman</i>)						
Symposium	Including Intergenerational Transmission of Trauma and Resilience in DSM-V (<i>Kudler, Sagi-Schwartz, Yehuda, Danieli</i>)	M Assess Dx, Practice			International D	6	88
	Holocaust Survivors and Their Offspring: Vulnerability and Resilience (<i>Sagi-Schwartz</i>)						
	Intergenerational Responses to Trauma: Mediated by Epigenetic Mechanisms? (<i>Yehuda</i>)						
	Multigenerational Legacies of Trauma: Future Directions (<i>Danieli</i>)						
Symposium	Cumulative Trauma in Childhood (<i>Kisiel, Ghosh, Ippen, Burkman, D'Andrea, Cloitre</i>)	M Child, Assess Dx			International G	6	89
	Cumulative Trauma and Symptom Complexity: Examining the Role of Interpersonal and Childhood Traumas (<i>D'Andrea, Ostrowski</i>)						
	Complex Trauma Exposure and Affect Dysregulation in the Development of Risk Behaviors Among Youth (<i>Kisiel</i>)						
	Links Between Maternal and Child Cumulative Risk and Functioning (<i>Ghosh Ippen</i>)						
Symposium	Advances in Evidence-Based Treatment for PTSD (<i>Olf, Ter Heide, Nijdam, Guay</i>)	M Clin Res, Practice			Vinings I & II	6	90
	Preliminary Results of a Randomized Controlled Trial Assessing the Efficacy of Cognitive-Behavior Therapy Combined With D-Cycloserine for Treating PTSD (<i>Olf</i>)						
	Evidence-Based vs. Good Practice: The Treatment of Traumatized Refugees With EMDR (<i>Ter Heide</i>)						
	EMDR vs. Brief Eclectic Psychotherapy in the Treatment of PTSD: A Randomized Clinical Trial (<i>Nijdam</i>)						
Symposium	Mental and Physical Health in Iraq and Afghanistan Veterans: Integration of Care (<i>Maguen, Cohen, McCaslin, Seal, Marmar</i>)	M Mil Emer, Practice			Augusta I	7	91
	Gender Differences in Iraq and Afghanistan Veterans Enrolled in V.A. Healthcare (<i>Maguen</i>)						
	The Association of Mental Health Diagnoses With Cardiovascular Risk Factors in Returning Veterans (<i>Cohen</i>)						
	PTSD Symptoms and Functional Impairment: Impact of Motivational Enhancement (<i>McCaslin</i>)						
	Integrated Co-Located Primary Care and Mental Health Services for Iraq and Afghanistan Veterans (<i>Seal</i>)						

Friday, November 6, 11:00 a.m. – 12:15 p.m.		Presentation		Room	Floor	Page #
Concurrent Session 7		Level	Keywords			
Symposium	Investigating the Mechanisms Linking Trauma, PTSD, and Psychopathology in Juvenile Delinquency (<i>Kerig</i>)	M	Child, Assess Dx	International H	6	111
	Traumatic Experiences, PTSD Symptoms, and Mental Health Problems (<i>Vanderzee, Ward, Kerig</i>)					
	Betrayal Trauma and PTSD Among Juvenile Delinquents: The Moderating Role of Self-Blame (<i>Sink, Becker</i>)					
	Betrayal Trauma Among Juvenile Offenders: Contrasting Frameworks of PTSD and Experiential Avoidance (<i>Zerubavel, Cuellar, Bendikas</i>)					
	PTSD and Youth Offenders: A Closer Look at the Relationship Between Mental Health and Recidivism (<i>Ezechukwui, Lim, Cuellar</i>)					
Symposium	What Role Do Evidenced Based Treatments Play in Improving Quality of Life? (<i>Chard, Schnurr</i>)	I	Clin Res, Practice	Vinings I & II	6	113
	Examining Change in Cognitions for Cognitive Processing Therapy (CPT) (<i>Erbes</i>)					
	Changes in Social Satisfaction and Healthy Coping in Women Treated With Prolonged Exposure for Assault-Related PTSD (<i>Hembree</i>)					
	The Impact of Hope on the Treatment of PTSD and Depression in Veterans (<i>Chard</i>)					
Paper Session	Longitudinal Research			Augusta I	7	114
	Patterns of Change Over Time in PTSD Symptomatology in Multiply Traumatized Immigrant Arab Women (<i>Norris</i>)	I	Assess Dx, Civil Ref			114
	Predicting Future Onset of PTSD Using ASD Versus PTSD Diagnoses in a Major Burn Population (<i>McKibben</i>)	M	Assess Dx, Res Meth			114
	Shattered Assumptions? A Prospective Study: The Impact of Trauma on Global Beliefs (<i>Mills</i>)	M	Res Meth, Clin Res			114
	PTSD as a Prospective Mediator of Sexual Revictimization Within Three- and Four- Factor PTSD Models (<i>Varkovitzky, Kumpula</i>)	M	Clin Res, Assess Dx			114
	Examining Variability in the Natural Course of PTSD Symptoms: Predictors of Symptom Trajectory (<i>Dickstein</i>)	I	Mil Emer, Res Meth			115
Workshop	Integrating Research-Based Strategies for Couples Work in PTSD Treatment Programs (<i>O'Brien, Wills</i>)	M	Practice, Prev EL	International G	6	115

Friday, November 6

12:30 p.m. – 1:45 p.m.	Student Luncheon Meeting			Plaza Ballroom	10	
2:00 p.m. – 3:15 p.m.	Student Internship and Post-Doctoral Program Networking Fair			Plaza Ballroom	10	

Friday, November 6, 2:00 p.m. – 3:15 p.m.

Concurrent Session 8

Master Clinician	Cognitive Processing Therapy (<i>Chard</i>)	M	Clin Res, Practice	Peachtree B/C	8	116
Symposium	Criterion A: Should It Stay or Should It Go? (<i>O'Donnell, Long, Brewin, Weathers</i>)	M	Assess Dx, Clin Res	Peachtree D/E	8	116
	Should A2 Be a Diagnostic Requirement for PTSD in <i>DSM-V</i> ? (<i>O'Donnell</i>)					
	Criterion A1 Controversy: Current Findings and Implications for <i>DSM-V</i> (<i>Long</i>)					
	Criterion A2 After Military Trauma (<i>Brewin</i>)					

		Presentation				
Friday, November 6, 2:00 p.m. – 3:15 p.m.		Level	Keywords	Room	Floor	Page #
Concurrent Session 8						
Symposium	Examining the Link Between a Single Traumatic Event and PTSD in Children, Adolescents and Young Adults <i>(Pynoos, Zatzick, Jones)</i>	M	Child, Cul Div	International D	6	117
	A Population-Based Study of Injury Exposure as a Predictor of PTSD & Co-Morbidities in Adolescents <i>(Zatzick)</i>					
	The Virginia Tech Shootings: The Impact of Exposure and Loss <i>(Jones)</i>					
	Sensorimotor Gating (Prepulse Inhibition of Startle) in Children Exposed to a Single Traumatic Event <i>(Pynoos)</i>					
Symposium	Virtual Reality Exposure Therapy for PTSD <i>(Reger, Rothbaum, Difede, Rizzo, Marmar, Spitalnick)</i>	I	Clin Res, Mil Emer	International E	6	118
	The Use of Virtual Reality Technology in the Treatment of PTSD in At-Risk Occupations <i>(Difede)</i>					
	Training and Supervision Models for Teaching Virtual Reality Exposure <i>(Rothbaum)</i>					
	Virtual Reality Exposure Therapy for the Treatment of OIF/OEF PTSD <i>(Rizzo, Rothbaum)</i>					
	Effectiveness of Virtual Reality Exposure Therapy in a Military Mental Health Clinic <i>(Reger, Marmar, Rothbaum)</i>					
Symposium	Hippocampal Neuroplasticity in PTSD: Evidence from Brain Imaging <i>(Bremner, Yehuda, Wang, Neylan)</i>	A	Bio Med, Res Meth	Vinings I & II	6	119
	Neural Correlates of Learning in PTSD <i>(Dent, Bremner)</i>					
	Changes in Hippocampal Metabolism Following Hydrocortisone Administration in PTSD <i>(Yehuda)</i>					
	MRI of Hippocampal Subfields in Posttraumatic Stress Disorder <i>(Wang)</i>					
Symposium	The Psychological Impact of Trauma Across Cultures <i>(Nickerson, Hinton, Tol, de Jong)</i>	M	Civil Ref, Cul Div	Augusta I	7	120
	Culturally Specific Complaints and PTSD in a Rural Cambodia Population <i>(Hinton)</i>					
	The Familial Influence of Loss and Trauma on Refugee Mental Health <i>(Nickerson)</i>					
	Political Violence and Mental Health: A Systematic Multi-Disciplinary Review of Findings From Nepal <i>(Tol, de Jong)</i>					
	Healing Traumatic Stress in a West African Post-War Setting: Kiyang, a Post-War 'Idiom of Distress' Developing Into a Mass Dissociative Movement <i>(de Jong)</i>					
Paper Session	Molecular & Endocrine Studies			International F	6	122
	Awake/Sleep Cortisol Levels Soon After Serious Injury in Patients With and Without Subsequent PTSD <i>(Kobayashi)</i>	M	Bio Med, Res Meth			122
	Cortisol and MHPG Response to Video Challenge and the Development of PTSD Symptoms in Police Officers <i>(Apfel)</i>	I	Bio Med, Mil Emer			122
	Sex-Specific Cannabinoid Receptor Regulation: Basal PKC Expression in Stressed vs. Non-Stressed Rats <i>(Carlton)</i>	M	Bio Med, Res Meth			122
	Association of Biological Markers With Psychological Stress Symptoms in Traumatized Children <i>(Goldbeck)</i>	M	Assess Dx, Child			122
	Sex Differences in Expression of GABA Receptor Subunit mRNA After Repeated Stress <i>(Carlton)</i>	M	Bio Med, Res Meth			123
Workshop	How to Write Well and Have Fun Doing It <i>(Legerski, Kendall-Tackitt, Gray, LaBash)</i>	I	Bio Med, Res Meth	International G	6	123
Case Study	West African Refugee Case Study of Trauma and Feeding Disorder of Infancy or Early Childhood <i>(Winkel)</i>	I	Assess Dx, Civil Ref	International H	6	123

Friday, November 6, 3:30 p.m. – 4:45 p.m.		Presentation				
Concurrent Session 9		Level	Keywords	Room	Floor	Page #
Featured Speaker	The Neurobiology Angle: PTSD Risk, Comorbidity, and Treatment Response <i>(Rasmussen)</i>	I	Assess Dx, Bio Med	Augusta II & III	7	124
Media Presentation	Resilience to Trauma <i>(Williams)</i>	M	Practice/Mil Emer	International H	6	124
Symposium	Beyond PTSD Symptom Reduction: Social and Health-Related Benefits of Trauma Focused Treatment <i>(Marx, Galovski, Schuster, Nixon)</i> Development of a Functional Impairment Scale for Active Duty Service Members and Veterans <i>(Marx)</i> Improvement in Secondary Outcomes Across Varying Doses of Cognitive Processing Therapy <i>(Galovski)</i> Cognitive Processing Therapy for Acute Stress Disorder: A Dissemination Study <i>(Nixon)</i> Long-Term Functional Outcomes for Women in Cognitive Processing Therapy and Prolonged Exposure <i>(Schuster)</i>	M	Clin Res, Asses Dx	Peachtree B/C	6	124
Symposium	Developments in Treating PTSD <i>(Resick)</i> Treating PTSD and Grief in Terrorist-Affected Thailand <i>(Bryant)</i> Building Compassion: A Meditation-Based Skills Training Program for PTSD Related to Interpersonal Violence <i>(Cloitre)</i> Improvement Over the Long Term CPT and PE on PTSD, Depression, Health and Guilt <i>(Resick)</i> A Meta-Analytic Review of Prolonged Exposure (PE) for Posttraumatic Stress Disorder <i>(Foa)</i>	M	Clin Res, Practice	Peachtree D/E	6	126
Symposium	Predictors and Detriments of Long-Term Adjustment in War & Terrorism-Related Settings <i>(Layne, Allen, Hobfoll)</i> Parenting and Familial Social Support, War Exposure, and Post-War Adolescent Adjustment <i>(Allen)</i> Links Between War-Time Trauma and Loss and Post-War Social Support: When a Moderator is an Outcome <i>(Layne)</i> The Strength and Limitations of Resiliency Resources <i>(Hobfoll)</i>	M	Civil Ref, Disaster	International C	6	127
Symposium	Victimization, Psychological Distress and Cultural Factors in a National Sample of Latino Women <i>(Sabina, Cuevas)</i> Interpersonal Victimization Patterns and Psychopathology in a National Sample of Latino Women <i>(Cuevas)</i> Interpersonal Violence Among Latino Women: Criterion A and PTSD Symptomatology <i>(Picard)</i> Cultural Correlates of Victimization and Psychological Distress in a National Sample of Latino Women <i>(Sabina)</i>	I	Cul Div, Practice	International E	6	128
Panel	Ethical Considerations, Motivations, and Perceptions in Trauma Research <i>(Averill, Hebenstreit, Newman, DePrince)</i>	I	Soc Ethic, Practice	International F	6	129
Paper Session	Nightmares and PTSD The Role of Nightmares in PTSD: Intercorrelations of Distress Following Sexual Assault <i>(Swopes)</i> Examining Nightmares Among Individuals With and Without Phobias: Implications for the PTSD Construct <i>(Avant, Wiedeman)</i> Nightmare Characteristics Among Persons Exposed to No Trauma, Interpersonal, Non-Interpersonal Trauma <i>(Avant)</i>	I M I	Practice, Clin Res Assess Dx, Practice Clin Res, Res Meth	International D	6	129

Daily Schedule – Friday and Saturday

		Presentation				
Friday, November 6, 3:30 p.m. – 4:45 p.m.		Level	Keywords	Room	Floor	Page #
Concurrent Session 9						
Paper Session	Ethnic Differences			Augusta I	7	130
	Ethnic Differences in Deployment Stressors and Posttraumatic Stress in a Gulf War Veteran Sample <i>(Castro)</i>	M	Cul Div, Clin Res			130
	De-Constructing the Walls between Injury and Care: Experiences of Black Male Victims of Violence <i>(Liebschutz)</i>	I	Cul Div, Practice			130
	Psychosocial Distress in Colombians Displaced by Violence: Assessing Needs and Developing Treatments <i>(Richards)</i>	I	Civil Ref, Assess Dx			131
Workshop	Transitioning War Zone Skills: A De-Stigmatizing Approach With Returning Veterans <i>(Munroe, Maguen, Reeder, Rasmussen, Collins-Clark, Proescher)</i>	M	Mil Emer, Prev El	International G	6	131

Friday, November 6

5:00 p.m. – 6:00 p.m.	Poster Session 2 With Author(s) Present/Cash Bar			Atlanta Ballroom	7	
6:15 p.m. – 7:00 p.m.	Business Meeting			Vinings I & II	6	
9:00 p.m. – 10:00 p.m.	Reception for VA and DoD Employees			Plaza Ballroom	10	

Saturday, November 7

7:00 a.m. – 8:00 a.m.	Coffee and Tea			Overlook	6	
7:00 a.m. – 2:00 p.m.	Exhibits			International Foyer	6	
7:00 a.m. – 3:30 p.m.	Registration Open			Overlook	6	
7:00 a.m. – 5:00 p.m.	Bookstore Open			Overlook	6	

Saturday, November 7, 8:00 a.m. – 9:15 a.m.

Concurrent Session 10

Symposium	Developmental Trauma Disorder: Criteria, Rationale, and Implications of a New <i>DSM</i> Diagnosis <i>(Fehrenbach, Silvern, Spinnazzola, Stolbach, van der Kolk)</i>	M	Child, Assess Dx	Peachtree D/E	8	132
	Implications of Developmental Trauma Disorder for Children in Child Welfare <i>(Fehrenbach)</i>					
	Implications of a Developmental Trauma Disorder Diagnosis for the Juvenile Justice System <i>(Silvern)</i>					
	Clinical and Research Implications of Developmental Trauma Disorder <i>(van der Kolk)</i>					
Symposium	Predictors and Correlates of Homicide Survivorship <i>(McDevitt-Murphy, Burke, Zinzow, Hawkins, Kilpatrick)</i>	I	Cul Div, Assess Dx	Vinings I & II	6	133
	Ethnic/Racial Differences in Reports of Homicide Survivorship: Findings From the 2005 NSA <i>(Hawkins, Zinzow, Rheingold, DeAellano, Saunders, Kilpatrick)</i>					
	Losing a Loved One to Homicide: Prevalence and Mental Health Correlates in a National Sample of Young Adults <i>(Zinzow)</i>					
	Psychological Symptoms in a Sample of African American Homicide Survivors <i>(McDevitt-Murphy)</i>					
	African American Homicide Survivors: Negative Social Interactions and Bereavement Outcomes <i>(Burke, McDevitt-Murphy, Neimeyer)</i>					

Saturday, November 7, 8:00 a.m. – 9:15 a.m.		Presentation		Room	Floor	Page #
Concurrent Session 10		Level	Keywords			
Symposium	Assessing the Disease Burden of PTSD in the U.S. Military: Pervasiveness, Persistence, and Impact (<i>Freed, Magruder, Smith, Hoge, Engel</i>)	M	Mil Emer/ Soc Ethic	Peachtree B/C	8	134
	Healthy Years Lost to PTSD: Justification for Effective Intervention and Prevention in the Military (<i>Freed</i>)					
	Prevalence, New Onset and Persistence of PTSD and Related Coping Behaviors in the Millennium Cohort (<i>Smith</i>)					
	Impact: Does PTSD Affect Medical Morbidity? (<i>Magruder</i>)					
Panel	Making Disaster and Mass Trauma Behavioral Health Services More Evidence-Informed (<i>Watson, Ligenza, Santiago, Thimm</i>)	M	Disaster, Prev El	International C	6	135
Panel	SCCS: Innovations in Design and Implementation in Response to Hurricane Katrina (<i>Osofsky, Osofsky, Brymer, Steinberg, Riise</i>)	M	Disaster, Mil Emer	Augusta I	7	135
Paper Session	Resilience Training			International D	6	136
	Pre-Deployment Preparation, Combat Exposure, Perceived Threat and PTSD Symptoms in Reserve Troops (<i>Renshaw</i>)	I	Mil Emer/Soc Ethics			136
	Effects of “Psychological Inoculation” on the Mental Resilience of Israelis Under Missile Attacks (<i>Farchi</i>)	M	Clin Res, Civil Ref			136
	PTSD in UK Emergency Service: An Education Programme to Minimise Ill-Health Outcomes (<i>Young</i>)		Media/Mil Emer			136
Paper Session	Secondary Trauma			International E	6	137
	Traumatic Countertransference – Results of Empirical Research on Therapists’ Coping Patterns (<i>Smith, Kleijn</i>)	M	Practice, Media Ed			137
	Vicarious Trauma for Therapists: Workplace Context and Belonging (<i>Hahn</i>)	M	Practice, Media Ed			137
	When Trauma Therapists Dissociate - A New Approach to Secondary Traumatization (<i>Daniels</i>)	M	Practice, Media Ed			137
Paper Session	Treatment Studies: I			Augusta II & III	7	138
	A Meta-Analytic Review of Exposure Therapy and EMDR in the Treatment of Adult PTSD (<i>Kehle</i>)	M	Clin Res/Practice			138
	A Resilience-Building Intervention for Treating PTSD (<i>Kent</i>)	I	Clin Res, Prev El			138
	Trauma Treatment With Incarcerated Women: Attending to PTSD and Dissociation (<i>Lynch</i>)	M	Clin Res, Assess Dx			138
Paper Session	Treatment Studies: II			International F	6	138
	Interventions for Military Service Psychological Trauma Using Videoconferencing - Lessons Learned (<i>Smith</i>)	M	Practice, Comm			138
	Seeking Safety With Incarcerated Women: Changes in PTSD, Emotion Regulation, and Self-Efficacy (<i>Heath</i>)	M	Clin Res, Assess Dx			139
	Prolonged Exposure for Combat-Related PTSD: Differences in Live vs. Telehealth Treatment Delivery (<i>Yoder</i>)	M	Clin Res, Practice			139
	The Other Side of the Story: Characteristics of Dropouts From a PTSD Study (<i>Allard</i>)	I	Clin Res, Res Meth			139

		Presentation				Page #
		Level	Keywords	Room	Floor	
Saturday, November 7, 8:00 a.m. – 9:15 a.m.						
Concurrent Session 10						
Paper Session	Families and Children			International G	6	140
	Parent-Child Dyad and Child's Pathology in 9/11 Families <i>(Symanski)</i>	I	Child, Clin Res			140
	The Efficacy of a Relational Treatment for Traumatized and Maltreated Children and Their Families <i>(Sprang)</i>	M	Clin Res, Child			140
	Parental Response to Child Injury: Examination of Parental Posttraumatic Stress Symptom Trajectories <i>(Le Brocque)</i>	M	Child, Res Meth			140
Paper Session	Children & Adolescents			International H	6	141
	Emotional Numbing and Foreshortened Future in Adolescence: Associations With Academics and Delinquency <i>(Allwood)</i>	I	Child, Prev El			141
	A New Illness: An Exploration of Steroid Patterns in Apathetic Refugee Children <i>(Sondergaard)</i>	M	Bio Med, Civil Ref			141
	Autobiographical Memory in Children With Acute and Posttraumatic Stress Disorder <i>(Nixon)</i>	M	Child, Clin Res			141
Saturday, November 7, 9:30 a.m. – 10:45 a.m.						
Concurrent Session 11						
Featured Speaker	Diagnoses, Dimensions, DSM-V and a Transdiagnostic Approach: Let's Get Radical <i>(Barlow)</i>	M	Assex Dx, Clin Res	Peachtree B/C	6	142
Symposium	Race and Sexual Minority-Related Stressors in the Intersection Between Diversity and Trauma <i>(Triffleman, Waelde, Goldblum)</i>	I	Cul Div, Assess Dx	International C	6	142
	Responses to Race-Related Stress Among Diverse Ethnic Groups <i>(Waelde)</i>					
	The Development of the Sexual Minority Stress Scale <i>(Goldblum)</i>					
	Talking About the Elephant in the Room: Factors in Traumatization in Ethnically Diverse Individuals <i>(Triffleman)</i>					
Symposium	Gene Expression Profiles in Peripheral Immune Cells: A Window to the Biology of PTSD <i>(Neylan)</i>	A	Bio Med, Res Meth	International D	6	143
	Gene Expression Profile in Persons Exposed to the WTC With and Without PTSD <i>(Yehuda)</i>					
	Distinct Differences in Monocyte Gene Profiles Between Men and Women With PTSD <i>(Neylan)</i>					
	Gene Expression Profiles in an Impoverished, Highly Traumatized Civilian Population in Atlanta <i>(Binder)</i>					
Symposium	Theoretical Approaches to Trauma Adaptation: Beyond PTSD <i>(Pyszczynski, Park, Bonanno, Neria, Benight)</i>	M	Clin Res, Bio Med	International E	6	144
	Post-Traumatic Stress Responses as Disruption of Normal Anxiety-Buffer Functioning <i>(Pyszczynski)</i>					
	Beyond PTSD: Trauma Exposure and Risk of GAD, Depression, and Bipolar Disorder <i>(Neria)</i>					
	Post-Traumatic Stress Responses as Meaning Violation: A Test of Worldview Theory <i>(Park)</i>					
Panel Presentation	Development of Child Bereavement Guidelines: Diagnostic & Treatment Considerations <i>(Demaria, Gurwitsch, Schonfeld)</i>	I	Prev El, Child	International H	6	145

Saturday, November 7, 9:30 a.m. – 10:45 a.m.		Presentation		Room	Floor	Page #
Concurrent Session 11		Level	Keywords			
Paper Session	Psychophysiological Research			Augusta II & III	7	145
	Genetic Polymorphism and Startle Response in Treatment-Seeking Accident Survivors <i>(Karl)</i>	A	Bio Med, Clin Res			145
	Single vs. Multiple Trauma Exposure in the Defensive Psychophysiology of PTSD <i>(McTeague)</i>	M	Assess Dx, Bio Med			145
	Toward DSM-V: Psychophysiological (qEEG) Correlates of PTSD Subtypes <i>(Bradshaw)</i>	M	Assess Dx, Bio Med			146
	Amygdala vs. Anterior Cingulate Volumes in Early Adversity and PTSD <i>(Woodward, Kaloupek)</i>	A	Bio Med, Child			146
	Gray Matter Changes in Limbic Cortex in PTSD Are Associated With Trauma Load and EMDR Outcome <i>(Pagani)</i>	M	Bio Med, Assess Dx			146
Paper Session	Substance Abuse			International F	6	147
	Psychosocial Correlates of Comorbid Alcohol and Drug Use Among Adolescent Sexual Assault Victims <i>(Orchowski)</i>	I	Child, Clin Res			147
	Alcohol Use and Posttraumatic Stress Disorder in Australian Military Veterans <i>(Averill)</i>	M	Clin Res, Practice			147
	Posttraumatic Stress Symptoms and Nicotine Withdrawal Interact to Predict Anxious Responding <i>(Vujanovic)</i>	I	Clin Res, Prev El			147
	Effectiveness of Seeking Safety Intervention for Women With Comorbid PTSD + Substance Use Disorders <i>(Morgan-Lopez, Hien, Saavedra)</i>	A	Clin Res, Res Meth			148
Paper Session	Humanitarianism			Augusta I	7	148
	Developing a Research Agenda for Mental Health and Psychosocial Support in Humanitarian Settings <i>(Tol)</i>	M	Disaster, Clin Res			149
Workshop	Evaluating and Treating Unemployability in Veterans With PTSD <i>(Garrick, Williams)</i>	M	Assess Dx, Practice	International G	6	149
Workshop	The Implementation and Effectiveness of an Assistance Dog Training Intervention for PTSD <i>(Alvarez, Yount, Puckett)</i>	M	Clin Res, Mil Emer	Vinings I & II	6	149
Workshop	Using ISTSS Expertise to Improve Global Policies Related to Trauma <i>(Elmore, Gerrity, Danieli)</i>	I	Soc Ethic, Media Ed	Roswell	8	149
Saturday, November 7						
9:30 a.m. – 6:00 p.m.	Poster Session 3 Open			Atlanta Ballroom	7	240

		Presentation				
Saturday, November 7, 11:00 a.m. – 12:15 p.m.		Level	Keywords	Room	Floor	Page #
Concurrent Session 12						
Presidential Panel	Issues in the Field of Traumatic Stress Through the Eyes of Previous ISTSS Presidents <i>(Figley, Bloom, Wilson, Schnurr, Keane, McFarlane)</i>	I	Practice, Soc Ethic	Peachtree B/C	8	150
Symposium	Developmental Trauma Disorder: Empirical Evidence of Diagnostic Validity <i>(D'Andrea, Kisiel, Stolbach, Ostrowski)</i> Complex Trauma Exposure and Symptoms in Child Welfare: Evidence for Developmental Trauma Disorder <i>(Kisiel, Fehrenbach, Burkman, Griffin)</i> Complex Trauma Histories, PTSD, and Developmental Trauma Disorder in Traumatized Urban Children <i>(Stolbach)</i> Developmental Trauma Disorder: Results From the National Child Traumatic Stress Network <i>(Ostrowski, Brigg-King, Stolbach, Pynoos, Fairbank)</i> Developmental Trauma: Symptom Profiles of Children Exposed to Relational Trauma <i>(D'Andrea)</i>	I	Asses Dx, Child	Peachtree D/E	8	150
Symposium	ISTSS at the United Nations in 2009 <i>(Danieli, Mattar, Carl)</i> ISTSS in the United Nations in 2009 <i>(Yehuda)</i> United Nations Resolutions and the Human Rights of Women <i>(Danieli, Carl)</i> Comparative Models of Reporting Mechanisms on the Status of Trafficking in Human Beings <i>(Mattar)</i>	M	Soc Ethic, Prev El	International C	6	151
Symposium	Psychophysiological Measures of Fear as Biomarkers for PTSD Symptoms <i>(Jovanovic, Norrholm, Pole, Bryant, Rothbaum)</i> Prospective Prediction of PTSD Symptoms Using Fear-Potentiated Auditory Startle <i>(Pole)</i> Fear Extinction in Veterans From Operation Iraqi Freedom (OIF) With Posttraumatic Stress Disorder <i>(Norrholm, Jovanovic, Bradley)</i> Fear Conditioning Biomarkers of PTSD Symptoms in a Traumatized Civilian Population <i>(Jovanovic)</i> Extinction Learning and Implications for Development and Resolution of PTSD <i>(Bryant)</i>	M	Bio Med, Prev El	International D	6	152
Symposium	Using Innovative Technologies to Expand Access to PTSD Treatment <i>(Greene, Ruzek)</i> Web-Based Programs for Self-Management of Posttraumatic Stress Reactions <i>(Kuhn)</i> Telephone Case Monitoring of PTSD Patients <i>(Rosen, Greene)</i> Using Videoteleconferencing to Provide PTSD Group Psychotherapy to Rural Veterans <i>(Morland)</i>	M	Clin Res, Practice	Vinings I & II	6	153
Panel	Therapeutic and Research Implications of a Dissociative Subtype of PTSD <i>(Bremner, Dalenberg, Carlson, Lanius, Spiegel, Vermetten)</i>	A	Practice, Clin Res	Augusta II & III	7	154
Panel	Trauma, Science, and Spirituality: An Interdisciplinary Dialogue on Resilience in Real World Settings <i>(Zatzick, Foy, Negi, Drescher, Grant, Smith, Oliver)</i>	M	Cul Div, Practice	International E	6	155
Paper Session	Treatment Studies: III			International F	6	155
	Impact of Trauma-Focused Treatment on Trauma Outcomes Among Women with Co-Occurring Disorders <i>(Mackintosh)</i>	I	Clin Res, Practice			155
	Open Trial of Prolonged Exposure Among Patients With Severe Mental Illness <i>(Grubaugh)</i>	I	Clin Res, Practice			155
	Treatment Outcome of Canadian Veterans With PTSD Treated at an Operational Stress Injury Clinic <i>(Richardson)</i>	I	Clin Res, Mil Emer			156

Saturday, November 7, 11:00 a.m. – 12:15 p.m. Concurrent Session 12		Presentation				
		Level	Keywords	Room	Floor	Page #
Paper Session	Prospective Studies			Augusta I	7	157
	Suicide Ideation and Attempt Following the Dawson College Shooting in 2006 (Montréal, Canada) <i>(Boyer)</i>	M	Disaster, Prev El			156
	Peritraumatic Factors Associated With PTSD Symptom Clusters Six Months After Traumatic Injury <i>(DeRoos-Cassini)</i>	M	Clin Res, Prev El			156
	Prospective Predictors of Exposure to Potentially Traumatic Events <i>(Park)</i>	M	Clin Res, Child			156
	Disaster-Exposure and PTSD 18 Months After the Dawson College Shooting in 2006 (Montréal, Canada) <i>(Guay)</i>	M	Disaster, Assess Dx			157
Paper Session	Child Studies: II			Roswell	8	157
	PTSD in Children and Adolescents: The Role of Parental Distress <i>(Dyb, Jensen, Nygard)</i>	M	Child, Disaster			157
	Early Parental Loss and Interpersonal Functioning in Child and Adolescent Inpatients <i>(Szymanski)</i>	I	Child, Assess Dx			157
	Does Prevention Decrease Discordance in Mother and Child Reports of Youth Violence Exposure & PTSD? <i>(Devoe, Miranda-Julian)</i>	M	Clin Res, Commun			158
	Childhood Trauma in U.S.-Mexico Border Area Mental Health and Primary Care Clinics <i>(Sciolla)</i>	M	Cul Div, Assess Dx			158
Workshop	The PTSD Treatment Engagement Group: A Brief Intervention to Enhance Veterans' Help Acceptance <i>(Murphy, Stanton)</i>	M	Practice, Mil Emer	International G	6	158
Workshop	Vicarious and Secondary Traumatization in Working With Traumatized Youth <i>(Palmer, Makhija, Abraham-Cook, Huntington)</i>	M	Practice, Child	International H	6	159

Saturday, November 7, 12:30 p.m. – 1:45 p.m. Special Interest Group Meetings

SIG	Complex Trauma			International D	6
SIG	Early Interventions			International C	6
SIG	Family Systems Approaches to Trauma			International G	6
SIG	Gender and Trauma			International F	6
SIG	Human Rights and Social Policy			Vinings I & II	6
SIG	Internet and Technology			International E	6
SIG	Lesbian, Gay, Bisexual & Transgendered Issues			Roswell	8
SIG	Media			International H	6

**Saturday, November 7, 2:00 p.m. – 3:15 p.m.
Concurrent Session 13**

		Presentation				
		Level	Keywords	Room	Floor	Page #
Master Clinician	Virtual Reality Exposure Therapy for the Treatment of PTSD <i>(Rothbaum)</i>	M	Clin Res/Mil Emer	Vinings I & II	6	159
Symposium	Ethnocultural Factors in Trauma Psychology: Addressing Disparities in Research, Teaching and Practice <i>(Mattar, Pole, Reyes)</i>	I	Cul Div, Media Ed	International C	6	159
	Research on Ethnoracial Diversity and Trauma: Trends and Future Directions <i>(Pole)</i>					
	Teaching Trauma: What Does Culture Have to Do With It? <i>(Mattar)</i>					
	Strategies for Increasing Participation of Ethnic Minority Groups in Trauma and Disaster Psychology <i>(Reyes)</i>					
Symposium	Anger and Violence Among U.S. Veterans Returning From Afghanistan and Iraq <i>(Calhoun, Elbogen, Taft, Crawford)</i>	I	Clin Res, Practice	International E	6	160
	PTSD, Anger and Cognition in Partner Aggression Among OEF/OIF Veterans <i>(Taft)</i>					
	Hostility, Aggression and Violence Among Help-Seeking OEF/OIF Veterans <i>(Calhoun, Collie, Clancy, Dennis)</i>					
	Recent Violence Among Veterans Returning From Afghanistan and Iraq <i>(Elbogen)</i>					
Panel	Diagnostic and Treatment Considerations in OEF/OIF Veterans With Comorbid PTSD and TBI <i>(Decker, Roberts, Batten, Kortte, Nett)</i>	M	Assess Dx, Practice	Roswell	8	161
Case Study	Rates of Placement Failure in a Foster Care Population: A Picture of Chronic Trauma <i>(Hoang, Mulchay, Smith, Briscoe-Smith)</i>	M	Child, Clin Res	International F	6	162
Paper Session	Treatment Studies: IV			International D	6	162
	Recruitment of Low-Income Minority Women With Trauma and Mental Health Symptoms Into Clinical Trials <i>(Dutton, Murray, Schelbert, Schiavone, Chatillion)</i>	M	Res Meth, Cul Div			162
	Mindfulness Intervention for Child Abuse Survivors <i>(Kimbrough)</i>	M	Clin Res, Practice			162
	Dialectical Behavior Therapy for PTSD After Childhood Sexual Abuse: A Randomized Controlled Trial <i>(Priebe)</i>	M	Clin Res, Practice			162
Paper Session	Social Support/Social Reactions			International H	6	163
	Social Reactions to Sexual Assault Scenarios: The Role of Problem Drinking <i>(Saling, Orchowski, Gidycz)</i>	I	Clin Res, Prev El			163
	Using Social Network Analysis to Study Collaboration Within National Child Traumatic Stress Network <i>(Sukumar)</i>	I	Child, Res Meth			163
Paper Session	Trauma Exposure			Augusta I	7	164
	Patterns of Violence Exposure Associated With Posttraumatic Stress Disorder <i>(Cavanaugh)</i>	M	Clin Res, Soc Ethic			164
	Violence and Sexual Abuse in Mothers of Young Children: Risk of Depression and Mediating Factors <i>(Thoresen, Dyb)</i>	I	Soc Ethic, Cul Div			164
	The Impact of Witnessing Parental Violence and Experiencing Childhood Abuse on Adult IPV Exposure <i>(Iverson)</i>	I	Practice, Prev El			164

		Presentation			
		Level	Keywords	Room	Floor Page #
Saturday, November 7, 2:00 p.m. – 3:15 p.m.					
Concurrent Session 13					
Paper Session	Emotion Dysregulation			Augusta II & III	7 165
	Impact of Emotion on Cognition in Trauma Survivors: What is the Role of PTSD <i>(Mueller-Pfeiffer)</i>	M	Assess Dx, Res Meth		165
	Shame: A Missing Link in the Unraveling of Complex Trauma Reactions Within Non-Western Communities <i>(Caspi)</i>	M	Cul Div, Practice		165
	Mindfulness in Risk and Resilience for Psychopathological Sequelae of Traumatic Stress <i>(Vujanovic)</i>	I	Prev El, Clin Res		165
Workshop	Going From Failure to Moderate Success With Vietnam Veterans in a U.S. VA Outpatient PTSD Program <i>(Ready, Bradley, Rogers)</i>	I	Clin Res, Mil Emer	International G	6 166

Saturday, November 7, 3:30 p.m. – 4:45 p.m.
Concurrent Session 14

Featured Panel	Considering PTSD for <i>DSM-V</i> <i>(Friedman, Brewin, Bryant, Keane, Kilpatrick, Schnurr)</i>			International C	6 166
Master Clinician	A United Transdiagnostic Treatment for Emotional Disorders Applied to Combat Related PTSD <i>(Barlow)</i>	M	Clin Res, Mil Emer	Vinings I & II	6 166
Media Presentation	Operational Stress and PTSD in Emergency Services Personnel — A Documentary Film <i>(Velakoulis)</i>	I	Mil Emer, Media Ed	International H	6 167
Symposium	Sexual Harassment and PTSD: Onset, Recovery, and Process <i>(Larsen)</i>	M	Soc Ethic, Clin Res	Augusta I	7 167
	Stimulus and Individual Factors Related to PTSD Symptomatology in Sexual Harassment Victims <i>(Collinsworth)</i>				
	The Role of Perceptions of Control in PTSD Maintenance and Recovery <i>(Larsen)</i>				
	Sexual Harassment and PTSD: Toward a Model of Harm and Recovery <i>(Fitzgerald)</i>				
Panel	Family Systems Approaches to Trauma: Relational Issues and the <i>DSM-V</i> <i>(Deke, Kiser, Nelson-Goff)</i>	M	Soc Ethic, Assess Dx	International E	6 168
Paper Session	Women and Gender Research			International D	6 168
	PTSD in Depressed Mothers in Home Visitation <i>(Ammerman)</i>	M	Assess Dx, Commun		168
	Sex Differences in Health Following Military Sexual Harassment and Warfare Exposure <i>(Schuster)</i>	I	Bio Med, Cul Div		169
	Type of Traumatic Exposure and the Effect on Women Veteran's Health Outcomes <i>(Mengeling)</i>	I	Assess Dx, Mil Emer		169
	Post-Deployment Adjustment and Barriers to Care for OEF/OIF Reserve & National Guard Servicewomen <i>(Sadler, Mengeling)</i>	M	Mil Emer, Prev El		169

Daily Schedule – Saturday

		Presentation			Room	Floor	Page #
		Level	Keywords				
Saturday, November 7, 3:30 p.m. – 4:45 p.m.							
Concurrent Session 14							
Paper Session	Genocide/Torture				International F	6	170
	Complex PTSD in Former Ugandan Child Soldiers <i>(Klasen, Daniels)</i>	M	Child, Disaster				170
	Female Survivors of the Rwandan Genocide: A Qualitative Analysis of Experiencing Rape, Torture & Trauma <i>(Auerbach, Sandole)</i>	M	Civil Ref, Disaster				170
	Psychological Symptoms of Refugee Torture Survivors in Treatment at Foundation Centrum '45 <i>(Knipscheer)</i>	I	Civil Ref, Assess Dx				170
	Benefits of Institutional Rearing in the Aftermath of Genocide: Evidence From Rwanda <i>(Neugebauer)</i>	M	Civil Ref, Disaster				171
Paper Session	Symptom Prediction				Augusta II & III	7	171
	Predictors of PTSD Symptoms of Distress and Resilience in Adults With a History of Child Abuse <i>(Petretic)</i>	M	Clin Res, Assess Dx				171
	Distress Tolerance Predicts PTSD Symptoms Within a Community Sample <i>(Marshall)</i>	I	Clin Res, Prev El				171
	Long-Term Emotional Distress and Perceptions of Functioning in Trauma Intensive Care Unit Survivors <i>(Nightingale)</i>	I	Bio Med, Clin Res				172
Paper Session	Internalizing/Externalizing and PTSD				Roswell	8	172
	Differential Pathways to PTSD: The Phenotypic and Genetic Structure of Psychiatric Comorbidity <i>(Wolf)</i>	M	Bio Med, Res Meth				172
	The Fit of PTSD and Its Sub-Factors in a Dimensional Model of Psychopathology Among Adolescents <i>(Schulz-Heik)</i>	M	Assess Dx, Child				172
	Predicting Simple PTSD and Internalizing and Externalizing Subtypes in a Sample of Female Veterans <i>(Lash)</i>	M	Assess Dx, Practice				172
Workshop Presentation	Taking Control: An Experiential Introduction to an Intervention to Help Empower Youth in Foster Care <i>(Sunday, Habib)</i>	I	Child, Clin Res		International G	6	173

Saturday, November 7

5:00 p.m. – 6:00 p.m.	Poster Session 3 With Author(s) Present/Cash Bar				Atlanta Ballroom	7	
6:00 p.m. – 8:00 p.m.	25th Anniversary Celebration Reception				Peachtree Ballroom	8	

Pre-Meeting Institutes Wednesday, November 4

To register for an ISTSS Pre-Meeting Institute held on November 4, indicate which session(s) you wish to attend on the registration form and include the proper payment. Only those holding tickets for specific sessions will be admitted. Discounts are available if you register for more than one half-day Pre-Meeting Institute.

Note: Presenters are underlined. Technical Level is *italicized* and Potential for Participant Distress is **bold**. Discussants are *italicized*.

Pre-Meeting Institutes Wednesday, November 4

Full Day

8:30 a.m. – Noon and 1:30 p.m. – 5:00 p.m.

1 **Maximizing PTSD Treatment by Incorporating Significant Others*** (Abstract #1058)

(Clin Res, Practice)

International C – 6th Floor

Technical Level: Advanced

Monson, Candice, PhD¹; Stevens, Susan, PsyD²

¹National Center for PTSD, Boston, Massachusetts, USA

²National Center for PTSD, White River Junction, Vermont, USA

PTSD is one of the mental health disorders most strongly associated with relationship problems. These problems can maintain or aggravate its course and interfere with successful treatment delivery. Conversely, they can be a key ingredient to improving therapy adherence, efficacy, and long-term maintenance of gains. In this workshop, we will present a model for incorporating significant others into assessment and evidence-based treatment for PTSD. Specifically, we will describe our three-stage Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD, a time-limited and problem-focused treatment designed to simultaneously improve PTSD and intimate relationship functioning, and discuss use of the three stages of the interventions. We will provide case examples, including videotaped therapy sessions, demonstrating the interventions. In addition, we will discuss the application of the therapy to different types of couples (e.g., same sex, dually traumatized) with different types of traumatic experiences, as well as specific issues that might arise in the delivery of the therapy or in incorporating significant others in assessment and treatment more generally (e.g., intimate partner aggression, substance abuse).

* A Learning Collaborative model of consultation in this treatment will be available in 2010 to interested participants. See page 52 for details.

2 **Trauma and the Body: Implications for Treatment**

(Abstract #837)

(Res Meth, Clin Res)

International D – 6th Floor

Technical Level: Intermediate

van der Kolk, Bessel, MD¹; Ogden, Pat, PhD²

¹Boston University School of Medicine, Boston, Massachusetts, USA

²Sensorimotor Psychotherapy Institute, Boulder, Colorado, USA

Until the formulation of PTSD in the *DSM III* the human response to trauma always was defined as a “physioneurosis” – a reaction of the entire organism. Contemporary research amply supports that notion – trauma affects movement, perception, sensory integration, immune function, somatic functioning, heart rate variability and numerous other measures of physical regulation. Sadly, these dimensions tend to be ignored in most clinicians’ training. The authors of this whole day pre-conference workshop are funded by NIH, the Center for Disease Control, the Hamilton Fish Foundation, the ANS Foundation and the Cummings Foundation to demonstrate the effectiveness of body-based techniques, including sensorimotor therapy, theater groups, yoga and sensory integration. This experiential and didactic workshop will demonstrate these evidence-based treatments and engage participants in various experiential exercises that are used in the application of these interventions to traumatized populations.

3 **Implementing CBT for PTSD in Clinical Practice: The Case Formulation Approach**

(Abstract #181)

(Practice, Clin Res)

International E – 6th Floor

Technical Level: Intermediate

Zayfert, Claudia, PhD¹; DeViva, Jason, PhD²

¹Dartmouth University Medical School, Lebanon, New Hampshire, USA

²VA Connecticut Health Care System, Newington, Connecticut, USA

Cognitive-Behavioral Therapy (CBT) is widely recognized as an effective treatment for posttraumatic stress disorder (PTSD). Yet clinicians often encounter challenges when implementing CBT for PTSD patients with multiple problems. As a result, some therapists question the clinical utility of CBT and are reluctant to use it for many of their PTSD patients. The goal of this institute is to enhance comfort and confidence in flexibly applying evidenced-based methods for treatment of PTSD in clinical practice with complicated patients. Participants will learn the latest findings, case conceptualization methods, and clinical tools that will help them implement CBT and optimize clinical outcomes. Participants will learn how to use a case formulation approach to conceptualize the array of difficulties faced by patients with complicated posttraumatic presentations and to develop a treatment plan tailored for each patient’s problems drawing from available evidence-based strategies. We will discuss the challenges of designing treatment to address multiple problems, including whether to deliver treatments simultaneously or sequentially, using assessment data to guide treatment decisions at various stages, and revising the case formulation when treatment does not proceed according to plan. The approach to

clinical decision-making is systematic yet respectful of both the individuality of the patient and the creativity of the clinician. We will cover the fundamentals of cognitive-behavioral assessment and treatment, including the “whats,” “whys,” and “how-tos” of core CBT components. For example, clinicians will learn how to use exposure principals to guide decision making in treatment, prepare patients for exposure, select useful and appropriate stimuli for exposure, construct useful hierarchies, implement exposure, titrate anxiety, facilitate engagement and habituation, target hot spots, and integrate imaginal and in vivo exposure. We will demonstrate how to weave together therapy methods and adapt them for patients with varying trauma histories, comorbidity, and complicating life circumstances. We will guide participants through the therapy process with complex cases and offer troubleshooting suggestions and clinical tools. Case examples and sample dialogues will illustrate ways to overcome frequently encountered hurdles. We also will help therapists examine their own ambivalence about therapy procedures and prepare them to conduct treatment that is both compassionate and effective. Finally, we will discuss terminating treatment or transitioning from PTSD treatment to other goals, including determining and prioritizing treatment needs, planning for generalization and maintenance, tapering medications, and ending treatment.

Potential for Participant Distress: This Institute will involve frank discussion of specifics of traumatic events in patients’ lives, including graphic descriptions to illustrate therapy procedures. In addition, clinicians will be encouraged to attend to and examine sources of their own discomfort with conducting trauma-focused therapy.

4 **Effective Treatment for Complex PTSD Related to Childhood Abuse and Multiple Traumatization***

(Abstract #1140)

(Practice, Clin Res)

International G - 6th Floor

Technical Level: Intermediate

Cloitre, Marylène, PhD

New York University Child Study Center, New York, New York, USA

This workshop will present a flexibly-applied, evidence-based 16 session treatment for adults who have complex forms of PTSD related to childhood abuse and multiple life traumas. This sequential, two-phase treatment is based in a developmental model which is sensitive to the disturbances in attachment, emotion regulation and interpersonal functioning that survivors of childhood or chronic interpersonal violence often bring to treatment. Phase 1, Skills Training in Affective and Interpersonal Regulation (STAIR) enhances day-to-day functioning by building emotion regulation capacities and interpersonal skills and provides a window of opportunity for client and therapist to develop a strong therapeutic alliance. The second phase of treatment is a modified version of prolonged exposure (MPE). After the exposure work is completed, emotions arising from the narrative are identified and modulated through grounding techniques. In addition, client and therapist review the taped narratives for interpersonal schemas about self-and-others regarding themes of rejection, betrayal, shame, failure and loss. Principles and strategies for maintaining a positive and effective working relationship with the client throughout the treatment will be discussed. STAIR/MPE has been shown to provide improvement in emotion regulation self-efficacy, anger expression, interpersonal problems, and perceptions of social support. Relapse prevention strategies which emphasize the acceptance-based emotion regulation interventions learned during the skills training will be included.

* A Learning Collaborative model of consultation in this treatment will be available in 2010 to interested participants. See page 52 for details.

Pre-Meeting Institutes Wednesday, November 4

Half Day
8:30 a.m. – Noon

5 **Parent-Child Interaction Therapy: An Evidenced Based Intervention for Children With a Trauma History*** (Abstract #145)

(Clin Res, Child) International F - 6th Floor

Technical Level: Intermediate

Gurwitsch, Robin, PhD

Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

Parent-Child Interaction Therapy (PCIT) is an evidenced based treatment for young children with significant behavior problems. Recently, the Kauffman Best Practices Report cited PCIT as one of the three best treatments in the field of child abuse and neglect. Although originally developed to address externalizing problems in young children, PCIT is now being successfully used with children in foster care, adoptive and stepfamilies, and co-occurring problems like children from homes characterized by domestic violence and/or substance abuse. Behavior problems, the leading reason for child referrals to mental health services, often occur in children from these high-risk populations. The combination of behavior problems and child history impacts children's safety, physical health, and mental health; the majority of children become involved in the child welfare system. As children enter the system, they often experience additional trauma with multiple moves, as the presenting behavior problems are listed as the top reason for failed placements. Reunification may also fail as parents are ill-equipped to manage the behavioral difficulties of their children. PCIT is a relatively short-term intervention (average of 14 sessions) that involves the caregivers and the child. It consists of two phases. The first phase focuses on enhancing the parent-child relationship with other goals including: improved self-esteem, increased frustration tolerance, improved attention and concentration, and improved anger management. The second phase of PCIT addresses the implementation of a positive and effective discipline program such that minding increases while non-compliant behaviors are significantly reduced. With several decades of empirical research, PCIT has been shown to maintain gains made for over six years (longest study to date), generalize to the school setting, and generalize to untreated siblings. Measures of parenting stress, maternal depression, and child behavior problems are shown to move from the clinically significant range to the normal range by the end of treatment. In a landmark study involving PCIT with children and parents with an adjudicated history of child maltreatment, outcomes showed improved survival rates in families receiving PCIT-alone when compared with standard of care, family preservation services, and wrap-around services plus including PCIT. This workshop will provide an overview of PCIT and its use with children with trauma history. Through didactics, video-clips, and brief experiential exercises, participants will learn how PCIT can be effectively implemented to improve the outcomes in the lives of these children. The workshop will also include issues related to successful implementation of this treatment.

* Video recording of this session will be available post-conference. See page 7 for details.

6 **Therapeutic Applications of Meditation and Mindfulness** (Abstract #258)

(Clin Res, Practice) International H - 6th Floor

Technical Level: Introductory

Waelde, Lynn, PhD

Pacific Graduate School of Psychology, Redwood City, California, USA

Meditation and mindfulness interventions have become increasingly popular in clinical settings because they are safe, feasible, and effective and may avoid the stigma associated with mental health treatment. There are indications that meditation may be beneficial for PTSD because meditation practice may directly address hyperarousal and avoidance (Waelde, 2004a, 2008). This workshop will introduce participants to the theory, research, techniques, and clinical applications of meditation and mindfulness for traumatized persons. Participants will be introduced to a Inner Resources (Waelde, 2004b, 2005), a manualized meditation intervention that has been tested for its effects on PTSD, depression, anxiety, diurnal cortisol slope, and quality of life variables in a series of clinical trials (Butler et al., 2008; Waelde, Thompson, & Gallagher-Thompson, 2004; Waelde, Thompson, & Gallagher-Thompson, 2008; Waelde, Uddo et al., 2008). We will also address considerations for implementing meditation in ethnically diverse groups and the use of meditation for therapist self-care. Participants will have the opportunity to practice the meditation and mindfulness techniques used in Inner Resources and discuss their own experiences using meditation therapeutically.

7 **Delivery of Prolonged Exposure for PTSD: An Introduction** (Abstract #330)

(Clin Res, Practice) Vinings I - 6th Floor

Technical Level: Introductory

Foa, Edna, PhD¹; Feeny, Norah, PhD²

¹University of Pennsylvania, Philadelphia, Pennsylvania, USA

²Case Western Reserve University, Cleveland, Ohio, USA

Posttraumatic stress disorder (PTSD) is a debilitating and chronic mental illness with lifetime rates ranging from 8%-14% of the U.S. population and 12-month prevalence rates of approximately 4%. Several psychotherapies have been shown to be effective in reducing symptoms of PTSD. Of these therapies, the efficacy of prolonged exposure therapy (PE), a cognitive behavioral therapy using both in-vivo and imaginal exposure, has been strongly replicated, and shown to be effective for various types of traumas and for men and women. Further, in comparison to other active treatment modalities, PE has consistently shown equivalent, if not greater, efficacy. Although there have been advances in disseminating PE to the community (e.g., VAs), there is still significant progress to be made. The purpose of this PMI is to provide an introduction to the rationale for and implementation of PE. We will briefly review the empirical evidence for PE, provide a general overview of PE, and focus on in vivo and imaginal exposure. To illustrate aspects of the intervention, we will show videotapes of PE in practice with real patients. Overall, we hope that this workshop will encourage practitioners to begin to incorporate this evidence-based therapy in their work with patients with PTSD and to seek more advanced training in its delivery.

Potential for Participant Distress: We will show video examples of treatment techniques that may be distressing to some participants.

8 Ethical Issues in the Daily Practice of Trauma Treatment: An Interactive Workshop

(Abstract #228)

(Soc Ethic, Res Meth)

Vinings II- 6th Floor

Technical Level: Intermediate

Williams, Mary Beth, PhD, LCSW, CTS, MB¹; Garrick, Jacqueline, LCSW-C, BCETS²

¹Trauma Recovery Education and Counseling Center, Warrenton, Virginia, USA

²United States Congress, Silver Springs, Maryland, USA

In order to provide the most helpful treatment to trauma survivors, practitioners of all disciplines need to be aware of the ethical issues and dilemmas relevant to the trauma field. Participants in this workshop will have the opportunity to examine their own ethical stances and value systems through a values exercise, discussion, and lecture. This workshop will examine the role of iatrogenic harm in provision of services, discuss issues of competence, identify what constitutes competent practice, allow participants to formulate and resolve ethical dilemmas that they have encountered, as well as examine the need for self care from a Constructivist Self Development Theory perspective. The primary presenter of the workshop was a member of the Ethics Task Force for ISTSS.

Potential for Participant Distress: The values exercised in this workshop may have a potential for minimal distress.

9 Preventing Psychological Distress by Advising People in a Situation of Ongoing Life Threat

(Abstract #322)

(Prev EI, Soc Ethic)

Augusta I - 7th Floor

Technical Level: Intermediate

Gersons, Berthold, P.R.¹; Nijdam, Mirjam J., MSC²; Friedman, Merle, PhD³; McFarlane, Alexander, MBBS (Hons) MDFRANZCP⁴

¹AMC University of Amsterdam, Amsterdam, Netherlands

²Academic Medical Center, Amsterdam, Netherlands

³SAITS, Johannesburg, South Africa

⁴University of Adelaide, Adelaide, South Australia, Australia

This PMI will focus on ways to prevent psychological distress in people who are confronted with an ongoing life-threatening situation. Our guideline for discussing this topic will be recent research on terrorist threats and close protection in politicians in the Netherlands. Following two political murders in the Netherlands, politicians under terrorist threat have been confronted with increasingly stringent security measures. Both the life threat in itself and the protective measures that are taken can influence the lives of the politicians being protected, especially if the threat level requires that close protection is introduced. Based on well-established theories of stress, trauma and coping, the psychosocial effects of terrorist threat and protection are described. Interviews with politicians show

that they can suffer from symptoms, some of which bear a resemblance to the symptoms of posttraumatic stress disorder. Furthermore, the threat and close protection may disrupt their daily functioning and that of their family and social environment. Some politicians will be more cautious to express their opinion on sensitive topics, while others may have the tendency to express stronger opinions on a specific issue. On the basis of the results of this study, Dutch politicians under threat are currently advised by mental health professionals, aimed at preventing distress and coping in the best possible way with their specific situation. This PMI will offer relevant perspectives for mental health professionals dealing with people who are in a situation of ongoing life threat. Emphasis will also be placed on recognizing distress in protection officers and other professionals whose work situation is characterized by ongoing threatening events. Also, the new role of the mental health professional as an adviser instead of a therapist will be focused on. Illustrative case examples will be presented and possible approaches for giving advice will be discussed.

Potential for Participant Distress: This presentation includes pictures of victims of terrorist attacks that may be distressing to some participants.

10 Building Effective, Self Sustaining Programs for Traumatized Children and Families

(Abstract #1087)

(Commun, Child)

Augusta II & III - 7th Floor

Technical Level: Intermediate

Tombs, Anthony¹; Baldwin, Heather, PhD²; Ellis, B. Heidi, PhD³; Saxe, Glenn, MD³; Gross, Steven, MSW⁴; Hidalgo, Jose, MD⁵; Beck, James, MD, PhD²; Kilkenny, Robert, EdD⁶

¹The Trauma Center, Allston, Massachusetts, USA

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³Children's Hospital Boston, Boston, Massachusetts, USA

⁴Project Joy, Boston, Massachusetts, USA

⁵Latin American Health Institute, Boston, Massachusetts, USA

⁶Alliance for Inclusion and Prevention, Boston, Massachusetts, USA

Organizational biases toward psychopathology can be barriers to the creation of effective, sustainable programs serving traumatized children and their families. This type of focus often results in: 1) loss of attention to the person-as-a-whole, 2) missed opportunities for engagement, and 3) failure to integrate strength-based interventions. We present an innovative program designed to build resiliency and strength within the care of traumatized children and the organizations that serve them. We use our experience developing and implementing a model of care within the most challenging of clinical environments to teach how our approach may broadly apply to organizations that work with traumatized children. The Office of Refugee and Resettlement commissioned José Hidalgo of Latin American Health Institute to develop trauma-informed services for unaccompanied minors. The program involves the integration of two compelling and complementary models of trauma-informed care: Project Joy, developed by Steven Gross and his team, and Trauma Systems Therapy, developed by Glenn Saxe and his team at Children's Hospital Boston. Trauma Systems Therapy (TST) was developed to tackle the developmental consequences of trauma in individual children and the environmental problems that get in the way of

helping affected children regulate emotions. Even the best of interventions will be ineffective if environmental factors are not taken into account. TST has a strong systemic and organizational framework and is used by a variety of organizations across the United States. Project Joy has been developing interventions to promote playfulness in front-line providers and in the children they serve. In this model, a state of playfulness in the staff and the children they serve is the highest priority and an end in itself; playful engagement is essential in building therapeutic relationships and can serve as a powerful antidote to trauma. During Project Joy's exuberant physical play activities, staff and children safely connect, problem-solve, practice effective action and discover innate capacities for joy and creativity - factors which promote positive outcomes in the face of adversity. These two interventions take as their foci different, but complimentary, aspects of trauma. Project Joy fosters the inherent abilities to heal, while TST uses a clinical framework to target and address barriers to healing. Through the integration of these two models, a more holistic approach to addressing trauma is achieved. The trainers will share candidly their experience of "thinking outside the box" while developing this novel approach, and discuss implications for conceptualization, practice, teaching, dissemination, and evaluation.

NEW FOR 2009!

ISTSS is dedicated to adding more value and opportunity to the Annual Meeting. As the field of traumatic stress continues to grow and change, so does the needs of our meeting attendees. This year, we are offering several new initiatives:

Learning Collaboratives

Extend your educational opportunities beyond the Annual Meeting. This year, two Pre-Meeting Institutes will be linked to Learning Collaboratives. These collaboratives involve follow-up group consultations via teleconference and ISTSS listserv to the PMI faculty and colleagues.

Distance Learning Opportunities

For the first time in ISTSS history, ISTSS will be capturing two Pre-Meeting Institutes on video. These will be available for purchase. Earn up to 7 CE credits!

Audio Recordings

ISTSS is going Green! We are once again producing audio recordings of every education session. This year, the recordings will be available online for download, rather than on CD-ROMs, making it easier to access and preserving resources!

Information on these new initiatives is available on Page 6.

Pre-Meeting Institutes Wednesday, November 4

Half Day

1:30 p.m. – 5:00 p.m.

11 **Doing It Well and Doing It Right: An Ethics Workshop for Trauma Specialists*** (Abstract #671)

(Practice, Assess Dx) International F - 6th Floor

Technical Level: Intermediate

Dalenberg, Constance, PhD¹; Berliner, Lucy, MSW²

¹Alliant Intern University, San Diego, California, USA

²Harborview Center for Sexual Assault & Traumatic Stress, Seattle, Washington, USA

This workshop is designed to meet the guidelines for mandated ethics training for psychologists, social workers and counselors in their work with traumatized populations. The workshop will be highly interactive, but participants' level of disclosure will be at their discretion. Each subsection of the workshop will be discussed as it applies to the treader of the child and the adult victim. The foci for the workshop will center on four areas. Competence: The concept of ethical professional behavior is intimately tied to the concept of competent practice, as all major guidelines state (including the ISTSS Best Practice Parameters, which will be a centerpiece of this workshop). But what do we believe forms the foundation of agreed-upon competent treatment? Does it mean that all must use CBT, or minimally, some form of empirically-based treatment? How broadly does one construe "empirically-based" in such a mandate? Where is the line that would define that one is not meeting this ethical requirement? Boundaries: The concept of boundaries will be defined in 3 ways, as protections for the frame of therapy that allow it to work, as historical guidelines for defining what is and is not therapy, and as personal limitations that allow a particular professional or patient to be comfortable engaging in therapeutic work. Within these definitions, boundary dilemmas and their ethical resolution will be discussed. Countertransference: The powerful connection that is formed by intimate connection with an individual in great personal distress has been honored in much of the classic literature of our own and prior centuries. The pull of this connection is great, and compassionate and reasonable therapists therefore will at times make what they believe later to be mistakes. The countertransference research literature shows that self-awareness combined with theoretical understanding of the process of countertransference can have a positive impact in protecting against those mistakes. We hope to provide some measure of the latter, and well as some ideas about pursuit of the former. Forensic ethics: The above areas become more contentious and more complicated as professionals battle out their disagreements in forensic arenas. Here the workshop participants will discuss ethical behavior in the evaluative and forensic arena. Time will be taken throughout the workshop and at the end of the workshop to discuss specific ethical dilemmas experienced by the participants.

*Video recording of this session will be available post-conference. See page 7 for details.

12 **SAFETY FUNCTION ACTION for Disaster Responders: A Coach-Supported Disaster Health Training Program** (Abstract #985)

(Disaster, Prev EI) International H - 6th Floor

Technical Level: Introductory

Shultz, James, PhD¹; Allen, Andrea, PhD²

¹University of Miami School of Medicine, Sunny Isles Beach, Florida, USA

²Barry University, Miami, Florida, USA

This PMI presents SAFETY FUNCTION ACTION for Disaster Responders, a disaster health training program for public health, public safety, healthcare, and mental health professionals. Features that distinguish this curriculum are: 1) training focused on "disaster health" (concept introduced in Homeland Security Presidential Directive 21); 2) integration of disaster behavioral health with public health and medical preparedness; 3) strong emphasis on practical and psychosocial support for responders; 4) parallel 6-strategy framework for use with disaster responders and survivors; 5) applicability during daily operations and disaster duty; 6) dual training on responder resiliency and survivor psychological support; and 7) structure designed for evaluation. During spring 2009, this program is being delivered to 800 public health, hospital, and first responder professionals throughout the State of Florida who agree to serve as facilitators. DEEP Center staff provides coaching support for these facilitators as they return to their worksites to immediately begin implementing the training program with members of their respective work units. Progress of facilitators and their co-workers along the SAFETY FUNCTION ACTION "pathway" of modules and activities is tracked and verified. The PMI will present an overview of the course structure and rationale. PMI participants will be introduced to the conceptualization of disaster health and review the training modules in five blocks: 1) Overview and disaster behavioral health integration; 2) PREPARE SKILLS SET, 3) SAFETY FUNCTION ACTION strategies for responders; 4) RESPOND SKILLS SET; and 5) SAFETY FUNCTION ACTION strategies for survivors. Results from the spring 2009 Florida trainings will be presented in relation to 1) facilitator evaluations of training, 2) documentation of facilitator training at worksites, 3) progress of facilitators and co-workers along the "pathway" activities, and 4) self-reported outcome measures of willingness to serve in a variety of disaster scenarios. Participants will discuss targeted applications of SAFETY FUNCTION ACTION training.

13 **Family Systems Approaches to Trauma: Theory and Techniques for Working With Couples and Families**

(Abstract #56)

(Practice, Soc Ethic)

Vinings I - 6th Floor

Technical Level: Introductory

Nelson-Goff, Briana, PhD¹; Schwerdtfeger, Kami, PhD²

¹Kansas State University, Manhattan, Kansas, USA

²Oklahoma State University, Stillwater, Oklahoma, USA

Couple and family problems are frequently reported by trauma survivors, both in empirical studies and clinical services. Problems reported by trauma survivors and their family members include communication, intimacy, secrecy, conflict/violence, and attachment. Despite the widespread impact of trauma on relationships, family system approaches to trauma have traditionally been viewed as an adjunct treatment. Much training has focused on individual treatments for PTSD (e.g., CBT, PE), with little training for clinicians to develop clinical skills for working directly with couple and family systems impacted by trauma. This workshop will review theoretical and clinical approaches to working with couple and family systems. Clinicians will be provided foundational skills to actively engage partners and family members in the treatment protocol, not as an adjunct treatment, but as a complementary treatment venue for working with individual trauma survivors. The presenters will describe a model of systemic trauma, based on current theories, research, and clinical experience. The Couple Adjustment to Traumatic Stress (CATS) Model includes components related to individual levels of functioning for both partners (primary and secondary trauma) and interpersonal functioning factors (e.g., marital satisfaction, power, conflict), as well as predisposing factors and resources that impact the intrapersonal and relational systems. The presentation will disseminate information regarding the presented model, the primary issues faced by traumatized systems, and methods to apply the model to empirical study of and clinical approaches with traumatized systems. In addition, the presenters will describe results from a current model-based, three-phase research project that focuses on the impact of trauma history on current relationship functioning in couples. Quantitative and qualitative data from couples with various trauma experiences indicate both positive and negative effects on the couple relationship, as well as specific mechanisms that may be unique to trauma-exposed couple and family systems.

14 **“Listen, Protect and Connect”: Psychological First Aid for Children: Train the Trainer Course**

(Abstract #527)

(Disaster, Child)

Vinings II - 6th Floor

Technical Level: Intermediate

Schreiber, Merritt, PhD¹; Gurwitsch, Robin, PhD²

¹UCLA CPHD/CHS, Laguna Niguel, California, USA

²Cincinnati Children's Medical Center, Cincinnati, Ohio, USA

This session provides an overview of the impact of disasters on children and families and provides the entry level “train the trainer” course for the “Listen, protect and connect” Psychological First Aid For Children program. “Listen, protect and connect” is the only Psychological First Aid strategy designed specifically for use with children. Unlike other psychological first aid strategies, “Listen, protect and connect” uses natural supports including parents, teachers, and primary care providers as the first line implementers of basic psychosocial support to children in disasters. The “LPC” PFA model also incorporates the evidence based PsySTART rapid mental health triage tag to help parents and others triage high risk children to definitive mental health care when indicated. “LPC” is featured on the US Department of Homeland Security “ready.gov” website and was sent to US school districts by the US Department of Education. “Listen, protect and connect” includes parent, teacher and health care provider versions. This “train the trainer” session enables participants to implement the model in their communities and “disaster systems of care” using the basic trainer content and related materials.

15 **Skills for Psychological Recovery: An Evidence-Informed Intervention for Disaster/Mass Violence**

(Abstract #1051)

(Disaster, Prev EI)

Augusta I - 7th Floor

Technical Level: Intermediate

Watson, Patricia, PhD¹; Brymer, Melissa, PhD, PsyD²; Ruzek, Josef, PhD³; Berkowitz, Steven, MD⁴; Vernberg, Eric, PhD⁵; Jacobs, Anne, PhD⁶; Macy, Robert, PhD⁷; Layne, Christopher, PhD⁸

¹VA Regional Medical Center, White River Junction, Vermont, USA

²UCLA, Torrance, California, USA

³VA Palo Alto Health Care System, Menlo Park, California, USA

⁴Yale University School of Medicine, New Haven, Connecticut, USA

⁵University of Kansas, Lawrence, Kansas, USA

⁶Terrorism & Disaster Center, Edmond, Oklahoma, USA

⁷CDR, Beverly Farms, Massachusetts, USA

⁸UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA

This PMI will offer a practical training of the Skills for Psychological Recovery Field Guide, developed by the National Child Traumatic Stress Network and the National Center for PTSD. Skills for Psychological Recovery (SPR) is an evidence-informed modular approach to help children, adolescents, adults, and families in the weeks and months after disasters and terrorism, after the period where Psychological First Aid is utilized. Skills for Psychological Recovery is a skills-training model designed to accelerate recovery and increase

self-efficacy, rather than a mental health model. This PMI will include instruction on six core empirically-derived skill sets that have been shown to help with a variety of post-trauma issues. The skill sets are meant to be used in a flexible, pragmatic manner, based on information gathered about ongoing needs and priorities. The interventions include such actions as Information Gathering and Prioritizing Assistance, Building Problem-Solving Skills, Promoting Positive Activities, Managing Reactions to Stress and Reminders, Promoting Helpful Thinking, Written Processing for PTSD/Complicated Grief, and Identifying and Maintaining Healthy Connections. Each action has been used in a number of empirically supported protocols for post-trauma intervention. This workshop will offer in-depth review and examples of each intervention, with video examples, case scenarios, role play, and practice.

16 **The Importance of Organizational-Level Factors in the Delivery of Trauma-Informed Interventions**

(Abstract #995)

(Practice, Child)

Augusta II & III - 7th Floor

Technical Level: Intermediate

Navalta, Carryl, PhD¹; Saxe, Glenn, MD¹; Brown, Adam, PsyD²; Ellis, B. Heidi, PhD¹; Kilkenny, Robert, EdD³; Hansen, Susan, LCSW-R, RPT-S⁴

¹Children's Hospital Boston, Boston, Massachusetts, USA

²Children's Village, Dobbs Ferry, New York, USA

³Alliance for Inclusion and Prevention, Roslindale, Massachusetts, USA

⁴Ulster County Mental Health Department, Kingston, New York, USA

The success of organizations that provide community-based mental health services is partly dictated by such higher-order factors as federal and state regulations, funding, and collaborations among service systems. A lower-order (but just as important) factor associated with success is the organization's establishment of a social context of shared clinicians' expectations, perceptions, and attitudes – key attributes that are predicted to influence the adoption of empirically-supported treatments, treatment fidelity, the relationships between clinicians and clients, as well as the availability, responsiveness, and continuity of services provided by the organization. Consistent with the socio-technical model of organizational effectiveness, we believe that a successful implementation strategy is largely dependent on the 'fit' between an organization's social context and the trauma-informed intervention that is to be delivered. To that end, this pre-meeting institute will highlight the diffusion of an innovative, empirically-supported treatment model, Trauma Systems Therapy (TST), to meet the mental health needs of children and youth exposed to traumatic events. Presenters from disparate types of organizations (i.e., academic health center, county mental health department, residential facility, school-based agency) will discuss how unique aspects of their organizations influenced (positively and negatively) the initiation, maintenance, and ultimate long-term sustainability of a TST program. Such factors will include organizations' infrastructure, culture, connections with community stakeholders, finances, and interagency collaborations. In sum, the discussion will illuminate that any trauma-informed intervention is effective only if the intersection of the treatment itself and the organization that provides the treatment is successfully navigated.

Stay for the Saturday Evening 25th Anniversary Celebration and Saturday Afternoon Master Clinician Demonstrations!

Concurrent Session 1
Thursday, November 5
8:00 a.m. – 9:15 a.m.

Symposium

**PTSD Diagnosis in Children:
Implications for *DSM-V***

[Abstract #264]

Symposium (Assess Dx, Child) Peachtree Ballroom – 8th Floor

Kenardy, Justin, PhD¹, De Young, Alexandra⁴; Delahanty, Douglas, PhD³; Kassam-Adams, Nancy, PhD²

¹University of Queensland, Brisbane, Queensland Australia, USA

²Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

³Kent State University, Kent, Ohio, USA

⁴Conrod University of Queensland, Herston, Australia

The diagnosis of PTSD in children has followed that of adults. However there are specific issues and differences that relate to phenomenology and development stage that mean the adult criteria do not necessarily apply. Furthermore the pending next edition of the *DSM* offers an opportunity to examine the age-related distinctions. The symposium will focus on three areas:

1. The factor structure of posttraumatic stress symptoms will be examined in a sample of 683 children to explore the generalizability of the *DSM-IV* for children.
2. The validity of diagnosis of PTSD in 180 children with a traumatic brain injury will be examined by comparing the construct validity of a variety of diagnostic criteria.
3. The utility and validity of PTSD diagnosis in children under 6 will be assessed in a sample of 134 children who have experienced traumatic burn injuries.

Together these presentations will provide new insights into the specific issues of diagnosis of PTSD in children that will help to inform both the clinical diagnosis of children and the next edition of *DSM*.

The Structure of PTSD Symptoms in Injured Children and Adolescents

[Abstract # 190]

Kassam-Adams, Nancy, PhD; Marsac, Meghan L., PhD; Cirilli, Carla P., MA

Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Understanding the underlying dimensions of child PTS symptoms and their potential impact on functional outcomes is of vital importance in creating clinically useful diagnostic systems. The aim of the current analyses was to examine the factor structure of PTSD symptoms in two groups (n=479 and n=204) of school-age children and adolescents. Participants were assessed approximately 6 months after experiencing an acute injury. Confirmatory factor analyses were used to evaluate the fit of five different factor models for PTSD symptoms. Additional analyses examined the specificity of PTSD symptoms in relation to depression or general distress, and the association between

each PTSD factor and functional impairment. A 3-factor model consistent with the *DSM-IV* PTSD symptom clusters fit the data well, but a 4-factor model separating effortful avoidance from emotional numbing received stronger support. Findings support the conceptualization of traumatic stress reactions as a specific entity distinct from depression or generic emotional distress, but also suggest that non-specific distress and dysphoria may play an important role in the clinical presentation of post-traumatic reactions and their impact on child functioning.

Post Trauma Reactions in Very Young Children: Implications for *DSM-V*

[Abstract # 311]

De Young, Alexandra; Kenardy, Justin, PhD

CONROD School of Medicine, Herston, Australia

Research has shown that young children (a) express symptoms of distress following trauma; (b) have unique presenting features related to developmental level, nature of trauma and relationship contexts and (c) *DSM-IV* PTSD criteria does not adequately capture many of the symptoms experienced. The inclusion of an empirically supported and developmentally sensitive PTSD algorithm for infants, toddlers and preschoolers is one of the key tasks remaining for the *DSM* classification system. The primary aim of this study was to investigate the sensitivity and specificity of diagnostic algorithms for traumatic stress reactions in young children within the context of the parent-child relationship. Participants were 134 unintentionally burned children (1 to 6 years) and their parents.

Diagnostic interviews were conducted with parents about their child's psychological and behavioral adjustment at one and six months post injury and a battery of parent report questionnaires were also completed. Findings provide further support for the need to modify the *DSM-IV* PTSD criteria to ensure that it is developmentally sensitive and able to differentiate between comorbid disorders. Suggestions for how the *DSM-V* might define and conceptualize post-traumatic stress reactions in young children will be discussed.

Alternative PTSD Diagnostic Criteria in Children With Traumatic Brain Injury: A Comparative Study

[Abstract #312]

Kenardy, Justin, PhD¹; Hendrikz, Joan Katherine, BSc¹; Le Brocque, Robyn²; Islen, Gregory¹

¹University of Queensland, Herston, Australia

²University of Queensland, Brisbane, Australia

Diagnosis of PTSD in children can be problematic, in addition to the alternative symptoms described in the *DSM-IV* PTSD criteria, a number of other diagnostic approaches have been reported including exclusion of A2 and F criterion and "subsyndromal" diagnostic criteria. Standard *DSM-IV* criteria have been adapted for the presence of traumatic brain injury (TBI) by the exclusion of posttraumatic amnesia. This study aimed to compare the validity of alternative diagnostic systems against a measure of child psychological health status, the CHQ-50. 192 children aged 6-14 seen at hospital following a TBI were assessed. Severity of brain injuries were mild (65%), moderate (25%) and severe (10%). Sixteen PTSD diagnostic classification schemes were derived from responses to the CAPS-CA at 6-months post-injury.

Thursday: 8:00 a.m. – 9:15 a.m.

Using ROC analyses these schemes were evaluated against CHQ-50 without controlling for TBI severity. Results indicate that "subsyndromal" diagnostic criteria without or without the exclusion of posttraumatic amnesia performed best in detection of health status. There was no significant change after TBI severity was taken into account. The results support the validity of "subsyndromal" diagnostic criteria with children, and suggest that little is gained by the exclusion of the posttraumatic amnesia symptom to take account of traumatic brain injury.

Psychobiological Studies on PTSD in a Post War Region; Balkan Countries

(Abstract #211)

Symposium (Clin Res, Bio Med) International C - 6th Floor

Vermetten, Eric, PhD⁶; Savić, Danka, PhD¹; Knezevic, Goran, PhD²; Spiric, Zeljko, MD, PhD³; Damjanovic, S., MD, PhD²; Matic, Gordana, PhD⁴; Yahuda, Rachel, PhD⁵

¹IAN Belgrade, Serbia

²University of Belgrade, Belgrade, Serbia

³Military Medical Academy, Belgrade, Serbia

⁴Institute of Biological Research, Belgrade, Serbia

⁵J.J. Peters VAMC, Bronx, New York, USA

⁶Military Mental Health, Utrecht, Netherlands

In this symposium we will present data from an EU study on the psychobiology of PTSD. This study was conducted in the years 2004-2008, about a decade after the war in former Yugoslavia. General objective of this project was to contribute to understanding of the PTSD, its characteristics, subtypes, and risk factors in order to help improve its diagnosing and prevention. The study was designed to investigate the inner architecture of PTSD in terms of (some of the) supposedly relevant psychological, biochemical, endocrinological, genetic, physiological and anthropometric variables/parameters and their relations. These presentations will focus on data obtained in Belgrade, on 426 male subjects divided in 4 groups: current PTSD, lifetime PTSD, trauma controls and healthy controls. All subjects were recruited in Serbia after fulfilling a stringent inclusion/exclusion criteria. They were hospitalized for 2.5 days and underwent a standardized procedure for the acquisition of variables - biological analyses were done from blood samples (drawn by an i.v. line); psychological tests and questionnaires were administered by psychologists. We will present data on psychopathology and somatic symptoms, HPA-axis (including cortisol receptors and their polymorphism), metabolism, intelligence and neurocognitive functions, personality and influences of traumatic experience.

War Trauma and PTSD-Related Alterations of Lymphocyte Glucocorticoid Receptor

(Abstract # 403)

Matić, Gordana, PhD¹; Brkljacić, Jelena, PhD Cand¹; Elaković, Ivana, PhD Cand¹; Manitašević Jovanović, Sanja, PhD Cand¹; Vojnović Milutinović, Danijela, PhD Cand¹; Perišić, Tatjana, PhD Cand¹; Dundjerski, Jadranka, PhD Cand¹; Savić, Danka, PhD²; Damjanović, Svetozar, MD, PhD³; Knežević, Goran, PhD⁴; Špirić, Željko, MD, PhD⁵; Vermetten, Eric, MD, PhD⁶

¹Institute for Biological Research, Belgrade, Serbia

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³Medical Faculty, University of Belgrade, Belgrade, Serbia

⁴Faculty of Philosophy, University of Belgrade, Belgrade, Serbia

⁵Military Medical Academy, Belgrade Serbia

⁶Military Mental Health, Utrecht, Netherlands

Glucocorticoid receptor (GR) functional properties and expression in peripheral blood mononuclear cells (PBMCs) from Balkan war veterans with and without PTSD were examined in order to differentiate between PTSD- and war trauma-related alterations of the receptor. The subjects of the study were veterans with current PTSD, with lifetime PTSD and without PTSD. Healthy male volunteers served as controls. The number of receptor sites per cell (Bmax) and dissociation constant (KD), were determined by saturation analysis. An increase of Bmax in PBMCs from veterans without PTSD vs. healthy controls and a rise of GR potency (Bmax/Kd ratio) in patients with lifetime PTSD vs. those with the current disorder were noticed. Current PTSD coincided with disturbance of the correlation between Bmax and KD that normally exists in PBMCs of healthy subjects. Between-group differences in sensitivity of lymphocytes to dexamethasone were marginally significant, while those in the levels of GR mRNA, GR and MR proteins, Hsp90 and Hsp70 were not found. The results suggest that current PTSD is associated with impairment of compensation between GR number and affinity for the hormone, resilience to PTSD with efficient regulation of the receptor's hormone binding capacity and remission of the disorder with elevated binding potency of the receptor.

PTSD, Related Somatic Symptoms and Comorbidities in Serbian War Veterans

(Abstract # 684)

Spiric, Zeljko, MD, PhD¹; Knezevic, Goran, PhD²; Savić, Danka, PhD³; Matic, Gordana, PhD⁴; Damjanovic, Zvetozar, PhD⁵; Samardzic, Radomir, MD, PhD¹; Vidakovic, Ivana, MA⁶; Vermetten, Eric, PhD⁷

¹Military Medical Academy, Belgrade, Serbia

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⁴Institute of Biological Research, Belgrade Serbia and Montenegro

⁵Medical School, Belgrade, Yugoslavia

⁶IAN, Belgrade

⁷Central Military Hospital, Utrecht, Netherlands

The presence of somatic symptoms and comorbid psychiatric disorders were investigated in war veterans with current and lifetime PTSD compared to groups of war veterans without PTSD and healthy controls. Sample consisted of three groups of veterans: with current PTSD, with lifetime PTSD, and without PTSD and a healthy control group. Clinician administered PTSD scale (CAPS-DX, with cut-off score of 50) was used to assess the presence of PTSD, Structured clinical interview for DSM-IV axis I disorders (SCID-I) for psychiatric evaluation, and Symptom Checklist 90 - Revised (SCL-90-R) for assessment of current psychological complaints. Somatic symptoms were documented and physical examination was done. Additional ultrasound and radiologic diagnostics were done if needed.

Veterans with current PTSD had more comorbid psychiatric diagnoses than other subjects, predominantly from depressive spectrum. Only 2.5% veterans with current PTSD had an "isolated" PTSD without any comorbid psychiatric diagnosis. This group had much more somatic complaints than others. However, objectively estimated indices of general (somatic) health showed no difference between groups. This study shows that somatization is a pervasive phenomenon in PTSD. Etiology is not quite clear and relations to personality, high sensitivity to somatic

clues, compensation seeking and psychobiological dynamics are discussed.

More Controlled Cortisol – Less Controlled Behavior

(Abstract # 614)

Savić, Danka, PhD¹; Knežević, Goran, PhD²; Vermetten, Eric, MD, PhD³; Damjanović, Svetozar, MD, PhD³; Špirić, Željko, MD, PhD⁴; Matić, Gordana PhD⁵

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⁵Institute for Biological Research, Belgrade Serbia and Montenegro

There is a hypothesis that dexamethasone suppression test (DST) - an indicator of the hypothalamo pituitary adrenocortical (HPA) axis autoregulation - discriminates between PTSD and depression: hyperresponsiveness is predominantly represented in PTSD, whereas hyposuppression of cortisol is characteristic for depression. Our results show that HPA axis regulation is inversely (and nonlinearly) correlated with a personality trait Conscientiousness (CONS) as measured by NEOPI-R, that can be generally perceived as one's own control of behavior (the opposite of impulsiveness). Plasma cortisol levels - obtained as nocturnal mean, morning peak and in DST - correlate negatively with CONS in both PTSD patients and controls, suggesting that HPA axis regulatory feedback is stronger in individuals with less controlled behavior. At the same time, we found that these individuals are more prone to PTSD which led us to conclude that the obtained correlation between cortisol levels and PTSD is indirect - via CONS. The finding that there is no correlation between the severity of this disease (measured by CAPS) and the level of suppression further supports this conclusion. So, DST should be used as a diagnostic tool only to the extent to which the impulsiveness predicts the illness.

The Role of Intelligence, Neurocognitive Characteristics and Personality in Posttraumatic Stress

(Abstract # 573)

Knezevic, Goran, PhD¹; Savic, Danka, PhD²; Matic, Gordana, PhD³; Damjanovic, Svetozar, PhD⁴; Vermetten, Eric, PhD⁵; Spiric, Zeljko, MD, PhD⁶; Vidakovic, Ivana, MA⁷

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⁴Medical School, Belgrade, Yugoslavia

⁵Central Military Hospital, Utrecht, Netherlands

⁶Military Medical Academy, Belgrade, Serbia

⁷IAN, Belgrade

In order to determine the distinctive characteristics of psychological functioning of individuals with PTSD, one of the most comprehensive battery of instruments for measuring personality and neurocognitive functioning reported to date was administered. The subjects were divided into four groups - acute PTSD, lifetime PTSD, trauma exposed and healthy control. The personality space was defined by six basic dimensions (measured by NEOPI-R and our own questionnaire for Disintegration, a personality trait expressing a general proneness to psychosis). The space of neurocognitive functioning was defined by thirty-three variables (including intelligence measures). Discriminant

analysis shows that two significant functions can be isolated in this common space of personality and neurocognitive variables. The first one reflects the crucial role of personality and general intelligence in discriminating trauma exposed and healthy controls from acute and life time PTSD groups. The second function indicates a role of self-control and executive inhibition in discriminating life-time and trauma exposed groups from acute PTSD and healthy controls. It seems that Neuroticism and Disintegration are the key dispositional factors for the development of PTSD, while self-control and executive inhibition define the individual resilience capacities in situations of exposure to extreme stressors.

Basal Metabolic Rate in Patients With Post Traumatic Stress Disorder

(Abstract # 1006)

Damjanovic, Svetozar, PhD¹; Spiric, Zeljko, MD, PhD²; Matic, Gordana, PhD³; Knezevic, Goran⁴; Savic, Danka⁵; Vermetten, Eric⁶

¹Medical School, Belgrade, Yugoslavia

²Military Medical Academy, Belgrade, Serbia

³Institute of Biological Research, Belgrade Serbia and Montenegro

⁴University of Belgrade, Belgrade, Serbia and Montenegro

⁵Vinca Institute, Belgrade, Serbia and Montenegro

⁶Central Military Hospital, Utrecht, Netherlands

We assessed body composition and basal metabolic rate (BMR) in 133 males (aged 26-65 years) with active post traumatic stress disorder (PTSD) and 100 ageand BMI-matched control subjects (aged 27-66 years). BMR was calculated taking into account fat free mass (FFM) obtained by bioelectric impedance. Although there was no difference in body mass index (BMI), and leptin concentration between patients and control subjects, BMR was significantly lower in patients with PTSD [mean±SD; 7712.5±} 898.4 kJ/24h vs. 8198.8±}1005.5 kJ/24h, p=0.02]. Testosterone concentration was similar in patients and control subjects, however dehydroepiandrostenedion-sulfate (DHEA-S) concentration tended to be lower in patients [5.3±}2.8 nmol/l vs 6.1±} 3.2 nmol/l, p=0.06]. By linear regression analysis significant portion (73.1%) of the variation in BMR can be explained by the variability in waist circumference (66.6%), fluid intelligence (6.2%) and in DHEA-S concentration (1.3%). In control subjects 57.2% of variability in BMR is explained by variations in waist circumference (53.0%) and fluid intelligence (4.2%). These data suggest that beside visceral fat mass and adrenal androgens in patients with PTSD psychological variables could be linked with energy homeostasis.

Treatment Interventions for PTSD in Difficult or High Risk Populations

(Abstract #235)

Symposium (Clin Res, Practice)

International D - 6th Floor

Pinna, Keri²; Pacella, Maria, BA²; Feeny, Norah, PhD¹; Lamoureux, Brittain, MA²

¹Case Western Reserve University, Cleveland, Ohio, USA

²Kent State University, Kent, Ohio, USA

The general effectiveness of cognitive behavioral therapy (CBT) at treating symptoms of PTSD and comorbid disorders is well documented. However, additional research is warranted into the efficacy of these interventions specifically for individuals who display complex symptom profiles, an elevated risk of re-

Thursday: 8:00 a.m. - 9:15 a.m.

exposure to the precipitating traumatic event, and those who experience obstacles to obtaining treatment. The focus of this symposium is to examine the effectiveness of various treatments at reducing symptoms of PTSD in women who have experienced interpersonal violence, individuals living with HIV, and individuals suffering from complex trauma histories and comorbidities.

**Battered Women & Their Children:
Treatment Issues & Outcomes of a
Cognitive-Behavioral Intervention**

(Abstract # 248)

Pinna, Keri, MA¹; Johnson, Dawn, PhD²

¹*Kent State University, Kent, Ohio, USA*

²*University of Akron, Akron, Ohio, USA*

High rates of PTSD and other comorbid disorders in battered women highlight the need for effective treatment in this population. However, numerous obstacles exist to the treatment of battered women, including severe lack of resources and complicating factors such as concern for their children's adjustment. HOPE is a new treatment for Battered Women with PTSD living in shelters. Manners in which HOPE addresses many obstacles to treatment (e.g. transportation, childcare), while also addressing concerns regarding children's adjustment, will be presented. Results from a randomized clinical trial of HOPE reveal that women who complete HOPE experience significant improvements in PTSD and depression relative to a standard care control group. Because PTSD and depression are associated with parenting distress, parent-child relationships, and child adjustment, data were analyzed to determine the extent to which treatment impacted these outcomes. Preliminary results suggest that control women's parenting distress spiked following exit from the shelter, while distress remained stable in women who received HOPE. Women who completed treatment reported better parent-child relationships during follow-up. Analyses also suggest that HOPE may impact child adjustment through improvements in women's PTSD. Implications for treatment of battered women and their children will be discussed.

**The Efficacy of Prolonged Exposure at
Treating PTSS and Its Correlates in an
HIV Positive Population**

(Abstract # 244)

Pacella, Maria, BA; Boarts, Jessica, PhD; Armelle, Aaron, MA; Delahanty, Douglas, PhD

Kent State University, Kent, Ohio, USA

Persons living with HIV (PLWH) often present with complex trauma histories, significant posttraumatic stress symptoms (PTSS), and various psychological comorbidities. Effective treatment of symptoms may significantly improve quality of health and allow PLWH to function at higher levels. Therefore, the current study examined the efficacy of prolonged exposure (PE) at reducing PTSS, depression, and posttraumatic cognitions in 43 PLWH. Participants were randomly assigned to either receive PE sessions (N = 19) or to serve as wait-list controls (N = 24). All participants were assessed at pre-treatment, and at 6-weeks and 3-months post-treatment. A repeated measures ANCOVA, covarying for depression, revealed that PE participants reported significantly fewer PTSS (p < .04) than controls on the PTSD Symptom Scale-Interview. Similar analyses controlling for PTSS revealed that PE participants reported fewer depressive symptoms (p < .001) than

controls on the Center for Epidemiological Studies – Depression Scale. Further, after controlling for both depression and PTSS, PE participants demonstrated significantly fewer negative posttraumatic cognitions than controls (p < .03) as measured by the Posttraumatic Cognitions Inventory. Results revealed that PE was readily accepted by PLWH and was efficacious in reducing symptoms of PTSD and depression.

**PE in Complex Clinical Populations:
Major Depression and Imaginal Exposure in
Chronic PTSD**

(Abstract # 280)

Zoellner, Lori, PhD¹; Feeny, Norah, PhD²

¹*Case Western Reserve University, Cleveland, Ohio, USA*

²*University of Washington, Seattle, Washington, USA*

Major depression (MDD) and other Axis I disorders commonly co-occur with chronic PTSD; such complex clinical presentations may require different treatment procedures than exposure therapy. Indeed, it has been argued that individuals with such complex presentations may have poor therapeutic alliance building skills which make tolerating imaginal exposure difficult. In a sample of 89 men and women with chronic PTSD who were undergoing exposure-based treatment, we examined whether the presence of MDD was associated with worse reactions to imaginal exposure or worse therapeutic alliance. We also examined the association between alliance and tolerability of exposure. Differences were not seen in the tolerability of imaginal exposure. More specifically, individuals with MDD experienced functionally equivalent levels of peak distress during imaginal exposure as those without MDD. Early therapeutic alliance was not associated with distress during exposure, nor was alliance associated with depression severity or MDD diagnosis. These findings suggest that individuals with and without MDD generally react similarly to the initiation of imaginal exposure and, thus, should be encouraging to clinicians working with patients with complicated clinical profiles.

**Treating Comorbid Posttraumatic Stress
and Substance Use Disorders:
A Meta-Analytic Review**

(Abstract # 427)

Lamoureux, Brittain, MA¹; Fresco, David, PhD¹; Hobfoll, Stevan E., PhD²

¹*Kent State University, Kent, Ohio, USA*

²*Rush Medical College, Chicago, Illinois, USA*

Approximately 9% of adults in the general population will suffer from posttraumatic stress disorder or PTSD in their lifetime (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). However, for patients seeking treatment for substance use disorders (SUDs), lifetime prevalence rates for PTSD have been estimated to be closer to 50% and approximately 1/4 to 1/3 of these patients meet criteria for current PTSD (Back et al., 2000; Brown, Recupero, & Stout, 1995; Najavits et al., 1998). The high degree of comorbidity of PTSD in substance abusing populations suggests a functional relationship that has been hypothesized to occur in two ways. First, self-medication theory (Khantzian, 1985, 1997) posits that individuals with PTSD may abuse substances to cope with the symptoms of PTSD. Alternately, individuals may develop PTSD in the context of an ongoing SUD. Numerous treatments have

been developed to specifically target PTSD-SUD comorbidity. This paper will quantitatively summarize and examine the efficacy of treatments for this comorbidity. Potential mediators, including participant demographics, aspects of traumatic exposure, nature of substance use, characteristics of PTSD-SUD comorbidity, and major components of treatment, will be investigated. Specific hypotheses related to these mediators and final results will be presented.

The Cutting Edge of Research in Diversity and Trauma

(Abstract #452)

Symposium (Cul Div, Clin Res) **International F - 6th Floor**

Triffleman, Elisa, MD¹; Harrington, Ellen, PhD²; Lester, Kristin, PhD³; Schell, Terry³

¹Port Washington, New York, USA

²Summit Healthcare, Akron, Ohio, USA

³National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

U.S. Census data indicate that 33% of the population is a member of an ethnic minority group. By 2042, the U.S. is projected to become a “majority-minority” nation. Thus, further understanding of the relationships of ethnicity and traumatic stress is necessary. Traumatic stress studies in the U.S. have included diverse study participants, but simple inclusion has not necessarily deepened the understanding of traumatization, its effects or treatment in diverse populations. While some studies have examined the impact of ethnic differences on trauma-related indices, rarely have studies reported the underlying contributors to those differences. Ethnicity itself is a complex construct based on cultural norms, socioeconomic status and historical contributors among many factors. Thus, outcomes and their contributors can be expected to be more interesting and complicated than what simple bivariate relationships between an ethnicity and an outcome might predict. The ISTSS Diversity Committee has given high priority to the promulgation of information which furthers our understanding of this area. In this symposium organized by the Committee, observational and treatment research which begins to scratch below the surface will be presented in order to disseminate new findings and to present the audience with further approaches to thinking about the relationships between diversity and trauma.

Trauma, Binge Eating, and the “Strong Black Woman”

(Abstract # 453)

Harrington, Ellen, PhD¹; Crowther, Jan, PhD²; Shipherd, Jillian, PhD³

¹Summitt Healthcare, Akron, Ohio, USA

²Kent State University, Kent, Ohio, USA

³National Center for PTSD, VA Boston Healthcare, Boston, Massachusetts, USA

This study examined binge eating in 179 African American female trauma survivors (Age: M(SD)=29.6(12.8); BMI: M(SD)=28.0(7.4)) who reported experiencing at least one traumatic event (M(SD)=6.02(4.62)). Participants completed surveys about traumatic experiences (Life Stressors Checklist-Revised, Sexual Experiences Survey); emotional inhibition/regulation difficulties; self-silencing (prioritizing others’ needs and adopting external self-evaluation standards); and internalization of “Strong Black

Woman” ideology, an important cultural symbol emphasizing strength and self-sufficiency (Stereotypic Roles for Black Women Scale, Efficacy of Help-Seeking Scale). Structural path analysis supported the proposed model in which SBW ideology, emotional inhibition/regulation difficulties, and eating for psychological reasons mediated the relationship between trauma exposure/distress and binge eating [$\chi^2[6]=3.77$, NNFI=1.03, CFI=1.00, SRMR=.03, RMSEA=.00]. The proposed model provided superior fit to the data than several competing models. These findings suggest that among African American female trauma survivors, trauma exposure/distress predicts strong internalization of SBW ideology, which leads to emotional/inhibition/regulation difficulties, eating for psychological reasons, and ultimately binge eating. Assessment, treatment, and prevention implications of these findings will be discussed.

Ethnic Differences in PTSD Following Injury: Hispanics’ Symptoms Differ in Kind as Well as Degree

(Abstract # 454)

Schell, Terry; Marshall, Grant, PhD; Miles, Jeremy, PhD

RAND Corporation, Santa Monica, California, USA

This longitudinal study of physical injury survivors (N = 465) used structural equation modeling with propensity weights to compare posttraumatic distress reported by Hispanic and non-Hispanic Caucasian survivors. Symptoms of posttraumatic stress disorder (PTSD) were assessed within days of trauma exposure, and again at 6- and 12-months posttrauma. Results replicated prior research indicating that Hispanics report greater overall PTSD symptom severity. However, the size of this effect varied significantly across the 17 individual PTSD symptoms, and several symptoms were not reported more highly by Hispanics. Relative to non-Hispanic Caucasians, Hispanics tended to report higher levels of symptoms that could be regarded as exaggerated or intensified cognitive and sensory perceptions (e.g., hypervigilance, flashbacks). In contrast, few differences were observed for symptoms characteristic of impaired psychological functioning (e.g., difficulty concentrating, sleep disturbance). Findings suggest that the pattern of PTSD symptoms experienced most prominently by Hispanics differs in kind and not merely in degree. Results have implications for theory aimed at explaining this ethnic disparity in posttraumatic psychological distress as well as for clinical intervention with trauma-exposed Hispanics at risk for PTSD.

Does Ethnicity Matter in the Treatment of PTSD?

(Abstract # 455)

Lester, Kristin, PhD¹; Artz, Caroline, BS¹; Young-Xu, Yinong, Scd²; Resick, Patricia, PhD¹

¹National Center for PTSD, VA Boston Healthcare, Boston, Massachusetts, USA

²National Center for PTSD, White River Junction, Vermont, USA

Ethnicity and PTSD treatment is understudied. The existing literature is inconclusive regarding ethnic differences in treatment response, as well as the combined influence of SES, historical, and attitudinal variables. To address these gaps, this study of 308 African American and Caucasian women participating in two studies of cognitive behavioral treatment for PTSD examined the influence of ethnicity on treatment

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completion and outcomes while exploring the impact of others factors that may account for differences. Results revealed a significant ethnicity effect on treatment completion status. Among African-Americans, 21% never started the protocol after the initial assessment, 34% dropped out of treatment, and only 45% completed all therapy sessions compared with 8%, 19%, and 73%, respectively, of Caucasian women. Ethnic differences held even after controlling for age, education, income, abuse history, and treatment attitudes. Longitudinal mixed-effects modeling used to analyze treatment outcome data resulted in only one significant finding between PTSD scores and sexual abuse, $F(1, 302) = 7.71, p < .01$, indicating that greater exposure to sexual abuse was associated with higher post-treatment PTSD symptom levels; however there was no significant effect of ethnicity on outcome regardless of treatment status.

Ethnocultural Variation in Responses to and Recovery From Trauma

(Abstract # 737)

Pole, Nnamdi, PhD

Smith College, Northampton, Massachusetts, USA

Presentations by Schell, Harrington, and Lester will be discussed within the broader context of ethnocultural variation in responses to and recovery from trauma.

The Harrington paper identifies a social role characteristic of African American women that partially mediates post-trauma symptom expression. The Schell paper identifies specific symptoms that may be reported with greater intensity by Hispanic groups, thereby clarifying a basis for apparent elevated PTSD symptoms in this group. The Lester paper provides further evidence that despite differences in service utilization, African Americans show benefit similar to Caucasian Americans from cognitive behavior therapy. Each of these offer lucid answers to important questions about the ways that ethnocultural status does and does not alter our understanding of posttrauma pathology and posttrauma treatment. Each also leaves additional questions that warrant further study. These points will be taken up in this discussion.

Predicting PTSD and Health Functioning Among OEF/OIF Veterans

(Abstract #742)

Symposium (Mil Emer, Assess Dx) International H - 6th Floor

McDevitt-Murphy, Meghan, PhD¹; Shea, M. Tracie, PhD²; Vujanovic, Anka, PhD²; Williams, Joah, BA¹

¹*University of Memphis, Memphis, Tennessee, USA*

²*Brown University, Providence, Rhode Island, USA*

Military personnel deployed as part of the current conflicts in Iraq and Afghanistan (OEF/OIF) face considerable threat to life and limb during combat. Following their return, they must transition back to civilian life. Returning OEF/OIF troops are at risk for psychopathology such as posttraumatic stress disorder (PTSD), substance use disorders and other Axis I diagnoses. Combat veterans are also at risk for ill health related to the many physical stressors associated with deployment. The proposed symposium would explore predictors of PTSD and health in OEF/OIF veterans. One paper describes a prospective study of veterans followed for six months after return from deployment, assessing for PTSD and other Axis I syndromes (Shea et al.). A second paper explores the relationship between dissociative symptoms and PTSD severity

(Vujanovic et al.). A third paper describes relationships among PTSD, alcohol abuse, and health functioning among OEF/OIF veterans presenting to primary care (McDevitt-Murphy et al.). Finally, a fourth paper explores a range of deployment risk and resilience factors and their relationship to PTSD and physical health (Williams et al.). Together, these papers converge on the theme of prediction of physical health and adjustment in returning veterans with a specific focus on the role of PTSD.

PTSD, Alcohol, and Health Functioning Among OEF/OIF Veterans Presenting to Primary Care

(Abstract # 747)

McDevitt-Murphy, Meghan, PhD¹; Bracken, Katherine, BS²; Monahan, Christopher, BA¹; Murphy, James, MS¹; Williams, Joah, BA¹

¹*University of Memphis, Memphis, Tennessee, USA*

²*Autburn University, Opelika, Alabama, USA*

The link between posttraumatic stress disorder (PTSD) and alcohol abuse has been well-established (Ouimette & Brown, 2003). PTSD and alcohol abuse are both associated with poorer health and it has been suggested that alcohol may mediate the relationship between PTSD and health outcomes (Rheingold et al., 2004). The present study assessed PTSD, hazardous drinking, and self-reported health functioning in a VAMC primary care sample of 151 veterans of the wars in Iraq and Afghanistan. 39% of participants screened positive for PTSD using the PTSD Checklist (PCL; Weathers et al., 1993) and 26.5% screened positive for alcohol misuse on the Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001). PTSD and alcohol misuse were significantly correlated with several domains of health functioning, assessed with the Short-Form 36 (SF-36; Ware & Sherbourne, 1992). Group level analyses investigated differences between those screening positive and negative for PTSD and for alcohol misuse. Regression analyses investigated the contribution of PTSD and alcohol misuse to self-reported health. There was no evidence that alcohol misuse mediated the relationship between PTSD and health domains. These findings are suggest that PTSD and alcohol misuse may exert independent effects on health.

Functional Impairment Among OEF/OIF Veterans: Associations With PTSD Symptoms

(Abstract # 756)

Shea, M. Tracie, PhD; Mansfield, Abigail, PhD; Vujanovic, Anka, PhD

Brown Medical School, Providence, Rhode Island, USA

Research showing strong links between PTSD and impairment in psychosocial functioning among veterans is based on research conducted many years after the war. Knowledge regarding impairment earlier on after exposure to war trauma is important to understanding the longitudinal trajectory of problems in functioning. The present investigation examined associations between impairment in functioning and PTSD (diagnosis and symptoms) among OIF / OEF veterans within 6 months following return from deployment. Findings from a preliminary sample of 100 participants with initial post-return (baseline) and six month post-return follow-up interview-based assessments showed that both PTSD diagnosis and symptom severity were associated with poorer functioning and more subjective distress. Controlling for

Axis I disorders, PTSD symptom severity significantly predicted worse functioning on ratings of social and employment functioning, less satisfaction with life, and worse overall functioning. Subthreshold symptoms of PTSD were also associated with impairment, ranging from moderate to serious. The numbing / avoidance and the hyperarousal symptom clusters were significantly associated with most measures of functioning; re-experiencing symptoms were not associated with any measures. Implications of the findings and future directions will be discussed.

Associations Between Dissociative Symptoms and Posttraumatic Stress Among OEF/OIF Veterans

(Abstract # 774)

Vujanovic, Anka, PhD; Shea, M. Tracie, PhD; Mansfield, Abigail, PhD

Brown Medical School, Providence, Rhode Island, USA

The current investigation sought to examine distinct facets of dissociation, including peritraumatic and current dissociative symptoms, in relation to global posttraumatic stress symptom severity as well as severity of PTSD symptom clusters. The sample consisted of 179 OEF/OIF veterans (169 men; Mage = 33.6). The Clinician Administered PTSD Scale (CAPS), Structured Clinical Interview for DSM-IV Axis I Disorders, and Peritraumatic Dissociative Experiences Questionnaire were utilized. A series of hierarchical regression analyses were conducted; peritraumatic dissociation levels and number of current (past month) axis I diagnoses were entered as covariates at level one, while CAPS-rated symptom severity ratings of current (past month) derealization, depersonalization, and reduction in awareness were entered as a block at level two of the models. Current symptoms of derealization ($p < .001$) and reduction in awareness ($p < .05$) were incrementally predictive of global posttraumatic stress symptom severity. With regard to posttraumatic stress symptom clusters, derealization and reduction in awareness symptoms were incrementally related to emotional numbing symptoms (p 's $< .05$) only. Neither peritraumatic dissociation nor depersonalization was a significant predictor of any studied outcomes. Findings will be discussed in terms of theoretical and clinical implications.

Risk Profiles and Health Outcomes Among OEF/OIF Veterans

(Abstract # 806)

Williams, Joah, BA; McDevitt-Murphy, Meghan, PhD; Murphy, James, MS

University of Memphis, Memphis, Tennessee, USA

Evidence from combat veterans suggests that a number of risk factors, including cognitive appraisals of threat, may be more predictive of PTSD and poor physical health than trauma exposure alone (e.g. King et al., 2008). We examined relations between war-zone risk factors, PTSD, and health among Iraq and Afghanistan veterans at risk for alcohol abuse. The predominately male (90%) and Caucasian (64%) sample currently includes 20 veterans (target N = 60). Risk factors were assessed using the Deployment Risk and Resilience Inventory (DRRI; King et al., 2003). PTSD was assessed using the CAPS (Blake et al., 1995). Functional health was assessed with the Short Form-36 (Ware, 1993). Pearson correlations were conducted between DRRI scales, including perceived threat and combat exposure, PTSD

severity, and a series of health variables. Perceived threat was the only DRRI scale to be significantly correlated with PTSD and health and it demonstrated strong correlations with PTSD and five health domains including energy/fatigue and general health (r 's in absolute magnitude range from .46 to .60; all p 's $< .05$). These results are consistent with prior research. Additional analyses will examine contributions of risk factors and PTSD to functional health.

Panel Discussion

Fighting Stigmatization of Trauma Through Education and Media Relations

(Abstract #366)

Panel Discussion (Media Ed, Media Ed) International E - 6th Floor

John, Sue Lockett, PhD¹; Welch, C. Eileen Watts, MBA²; Hellerman, Caleb³; Reynolds, Victoria, PhD⁴

¹*Dart Center West, Seattle, Washington, USA*

²*The Center for Child and Family, Durham, North Carolina, USA*

³*CNN Atlanta, Georgia, USA*

⁴*Durham VA Medical Center, Durham, North Carolina, USA*

News media characterizations play a major role in shaping cultural beliefs about stress and trauma reactions. By disproportionately linking mental illness with acts of violence and rarely reporting on stories of recovery, media accounts contribute to stigmatization and negative attitudes towards trauma survivors. These attitudes may create an environment in which survivors anticipate negative or dismissive reactions to disclosure and therefore not seek appropriate help. This panel brings together scholarship on media coverage of people with trauma-related reactions, outreach and training efforts to improve awareness and coverage of mental health and trauma issues, and examination of constraints and conventions affecting news coverage. It will include best practices for mental health professionals to provide journalists with accurate information and stories of recovery and reducing reliance on stereotypes and stigmatizing terms and representations.

Organisational and Peer Support Programs; Media and Other Early Responders – Lessons Learned

(Abstract #685)

Panel Discussion (Prev EI/Media Ed) Augusta I - 7th Floor

Forbes, Heather¹; McMahon, Cait²; Ward-Lilley, Sarah, BA⁴; Greenberg, Neil, PhD²

¹*Australian Broadcasting Co, Ultimo, New South Wales, Australia*

²*Universal Consulting Service, Alexandria, Virginia, USA*

³*Dart Centre Australasia, Elwood, Australia*

⁴*BBC News, London, United Kingdom*

Organisational and managerial support for trauma exposed staff has been shown to mediate the effects of trauma response. Three separate models of staff support will be presented; the Australian Broadcasting Corporation (ABC), the British Broadcasting Corporation (BBC) and the UK Military. The Heather Forbes from the ABC will present the organisations comprehensive 'three tiered' programme of staff awareness, manager awareness and peer support. Cait McMahon will discuss the role of a

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psychologist within such a programme and the importance of establishing boundaries and psychological 'safety'. Sarah Ward-Liley from the BBC will present the BBC's approach to trauma support, which has evolved from training for managers and 'high risk' groups deployed to hostile conflict environments. It now encompasses a wider group of journalists working on domestic stories of traumatic content. Dr Neil Greenberg will present how TRiM (Trauma Risk Management) has been used by the UK military and diplomatic service to good effect. TRiM is a peer based support package that has become increasingly popular within the UK as a way of providing 'psychological first aid' within organisations. This presentation will be of interest to clinicians and practitioners involved in the support of staff who experience work related trauma exposure.

Papers

Personality and PTSD

Vinings I & II - 6th Floor

Chair: Erbes, Christopher, PhD

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Predicting Post Trauma Quality of Life: the Mediating Role of Hardiness

(Abstract # 746)

(Clin Res, Mil Emer)

Shatil, Sharon, MS¹; De St. Aubin, Ed, PhD¹; DeRoon-Cassini, Terri, PhD²; Valvano, Abbey, MS¹

¹*Marquette University, Milwaukee, Wisconsin, USA*

²*Medical College of Wisconsin, Milwaukee, Wisconsin, USA*

This study builds on past scholarship to investigate the role of hardiness and perception of injury severity in predicting post-trauma quality of life in a sample of spinal cord injured veterans. A GAP variable was created by subtracting subjective injury severity from objective injury severity (z converted) such that GAP scores of zero indicate accurate perception of injury severity, positive GAP scores indicate underestimation, and negative GAP scores indicate overestimation of the severity of the injury. GAP scores were positively related to psychological, financial, and physical well-being, and negatively related to depression. Mediation analyses were performed to determine whether the GAP measure leads to the outcomes through hardiness. These analyses indicated complete mediation of the relationship between the GAP measure and psychological well-being (Sobel = 2.57, $p=.01$) and between the GAP measure and depression (Sobel = 2.02, $p<.05$), and partial mediation of the relationship between the GAP measure and financial well-being (Sobel = 2.70, $p<.01$) and between the GAP measure and physical well-being (Sobel = 2.78, $p<.01$). Findings suggest that hardiness, or existential courage (Maddi, 2004), may be a path through which a positive or negative perception of one's injury severity leads to depression and indices of well-being.

Hardiness: Beyond Positive and Negative Emotionality?

(Abstract #585)

(Mil Emer, Clin Prac)

Erbes, Christopher, PhD, LP¹; Arbisi, Paul, PhD; Kehle, Shannon, PhD¹; Ferrier-Auerbach, Amanda, PhD²; Erickson, Darin, PhD¹; Polusny, Melissa, PhD²

¹*Minneapolis VA Medical Center, Minneapolis, Minnesota, USA*

²*National Center for PTSD, Boston VA, Jamaica Plain, Massachusetts, USA*

Recent attention on resilience in the face of combat trauma has brought renewed interest in the construct of hardiness. Hardiness, which includes feelings of being in control of one's life, perceiving stressors as challenges to overcome, and being committed to improvement, has been shown to predict better responses to a variety of civilian and military stressors. Parsimony and theory development require examination of the hardiness within the broader context of other personality traits. The current project examines the relationship between hardiness to higher order personality dimensions of positive emotionality (PEM) and negative emotionality (NEM; or neuroticism). The 15 item brief Hardiness scale and items assessing PEM and NEM (from the PSY-5 scales of the MMPI-2) were given to a sample of 987 National Guard soldiers either prior to a deployment ($n = 746$) or during annual training ($n = 241$). Latent variable modeling will be used to examine the extent to which hardiness, as measured by these 15 items, is distinct from PEM and NEM. Competing models will be compared in which hardiness is a distinct (but potentially correlated) factor from PEM and NEM, a facet of PEM, or a facet of NEM.

Personality as Moderators of the Relation Between Military Experiences and PTSD Symptoms

(Abstract #620)

(Mil Emer, Assess Dx)

Caska, Catherine, MS¹; Renshaw, Keith, PhD²

¹*University of Utah, Salt Lake City, Utah, USA*

²*George Mason University, Fairfax, Virginia, USA*

Personality characteristics (e.g., neuroticism) are related to posttraumatic stress disorder (PTSD), but no research has yet examined them as potential moderators of the association of trauma severity and PTSD symptoms. The current study did so in a sample of 218 male National Guard/Reserve service members deployed to Iraq, Afghanistan, and other Middle Eastern countries since 2001. Significant moderation of both combat and post-battle experiences (PBE) with PTSD was found by extraversion ($ps<.05$), with the association strengthening as levels of extraversion decreased. The relationship between PBE and PTSD also strengthened at decreasing levels of agreeableness, conscientiousness, and openness, and increasing levels of neuroticism in service members (all $ps<.05$). Finally, significant moderation of the relationship between nuclear/biological/chemical exposure and PTSD was also found by openness ($p<.05$), with the association increasing as levels of openness decreased. Higher levels of extraversion and agreeableness, and lower levels of neuroticism, were each related to higher amounts of social support, which is one possible mechanism of the protective features of these personality traits. These findings will be discussed in the context of both personality theory and potential methods for identifying those at greater risk for negative post-trauma sequelae.

Consideration of Dimensional Trait Models to Assess Personality Variation in PTSD

(Abstract #165)
(Clin Res, Assess Dx)

Rose, Kris, PhD²; Smith, Harvey, PhD²; Lee, Kibeom³; Ashton, Michael, PhD¹

¹*Brock University, St. Catharines, Ontario, USA*

²*Carewest OSI Clinic, Calgary, Alberta, Canada*

³*University of Calgary, Calgary, Alberta, Canada*

Although personality change following traumatic events is recognized within both *DSM* and *ICD* classification systems, there has been little research on the relations between the major dimensions of personality and the psychological consequences of traumatic events. When personality changes are considered, they are rarely viewed as adaptations to trauma, but rather as isolated and extreme variants of personality disturbance. Despite explicit caution in the *DSM-IV-TR*, practitioners sometimes attribute the dysfunctional personality traits of traumatized persons as symptoms of Personality Disorders. This can lead to mistaken diagnoses of Axis II conditions, as the dysfunctional traits may have emerged since the onset of the trauma-related disorder. We suggest that personality pathology should be examined in terms of variation in normal personality traits rather than in terms of discrete disorders. One potential advantage of such a focus on normal variation is a better understanding of the variety of personality disturbances in most persons whose posttraumatic symptoms have not caused extreme shifts in identity. Much of the research evidence on the links between psychopathology and normal personality traits has been based on the Big Five or Five-Factor Model (B5/FFM) of personality, but the recently proposed HEXACO model has garnered widespread attention as an alternative conceptualization of normal personality structure. The finding of six basic personality dimensions suggests new hypotheses regarding the relationships between trauma and normal personality variation. Opportunities for research are discussed, including an initiative to study personality variation in military veterans with PTSD using both B5/FFM and HEXACO frameworks.

Workshop

PTSD Sleep Therapy Group Workshop

(Abstract #743)

Workshop (Practice)

International G - 6th Floor

Thompson, Karin, PhD¹; Franklin, Laurel, PhD²; Vandergriff, Jennifer, PhD¹; Wilkinson, Charity, PsyD¹; Fortenberry, Katherine, MS¹; West, Jeffrey, PhD¹; Currier, Joseph, MA¹; Mullins-Nelson, Jana, MA¹

¹*Memphis VA Medical Center, Memphis, Tennessee, USA*

²*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA*

Sleep disturbance is a disruptive and debilitating symptom of PTSD. Trauma survivors with insomnia and nightmares exhibit substantially greater distress and impairment than those without these problems. Increasing evidence indicates that posttraumatic sleep disturbances are typically resistant to standard PTSD treatments and warrant independent clinical attention. This workshop will focus on teaching clinicians about an evidence-based sleep program for individuals who are currently diagnosed with PTSD or have significant sub-threshold PTSD symptoms. The workshop guides clinicians through a 6-session group or individual treatment protocol utilizing cognitive-behavioral therapy (CBT) strategies targeting insomnia while also addressing issues specific to PTSD that obstruct initiating and maintaining sleep. Session topics include education about sleep disturbance in PTSD and role of hyperarousal; rationale for CBT strategies to improve sleep quality; relaxation therapy; cognitive control and reducing hyperarousal; sleep hygiene; stimulus control with attention to hypervigilance; sleep restriction; cognitive restructuring; coping with nightmares; and coping with chronic pain. Participants will receive instruction on how to apply each of the sessions. Common treatment challenges will be illustrated through the use of clinical vignettes and case discussion.

Thursday: 8:00 a.m. - 9:15 a.m.

Thursday, November 5
9:30 a.m. – 10:45 a.m.

Keynote Address

Redesigning PTSD With Empirical Data: Implications for *DSM-V*

(Abstract #1129)

Keynote Address (Assess Dx, Practice) Peachtree Ballroom - 8th Floor

Regier, Darrel, MD, MPH

American Psychiatric Assn, Bethesda, Maryland, USA

The overarching goal of the fifth edition of the Diagnostic and Statistical Manual of Mental disorders (*DSM-V*) is to present the most valid and clinically useful diagnostic classification system to date. The *DSM-V* Task Force and Work Group members are especially mindful of cross-cutting dimensional factors that are not included in existing diagnostic criteria for all diagnoses including posttraumatic stress disorder (PTSD) and acute stress disorder (ASD). Of particular interest will be establishing a "living document" framework for incorporating new etiologic information on gene-environment (traumatic exposure) interactions that will guide future revisions of the *DSM-V*. For now, the use of cross-cutting dimensional assessments of broad psychopathology – including mood, anxiety, sleep, substance use, suicide risk, and somatic symptoms – will help move clinicians closer to the goals of accurate detection, individualized treatment, and improved outcome tracking. This is particularly important for patients with PTSD, who frequently present with comorbid anxiety, mood, and substance use disorders that are often under-recognized and undertreated. The *DSM-V* workgroups are currently examining options for field trials to test these dimensional aspects and help move the field of psychiatry beyond the constraints of the current categorical classification system. Within traumatic stress disorders, for example, the application of a lifespan approach to PTSD may clarify variations in symptomatology, which appear to be developmentally sensitive. Dimensional measures for assessing severity and chronicity are also at issue and impact the identification of appropriate diagnostic thresholds. Capturing the differences in expressions of mental disorders mediated by gender, developmental stage across the lifespan, and cultural background are vital to linking *DSM-V* with international applications of these criteria. Finally, both within traumatic stress reactions and across all diagnoses, the role of functional impairment and disability assessment will be dealt with as a global measure that allows comparison with other medical conditions.

Concurrent Session 2
Thursday, November 5
11:00 a.m. - 12:15 p.m.

Symposium

Longitudinal Examinations of Adjustment Following the VT and NIU Campus Shootings

(Abstract #284)

Symposium (Disaster, Clin Res) International C - 6th Floor

Orcutt, Holly, PhD²; Littleton, Heather, PhD¹; Kumpula, Mandy, MA²; Buck, Katherine, MS¹

¹*East Carolina University, Greenville, North Carolina, USA*

²*Northern Illinois University, De Kalb, Illinois, USA*

While certain traumas represent largely private, individual events, other traumas are best thought of as mass traumas, affecting whole communities. In the face of such trauma, many questions remain regarding how individuals are affected and what predicts favorable and unfavorable adjustment. The current symposium focuses on longitudinal evaluations of the adjustment of college women after two recent mass shootings on the Virginia Tech (VT) and Northern Illinois University (NIU) campuses. The VT shooting occurred on April 16th 2007, and took place in two campus buildings. The shooting was the most deadly in U.S. history, with 33 individuals, including the gunman, killed in the shooting, and an additional 25 wounded. The NIU shooting occurred on February 14th, 2008, took place in a large lecture hall, and similarly involved a lone gunman. Six students including the gunman were killed and 16 were wounded. The four presentations in this symposium examine a number of predictors of students' long-term adjustment after these tragedies including experiential avoidance, cognitive processing style, trauma history, and peritraumatic reactions. Findings presented have clear implications for understanding adjustment after mass traumas and developing targeted interventions for those most in need.

Experiential Avoidance and Peritraumatic Dissociation as Prospective Risk Factors for PTSD

(Abstract # 388)

Kumpala, Mandy, MA; Orcutt, Holly, PhD; Bardeen, Joseph, MA; Varkovitzky, Ruth, MA

Northern Illinois University, De Kalb, Illinois, USA

Experiential avoidance (EA) and peritraumatic dissociation (PD) have been identified as risk factors for the development of PTSD, however, the relationships between these variables remain unclear, particularly given that pre-index trauma levels of EA and PTSD are not generally available. The present study employed a longitudinal design to examine how EA and PD contribute to the development and maintenance of PTSD symptoms. Data on EA and PTSD were collected from 588 college females prior to a mass shooting at NIU (T1). EA, PD, and PTSD were assessed shortly after the mass shooting (T2, M = 30 days), and EA and PTSD were reassessed approximately 8 months following the shooting (T3). Analyses were conducted using structural equation modeling with ML estimation. Model fit was good. As expected,

EA was relatively stable across time. T1 PTSD symptoms (pre-shooting) did not predict PTSD symptoms immediately post-shooting (T2); however, T2 PTSD symptoms did significantly predict PTSD symptoms at T3. EA was predictive of PD and PTSD at each time point. PD was a strong predictor of PTSD symptoms at T2, however PD did not have a significant direct effect on PTSD symptoms at T3. PD did have a significant indirect effect on T3 PTSD symptoms through its effects on PTSD symptoms at T2. The present study elucidates temporal relationships between important risk factors for PTSD.

Psychological Distancing in Expressive Writing Following a Mass Shooting: Link to PTSD Symptoms

(Abstract # 346)

Orcutt, Holly, PhD¹; Rabenhorst, Mandy, PhD²; Lilly, Deborah, MAP²; Valentiner, David, PhD²; Matuszewich, Leslie, PhD²;

¹*Center for the Study of Family Violence & Sexual Assault, DeKalb, Illinois, USA*

²*Northern Illinois University, DeKalb, Illinois, USA*

Theory and research suggest that experiential avoidance (EA) may underlie symptoms of PTSD, and that EA may impact the relationship between trauma and distress. The present study analyzed a trauma-related expressive writing (EW) sample obtained from 58 female participants during an experimental session shortly after a campus mass shooting. The study examined to what extent psychological distancing (PD) (as one measure of EA) was related to (1) emotion regulation strategies and symptomatology assessed pre-shooting, (2) symptomatology reported approximately 17 days following the shooting as well as during the subsequent EW session, (3) self-reports of emotions and distancing strategies used during the EW session, (4) physiological response and recovery during the EW session (e.g., heart rate, cortisol), and (5) symptomatology assessed approximately 6 months following the EW session. The Linguistic Inquiry and Word Count (LIWC) program was used to assess PD in the expressive writing. Briefly, PD was not significantly related to EA or PTSD symptoms reported pre-shooting, or PTSD symptoms reported shortly after shooting. PD, however, was significantly negatively related to prospective PTSD symptoms, particularly hyperarousal and reexperiencing, reported 6 months post-EW session. Moderators and mediators will be discussed.

Evaluation of a Cognitive Processing Model of Adjustment Following the VT Mass Shooting

(Abstract # 285)

Littleton, Heather, PhD

East Carolina University, Greenville, North Carolina, USA

There is a pressing need to develop an understanding of posttrauma adjustment patterns. Resick and Schnicke (1992) theorized that how individuals resolve the threat of the trauma to existing schemas, such as benevolence beliefs, is key to determining adjustment, and developed a model of three potential adjustment patterns: assimilation (characterized by fitting the trauma within existing schema), accommodation (characterized by altering extant schema) and over-accommodation (characterized by engaging in maladaptive schema change). Littleton (2007) recently supported the utility of examining trauma coping to classify individuals' adjustment

pattern. The current study utilized k-means cluster analysis of a sample of 297 Virginia Tech (VT) women's coping patterns two months after the VT shooting to classify participants into one of these three adjustment groups. Based on this analysis, 110 participants were classified as assimilated, 154 as accommodated, and 33 as over-accommodated. Results supported significant differences in distress (depressive and PTSD symptoms) and schemas (benevolence, justice, self-worth) among the three groups six months and one year after the shooting. Notably, while adjustment differences decreased over time, schema differences became more pronounced. Implications of the results for explaining trajectories of trauma recovery are discussed.

Effects of Multiple Traumas on PTSD and QOL: Mediation of Benevolence Beliefs

(Abstract # 294)

Buck, Katherine, MS; Littleton, Heather, PhD

East Carolina University, Greenville, North Carolina, USA

Research has suggested that the negative impact of trauma on quality of life (QOL) and distress may be cumulative and may be mediated by the impact of trauma on benevolence beliefs. Multiple trauma victims (women who had experienced sexual trauma and who had been exposed to the Virginia Tech (VT) shooting) were compared with single trauma victims (women who had been exposed to the VT shooting). Participants completed a survey prior to shooting as well as six months and one year post shooting. It was hypothesized that multiple trauma victims would report lower environmental QOL, more PTSD symptoms, and more depressive symptoms. It was also hypothesized that they would report less benevolence beliefs, which would then act as a mediator. Mediation analyses were conducted using the three step Baron and Kenny procedure with follow-up Sobel tests. Multiple trauma victims reported lower QOL and more PTSD symptoms, and less benevolence beliefs. Benevolence beliefs were a significant mediator in the case of PTSD and QOL. Multiple trauma victims also reported higher levels of depression; however benevolence did not mediate this relationship. Implications of the results for understanding the impact of working with multiple trauma victims will be discussed.

Attention in PTSD: Turning a Corner

(Abstract #347)

Symposium (Assess Dx, Clin Res) International E - 6th Floor

Kimble, Matthew, PhD²; Pineles, Suzanne, PhD²; Constans, Joseph, PhD¹

¹*Tulane University, New Orleans, Louisiana, USA*

²*Boston VA Healthcare System, Boston, Massachusetts, USA*

This symposium will present three studies that take an entirely new approach to understanding vigilance and attention posttrauma. The upcoming revision of the diagnostic criteria for PTSD serves as an interesting backdrop for novel methods that generate new empirical foundations that may serve to change the way we look at attention after trauma. The presentations will address some of the central issues to understanding attention post trauma including facilitation, interference, orientation, and rumination and will conclude with a presentation and discussion on how the modification of attentional processes might play a role in recovery.

Thursday: 11:00 a.m. - 12:15 p.m.

**Attentional Biases in PTSD:
More Evidence for Interference**

(Abstract # 594)

Pineles, Suzanne, PhD^{1,2,4}; Shipherd, Jillian, PhD^{1,2,4}; Mostoufi, Sheeva, BS^{1,2}; Abramovitz, Sarah, BA¹; Yovel, Iftah, PhD³

¹National Center for PTSD Boston, Massachusetts, USA

²Boston VA Healthcare System, Boston, Massachusetts, USA

³Hebrew University, Jerusalem, Israel

⁴Boston University Department of Psychology, Boston, Massachusetts, USA

Attentional biases to trauma-related stimuli have been widely demonstrated in individuals with posttraumatic stress disorder (PTSD). However, the majority of these studies used methods not suited to differentiating difficulty disengaging attention from threatening stimuli (interference) from facilitated detection of threat. In the current study, a visual search task (VST) with a lexical decision component was used to differentiate between attentional interference and facilitation. Forty-six sexual assault survivors with High PTSD or Low PTSD symptoms completed the VST with three types of stimuli (trauma-related, general threat-related, and semantically related neutral words), included to examine the specificity of attentional biases associated with PTSD symptoms. High PTSD participants who engaged in the interference task first showed increased interference to trauma-related words relative to Low PTSD participants. Furthermore, the increased attentional interference in High PTSD participants was specific to trauma-related stimuli. In addition, no evidence was found for facilitated detection of threatening stimuli in PTSD. These results provide additional support for attentional biases in PTSD relating to attentional interference rather than facilitation.

Cognitive Bias Modification Strategies for PTSD

(Abstract # 609)

Constans, Joseph, PhD

Tulane University, New Orleans, Louisiana, USA

Individuals with PTSD have cognitive biases including enhanced attention to trauma-related stimuli and biased interpretations of the meaning of the traumatic event. This presentation reports on attempts to modify cognitive bias using computer-based cognitive bias modification protocols. To study the potential efficacy of attentional bias modification, 13 EMS workers who were exposed to Hurricane Katrina stressors were recruited for participation in an attentional bias modification training study. The results suggested that, while PTSD status was associated with biases to trauma-relevant stimuli at baseline, the training procedures failed to produce the desired modification in attention allocation. Discussion will focus on current efforts devoted to developing computer-based strategies to modify interpretive bias in patients with PTSD.

Eye Tracking and Visual Attention to Traumatic Stimuli in Veterans of the Iraq War

(Abstract # 424)

Kimble, Matthew, PhD¹; Fleming, Kevin, PhD²; Kim, Julia³; Bandy, Carole L.³

¹Middlebury College, Middlebury, Vermont, USA

²Norwich University, Northfield, Vermont, USA

³Toronto District School Board, Toronto, Ontario, Canada

Theoretical and clinical characterizations of attention in PTSD acknowledge the possibility for both hypervigilance and avoidance of trauma-relevant stimuli. This study used eye tracking technology to investigate visual orientation and attention to traumatic and neutral stimuli in nineteen veterans of the Iraq War. Veterans saw slides in which half the screen had a negatively valenced image and half had a neutral image. Negatively valenced stimuli were further divided into stimuli that varied in trauma relevance (either Iraq war or civilian motor vehicle accidents). Veterans higher in PTSD had larger pupils to all negatively valenced pictures and spent more time looking at them than did veterans lower in PTSD. All veterans oriented more quickly to Iraq war pictures, an effect that was exacerbated in those higher in PTSD. The findings suggest that posttraumatic pathology is associated with vigilance and rumination rather than avoidance when processing negatively valenced and trauma relevant stimuli.

Neuroimaging & PTSD: New Findings and Evolving Technologies

(Abstract #906)

Symposium (Bio Med, Res Meth) International F - 6th Floor

Engdahl, Brian, PhD¹; Pardo, Jose, MD, PhD¹; Handwerker, Kathryn, MS²; Pannu Hayes, Jasmeet, PhD³; Shin, Lisa, PhD²; Georgopoulos, Apostolos, MD, PhD¹; Morey, Rajendra, MD³

¹Minneapolis VA Medical Center and University of Minnesota, Minneapolis, Minnesota, USA

²Tufts University, Medford, Massachusetts, USA

³Duke/Durham, VAMC Durham, North Carolina, USA

Neuroimaging has documented abnormalities in brain function and is leading us to a better understanding of memory and emotional processing deficits in PTSD. More generally, neuroimaging is increasing our understanding of responses to trauma, development of PTSD, recovery from PTSD, and resistance to trauma's effects. To elucidate underlying brain abnormalities associated with PTSD, we present data obtained using varying technologies: positron emission tomography (PET), functional magnetic resonance imaging (fMRI), and magnetoencephalography (MEG). Various experimental designs are used: script-driven imagery, affect-triggering pictures and memory tests, and examination of resting states of the brain. These neuroimaging subjects have been exposed to a wide range of trauma: combat and prisoner of war experiences, rape and childhood abuse, motor vehicle accidents, violent crime, etc. The presentation will highlight the growing convergence of findings and implications for treatment, recovery, and resistance to traumatic stress.

Combat Veterans With Active vs. Remitted PTSD; A Script-Driven Imagery Study Using Positron Emission Tomography (PET)

(Abstract # 1101)

Pardo, Jose, MD, PhD; Fahnhorst, Sarah, BA, BS; Dikel, Thomas, PhD; Lee, Joel, MSEE; Hagen, Matthew, MD, PhD; Eberly, Raina, PhD; Engdahl, Brian, PhD

Minneapolis VAMC and the University of Minnesota, Minneapolis, Minnesota, USA

Purpose: Limbic and medial prefrontal region dysfunction characterizes PTSD. We studied brain function during fear states in active PTSD (aPTSD) and remitted PTSD (rPTSD) subjects. Methods: Combat veterans (N=17), unmedicated and free of active comorbidity, underwent PET to examine changes in regional cerebral blood flow during script-driven imagery. Two autobiographic scripts (fear/neutral) were presented to induce corresponding emotional states. PET data were analyzed using SPM, regions of interest, and brain-behavior/seed-voxel partial least squares. Results: The aPTSD group significantly activated the dorsal anterior cingulate and anterior insula while deactivating the rostral anterior cingulate (rACC) and right medial temporal cortex. aPTSD did not show amygdala activation. The rPTSD group had no rACC or insular changes. They activated the dorsomedial prefrontal gyrus and deactivated the right amygdala, gyrus rectus, and the left medial temporal cortex. The most robust change in functional connectivity associated with recovery surfaced in a sign change in covariance between the amygdala and posterior cingulate. Conclusions: PTSD recovery is characterized by alterations in cognitive, affective, mnemonic, and interoceptive circuitry. The differential patterns of between-group activation and connectivity point to candidate structures involved in PTSD recovery.

An fMRI Study of Emotional Memory in Posttraumatic Stress Disorder

(Abstract # 1102)

Handwerker, Kathryn, MS; Offringa, Reid, BS; Pfaff, Danielle, BA; Shin, Lisa, PhD

Tufts University, Medford, Massachusetts, USA

Purpose: Neuroimaging has documented functional abnormalities in the amygdala and hippocampus and deficits in memory for neutral information in PTSD. Whether functional abnormalities in the amygdala and hippocampus affect the emotional modulation of memory in PTSD is unknown. Methods: We used fMRI in 15 (13 female) subjects with PTSD and 14 (8 female) trauma-exposed controls (TECs) to assess BOLD signal during the viewing of positive, negative, and neutral pictures from the International Affective Picture System set. A surprise memory test was administered outside of the scanner one week later. Results: Behavioral results revealed significantly better memory for negative than for neutral or positive pictures across all subjects even when controlling for false alarm rates. No differences in memory for positive and neutral pictures were found. Additionally, no differences in emotional memory were found between PTSDs and TECs. fMRI data were analyzed using SPM2. Analyses revealed significantly greater left amygdala and right amygdala/hippocampal activation in those with PTSD relative to TECs in the Negative>Neutral contrast. Similarly, assessment of subsequent memory revealed greater bilateral amygdala and hippocampus activation in PTSD relative to TECs

in the Negative Remembered>Neutral Remembered contrast. Conclusions: These preliminary results suggest that individuals with PTSD.

Neural Correlates of Emotional Memory in PTSD

(Abstract # 1104)

Pannu Hayes, Jasmeet, PhD¹; Dolcos, Florin, PhD²; McCarthy, Gregory, PhD¹; Labar, Kevin¹; Morey, Rajendra, MD¹

¹*Duke University, Durham, South Carolina, USA*

²*University of Alberta, Alberta, Canada*

Purpose: Emotion usually enhances the encoding of new memories. However, during trauma, emotion disrupts memory for important aspects of the event. The neural correlates of this disruption are poorly understood. Methods: We studied OIF/OEF combat veterans with and without PTSD. We used a subsequent memory design where subjects undergo fMRI scan during encoding, and retrieval data are collected outside the scanner. In the encoding session, subjects viewed negative (combat), neutral, and positive pictures. They were then given a surprise recognition memory test for the stimuli they had viewed the previous week. Imaging data from the first session were analyzed by comparing pictures categorized as subsequently remembered versus subsequently forgotten during the retrieval session. Results: The hippocampus was activated during encoding of emotional trauma pictures > neutral pictures for PTSD subjects (n=15) more so than for controls (n=17). There was differential medial temporal lobe (MTL) activation for emotional versus neutral material, possibly because the amygdala enhances the function of the MTL memory system (modulation hypothesis). Conclusions: We examined the interaction between memory performance and putative memory regions during encoding of trauma-specific material. These data demonstrate that our task robustly activates amygdala, hippocampus, and MTL.

Altered Neural Interactions Assessed by Magnetoencephalography (MEG) in Veterans With PTSD

(Abstract # 1103)

Georgopoulos, Apostolos, MD, PhD; Tan, Heng-Ru May, PhD; Lewis, Scott, MD, PhD; Leothold, Arthur, PhD; Winskowski, Ann Marie, MA; Engdahl, Brian, PhD

Minneapolis Department of (VAMC) and the University of Minnesota, Minneapolis, Minnesota, USA

Purpose: Traumatic experiences can trigger PTSD and lead to functional cerebral changes in dynamic synchronous neural interactions that differentiate the disorder from other brain states. Methods: MEG signals were recorded from 248 axial gradiometers while subjects fixated on a spot of light for 60 s. After fitting an autoregressive integrative moving average (ARIMA) model and taking stationary residuals, all pairwise, zero-lag, partial cross correlations and their z-transforms between i and j sensors were calculated, providing estimates of the strength and sign of direct synchronous coupling at 1 ms temporal resolution. Findings: A subset of z-transforms successfully classified subjects to their respective groups (44 chronic PTSD patients free of comorbidity vs. 198 age-matched healthy controls) and gave excellent external cross-validation results (92% overall correct classification). Conclusions: This chronic PTSD group demonstrated robust differences in cerebral

Thursday: 11:00 a.m. - 12:15 p.m.

function relative to healthy controls. Studies of those who have recovered from PTSD and those with comparable trauma exposure but no histories of PTSD are ongoing.

Best Practices of Deployment-Related Mental Health Support: International Perspective

(Abstract #186)

Symposium (Practice, Prev EI) International H - 6th Floor

Jetly, Rakesh, MD, FRCPC²; McFarlane, Alexander, MBBS(Hons) MDFRANZCP³; Greenberg, Neil, PhD⁴; Castro, Carl, ILTC¹; Langelaan, Sayar⁵

¹Adelaide, South Australia, Australia

²Canadian Forces, Ottawa, Ontario, Canada

³WRAIR, Silver Spring, Maryland, USA

⁴Universal Consulting Services, Alexandria, Virginia, USA

⁵TNA Defense, Soesterberg, Netherlands

Several countries participate in deployments in the same regions and are confronted with similar (traumatic) stresses. Current knowledge on primary and secondary prevention of mental health problems is implemented in a variety of ways, and is depending on several factors. Implementation of this knowledge leads to best practices that are tailored to the military service. While systems are in place within organizations to minimize the risks of injury, and personnel are specifically trained to deal with threat and danger, there is need for exchange of knowledge about the best practices in implementing and evaluating these strategies. The goal of this symposium is to present information from different countries on their best practices regarding prevention, intervention and treatment of stress-related mental health support in servicemen, both during and after deployment. Focus will be on new developments with regard to training programs, decompression programs, interventions and treatment procedures. There is no competitiveness. Mental health support after deployment should be considered an integral part of the whole chain of mental health support within the military organization. The presentations of expert representatives from different countries may assist in developing new policies or implement in existing policies regarding optimal mental health support after deployment.

An Evolving Process: Post Deployment Mental Health Support in the Australian Defense Force

(Abstract # 565)

McFarlane, Alexander, MBBS(Hons)MD, FRANZCP; Hodson, Stephanie, PhD

University of Adelaide, Adelaide, South Australia

The system of mental health support to members of the Australian Defense Force has progressively evolved over the last decade. There was an earlier acceptance that psychological debriefing was not an effective intervention as the core methodology for mental health support. As a consequence, following the ADF East Timor deployments, a system of mental health screening has been put in place. This has involved the administration of questionnaires prior to returning to Australia, in conjunction with a brief interview of all members by the psychology corp. Those identified as having specific difficulties are referred for care. Post-operational screen is conducted at 3

to 6 months and its administration is a Command responsibility. Members cannot be redeployed without its completion. The trends in morbidity from recent deployments will be highlighted demonstrating the rise in symptoms in the 6 months after returning to Australia. The linking of this screening program to a larger Deployment Health Surveillance Program is a part of system to detect the emergence of physical and psychological morbidity in ADF members that can trigger systematic intervention.

Mental Health Care for Canadian Forces Soldiers-Before, During and After Kandahar

(Abstract # 524)

Jetly, Rakesh, MD, FRCPC¹; McFarlane, Alexander, MBBS(Hons) MDFRANZCP²; Bremner, J. Douglas, MD³

¹University of Adelaide, Adelaide, South Australia

²Canadian Forces, Ottawa, Ontario, Canada

³Emory University School of Medicine, Atlanta, Georgia, USA

Not since Korea have the Canadian Forces (CF) been engaged in combat missions such as those experienced in Kandahar. CF Health Services Group led programs address the psychological stressors throughout the deployment cycle. Predeployment resilience programs are in place. A robust multidisciplinary clinical team (psychiatrists, social workers and mental health nurses) is deployed with the soldiers to Kandahar. Clinical presentations require attention in the context of operational medicine. The challenges of adapting "best practices" from an office to a war zone are many and require flexibility and pragmatism. The CF unique Third Location Decompression (TLD) program aimed at aiding in the transition from "warrior" to spouse, parent etc provides an ideal point for data collection. Barriers to care must be overcome in order to have a successful Mental Health program. The initiatives within The Canadian Forces to address stigma and attitudes towards Mental Illness are multidimensional and have led to compelling data that the "war" on stigma is being fought successfully. Attitudes are changing and CF members are quite progressive thinking. Post deployment treatment uses a multidisciplinary approach aimed at clinical and vocational outcomes.

Support to Homecoming Personnel: The UK Perspective

(Abstract # 976)

Greenberg, Neil, PhD

Universal Consulting Services, Alexandria, Virginia, USA

The UK Armed Forces provide a variety of support to homecoming personnel; these support processes include decompression, psycho-education and a formal check on psychological well-being some 12 weeks or so after personnel have returned home. Key to the UK's support is the use of a 'homecoming DVD' which is shown to all returning personnel whether they are coming to the end of their tour or simply going on R&R. This presentation will briefly introduce the thinking behind the UK's homecoming DVD followed by DVD itself which lasts between for 12 minutes. Questions related to the DVD will then be taken.

Thursday: 11:00 a.m. - 12:15 p.m.

PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in *DSM-V*

(Abstract #1065)

Symposium (Assess Dx, Practice) **Vinings I & II - 6th Floor**

Scotti, Joseph, PhD²; Weathers, Frank, PhD¹

¹Auburn University, Auburn, Alabama, USA

²West Virginia University, Morgantown, West Virginia, USA

A range of issues are being discussed with regard to the *DSM-V* revisions of the diagnostic criteria for PTSD. Such issues include: (a) the definition, and even the necessity, of Criterion A-1; (b) the clinical usefulness of Criterion A-2; and (c) the validity and clinical usefulness of the 17 cardinal symptoms of PTSD. We have seen the proliferation of multiple measures of PTSD, and the argument that cut-off scores (if they are set at all) vary by population and diagnostic context. Common measures, such as the Impact of Event Scale, and PTSD Checklist, and the Mississippi Scale (combat and civilian versions) can have widely different factor structures from each other and with different populations. We argue that it is necessary to reconsider the cardinal symptoms of PTSD, with a focus on those features that are common across populations. In this symposium, we include assessment data from children, college students, adults in the community, persons with disabilities, and veterans of multiple eras. A wide range of ages and events are represented. Across papers, we intend to show those features that are the core of PTSD across persons and events, and which features are clinically useful but not diagnostically necessary. We discuss the implications for on-going work in revising the PTSD criteria for the next version of the *DSM*.

Using Item Response Theory to Identify Core PTSD Symptoms Across Populations and Measures

(Abstract # 1075)

Scotti, Joseph, PhD; Jones, Andrea, BA; Stacom, Elizabeth, BS; Jacoby, Vanessa, BA

West Virginia University, Morgantown, West Virginia, USA

Item Response Theory (IRT; aka Latent Trait Theory) is a modern psychometric approach that has several key advantages in the measurement of underlying "traits" or constructs, such as PTSD. First, is the ability to assess the equivalence of tests items across groups (item bias analysis). Second, is the ability to equate scores on one measure of a construct with a different measure of the same construct. We apply IRT to data from multiple traumatic stress research studies that we have conducted with children (n = 200), college students (n = 500), adults in the community (n = 400), and veterans (n = 1,000). Both *DSM*-based measures (e.g., PTSD Checklist) and other PTSD measures (e.g., Impact of Event Scale) were administered in these studies. We discuss the basics of IRT analyses. We present a comparison of test items across the groups, and test equivalencies. We apply the concept of tailored testing to the identification of core PTSD symptoms that are and are not consistent across the groups. Implications for the revision of PTSD diagnostic criterion in *DSM-V* and *ICD-11* are discussed.

Stability of Core PTSD Symptoms by Age and Era of Military Veterans

(Abstract # 1079)

Unger, William, PhD¹; Bosari, Brian, PhD¹; Scotti, Joseph, PhD²

¹Providence VA Medical Center, Providence, Rhode Island, USA

²West Virginia University, Morgantown, West Virginia, USA

In revising the criteria for PTSD in the *DSM-V*, one concern is how PTSD presents itself across populations. If groups of people vary in their presentation of the 17 cardinal symptoms of PTSD according to age and traumatic event, then we must consider those features that are common across groups. In the present study, we focus on military veterans of multiple eras, including World War II, Korea, Vietnam, Operation Desert Storm, Operation Enduring Freedom, and Operation Iraqi Freedom. Samples are from several regions of the country (Rhode Island, West Virginia, Mississippi); represent different service eras, age ranges, and times since exposure; and include treatment seeking and non-treatment seeking veterans. Using *DSM*-based measures (primarily the PTSD Checklist), we examine the different factor structures, core symptoms and symptom patterns (using Item Response Theory) evident across these varied samples. Our analyses will include between-sample comparisons of basic descriptive statistics, and a comparison of differences in core symptoms. We discuss the implications for retention of the current diagnostic criteria for PTSD.

Validity and Clinical Usefulness of Fear, Helplessness, and Horror: Retaining Criteria A-2 in *DSM-V*

(Abstract # 1080)

Rabalais, Aline, PhD¹; Ruggiero, Kenneth, PhD²; Scotti, Joseph, PhD³; Jones, Andrea, BA³; Stacom, Elizabeth, BS³; Jacoby, Vanessa, BA³

¹Lamar University, Beaumont, Texas, USA

²Medical University of South Carolina, Charleston, South Carolina, USA

³West Virginia University, Morgantown, West Virginia, USA

A central issue in the *DSM-V* revision of the diagnostic criteria for PTSD is the current Criterion A-2: A person's response to the event must involve intense fear, helplessness, or horror. Key questions concern whether these emotional responses at the time of the event add anything in terms of construct validity or clinical utility. In fact, it remains an open question as to the accuracy of the recall of such emotions, and their relevance, some years after an event. We present data from a sample of 400 undergraduate students who completed a questionnaire concerning trauma history, and multiple characteristics of the single most distressing traumatic event. In addition to several measures of PTSD symptoms (including the PTSD Checklist), participants rated 90 different emotional responses (including fear, helplessness, and horror) to the single worst event. We show that other negative emotional responses are significantly correlated with PTSD symptoms at levels equal to or greater than the response of fear, helplessness, and horror. We discuss the implications of these and other findings for restructuring Criterion A-2 (e.g., any intense negative peritraumatic emotional response) or simply eliminating it as a diagnostic requirement.

Thursday: 11:00 a.m. - 12:15 p.m.

Core PTSD Symptoms in Children From Taiwan and the United States: Implications for DSM-V and ICD-11

(Abstract # 1081)

Fortson, Beverly, PhD¹; Chen, Yi-Chuen, PhD³; Scotti, Joseph, PhD²

¹University of South Carolina, Aiken, South Carolina, USA

²West Virginia University, Morgantown, West Virginia, USA

³National Chung Chen University, Taiwan

The symptom picture for PTSD in children is acknowledged as different from that seen in adults. With the revision of both the DSM and ICD diagnostic systems, it becomes critical to not only more fully understand the core symptoms of PTSD as exhibited by children, but to also examine whether the core features differ across cultures. In the present paper, we compare children who participated in two separate studies of PTSD following motor vehicle crashes (MVCs): One study based in the United States, the other in Taiwan. Similar measures of PTSD symptoms were utilized in both studies, including the Impact of Event Scale (IES; in English and translated for children in Taiwan). Children and parents reported on the details of the MVCs, and various additional measures were completed. The two samples will be compared on demographics and other key measures. The focus of the paper will be the factor analyses and item response analyses of the IES data, comparing core symptoms and symptom patterns across the two samples. The findings will be discussed in terms of the core features of PTSD for children, apparent differences from patterns seen in adults, and the implications for a consistent international set of criteria for PTSD.

Treatment of PTSD: More Than Just Symptom Reduction

(Abstract #222)

Symposium (Clin Res, Prev EI) Augusta I - 7th Floor

Perez, Sara, PhD⁶; Iverson, Katherine, PhD¹; Krause, Elizabeth, PhD²; Walter, Kristen, MA³; Cloitre, Marylene, PhD⁴; Dutton, Mary Ann, PhD²; Gradus, Jaimie, MPH¹; Monson, Candice, PhD⁵; Smith, Kamala, BA¹; Resick, Patricia, PhD^{1,7}; Johnson, Dawn, PhD⁸; Palmieri, Patrick, PhD³

¹Boston VA Medical Center/National Center for PTSD, Boston, Massachusetts, USA

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³Kent State University, Kent, Ohio, USA

⁴New York University Child Study Center, New York, New York, USA

⁵Ryerson University, Toronto, Ontario, Canada

⁶Summa Health System, Akron, Ohio, USA

⁷Boston University, Boston, Massachusetts, USA

⁸University of Akron, Akron, Ohio, USA

Traumatized individuals often report experiencing multiple traumatic events throughout their lifetime and this is particularly true for victims of interpersonal trauma. Those who experience multiple traumas across their lifespan often report more severe and chronic symptoms of PTSD, greater psychosocial dysfunction, and poorer outcomes in psychotherapy. In order to better understand the phenomenon of re-victimization, this series of presentations discusses the role of PTSD in the cycle of victimization and the impact of the treatment of trauma sequelae on re-victimization. The presentation begins with an overview on the extant literature on the relationship between

posttraumatic stress disorder and re-victimization, including recent empirical data. Treatment data is then presented from three patient populations: patients seeking psychotherapeutic treatment from a specialized outpatient clinic for the treatment and study of traumatic stress, women seeking treatment for the impact of interpersonal trauma, and battered women enrolled in a randomized clinical trial of a new cognitive-behaviorally based treatment for PTSD. Results suggest that the successful treatment of PTSD leads to decreased risk of re-victimization at follow-up assessments. The need to treat trauma sequelae to increase patients' future safety and other clinical implications are discussed.

Treating PTSD Reduces Risk of Intimate Partner Violence Risk

(Abstract # 236)

Iverson, Katherine, PhD¹; Gradus, Jaimie, MPH¹; Smith, Kamala, BA¹; Monson, Candice, PhD²; Resick, Patricia, PhD^{1,3}

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Women who develop posttraumatic stress disorder (PTSD) following interpersonal victimization are at risk for future victimization, including intimate partner violence (IPV) (Arata, 2002; Krause et al., 2006). For example, Krause and colleagues (2006) found that PTSD symptoms increased the likelihood of IPV revictimization over time. The current study examined whether treatment for PTSD among female survivors of interpersonal victimization (including, but not limited to IPV) would decrease the risk of future IPV victimization. We investigated whether reductions in PTSD symptoms were related to reduced odds of future IPV victimization among women (n=126) diagnosed with PTSD following interpersonal trauma and were participating in a randomized controlled trial of cognitive processing therapy (Resick et al., 2008). Results from logistic regression analysis indicated that reductions in PTSD symptoms during treatment were predictive of lower odds of IPV at a 6-month follow-up: women who did not lose their PTSD diagnosis during treatment had 6.2 times the odds of experiencing IPV victimization at 6-month follow-up than women who had lost their PTSD diagnosis (95% confidence interval: 1.5, 24.9; p < .05). These findings were upheld even after controlling for previous IPV exposure and depression. These findings have important implications for the prevention of IPV victimization.

The Reduction of PTSD Symptoms Decreases Risk of Future Interpersonal Trauma

(Abstract # 249)

Walter, Kristen, MA¹; Johnson, Dawn, PhD³; Palmieri, Patrick, PhD²

¹Kent State University, Kent, Ohio, USA

²Summa Health System, Akron, Ohio, USA

³University of Akron, Akron, Ohio, USA

Green et al. (2005) found that among trauma-exposed individuals, exposure to multiple traumas was more the rule than the exception. Among individuals exposed to trauma, rates of PTSD have shown to be higher for individuals who have multiple trauma exposures (Green et al., 2005). More specifically, studies suggest that interpersonal traumas are more distressing and related to higher rates of PTSD than non-interpersonal traumas (Kessler

et al., 1994; Norris & Kaniasty, 1994; Resnick et al., 1993). Thus, it is important to reduce the risk of future interpersonal trauma exposure. One factor that may contribute to future interpersonal trauma exposure is PTSD. In the revictimization literature, PTSD has been shown to mediate the relationship between prior traumatic experience and subsequent revictimization (Arata, 2000; Messman-Moore & Long, 2003). The current study was designed to determine if the change in PTSD symptoms over the course of PTSD treatment predicted future interpersonal trauma exposure. Participants were individuals who received PTSD treatment at a specialty outpatient trauma clinic. Results showed that the change in PTSD scores from baseline to discharge negatively predicted future interpersonal trauma at follow-up. Results showed that improvement in PTSD scores from baseline to discharge predicted less future interpersonal trauma at follow-up.

Treating PTSD Impacts Battered Women’s Risk for Re-Victimization Relative to Control Participants

(Abstract # 253)

Perez, Sara, PhD¹; Johnson, Dawne, PhD^{1,2}

¹Summa Health System, Akron, Ohio, USA

²Kent State University, Kent, Ohio, USA

Intimate Partner Violence (IPV) is a significant social problem with national surveys estimating that 1.5 million women are assaulted annually. Research estimates an average of 64% of battered women meet criteria for Posttraumatic Stress Disorder (PTSD). Given that cessation of violence is necessary for recovery from its traumatic effects and that PTSD is related to functional impairment and difficulties in establishing safety, it seems imperative to address PTSD in order to improve functioning and decrease battered women’s risk for re-victimization. Results from a controlled clinical trial investigating a new treatment of PTSD for battered women in shelters (i.e., Helping to Overcome PTSD through Empowerment; HOPE) will be presented. HOPE is a first-stage treatment that addresses the cognitive, behavioral, and interpersonal dysfunction associated with PTSD in battered women. A total of 70 battered women living in shelters were randomly assigned to either receive HOPE or standard shelter services. Preliminary results suggest that those who received HOPE showed significant improvement in PTSD symptoms compared to those who received standard services. HOPE was associated with reduced risk of re-victimization, with 74% of controls and 42% of those who received HOPE reporting any subsequent IPV over a 6-month follow-up. Clinical implications will be discussed.

Role of PTSD in Interpersonal Violence Victimization

(Abstract # 464)

Krause, Elizabeth, PhD; Dutton, Mary Ann, PhD

Georgetown University Medical Center, Washington, District of Columbia, USA

Empirical evidence has been mounting to support the notion that posttraumatic stress disorder (PTSD) may increase risk for trauma reexposure, including interpersonal violence revictimization. Identifying mechanisms by which PTSD may mediate the relationship between interpersonal victimization and revictimization is critical to developing effective intervention and prevention programs. One way investigators have begun to

explore the role of PTSD in revictimization risk is to examine the unique impact of the separate symptom clusters of PTSD. Indeed, recent findings suggest that certain symptom clusters, including emotional numbing (Krause et al., 2006) and hyperarousal (Risser et al, 2006), may increase revictimization risk more than others. This presentation reviews the theoretical and empirical literature examining PTSD (and its separate symptom clusters) as risk factors for interpersonal violence revictimization. Further, original data is presented from a prospective study of 396 women exposed to intimate partner violence. The current study attempts to replicate the findings of Krause et al. (2006) that demonstrated a unique effect of emotional numbing on partner reabuse over and above the other symptom clusters of PTSD. Results are discussed in terms of treatment implications for women seeking services for interpersonal violence and PTSD.

Panel Discussion

Making Evidence-Based Practice User Friendly: A Curriculum for Training “Data-Proficient” Clinicians

(Abstract #486)

Panel Discussion (Media Ed, Practice) International D - 6th Floor

Layne, Christopher, PhD²; Strand, Virginia, DSW³; Abramovitz, Robert, MD¹; Saxe, Glenn, MD⁴

¹Fordham University, West Harrison, New York, USA

²Hunter Social Work School, New York, New York, USA

³UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA

⁴Center for Treatment of Sexual Abuse and Child Trauma, Harvard University, Boston, Massachusetts, USA

Limits in practitioner training in trauma-informed interventions and nationwide shortages in Master’s degreed clinicians are major barriers to accessing evidence-based trauma treatment. Increasing practitioner proficiency through improved clinical training is a key strategy for enhancing the implementation of trauma-informed interventions. Because social workers see more traumatized clients in real-world settings than any other mental health profession, enhancing the capacity of social work programs to produce well-trained trauma practitioners is a high priority. This panel describes the ongoing development of graduate social work curricula that integrate clinical training in trauma treatment with training in the scientific foundations of evidence-based practice (statistics, research methods, and psychometrics). The aim is to create clinically skilled and data-fluent practitioners who judiciously use data in clinical diagnosis, client engagement, case conceptualization, treatment planning, and treatment evaluation. Innovative, case-based trauma treatment courses that use adult learning principles to teach “core” concepts, treatment components, and therapeutic skills are cornerstones of the curricula. Pilot results from a course with N = 50 MSW students will be presented, and efforts to further integrate evidence-based training and trauma-informed training will be discussed.

Participant Alert: The panel will discuss the use of active learning-based exercises that use detailed clinical case vignettes of traumatized youths.

Thursday: 11:00 a.m. – 12:15 p.m.

Workshop

**Child and Family Traumatic Stress
Intervention: Secondary Prevention Model
for PTSD**

(Abstract #383)

Workshop (Prev EL, Child) **International G - 6th Floor****Berkowitz, Steven, MD¹; Stover, Carla, PhD²; Marans, Steven, PhD²**¹*Yale Child Study Center, New Haven, Connecticut, USA*²*Yale University School of Medicine, New Haven, Connecticut, USA*

This workshop will provide an overview of a promising new secondary prevention model for children exposed to a potentially traumatic event. The Child and Family Traumatic Stress Intervention (CFTSI) is a four session secondary prevention model for potentially traumatized children who have experienced a wide array of violent events. It is simultaneously a strategy of psychoeducation, engagement, assessment and brief treatment. The PTSD-RI and Mood and Feelings Questionnaire (MFQ) have been modified to be used concurrently as clinical and assessment tools. The responses to items from these measures from caregivers and the affected child are discussed to increase communication around symptoms and difficulties and improve the caregivers' ability to support the child. The intervention is meant to reduce the incidence of PTSD in children who have been exposed to a potentially traumatic event. A randomized pilot of 100 children aged 7-16 assigned to either CFTSI or a child focused assessment and psychoeducation comparison group within four weeks of a potentially traumatic event revealed significant group differences with CFTSI participants less likely to have symptoms of PTSD and anxiety. A brief description of the evaluation results as well as details of how to implement the CFTSI will be provided.

**Adaptation of Cognitive Processing Therapy
for Torture Survivors in Kurdistan, Iraq****Workshop** **Peachtree Ballroom - 8th Floor****Kaysen, Debra, PhD¹; Lindgren, Kristen P., PhD²; Bolton, Paul, MBBS³; Bass Judith, PhD, MD³**¹*University of Washington, Department of Psychiatry and Behavioral Sciences, Seattle, Washington, USA*²*University of Richmond, Department of Psychology, Richmond, Virginia, USA*³*Johns Hopkins University, Bloomberg School of Public Health, Baltimore, Maryland, USA*

The Kurdish population in Iraq has high levels of exposure to criterion A events including torture, combat, a genocide campaign including chemical weapons attacks, and gender-based violence. Accordingly, there are relatively high rates of PTSD, traumatic grief, anxiety and Major Depressive Disorder in this population. Challenges to using Cognitive Behavioral Therapy include low rates of literacy, high rates of poverty, stigma associated with mental health symptoms, and for some, ongoing exposure to violence. Despite similar challenges, evidence-based psychotherapies such as Trauma-Focused CBT and Interpersonal Psychotherapy have been successfully adapted internationally and cross-culturally. This workshop presents the process of adapting Cognitive Processing Therapy for use with Kurdish torture survivors. We will describe our experiences of travelling to Kurdistan and the process of training Kurdish community mental health providers and clinical supervisors. This is part of a larger 4-arm randomized clinical trial (PI: Bolton). We will discuss the challenges involved in making these adaptations and present preliminary pilot data on the first completed cases.

**Concurrent Session 3
Thursday, November 5
2:00 p.m. – 3:15 p.m.**

Master Clinician

Using Prolonged Exposure Therapy to Emotionally Process Traumatic Memories

(Abstract #1152)

Master Clinician (Practice, Assess Dx) Peachtree D/E - 8th Floor

Riggs, David, PhD

Boston DVAMC, National Center for PTSD (116B-2), Jamaica Plain, Massachusetts, USA

Though many individuals who experience trauma such as war, terror attacks, violence and disaster will recover, those who suffer with post traumatic stress disorder may struggle for years and still be unable to regain a sense of normalcy in their lives. Prolonged Exposure therapy (PE) is one of the most effective and extensively researched approaches to treating PTSD arising from a wide variety of traumas and in individuals with varied and complex presentations including patients with multiple trauma exposures (e.g. chronic abuse, combat, etc.), extremely chronic PTSD, multiple comorbidities, and clinicians who see it as unduly harsh, inflexible, and potentially harmful. PE treatment focuses on helping the client to overcome the natural tendency to avoid distressing imaginal and *in vivo* exposure exercises the therapist and the client work together to approach previously avoided material and to emotionally process the event/memory by exploring changes in meaning, behavior and emotional reactions. By clinical case example, the workshop will illustrate the flexible application of the core components of PE and explore case formulation for treatment.

Participant Alert: Video or client role-play, plus audience participation in PE exercises may be potentially distressing.

Genes, Stress and Trauma: Interactions Shaping Vulnerability to Psychopathology

(Abstract #241)

Symposium (Bio Med, Prev El) Peachtree B/C - 8th Floor

Ressler, Kerry, MD, PhD¹; Kaufman, Joan, PhD²; Koenen, Karestan, PhD²; Bradley, Bekh, PhD¹; Kilpatrick, Dean, PhD³

¹*Emory University, Atlanta, Georgia, USA*

²*Harvard School of Public Health, Boston, Massachusetts, USA*

³*Medical University of South Carolina, Charleston, South Carolina, USA*

Understanding the interaction of gene and environmental effects on psychopathology may be best achieved in the area of trauma-related disorders. By definition, trauma-related disorders have a defined trauma, or series of traumas, that describe the environmental insult. Additionally, it has been repeatedly shown that vulnerability to both depression and PTSD has significant genetic heritability. A number of recent studies have begun to examine and describe very interesting interactions between genes involved in stress response and emotion modulation, and trauma history, to predict risk for trauma-related disorders, including PTSD and depression. This symposium will describe

among the most exciting of these very new data as well as advance a discussion of the most effective ways to study genetic influences on trauma-related disorders.

Genes Encoding Key Regulators of Hypothalamic-Pituitary-Adrenal Axis Function: Interactions With Exposure to Childhood Trauma, and Adult Outcomes

(Abstract # 1147)

Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

Context: Gene X environment (GxE) interactions mediating depressive and PTSD symptoms have been separately identified in gene polymorphisms from both the stress-sensitive serotonergic (5-HTTLPR in SLC6A4), corticotropin-releasing hormone (CRHR1) systems, and FKBP5, a regulator of glucocorticoid receptor function. Objective: Examine whether the effects of child abuse on adult depressive symptoms is moderated by direct gene effects and gene x gene (GxG) interactions between CRHR1, FKBP5 and 5-HTTLPR polymorphisms. Design: Association study examining direct genetic and GxE interactions of CRHR1, FKBP5 and 5-HTTLPR polymorphisms and measures of child abuse on adult depressive symptomatology. Setting: General medical clinics of a large public urban hospital and Emory University. Participants: The participant population (N=1392) was African-American, of low socioeconomic status (60% with <\$1000/month family income), and with high rates of childhood and lifetime trauma. Outcome Measures: Depressive symptoms as measured with PTSD symptom scale (mPSS), Beck Depression Inventory (BDI) and history of Major Depression by Structure Clinical Interview based on *DSM-IV* (SCID). Results: We initially replicated an interaction of child abuse and 5-HTTLPR on lifetime SCID diagnosis of major depression in a subsample (N= 236) of the study population – the largest African American 5.

Genetic Interactions With Trauma Exposure in Children Referred to Child-Welfare Services

(Abstract # 1146)

Kaufman, Joan, PhD

Yale University, New Haven, Connecticut, USA

Joan Kaufman is an Associate Professor in the Department of Psychiatry, Yale School of Medicine, and Director of the Child and Adolescent Research and Education (C.A.R.E.) Program within the Department. The C.A.R.E. Program is dedicated to work with maltreated children and their families. The research foci of the C.A.R.E. program are broad and span from neurobiology to social policy. Kaufman is currently involved in research utilizing magnetic resonance and diffusion tensor imaging to examine brain structure and function in maltreated children with Posttraumatic Stress Disorder, research examining genetic and environmental factors that contribute to risk and resiliency in maltreated children, a study evaluating a new intervention developed by the state for children removed from their parents' care due to allegations of abuse and neglect, and other studies examining the impact of early trauma on a broad range of child outcomes. Dr. Kaufman's recent work has focused on the genetic and environmental predictors of early alcohol use, and the role

Thursday: 2:00 p.m. – 3:15 p.m.

of MAOA genotype, maltreatment, and aggressive behavior: the changing impact of genotype at varying levels of trauma. She will discuss some of these recent findings within this symposium.

SERT Polymorphisms and Social Support in PTSD / Hurricane Victims

(Abstract # 1148)

Kilpatrick, Dean, PhD

Medical University of South Carolina, Charleston, South Carolina, USA

Kilpatrick will describe the results of an epidemiological study of the impact of hurricane exposure on PTSD. They measured the extent to which risk of PTSD was modified by genotype and social support. **OBJECTIVE:** Disasters are associated with increased risk of posttraumatic stress disorder (PTSD) and major depression. The authors tested the hypothesis that a polymorphism in the serotonin transporter gene (locus, SLC6A4; variant, serotonin 5-HTTLPR) moderates risk of posthurricane PTSD and major depression given high hurricane exposure and low social support. **METHOD:** The authors interviewed a household probability sample of adults 6-9 months after the 2004 hurricanes about hurricane exposure, social support, and posthurricane PTSD and major depression. DNA was collected from a subset of participants. Participants were 589 adults ages 18 and older from 38 Florida counties who provided valid DNA samples. Outcome measures were *DSM-IV* diagnoses of posthurricane PTSD and major depression derived from structured interviews. **RESULTS:** The low-expression variant of the 5-HTTLPR polymorphism increased risk of posthurricane PTSD and major depression but only under the conditions of high hurricane exposure and low social support after adjustment for sex, ancestry (as determined by Bayesian clustering of genotypes), and age. Similar effects were found for major depression.

Beyond Individual-Level Trauma: The Importance of the Social Environment in GxE Studies of PTSD

(Abstract # 423)

Koenen, Karestan, PhD

Harvard School of Public Health, Boston, Massachusetts, USA

Although both genetic factors and features of the social environment are important predictors of posttraumatic stress disorder (PTSD), there are little data examining gene-social environment interactions in studies of PTSD. This paper examined whether features of the social environment (county-level crime rate and unemployment) modified the association between the serotonin protein gene (SLC6A4) promoter variant (5-HTTLPR) and risk for current PTSD in a sample of 590 participants from the 2004 Florida Hurricane Study. Interviews were used to obtain individual-level risk factor measures and *DSM-IV* PTSD diagnoses. DNA was extracted from salivary samples. County-level crime and unemployment rates were assessed from census data. There was a significant interaction between 5-HTTLPR genotype and both county-level crime rate (odds ratio (OR): 2.68 95% confidence interval (CI): 1.09, 6.57) and unemployment rate (OR: 3.67, 95% CI: 1.42, 9.50) in logistic regression models predicting risk of PTSD, adjusted for individual-level factors. Stratified analyses indicated that the 's' allele of the 5-HTTLPR polymorphism was associated with decreased risk of PTSD in the low-risk environments but increased risk of PTSD in the high-risk environments. These

results suggest that the social environment modifies the effect of 5-HTTLPR genotype on risk of PTSD.

25 Years of ISTSS: Psychodynamic Contributions Then and Now

(Abstract #131)

Symposium (Practice, Cul Div) International C - 6th Floor

Wittmann, Lutz, PhD, MA⁵; Lindy, Jacob, MD³; Marmar, Charles, MD⁴; Kudler, Harold, MD²; Brett, Elizabeth, PhD¹

¹*Yale University, New Haven, Connecticut, USA*

²*Cincinnati Psychoanalytic Institute, Cincinnati, Ohio, USA*

³*Durham VA Medical Center, Durham, North Carolina, USA*

⁴*University of California San Francisco, San Francisco, California, USA*

⁵*University Hospital Zurich, Zurich, Switzerland*

Both ISTSS and psychotraumatology bear the stamp of psychodynamic founders. Psychodynamic theory and clinical experience helped set the foundation for the concept of posttraumatic stress disorder (PTSD) and continue to spawn new theoretical perspectives, new studies and new research instruments. In recent years however, the psychodynamic underpinnings of our field and our Society have been obscured by various "re-framings" of psychological trauma and its effects. These theories are often described as purely biological or distinctly new psychological perspectives which neither require nor imply psychodynamic considerations. This symposium will review psychodynamic contributions to psychotraumatology and ISTSS and analyze recent changes in how they are perceived. Foci will include psychodynamic treatment options which emphasize full consideration of the therapeutic working alliance, the advantages of applying psychodynamic techniques within eclectic treatment plans and development of new, holistic PTSD concepts that integrate biological and psychological findings. Our goal is to raise awareness of psychodynamic contributions, past and present and to stimulate exchange between exponents of psychodynamic and other approaches.

Listening to What the Trauma Survivor Teaches Us: A 30 Year Perspective

(Abstract # 123)

Lindy, Jacob, MD

Cincinnati Psychoanalytic Institute, Cincinnati, Ohio, USA

This paper provides as book-ends, two group treatment experiences in which Dr. Lindy was present as a psychoanalyst, the first a rap group of Vietnam veterans in 1979, and the second, a CPT group for war veterans in 2009. He will focus on the listening for and suppression of newly forming and transforming trauma metaphors. Spanning the interval, he will summarize some of his analytic group's work with trauma-specific transferences, trauma-specific countertransference, and the silent role of shared myth in treatment, giving clinical illustrations. He will try to place in perspective a shift in attitude towards the encounter with the survivor, that derives in part from efforts to replicate evidence-based treatments, but winds up providing a professional rationalization for avoiding empathy and bearing witness. He will discuss some negative implications of blunting the hear-and-now engagement in trauma work, in particular the promoting of the survivor's own spontaneous language to organize and transform his experience. Finally, he will suggest some directions for the future.

**The Body Accepts but the Mind Denies:
A Psychodynamic Perspective on PTSD**

(Abstract # 303)

Kudler, Harold, MD

Durham VA Medical Center, Durham, North Carolina, USA

Most theoretical approaches to Posttraumatic Stress Disorder select a single biological finding or mental process and induce a global model. But what if this reductionism is the single greatest obstacle to a unified theory and effective treatment for PTSD? An alternative would be to understand PTSD as a dynamic arising from the interplay of individual components and systems. At most levels, the body adapts to traumatic experience in ways that make it MORE fit for danger. The mind, however, defends itself conservatively by clinging to pre-traumatic operating principles in the face of posttraumatic concerns. Efforts to distance itself from helplessness and disillusionment lock the mental apparatus in a ruminative state that muddles past and present. This effectively undercuts coordination with somatic adaptation. In short, PTSD can be understood as a dynamic conflict in which body and mind struggle against one another because of their competing modes of adaptation: one accepting and the other denying. This perspective offers new ways to weave disparate biological and psychological findings into a more informative, holistic vision with the potential to inform better treatment.

BDP for PTSD: Relationship to Evidence Based Psychotherapies

(Abstract # 885)

Marmar, Charles, MD

University of California San Francisco, San Francisco, California, USA

Evidence for the efficacy of Trauma Focused-Brief Dynamic (TF-BDP) psychotherapy will be reviewed. Key ingredients of TF-BDP will be presented including rapid establishment of a therapeutic alliance, delineation of trauma focus, countering over modulated and under-modulated traumatic affects, addressing conscious and preconscious pathogenic cognitions including reciprocal views of self as helpless victim and hurtful victimizer, interpretation of core conflicts activated by trauma and their triangulation with developmental conflicts and transference re-enactments with the therapist, and relationship of termination reactions to core conflicts. Key ingredients of TF-BDP will be compared with those of CBT, CPT, DBT, IPT and NET. A final common pathway involving fear extinction learning and traumatic memory reconsolidation is proposed to explain efficacy of treatments from diverse theoretical perspectives.

Trauma and Health Risk Behavior

(Abstract #141)

Symposium (Clin Res, Mil Emer) International E - 6th Floor

Mosher-Wilson, Sarah²; Dedert, Eric, PhD²; Straits-Troster, Kristy, PhD, ABPP^{1,2}; Eggleston, Angela, PhD²; Beckham, Jean, PhD²

¹*Durham VA Medical Center, Durham, North Carolina, USA*

²*Duke University, Durham North Carolina, USA*

Four presentations focus on the link between trauma and a variety of health risk behaviors, including obesity, cigarette smoking, and substance abuse. The first study presented investigates the risk for men and women with childhood sexual and physical abuse of developing obesity and problematic eating behaviors. The second presenter uses qualitative data to answer questions about Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans' reasons for quitting smoking, preferred services for smoking cessation, and perceived barriers to accessing treatment for smoking cessation. Another presentation uses electronic daily diary methods to examine the antecedents of and cues related to everyday smoking and post-quit lapses and cravings in smokers with and without posttraumatic stress disorder (PTSD). The final presentation uses samples of both OEF/OIF veterans with PTSD and drug dependent women entering substance abuse treatment to investigate the relationship between trauma, substance abuse, clinical complications, and poor prognosis.

Adverse Childhood Events and Obesity: Results From a U.S. Population-Based Survey of Young Adults

(Abstract # 482)

Dedert, Eric, PhD; Fuemmeler, Bernard, PhD, MPH; Beckham, Jean, PhD

¹*Duke University Medical Center, Durham, North Carolina, USA*

We investigated the relationship between childhood abuse and obesity in young adulthood (Mean age=22) in a large, U.S., representative sample (N=15,197). With demographics and depression controlled, men with a history of childhood sexual abuse (CSA) were at increased risk of overweight and obesity (Adjusted OR=1.63, 95% CI:1.03-2.58). No association between childhood abuse and obesity or overweight was observed for women in this sample. Higher percentages of skipping meals to lose weight and problematic eating were observed among women with a history of CSA or physical abuse. This is the first study to note an association between childhood abuse with obesity and problematic weight management behaviors in a sample of young adults.

Tailoring Tobacco Use Cessation Efforts for Returning Combat Veterans

(Abstract # 433)

Straits-Troster, Kristy, PhD; Acheson, Shawn, PhD; Beckham, Jean, PhD

Durham VA Medical Ctr, Durham, North Carolina, USA

Individuals in stressful occupations use tobacco at higher rates than the general population, and US service members deployed to Iraq and Afghanistan smoke at over twice the rate of US population-based samples (44.7% vs.20%). Although there is

Thursday: 2:00 p.m. - 3:15 p.m.

considerable evidence that military personnel and veterans are interested in tobacco use cessation, little is known about their reasons for quitting, preferences and perceived barriers to effective tobacco cessation treatment. This qualitative study aimed to answer these questions and to solicit specific recommendations for tailoring cessation services. Six focus groups were conducted with OEF/OIF veterans currently smoking or successfully quit. Participants completed a questionnaire to assess smoking history and cessation efforts. Content analysis revealed several themes, including social and stress management functions of smoking and environmental reasons for switching to smokeless tobacco due to military duty around explosives or night patrols. Reasons to quit included various forms of social pressure, concern for health, family, impact of secondhand smoke, and not wanting to be dependent or "weak". Recommendations for program improvements included innovative incentives to quit, personalized treatment with telephone follow-up, caring providers, peer support and making treatment available for family and/or household members.

Antecedents of Ad Lib Smoking and Post-Quit Lapsing Among Adult Smokers With and Without PTSD

(Abstract # 578)

Wilson, Sarah, BA¹; Dennis, Michelle, BA¹; Calhoun, Patrick, PhD²; Dedert, Eric, PhD²; McClernon, Joseph, PhD¹; Wagner, Ryan, PhD²; Beckham, Jean, PhD²

¹Duke University Medical Center, Durham, North Carolina, USA

²Durham VA Medical Center, Durham, North Carolina, USA

Using ambulatory monitoring methods, this study investigated the antecedents of ad lib smoking, post-quit lapses, and post-quit craving in smokers both with and without posttraumatic stress disorder (PTSD). We investigated the association between regular ad lib smoking and related cues in 45 smokers (22 with PTSD; 23 without PTSD), and the association between post-quit cigarette lapses, craving, and cues in 44 smokers (24 with PTSD; 20 without PTSD). During ad lib smoking, PTSD smokers were more likely to smoke when experiencing PTSD symptoms, anxiety, and stress. Following ad lib smoking, smokers with PTSD reported a significant reduction in negative affect. After quitting, PTSD smokers' craving was significantly associated with PTSD symptoms and they were more likely to lapse while experiencing PTSD symptoms. PTSD smokers were significantly less likely to lapse when experiencing negative affect or stress, or when around others smoking. These results underscore the importance of PTSD symptoms and negative affect in smoking maintenance and relapse among smokers with PTSD. Results will be discussed in the context of treatment development approaches.

PTSD and Alcohol and Other Substance Use

(Abstract # 933)

Eggleston, Angela, PhD; Calhoun, Patrick, PhD

Durham VA Medical Center, Durham, North Carolina, USA

Alcohol misuse and substance use are prevalent among individuals with posttraumatic stress disorder (PTSD). Estimates suggest 35-55% of individuals with PTSD engage in heavy drinking. Marijuana and other substance use typically increases following trauma exposure, with degree of exposure and PTSD diagnosis being associated with the greatest increases.

Substance misuse can lead to substance use disorders; substance use disorders occur three to ten times more frequently in individuals with a lifetime history of PTSD than in those without this diagnosis. The prevalence of these problems in those with PTSD concerns researchers and clinicians, as substance misuse and substance use disorders are associated with clinical complications and poor prognosis in PTSD treatment. The present discussion will address findings concerning these issues in samples of recent U.S. veterans with PTSD and opiate and/or cocaine dependent women seeking entering substance abuse treatment. Evidence suggests that increased vigilance for alcohol and other substance use in those with PTSD, as well as increased focus on PTSD in substance use treatment programs, is warranted.

Symposium

Children and War in Socio-Cultural Context

(Abstract #316)

Symposium (Civil Ref, Child)

Vinings I & II - 6th Floor

ToI, Wietse Anton, PhD

HealthNet TPO, Kathmandu, Nepal

With the changing nature of warfare since the Cold War, children have become ever more vulnerable to the negative impacts of armed conflicts. The majority of current armed conflicts take place in low- and middle-income countries (LAMIC), i.e. in settings already beset by an asymmetrical distribution of scarce resources. Moreover, LAMIC settings present cultural contexts which differ in symptom presentation, help-seeking patterns, functioning and disability, healing traditions, and methodologies required to study these processes.

Mental Health and Trauma Exposures of Child Soldiers Compared to Civilian Children in Nepal

(Abstract # 865)

Kohrt, Brandon Alan, MD, PhD

Emory University, Atlanta, Georgia, USA

To compare the impact of traumatic exposures on the mental health status of former child soldiers compared with never conscripted children in Nepal. A matched-pair cohort study compared the mental health of 141 former child soldiers to 141 never conscripted children matched on age, sex, education, and ethnicity. Measures included Depression Self Rating Scale, Screen for Child Anxiety Related Emotional Disorders, and Child PTSD Symptom Scale. Number of child soldiers meeting cutoff scores were 75(53.2%) for depression, 65(46.1%) for anxiety, and 78(55.3%) for PTSD. Child soldiers had greater odds of meeting cutoff for depression (OR=3.56,95%CI2.33—5.43), and PTSD (boys' OR=3.85,95%CI1.77—8.39; girls' OR=6.33,95%CI 2.64—15.17), but no difference for anxiety (OR=1.46,95%CI0.72—2.68). After adjusting for traumatic exposures, soldier status was no longer associated with psychological difficulties or function impairment but remained significantly associated with depression (OR=2.69, 95%CI1.48—4.89) and PTSD among girls (OR=5.98,95%CI 1.86—19.27), but not PTSD among boys (OR=2.38,95%CI0.87—6.50). In Nepal, former child soldiers display greater severity of mental

health problems compared with children never conscripted by armed groups, and this difference remains for depression and PTSD (the latter especially among girls) even after controlling for trauma exposure.

Interventions for Children Affected by War: Synthesis of Cluster Randomized Trials in Four Countries

(Abstract #398)

ToI, Wietse Anton, PhD¹, Jordans, Mark, PhD²; de Jong, J.T.V.M.²; Komproe, Ivan PhD²

¹*HealthNet TPO, Kathmandu, Nepal*

²*HealthNet TPO, Amsterdam, Netherlands*

Recent reviews of the literature show an enormous gap between child mental health needs and services in low- and middle-income countries affected by war. Although the implementation of psychosocial services, mainly by humanitarian actors, has become increasingly popular there is very little robust knowledge on the efficacy of such services. Such knowledge is essential for treatment planning and improvement.

As part of a public mental health program in four war-affected settings, research was conducted to establish the efficacy of the Classroom Based Intervention (CBI), a secondary preventive school-based intervention. We compared children who were randomly assigned to either a treatment (Burundi N=153, Indonesia N=182, Nepal N=164, Sri Lanka N=210) or a waitlist condition (Burundi N=176, Indonesia N=221, Nepal N=161, Sri Lanka N=210). Children were assessed before and after the intervention on psychological symptoms (PTSD symptoms, depression, anxiety, aggression), resilience variables (coping, social support) and function impairment.

Results showed that CBI was not uniformly effective in all settings. Although positive results were found in Indonesia and Nepal, we did not find positive effects for the intervention in Burundi and Sri Lanka. This presentation will discuss contextual variables as explanations for this variation, and recommends avenues for further research.

Sierra Leone’s Former Child Soldiers: A Follow-Up Study of Psychosocial Adjustment and Community Reintegration

(Abstract #1114)

Betancourt, Theresa Stichick, ScD

FXB Center for Health and Human Rights, Boston Massachusetts, USA

This study examines risk and protective factors in the psychosocial adjustment of male and female former child soldiers in Sierra Leone (n=156, 13% female) first interviewed after reintegration in 2002 and followed up two years later. Average age at abduction in this sample was 10.51 years with an average length of abduction of 4.68 years. Exposure to violence was high in the sample. Of the war related events examined, killing others and experiencing rape had a particularly toxic influence on long-term psychosocial adjustment, and predicted increases in hostility and anxiety over time. Staying in school and changes in community acceptance exerted the largest positive impact on psychosocial adjustment. In particular, increases in community acceptance between baseline and follow up demonstrated a significant inverse relationship with depression

and were associated with improved confidence and prosocial attitudes over time. Retention in school was also associated with greater prosocial attitudes. Our findings indicate no justification for an approach to targeting services at war-affected youth based on simple labels such as former child soldiers without individualized assessment. For youth with accumulated exposures to toxic forms of violence, access to additional rehabilitative services may be important to maximize their full potential.

New Advances in Understanding PTSD’s Latent Structure

(Abstract #107)

Symposium (Access Dx, Res Meth) Augusta I - 7th Floor

Elhai, Jon, PhD³; Naifeh, James, PhD¹; Forbes, David, PhD²; Palmieri, Patrick, A., PhD⁴

¹*University of Mississippi Medical Center, Jackson, Mississippi, USA*

²*Australian Center for Posttraumatic Mental Health, East Melbourne, VIC, Australia*

³*University of Toledo, Toledo, Ohio, USA*

⁴*Summa Health System, Akron, Ohio, USA*

Numerous studies examining PTSD’s latent structure have been published in recent years, primarily using confirmatory factor analysis. New advances in latent variable modeling now allow for a more refined and thorough analysis of PTSD’s factor structure. This symposium brings together papers that move the PTSD factor analytic literature to new, previously unexplored ground. The authors present data on the following topics relevant to PTSD’s factor structure: differences in factor structure as a function of whether PTSD is assessed based on global trauma history or a single worst traumatic event; teasing apart the relationship between effortful avoidance and hyperarousal symptoms, and their effects on factor structure; and exploring empirically defined subgroups of PTSD patients based on differences in PTSD’s factor structure. These presentations include a variety of trauma-exposed samples, including military veterans, clinical and non-clinical civilian groups. Results from these studies assist in understanding and resolving conflicting literature findings regarding the best fitting PTSD factor models.

Differences in PTSD’s Structure From Assessing Symptoms With or Without Reference to a Worst Trauma

(Abstract # 108)

Elhai, Jon, PhD¹; Engdahl, Ryan, MA²; Palmieri, Patrick, PhD³

¹*University of Toledo, Toledo, Ohio, USA*

²*University of South Dakota, Sioux Falls, South Dakota, USA*

³*Summa Health System, Akron, Ohio, USA*

We examined effects of a methodological manipulation on the Posttraumatic Stress Disorder (PTSD) Checklist’s factor structure: specifically, whether respondents were instructed to reference a single worst traumatic event when rating PTSD symptoms. Non-clinical, trauma-exposed participants were randomly assigned to one of two PTSD assessment conditions: referencing PTSD symptoms to their worst trauma (Trauma Linked group, n=218), or to their overall trauma history in general (Trauma Non-Linked group, n=234). A third group of non-trauma-exposed participants rated PTSD symptoms globally from any stressful event (n=464). Using confirmatory factor analysis, the four-factor PTSD model proposed by King, Leskin, King, and

Thursday: 2:00 p.m. – 3:15 p.m.

Weathers (1998; separating effortful avoidance and emotional numbing) demonstrated the best model fit for non-trauma-exposed participants. The four-factor PTSD model proposed by Simms, Watson, and Doebbeling (2002; emphasizing a general dysphoria factor) demonstrated the best model fit for Trauma Linked participants. Measurement invariance testing revealed that non-trauma-exposed participants were different from both trauma-exposed groups on factor structure parameters, but trauma groups were not substantially different from each other. Monte Carlo simulations confirmed the analyses had adequate statistical power.

Heterogeneity in the Latent Structure of Posttraumatic Stress Disorder

(Abstract# 133)

Naifeh, James A., PhD

University of Mississippi Medical Center, Jackson, Mississippi, USA

University of Mississippi Studies applying confirmatory factor analysis (CFA) to the study of posttraumatic stress disorder (PTSD) have consistently demonstrated the superiority of two particular four-factor models over alternative conceptualizations. Despite these advances, research findings continue to be mixed regarding which of these models provides the best representation of PTSD's latent structure. In an effort to generate greater understanding of how these models perform, this presentation discusses a study that used factor mixture modeling to identify heterogeneity (i.e., latent classes) within these competing PTSD factor models. Data were analyzed from a sample of 405 Canadian veterans evaluated for PTSD. As hypothesized, each four-factor model was best represented by two latent classes of participants, differing with respect to PTSD symptom severity. Classes were most strongly distinguished by factor scores related to emotional numbing or dysphoria. For both models, class membership was significantly predicted by age and depression diagnosis. Findings are discussed within the context of the extant PTSD CFA literature.

Internalizing and Externalizing Classes in Posttraumatic Stress Disorder: A Latent Class Analysis

(Abstract # 139)

Forbes, David, PhD¹; Elhai, Jon, PhD²; Miller, Mark, PhD³; Creamer, Mark, PhD⁴

¹*Australian Center for Posttraumatic Mental Health East Melbourne, VIC, Australia*

²*University of Toledo – Psychology, Toledo, Ohio, USA*

³*National Center for PTSD, Boston, Massachusetts, USA*

⁴*Centre for Posttraumatic Mental Health, West Heidelberg, VIC, Australia*

This study used Latent Class Analysis (LCA) to examine the replicability of a typology of personality profiles of individuals with PTSD based on internalizing versus externalizing dimensions of psychopathology. An LCA was performed on a new dataset of MMPI-2 PSY-5 scale data drawn from 299 Australian combat veterans with PTSD. LCA results confirmed the hypothesized three-class model, identifying a PTSD externalizing class defined by elevated Aggressiveness and Disconstraint, a PTSD internalizing class defined by elevated Introversion and a third Simple PTSD class with personality scores in the normal range. The internalizing/externalizing model was then confirmed in a series of Multivariate General Linear Model analyses using

MMPI-2 clinical, selected content and supplementary and personality disorder scales and further validated using external self-report and psychiatric-interview derived diagnoses. While the model was confirmed, the study failed to find a difference between the internalizing and externalizing classes on alcohol use disorder. Considerations of this finding in the context of the self-medication hypothesis and implications of the model for tailoring of treatment are discussed.

Using Additional Indicators of PTSD Factors May Help Demonstrate More Clearly Their Distinctiveness

(Abstract #587)

Palmieri, Patrick, PhD

Summa Health System, Akron, Ohio, USA

Many CFA studies have demonstrated that the 3-factor model of PTSD symptoms (re-experiencing, avoidance, hyperarousal) is not a good representation of the latent structure of PTSD. Alternative models, including a 4-factor model that separates avoidance into distinct effortful avoidance and emotional numbing factors (King et al., 1994), have demonstrated better model fit. Most research supporting such models has been based on 17-item, DSM-correspondent measures that provide only two indicators of the avoidance factor. Two indicators likely do not fully assess this (or any) factor and thus may yield less stable factors and obscure their distinctness from each other and from external variables. In the current study, adult Israeli citizens exposed to war and terrorism were administered either the original PTSD Symptom Scale or an expanded version based on Asmundson et al. (2004) that more broadly assessed avoidance by tearing apart the two avoidance symptoms into five separate symptoms. CFAs demonstrated that the 4-factor numbing model fit well in both cases; however, the 5-indicator avoidance factor was somewhat more distinct from the numbing factor and external variables than was the 2-indicator avoidance factor. The results indicate the importance of more fully covering factor space when examining the latent structure of PTSD.

Panel Discussion

Newly Returning Service Members: Overcoming Unique Barriers to Assessing, Diagnosing, and Treating

(Abstract #325)

Panel Discussion (Mil Emer, Practice) International D - 6th Floor

Aaen, Tanya, PhD¹; Wright, Theodore, PhD¹; DeViva, Jason, PhD²; Jakupcak, Matthew, PhD³; Collie, Claire, PhD⁴

¹*VAMC, Salem & University of Virginia School of Medicine, Salem, Virginia, USA*

²*VA Connecticut Health Care System, Newington, Connecticut, USA*

³*Seattle VA Medical Center, Seattle, Washington, USA*

⁴*Durham VA Medical Center, Durham, North Carolina, USA*

Concern has been mounting for service members returning from current military conflicts. Recent research has suggested that many of these individuals are not fully utilizing resources and/or engaging in the treatment process. There are several unique issues related to this population that complicate

provision of mental health services. Some of these issues are related to accuracy of diagnosis, multiple members of the same unit seeking treatment within the same clinic, safety related concerns, risk taking behaviors, and maintaining engagement in treatment. This panel will address factors that relate to the assessment, diagnosis, and treatment of newly returning service members.

Impact of Clinical & Diagnostic Advances on Models for Graduate Training in Disaster Mental Health

(Abstract #493)

Panel Discussion (Disaster/Med Ed) International H - 6th Floor

Demaria, Thomas D., PhD³; Gurwitch, Robin, PhD²; Jacobs, Gerard, PhD²; Rosenfeld, Lawrence, PhD⁴

¹Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

²Disaster Mental Health Inst, Vermillion, South Dakota, USA

³LI University C.W. Post, Oceanside, New York, USA

⁴University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

Advances in our understanding of the diagnosis of post traumatic stress disorder has led to significant changes in the ways clinicians deliver treatments. In many graduate programs, training now includes education on bio-psycho-social advances in the assessment of trauma and on the delivery of evidence based and evidence supported practices. The impact and utility of these scientific developments on graduate training in the delivery of comprehensive disaster mental health services is not clear because of the diversity of training models currently employed and the complexity of disaster responses. The scope of disaster responses may indeed primarily contribute to this delay in accommodation. Disaster mental health responses involve a variety of interventions which hope to both prevent and address developing or existing mental health impairment. In addition, disaster responses are often tailored to be delivered in a variety of contexts, to diverse demographic and cultural groups and at different stages of post disaster recovery. The panel will explore ways in which different models of graduate training in disaster mental health response may or may not be able to incorporate these advancements in our clinical understanding of traumatic stress.

Case Study

Efficacy of Clinical Mental Health Services to Young Veterans in the Netherlands

(Abstract #889)

Case Presentation (Mil Emer/Practice) International F - 6th Floor

Morren, Trudy, PhD

Centrum 45, Oegstgeest, Netherlands

There is growing attention for the efficacy of health services offered to ex-military in the Netherlands. Foundation Centrum '45 is an institute for specialist treatment of complaints resulting from persecution, war and violence. Approximately eighty young veterans are being referred yearly. Half follows clinical treatment. Most of them served in Libanon (1979-1980/82), Bosnia and/ or Kosovo (1994-1998/99) and Iraq and Afghanistan. Their health complaints are being assessed systematically at intake,

during and at the end of treatment. Co-morbidity of symptoms is striking. Multidisciplinary treatment is built on practice-based guidelines of subsequently stabilisation, confrontation and reintegration. In this case study presentation, three cases of ex-military in clinical treatment will be described. Data presented shed light on: 1.) their demographic, background and psychosocial health characteristics (using psychometric data as well), 2.) the treatment services and 3.) the change in health over course of treatment. Caveats and opportunities will be illuminated. The focus will be on: what is the best treatment possible for these young ex-military? This presentation will lean on the notions of extensive co-morbidity of symptoms and diagnoses that veterans often present. Through an interactive discussion the aim is to contribute to disentangling the concept of 'complex trauma'.

Workshop

First Aid for the Front Line: Dealing With Vicarious Trauma

(Abstract #544)

Workshop (Practice, Prev El) International G - 6th Floor

Sexton, Sara "Sally", PhD

Scottsbluff, Nebraska, USA

Using material from Pearlman, PhD and Saakvitne, PhD, this will be an interactive workshop for all of those working with trauma survivors. Participants will gain an awareness of the concept of 'vicarious trauma' and will learn to connect the relevance of this phenomenon to personal self care and perhaps social action. Clinical providers and others exposed to traumatic events will learn how to identify the signs and symptoms of vicarious trauma, as well as means to address these symptoms. All clinicians who work with difficult populations know the impact this type of work has on our lives. The workshop will not only provide an opportunity to discuss this phenomenon further, but also to gain a sense of 'normalization' of the impact of hearing, over and over again, stories of humans' mistreatment of each other. Further, participants will have the opportunity to see how signs and symptoms of vicarious trauma can be transformed into healing, purpose, and positive transformation.

Thursday: 2:00 p.m. - 3:15 p.m.

Concurrent Session 4
Thursday, November 5
3:30 p.m. – 4:45 p.m.

Presidential Panel

International Society for Traumatic Stress Studies Over Time

(Abstract #1136)

Featured Speaker (Practice, Soc Ethic) **Peachtree B/C - 8th Floor**

Green, Bonnie, PhD¹; Danieli, Yael, PhD²; Pynoos, Robert²;
Friedman, Matthew, MD, PhD³; Briere, John, PhD¹; Newman, Elana, PhD⁴

¹Georgetown University Medical School, Washington, District of Columbia, USA

²University of Southern California School of Medicine, Los Angeles, California, USA

³University of Tulsa, Dept of Ps, Tulsa, Oklahoma, USA

⁴National Center for PTSD, White River Junction, Vermont, USA

This panel will examine the history of the Society over time. Each past president on the panel represents 20% of the life of the organization. These past presidents will discuss the types of issues and concerns that he or she was dealing with at the time of their presidency, their efforts to conceptualize and live up to the values of the Society, and any individuals and organizations that played an important role during their presidency. The speakers will be Dr. Yael Danieli (3rd Society President), Dr. Robert Pynoos (6th Society President), Dr. Matthew Friedman (10th Society President), Dr. John Briere (16th Society President), and our most recent past President, Elana Newman (21st President).

Master Clinician

Acceptance and Commitment Therapy: Bringing Values to Life Following Trauma in Clinical Cases

(Abstract #1133)

Featured Speaker (Practice, Assess Dx) **Peachtree D/E - 8th Floor**

Walser, Robyn, PhD

National Center for PTSD, Menlo Park, California, USA

Many individuals who suffer with post traumatic stress following acts of terror, war, disaster and violence struggle to regain their pre-trauma lives. Once held personal values are often lost to disbelief and pain. They are also lost to the efforts and desire to avoid traumatic memories, painful feelings and unwanted thoughts. This loss, plus the avoidance strategies themselves, can have a powerful negative impact on individuals diagnosed with PTSD and other trauma related disorders. Acceptance and Commitment Therapy (ACT) is an intervention that targets avoidance by addressing problematic control strategies; and by promoting acceptance of internal experience through practices of willingness and being present in the current moment. Additionally, ACT explicitly explores valued living and works with clients to regain lost values by engaging in behavior change that

is consistent with those values. ACT is a structured intervention that applies mindfulness and behavioral techniques in the treatment of PTSD. Although the research with ACT and the treatment of PTSD is young in its development, it is promising. By clinical case example, the workshop will illustrate the flexible application of the core components of ACT and explore case formulation for treatment.

Participant Alert: Video or client role-play, plus audience participation in ACT exercises may be potentially distressing.

Symposium

Mechanisms Underlying Transmission of PTSD and Trauma-Related Risk Across Generations

(Abstract #309)

Symposium (Soc Ethic, Child) **International C - 6th Floor**

Sanchez, Mar, PhD³; Sullivan, Regina, PhD²; Cloitre, Marylene, PhD²; Bradley, Bekh, PhD¹; Yehuda, Rachel, PhD³; Ressler, Kerry, MD, PhD¹

¹Emory University Atlanta, Georgia, USA

²New York University Child Study Center, New York, New York, USA

³Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

Given the high numbers of trauma-exposed mothers present in multiple vulnerable populations (e.g., combat veterans, survivors of terrorism, natural disaster evacuees) a critical gap exists in our knowledge about processes/mechanisms that may lead or transmission of trauma related risk across generations. The goal of the proposed symposium is to present recent translational and behavioral research on psychological and biological processes that are potential mechanisms underlying trans-generational risk/resilience associated with maternal trauma exposure and maternal PTSD. The proposed symposium will also address implications of the presented data for the development of empirically grounded approaches to prevention and intervention.

Trauma Exposure and Stress Response in Mothers and Their 6-12 Year Old Children

(Abstract # 497)

Bradley, Bekh, PhD¹; Jovanovic, Tanja, PhD¹; Gapen, Mark, PhD²; Cloitre, Marylene, PhD²; Ortigo, Dorthie¹, MA³; Weiss, Tamara, MD³

¹Emory University Atlanta, Georgia, USA

²New York University Child Study Center, New York, New York, USA

³Trauma Center, Brookline, Massachusetts, USA

Trauma exposure and PTSD are disproportionately common in low-income, urban women and their children. Data suggests that multiple risk factors impacting this population (e.g., having limited access to health and mental health care) may combine to create a "perfect storm" of increased trauma- and PTSD-related risk not only across the lifespan, but potentially across generations. Despite this, little data on the relationship between maternal trauma exposure/PTSD and child risk/resilience has been gathered in this population. We will present early data from a recently implemented study focused on PTSD resilience/vulnerability in a sample of low-income, urban mothers and

6-12 y/o children. Our data will compare 3 groups of mothers (no trauma exposure, trauma exposure/PTSD, and trauma exposure/no PTSD) and their children. We have gathered data on multiple relevant variables including: maternal response to a fear conditioning paradigm, parenting style, maternal attachment, child behavior, a mother-child interaction task, child trauma exposure/PTSD symptoms and child fear response. Our initial findings demonstrate a significant relationship between maternal status and parenting style/ stress, child behavior and maternal fear response. In addition to presented data we will discuss implications for future research and for the development of empirically grounded interventions.

Maternal PTSD and Risk for Psychopathology and Compromised Socioemotional Competencies in Children

(Abstract # 656)

Cloitre, Marylene, PhD

New York University Child Study Center, New York, New York, USA

Over two dozen studies have found that following a traumatic stressor to which both parent and child have been exposed, parental symptom status is the most consistent predictor of psychological problems for the child as compared to any variable related to the traumatic event itself (e.g., magnitude of the event, injury to self). We report on data from a prospective study of 100 mothers and their children (ages 6-12) who experienced the death of a family member related to the 9/11 terrorist attack. The assessments indicated that children with PTSD negative mothers showed improvement over time in both reduction of PTSD and other symptoms as well as maintenance of socio-emotional competencies, while in contrast, those with PTSD positive mothers showed increasing rates of PTSD and decreasing socio-emotional competencies, suggesting the iatrogenic effects of maternal PTSD. Salient symptoms of PTSD include emotion regulation difficulties and these symptoms have been associated with poor parenting and adverse effects on children. We describe a brief early preventive intervention Emotion-Focused Parenting Program for mothers with PTSD which highlights parental emotion awareness and modeling of regulation skills and will report pilot data concerning the efficacy of the treatment in reducing maternal PTSD and improving parenting skills.

Developmental Consequences of Adverse Caregiving in Nonhuman Primates

(Abstract # 858)

Sanchez, Mar, PhD

Emory University, Atlanta, Georgia, USA

Disruptions of the parent-infant relationship are forms of early life stress associated with increased risk for psychopathology. In the case of childhood abuse, this is a devastating experience in humans, but it has been reported in nonhuman primates as well, both in captivity and in the wild. In this presentation, we will review how research with nonhuman primate models has helped us understand the causes and developmental consequences of childhood maltreatment in humans. Our findings suggest that adverse caregiving impacts the proper development of socioemotional behavior, stress responses and neural substrates underlying these functions in macaques. The brain serotonin system is particularly affected and its alterations are strongly associated with increased emotional reactivity, aggression and

the perpetuation of abuse in this species. The early traumatic experiences also have enduring effects on the development of myelinated braintracts (e.g. prefrontal circuits), which could lead to altered threat perception and control of impulsive aggressive responses in these animals. In sum, nonhuman primate models of infant maltreatment constitute unique and naturalistic models of human childhood maltreatment that can help us understand its developmental effects and the neurobiological mechanisms underlying its transgenerational transmission.

The Neurobiology of Infant Attachment and Fear Suppression in Developing Rats

(Abstract # 901)

Sullivan, Regina, PhD

New York University Child Study Center, New York, New York, USA

Attachment to the caregiver combines predisposed proximity seeking, learning to identify the attachment figure and fear suppression. To understand how attachment suppresses fear we characterized the neurobiology of attachment learning and fear suppression in infant rats. Infant rats have a sensitive period of facilitated odor learning to supports learned approach responses to the caregiver's odor. Association of an odor with maternal care or milk supports learning of approach responses. Paradoxically, odors paired with an 'abusive' mother, tailpinch or 0.5mA shock also support learned odor approach. With sensitive period termination, approach learning is more restrictive and amygdala-dependent fear learning emerges due to pups' increasing endogenous corticosterone (CORT). However, recent data shows sensitive period learning is still available to postsensitive period pups, but only with the mother. Specifically, maternal presence prevents the shock-induced CORT increase required for infant amygdala plasticity. The mother suppresses hypothalamic PVN NE to attenuate the HPA axis and CORT. This suggests infants' process fear differently from adults, with unique control of neural plasticity by the stress system via CORT. Understanding of infants' unique neural processing may provide clues to the enduring effects of early life experience and potential pathway to pathology.

Information Processing and PTSD: Cognitive Research Across Different Stages of Processing

(Abstract #272)

Symposium (Res Meth, Bio Med) International D - 6th Floor

Fani, Negar, MS²; Bremner, J. Douglas, MD¹; Gapen, Mark, PhD¹; Vermetten, Eric, MD, PhD³

¹*Emory University School of Medicine, Atlanta, Georgia, USA*

²*Georgia State University, Atlanta, Georgia, USA*

³*Military Mental Health - Research, Utrecht, Netherlands*

Models of pathological anxiety suggest that traumatized individuals who develop Posttraumatic Stress Disorder (PTSD) demonstrate a characteristically biased style of information processing; at even the earliest stages of processing, adults with PTSD appear to allocate a disproportionate amount of cognitive resources to trauma-related, versus neutral, stimuli. Disruptions in cognition have also been observed downstream; neuropsychological studies of traumatized adults have revealed patterns of cognitive impairments that correspond with PTSD status, including encoding and retrieval of stimuli. An increasing number of neuroimaging studies are demonstrating how these patterns of cognitive impairment relate to atypical

Thursday: 3:30 p.m. - 4:45 p.m.

functioning in specific neural structures and circuits. Over the past couple decades, neuropsychological studies of PTSD have converged to reveal patterns of bias to and impairment in cognitive measures across various stages in information processing, including attention, working memory, and stimulus differentiation or categorization. This symposium will discuss information-processing research that is currently being conducted with different traumatized populations in order to gain a more precise understanding of the cognitive mechanisms of PTSD, and the implications of these data for future neuroimaging research.

Attention Bias and PTSD: A Case for Ecologically Salient Stimuli

(Abstract # 289)

Fani, Negar, MS²; Bradley, Bekh, PhD¹; Ressler, Kerry, MD, PhD¹; McClure-Tone, Erin, PhD¹

¹Emory University, Atlanta, Georgia, USA

²Georgia State University, Atlanta, Georgia, USA

Neuropsychological studies suggest that adults with PTSD show a distinct attentional bias for trauma-related stimuli compared to PTSD-free traumatized controls. However, the populations studied and methods employed limit the ecological validity and generalizability of these findings. We previously used the dot probe task, which requires no verbal skill and permits directional measurement of attention bias, to examine the relationship between attentional preference and PTSD in an understudied population: highly-traumatized, African-American urban primary care patients. We found that patients with more PTSD avoidance/numbing symptoms demonstrated a bias toward happy facial expressions. Given that dot probe stimuli consisted largely of White faces, and that our sample was primarily African-American, we replicated the earlier study with a racially diverse stimulus set to address potential confounding effects of viewing other-race faces on bias scores. In this data set, we found that PTSD symptoms correlated significantly with attentional avoidance of threatening African-American faces (n=34, r=-.38, p<.05); however, no significant patterns of attentional bias were found for White faces (any expression). These data provide compelling evidence that more ecologically valid stimuli and precise measures are needed in PTSD cognitive research, particularly with understudied populations.

Declarative Memory for Neutral and Emotional Material in PTSD

(Abstract # 773)

Bremner, J. Douglas, MD¹; Fani, Negar MS²; Afzal, Nadeem, MD¹; Goldberg, Jack, PhD⁴; Reed, Lai, MBA³; Vaccarino, Viola, MD, PhD³

¹Emory University School of Medicine, Atlanta, Georgia, USA

²Georgia State University, Atlanta, Georgia, USA

³River Oaks Hospital, New Orleans, Louisiana, USA

⁴UW, Carlsborg, Washington, USA

Posttraumatic stress disorder (PTSD) has been characterized as a disorder of learning and memory. We have previously shown deficits in verbal declarative memory function in PTSD. Several recent studies have added to and extended these findings. A study of twins discordant for Vietnam combat-related PTSD showed deficits in a declarative memory task in twins affected with PTSD compared to non-PTSD twins. Another study of women with a history of sexual assault-related PTSD showed deficits in a

neutral declarative memory task but not an emotional declarative memory task. These findings are consistent with deficits in verbal declarative memory in PTSD.

Facial Emotion Recognition Difficulties in Individuals With PTSD Symptoms

(Abstract # 668)

Gapen, Mark, PhD

Emory University, Atlanta, Georgia, USA

Recent studies have found hyper-responsivity of the amygdala in individuals with PTSD in response to emotional facial stimuli. The amygdala has been implicated in both the processing of emotions and facial expressions. On the behavioral side, facial emotion recognition difficulties have been found in individuals with a variety of psychiatric disorders. Finally, facial emotion recognition difficulties have been found in maltreated children. The current study tested the facial emotion recognition abilities of a subset of participants from a NIMH-funded study investigating environmental and genetic risk factors for PTSD in a sample of low SES, African American men and women seeking care in the primary care clinics of a public urban hospital. I found that individuals with a CAPS diagnosis of PTSD made more errors to faces (p<.05) on the DANVA-II. Specifically, individuals with symptoms of PTSD made more errors to fearful faces after controlling for symptoms of depression (p<.05). Thus, facial emotion recognition may be one mechanism underlying interpersonal difficulties and may merit consideration as we move towards DSM-V.

Comparative Analyses of Cross-Cultural Trauma Symptoms and the Influence on Clinical Services

(Abstract #308)

Symposium (Cul Div, Assess Dx)

Augusta I - 7th Floor

Murray, Laura, PhD¹; Skavenski, Stephanie, MPH, MSW¹; Spates, C. Richard, PhD³; Bolton, Paul, MB, BS²; Bass, Judith, PhD, MPH¹

¹ Johns Hopkins University School of Public Health, Baltimore, Maryland, USA

² Scituate, Massachusetts, USA

³Western Michigan University, Kalamazoo, Michigan, USA

In understanding trauma, it is important to understand how its impact varies by culture and situation. Understanding local symptom presentations is critical to designing and implementing appropriate clinical services. This symposium will highlight international work with both adults and children. Content will include: presentation of cross-cultural data on trauma symptoms, description of how this affected the choice of clinical services, and how appropriate these decisions have proven to be. Discussions will include similarities and differences with Western-based classification systems, and implications for the extent and appropriateness of the use of these systems globally.

The Influence of Culture-Specific Trauma Symptoms on Clinical Services in Zambia

(Abstract # 386)

Murray, Laura, PhD¹; Mwiyia, Imasiku²

¹ Johns Hopkins University School of Public Health, Baltimore, Maryland, USA

²University of Zambia, Lusaka, Zambia

In the West, the diagnostic nomenclature greatly affects how one

proceeds with clinical services. In many low-resource countries, there is often no training or usage around formal mental health classification systems, and thus a lack of guidance on appropriate clinical services. This presentation will provide an example of how locally obtained post-trauma symptom descriptions from children and adolescents in Zambia led to the choice of clinical services. Data will be presented on the match between locally-described trauma symptomatology and the intervention chosen (Trauma-Focused Cognitive Behavioral Therapy; TF-CBT), how a *DSM-IV* based trauma assessment tool (UCLA PTSD-RI) held validity within this Zambian population, and symptom outcomes from a feasibility study testing TF-CBT. Discussion will include the appropriateness of using Western-based classification systems globally, and the impact this may have on clinical services.

Cross-Cultural Conceptualization of Trauma Symptoms in Zambia and Cambodia: A Comparative Analysis

(Abstract # 465)

Skavenski, Stephanie, MPH, MSW¹; Wallace, Teresa, MSW²

¹*Johns Hopkins University, Baltimore, Maryland, USA*

²*World Vision, Washington, District of Columbia, USA*

Post-traumatic symptom presentation of children and adolescents has often been challenged by diagnostic classification systems that seem to be designed more for adult populations. Moreover, traumatized youth often present for treatment without meeting full *DSM-IV* PTSD criteria, and having a range of other diagnoses such as ODD, CD, ADHD, and or MDD. This is further challenged when trying to understand child trauma symptomatology cross-culturally in low-resource countries. This presentation will take a comparative look at qualitative studies from two distinct populations: HIV affected children and adolescents in Lusaka, Zambia, and sex trafficked youth in Phnom Penh, Cambodia. The presentation will include an overview of the methods used to understand cross-cultural symptom presentations with these populations and a comparative analysis between post-trauma descriptions in Zambia, Cambodia and the current Western classification models. Discussion will examine the similarities and differences between populations, as well as focus on the applicability of Western classification models to children and adolescents globally.

Cross-Cultural Comparison of Symptoms Among Survivors of Systematic Violence

(Abstract # 626)

Bass, Judith, PhD, MPH¹; Bolton, Paul, MB, BS²

¹*Boston University, Boston, Massachusetts, USA*

²*John Hopkins University, Baltimore, Maryland, USA*

There is little cross-cultural data on local variations in symptoms of survivors of torture and other forms of systematic (i.e., non-random) violence, yet such violence is very much a cross-cultural issue. This presentation will consist of a comparative analysis of qualitative data on symptoms of systematic violence across a variety of countries using a common methodology, as well as a brief overview of the methodology used. The presentation will highlight the similarities and differences in symptoms among very different populations with histories of exposure to violence. Discussion will include comparing and contrasting this data to the Western classification systems and the relevance of these systems to these populations.

Using Local Qualitative Data to Inform the Choice of Treatment Interventions for Adult Survivors of Torture in Iraq

(Abstract # 571)

Spates, C. Richard, PhD¹; Kaysen, Debra, PhD²; Pagoto, Sherry, PhD³; Le Jeuz, Carl, PhD; Lindgren, Kristen, PhD⁴; Bolton, Paul, MB, BS¹

¹*Western Michigan University, Kalamazoo, Michigan, USA*

²*University of Washington, Seattle, Washington, USA*

³*Worcester, Massachusetts, USA*

⁴*University of Richmond, Richmond, Washington, USA*

The symptom presentation of torture survivors is complex and includes comorbidities. This diagnostic overlap can create some confusion around the choice of most appropriate clinical services. This presentation will describe how local qualitative data on symptom presentation can be used to determine treatment choices, with a focus on a population of survivors of chronic and political torture in Northern Iraq. The presentation will include an update on how appropriate the evidence-based interventions we chose have proven to be in this context. This will provide an indication of the correctness of this approach to the selection of interventions.

Panel Discussion

Serving Iraqi Refugees in Jordan: Comprehensive Approach to Care and Support for Humanitarian Staff

(Abstract #952)

Panel Discussion (Civil Ref, Disaster) International E - 6th Floor

Simon-Huisman, Winnifred, PhD¹; Eriksson, Cynthia, PhD²; Snider, Leslie, MD, MPH³; Ehrenreich, John, PhD¹; Van Pietersom, Tineke, MD, MPH¹; Lopes Cardozo, Barbara, MD³, MPH⁵; Ghitis, Frida, MA²; Gotway Crawford, Carol, PhD^{4,5}; Alqudah, Ashraf, PhD⁸; Shaheen, Mohammed, PhD⁷; Haans, Ton, PhD⁶; Rijnen, Bas¹; Scholte, Pim, MD⁸

¹*Antares Foundation, Amsterdam, Netherlands*

²*Fuller Theological Seminary, Pasadena, California, USA*

³*NCEH/IERHB, Atlanta, Georgia, USA*

⁴*SUNY, Old Westbury, New York, USA*

⁵*US Centers for Disease Control (CDC), Atlanta, Georgia, USA*

⁶*War Trauma Foundation, New Orleans, Louisiana, USA*

⁷*Alqudah, Jerusalem, Israel*

⁸*University of Amsterdam, Diemen, Netherlands*

This panel describes outcomes of a comprehensive program of Antares and War Trauma Foundations for care and capacity building of humanitarian aid workers providing psychosocial care and support to Iraqi refugees in Jordan. An estimated 450,000 to 750,000 Iraqi refugees currently live as guests in Jordan (FAFO, 2007). Serious psychosocial distress among this population, related to past life events, displacement, and current life circumstances including legal and socio-economic status have been documented. A large gap exists between the high need for psychosocial support amongst Iraqi refugees in Jordan and capacity of local staff and professionals to attend these needs. Local Jordanian staff and Iraqi volunteers (themselves refugees) provide the bulk of direct care, and are in turn impacted by the stresses of the job. Their ability to effectively and

Thursday: 3:30 p.m. - 4:45 p.m.

compassionately provide psychosocial care to refugees depends upon psychosocial knowledge and skills, and ability to maintain their well-being and manage stress. A needs assessment in collaboration with US Centers for Disease Control and Prevention forms the basis of this program and describes stressors, traumatic exposure, organizational policies, coping, and mental health outcomes among local staff. Capacity building training in community psychosocial interventions and stress management training and organizational consultation are described.

Workshop

Applications of Dialectical Behavior Therapy to Trauma-Related Problems

(Abstract #148)

Workshop (Practice, Clin Res) International G - 6th Floor

Harned, Melanie, PhD¹; Rizvi, Shireen, MD²

¹*New School for Social Research, Piscataway, New Jersey, USA*

²*University of Washington, Seattle, Washington, USA*

Dialectical Behavior Therapy (DBT) was originally developed to treat suicidal women with Borderline Personality Disorder (BPD). However, given that the majority of BPD individuals have a history of trauma and many meet criteria for PTSD, the practice of DBT frequently involves the treatment of PTSD and other trauma-related problems. This workshop will demonstrate two primary applications of DBT to the treatment of trauma-related problems. The first application involves using standard DBT to decrease behaviors believed to interfere with formal PTSD treatments (e.g., suicidal and non-suicidal self-injury). A recent and promising example of this type of staged approach that uses standard DBT to stabilize individuals with BPD and PTSD prior to initiating a modified version of Prolonged Exposure will be demonstrated. The second application of DBT involves using DBT strategies to treat specific trauma-related problems that extend beyond the PTSD diagnosis. An example of this type of intervention will be demonstrated that involves the use of the DBT skill of opposite action to treat shame. Throughout the workshop, key DBT principles and strategies relevant to trauma treatment, including validation, skills training, informal exposure, and dialectical strategies will be highlighted.

Media Presentation

40 Years of Silence

(Abstract #359)

Media Presentation (Disaster, Child) International H - 6th Floor

Lemelson, Robert, PhD

UCLA, Los Angeles, California, USA

In 1965, following a purported “communist coup” (the September 30th movement, or the Indonesian acronym G-30-S) General Suharto began a bloody purge of suspected Communists which resulted in the deaths of approximately 500,000 Indonesians, making this one of the larger mass killings of the 20th century. Following the rise of Suharto’s new Order regime, it became extremely politically dangerous to discuss or memorialize this event and its victims, if these differed from the state’s official narrative. This film concerns the effects of this event and its aftermath on four Indonesian families. It was shot over the course of 10 years, in both Central Java and Bali (the two regions, along with East Java, where the greatest bulk of the mass killings occurred) as part of ongoing anthropological and psychiatric research on culture, health and illness. The film follows these families in their recollections of the build up and events of 1965 and the subsequent mass killings, disappearances, and political imprisonments of family members. All characters experienced extreme trauma and loss in childhood, and all were subsequently diagnosed with PTSD. The film explores how politics, history, and individual experience articulates with psychiatric symptomatology in a radically different cultural context.

Concurrent Session 5
Friday, November 6
8:00 a.m. – 9:15 a.m.

Symposium

Current Findings on Barriers to VA Health Care Use

(Abstract #870)

Symposium (Prev El/Mil Emer) Peachtree B/C - 8th Floor

Dutra, Lissa, PhD¹; Vogt, Dawne, PhD⁴; Ouimette, Paige, PhD⁵; Whealin, Julia, PhD⁴; Southwick, Steven, MD³

¹National Center for PTSD, Boston, Massachusetts, USA

²Connecticut VA Healthcare System, West Haven, Connecticut, USA

³Yale University School of Medicine, West Haven, Connecticut, USA

⁴National Center for PTSD Pacific Islands Division, Honolulu, Hawaii, USA

⁵VA Medical Center, Syracuse, New York, USA

The number of veterans requiring health care services continues to far exceed the number who seek out and use the health care services available to meet their needs. This fact points to the need for clinicians and researchers to consider current barriers to VA health care use, as well as ways in which these barriers may be addressed. This symposium presents relevant findings from five studies investigating barriers to VA health care use, as well as suggestions for how these barriers may be reduced. The first presentation is on findings from a focus group study examining stigma-related barriers to VA use for OEF/OIF veterans. The second presentation will address gender differences associated with barriers to behavioral health care use for veterans with Posttraumatic Stress Disorder. The third presentation will focus on cultural barriers to VA use for culturally diverse veteran populations. Finally, the fourth presentation will present findings from two studies: one involving the evaluation of a program designed to address barriers to care for 911 infantry soldiers and the second addressing beliefs associated with mental health care use for Reservists and National Guard OEF/OIF veterans.

Stigma-Related Barriers to VA Health Care Use for OEF/OIF Veterans

(Abstract #1142)

Vogt, Dawne, PhD^{1,2}; Dutra, Lissa, PhD¹; Scheiderer, Emily, PhD¹; Pineles, Suzanne, PhD^{1,2}

¹Boston VA Health Care System, Boston, Massachusetts, USA

²National Center for PTSD Women's Health Sciences Div, Boston, Massachusetts, USA

Although there is a nationwide health care system designed to meet veterans' health care needs, many veterans do not seek needed care. Yet, preventative and early intervention health care are crucial to preventing chronic health problems. Thus, it is important to identify factors that influence veterans' use of VA health care and, where possible, intervene to reduce potential barriers to care. The present focus group study examined stigma-related factors that may serve as barriers to VA health care use for OEF/OIF veterans. Forty veteran users and non-users of VA care were asked about stigma-related factors that influence their use of VA care. Overall, results supported a conceptualization

of stigma-related factors that includes concerns about social consequences (e.g., fear that others will think the veteran is "crazy" if s/he uses VA care), feeling that one does not "fit in" at VA (e.g., belief that that the VA is primarily intended for veterans who are older men with severe problems or disabilities), and discomfort with help-seeking (e.g., the desire to "tough it out" due to military training). Results highlight the usefulness of focus groups for obtaining qualitative information about stigma as it relates to VA health care use.

PTSD, Depression and Barriers to Care Among Male and Female Veterans

(Abstract #886)

Ouimette, Paige, PhD⁴; Tirone, Vanessa, BA⁶; Kimerling, Rachel, PhD²; Laffaye, Charlene, PhD³; Vogt, Dawne, PhD⁷; Greenbaum, Mark, MS, MA¹; Rosen, Craig, PhD⁵

¹Boston VA Health Care System, Boston, Massachusetts, USA

²VA Palo Alto Health Care System, Menlo Park, California, USA

³Syracuse VAMC, Syracuse, New York, USA

⁴VAMC, Menlo Park, California, USA

⁵VA Medical Center, Syracuse, New York, USA

⁶Palo Alto VA Health Care System, Menlo Park, California, USA

⁷National Center for PTSD, Menlo Park, California, USA

An important concern for the VA has been increasing accessibility of treatment for male and female veterans with Posttraumatic Stress Disorder (PTSD). This study examined reasons for not using health care among veterans with PTSD. A total of 490 VA patients with PTSD were asked about psychological symptoms and reasons for not using care. The latter was measured with three stigma-related factors (concerns about social consequences, not "fitting into" VA care, and discomfort with help-seeking) and two institutional factors (staff skill and sensitivity, and ease of use/availability of services). About half of the sample was male (53%), married (44%), between 20 and 68 years of age, and White. Initial regression analyses suggested that PTSD severity was uniquely associated with concerns about social consequences, discomfort with help-seeking, and greater perceptions that the VA is less accessible. Male gender was significantly associated with discomfort with help-seeking. Of note, depression was uniquely associated with greater concerns about social consequences and perceptions that the VA is less accessible. Future analyses will examine other barriers measures related to PTSD symptoms. The VA's mandate to provide behavioral health services in the primary care setting may decrease stigma and facilitate health care use among veterans with PTSD.

Barriers to Care Among Culturally Diverse U.S. Veterans

(Abstract #1120)

Whealin, Julia, PhD¹; Liu-Tom, Tina, PhD¹; Stotzer, Rebecca, PhD²; Vo, Hoa, PhD¹

¹National Center for PTSD Vaphics, Honolulu, Hawaii, USA

²University of Hawaii, Honolulu, Hawaii, USA

In general, non-Caucasian individuals in the U.S. who suffer from mental disorders are less likely than Caucasians to receive mental health treatment. A recent report by the U.S. Department of Veterans Affairs indicated that non-Caucasian veterans who suffer from PTSD were less likely than Caucasians to receive VA outpatient treatment. Research on beliefs toward counseling suggests that cultural affiliation moderates attitudes

Friday: 8:00 a.m. – 9:15 a.m.

about treatment seeking and use of mental health services. Additionally, research shows clients who perceive services as culturally-insensitivity and/or discriminatory are more likely to be suffer from health problems and less likely to return for services. This presentation will draw upon recent research evaluating barriers to care among culturally diverse U.S. veterans. Based upon research findings, suggestions will be provided regarding specific areas relevant to overcoming cultural barriers to care, including cultural knowledge, organizational flexibility, and culturally-appropriate interventions. Additionally, limitations of current research will be discussed.

Reducing Mental Health Barriers to Care for OEF/OIF Veterans

(Abstract #1121)

Southwick, Steven, MD³; Morrissey, Paul, MD¹; Johnson, Douglas, PhD⁴; Pietrzak, Robert, PhD, MPH²; Goldstein, Marc, PhD¹

¹United States Army, Cornwall, New York, USA

²National Center for PTSD, Yale University School of Medicine, West Haven, Connecticut, USA

³Connecticut VA Healthcare System, West Haven, Connecticut, USA

⁴Central Connecticut State University, New Britain, Connecticut, USA

In this presentation, we will discuss barriers to receiving mental health care among symptomatic veterans of Operation Enduring Freedom and Iraqi Freedom (OEF/OIF). We report on two studies, one involving 911 infantry soldiers returning from deployment to Ft. Drum, and the other involving 272 predominantly Reserve/National Guard OEF/OIF veterans in Connecticut who completed a needs assessment study. The first study describes a comprehensive multi-faceted Post-Deployment Wellness Program that was developed at Ft. Drum in response to high levels of combat-related psychological symptoms, in combination with high levels of stigma and barriers to care, as well as limited health care utilization. The Wellness Program addressed organizational, clinician and patient barriers to care. The program resulted in a dramatic increase in mental health care utilization among veterans who screened positive for a probable mental disorder. In the second study, beliefs about psychotherapy and perceived social support predicted stigma and barriers to care. Potential educational interventions targeted toward modifying negative beliefs about psychotherapy and bolstering unit support will be discussed.

Disclosure, Reactions, and Support: Predictors and Consequences Following Sexual Violence

(Abstract #201)

Symposium (Soc Ethic, Clin Res) International C - 6th Floor

Ullman, Sarah, PhD⁴; Littleton, Heather, PhD²; Bryant-Davis, Thema, PhD³; Borja, Susan, MS¹

¹Oklahoma State University, Stillwater, Oklahoma, USA

²East Carolina University, Greenville, North Carolina, USA

³Pepperdine University, Valley Village, California, USA

⁴University of Illinois Chicago, Chicago, Illinois, USA

It is generally accepted that the existence of a strong support network promotes positive adjustment following traumatic events. Additionally, victims of trauma are often encouraged to disclose their experience to others to obtain support. However,

there may also be negative aspects of social support, and disclosure may not always be helpful to victims. For example, trauma victims, particularly victims of interpersonal violence, may receive unsupportive or harmful reactions when they disclose their experience. The presentations in this symposium explore the predictors and consequences of positive and negative support among victims of sexual violence. Issues explored in the presentations include the relationships among social support, self-blame, disclosure timing, positive and negative disclosure reactions, and post-assault functioning. In addition, the role of individual differences and contextual factors, including ethnicity/culture and personality, in moderating these relationships are explored. Results highlight the multi-faceted nature of social support as well as the complex role that social support and disclosure processes play in trauma recovery.

Surviving Sexual Assault: African American Women, Social Support, and Religious Coping

(Abstract #502)

Bryant-Davis, Thema, PhD¹; Ullman, Sarah, PhD⁴; Tsong, Yuying, PhD³; Gobin, Robyn, MS²

¹Pepperdine University, Valley Village, California, USA

²University of Oregon, Eugene, Oregon, USA

³Pepperdine University, Los Angeles, California, USA

⁴University of Illinois, Chicago, Illinois USA

In addition to numerous life stressors, African American women are at increased risk for sexual assault (Kilpatrick, et. al, 2007). Sexual assault can have devastating mental health consequences including but not limited to post traumatic stress disorder (PTSD) and depression. Religiosity and informal social support are two coping strategies often endorsed by African American women (Hage, 2006). The current study builds on these findings to specifically determine the potentially protective role of religious coping and social support for African American survivors of sexual assault. A sample of 495 African American female sexual assault survivors were surveyed about their sexual assault experiences, disclosure, religiosity, social reactions received following assault, and post-assault mental health indicators. The participants were women age 18 and older with unwanted sexual experiences since age 14 who were recruited for a 45-minute confidential mail survey. Two models were examined using structural equation modeling statistical analysis. Results indicated that social support directly contributed to lower levels of PTSD and depression. Conversely increased use of religious coping was associated with higher levels of PTSD and depression. Counseling, research, and policy implications are explored.

An Ecological Consideration of Disclosure Following Sexual Abuse

(Abstract #255)

Borja, Susan, MS

Oklahoma State University, Stillwater, Oklahoma, USA

Children and adults are often encouraged to disclose abusive situations quickly to prevent extended abuse without consideration of the context of the individual making the disclosure or the environment to which they would disclose. In Study 1, data collected among 125 adults who experienced child sexual abuse indicated that those who disclosed early reported worse functioning. However, this relationship was modified by the

family context. Those who perceived highly supportive families experienced similar adjustment, regardless of disclosure timing whereas those who perceived low support were most affected by early disclosure. Study 2 considered the importance of individual characteristics and support received with 35 sexual assault and 51 natural disaster survivors. Results indicate that neuroticism is significantly associated with symptoms of posttraumatic stress disorder, depression, and general distress. Social support had no impact alone but a differential impact on outcomes depending on the survivor's level of neuroticism. These results were consistent for both natural disaster and sexual assault survivors. Disclosure recommendations should consider primarily the individual and their specific traits and needs at the time. Resources may also be devoted to informing communities what is most likely to be helpful in terms of reactions.

The Impact of Support and Disclosure Reactions on Sexual Assault Victims

(Abstract #203)

Littleton, Heather, PhD

East Carolina University, Greenville, North Carolina, USA

Social support is regarded as a highly important predictor of posttrauma adjustment. However, little research has evaluated the relationships among different components of social support and their relationship to adjustment, including evaluating the helpful and harmful aspects of support. In addition, there is a dearth of research evaluating the impact of helpful and harmful aspects of support on victims' adjustment over time. The current study evaluated perceived support and negative disclosure reactions (e.g., being blamed, being stigmatized, having the severity of the assault minimized) as predictors of post assault adjustment in a sample of 262 college rape victims who had disclosed. Of these women, 74 completed a six month follow-up. While cross-sectional analyses supported that both support variables predicted adjustment, longitudinal analyses supported that perceived support and negative disclosure reactions may play unique roles in victims' adjustment over time. Specifically, perceived support significantly predicted depressive symptoms, whereas negative disclosure reactions predicted PTSD symptomatology assault-related coping, and trauma-related cognitions (e.g., self-blame, stigma concerns, negative cognitions about the world). Implications for future research examining the role of different aspects of support in posttrauma recovery are discussed.

Prospective Changes in Attributions of Self-Blame and Social Reactions to Women's Disclosures of ASA

(Abstract #209)

Ullman, Sarah, PhD; Najdowski, Cynthia, BA

University of Illinois Chicago, Chicago, Illinois, USA

Research on recovery from rape has yet to examine how social reactions to victims relate to self-blame following assault. The present longitudinal study examined relations between self-blame attributions and social reactions to disclosure in a community sample of adult sexual assault victims (N = 555), controlling for coping and PTSD symptoms. Cross-lagged panel analysis using structural equation modeling showed that neither characterological self-blame nor behavioral self-blame prospectively related to negative social reactions over the

1-year follow-up period. In contrast, characterological, but not behavioral, self-blame predicted fewer positive reactions over time. Although positive reactions did not reduce self-blame, negative reactions led to greater characterological, but not behavioral self-blame during the course of the study. Coping strategies did not predict self-blame, but did predict negative reactions, and PTSD symptoms predicted revictimization. Positive reactions predicted less revictimization, but neither type of self-blame predicted revictimization. Finally, revictimization predicted more behavioral self-blame and more negative reactions in response to disclosures of earlier assault. Implications for research, treatment, and intervention are discussed.

Including Intergenerational Transmission of Trauma and Resilience in DSM-V

(Abstract #136)

Symposium (Assess Dx, Practice)

International D - 6th Floor

Kudler, Harold, MD²; Sagi-Schwartz, Avi⁷; Yehuda, Rachel, PhD³; Danieli, Yael, PhD¹; Barel, Efrat; PhD⁵; Van Ijzendoorn, Marinus⁶; Bakermans-Kranenburg, Marian, PhD⁴

¹Group Project for Holocaust Survivors and their Children, New York, New York, USA

²Durham VA Medical Center, Durham, North Carolina, USA

³Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

⁴Leiden University, Leiden, Netherlands

⁵The Center for the Study of Child Development, Department of Psychology, University of Haifa, Haifa, Israel

⁶Centre for Child and Family Studies Rommert Casimir Institute of

Developmental Psychopathology, Leiden University, Leiden, Netherlands

⁷University of Haifa and The Max Stern Academic College of Emek Yezreel, Haifa, Israel

Traumatic experiences of prior generations may increase the risk and shape the expression of Posttraumatic Stress Disorder in many populations (e.g., descendants of Holocaust survivors, survivors of genocide or other massive human rights violations, war veterans, crime victims, and child abuse victims). Recognizing that examination of preceding generations' trauma exposure yields a more complete assessment of an individual's posttraumatic status and should be documented as a routine part of assessment, the ISTSS Special Interest Group on the Intergenerational Transmission of Trauma and Resilience resolved at the 2008 Annual Meeting to advocate for the inclusion of intergenerational issues in the *DSM-V* section on PTSD. This presentation, which has grown out of that ongoing process, provides an introduction to the broad scientific basis for that recommendation and will, in addition, include new research findings suggesting that resilience may also be transmitted. Implications for *DSM-V* and future directions for research and practice will be considered.

Friday: 8:00 a.m. - 9:15 a.m.

Holocaust Survivors and Their Offspring: Vulnerability and Resilience

(Abstract # 213)

Sagi-Schwartz, Avi, PhD¹; Yehuda, Rachel, PhD⁴; Bakermans-Kranenburg, Marian, PhD²; Barel, Efrat, PhD³; Van Ijzendoorn, Marinus, PhD²

¹Center for Child Development, University of Haifa, Haifa, Israel

²Centre for Child and Family Studies Rommert Casimir Institute of Developmental Psychopathology, Leiden University, Leiden, Netherlands

³The Center for the Study of Child Development, Department of Psychology, University of Haifa and The Max Stern Academic College of Emek Yezreel, Haifa, Israel

⁴Mount Sinai School of Medicine, Bronx, New York, USA

We raise two questions in our presentation: 1) how do holocaust survivors still show marks of their traumatic experiences, even after six decades? 2) Was the trauma passed on to the next generations? We present three sets of meta-analyses with 1st -, 2nd -, and 3rd -generation to address these questions. For the 1st-generation, 71 samples with 12,746 participants were included. Overall, Holocaust survivors were found to adapt less well than their comparisons, with a higher prevalence of posttraumatic stress, depression and anxiety. However, they did not lag behind their comparisons in other domains (e.g. physical health, cognitive functioning), underscoring both vulnerability and resiliency in survivors. A meta-analysis of 32 samples involving 4,418 second-generation of Holocaust survivors and their comparisons, revealed secondary traumatization effects only in studies on clinical participants, who were stressed for other reasons, but not in a set of adequately designed nonclinical studies. Meta-analytic results of 13 non-clinical samples involving 1012 third-generation participants, showed no evidence for tertiary traumatization. Our findings suggest a remarkable resilience of profoundly traumatized survivors in their parental roles, although they themselves still suffer from the effects of the Holocaust. A bio-psychological stress-diathesis model is used to discuss the findings.

Intergenerational Responses to Trauma: Mediated by Epigenetic Mechanisms?

(Abstract #784)

Yehuda, Rachel, PhD

Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

For many years, the idea that offspring of trauma survivors could be affected by the experiences or symptoms of parents was discussed in the context of psychoanalytic models that were difficult to incorporate into less theoretical and more empirical and biological models of psychopathology as the field of psychiatry marched on in *DSM-III*, *DSM-IV*, and now, *DSM-V*. In recent years, there has been a resurgence of interest in more fully incorporating intergenerational effects. This stems from a renewed focus on gene x environment interactions, the centrality of early childhood environment, including maternal attachment, and developments in human and translational molecular biological studies that have provided clear mechanisms for such effects. This talk will examine data collected on 2nd generation Holocaust offspring demonstrating evidence of epigenetic transmission of PTSD risk and cortisol-related alterations. We expect to present pilot data from studies of cytosine methylation of the glucocorticoid receptor gene. The discussion will focus on how to incorporate these findings in formulations of the effects of trauma and how to determine which aspects of intergenerational

responses reflect PTSD vulnerability and which reflect resilience (these may observed in at-risk offspring not expressing psychopathology).

Participant Alert: It is potentially distressing to know that the consequences of extreme trauma can persist intergenerationally.

Multigenerational Legacies of Trauma: Future Directions

(Abstract #485)

Danieli, Yael, PhD

Group Project for Holocaust Survivors and Their Children, New York, New York, USA

This presentation will review the focus on multigenerational effects of trauma within the field of traumatology. It will describe its history and its multidimensional and multidisciplinary nature and analyze major questions, obstacles and challenges it has faced. It will emphasize the time dimension in trauma assessment and insist that an approach that examines preceding generations' trauma exposure yields the most complete assessment of an individual's posttraumatic status. Discussing issues reflected in the two preceding presentations, it will map the directions for clinical application, primarily diagnostic and therapeutic, and for research.

Cumulative Trauma in Childhood

(Abstract #256)

Symposium (Child, Assess Dx) International G - 6th Floor

Kisiel, Cassandra, PhD²; Ghosh Ippen, Chandra, PhD⁵; Burkman, Kristine, BA³; D'Andrea, Wendy, PhD⁴; Cloitre, Marylene, PhD¹

¹New York University Child Study Center, New York, New York, USA

²Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

³Northwestern University, Chicago, Illinois, USA

⁴Trauma Center at JRI, Brookline, Massachusetts, USA

⁵University of California San Francisco, San Francisco General Hospital, San Francisco, California, USA

This symposium will address the effects of cumulative trauma on functioning at different development stages and the potential for increasing difficulties over time, based on three different studies. The impact of cumulative trauma will be described in early childhood, latency age, adolescence, adulthood, and in terms of intergenerational transmission. Presentations will address links between maternal and child cumulative trauma and functioning, and the relationship between complex trauma exposure and complexity of symptom patterns in childhood and adulthood. These studies lend support for the Developmental Trauma Disorder diagnosis as a mechanism for better classifying and understanding these complex response patterns across development.

Cumulative Trauma and Symptom Complexity: Examining the Role of Interpersonal and Childhood Traumas

(Abstract #917)

D'Andrea, Wendy, PhD²; Seng, Julia, PhD, CNM³; Ford, Julian, PhD¹

¹University of Connecticut Health Center, Farmington, Connecticut, USA

²Trauma Center at JRI, Brookline, Massachusetts, USA

³Institute for Research on Women & Gender, Ann Arbor, Michigan, USA

In order to examine the relationship between the developmental onset of cumulative trauma exposure to symptom complexity, 1600 women from a community health sample were surveyed on lifetime traumatic experiences and mental health. Women were recruited who met criteria for PTSD, who had trauma exposure but no PTSD, and who had no trauma exposure. Participants were surveyed via telephone as part of a larger study. Women who had childhood interpersonal trauma including emotional abuse had a greater number of symptoms than those with no trauma, than with childhood non-interpersonal trauma, and than adulthood-only trauma. Symptom complexity increased linearly with the number of types of exposure to childhood trauma. When controlling for exposure to adulthood trauma, childhood interpersonal trauma still significantly predicted symptom complexity. Amongst childhood interpersonal trauma survivors, symptoms of PTSD, depression, dissociation, somatization, and interpersonal sensitivity were frequently endorsed. Taken together, these data support the importance of examining diagnostic categories such as developmental trauma disorder as viable alternative conceptualizations to comorbidity when considering the outcomes of multiple interpersonal traumas in childhood.

Complex Trauma Exposure and Affect Dysregulation in the Development of Risk Behaviors Among Youth

(Abstract #1021)

Kisiel, Cassandra, PhD; Burkman, Kristine, BA; McClelland, Gary, PhD; Griffin, Gene, JD, PhD

Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

Youth in the child welfare system frequently have complex trauma histories and are at high risk for developing a range of trauma-related responses. Affect dysregulation is increasingly recognized as a core response among youth exposed to chronic, interpersonal trauma which can be associated with cumulative difficulties and risk behaviors over time. This study uses data from the Child and Adolescent Needs and Strengths (CANS), a comprehensive assessment strategy, across several programs within the Illinois Department of Children and Family Services (IDCFS). A sample of 2,070 youth (ages 0-18) will be followed at 6 months (N=1,513), 1 year (N=936), and 2 years (N=337) from entry into the child welfare system. Problems with affect dysregulation including numbing and anger control will be assessed in conjunction with a range of high risk behaviors and other mental health symptoms over time. Preliminary findings indicate that over 80% of youth experienced significant interpersonal trauma, including a range of violent and non-violent trauma experiences. Analyses will determine whether higher levels of affect dysregulation contribute to the development of high risk behaviors including self-harm, physical aggression, sexually reactive behaviors, and substance abuse. Implications for re-

victimization and support for Developmental Trauma Disorder will be discussed.

Links Between Maternal and Child Cumulative Risk and Functioning

(Abstract #829)

Ghosh Ippen, Chandra, PhD

University of California San Francisco, San Francisco General Hospital, San Francisco, California, USA

This study examines the relation between cumulative risk and functioning in a sample of 109 preschool-age child and their mothers referred to treatment following exposure to domestic violence. Two categories of child risk were examined: 1) risk related to impaired maternal functioning (C-MF) and 2) risk related to the child's direct experienced of trauma (C-T). Two categories of maternal risk were assessed: 1) Childhood cumulative risks (M-CCR) and 2) adult cumulative risks (M-ACR). For children, analyses showed that symptoms of PTSD, depression, number of DC: 0-3 diagnoses and total behavior problems were all significantly correlated with C-MF and C-T. Analyses suggest that C-MF may serve as a moderator between C-T and child functioning. For mothers, the data indicate that maternal functioning (PTSD, depression, and global functioning) is associated not only with M-CCR and M-ACR but with C-T. Moreover regression analyses showed that M-CCR and C-T contribute unique variance in the prediction of maternal PTSD. Exploratory analyses suggest that maternal resolution regarding her childhood trauma history may moderate the relationship between M-CCR and maternal PTSD and between M-CCR and mother's reports of child functioning. The link between maternal and child experiences of risk and functioning are discussed.

Advances in Evidence-Based Treatment for PTSD

(Abstract #326)

Symposium (Clin Res, Practice)

Vinings I & II - 6th Floor

Olff, Miranda, PhD²; Ter Heide, Jackie June, MA, MPhil³; Nijdam, Mirjam, MSc²; Guay, Stephane, PhD¹; Mooren, Trudy, PhD³; Kleber, Rolf, PhD⁴; Gersons, Berthold MD, PhD⁵; Marchand, Andre, PhD¹; Landry, Pierre, MD, PhD¹

¹University Du Quebec a Montreal, Montreal, Quebec, Canada

²Academic Medical Center, Amsterdam, Netherlands

³Centrum '45, Oegstgeest, Netherlands

⁴Utrecht University, Clinical and Health Psychology, Utrecht, Netherlands

⁵AMC Univ of Amsterdam, Centrum 45, Amsterdam, Netherlands

The efficacy of psychotherapeutic interventions in the treatment of PTSD has been sufficiently demonstrated. This symposium is focused on new evidence from randomized clinical trials that examine active treatments for PTSD in various populations, to further develop our knowledge about efficacious treatment strategies.

Friday: 8:00 a.m. - 9:15 a.m.



Preliminary Results of a Randomized Controlled Trial Assessing the Efficacy of Cognitive-Behavior Therapy Combined With D-Cycloserine for Treating PTSD

(Abstract #661)

Guay, Stephane, PhD¹; Marchand, Andre, PhD²; Landry, Pierre, MD, PhD, FRCPC³

¹University Du Quebec a Montreal, Montreal, Quebec, Canada

²University of Montreal, Montreal, Quebec, Canada

³Hôpital Louis-H. Lafontaine, University of Montreal, Montreal, Quebec, Canada

The use of D-cycloserine in combination with cognitive-behavioral therapy (CBT) has been found to facilitate the treatment of OCD, social anxiety and fear of heights. The purpose of this double-blind randomized controlled trial is to assess if the efficacy of CBT for post-traumatic stress disorder (PTSD) can be increased by combining it with D-cycloserine (CBT + D-cycloserine). Forty-eight civilian patients with PTSD aged between 18 and 65 years-old were recruited in the community and were randomly assigned to CBT + D-cycloserine or CBT + placebo. The Clinician-administered PTSD Symptom Scale (CAPS) was used to assess our primary outcomes, PTSD symptoms severity and diagnosis, before and after treatment. Secondary outcomes consisted of self-reported measures of anxiety and depression symptoms. Patients received 12 to 16 sessions of CBT that included psychoeducation, breathing retraining, imaginal exposure, in vivo exposure, and relapse prevention. From session 4, they received 50mg of D-cycloserine or a placebo 1 hour before each session of imaginal or in vivo exposure. Results of this study will be presented for both completers and intent-to-treat samples at post-treatment. Strengths and limitations as well as future directions for research will be discussed.

**“Evidence-Based” Versus “Good Practice”:
The Treatment of Traumatized Refugees
With EMDR**

(Abstract # 406)

Ter Heide, Jackie June, MA, MPhil¹; Mooren, Trudy, PhD¹, Kleber, Rolf, PhD²

¹Centrum '45, Oegstgeest, Netherlands

²Clinical and Health Psychology, Utrecht University, Utrecht, Netherlands

Despite the scientific evidence concerning the efficacy of EMDR in the treatment of PTSD, in clinical practice many clinicians are reluctant to apply EMDR to traumatized asylum seekers and refugees. Because they regard the traumatization of this population as too complex, and for fear of psychological decompensation, they tend to avoid confrontation with traumatic memories and stick to stabilization techniques. In a pilot study with 20 traumatized asylum seekers and refugees, we tested the hypothesis that, in accordance with treatment guidelines, EMDR would be more effective than stabilization in asylum seekers and refugees. Adult asylum seekers and refugees who applied for treatment at Centrum '45, a Dutch national centre for psychological treatment of victims of war and organized violence, were randomly allocated to either 11 sessions of EMDR or 11 sessions of stabilization. PTSD and comorbid symptomatology and quality of life were assessed at pre- and post-treatment and three-month follow-up. In this presentation, the results of this pilot RCT will be discussed. Significant differences favouring EMDR over stabilization were found. Despite several drawbacks,

including a high drop-out and limited clinical improvement, the study design seems feasible with this population.

EMDR Versus Brief Eclectic Psychotherapy in the Treatment of PTSD: A Randomized Clinical Trial

(Abstract #407)

Nijdam, Mirjam J, MSc¹; Olf, Miranda, PhD¹; Gersons, Berthold P.R., MD, PhD²

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A large number of studies have demonstrated the efficacy of cognitive behavioural therapy (CBT) and Eye Movement Desensitization and Reprocessing therapy (EMDR) in the treatment of posttraumatic stress disorder (PTSD), and meta-analyses have shown similar effect sizes for both treatment conditions. However, less is known about the effectiveness of these treatments in routine clinical care. Therefore, we conducted a randomized clinical trial that compared EMDR (n = 70) to a form of CBT, Brief Eclectic Psychotherapy (BEP; n = 70). Treatment conditions resembled routine care as much as possible. Participants were outpatients who were referred to the Center for Psychological Trauma of the Academic Medical Center with a diagnosis of PTSD after various kinds of type I trauma. Primary outcome was PTSD symptomatology as measured by the Impact of Event Scale – Revised. Other measures that were applied to assess pre-post differences were the Structured Interview for PTSD, Structured Clinical Interview for DSM-IV Axis I disorders, MOS Short Form -36, and Posttraumatic Growth Inventory. Preliminary analyses indicate a significant decrease in PTSD symptomatology for both treatment conditions, with an earlier decrease of symptoms in EMDR compared to BEP. Results of the complete trial will be presented and clinical implications of the findings are discussed.

Mental and Physical Health in Iraq and Afghanistan Veterans: Integration of Care

(Abstract #1090)

Symposium (Mil Emer, Practice)

Augusta I - 7th Floor

Maguen, Shira^{1,2}; Cohen, Beth, MD, MAS^{1,2}; McCaslin, Shannon, PhD^{1,2}; Seal, Karen, MD MPH^{1,2}; Marmar, Charles, MD^{1,2}

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Given the high rates of mental health and associated medical problems and functional limitations, new models of care may best meet the needs of our returning Iraq and Afghanistan veterans. We will begin by highlighting unique risk factors for developing mental health problems, with a focus on gender differences. Next, we will examine how mental health disorders affect the prevalence of high-risk health behaviors and related medical conditions, including smoking, obesity, hypertension, high cholesterol, and diabetes. We will also explore the impact of PTSD and co-morbid conditions on functioning and the influence of a motivational enhancement intervention on these variables. Given the increasing prevalence of mental and physical health problems in this group, we will conclude by examining the benefits of an integrated model of primary care, mental health, and social services to improve the delivery and quality of care in our newly returning veterans.

Gender Differences in Iraq and Afghanistan Veterans Enrolled in VA Healthcare

(Abstract #286)

Maguen, Shira^{1,2}; Seal, Karen, MD, MPH^{1,2}; Bosch, Jeane, MPH^{1,2}; Ren, Li, MS²; Marmar, Charles, MD²

¹San Francisco VA Medical Center, San Francisco, California, USA

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An unprecedented number of female veterans have served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), yet little is known about specific characteristics and mental health conditions of female veterans. We investigated differences in sociodemographic, military-service and mental health characteristics between female and male OEF/OIF veterans. Using Department of Veterans Affairs (VA) administrative data, univariate descriptive statistics and multivariate logistic regression analyses were used to examine gender differences among 329,049 OEF/OIF veterans seeking VA healthcare from April 1, 2002 through March 31, 2008. Female veterans were more likely to receive depression, anxiety and eating disorder diagnoses, whereas male veterans were more likely to receive posttraumatic stress disorder (PTSD) and alcohol or substance use disorder diagnoses. Female and male veterans with proxies of higher combat exposure were more likely to receive PTSD diagnoses. Younger age and being married were associated with a lower prevalence of PTSD diagnoses in women. Identifying and appreciating gender differences in OEF and OIF male and female veterans seeking care at VA will allow for the provision of gender-sensitive prevention and treatment interventions.

The Association of Mental Health Diagnoses With Cardiovascular Risk Factors in Returning Veterans

(Abstract #260)

Cohen, Beth, MD, MAS^{1,2}; Ren, Li, MS¹; Bertenthal, Dan, MPH¹; Marmar, Charles, MD^{1,2}; Seal, Karen, MD MPH^{1,2}

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Studies of veterans from prior wars have found that those with PTSD are at increased risk of developing and dying from cardiovascular disease (CVD). Whether this is due to an increase in traditional CVD risk factors or to other pathways is unknown. In addition, CVD risk has not been examined in the newest generation of veterans. We analyzed data from all Iraq and Afghanistan veterans who were new users of VA healthcare from 10/15/2001 to 9/30/2008, (N=303,526, mean age 31). We used ICD-9 codes from in/outpatient visits to categorize veterans into those with and without mental health diagnoses (MH Dx) and to identify CVD risk factors (hypertension, smoking, dyslipidemia, diabetes, obesity). The prevalence of CVD risk factors was 2.2-3.9 times higher in veterans with MH Dx (all p<.0001). Adjustment for demographic and military factors had minimal impact on these associations. Further adjustment for healthcare utilization reduced effect sizes, but veterans with MH Dx still had significantly higher rates of all CVD risk factors (all p<.0001). Rates in veterans with PTSD were similar to those with other MH Dx. This highlights the need for aggressive prevention and treatment of CVD risk factors in returning veterans, particularly those with mental health conditions.

PTSD Symptoms and Functional Impairment: Impact of Motivational Enhancement

(Abstract #939)

McCaslin, Shannon, PhD^{1,2}; Metzler, Thomas, MA¹; Ren, Li, MS¹; Marmar, Charles, MD^{1,2}; Seal, Karen, MD, MPH^{1,2}

¹University of California, San Francisco, San Francisco, California, USA

²San Francisco VA Medical Center, San Carlos, California, USA

This study examined whether motivational interviewing (MI) leads to improvements in functional status both directly and through reduction in PTSD and co-morbid symptoms. OEF/OIF veterans (N = 181) were enrolled in a randomized controlled trial to examine the effectiveness of MI to enhance mental health treatment engagement. The functional status of patients with versus without PTSD was compared. PTSD positive participants reported significantly greater somatic symptoms, poorer perceived physical health, greater limitation in activities, and were less likely to have full-time employment. Among participants with PTSD, the majority (81%) endorsed 2 or more co-morbid mental disorders conditions. The type of co-morbidity was associated with lower functioning in specific areas (e.g., alcohol use was associated with perceived health; alcohol use and pain were associated with limitations in work; greater depression was associated with increased somatic symptoms). Changes in PTSD and functional status in the MI intervention versus control group were examined at two subsequent time points. Preliminary results demonstrate increased social functioning and a trend for PTSD symptom improvement in the MI group. The potential impact of motivational enhancement techniques on treatment engagement and subsequent impact on PTSD symptoms and related functional impairment will be discussed.

Integrated Co-Located Primary Care and Mental Health Services for Iraq and Afghanistan Veterans

(Abstract #263)

Seal, Karen, MD MPH^{1,2}; Cohen, Greg, MSW²; Shah, Rina, MD^{1,2}; Maguen, Shira^{1,2}; Lawhon, Dawn, PhD^{1,2}; Marmar, Charles, MD^{1,2}

¹San Francisco VA Medical Center, San Francisco, California, USA

²University of California, San Francisco, San Francisco, California, USA

³San Francisco VA Medical Center/University of California, San Francisco, California, USA

This study examined whether integrating and co-locating primary care and mental health (MH) services enhanced MH treatment utilization in Iraq and Afghanistan veterans seeking Department of Veterans Affairs (VA) healthcare. Nationwide, of 206,714 Iraq and Afghanistan veterans using VA healthcare for the first time, 22% have received new posttraumatic stress (PTSD) diagnoses, yet only 27% have attended a recommended number of VA MH treatment sessions in the first year of diagnosis. In contrast, Iraq and Afghanistan veterans with new PTSD diagnoses used twice the amount of VA medical (non-MH) services compared to veterans without MH diagnoses. To address barriers to MH care in Iraq and Afghanistan veterans, a clinic was established at a VA medical center to co-locate and integrate primary care and MH services. From 4/1/07 though 12/31/08, of 245 veterans seen in integrated, co-located primary care, 81% received same-day primary care and MH services, whereas of 34 veterans seen in usual primary care, only 27% received same-day MH services

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($p < 0.001$); 41% in usual primary care received MH services within 30 days of the first visit ($p < 0.001$). Integrating and co-locating primary care and MH services may overcome barriers to MH treatment in Iraq and Afghanistan veterans.

Panel Discussion

Resiliency in the Face of Trauma: How People Stand Tall Around the World

(Abstract #90)

Panel Discussion (Disaster, Cul Div) **Peachtree D/E - 8th Floor**

Bonanno, George, PhD¹; Galea, Sandro, MD, DrPH²; Hobfoll, Stevan, PhD³; Saroff, Ortal, PhD; Caspi, Yael, ScD⁴

¹Columbia University, New York, New York, USA

²Rush Medical College, Chicago, Illinois, USA

³University of Michigan, Ann Arbor, Michigan, USA

⁴Rambam University Hospital, Haifa, Israel

The study of trauma has focused on pathological responding, and indeed many people are deeply affected by trauma. The pathways to resiliency are much less well studied or understood and a focus on diagnosis alone only clouds the picture further. The dominant approaches to potentially traumatic events have focused either on pathology or average response, and have assumed a general homogeneity in distribution of responses across time. Further, our understanding on risk and resilience are mainly conceptualized in Western contexts and our understanding is more threadbare in economically challenged regions of the world and outside of Western cultures. Many individuals actually recover quickly from trauma exposure and some remain quite resilient throughout the trauma experience. We will argue that the available empirical and statistical evidence clearly shows heterogeneity in responses across time. We will outline the prototypical outcome trajectories that appear following most potentially traumatic events. This panel will address the issue of risk and resilience in a more balanced manner, and address the adaptability of our state of the art knowledge outside of Western and developed economies. We will present several unique data sets. These include work in Sub-Saharan Africa, Israel, Palestine, and in Hong Kong, as well as looking at data from studies in the U.S. and Europe.

Participant Alert: Pictures of mass casualty instances may be shown and are important to show context but may be upsetting.

Papers

Assessment Studies

International E - 6th Floor

Chair: Daniel Weiss, PhD

University of California San Francisco, San Francisco, California, USA

Personality Subtypes of Adults With Traumatic Childhood Separations From Attachment Figures

(Abstract #792)

(Clin Res, Assess Dx)

Malone, Johanna²; Westen, Drew, PhD¹

¹Emory University, Atlanta, Georgia, USA

²Michigan State University, East Lansing, Michigan, USA

Bowlby (1973) identified childhood traumatic separations from the parent as influencing developmental trajectories. Researchers studying children adopted from Romanian orphanages and the American foster care system have identified biological, psychological, and social correlates of attachment disruptions (see e.g., Dozier et al., 2005, O'Connor et al., 1999). In addition, traumatic separations are associated with a range of psychopathology including internalizing, externalizing, and dissociative symptomatology (Kobak et al., 2001; Vorria et al., 1998). Based on the previous heterogeneous findings, this study utilized a developmental psychopathology framework, and hypothesized that traumatic separations during childhood correspond to developmental pathways to distinct personality subtypes, representative of multifinality. Randomly selected psychologists and psychiatrists provided data on 203 adult patients with histories of traumatic separations. Using a q-sort measure of personality, this study: first, provided a comprehensive portrait of the personality characteristics of adults with histories of traumatic separations; second, used a statistical clustering procedure to identify five distinct personality subtypes: internalizing/avoidant, emotionally dysregulated, hostile/paranoid, psychopathic, and resilient; third, provided initial data to assess the validity of any taxonomic distinctions. The results of this study extend the current understanding of the relationship between of personality and histories of attachment disruptions, and have important clinical implications.

Symptom Severity Across the Anxiety Spectrum: Where Does Principal PTSD Fit?

(Abstract #458)
(Assess Dx, Res Meth)

McTeague, Lisa, PhD¹; Jean-Baptiste, Esther, A.A., BS¹; Lang, Peter, PhD²; Shumen, Joshua, BS²; Laplante, Marie-Claude, PhD¹

¹University of Florida, Gainesville, Florida, USA
²UF NIMH CSEA, Gainesville, Florida, USA

The goal of the current study was to characterize the broad-based symptom profile of PTSD in relation to the entire anxiety spectrum (including depression). Treatment-seeking individuals and controls (N=551) with diagnoses determined via administration of the ADIS-IV completed an extensive battery of questionnaires. The sample consisted of patients with principal diagnoses of PTSD (n=59), specific phobia (n=70), social phobia (n=80), panic disorder with (n=69) and without agoraphobia (n=37), GAD (n=42), OCD (n=38), depression (n=42), and demographically-matched non-exposed (n=50) and trauma-exposed control groups (n=50). Across symptom domains including fearfulness, anxiety sensitivity, trait anxiety, cognitive and somatic symptoms of depression, anhedonia, anger, life events, and illness intrusiveness, PTSD patients as a whole consistently endorsed the greatest symptom severity, often reliably exceeding nearly all other diagnoses. However, when PTSD patients were discriminated according to single versus multiple trauma exposure, the latter group remained at the extreme of the anxiety spectrum with GAD and depression, whereas PTSD secondary to a single trauma was associated with reliably less distress, often endorsing symptoms similar to panic and OCD, intermediate between the limited symptoms of phobias and the pronounced symptom severity of the cumulative trauma PTSD group.

The Impact of Event Scale-Revised: Status After a Dozen Years of Use

(Abstract #372)
Assess Dx, Res Meth)

Weiss, Daniel S., PhD

University of California San Francisco, San Francisco, California, USA

The Impact of Event Scale-Revised (IES-R) has been in the field for 12 years. This paper will present a summary of the extant research that has used the IES-R with attention to the contribution results from the studies have made to cross-national issues of diagnosis and nomenclature as well as the phenomenology of psychological responses to exposure to traumatic stressors. New synthetic findings will support this summary.

Modified Version of the PTSD Checklist, Specific Version (PCL-S-M) Links Symptoms to Specific Trauma

(Abstract #1038)
(Assess Dx, Res Meth)

Charvat, Mylea³; Weiss, Elizabeth, MA, MS²; Beutler, Larry, PhD¹

¹Pacific Graduate School of Psychology Redwood, California, USA
²Stanford University, Fairfield, California, USA
³WR IISC, VA Palo Alto HCS, Palo Alto, California, USA

The PTSD Checklist, Specific Version (PCL-S) has been established as a valid and reliable measure of symptoms and symptom severity tied to a specific event. However, for persons who have experienced multiple traumatic events, important clinical information may not be reported if the client focuses on only one specific traumatic exposure or mingles traumatic events and symptoms. Data were collected from 174 women in a nationwide survey via the internet, in which participants completed the Life Events Checklist (LEC) and a modified version of the PTSD Checklist-Specific (PLC-S-M) that asked participants to "write in" the event relevant to each individual symptom endorsed. Written event responses on the PLC-S-M were coded back to the 17 categories of traumatic events listed in the LEC. Traumatic events were coded for proximity (e.g., "happened to me," "witnessed it," or "learned about it"). Data will be presented on the relationship, if any, between traumatic exposure proximity and resulting PTSD symptoms. Additionally, data will be presented examining the patterns of PTSD symptomatology across the specific and multiple traumatic events endorsed. Data will be analyzed to determine the utility and effectiveness of the PCL-S-M. and the potential usefulness of the PCL-S-M in further research will be discussed.

Papers

Child Studies: I

International F – 6th Floor

Chair: Silje, Ormaugh, MA
NKVTS, Oslo, Norway

Rising Trajectory of Posttraumatic Stress Reactions Among War-Affected Children: Evidence From Rwanda

(Abstract #751)
(Civil Ref, Disaster)

Neugebauer, Richard, PhD, MPH¹; Fisher, Prudence W., PhD²; Turner, J. Blake, PhD²; Yamabe, Saori, MA³; Neria, Yuval, PhD^{1,2}; Gameroff, Marc, PhD^{2,3}; Mack, Renee, MA³

¹Division of Epidemiology, NYS Psychiatric Institute; G.H. Sergievsky Center, Faculty of Medicine, College of Physicians and Surgeons, Columbia University, New York, New York, USA
²Department of Psychiatry, Columbia University, NYS Psychiatric Institute, New York, New York, USA
³Division of Epidemiology, NYS Psychiatric Institute, New York, New York, USA

The secular trajectory of posttraumatic stress symptoms (PTSS) informs planning of post-disaster mental health programs; it may also illuminate factors associated with PTSS course. We test the common assumption that PTSS, when initially markedly

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elevated, declines monotonically thereafter, using data from the National Trauma Survey (NTS) conducted a year after the 1994 Rwandan genocide. The NTS (August-December, 1995) measured exposure to genocidal violence and *DSM-IV* Posttraumatic Stress Disorder (PTSD) symptoms among 942 Rwandan school children aged 8-19. Respondents meeting PTSD symptom criteria were classified as having "probable" PTSD. Analyses adjust for factors, other than elapsed time, e.g., degree of exposure, that contribute to symptom levels. Over 90% of respondents witnessed killings. The "probable PTSD" rate was significantly higher in children interviewed later in the study (61% in the survey's last three weeks vs. 52.7% in the first three weeks, $p < .005$). Possible artifacts, e.g., interviewers' increasing effectiveness in eliciting symptom reports, do not explain these results. These findings of rising symptom levels in the year after genocide should prompt caution among health systems providers when projecting declining need for trauma-related mental health services over time. Factors elevating these rates a year or more after massive violence warrant study.

Parent-Child Transmission of Trauma Stemming From the Khmer Rouge Genocide

(Abstract #804)
(Cul Div, Child)

Muong, Sophear, PhD; Field, Nigel, PhD

Pacific Graduate School of Psychology, Redwood City, California, USA

This study examined the psychological impact of trauma among Cambodian refugees who sought shelter in the United States from the Khmer Rouge genocide (KR) on their American born offspring. Since Cambodian refugees are known to have a high incidence of PTSD and other trauma-related disorders stemming from the KR regime - in which up to 25% of the Cambodian population died during the years 1975 to 1979 - it was expected that this would have a detrimental psychological effect on their offspring, in having grown up with traumatized parents. Specifically, this study sought to address the role of maladaptive parenting styles as a mechanism through which the effects of parents' trauma impacted negatively on their child's psychological adjustment. Thirty-two female Cambodian refugees and their child, aged 14 to 18, were interviewed separately. Measures obtained from the mother included her trauma exposure and trauma symptoms stemming from the KR regime. Measures on the child included the child's assessment of the mother's role-reversing and overprotective parenting styles as well as child symptom measures that included interpersonal problems, anxiety, and depression. As predicted, a significant positive relationship was found between the mother's PTSD symptoms and her child's interpersonal problems, anxiety, and depression. Furthermore, the mother's role-reversing parenting style was shown to mediate the relationship between her PTSD symptoms and the child's anxiety. The results are discussed in the context of the broader literature on second generation effects of trauma stemming from genocide.

Screening Children for Trauma: Is It Unethical or Is It Necessary?

(Abstract # 712)
(Clin Res, Child)

Ormhaug, Silje Morup, MA; Jensen, Tine, PhD

Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

In order to provide adequate treatment to traumatized children, it is important that the therapist know about the child's traumatic experiences. This is not always the situation as traumas are not always mentioned in the referral. Is screening for trauma experiences thus necessary, or is this unethical and harmful? In an ongoing study in Norway, the effectiveness of a trauma focused treatment (TF-CBT) is explored. As part of this study more than 500 children referred to 5 mental health clinics have been screened for potentially traumatizing experiences. Approximately 1/3 of these children had experienced at least one traumatic incident. The children were then screened for PTSD-symptoms. Many had high scores of PTS, and in around 1/4 of the cases where children present with significant symptoms of PTS, their traumatic experience was not mentioned in their referral. Some had even been in long standing therapeutic relations earlier without telling about their traumas to the therapist. The majority of children and their parents report that they did not react negatively when asked about potentially traumatizing experiences. Some of the children and parents showed signs of distress, and some reported they had found it difficult to talk about, but none reported being re-traumatized.

Trauma in HIV Infected Youth: Traumatic Events and Trauma Symptomatology

(Abstract #718)
(Child, Res Meth)

Woods, Amanda, MA¹; Robbins-Broth, Michelle, PhD²; Snead, Kara, MA²; Cohen, Lindsey, PhD²; Henderson, Sheryl L., MD, PhD¹

¹*Emory University School of Medicine, Atlanta, Georgia, USA*

²*Georgia State University, Atlanta, Georgia, USA*

³*Georgia Gwinnett College, Lawrenceville, Georgia, USA*

Although medical advances have greatly reduced the rates of Human Immunodeficiency Virus (HIV) transmission from mother to child in this country, perinatal transmission has led to a generation of now HIV+ sexually active youth, in addition to the significant numbers of youth newly infected each year. Although both perinatally and behaviorally HIV-infected youth share a similar virus, there are often different social and psychological presentations. This study seeks to examine the nature of trauma presentations in HIV-infected youth. Preliminary data from 32 HIV-infected youth by perinatal ($n=23$) and behavioral ($n=9$) means are recruited from a large metropolitan infectious disease family clinic. Introductory analyses revealed that although there were no differences between groups on the number of traumatic experiences, compared to perinatally-infected youth, behaviorally-infected youth reported more trauma symptomatology, in general, as well as greater levels of anxiety [$F(1,30) = 20.14, p \leq .001$], depression [$F(1,29) = 23.05, p \leq .001$], anger [$F(1,29) = 20.88, p \leq .001$], post traumatic stress [$F(1,29) = 16.88, p \leq .001$], and dissociation [$F(1,29) = 8.42, p \leq .007$]. Understanding the nature of trauma in this population is important and understudied. A discussion of these findings and implications will be provided.

Case Study

Dexamethasone in Clinical Treatment of Acute Exacerbation of Chronic PTSD

(Abstract #677)

Case Presentation (Clin Res, Prev El) **International H - 6th Floor**

Driscoll, Helen, MD

Northcote, Victoria, Australia

Presentation of x2 clinical cases to illustrate the use of episodic pulse doses of dexamethasone in the treatment of acute exacerbation of chronic PTSD. Since 1999, over 50 patients have been prescribed dexamethasone as an adjunct to the longitudinal multi-modality treatment of complex PTSD and major depression, in private clinical practice in a suburban community setting.

**Concurrent Session 6
Friday, November 6
9:30 a.m. – 10:45 a.m.**

Featured Speaker

Dissociative Disorders and *DSM-V*

(Abstract #1131)

Featured Speaker (Assess Dx, Clin Res) **Peachtree B/C - 8th Floor**

Spiegel, David, MD

Stanford University School of Medicine, Palo Alto, California, USA

The extensive review and planning process for the *DSM-V* will include consideration of the reintegration and rearrangement of the dissociative disorders. This abstract represents current thinking on the part of those involved in the *DSM-V* and experts on trauma and dissociation. The organization of the nosology has in the past been purely descriptive and purposely a theoretical. There is reason, however, to consider a section of the manual devoted to responses to stressful and traumatic life events. Such a section could include categories ranging from the adjustment disorders through acute and post-traumatic stress disorders and the dissociative disorders. The role of dissociative symptoms in both acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) is being re-examined. ASD is a strong predictor of PTSD, but many with the latter do not meet full criteria for the former. The need for identification and early intervention with those who are acutely symptomatic is being considered. There is discussion of combining what is now called dissociative fugue as a subtype of dissociative amnesia, since it involves loss of episodic memory and customary identity along with travel but is quite rare. Depersonalization disorder is a kind of somatosensory dissociation that occurs with a variety of comorbid psychiatric disorders and occurs in 1.5-2% of the population. There is considerable controversy about conversion disorder. Some favor following *ICD 10* and including it among the dissociative disorders, possibly with a new name such as dissociative sensorimotor disorder, noting common co-occurrence with other dissociative disorders, frequent traumatic antecedents as with pseudoepilepsy, and a common underlying dissociative mechanism. Others argue that there is equally high co-morbidity with other somatoform disorders, including preoccupation with medical symptoms and doctor shopping. They also note that early life abuse and trauma is related to many other psychiatric diagnoses, including PTSD and depression. Dissociative Identity Disorder may retain its new name and diagnostic structure, except that evidence of switching between identities or personality states may not be required, and amnesia for everyday activities, which is a common symptom among those with the disorder and otherwise rare, may be added as a diagnostic criterion. Evidence addressing these proposed changes in the nosology of dissociation will be reviewed.

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Symposium

Web-Based Interventions to Target Posttraumatic Stress Symptoms: An International Perspective

(Abstract #175)

Symposium (Prev El, Cul Div) **International C - 6th Floor**

Marsac, Meghan, PhD²; Cox, Catherine, MS¹; Mouthaan, Joanne, MSc⁵; Gomez, Karla, BA⁴; Brunet, Alain, PhD³

¹Herston, Brisbane, Queensland, Australia

²Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

³McGill University, Verdun, Quebec, Canada

⁴University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

⁵Academic Medical Center, Amsterdam, Netherlands

Because long-term distress, impairment, and costs can be substantial for individuals experiencing PTSS, effective methods of providing preventive and early intervention to affected individuals are essential. There is growing empirical support for the feasibility and efficacy of using the internet to deliver high quality self-help information and preventive interventions to patients. This symposium will describe the development of several web-based preventative and early intervention services for a broad range of trauma-exposed populations.

Development and Implementation of a Spanish Web-Based Intervention for Trauma Survivors in Mexico

(Abstract #189)

Gomez, Karla, BA; Benight, Charles, PhD; Erica, Kirkbride, BS, MS

University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

This presentation will discuss the development and implementation of a Spanish web-based intervention for trauma survivors in Mexico. My Trauma Recovery (Mi Recuperacion del Trauma) is an on-line intervention program developed from social cognitive theory to help empower individuals who have experienced a traumatic event. The web-based intervention program is funded by a NIMH study and it offers information on common reactions to trauma and how to cope with traumatic stress. It also provides individuals with information on trauma triggers, relaxation methods, social support, negative thinking patterns, and a self-assessment test that allows trauma survivors to track their progress in their recovery. My Trauma Recovery has been originally developed for English-speaking populations in the U.S. and is currently being translated to Spanish in order to help trauma survivors in Mexico. Currently, we are integrating feedback from residents in Juarez, MX. Focus groups will be held in the summer 09 to evaluate the website's cross cultural utility. The population in Juarez, MX is particularly important due to the increase in drug cartel related violence (1,800 murders) in the last year. Considerations for future web-based intervention programs in Spanish-speaking countries and limitations of using them within this population will also be discussed.

Online Prevention of PTSD: A RCT of a Web-Based Multimedia Early Intervention for Injury Patients

(Abstract #192)

Mouthaan, Joanne, MSc¹; Sijbrandij, Marit, PhD²; Olf, Miranda, PhD¹

¹Academic Medical Center, Amsterdam, Netherlands

²University of Utrecht, Utrecht, Netherlands

Studies have shown that cognitive behavioral techniques delivered in the first days and weeks after injury can prevent the development of chronic PTSD. Based on cognitive behavioural techniques, we have developed a brief interactive e-health intervention, named Trauma TIPS. Trauma TIPS is an internet-based program that contains interactive elements and visual and auditory materials. The early intervention aims to reduce acute psychological distress and long-term symptoms of PTSD in trauma victims. The following core and elective modules are included: psychoeducation, self-directed exposure exercises, cognitive restructuring and stress management. We conducted a RCT of the effectiveness of the multimedia intervention on the prevention of PTSD in 300 adult patients of two level 1 trauma centers in Amsterdam, the Netherlands. Participants were offered the intervention within the first month post-trauma. We measured acute anxiety and hyperarousal with online questionnaires immediately before and after the intervention. PTSD symptoms and other *DSM-IV* psychopathology were assessed using a clinical interview before the intervention and at 1 and 3 months post trauma. In this presentation we will discuss the results of the study.

The Development and Evaluation of Information-Provision Tools For Children and Their Parents

(Abstract #187)

Cox, Catherine, MS¹; Kenardy, Justin, PhD²

¹School of Psychology, University of Queensland, Queensland, Australia

²CONROD, School of Medicine, Herston, Queensland, Australia

This presentation will address issues arising from early intervention work with children and their parents following accidental injury that has been carried out at the Centre of National Research on Disability and Rehabilitation Medicine, Brisbane, Australia. Specifically, the discussion will follow the development and evaluation of both a brochure based and web based information provision intervention delivered to children and their parents. The results of both studies will be discussed as well as the challenges and lessons learned in developing and investigating the effectiveness of such a universal tool. Lastly, the advantages and disadvantages of moving towards an internet based intervention for children following accidental injury will be highlighted.

Initial Evaluation of a Web-Based PTSS Prevention Tool for Parents of Injured Children

(Abstract #178)

Marsac, Meghan, PhD¹; Kassam-Adams, Nancy, PhD¹; Kohser, Kristen, LMSW²; Winston, Flaura, MD¹

¹Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

²Center for Injury Research & Prevention, Philadelphia, Pennsylvania, USA

A substantial number of youth are exposed to a potentially traumatic physical injuries requiring medical attention at some time point during their childhood. Gaps in awareness of injury-related traumatic stress (and resource limitations) often result in a failure to detect and address children's psychological reactions to injury. Our team developed a web-based, interactive traumatic stress prevention tool kit for parents (www.AfterTheInjury.org) which aims to present evidence-based information and tips in a format that is maximally accessible to a broad range of families. This presentation will review early findings regarding the effectiveness of the website to increase parental knowledge about normative vs. problematic child reactions to injury and to influence parental coping assistance. We will discuss implications of these findings for implementation of the web-based program as a universal intervention for injured children and their families, and for future research.

Intimate Relationships and Understanding Responses to Trauma

(Abstract #723)

Symposium (Clin Res/Practice) International D - 6th Floor

Meis, Laura, PhD¹; Monson, Candice, PhD³; Reddy, Madhavi, MA³; Tuval-Mashiach, Rivka, PhD⁴; Sayers, Steven, PhD⁵; Erbes, Christopher, PhD¹; Dekel, Rachel, PhD⁴; Fredman, Steffany, PhD²; Polusny, Melissa, PhD¹; Compton, Jill, PhD⁶; Stevens, Susan, PsyD⁷; Schnurr, Paula, PhD⁷; Resick, Patricia, PhD^{2,9}; Adair, Kathryn, BA¹; MacDonald, Helen, PhD²

¹Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

²National Center for PTSD/VA Boston Healthcare System, Boston, Massachusetts, USA

³Northern Illinois University, DeKalb, Illinois, USA

⁴Bar Ilan University, Efrat Israel

⁵Philadelphia VAMC, Philadelphia, Pennsylvania, USA

⁶Duke University, Durham, North Carolina, USA

⁷National Center for PTSD, White River Junction, Vermont, USA

⁸Ryerson University, Toronto, Ontario, Canada

⁹Boston University, Boston, Massachusetts, USA

Couple Functioning and PTSD Symptom Clusters in National Guard Veterans of the Iraq War

(Abstract #757)

Meis, Laura, PhD¹; Erbes, Christopher, PhD¹; Polusny, Melissa, PhD¹; Compton, Jill, PhD²

¹Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

²Duke University, Durham, North Carolina, USA

Numerous studies have demonstrated links between PTSD and relationship distress. Understanding the roles of specific symptoms or symptom clusters in explaining these associations is important to informing theory and targeting interventions. The present study builds upon previous literature by investigating unique associations between a four factor model of PTSD symptoms and relationship functioning among returning National Guard veterans of Operation Iraqi Freedom (OIF). Relationship functioning and PTSD symptoms were assessed in a sample of 312 married or partnered National Guard soldiers within six months of their return from combat duty in Iraq. Preliminary analyses using structural equation modeling of self report data demonstrated the latent variable dysphoria (which incorporated aspects of emotional numbing and arousal) had the strongest independent contribution for predicting relationship distress. Age, rank, education, and marital status were unrelated to relationship functioning. Exploratory analysis of gender differences (n = 33 female; n = 289 male) suggested a different pattern of relations between PTSD factors and relationship distress among female soldiers, with trauma specific avoidance more highly related to relationship distress. Clinical and research implications will be discussed.

Cognitive-Behavioral Conjoint Therapy for PTSD: Initial Results From a Community Sample

(Abstract #764)

Monson, Candice¹; Fredman, Steffany, PhD¹; Stevens, Susan, PsyD²; Resick, Patricia, PhD^{2,3}; Adair, Kathryn, MA²; MacDonald, Helen, PhD²

¹National Center for PTSD, White River Junction, Vermont, USA

²National Center for PTSD/VA Boston Healthcare System, Boston, Massachusetts, USA

³Boston University, Boston, Massachusetts, USA

Evidence-based individual psychological treatments for PTSD are efficacious for many but are still characterized by high dropout rates and partial treatment response. PTSD has been linked intimate relationship problems, and family functioning has been associated with the efficacy of individual evidence-based PTSD treatment. This presentation provides an overview of Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD; a therapy designed to simultaneously decrease PTSD symptoms, improve relationship functioning, and enhance the well-being of significant others. In addition, results from an uncontrolled trial of the therapy with seven community couples including a partner with PTSD will be presented. Statistically significant and large effect size improvements were found in clinician ratings, self-reports, and partner reports of the identified partners' PTSD symptoms. Partners also reported statistically significant and large effect size improvements in their relationship satisfaction; PTSD-identified partners reported non-significant improvements in their relationship satisfaction. A wait-list controlled trial in

Friday: 9:30 a.m. - 10:45 a.m.

the community is underway and results available at the time of the presentation will be reviewed. Clinical considerations in incorporating intimate others in PTSD treatment will be discussed (e.g., trauma disclosure; dual traumatization; intimate aggression).

Coping With Simultaneous Dual Trauma: PTSD Resources and Well Being in Israeli Couples Following the Forced Relocation From the Gaza

(Abstract #771)

Tuval-Mashiach, Rivka, PhD, Dekel, Rachel, PhD
Bar Ilan University, Department of Psychology, Efrat, Israel

Purpose: The literature has scarcely examined the reactions of dual traumatized couples: Couples in which both partners have experienced trauma. The current study compared mental distress, loss of resources and help-seeking among couples who experienced forced relocation. Methods: 80 participants, consisting of 40 couples and matched 40 men and women who experienced forced relocation from the settlements around the Gaza Strip. Participants completed self-report questionnaires assessing PTSD, loss of resources and help seeking. Findings: Findings revealed that females reported higher levels of distress in both samples, while patterns of loss of resources and help seeking were different between the samples. Couples were more similar in the evaluations of loss of resources than the matched sample. Conclusions: The findings highlight the mutual associations between couples' reactions and add knowledge about coping of dual trauma couples. The implications for assessment and treatment in cases of simultaneous trauma will be discussed.

Experiential Avoidance and Communication Patterns in OIF Veteran Couple Functioning

(Abstract #777)

Reddy, Madhavi, MA²; Erbes, Christopher, PhD LP¹; Polusny, Melissa, PhD¹; Compton, Jill, PhD³

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²Northern Illinois Univ, DeKalb, Illinois, USA
³Duke University, Durham, North Carolina, USA

Experiential avoidance (EA) is characterized by behavioral efforts to alter the form or frequency of distressing internal events such as thoughts, memories, or feelings. It has been associated with a wide range of negative individual outcomes and theorized to be associated with maladaptive couple functioning. EA can lead to distance between partners and limited opportunities to participate in effective communication patterns. The present study explores associations between EA and communication patterns on couple satisfaction and psychological and physical aggression in a sample of 49 married or cohabitating male Operation Iraqi Freedom combat veterans. EA (Acceptance and Action Questionnaire) was significantly correlated with communication patterns, relationship satisfaction, and relationship conflict. Multiple linear regression examined the effects of EA, communication patterns, and their interaction on psychological aggression, physical aggression, and relationship satisfaction. Higher EA was associated with psychological aggression while positive communication patterns were related to relationship satisfaction. Several interaction terms trended towards significance ($p < .10$), suggesting that the relationship

between relationship patterns and relationship functioning depend upon levels of EA. Implications, limitations, and future directions are discussed.

Gender and PTSD in the DSM-V: The Role of Emotion

(Abstract #265)

Symposium (Assess Dx, Bio Med) International H - 6th Floor

Kimerling, Rachel, PhD²; Rasmusson, Ann, MD¹; Bovin, Michelle, MA²; Atkins, David, PhD¹; Kaysen, Debra, PhD⁴

¹National Center-PTSD, WHSD, Boston, Massachusetts, USA
²Palo Alto VA Health Care System, Menlo Park, California, USA
³Temple University, Brookline, Massachusetts, USA
⁴University of Washington, Seattle, Washington, USA

This symposium will present updates on the PTSD-related activities of the Gender and Anxiety Disorders Advisory Committee for DSM V. The recommendations related to PTSD include a) inclusion of gender-related information in sourcebook text; b) attention to behaviorally specific wording and other gender issues in assessing potentially traumatic events; and c) reexamination of PTSD criteria A2 and the role of peri-traumatic emotional responses. Presentations will describe the committee's process and include 2 presentations that summarize the literature critique produced by the committee and discuss how this information will be used to propose revised DSM criteria. The first presentation will focus on social and epidemiological research findings, and the second will focus on neurobiological research findings. These presentations will be followed by presentation of two new studies which further elucidate the issues identified by the committee. These presentations will focus specifically on the range of peri-traumatic emotional responses that predict PTSD over time, and on the cross-lagged longitudinal relationship of negative affect to PTSD symptoms over time. Discussion will be facilitated by the chair and panelists and will focus on implications for the revision of PTSD criteria, highlighting gender issues related to PTSD in both men and women.

Event-Level Associations Between PTSD and Mood in Emerging Adults

(Abstract #298)

Kaysen, Debra, PhD; Atkins, David, PhD; Rees, Michiko, BS; Lee, Christine, PhD

University of Washington, Seattle, Washington, USA

Although PTSD is categorized as an anxiety disorder in the DSM, it shows high levels of comorbidity and is associated with elevated depression, anger, and suicidality. Several explanations for this strong comorbidity have been proposed: (a) depression is a reaction to PTSD; (b) comorbidity reflects symptom overlap; or (c) PTSD and depression represent separate responses to trauma exposure. However, few studies have applied intensive longitudinal assessment to examine how PTSD and affect are associated on a daily basis. The present study examines the impact of PTSD symptoms on subsequent negative affect. Female college undergraduates with history of sexual victimization were assessed twice daily for 30 days (N = 38, with ongoing data collection), using PTSD Symptom Checklist and the PANAS. Lagged HLM analyses showed that days with higher PTSD symptoms were associated with higher negative affect later in the day. In addition, higher PTSD symptoms were associated

with greater within subject variability in negative affect. Results highlight the importance of longitudinal methodologies in elucidating the relationship between PTSD and mood. Findings suggest that PTSD may be associated with broader affective changes than just anxiety. Implications for categorizing PTSD as an anxiety disorder and implications for treatment will be discussed.

Gender Differences in Neurobiology With Relevance to DSM-V PTSD A2 Criteria and Overall PTSD Risk

(Abstract #536)

Rasmusson, Ann, MD³; Pineles, Suzanne, PhD³; Esses, Justin, MD¹; Nuzhat, Syeda, MD²; Veguilla, Erica, MD, MPH¹

¹Boston VA Healthcare Syst, Boston, Massachusetts, USA

²VA Boston Healthcare, Jamaica Plain, Massachusetts, USA

³National Center-PTSD, WHSD, Boston, Massachusetts, USA

Stress-induced changes in a number of neurobiological factors are associated with acute changes in mood state, brain function, and behavior. Many of these neurobiological factors are influenced by gender; in women, they are also influenced by menstrual cycle phase and reproductive status. Relevant neurobiological factors include: adrenal steroids such as dehydroepiandrosterone (DHEA) and its sulfated derivative, DHEAS, as well as cortisol; other neuroactive steroids such as allopregnanolone, which potently and positively modulates brain gamma amino butyric acid (GABA) receptor function; peptides such as neuropeptide Y; and classic neurotransmitters such as serotonin, norepinephrine, and GABA. Additionally, gonadal hormones such as estrogen, progesterone, and testosterone influence the neurophysiology of the other stress hormone systems and are, themselves, influenced by stress. This presentation will discuss the means by which such sex-related neurobiological factors may influence peritraumatic stress reactions, as well as the conditional risk for development and maintenance of chronic PTSD, which to date appears to be greater in women.

Overview of Gender and PTSD Diagnostic Criteria

(Abstract #306)

Kimerling, Rachel, PhD¹; Rasmusson, Ann, MD²

¹Palo Alto VA Health Care System, Menlo Park, California, USA

²National Center-PTSD, WHSD, Boston, Massachusetts, USA

Since the DSM-IVTR there has been accumulating evidence for gender disparities in the prevalence and course of PTSD. The DSM-V may be the first edition to include such information. This presentation will present results of the literature critique of gender and PTSD for the Gender and Anxiety Disorders Advisory Committee for DSM-V, focusing on social and epidemiological findings. Criteria for the review were: empirical evidence that the current diagnostic criteria are less applicable to women or men; evidence that a specifier is required; and gaps in the literature required to address these topics. To date, research suggests that men and women differ in the type and extent of trauma exposure, but methodological issues in the measurement and classification of potentially traumatic events may complicate interpretation of these results. Women also demonstrate an elevated risk for PTSD, and conditional risk following exposure. These gender differences are less consistent when PTSD criteria A2 (peri-

traumatic emotional reaction) is accounted for, and the specific focus on fear responses may limit the extent to which PTSD is diagnosed among men. As a result, reexamination of trauma exposure criteria is recommended.

Broadening A2: Using Peritraumatic Emotions to Predict PTSD

(Abstract #725)

Bovin, Michelle J., MA¹; Marx, Brian P.², PhD; Resick, Patricia A., PhD^{2,3}

¹Temple University, Brookline Massachusetts USA

²National Center for PTSD, Boston, Massachusetts, USA

³Boston University, Boston Massachusetts, USA

Since its inclusion in DSM-IV, PTSD Criterion A2 has been surrounded by considerable controversy. Some researchers believe that A2 should be removed from the PTSD diagnosis because A2 does not demonstrate strong positive predictive validity (Schnurr et al., 2002). Others believe that A2 should be expanded beyond fear, helplessness and horror to include other peritraumatic emotions because research has suggested that additional peritraumatic emotions are predictive of PTSD (Brewin et al., 2000). To determine how to broaden A2, research is needed to establish which peritraumatic emotions are most predictive of PTSD and whether peritraumatic emotions dictate both the symptoms manifested and the extent to which they are experienced. The current study examines the degree to which expanding A2 increases its ability to positively predict PTSD diagnosis and symptom severity. Self-reported peritraumatic emotions of 206 assault victims collected 2-4 weeks following trauma exposure were subjected to an exploratory factor analysis. Results revealed a 4-factor solution. After confirmation of this solution with a confirmatory factor analysis, the factors will be used to predict PTSD diagnosis and symptom severity three months after trauma exposure. Further, we will examine whether different peritraumatic emotions differentially predict PTSD symptom cluster status. Implications will be discussed.

Panel Discussion

What's New With Psychological First Aid?

(Abstract #356)

Panel Discussion (Disaster, Prev El) International E - 6th Floor

Brymer, Melissa, PhD, PsyD⁴; Allen, Brian, PhD³; Reyes, Gilbert, PhD²; Macy, Robert, PhD¹

¹CDR, Beverly Farms, Massachusetts, USA

²Fielding Graduate University, Santa Barbara, California, USA

³Sam Houston State University, Huntsville, Texas, USA

⁴UCLA, Torrance, California, USA

Psychological First Aid (PFA) has become the standard of practice in the immediate aftermath of mass casualty events, with recommendations issuing from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and the National Biodefense Science Board. Variations of PFA have been promoted for several decades, but the principles and practices of PFA were not fully specified or operationalized until 2005, when the National Center for Child Traumatic Stress (NCTSN) and the National Center for PTSD published a comprehensive PFA Field Operations Guide. This panel will describe recent developments

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in regard to PFA, including adaptations developed for different stakeholders, efforts to enhance training, dissemination, and implementation, and progress toward evaluating the effectiveness of these efforts. To improve training effectiveness, NCTSN has developed a PFA Learning Community using a quality improvement methodology to address current barriers and enhance practice in the field. Panelists will review training initiative findings and highlight the new PFA on-line community, including a new e-learning course. Finally, recommendations will be provided on how participants can evaluate acute post-disaster interventions, improve PFA delivery, and develop standards across programs.

Papers

Diagnostic Criteria and Nosology

International F - 6th Floor

Chair: **Geert Smid, MD**

Centrum 45, Oegstgeest, Netherlands

Developmental Trauma in Chinese Children Exposed to Repeated Familial Physical or Sexual Abuse

(Abstract # 847)
(Child, Cul Div)

Ma, Ellen, MSocSc

Social Welfare Department, Hong Kong, China

The present study aims to explore the application of a conceptual and diagnostic framework Developmental Trauma, proposed by van der Kolk (2005) for victims impacted by repeated interpersonal trauma, in a group of Chinese children suffered from repeated familial physical and/or sexual abuse. Abused children were identified both from clinical and school settings and were compared with two comparison groups of children experienced with non-abuse trauma or no trauma on the proposed diagnostic dimensions: emotion dysregulation, behavioral disturbance, altered perception and attribution in self, altered perception in interpersonal relationships, and belief in future victimization. Children's attachment, post-traumatic stress (PTS) reactions, and self-esteem were also measured in examining their relationships with the variables. Results of multivariate analysis shows that abused children had: a) a lower level of attachment security and higher levels of avoidant and disorganized-indecision attachment coping; b) higher levels of emotional dysregulation and behavior problems; c) more negative attribution in self, negative perception in interpersonal relationships, and belief in future victimization; and d) poorer self-esteem than the two comparison groups, while these two groups shows no difference among these measures. Differences in behavior problems and self-esteem, except PTS reactions, between the abuse and non-abuse trauma groups disappeared when attachment security and emotion dysregulation were controlled. Differentiation of the concept of developmental trauma from typical PTS reactions in child victims of abuse is supported. The roles of attachment security, emotion dysregulation, and altered perceptions/attributions in child abuse trauma and their applications across culture would be discussed.

An Examination of the Criterion A: What Makes an Event Traumatic?

(Abstract #731)
(Assess Dx, Res Meth)

Boals, Adriel, PhD; Hathaway, Lisa, BA; Schuettler, Darnell, MA

University of North Texas, Denton, Texas, USA

In three separate studies, we examined the role of the *DSM-IV* Criterion A in predicting PTSD symptoms. In Study 1, we found that when predicting PTSD symptoms, A1 criterion had no effect when the A2 criterion was included in the model. This result questions whether an event has to be life-threatening to elicit PTSD symptoms. In Study 2, we found that although having a fear response to a stressful event was associated with elevated levels of PTSD symptoms, participants who experienced anger, disgust, and sadness reported PTSD symptoms of equivalent severity. In Study 3, we attempted to predict health outcomes by entering A1 and A2 criteria, the PCL (B, C, and D symptoms), and F criterion simultaneously. The A2 criterion and PCL were significant contributors when predicting widely used measures of stress, anxiety, depression, perceived stress, satisfaction with life, general mental health, and physical health symptoms. A1, F criterion, and all interactions were non-significant. A1 and F criteria were also non-significant when predicting posttraumatic growth. These results suggest that the life-threatening nature of the event does not matter, but an individual's emotional response to an event does. The results are discussed in terms of recommended revisions to the *DSM-V* Criterion A.

Effect of Traumatic Bereavement on Trauma-Exposed Survivors

(Abstract #934)

Kerstin Bergh, Johannesson, PsyD¹; Dyster-Aas, Johan, MD, PhD¹; Arnberg, Filip, PsyD¹; Michel, Per-Olof, MD, PhD¹; Lundin, Tom, PhD, MD¹; Hultman, Christina, PhD²

*¹Department of Neuroscience, Psychiatry, Uppsala University, Sweden
²Karolinska Institutet, Stockholm Sweden*

Mental health outcome was assessed in 159 bereaved relatives, 340 bereaved friends and in 3,020 non-bereaved Swedish survivors 14 months after the 2004 tsunami. Of the bereaved relatives, 45% reported posttraumatic stress reactions and 68% reported impaired general mental health. Having been caught or chased by the tsunami in combination with bereavement was associated with increased posttraumatic stress reactions. Complicated grief reactions among relatives were approximately as frequent as posttraumatic stress reactions. Highest levels of psychological distress were found among those who had lost children. Traumatic bereavement, in combination with exposure to life danger as a risk factor for mental health sequelae will be discussed.

Delayed Posttraumatic Stress Disorder: Systematic Review, Meta-Analysis, and Metaregression

(Abstract #476)

Smid, Geert, MD¹; Mooren, Trudy, PhD¹; Van der Mast, Roos, MD, PhD²; Gersens, Berthold, P.R, MD, PhD³; Kleber, Rolf, PhD⁴

¹Centrum 45, Oegstgeest, Netherlands

²Leiden University Medical Center, Leiden, Netherlands

³University of Amsterdam, Amsterdam, Netherlands

⁴Utrecht University, Utrecht, Netherlands

Prevalence estimates of delayed PTSD have varied widely in the literature. This study is the first to establish the prevalence of delayed PTSD in prospective studies and to evaluate associated factors through meta-analytic techniques. Studies were located by an electronic search using databases Embase, Medline, and PsycINFO. Search terms were posttraumatic stress disorder, delayed, prospective, longitudinal and follow-up. Results were limited to journal articles, published between 1980 and 4 April 2008. We included longitudinal, prospective studies following potentially traumatic event exposure assessing participants at one to six months post event and with a follow-up of at least twelve months post event, specifying rates of new onset and remission between assessments in study completers. Data were extracted concerning the study design, demographic features, and event-related characteristics, the number of PTSD cases at first assessment, the number of PTSD cases among study dropouts, and the number of new event-related PTSD cases at each subsequent assessment among study completers. Data of 24 studies were included. Four of these provided additional data on initial subthreshold PTSD and subsequent risk of delayed PTSD. The proportion of PTSD cases with delayed PTSD was 24.8% [95% CI: 22.6–27.2] after adjusting for differences in study methodology, demographic features, and event-related characteristics. Military combat exposure, Western cultural background, and lower cumulative PTSD incidence were associated with delayed PTSD. Participants with initial subthreshold PTSD were at increased risk of developing delayed PTSD. In conclusion, delayed PTSD was found among about a quarter of PTSD cases and represents exacerbations of prior symptoms.

Papers

PTSD Factor Structure

Augusta I - 7th Floor

Chair: Cherie Armour, BSc

University of Ulster, Coleraine, United Kingdom

Testing Alternative Models of PTSD and the Robustness of the Dysphoria Symptom Factor

(Abstract # 276)

(Assess Dx, Res Meth)

Armour, Cherie, BSc¹, Elklit, Ask, PhD², Shevlin, Mark, PhD³

¹University of Ulster, Coleraine, United Kingdom

²University of Aarhus, Institute of Psychology, Aarhus, Denmark

³University of Ulster, Derry, United Kingdom

The factor structure of Posttraumatic Stress disorder (PTSD) currently employed by the *DSM-IV* has very limited support. A four factor structure is however, widely supported. The dysphoria factor within this model is said to be less specific to PTSD and often produces high correlations with depression. The present study investigated the factor structure of PTSD and the robustness of the dysphoria factor within the dysphoria model. The sample consisted of 973 trauma victims. Five hundred participants received a diagnosis of PTSD / sub-clinical PTSD based on the Harvard Trauma Questionnaire (HTQ) or the Trauma Symptom Checklist (TSC-33). Each respondent received a score on the TSC depression sub-scale. Confirmatory Factor analysis was employed to assess factor models and regression was employed to statistically control for depression in the PTSD indicators. The dysphoria model provided superior fit to the data. The average attenuation in factor loadings was highest for dysphoria (M=-.26, SD=.11). The validity of the dysphoria factor is questioned given that the dysphoria symptoms appear to be highly associated with depression.

Diagnostic Alterations for PTSD: Results From Two Nationally Representative Samples

(Abstract #204)

(Assess Dx, Res Meth)

Elhai, Jon, PhD¹; Ford, Julian, PhD²; Ruggiero, Kenneth, PhD³; Frueh, Christopher, PhD⁴

¹University of Toledo, Toledo, Ohio, USA

²University of Connecticut Health Center, Farmington, Connecticut, USA

³Medical University of South Carolina, Charleston, South Carolina, USA

⁴University of Hawaii, Hilo, Hawaii, USA

Two alternative models of posttraumatic stress disorder (PTSD) appear to represent the disorder's latent structure better than the traditional *DSM-IV* three-factor PTSD model. The present study examines the impact of using these structural models for the diagnosis of lifetime posttraumatic stress disorder (PTSD) while retaining the *DSM-IV* PTSD's six-symptom diagnostic requirement. Data were gathered from large-scale, epidemiological datasets collected with adults (National Comorbidity Survey Replication) and adolescents (National Survey of Adolescents). Two alternative, empirically-supported four-factor models of PTSD were compared with the *DSM-IV*

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three-factor PTSD diagnostic model. Results indicated that the diagnostic alterations resulted in substantially improved structural validity, downward adjustments of PTSD's lifetime prevalence (roughly 1 percentage point decreases in adults, 1-2.5 percentage point decreases in adolescents), and equivalent psychiatric comorbidity and sociodemographic associations. Implications for modifying PTSD diagnostic criteria in future editions of *DSM* are discussed.

Longitudinal Consistency and Factor Structure of the PTSD Symptom Scale Among Women

(Abstract #65)
(Assess Dx, Res Meth)

Mackintosh, Margaret-Anne, MA¹; Gatz, Margaret, PhD¹; McArdle, Jack, PhD¹; Hennigan, Karen, PhD¹; Rose, Tara, PhD²

¹University of Southern California, Los Angeles, California, USA
²School of Social Work, University of Southern California, Los Angeles, California, USA

With the increasing use of longitudinal research designs, establishing that a measure assesses constructs consistently across time, as well as performing well at each individual time period, has become increasingly important. We examined the longitudinal consistency and factor structure of the PTSD Symptom Scale – Self Report in a diverse sample of women with co-occurring substance abuse and mental health disorders and histories of interpersonal trauma. Data were from the Los Angeles site of the Women, Comorbid Disorders and Violence Study. Symptom reports from 370 women enrolled in residential treatment were collected at baseline and every three months for one year. Results indicated that five of the 17 items behaved inconsistently across time and needed to be dropped to maintain reliability and validity. Eight factor structures were tested. The best-fitting factor structure that could be modeled across time included two factors: 1) Re-experiencing/Arousal and 2) Numbing/Avoidance. The modified scale allows for clearer interpretations of changes across time, and establishes its psychometric properties in a new population. Findings also suggest that additional items measuring key constructs, such as avoidance, need to be developed.

Papers

Couples and Family Studies

Vinings I & II - 6th Floor

Chair: Keith Renshaw, PhD
George Mason University, Fairfax, Virginia, USA

Perceptions of Distress, Marital Satisfaction and Understanding in Spouses of Vietnam Veterans

(Abstract #487)
(Mil Emer, Res Meth)

Caska, Catherine, MS¹; Renshaw, Keith, PhD²

¹University of Utah, Salt Lake City, Utah, USA
²George Mason University, Fairfax, Virginia, USA

Spouses of combat veterans with posttraumatic stress disorder (PTSD) are at elevated risk for psychological distress (Evans et al., 2003), but little research has focused on aspects of the marital relationship associated with this risk. Recent research suggests that disagreement between spouses' perceptions (SP) and veterans' self-report (VSR) of veterans' functioning may play a role (Renshaw et al., 2008), but little has been done to extend these findings. This study examined spouses' psychological distress, marital satisfaction, and self-reported understanding of veterans' feelings, as well as levels of agreement between SP and VSR of PTSD symptom severity, in 465 veterans and their spouses from the National Vietnam Veterans' Readjustment Study. Greater perceived understanding of veterans' overall feelings and feelings specific to Vietnam were related to lower levels of spousal psychological and marital distress ($ps < .01$), but tests of moderation ($p = .01$) revealed less agreement between SP and VSR of veterans' symptoms at higher levels of general understanding (understanding of feelings specific to Vietnam was not a significant moderator of agreement). Spouses who report greater understanding of their partners appear to have less overall distress but also less accurate perceptions of the veterans' symptoms, suggesting they may overestimate their level of understanding.

Spouses' Perceptions and Veteran Self-Report of Anger and PTSD: Influence on Marital Satisfaction

(Abstract #1001)
(Mil Emer, Disaster)

Rodrigues, Camila, MS²; Renshaw, Keith, PhD¹

¹Department of Psychology, University of Utah, Salt Lake City, Utah, USA
²George Mason University, Fairfax, Virginia, USA

Spouses of combat veterans with PTSD have increased marital distress, and recent research has implicated PTSD-related anger as a potential factor in such distress (Galovski & Lyons, 2004). However, most studies have relied on veterans' self-report (VSR) of PTSD and anger. The current study explored whether anger mediated the relation between PTSD and spouses' marital distress using both VSR and spouses' perceptions (SP) of veterans' anger and PTSD. The sample consisted of 194 female spouses and 194 male veterans deployed to the Middle East during the OEF/OIF era. Anger, PTSD, and marital distress (as measured both by VSR and by SP) were all significantly related to each other ($ps < .05$). VSR of anger only marginally

and partially mediated the relation of VSR of PTSD with spouses' marital distress ($t[187] = -1.94, p < .10$), whereas SP of anger fully and significantly mediated the association between SP of PTSD and spouses' marital distress ($t[191] = -4.97, p < .001$). These results suggest that PTSD-related anger is particularly related to spouses' marital distress; moreover, SP of veterans' anger may be a more valuable source of information when evaluating spouses' own marital satisfaction. This latter finding is in line with research that indicates individuals' own reports of aggression and anger may be substantially different than reports of those around them.

Composition of Psychological Distress in Spouses of Combat Veterans With PTSD Symptoms

(Abstract #931)

(Mil Emer, Soc Ethic)

Renshaw, Keith, PhD

George Mason University, Fairfax, Virginia, USA

Spouses of combat veterans with PTSD have elevated psychological distress, referred to by a range of descriptors from caregiver burnout to secondary traumatic stress. However, most studies assess only general distress, with almost no data on the types and patterns of symptoms experienced. This study assessed symptoms of PTSD, depression, and general anxiety in 55 wives of OEF/OIF veterans with possible PTSD (i.e., PTSD Checklist [PCL] ≥ 35). [Note: All scores were higher than those of 57 wives of veterans without likely PTSD (PCL < 25).] Although all symptom measures were significantly correlated ($ps < .01$), principal components analysis with varimax rotation revealed two primary factors, one with PTSD and general anxiety items, and a second with mostly depression items and 3 PTSD avoidance items. A three-factor solution was explored, but several items cross-loaded onto multiple factors. Finally, frequency of endorsement of PTSD items was highest for nonspecific criteria (e.g., difficulty sleeping), although a small subset of wives did endorse PTSD-specific items (e.g., symptoms of intrusion). Results suggest that spouses of veterans with PTSD experience diffuse depression and anxiety, with high scores on PTSD measures likely reflecting these symptoms, and a fairly small subset of spouses experiencing true PTSD-like symptoms.

Predicting the Potential for Child Abuse Perpetration Among Victims of Domestic Violence

(Abstract #971)

(Practice, Soc Ethic)

Jacobs, Ingrid, PhD; Petretic, Patricia, PhD; Beike, Denise, PhD; Cavell, Timothy, PhD

University of Arkansas, Fayetteville, Arkansas, USA

In order to understand the impact of domestic violence on the potential for maternal child abuse, this study evaluated the importance of several variables associated with an ecological model. The sample consisted of 149 women who were recruited from the general community. Results support an ecological framework for understanding the relation between domestic violence and potential for child abuse. More specifically, the combination of ontogenic (trauma symptoms, maternal history of child abuse, maternal history of domestic violence), microsystem (current domestic violence), and exosystem (social support,

abusive relationship status) variables accounted for a significant amount of variance in potential for child abuse with either an abuse or combined abuse/non-abuse community sample. Also, maternal child abuse, trauma symptoms, and lack of social support uniquely predicted potential for child abuse. In contrast with existing research, trauma symptoms did not mediate the relation between physical abuse in the past year and potential for child abuse. Further, there was no significant difference in potential for child abuse among women who were currently in or currently out of an abusive relationship. Implications of this research to prevention, treatment, and policy are discussed.

Workshop

Psychodynamic Trauma Research: New Evidence and Directions for Clinically Relevant Research

(Abstract #132)

Workshop (Clin Res, Res Meth) International G - 6th Floor

Wittmann, Lutz, PhD¹; Ørner, Roderick, PhD²; Halpern, Janice, MD³; Krupnick, Janice, PhD⁴; Gardner, Sharon²; Buechi, Stefan, PD, MD⁴; Maunder, Robert, MD⁵; Schwartz, Brian, MD⁸; Gurevich, Maria, PhD⁶; Blank, Arthur, MD⁷

¹*University Hospital, Zurich, Switzerland*

²*Somerby Clinic, Lincoln, United Kingdom*

³*University of Toronto, Ontario, USA*

⁴*Georgetown University Medical Center, Washington, District of Columbia, USA*

⁵*Mount Sinai Hospital Toronto, Ontario, Canada*

⁶*Ryerson University, Toronto, Ontario, Canada*

⁷*Washington (DC) Center for Psychoanalysis, George Washington University*

⁸*Sunnybrook-Oster Center for Pre-Hospital Care, Etobicoke, Canada*

This first research workshop of the ISTSS Special Interest Group "Psychodynamic Research and Treatment" will seek to promote exchanges between psychodynamically oriented scientists and clinicians to establish a consensus about the current status of research based evidence. Priorities for future research, different methodological approaches, and the scope for strengthening links between research and clinical practice will be explored. Three recent psychodynamic research projects combining qualitative and quantitative approaches provide an introduction for a broader discussion of the current status of the psychodynamic research field. The first study traces changes in posttraumatic dreams as survivors progress through phases of psychodynamic trauma focused therapy from start to follow-up. The second presentation outlines how attachment theory furthers our understanding of the needs of emergency care providers under conditions of critical incident stress. Based on results from the third study, methodological possibilities of advancing from statistical means to meaningful clinical constructs will be applied onto the construct of posttraumatic growth. Finally, the empirical evidence about effectiveness of psychodynamic trauma treatment will be summarized. Options for the initiation of relevant research projects will be developed in interaction with the workshop participants.

Concurrent Session 7
Friday, November 6
11:00 a.m. – 12:15 p.m.

Symposium

**Recent Advances in PTSD Neuroimaging:
An Update of Current Work**

[Abstract #376]

Symposium (Bio Med, Res Meth) Peachtree B/C - 8th Floor

Lanius, Ruth, MD, PhD²; McFarlane, Alexander, MBABS(Hons) MD, FRANZCP³; Vermetten, Eric MD, PhD⁵; Bremner, J. Douglas, MD¹; Brewin, Chris, PhD⁴

¹Emory University School of Medicine, Atlanta, Georgia, USA

²University Hospital, London, Ontario, Canada

³University of Adelaide, Adelaide, Australia

⁴University College, London, United Kingdom

⁵Central Military Hospital, Utrecht, Netherlands

The field of neuroimaging in PTSD is continuously taking rapid advantage of the opportunities that are provided by technology and improvements in research designs. These range from sMRI to fMRI and PET and range from understanding of dissociative processing, pain perception, retrieval issues, structural imaging to source localisation work. In this symposium a review and update is provided of several of these studies, e.g. multimodal imaging combining data from ERP and fMRI, voxel based morphometry, and default network abnormalities in PTSD

**Comparison of PTSD and Depression Using
Voxel-Based Morphometry**

[Abstract # 431]

Brewin, Chris, PhD¹; Kroes, Marijn, CW² MSc; Whalley, Mathew, PhD³

¹University College, London, United Kingdom

²Donders Institute, Nijmegen, Netherlands

³Royal Holloway University, Egham, United Kingdom

Studies of PTSD have consistently identified structural changes in brain volume, for example gray matter reduction in the hippocampus, anterior cingulate cortex, and insula. PTSD, however, is commonly comorbid with depression, which is similarly associated with reduced volume of the hippocampus and anterior cingulate, as well as of other prefrontal and striatal areas. The present study used voxel-based morphometry employing the recently developed Dartel toolbox to investigate whether these two conditions are volumetrically similar across the whole brain, or whether there is evidence for structural differences that are quantitatively or qualitatively distinct. Structural analyses were conducted on matched groups of 28 PTSD patients, 31 depressed patients, and 31 healthy controls exposed to trauma. Analyses to be reported will include group comparisons as well as the relation of brain density to variation in continuous measures of anxiety and depression and in individual PTSD symptoms.

**Multimodal Imaging of Working Memory in
PTSD: Combining Data From ERP and FMRI**

(Abstract #566)

McFarlane, Alexander, MBBS(Hons)MDFRANZCP¹; Clark, Richard, PhD²; Moores, Kathryn, BA (Hons) PhD²

¹University of Adelaide, Adelaide, Australia

²Flinders University, Bedford Park, South Australia, Australia

Our group has had a long-standing interest in the abnormalities of recruitment of working memory updating the networks in the processing of trauma neutral information. This work has identified significant problems with target detection tasks as well as working memory updating. The temporal dynamics of this process have been highlighted using event related potentials and this has been shown to be an acquired abnormality in a cohort of Vietnam Era twin pairs. The neural networks involved have been identified using PET and FMRI, highlighting how the PTSD group failed to show differential activation during working memory updating and instead appeared to show abnormal recruitment of working memory updating regions during working memory maintenance tasks. The critical regions identified included the bilateral dorsal lateral prefrontal cortex and the inferior parietal lobe. In this presentation the relationship between the P300 abnormalities in posttraumatic stress disorder and the activations of these regions, providing insights into both the temporal dynamics of this abnormality as well as the regions underpinning PTSD patients' difficulty in engaging with their day-to-day environment.

**“Default Network” Abnormalities in PTSD:
A fMRI Investigation**

(Abstract #778)

Lanius, Ruth, MD, PhD¹; Bluhm, Robyn, PhD²; Williamson, Peter, MD, DPsy, FRCP(C)³; Osuch, Elizabeth, MD³; Stevens, Todd, PhD⁴; McFarlane, Alexander, MBBS (Hons), MD, FRANZCP⁷; Moores, Kathryn, BA (Hons), PhD⁵; Clark, Richard, PhD⁵; Shaw, Marnie, PhD⁶

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⁷University of Adelaide, Adelaide, Australia

Recent neuroimaging work in healthy controls has shown the existence of a “default network” of correlated brain regions active during rest. These regions include the posterior cingulate, anterior cingulate and medial prefrontal cortex, and lateral parietal areas. This study investigated (1) whether there are abnormalities in the default network in chronic PTSD related to early life trauma; (2) whether default network connectivity could predict PTSD symptomatology in an acutely traumatized sample; and (3) the pattern of default network connectivity during rest versus a working memory task in PTSD. In healthy controls, activity in the posterior cingulate seed region was found to positively correlate with other regions of the default network. This correlation was reduced or absent in the chronic PTSD group. Altered connectivity between the posterior cingulate and brain regions associated with the task positive network were observed in chronic PTSD during a working memory task. Results in the acutely traumatized sample suggest that resting state connectivity of the PCC with the right amygdala predicts future

PTSD symptoms. These results suggest that the integrity of the default network is compromised in PTSD and that the extent of the deficit reflects clinical measures of PTSD.

Comparison of PTSD and mTBI Neuroimaging Studies

(Abstract #860)

Vermetten, Eric, MD, PhD; Linn, Ciska, MD, PhD
Central Military Hospital, Utrecht, Netherlands

The key factor in a case of mTBI include an injury event – such as a blow to the head – which causes an alteration of consciousness. Such alteration can be losing consciousness, seeing stars or simply being temporarily disoriented. Later symptoms range from somatic (headache, dizziness, fatigue, for physical and mental, visual sensitivity to noise and light) cognitive (decreased concentration, memory problems) and neuropsychiatric (anxiety, depression, irritability, mood swings, sleep disturbances). While for TBI many studies have been conducted, the neuroimaging literature for mTBI is much more scarce. In this literature diffuse tensor imaging (DTI) appears as more sensitive than conventional imaging methods in detecting subtle, but clinically meaningful, changes following MTBI. MTBI primarily shows diffuse activation in frontal regions. MTBI lack of activation in the cerebellum suggests the dysfunction of working memory. PTSD and mTBI have overlaps in phenomenology, and maybe also in atophysiology. It is unclear how this relates to neuroimaging studies. Exploration of the effects of stress on various brain structures and white matter could be a promising strategy to better understand the pathophysiology of both disorders. This presentation provides a comparison of neuroimaging with various approaches such as DTI in PTSD and mTBI based on current studies.

Translational Research Meets Implementation Science: The VA MIRECC on Deployment Mental Health

(Abstract #501)

Symposium (Mil Emer, Clin Res) Peachtree D/E - 8th Floor

Fairbank, John, PhD¹; Straits-Troster, Kristy, PhD, ABPP^{2,3};
Schlenger, William, PhD³; Kudler, Harold, MD²

¹*Abt Associates, Inc., Durham, North Carolina, USA*
²*Duke University Medical Center, Durham, North Carolina, USA*
³*Durham VA Medical Center, Durham, North Carolina, USA*

The VISN 6 MIRECC is one of ten Department of Veterans Affairs (VA) Mental Illness Research, Education and Clinical Centers. Each is built around a specific theme: our focus is deployment mental health. The needs of new combat veterans and their families require a broad translational approach and the disciplined application of implementation science. This symposium provides a window on three interlocking MIRECC projects: (1) Data from the VA Environmental Epidemiology Service on 45,152 female and 325,971 male veterans of the wars in Afghanistan (Operation Enduring Freedom or OEF) and Iraq (Operation Iraqi Freedom or OIF) who have already sought VA healthcare will be analyzed for any gender-specific differences in their mental health findings; (2) A new multi-family group clinical intervention study for OEF/OIF survivors of traumatic brain injury and their families is underway to assess the feasibility and efficacy of this approach to improve coping and quality of life

among TBI-affected veterans and families; and (3) An overview of the MIRECC Deployment Mental Health Registry which has been designed to incorporate a broad array of psychometric, neuroimaging and genetic data including state of the art assessment of mental disorders, traumatic brain injury, and resilience. Each of these components offers an opportunity to test hypotheses generated in the other MIRECC components.

Gender-Specific Mental Health Findings Among OEF/OIF Veterans Seeking VA Care

(Abstract #512)

Kudler, Harold, MD
Durham VA Medical Ctr, Durham, North Carolina, USA

Twelve percent of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans are women. Enhanced knowledge about gender-specific differences in the mental health of OEF/OIF veterans has direct and significant implications for the United States Department of Veterans Affairs (VA). As the proportion of women serving in the military increases so does VA's female population. Over 45,000 OEF/OIF women veterans have already presented to VA for healthcare. Data from the Department of Veterans Affairs Environmental Epidemiology Service will be analyzed to test for gender-specific rates of PTSD, Major Depression, Substance Use Disorders and other mental health problems historically related to service in a combat area of operations. Male/female differences in age, rank, level of training, and types and duration of stress exposure will be factors of prime interest in the analysis. To the extent that women are at different levels of risk, new outreach, engagement, assessment and treatment strategies may be necessary in VA. Rational planning for the 21st veteran population must include study of its rapidly growing female component.

Adaptation of Multi-Family Group Treatment for Veterans With TBI and Their Families

(Abstract #586)

Straits-Troster, Kristy, PhD¹; Perlick, Debbie, PhD²; Kline, Anna, PhD²; Strauss, Jennifer, PhD¹; Norell, Diane, MSW, OTR/L, CPRP³

¹*Durham VA Medical Center, Durham, North Carolina, USA*
²*Veterans Administration, Lyons, New Jersey, USA*
³*Washington Institute for Mental Health Research and Training, Washington State University-Spokane, Spokane Washington, USA*

Over 320,000 recent combat veterans are estimated to have traumatic brain injury (TBI), and more than half of these also report symptoms of depression or posttraumatic stress disorder (RAND, 2008). The long-term effects of TBI are still poorly understood, but family life and social reintegration are known to be impacted. The Multi-Family Group (MFG) treatment model has been shown to be effective for families dealing with schizophrenia and more recently, civilian TBI. A new multi-site study underway in Durham, NC, Orange, NJ and the Bronx, NY (coordinating site) has adapted the MFG model to provide TBI education, enhance problem-solving skills and reduce distress and social isolation among veterans injured during military deployment and their family members. Following 2-3 meetings with a clinician, enrolled veterans and a family member will participate in a psychoeducational workshop with several other families. Structured biweekly support group meetings are provided for

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9 months. Assessments at baseline, 3-month intervals and 3-6 months post treatment will be conducted and help determine the feasibility and preliminary efficacy of MFG for veterans with TBI and their families.

Translational Research Meets Implementation Science: The VA MIRECC on Deployment Mental Health

(Abstract #589)

Schlenger, William, PhD³; Fairbank, John, PhD¹; Green, Kimberly, MSHS²

¹Duke University Medical Ctr, Durham, North Carolina, USA

²Dept of Veterans Affairs, Durham, North Carolina, USA

³Abt Associates, Inc., Durham, North Carolina, USA

Implementing a Registry of OEF/OIF Veterans The Mid-Atlantic MIRECC has created and implemented a registry of military veterans who have served in the conflicts in Iraq and Afghanistan. In this presentation we will begin by describing the aims of the registry and an overview of the characteristics of participants, who now number more than 1,000. Participants have been recruited via multiple pathways and at multiple VA Medical Centers (Durham and Salisbury, NC, and Richmond, Hampton, and Salem, VA) across the Mid-Atlantic VISN. Assessments include: (1) a battery of self-report measures that include: combat and other related exposures; health and mental health outcomes, focused on PTSD, TBI, and their frequent comorbidities; and potential moderators of the exposure-outcome relationships (e.g., sociodemographic characteristics, social support); (2) a semi-structured clinical diagnostic interview (SCID); and (3) a blood draw that supports genetic and other biomarkers. We will then describe selected outcome findings from the registry, focused on the prevalence of and risk factors for PTSD and TBI.

Trauma Sequelae in Women Exposed to Interpersonal Violence and Abuse

(Abstract #277)

Symposium (Practice, Assess Dx) International C - 6th Floor

Leahy, Kerry, PhD²; Basu, Archana, MA¹; Mourad, Mariam, MA¹; Huth-Bocks, Alissa, PhD³

¹Michigan State University, East Lansing Michigan, USA

²University of Michigan Psychological Clinic, Ann Arbor, Michigan, USA

³Eastern Michigan University, Ypsilanti, Michigan, USA

Interpersonal abuse is associated with varied sequelae including mental health, neuroendocrine, and physical health problems. Multiple risk and protective factors moderate outcomes in women experiencing interpersonal victimization. The first study explores the role of childhood abuse on adult intimate partner violence (IPV) and the effects of both types of abuse on trauma symptomatology during pregnancy. The second study examines the role of social support, adult representations of childhood attachment, and child maltreatment history as mechanisms for the development of complex PTSD in the context of prolonged IPV. The next study examines differences in cortisol outcomes across typical trauma sequelae, PTSD with- and without comorbid mood problems, and the implications for subtypes within trauma symptomatology. The final study examines characteristics of the traumatic event, survivor's personality, and environmental stressors as mediators of psychological and physical health

symptoms in women exposed to interpersonal (IPT) and non-personal traumatic events. This group of studies highlights the heterogeneous nature of the sequelae of interpersonal abuse and indicates the importance of comprehensive assessment of multiple domains of survivors' symptomatology. This diversity of trauma reactions implies treatment should be tailored to unique subgroups of survivors.

Consequences of Childhood Abuse and Intimate Partner Violence Among Pregnant Women

(Abstract #1011)

Huth-Bocks, Alissa, PhD; Gallagher, Erin, MS; Krause, Kylee, BA; Ahlf-Dunn, Sarah, BA

Eastern Michigan University, Ypsilanti, Michigan, USA

Pregnancy may be a vulnerable time for women with histories of past and/or present interpersonal victimization, as pregnant women experience significant psychological and physiological changes. This study examines the influence of childhood abuse and neglect and psychological, physical, and sexual partner violence on trauma symptoms among pregnant women. A primarily low-income, community sample of 120 women participated in an extensive interview during their last trimester of pregnancy. Women completed questionnaires about interpersonal violence, such as the Childhood Trauma Questionnaire and the Conflict Tactics Scale-2, and post-traumatic stress symptoms. Results revealed higher rates of various types of interpersonal violence among this pregnant sample than is typically reported from general population studies. Findings indicated significant associations between childhood maltreatment and adult intimate partner violence, as well as between both forms of violence and trauma symptoms. Emotional abuse and emotional neglect from childhood and experiences of psychological aggression from a current partner showed the strongest associations with trauma symptoms out of all forms of violence. Results highlight the need to closely assess pregnant women for trauma histories including emotional/psychological abuse in order to intervene early on behalf of the mother and infant.

An Examination of the Effects of Traumatic Events on Psychological and Physical Health Symptoms

(Abstract #488)

Mourad, Mariam, MA; Levendosky, Alytia, PhD; Carolan, Marsha, PhD; Davidson, William, PhD

Michigan State University, East Lansing, Michigan, USA

Previous trauma research has focused on the psychological effects of trauma on survivors; recent literature has noted a marked effect on the survivor's physical health functioning as well. The current study sought to examine the characteristics of a traumatic event survivor associated to the presence of psychological and physical health symptoms including the survivor's personality and environmental stressors. Differences in the type of event endorsed, interpersonal (IPT) or non-personal (NPT) traumatic event, was also examined. Data were collected from 1806 female survivors of traumatic events. Survivor personality, environmental stressors and psychological functioning mediated the presence of physical health symptoms

for survivors of IPT but not for NPT. Results suggest that the development of health problems in the survivor of an IPT is based on her perceptions of the world and her stressors after the traumatic event. In comparison, the experience of an NPT may not alter the survivor's perceptions to the same degree. The current study provides information as to the physical health repercussions of IPT and its relationship to psychological symptoms. These findings imply a need for clinicians to assess for physical health, in addition to psychological functioning, as an indicator of the impact of the IPT on the survivor.

Cortisol Outcomes Across Diagnostic Groups in Women Exposed to Intimate Partner Violence (IPV)

(Abstract # 332)

Basu, Archana, MA; Alytia Levendosky, PhD; Lonstein, Joseph, PhD

Michigan State University, East Lansing, Michigan, USA

The most typical trauma sequelae include PTSD, with or without comorbid major depressive disorder (MDD). In addition, exposure to traumatic events is also associated with dysfunctions in the hypothalamic-pituitary-adrenal (HPA) axis. This study examines salivary cortisol as a measure of alterations in the HPA axis. It is possible that the differences in trauma outcomes represent different subtypes of trauma related psychopathology which is also reflected in the heterogeneous nature of cortisol outcomes. Differences in basal (average of 4 samplings through the day) and challenged (assessed through an experimental paradigm based on the Trier Social Stress Test) cortisol outcomes in pre-menopausal women with recent exposure to IPV will be presented. Approximately 90 women across 3 diagnostic groups – PTSD, PTSD with comorbid MDD, and a matched control comparison group without a prior history of interpersonal trauma and no life time diagnosis of mood disorders will be compared. It is expected that the 3 groups will differ significantly in cortisol levels. Specifically, the PTSD group will have lower levels of cortisol, and the PTSD and MDD comorbid group will have higher levels of cortisol, relative to the control group. Implications for treatment outcome research will be discussed.

Protective and Vulnerability Factors That Affect Complex PTSD in Women Exposed to Domestic Violence

(Abstract #425)

Leahy, Kerry, PhD²; Levendosky, Alytia, PhD¹; Bogat, G. Anne, PhD¹; Von Eye, Alexander, PhD¹

¹*Michigan State University, East Lansing, Michigan, USA*

²*University of Michigan Psychological Clinic, Ann Arbor, Michigan, USA*

Complex posttraumatic stress disorder (CP) was defined specifically to capture the psychological consequences of prolonged interpersonal trauma, including domestic violence (DV). However, the theory does not explain the mechanisms underlying risk for repeated harm or specify how factors apart from abuse may directly affect CP symptoms. The current study examines proposed protective and vulnerability factors, i.e. social support, adult representations of childhood attachment, and child maltreatment history, which may explain the mechanisms through which DV may lead to CP symptoms. This study included 164 women assessed over 6 years with yearly data collection of DV and social support. Findings indicated that child maltreatment

history moderated the DV-CP symptoms link, but childhood attachment did not. Longitudinal analyses indicated that the number of supporters in their social support network decreased over time. However, their emotional support increased over time, which was correlated with a decrease in DV. These findings directly contrast with those from abused women living in shelters who experience social isolation. They may reflect the population of community-dwelling women who frequently move out of abusive relationships, possibly due to better emotional support, or whose relationships become less violent over time.

Treatment Trajectories of Substance Abusing Women With Trauma: Limitations of PTSD Diagnosis

(Abstract #447)

Symposium (Clin Res, Assess Dx) International D - 6th Floor

Miele, Gloria, PhD⁴; Hien, Denise, PhD¹; Litt, Lisa, PhD²; Cohen, Lisa, PhD³; Campbell, Aimee, MSW²

¹*City University of New York, New York, New York, USA*

²*Columbia University, New York, New York, USA*

³*New York State Psychiatric Institute, New York, New York, USA*

⁴*St. Luke's Roosevelt Hospital, New York, New York, USA*

The vast majority of women in substance abuse treatment have a history of traumatic stress; however, their rates of PTSD are variable. Although these women may not meet full criteria for PTSD, they often have hallmark signs and symptoms of the disorder that cause significant impairment and distress. This symposium will address the clinical and diagnostic profiles of substance abusing women with trauma histories, highlighting varying symptom constellations and different ways to conceptualize diagnosis in this population. Two research papers will be presented based on data from a multi-site clinical trial conducted in NIDA's Clinical Trials Network (CTN). One paper will highlight differences in treatment outcomes for women who met full PTSD criteria and those who met a clinically significant but not full criteria trauma-related syndrome ("subthreshold" PTSD). Another paper will illustrate the mechanisms of action of treatment and the complex interplay between improvements in PTSD and substance use disorder symptoms over the course of treatment. Finally, case material related to treating women concurrently working on both issues of active substance abuse and PTSD symptoms will provide clinical illustrations of the research findings.

Full or Subthreshold PTSD Diagnosis in Women With Trauma and Addictions: Treatment Outcomes

(Abstract # 696)

Miele, Gloria, PhD²; Campbell, Aimee, MSW¹

¹*Columbia University, Astoria, New York, USA*

²*St. Luke's Roosevelt Hospital, New York, New York, USA*

In order to meet full criteria for Post-traumatic Stress Disorder, as defined by *DSM-IV*, a number of signs and symptoms of the disorder must all be present: a traumatic event (Criterion A); symptoms from the symptom clusters of reexperiencing (Criterion B), avoidance and numbing (Criterion C) and hyperarousal (Criterion D); duration of 1 month (Criterion E); and significant impairment or distress (Criterion F). Clinical experience indicates that many women who do not meet full

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criteria for the disorder still experience significant trauma-related symptoms. This presentation examines the differences in treatment outcome between women who met full criteria for PTSD and those who met "subthreshold" criteria, defined as meeting Criteria A, B, E and F and either C or D. Participants were 353 women randomized to 12 sessions of trauma-focused or health education group treatment. PTSD and SUD assessments were conducted during treatment and at 1-week, 3-, 6-, and 12-months post treatment. Nearly 20% (N=69) of women met subthreshold PTSD criteria. Differences in treatment outcomes (severity of trauma symptoms and levels of substance use) for women with full vs. subthreshold PTSD will be reported. Implications for treatment providers will be discussed.

Do Treatment Improvements in PTSD Severity Affect Women's Substance Use Outcomes?

(Abstract #842)

Miele, Gloria, PhD²; Cohen, Lisa, PhD¹

¹*NY State Psychiatric Inst, New York, New York, USA*

²*St Luke's Roosevelt Hospital, New York, New York, USA*

This presentation examines the temporal course of improvement in Posttraumatic Stress Disorder (PTSD) and substance use disorder (SUD) symptoms among women in outpatient substance abuse treatment. Participants were 353 women randomized to 12 sessions of trauma-focused or health education group treatment. PTSD and SUD assessments were conducted during treatment and at 1-week, 3-, 6-, and 12-months follow-up. A continuous Markov model was fit on participants' four defined responder categories (non-responder, SUD responder, PTSD responder or global responder [improved in both PTSD and SUD]) to investigate the temporal association between improvement in PTSD and SUD symptom severity during the study's treatment phase. A generalized linear model was applied to test this relationship over one year follow-up. Non-responders, SUD responders and global responders tended to maintain their original classification; those initially classified as PTSD responders were significantly more likely to transition to global responders over time, indicating maintained PTSD improvement and subsequent SUD improvement. Trauma-focused treatment was significantly more effective in achieving SUD improvement than the comparison group but only among those who were heavy substance users at baseline. Treatment implications and issues around self-medication will be discussed.

Case Examples of Diagnostic Issues and PTSD/SUD Symptoms for Women With Trauma and Addictions

(Abstract # 844)

Litt, Lisa, PhD¹; Miele, Gloria, PhD²

¹*Columbia University, New York, New York, USA*

²*St. Luke's Roosevelt Hospital, New York, New York, USA*

This presentation will provide clinical case material illustrating treatment approaches for women struggling with both issues of addiction and trauma, including those presenting with PTSD and those presenting with subthreshold PTSD or other traumatic stress related syndromes. Clinical material will be culled from the presenters' extensive collective experience providing evidence based treatments for this population in both the research setting

and in translating treatments to a niche clinical program for this population, the Women's Health Project Treatment and Research Center in New York City. The clinical material will reflect work with Seeking Safety, STAIR/NST and COPE and will connect and highlight the research findings presented in this symposium.

Cambodians' Responses to the Khmer Rouge Trials

(Abstract #959)

Symposium (Civil Ref, Disaster)

International E - 6th Floor

Sonis, Jeffrey, MD MPH¹; Pham, Phuong, Ph.D., MPH²; Stammel, Nadine, MA³

¹*University of North Carolina Chapel Hill, Chapel Hill, North Carolina, USA*

²*University of California, Berkeley, California, USA*

³*Center for Torture Victims, Berlin, Germany*

Between 1975 and 1979, Cambodians suffered one of the worst genocides of the 20th Century under the leadership of the Khmer Rouge. After years of impunity for the perpetrators, a special joint UN-Cambodian tribunal has been empanelled and trials of the senior Khmer Rouge leaders are getting under way. But what are Cambodians' attitudes toward the Khmer Rouge trials and what effect will the trials have on them? Will the trials fulfill Cambodians' quest for justice or will the trials exacerbate trauma-related mental health problems (or both)? In this symposium, the results of three recent large national studies in Cambodia addressing those questions are presented.

Cambodian Attitudes and Mental Health on the Eve of the Khmer Rouge Trials

(Abstract # 1014)

Sonis, Jeffrey, MD, MPH¹; Gibson, James, PhD²; Hean, Sokhom, PhD³; de Jong, J.T.V.M., MD, PhD⁴; Field, Nigel, PhD⁵

¹*University of North Carolina Chapel Hill, Chapel Hill, North Carolina, USA*

²*Washington University, St. Louis Missouri; Stellenbosch University, South Africa*

³*Center for Advanced Study, Phnom Penh, Cambodia*

⁴*Vrije Universiteit, Amsterdam, the Netherlands; Boston University, Boston, Massachusetts, USA*

⁵*Pacific Graduate School of Psychology, Redwood City, California, USA*

The purpose of this study was to assess Cambodians' mental health and attitudes toward the joint U.N.-Cambodian trials of the Khmer Rouge, on the eve of the trials. In January/February 2009, as a baseline for a longitudinal study, we conducted a national study in Cambodia (N = 1,800), using a complex, multi-stage sample. We assessed PTSD using the World Health Organization Composite International Diagnostic Interview and depression using the Hopkins Symptom Checklist, Cambodian version. We also measured perceived justice for Khmer Rouge era atrocities, hopes and fears for the trials, perceived legitimacy of the trials, desire for revenge and feelings of safety. In this presentation, we report findings from this recent national survey and compare results to our previous national study of Cambodian mental health and attitudes toward the Khmer Rouge trials (N = 1,017), conducted in 2007.

Cambodians' Responses to the Khmer Rouge Trials

(Abstract #1070)

Vinck, Patrick, PhD

University of California, Berkeley, California, USA

The years of the Khmer Rouge regime, from 1975 to 1979, mark one of the most horrific times in modern history. Nearly one quarter of the Cambodian population—a least 1.7 million people—perished as a result of the oppressive policies imposed by Khmer Rouge leader Pol Pot and his supporters. Professionals and educated persons, especially teachers, doctors, police, and former government officials—viewed by the Khmer Rouge as objects of Western decadence—were especially singled out for persecution. Developed as a hybrid court within the Cambodian Court System, the Extraordinary Chambers in the Courts of Cambodia (ECCC), is the latest in a series of tribunals. In September 2008 we conducted a population-based survey of 1,000 adult Cambodians to capture their opinions and attitudes about justice and accountability. In this presentation we will examine the relationship between exposure to trauma and how that affect their attitudes towards justice, accountability, and the ECCC.

Mental Health and Readiness to Reconcile in the Context of the Khmer Rouge Trials in Cambodia

(Abstract # 1099)

Stammel, Nadine, MA¹; Neuner, Frank, PhD²; Knaevelsrud, Christine, PhD³

¹*BZFO Center for Torture Victims, Berlin, Germany*

²*University of Bielefeld, Bielefeld, Germany*

³*Treatment Center for Torture Victims, Berlin, Germany*

During the Khmer Rouge reign of terror in Cambodia nearly one quarter of the population was brutally killed. Almost thirty years after its end the Khmer Rouge Tribunal was set. For the first time in the history of international criminal justice victims are allowed to participate actively in the court proceedings as civil parties. In a cross-sectional design 850 direct victims of the Khmer Rouge regime were interviewed throughout Cambodia in structured face-to-face interviews assessing traumatic experiences, PTSD (PCL-C), depression and anxiety (HSCL-25), readiness to reconcile (RRI) and attitudes towards the Tribunal. Aim of this study was to compare civil party applicants to victims who do not participate in the Tribunal. The two groups did not differ regarding sex, age, education, religiousness as well as levels of depression and anxiety. But T-tests revealed that civil party applicants (n=196) experienced significantly more traumatic experiences and had significantly higher levels of PTSD compared to non-civil party applicants (n=654). Likewise civil party applicants were significantly less ready to reconcile. The results indicate that active participation in the Tribunal may be due to more traumatic experiences and PTSD. In addition it is associated with lower levels of readiness to reconcile.

Impact of Specific PTSD Symptoms in the Development and Maintenance of Child PTSD

(Abstract #1122)

Symposium (Child, Prev EL)

International F - 6th Floor

Ostrowski, Sarah, PhD²; Briggs-King, Ernestine¹; Lekwauwa, Ruby, B.Sc.²; Fairbank, John, PhD¹

¹*Duke University Medical Center/CCFH, Durham, North Carolina, USA*

²*Duke University National Center for Child Trauma Stress, Durham, North Carolina, USA*

Posttraumatic stress disorder (PTSD) in children represents a serious public health concern and can have severe, long-lasting consequences on children throughout their development. Prior research demonstrates different and oftentimes contradictory patterns of PTSD symptom development following a traumatic event. Although some studies have examined the extent to which PTSD symptoms predict subsequent total symptoms or diagnosis, few examine the impact of specific PTSD symptoms on child post-traumatic adjustment. Given the debate concerning diagnostic criteria in children, it is important to examine individual PTSD symptom clusters as each symptom cluster may confer differential risks towards child post-traumatic adjustment. Similarly, different symptom clusters have different treatment and clinical implications. The focus of this symposium is to examine specific PTSD symptom clusters, particularly hyperarousal, in child post-traumatic adjustment. The differential impact of specific PTSD symptom clusters will be examined in both acute and chronic PTSD patients to further examine proximal versus distal properties of PTSD symptom clusters in childhood PTSD.

Longitudinal Development of Child PTSD Symptoms in Pediatric Injury Victims

(Abstract # 1124)

Ostrowski, Sarah A., PhD¹; Ciesla, Jeffrey A., PhD²; Lee, Timothy J., MD³; Christopher, Norman C., MD³; Delahanty, Douglas L., PhD²

¹*Duke University National Center for Child Traumatic Stress. Durham, North Carolina, USA*

²*Kent State University, Kent, Ohio, USA*

³*Akron Children's Hospital, Akron, Ohio, USA*

Following injuries requiring admission to an Emergency Department (ED), children often report significant levels of posttraumatic stress disorder (PTSD) symptoms. Although studies have identified predictors of PTSD at varying times post-trauma, few have longitudinally examined mechanisms through which PTSD symptoms (PTSS) develop over time. Furthermore, the majority of these studies have been conducted in adults. One hundred and eighteen child ED patients aged 8-18 years were interviewed in-hospital and at 2- and 6-weeks post-trauma to assess the development and maintenance of child PTSS. At each time point, child depressive and PTSD symptomatology were measured. Structural equation modeling was used to examine the development and interaction of post-traumatic stress symptoms over time. Results revealed that child in-hospital levels of hyperarousal predicted child 2-week PTSS; however, child in-hospital levels of avoidance marginally predicted child overall PTSS at 6-weeks post-trauma. Further, re-experiencing at 2-weeks post-trauma predicted 6-week re-experiencing and 6-week avoidance symptoms. The results of the current study

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shed light on the dynamic development of PTSS and suggest the possibility of targeting specific symptoms for intervention at differing times post-trauma.

Hyperarousal Symptoms and PTSD Development in Children: An Examination of Traumatic Experiences and Co-morbid Sleep Disorders

(Abstract # 1123)

Briggs-King, Ernestine¹; Murray, Laura, PhD³; Ostrowski, Sarah, PhD²; Pynoos, Robert, MD, MPH⁴; Steinberg, Alan, MD⁴; Fairbank, John, PhD¹

¹Duke University Medical Center/CCFH, Durham, North Carolina, USA
²Duke University National Center for Child Trauma and Stress, Durham, North Carolina, USA
³Johns Hopkins University School of Public Health, Baltimore, Maryland, USA
⁴UCLA School of Medicine, Los Angeles, California, USA

Traumatized children may experience a range of PTSD symptoms following a traumatic event. Children frequently report symptoms of hyperarousal and disturbances of physiological self-regulation such as sleep. Data from the National Child Traumatic Stress Network (NCTSN) was examined to further elucidate factors that may impact hyperarousal symptoms. Results revealed that, at baseline, significant differences were found between those children who experienced a single traumatic event (n=1378) and those children who experienced multiple traumatic events (n=4274) on all 3 symptom clusters and overall PTSD as assessed by the UCLA PTSD-RI (p < .001). However, at follow-up, significant differences were only found for hyperarousal (p < .001) and overall PTSD (p < .05). In addition, further examination of those children with (n=997) and without sleep disorder (n=6165) revealed significant differences in rates of PTSD, with those children with clinically evaluated sleep disorders endorsing higher rates of PTSD at baseline and follow-up (p < .001). Moreover, after controlling for number of traumas experienced, the presence of a sleep disorder at baseline significantly predicted overall PTSD symptoms 6-8 months post-baseline (ΔR2= .02, p=.02). These preliminary results warrant further examination of hyperarousal symptoms and factors that may impact the development of PTSD.

An Examination of PTSD and Substance Use in a Sample of Adolescents Presenting for Trauma Treatment

(Abstract # 364)

Ostrowski, Sarah, PhD

Duke University National Center for Child Trauma and Stress Studies, Durham, North Carolina, USA

The relationship between substance use and trauma exposure in adolescents is well documented. In this work we examined the relationship between problematic substance use and the cluster symptoms of PTSD in a sample of adolescents presenting for trauma treatment. Participants were adolescents ages 13-18 enrolled in a larger quality improvement initiative, National Child Traumatic Stress Network. Demographics, traumatic experiences, alcohol and substance use, and PTSD symptoms were used. Alcohol and substance use information was derived from clinical evaluation data. PTSD severity was obtained via the UCLA Post Traumatic Stress Disorder—Reaction Index, a semi-structured interview that assesses exposure to traumatic events

and DSM-IV PTSD diagnostic criteria. PTSD cluster scores and an overall PTSD summary score were computed. Multiple linear regression models that included age, gender, and number of traumas were conducted. Alcohol and/or substance use problems were reported for 17% of the sample. Age, female gender, and number of traumas accounted for a significant amount of variability in hyperarousal symptoms (p<.001). A similar model was tested for overall PTSD scores that demonstrated a trend towards significance (p=.059). These findings highlight the importance of screening for alcohol or other substance use in patients with PTSD and high levels of hyperarousal.

Investigating the Mechanisms Linking Trauma, PTSD, and Psychopathology in Juvenile Delinquency

(Abstract #639)

Symposium (Child, Assess Dx) International H - 6th Floor

Kerig, Patricia, PhD

University of Utah, Salt Lake City, Utah, USA

Recent research reveals that adolescents in the juvenile justice system have been disproportionately exposed to trauma and consequently evidence rates of PTSD that are 2 to 8 times higher than those of community youth. In response, new models of the developmental psychopathology of delinquency propose that trauma is a catalyst that sets many youth on the pathway toward maladaptation. However, there remain many unanswered questions regarding the underlying mechanisms that account for these effects and whether they are consistent across the genders. This symposium brings together four papers investigating aspects of traumatic exposure, posttraumatic reactions, and psychopathology among delinquent youth. The first paper finds gender differences in the ways PTSD symptom clusters mediate the relationships among interpersonal and youth mental health problems. The second paper investigates gender and ethnic differences in the longitudinal relationships between PTSD and psychological problems among recidivist youth. The third paper focuses on self-blame as a mediator of the relationship between betrayal trauma and PTSD in male and female delinquents, and the fourth paper uses an experiential avoidance framework to understand better the reactions of adjudicated youth who have experienced betrayal trauma. Implications for clinical interventions are highlighted in each presentation.

Traumatic Experiences, PTSD Symptoms, and Mental Health Problems Among Delinquent Youth

(Abstract # 799)

Vanderzee, Karin, MA¹; Kerig, Patricia, PhD²; Ward, Rose Marie, PhD¹

¹Miami University, Oxford, Ohio, USA
²University of Utah, Salt Lake City, Utah, USA

Interrelationships among trauma exposure, PTSD symptoms, and mental health problems were investigated in a sample of adjudicated adolescents (337 boys, 161 girls). Youth completed measures of trauma exposure (interpersonal vs. non-interpersonal), PTSD symptoms (reexperiencing, avoidance, arousal, associated symptoms), and mental health problems (anxiety/depression, suicidality, anger/irritability, somatic complaints, substance abuse). Girls scored higher than boys



on measures of trauma exposure, PTSD symptoms, and most mental health problems. Results of path models supported the hypothesis that PTSD symptoms mediated the relationship between interpersonal traumas and mental health problems, with different patterns of results for boys and girls. For all youth, avoidance mediated the relationship between trauma and internalizing symptoms. However, for boys only, noninterpersonal traumas were related to PTSD symptoms of reexperiencing and arousal, which in turn were related to anger/irritability. Further, for boys only, arousal was related to substance abuse. These results are consistent with recent thinking in the developmental psychopathology of juvenile delinquency, in which trauma is given a central role. Clinical implications of these data are discussed, including the need to tailor treatment to respond to specific clusters of PTSD symptoms in adjudicated boys and girls.

Betrayal Trauma and PTSD Among Juvenile Delinquents: The Moderating Role of Self-Blame

(Abstract # 817)

Sink, Holli, MA; Becker, Stephen, MA

Miami University, Oxford, Ohio, USA

Betrayal trauma (BT; Freyd, 1996) has been shown to be related to the development of PTSD among youth who are victimized by caregivers (e.g., Ullman, 2007). Further, cognitive appraisals related to BT, such as self-blame, are known to affect victims' adjustment following victimization. However, research has shown mixed findings regarding the impact of appraisals of self-blame on the severity of PTSD symptoms (e.g., Kletter et al., 2009; Leskela et al., 2002). Janoff-Bulman (1979) posits that some types of self-blame may be adaptive in that they promote the perception that one has some control over preventing future events from occurring. The current study explored the relationship between BT exposure, self-blame, and PTSD symptoms among juvenile delinquents, a population with a high prevalence of exposure to interpersonal traumatic experiences involving betrayal, such as child abuse. Data were collected from 289 youth in a juvenile detention center; 139 experienced betrayal trauma. Multiple regression analyses indicated that, for males, self-blame moderated the relationship between BT exposure and PTSD Criterion D, hyperarousal symptoms. Specifically, high levels of BT were associated with high hyperarousal symptoms; however at high levels of BT, high self-blame was associated with lower hyperarousal symptoms, consistent with Janoff-Bulman's model.

Betrayal Trauma Among Juvenile Offenders: Contrasting Frameworks of PTSD and Experiential Avoidance

(Abstract # 820)

Zerubavel, Noga, MA; Cuellar, Raven, BS; Bendikas, Emily, BA

Miami University, Oxford, Ohio, USA

Betrayal trauma theory (BT; Freyd, 1996) proposes that in situations where abuse is perpetrated by someone in whom a child must trust for survival, escape is impossible. In BT, blocking awareness of pain (e.g., dissociation) is adaptive in that it preserves attachment bonds. A useful framework can be drawn from experiential avoidance (EA) literature, which theorizes that some people manage distress by using disengagement strategies

(Hayes et al., 1996). Hayes suggests a functional framework (e.g., EA) provides a more informative model than syndromal classification (e.g., PTSD). The present study compared these frameworks in youth exposed to BT. We investigated the impact of BT on PTSD symptoms and use of EA strategies in a sample of 475 youth in detention. 322 youth experienced trauma; 139 experienced BT. T-tests indicated that BT was related to PTSD criterion scores. An EA scale ($\alpha = .80$) was created by summing standardized scores on measures of emotional (e.g., numbing), cognitive (e.g., suicidality), and behavioral avoidance (e.g., substance abuse) and was found to be significantly associated with BT. Correlational analyses compared the utility of the EA construct and PTSD diagnosis as frameworks for understanding BT. Whereas the relationship between BT and PTSD was not significant, BT and EA were significantly correlated. Implications for treatment will be discussed.

PTSD and Youth Offenders: A Closer Look at the Relationship Between Mental Health and Recidivism

(Abstract # 968)

Ezechukwu, Rebecca, BA; Lim, Ji-Young, PhD; Cuellar, Raven, BS

Miami University, Oxford, Ohio, USA

Many youth enter the juvenile justice system with serious mental health problems. Research suggests that the experience of being incarcerated may exacerbate these problems and disrupt delinquent youths' psychosocial development, thereby diminishing opportunities to facilitate healthy functioning and a successful transition into adulthood (Steinberg et al., 2004). The current study examined the relationship between PTSD, repeated entry to the juvenile justice system, and mental health functioning for a sample of 588 incarcerated youth (170 females and 418 males). Specific questions included whether repeated admissions to detention were associated with declines in mental health functioning, and whether those declines were moderated by gender or the presence of PTSD. Results of hierarchical linear modeling indicated that over multiple admissions to juvenile detention, females' scores in the domains of anger-irritability and somatic complaints increased more dramatically compared to those of males. Males who met criteria for PTSD at baseline showed the most dramatic increase in alcohol/drug scores and anger-irritability scores over multiple admissions to detention compared to other groups. Concerns regarding mental health assessment instruments used in juvenile justice systems as well as implications for treatment will be discussed.

Friday: 11:00 a.m. - 12:15 p.m.

Symposium

What Role Do Evidenced Based Treatments Play in Improving Quality of Life?

(Abstract #1089)

Symposium (Clin Res, Practice) **Vinings I & II - 6th Floor**

Chard, Kathleen, PhD¹; Schnurr, Paula, PhD²

¹Cincinnati VAMC, Ft. Thomas, Kentucky, USA

²VA Medical & Regional Office, White River Junction, Vermont, USA

This symposium will discuss the positive impact of evidence-based treatments on symptoms related to PTSD. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) have been shown to reduce a variety of symptoms such as PTSD, Depression, Anger and Guilt in nine to twelve sessions. Less research has focused on the impact of CPT and PE on variables associated with well-being, such as hope, life satisfaction, and belief in a future. These three papers will discuss treatment outcome data with assault survivors and veterans with a focus on various well-being measures. Suggestions will be offered for improving treatment based on these findings. A discussion will follow highlighting the importance of positive psychology variables in both treatment outcome studies and clinical care settings.

Examining Change in Cognitions for Cognitive Processing Therapy (CPT)

(Abstract # 1092)

Erbes, Christopher, PhD, LP

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Several randomized clinical trials have shown CPT to be efficacious for the treatment of Posttraumatic Stress Disorder (PTSD) in civilian and veteran populations. However, subsequent effectiveness studies have yet to examine whether posttraumatic cognitions change over time in a positive direction during the course of CPT. As CPT targets post-trauma cognitions, we expect to find changes in these cognitions concurrent with, or subsequent to, improvement in PTSD. The purpose of this evaluation was to examine change in posttraumatic cognitions over the course of 13 sessions of CPT utilizing Foa's Posttraumatic Cognitions Inventory (PTCI) as a process measure in a clinical sample of 44 male outpatient veterans with PTSD. Initial findings from a repeated measures ANOVA show significant reductions in the total score for the PTCI ($F(1,43) = 20.93, p < .001, \eta^2 = .33$). Each component subscale also showed significant ($p < .05$) decreases with sizes of $\eta^2 = .33$, for Negative Cognitions about Self, $\eta^2 = .25$ for Negative Cognitions about the World, and $\eta^2 = .27$ for Self-Blame. Change in total PTCI scores correlated with change in PTSD Checklist scores ($r = .58, p < .001$). Further analyses incorporating additional CPT cohorts will be reported and lagged effects between mid-treatment PTCI scores and PTSD symptoms will be examined.

Changes in Social Satisfaction and Healthy Coping in Women Treated With Prolonged Exposure for Assault-Related PTSD

(Abstract # 1105)

Hembree, Elizabeth, PhD; Foa, Edna, PhD

University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Foa, Hembree, Cahill, Rauch, Feeny, Yadin (2005) randomly assigned 171 female assault survivors with chronic PTSD to Prolonged Exposure (PE) alone, PE plus cognitive restructuring (PE/CR), or to wait-list. Therapy was conducted at an expert clinic, the Center for the Treatment and Study of Anxiety, and at two community clinics. Patients received 9-12 sessions of treatment. Both treatments reduced PTSD and depression relative to waitlist; the addition of CR did not enhance treatment outcome beyond that obtained by exposure alone. These findings are consistent with those of many other studies that found that exposure-based treatments ameliorate PTSD and other outcomes in other domains. Foa et al. (2005) reported that in addition to experiencing decreases in PTSD and depression, women who completed treatment showed improvement on a global index of social functioning. In this paper, we will expand on that finding by reporting on the impact of prolonged exposure therapy on other aspects of positive outcome: social adjustment and satisfaction, quality of social support, and healthy coping behaviors.

The Impact of Hope on the Treatment of PTSD and Depression in Veterans

(Abstract # 1107)

Chard, Kathleen, PhD

Cincinnati VAMC, Ft Thomas, Kentucky, USA

This paper will present findings examining how a key QOL indicator (hope) is associated with symptom presentation before, during and after therapy. 165 Veterans with a diagnosis of PTSD received group and individual based Cognitive Processing Therapy (CPT) in a 7-week residential treatment program. All veterans were administered the Clinician Administered PTSD Scale, the PTSD Checklist, the Beck Depression Inventory, and the Hope Scale at pre-treatment, 4 weeks into treatment, and post-treatment. Results from a three-panel path analysis revealed important relationships between hope and psychological adjustment (i.e., reduction in PTSD and depression severity). As expected, pre-treatment Hope negatively associated with pre-treatment PTSD and depression severity. However as PTSD and depression improved, levels of hope increased, both at mid-point and treatment completion. These results suggest that levels of hope before and during treatment may be an important prognostic indicator of post-treatment response for individuals in trauma-focused PTSD treatment. The presentation will discuss these findings and offer suggestions for improving treatment of individuals with PTSD.

Friday: 11:00 a.m. - 12:15 p.m.

Papers

Longitudinal Research

Augusta I - 7th Floor

Chair: Ben Dickstein, MA

Boston VA Medical Center, Boston, Massachusetts, USA

Patterns of Change Over Time in PTSD Symptomatology in Multiply Traumatized Arab Immigrant Women

(Abstract #1068)
(Assess Dx, Civil Ref)

Norris, Anne, BA; Aroian, Karen, BA

University of Central Florida, Orlando, Florida, USA

This study investigated symptoms of PTSD and depression in a sample of Arab Muslim immigrant women (n=431) who completed Arabic language versions of the POMS, CES-D, PDS, social support and stress measures, and measures of immigration and demographic characteristics during interviews in their homes at 3 time points over a three year period. Descriptive analyses of data across study time points indicate that some individuals consistently report symptoms and functioning levels consistent with a *DSM* diagnosis of PTSD (chronic, n = 43) whereas others either (a) develop symptoms and functioning issues consistent with a *DSM* diagnosis of PTSD (developed, n = 15) or (b) improve to the extent that their symptoms and functioning are no longer consistent with diagnostic criteria (improved, n = 38). Experiences in a refugee camp increase the likelihood of being in the chronic or developed PTSD groups ($p < .001$), but immigration related stressors do not ($p > .23$). This paper discusses how chronic, developed, and improved levels of symptoms and functioning relate to patterns in the number and severity of re-experiencing, avoidance, and arousal symptoms as well as patterns in the severity of depressive symptoms. Implications for PTSD diagnostic criteria and work with multiply traumatized immigrants are discussed.

Predicting Future Onset of PTSD Using ASD Versus PTSD Diagnoses in a Major Burn Population

(Abstract #964)
(Assess Dx, Res Meth)

McKibben, Jodi, PhD²; Mason, Shawn, PhD¹; Gould, Neda, PhD¹; Klick, Brendan, ScM²; Fauerbach, James, PhD¹

¹*John Hopkins University School of Medicine, Baltimore, Maryland, USA*

²*Center for the Study of Traumatic Stress, USUHS, Bethesda, Maryland, USA*

Introduction: This longitudinal study examines the question of whether an ASD diagnosis is a better predictor of chronic PTSD than a PTSD diagnosis made at the same time. Methods: A total of 178 hospitalized adult patients with major burns based on American Burn Association criteria participated. They completed the Stanford Acute Stress Reaction Questionnaire (SASRQ) at discharge and the Davidson Trauma Scale (DTS) at 1, 6, 12, and 24 months post-discharge. Results: Logistic regression analyses and GEEs were used to compare the ability of ASD and modified PTSD diagnostic cutoffs (SASRQ) to predict future PTSD (DTS) in the presence of sociodemographic, burn injury, and psychological

health factors. Both diagnostic cutoffs predicted future PTSD, but were not significantly different at 1 month (ORs=4.6 and 5.2), 6 months (ORs=4.8 and 7.8), and 12 months (ORs=4.2 and 4.5). The GEE models revealed a decreased likelihood of PTSD given a positive ASD score at later versus earlier time points (OR=0.61) with no change in likelihood given a positive PTSD score. Conclusions: While the dissociative symptoms specific to ASD may be essential components of the disorder, they may not be critical in the prediction of future PTSD. This has important implications for early assessment of traumatic stress reactions and associated interventions aimed at prevention of PTSD.

Shattered Assumptions?

A Prospective Study: The Impact of Trauma on Global Beliefs

(Abstract #765)
(Res Meth, Clin Res)

Mills, Mary Alice, MA; Park, Crystal, PhD; Edmondson, Donald, MA

University of Connecticut, Storrs, Connecticut, USA

Empirical support for Janoff-Bulman's (1992) theory that trauma disrupts worldviews has been sparse and equivocal. The present study tests the "shattered assumptions" theory of trauma utilizing a prospective design. Participants were 768 first year college students (66% female, mean age = 18), assessed twice over a 10 month interval with regard to trauma exposure, global beliefs, and adjustment. Approximately 60% of respondents reported at least one lifetime trauma at baseline, and 24% experienced a trauma between baseline and follow-up. Path analysis tested a model in which new traumas predict change in global beliefs and adjustment outcomes. In the model ($X^2=4.54$, $df=4$, $p=0.34$; CFI=0.99; RMSEA=0.1), increase in personal mastery was associated with change in adjustment, while increases in belief in luck was associated with decreases in PTSD symptoms between baseline and follow-up. However, new traumas were not associated with changes in global beliefs or adjustment. Models were also stratified by baseline trauma exposure. The model for respondents with baseline trauma ($X^2=3.62$, $df=5$, $p=0.61$; CFI=1; RMSEA=0) showed that new traumas were associated with an increase in anxiety, stress, and PTSD symptoms between baseline and follow-up. Changes in global beliefs were associated with changes in adjustment outcomes, but these belief changes were not related to new trauma exposure. In those without baseline trauma ($X^2=8.85$, $df=6$, $p=0.18$, CFI=0.98, RMSEA=0.04), new traumas were not associated with changes in global beliefs or outcomes. This study provides little support for the shattered assumptions theory of PTSD.

PTSD as a Prospective Mediator of Sexual Revictimization Within Three- and Four-Factor PTSD Models

(Abstract #791)
(Clin Res, Assess Dx)

Varkovitzky, Ruth, MA; Kumpula, Mandy, MA; Bardeen, Joseph, MA; Orcutt, Holly, PhD

Northern Illinois University, DeKalb, Illinois, USA

Theory and research suggest that posttraumatic stress disorder (PTSD) mediates the relationship between childhood sexual abuse (CSA) and adult sexual assault (ASA). Recent research suggests that of the three PTSD symptom clusters

Friday: 11:00 a.m. - 12:15 p.m.

(reexperiencing, avoidance, and hyperarousal), only hyperarousal mediates the relationship between CSA and ASA; however, these findings were based on a cross-sectional investigation. The present study explores the mediational role of PTSD symptoms in a prospective sample within four models of PTSD symptom clustering. Three waves of data were collected from 740 undergraduate females, 65 of whom reported prospective ASA. Four mediation models were proposed. The following served as the mediator in each model: total PTSD symptoms, three PTSD symptom clusters, four PTSD clusters (with dysphoria), and four PTSD clusters (with numbing). Analyses were conducted using structural equation modeling with ML estimation. Consistent with previous research, CSA was predictive of prospective ASA. In the first model, PTSD was a significant partial mediator of the relation between CSA and ASA. In the second and third models, CSA predicted the PTSD symptom clusters, but none of the clusters independently predicted ASA. In the fourth model, CSA predicted the four symptom clusters (including numbing), while only the hyperarousal cluster predicted ASA.

Examining Variability in the Natural Course of PTSD Symptoms: Predictors of Symptom Trajectory

(Abstract #104)
(Mil Emer, Res Meth)

Dickstein, Ben, MA¹; Suvak, Michael, MA³; Stein, Nathan, PhD²; Adler, Amy, PhD⁴; Litz, Brett, PhD²

¹*Boston University, Brookline, Massachusetts, USA*
²*Boston VA Medical Center, Boston, Massachusetts, USA*
³*National Center for PTSD, Boston, Massachusetts, USA*
⁴*USAMRU-E, APO, Armed Forces Europe, USA*

Relatively little is known about the natural course of PTSD symptomatology. Although researchers have theorized about the disorder’s prototypical symptom patterns (Bonanno, 2004), there is little prospective, longitudinal evidence supporting these models. Using a sample of 638 U.S. soldiers deployed on a NATO-led peacekeeping mission to Kosovo, we examined unconditional and conditional trajectories of PTSD symptomatology. Data were collected from participants at four time points, ranging from predeployment to 9-months postdeployment. Latent class growth analysis suggested that four symptom trajectories best fit these data. Borrowing from Bonanno’s model, we have termed these classes: resilience, recovery, delayed, and unrealized expectations. Variables found to significantly predict latent class included: previous traumatic events, potentially traumatic events, peacekeeping daily hassles, depression symptom severity, alcohol use, aggressive behavior, stress reactivity, and military rank. Our findings provide empirical support for previously proposed models of adaptation to trauma. Additionally, they add to the literature examining predictors of PTSD onset and course type. Characteristics associated with latent class assignment will be discussed. Disclaimer: The views expressed in this presentation are those of the author and do not represent the official policy or position of the U.S. Army Medical command or the Department of Defense

Workshop

Integrating Research-Based Strategies for Couples Work in PTSD Treatment Programs

(Abstract #410)

Workshop (Practice, Prev EI) **International G - 6th Floor**

O’Brien, Robert, PhD¹; Wills, Sharon, PhD²

¹*Dept of Veterans Affairs, Sunset Valley, Texas, USA*
²*U.S. Department of Veteran Affairs, Austin, Texas, USA*

The bi-directional link between PTSD and the marital relationship has been well-established. We know that PTSD can have a very dramatic and negative impact on the quality of the marital relationship. Clinical observations include marked increase in marital distress, reduction in marital satisfaction, increased risk for separation or divorce, and an increased risk for domestic violence among couples where one or both partners is diagnosed with PTSD secondary to combat trauma. We also know that the presence of a stable and even minimally satisfactory marital relationship can improve the clinical condition of the partner with PTSD. The Gottman model provides a research-based understanding of how marital relationships function. This model also provides an research-based way to understand what might be going right or wrong in a relationship where one or both partners suffers from combat related PTSD. Using the model based on John Gottman’s extensive research, Participants in this workshop will be able to improve their understanding of the effects of PTSD on relationships, and learn specific techniques for intervening in relationships to not only improve the relationship, but also to improve the long term stability of the PTSD process itself.

Friday: 11:00 a.m. – 12:15 p.m.

Concurrent Session 8
Friday, November 6
2:00 p.m. – 3:15 p.m.

Featured Speaker

Cognitive Processing Therapy

(Abstract #1134)

Featured Speaker (Clin Res, Practice) Peachtree B/C - 8th Floor

Chard, Kathleen, PhD

Cincinnati VAMC, Ft. Thomas, Kentucky, USA

Studies suggest that approximately 18% of returning Veterans and 7% of civilians will experience PTSD in their life time. Individuals diagnosed with PTSD often report difficulty experiencing emotions such as love and happiness, instead they may describe feeling numb or angry. Due to the traumatic event circumstances many individuals do not have the opportunity to feel the natural emotions (e.g. fear) associated with the trauma and instead they must process the event later which may lead to a biased recounting of the events, e.g., hindsight bias. Research has shown that individuals with a diagnosis of PTSD commonly report cognitive distortions in the area of shame, blame and/or guilt, which can lead to “manufactured” emotions such as anger, guilt, or helplessness. Cognitive behavioral therapies, specifically Cognitive Processing Therapy (CPT), have been found to be an effective way to treat the symptoms of PTSD by allowing clients to feel the natural emotions and challenge the problematic thoughts that are leading to their painful emotions. CPT typically consists of three phases with the initial phase focusing on the meaning of the event and the connection between thoughts and feelings. The optional second phase involves a retelling of the traumatic event with a focus on identifying extreme or exaggerated thoughts that developed from the event, e.g. “stuck points”. During the third phase the therapist and patient collaboratively examine the individuals stuck points using a series of worksheets designed to provide a more balance view of the event(s). Several randomized controlled trials support the use of CPT for the treatment of PTSD from a variety of traumatic events, including combat, rape, assault and childhood sexual abuse. In addition, CPT is one of two therapies currently being disseminated for use throughout the Department of Veteran’s Affairs. In this presentation, participants will be introduced to several of the basic techniques utilized in CPT, including Socratic Dialogue, A-B-C sheets and Challenging Questions. A live role-play will demonstrate introducing the patient to these techniques and helping him challenge his disruptive cognitions regarding his experiences in Iraq.

Participant Alert: Participants may find the role-playing and description of trauma details distressing.

Symposium

Criterion A: Should It Stay or Should It Go?

(Abstract #99)

Symposium (Assess Dx, Clin Res) Peachtree D/E - 8th Floor

O’Donnell, Meaghan, PhD²; Long, Mary¹; Brewin, Chris, PhD⁴; Weathers, Frank, PhD³

¹*Auburn University, Auburn, Alabama, USA*

²*Australian Centre Posttraumatic Mental Health, Melbourne, Victoria, Australia*

³*Michael E. DeBakey VAMC, Houston, Texas, USA*

⁴*University College, London, United Kingdom*

The DSM diagnosis of PTSD has always required that a person experience a traumatic event. Criterion A defines what constitutes a traumatic event. This symposium presents three studies which provide empirical evidence that questions the gatekeeper role of Criterion A1 and A2. Discussion will address implications for DSM-V.

Should A2 Be a Diagnostic Requirement For PTSD in DSM-V?

(Abstract # 100)

O’Donnell, Meaghan, PhD²; Creamer, Mark, PhD¹; McFarlane, Alexander, MBBS(Hons) MD, FRANZCP³; Silove, Derrick, MD⁴; Bryant, Richard, PhD⁴

¹*ACPMH, East Melbourne, Victoria, Australia*

²*Australian Centre Posttraumatic Mental Health, Melbourne, Victoria, Australia*

³*University of Adelaide, Adelaide, Australia*

⁴*University of New South Wales, Sydney, New South Wales, Australia*

The requirement that a trauma survivor experience fear, helplessness or horror (Criterion A2) as a part of their posttraumatic stress disorder (PTSD) diagnosis was introduced into DSM-IV. We aimed to identify (i) how often A2 was associated with PTSD (B-F criteria) at 3 months; (ii) what was the peritraumatic emotional experience for those who met PTSD criteria but were A2 negative (iii) whether there was any quantitative differences in PTSD for those who met PTSD (criteria B-F) who were A2 positive relative to those who were A2 negative. In a multi-sited, longitudinal cohort study, 535 injury patients were asked about their peritraumatic emotional experience in the acute hospital setting. They were followed up 3 months later and their PTSD status assessed using a structured clinical interview. While the majority of those who developed PTSD (B-F criterion) at 3 months met A2 criteria, 23% did not. There was nothing to suggest the PTSD was quantitatively different between those who were A2 positive and those who were A2 negative. Those who developed PTSD (B-F criterion) but who did not meet A2 experienced A2 at a low intensity, or experienced other intense emotions, or were amnesic to their peritraumatic emotional experience. This study does not support the current definition of A2, and suggests that A2 should be removed as a diagnostic requirement.

Friday: 2:00 p.m. – 3:15 p.m.

Criterion A1 Controversy: Current Findings and Implications for DSM-V

(Abstract # 114)

Long, Mary³; Elhai, Jon, PhD ²; Schweinle, Amy, PhD⁴; Gray, Matt, PhD⁴; Grubaugh, Anouk, PhD¹; Frueh, Christopher, PhD⁵

¹University of South Carolina, Charleston, South Carolina, USA

²University of Toledo, Toledo, Ohio, USA

³Michael E. DeBakey VAMC, Houston, Texas, USA

⁴University of Wyoming, Laramie, Wyoming, USA

⁵University of Hawaii, Paho, Hawaii, USA

⁶University of South Dakota, Vermillion, South Dakota, USA

Criterion A1 currently represents an attempt to provide an objective definition of the traumatic event that is necessary for the validity of the PTSD diagnosis. Despite the ongoing controversy, there is little empirical research exploring whether events meeting the current *DSM-IV* PTSD Criterion A1 are better associated with the diagnosis or severity of PTSD than non-Criterion A1 stressful events. We compared PTSD diagnoses and symptoms frequency between the stressor types in a sample of 119 college students. Participants completed a PTSD self-report separately in relation to both Criterion A1 and non-Criterion A1 stressful events, using a mixed between-groups (administration order) and within-subjects(stressor type) design. Contrary to what was expected, analyses revealed that non-Criterion A1 events were associated with greater proportion of “probable” PTSD diagnoses and a greater PTSD symptom frequency than Criterion A1 events. Similar patterns of differences in PTSD scores between stressor types were also found across the three PTSD symptom criteria. Our findings challenge whether *DSM-IV*'s list of qualifying traumatic stressors is an accurate list of stressors most relevant for the PTSD diagnosis.

Criterion A2 After Military Trauma

(Abstract # 137)

Brewin, Chris, PhD

University College London, London, United Kingdom

Servicemen are specifically trained to respond to situations of extreme danger and are often exposed to them, suggesting that they may be less likely to experience fear, helplessness or horror at the time of a traumatic event (criterion A2) and hence fail to qualify for a *DSM-IV* diagnosis of PTSD. The absence of criterion A2, in veterans who nevertheless have all the other symptoms of PTSD including significant impairment, could have a substantial impact on prevalence studies and service planning. We conducted retrospective clinical interviews with 103 U.K. war veterans experiencing PTSD in relation to military trauma, during which we identified target traumas that were now seen as extremely distressing and were frequently reexperienced. In our sample, nearly one fifth fulfilled all criteria for a PTSD diagnosis except for A2. The presence or absence of criterion A2 was unrelated to the total number of symptoms at PTSD onset, to the timing of onset, or to the reporting of trauma exposure. Implications for service provision and for the *DSM-V* are discussed.

Examining the Link Between a Single Traumatic Event and PTSD in Children, Adolescents and Young Adults

(Abstract #94)

Symposium (Child, Cul Div)

International D - 6th Floor

Pynoos, Robert, MD MPH¹; Zatzick, Douglas, MD²; Jones, Russell, PhD³

¹UCLA School of Medicine, Los Angeles, California, USA

²University of Washington School of Medicine, Seattle, Washington, USA

³Virginia Tech University, Blacksburg, Virginia, USA

Reexamination of the role of a single trauma exposure among children, adolescents, and young adults can contribute important information to current discussions about PTSD for *DSM V*. This symposium will present data that highlight age-specific issues related to single incident trauma. Data will be presented from a laboratory study of the link between trauma exposure and disturbances in the acquisition of startle modulation among school age children with no prior trauma history; from an epidemiological study of the increased risk for adolescents following traumatic injury; and from a special population study of the relative contribution of traumatic loss to risk of PTSD among college students exposed to catastrophic violence on the Virginia Tech campus. These studies raise important questions about the identification of potential neurobiological markers, the interaction of exposure and injury, and the layered effect of personal loss associated with a single incident trauma. Implications of the findings in regard to screening, monitoring, and intervention will be discussed.

A Population-Based Study of Injury Exposure as a Predictor of PTSD & Co-Morbidities in Adolescents

(Abstract # 95)

Zatzick, Douglas, MD¹; Grossman, David, MD MPH²

¹University of Washington School of Medicine, Seattle, Washington, USA

²Group Health Cooperative, Seattle, Washington, USA

This population-based prospective cohort investigation was conducted in order to explore the hypothesis that adolescents exposed to a single traumatic injury would demonstrate elevations in the full spectrum of psychiatric disorders and psychotropic medication prescriptions when compared to unexposed, non-injured adolescents. Adolescents ages 10-19 were screened for injury visits in the index year of 2001 (N=20,507). Psychiatric diagnoses and psychotropic medication prescription were followed for three years after the injury (2002-2004). Regression analyses assessed for an independent association between injury and psychiatric diagnoses and medications while adjusting for relevant demographic and clinical characteristics. In adjusted regression analyses, injury in the index year was independently associated with a significantly increased odds of receiving a psychiatric diagnosis (Odds Ratio (OR) =1.23, 95% Confidence Interval (CI) =1.10, 1.38) and receiving a psychotropic medication prescription (OR =1.35, 95% CI =1.18, 1.54). A single traumatic injury is an independent, prospective predictor of an increased risk of adolescent psychiatric diagnosis and psychotropic medication prescription. Population-based surveillance procedures that incorporate injury screening have the potential to improve the quality of mental health care for youth in general medical settings.

Friday: 2:00 p.m. - 3:15 p.m.

**The Virginia Tech Shootings:
The Impact of Exposure and Loss**

(Abstract # 1000)

Jones, Russell, PhD

Virginia Tech University, Blacksburg, Virginia, USA

On April 16, 2007, a student at VT, Seung Hui Cho, shot 49 VT students and faculty in two separate incidents on the VT campus in Blacksburg, VA. These attacks killed 32 people and wounded 17. Shortly following the shootings the prevalence of mental health disorders was obtained through surveys carried out in July and August 2007. Major findings were 15.4% of Virginia Tech students had PTSD, 4.7% experienced serious mental illness (SMI), and 14.3% had mild/moderate mental illness (MMI). Female students were about twice as likely to experience any of these mental disorders as male students were. Most of those who had PTSD also had SMI or MMI, and most of those with SMI had PTSD. However, over half of those with MMI did not have PTSD. These patterns are similar for female and male students. Exposure to the events of April 16th was widespread among VT students. Indeed, many students were aware of the incidents as they unfolded (76.7% were aware of the first incident, and 98.4% were aware of the second incident). Findings indicate that many students were close to (9.1%), were a friend or acquaintance of (63.7%), or had a distant or indirect relationship with (79.1%) a person who was killed in one or both of the incidents. Fewer students reported knowing someone who was injured (6.0% close, 29.1% friend or acquaintance, 44.8% distant or indirect).

Sensorimotor Gating (Prepulse Inhibition of Startle) in Children Exposed to a Single Traumatic Event

(Abstract # 296)

Pynoos, Robert, MD, MPH ; Ornitz, Edward, MD

UCLA School of Medicine, Los Angeles, California, USA

Objective: This study evaluated sensorimotor gating in school-age children who experienced a single trauma. Sensorimotor gating was measured as prepulse inhibition (PPI) of startle. This study was designed to investigate whether attenuation in the maturation of PPI occurred, and the extent to which it is correlated with PTSD symptom severity. Study Design: Twenty-five school age children who experienced a single traumatic event were compared to sixteen school age children with no history of trauma. Prepulses and startle stimuli were presented. Differences between scores on trials with and without a prepulse were analyzed using one-way analysis of variance, with diagnostic group as the classification factor. Result: All groups showed similar startle amplitude and habituation. PPI differed among all three groups: the greatest PPI occurred in the control group (53% PPI); the least PPI (31% PPI) in the PTSD group; the values for the traumatized (but not meeting PTSD criteria) group fell in between (42.1% PPI). Conclusion: Only a single traumatic episode may disrupt sensorimotor gating in school-aged children. School-age years may constitute a neurobiological window of vulnerability. Disturbances of startle modulation may serve as an important developmental marker of PTSD. Implications for revision of PTSD in DSM V will be discussed.

Virtual Reality Exposure Therapy for PTSD

(Abstract #439)

Symposium (Clin Res, Mil Emer)

International E - 6th Floor

Reger, Greg, PhD¹; Rothbaum, Barbara, PhD²; Difede, JoAnn, PhD³; Rizzo, Skip, PhD⁵; Marmar, Charles, MD⁴; Cukor, Judith, PhD⁷; Spitalnick, Josh, PhD⁶

¹98th MED DET(CSC), Fort Lewis, Washington, USA

²Emory University School of Medicine, Atlanta, Georgia, USA

³New York Presbyterian Hosp, New York, New York, USA

⁴University of California San Francisco, San Francisco, California, USA

⁵University of Southern Calif., Marina del Rey, California, USA

⁶Virtually Better, Decatur, Georgia, USA

⁷Weill Cornell Med College, New York, New York, USA

This symposium addresses on-going efforts to test the effectiveness of computer simulations to activate trauma memories during treatment and, based on accumulating evidence of effectiveness, to develop a training program for dissemination. Increasing evidence supports virtual reality as a promising tool for delivering exposure therapy to patients with PTSD and three presentations of this symposium will review the clinical outcomes of virtual reality exposure therapy (VRET) with both civilian and at-risk populations (e.g., Service members, firefighters, police officers). The first paper reviews the clinical outcomes of an open clinical trial to treat combat-related PTSD. The second discusses effectiveness of VRET in a military treatment facility. The third paper compares outcomes of civilian and at-risk populations and the fourth paper presents recent efforts to develop training and supervision models for VRET.

The Use of Virtual Reality Technology in the Treatment of PTSD in At-Risk Occupations

(Abstract # 1033)

Difede, JoAnn, PhD¹; Cukor, Judith, PhD²; Wyka, Katarzyna, MA²

¹New York Presbyterian Hosp, New York, New York, USA

²Weill Cornell Med College, New York, New York, USA

The recent Institute of Medicine (IOM) report suggested that exposure therapy is the most effective psychological treatment for PTSD. However, the preponderance of studies concern civilians. Few studies have examined the efficacy of exposure therapies for occupations at-risk for PTSD, such as firefighters, police officers, and military personnel. We will present a post-hoc analysis comparing the efficacy of virtual reality exposure therapy for the treatment of PTSD in occupations at-risk, compared to civilians. Data (n=14) from reservists deployed to OIF/OEF as well as firefighters and police officers deployed to the WTC attacks of September 11, 2001 will be presented and compared to a comparable data set of civilians (n=14). The overall mean baseline PTSD score across groups was 66.70 (SD= 21.60) as measured by the CAPS and there were no differences between the two groups (civilians M=65.84, SD=18.42 vs. occupations at-risk M=67.50, SD=24.87, t(25) =-.195, p=.847). There were no differences in outcome between the two groups (mean percent decrease in CAPS was 43% and 46% for civilians and occupations at-risk group, respectively). Both groups showed significant improvements following treatment compared to their own baseline (p<.001) and these gains were maintained at the six-month follow-up.

Friday: 2:00 p.m. - 3:15 p.m.

Training and Supervision Models for Teaching Virtual Reality Exposure Therapy for PTSD

(Abstract # 795)

Rothbaum, Barbara, PhD³; Difede, JoAnn, PhD⁴; Rizzo, Skip, PhD⁵; Reger, Greg, PhD¹; Cukor, Judith, PhD⁷; Spitalnick, Josh, PhD⁶; Holloway, Kevin, PhD²

¹98th MED DET(CSC), Fort Lewis, Washington, USA

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³Emory University School of Medicine, Atlanta, Georgia, USA

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⁶Virtually Better, Decatur, Georgia, USA

⁷Weill Cornell Medical College, New York, New York, USA

Most trauma victims show fear reactions following the trauma that decline over time. We believe this reflects the process of extinction and the development of PTSD represents a failure of extinction. Extinction training in humans is conducted as exposure therapy, which for PTSD usually involves imaginal exposure to the patient's traumatic memory and in vivo exposure. A growing body of literature supports the use of Virtual Reality Exposure Therapy (VRE) as a tool for exposure therapy within a comprehensive treatment program. The authors have conducted 6 training workshops for VRE for military and civilian therapists. A training model will be presented that requires training via a live workshop, a treatment manual, and ongoing supervision. Data from a recently completed open clinical trial with active duty military personnel treated with a Virtual Iraq with 42 patients entered into therapy and 20 completing indicates that therapy was effective with PCL scores decreasing from 57.5 (10.6) at pre-treatment to 28.9 (13.0) at post-treatment for the intent-to-treat sample, but the high dropout causes a tempering of results. Data will be presented on factors affecting patient retention/dropout related to therapist experience and setting and factors that may be inherent in an active duty military population.

Virtual Reality Exposure Therapy for the Treatment of OIF/OEF PTSD

(Abstract # 849)

Rizzo, Albert, PhD²; Rothbaum, Barbara, PhD¹; Difede, JoAnn, PhD²

¹Emory University School of Medicine, Atlanta, Georgia, USA

²New York Presbyterian Hosp, New York, New York, USA

War is perhaps one of the most stressful situations that a human being can experience. Such stressful experiences that are characteristic of combat environments have a high likelihood for producing significant numbers of returning soldiers at risk for developing PTSD. Among the many approaches that have been used to treat persons with PTSD, graduated exposure therapy involving the graded and repeated imaginal reliving of the traumatic event within the therapeutic setting appears to have the best-documented therapeutic efficacy. This treatment is believed to provide a low-threat context where the patient can therapeutically process the emotions that are relevant to the trauma and de-condition the avoidant learning cycle that maintains the disorder. This talk will detail the rationale and results from our clinical research using Virtual Reality as a tool to enhance the efficacy of exposure therapy with OIF/OEF military personnel using a Virtual Iraq scenario. We will provide an explanation of the added value for using VR to deliver exposure therapy, present data from our recent open-clinical trial, and

present a review of ongoing clinical trials with Virtual Iraq and now Virtual Afghanistan. We will then present our vision for the future use of VR technology in this area.

Effectiveness of Virtual Reality Exposure Therapy in a Military Mental Health Clinic

(Abstract # 638)

Reger, Greg, PhD¹; Holloway, Kevin, PhD²; Rizzo, Skip, PhD⁵; Rothbaum, Barbara, PhD³; Difede, JoAnn, PhD⁴

¹98th MED DET(CSC), Fort Lewis, Washington, USA

²DCoE T2, Tacoma, Washington, USA

³Emory University School of Medicine, Atlanta, Georgia, USA

⁴New York Presbyterian Hospital, New York, New York, USA

⁵University of Southern California., Marina del Rey, California, USA

Research on the mental health impact of combat highlights the increased risk of posttraumatic stress disorder for previously deployed military Service members. Prolonged Exposure therapy is one of the most effective treatments for PTSD. A core component of this treatment approach is imaginal exposure. Virtual reality (VR) has been explored as a potential tool during exposure therapy in order to increase emotional engagement and enhance activation of the fear structure during exposure. This presentation will review preliminary clinical outcomes of VR exposure therapy (VRET) among active-duty Soldiers treated at a military mental health clinic. Treatment involved the use of a VR Iraq during exposure, which exposed the patient to a multisensory, customizable environment that represented aspects of the index trauma. Treatment completers (N=13) reported a significant post-treatment reduction in PTSD symptoms (M = 43.0; p < .0005) on the PTSD Checklist-Military Version (PCL-M) relative to the pre-VRET baseline (M = 59.8). Limitations include the small sample and uncontrolled, retrospective design, which highlights the need for a large, randomized clinical trial evaluating the effectiveness of VRET relative to existing evidence-based treatments.

Hippocampal Neuroplasticity in PTSD: Evidence From Brain Imaging

(Abstract #653)

Symposium (Bio Med, Res Meth)

Vinings I & II - 6th Floor

Bremner, J. Douglas, MD²; Yehuda, Rachel, PhD⁵; Wang, Zhen, MD⁷; Neylan, Thomas, MD¹; Marmar, Charles, MD¹; Buchsbaum, Monte⁶; Fani, Negar, MS⁴; Reed, Lai, MBA³; Dent, Mary, PhD³

¹University of California San Francisco, San Francisco, California, USA

²Emory University School of Medicine, Atlanta, Georgia, USA

³Emory University, Atlanta, Georgia, USA

⁴Georgia State University, Atlanta, Georgia, USA

⁵Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

⁶University of California, San Diego, California, USA

⁷Shanghai Mental Health Center, Shanghai Jiao Tong University, Shanghai, China

Neuroplasticity is a crucial concept in the field of PTSD psychobiology. It refers broadly to the adaptive capacity of the brain in response to experiential challenges. More specifically it pertains to the capacity for the growth of new neurons and/or neuronal connections. This symposium will present data from multiple brain imaging studies that examine hippocampal neuroplasticity in PTSD. The first presentation will present data on fMRI of fear learning/extinction (demonstrating altered function in amygdala, hippocampus, and anterior cingulate) in PTSD and controls, and hippocampal NAA response to paroxetine

within PTSD. The second will examine functional hippocampal responses to a hydrocortisone challenge in PTSD versus controls. The third presentation will present data showing for the first time in humans that PTSD is associated with selective volume loss of the dentate gyrus, which contains multipotent adult neural stem cells and is a key site for neurogenesis, and the CA3 region, which is a major target for glucocorticoids. Finally, data showing a strong relationship between decreased volume of the CA3/dentate subfield and sleep quality will be presented. The final discussion will focus on a research agenda to test whether the effects of PTSD on hippocampal function is reversible.

Neural Correlates of Learning in PTSD

(Abstract # 760)

Dent, Mary, PhD¹; Fani, Negar, MS²; Reed, Lai, MBA¹; Bremner, J. Douglas²

¹Emory University, Atlanta, Georgia, USA

²Georgia State University, Atlanta, Georgia, USA

Posttraumatic stress disorder (PTSD) is associated with considerable morbidity and loss of function. Current models of the pathophysiology of PTSD include alterations in learning, felt to be mediated by hippocampus, amygdala and medial prefrontal cortex. We have shown smaller volume of the hippocampus in PTSD, as well as increased volume with paroxetine, and more recently an increase in hippocampal N-acetyl-aspartate (NAA), a marker of neuronal integrity, in PTSD. Another functional magnetic resonance (fMRI) study showed a relative failure of amygdala and hippocampal activation during fear learning, and a relative failure of anterior cingulate activation during fear extinction, in PTSD relative to non-PTSD subjects. These findings are consistent with altered altered plasticity of the brain in PTSD.

Changes in Hippocampal Metabolism Following Hydrocortisone Administration in PTSD

(Abstract # 1150)

Yehuda, Rachel, PhD¹; Golier, Julia, MD¹; Harvey, Phillip, PhD³; Bushbaum, Harvey, PhD¹; Biere, Linda, MD²; Hazlett, Erin, PhD³

¹Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

²Bronx VA Medical Center, Bronx New York, USA

³Emory University, Atlanta, Georgia, USA

PET neuroimaging is ideally suited to examining the effects of cortisol on brain metabolism, since cortisol normally causes a decrease in cellular uptake of glucose. We exploited this methodology to examine effects of a 17.5 mg i.v. bolus of hydrocortisone compared to placebo in hippocampal metabolism (and that of other regions of interest including the amygdala and prefrontal cortex) in combat veterans with and without PTSD, in the context of a randomized, double-blind study, counterbalanced for order. Since cortisol also exerts effects on memory performance and other hormones, such as ACTH, we examined episodic and working memory, and ACTH levels on both test days. Results will be presented demonstrating that in a sample of older combat veterans (Vietnam, Korean and World war II veterans), the hydrocortisone had a significantly effect of decreasing glucose metabolic activity in veterans with, than without, PTSD. Corresponding improvements in memory performance in response to hydrocortisone were noted, and ACTH levels were significantly more suppressed in veterans with, then without, PTSD. Interestingly, in a younger veteran sample comprising of Gulf War veterans, hydrocortisone had more modest effects

in hippocampal tissue. In this cohort, episodic memory was worsened by hydrocortisone administration, though declarative memory was significantly improved.

MRI of Hippocampal Subfields in Posttraumatic Stress Disorder

(Abstract # 1149)

Wang, Zhen, MD¹; Mueller, Susanne G., MD²; Marmar, Charles, MD²; Weiner, Michael W., MD²; Neylan, Thomas, MD²; Schuff, Norbert, PhD²

¹Shanghai Mental Health Center, Shanghai Jiao Tong University, Shanghai, China

²University of California San Francisco, San Francisco, California, USA

The subfields of the hippocampus have specialized functions and have not been investigated in PTSD. In particular, the CA3/dentate subfield is the most active site for adult neurogenesis. The purpose of this study was to determine if PTSD is associated with structural alterations in specific subfields of the hippocampus. Volumes of hippocampal subfields in seventeen male veterans with combat trauma and positive for PTSD (41 }12 years) and nineteen age-matched male veterans negative for PTSD were measured using Tesla MRI. PTSD was associated with 11.3 } 1.5% (p = 0.006) smaller CA3/dentate gyrus subfield volumes, irrespective of age, whereas other subfields were spared. The volume of the CA3/dentate was most associated with disturbed sleep. The CA1 subfield showed a reduced volume as a function of greater age (p = 0.02). Total hippocampal volume was also reduced in PTSD by 6.5 } 0.6% but related to both PTSD (p = 0.05) and age (p = 0.03), consistent with the measurements in the subfields. The findings indicate for the first time in humans that PTSD is associated with selective volume loss of the CA3/dentate gyrus subfields, consistent with animal studies implying that chronic stress suppresses neurogenesis and dendritic branching in these structures.

The Psychological Impact of Trauma Across Cultures

(Abstract #391)

Symposium (Civil Ref, Cul Div) Augusta I - 7th Floor

Nickerson, Angela, BSC¹; Hinton, Devon, MD, PhD²; Tol, Wietse, PhD³; de Jong, J.T.V.M., MD, PhD⁴

¹University of New South Wales, Sydney, Australia,

²Harvard University, Boston, Massachusetts, USA

³HealthNet TPO, Kathmandu, Nepal

⁴UV, Netherlands/Boston University, Boston, Massachusetts, USA

While much of the research on the psychological effects of trauma has taken place in Western countries, the majority of individuals affected by trauma related to violence and persecution come from non-Western backgrounds. There exists a need to better understand the impact of these experiences on mental health across cultures. A recent debate in the field has been regarding the extent to which Western conceptualizations of traumatic stress encapsulate these experiences in other cultures. Emerging research has highlighted the importance of considering culturally-specific expressions of distress. These papers consider the psychological impact of trauma in Cambodian, Mandaean, Nepalese and Balante survivors of violence. Limitations of Western concepts in explaining the mental health effects of these experiences will be discussed. Local idioms of distress related to traumatic stress will also be examined, and the impact of other cultural factors on mental health explored.

Friday: 2:00 p.m. - 3:15 p.m.

Culturally Specific Complaints and PTSD in a Rural Cambodia Population

(Abstract # 803)

Hinton, Devon, MD, PhD

Harvard University, Boston, Massachusetts, USA

In this presentation, we report on the results of a survey in Cambodia using a culturally sensitive assessment tool. The instrument was used in Cambodia by a NGO, as part of a needs assessment and treatment-outcome monitoring program. The assessment instrument assesses for culturally salient idioms of distress, both somatic symptoms and cultural distress syndromes (e.g., neck soreness, orthostatic dizziness, khyal attacks). A measure of PTSD was also used. We will report on the frequency of culturally salient complaints and PTSD severity, and the relationship between the two, both at one point in time and across an intervention. The survey illustrates the importance of culturally sensitive assessment.

The Familial Influence of Loss and Trauma on Refugee Mental Health

(Abstract # 392)

Nickerson, Angela, BA(Hons); Bryant, Richard, PhD; Brooks, Robert, PhD; Silove, Derrick, MD; Steel, Zachary, PhD

University of New South Wales, Sydney, New South Wales, Australia

Refugees are typically exposed to multiple traumatic events and losses in the context of organized violence. The events that impel an individual to flee from persecution are often experienced by multiple members of the same family. These experiences, in the context of the breakdown of social institutions that facilitate coping, are likely to disrupt family and social networks. While the deleterious effects of loss and trauma on the mental health of the individual have been well-documented, there has been little study of the influence of these experiences on family functioning. The current study detailed the pathways from refugee experiences to mental health-related disability at both the individual and family levels in 315 Mandaean refugees residing in Sydney, Australia. Results indicated that loss and trauma have mental health consequences that extend beyond individual-level symptoms and functioning and resonate within the family context. The implications of these findings for models of grief and loss and populations affected by mass violence will be discussed.

Political Violence and Mental Health: A Systematic Multi-Disciplinary Review of Findings From Nepal

(Abstract # 396)

Tol, Wietse, PhD³; Kohrt, Brandon, MD, PhD¹; Jordans, Mark²; Thapa, Suraj, MD, PhD⁴; Pettigrew, Judith, PhD⁵; Upadhaya, Nawaraj, BSW, MA³; de Jong, J.T.V.M., MD, PhD⁶

¹Emory University, Atlanta, Georgia, USA

²HealthNet TPO, Amsterdam, Netherlands

³HealthNet TPO, Kathmandu, Nepal

⁴Oslo University Hospital, Oslo, Norway

⁵University of Limerick, Limerick, Ireland

⁶VU University Amsterdam, Netherlands/Boston University, Boston Massachusetts, USA

Political violence, which mainly takes place in low- and middle-income countries, has been studied as an important risk factor for mental health. Scholars focusing on the relations

between political violence and mental health have typically been divided between psychiatric (biomedical) and psychosocial paradigms. Nepal is a low-income country with a history of political violence characteristic of post-Cold War trends. A Maoist armed insurgency between 1996 and 2006, rooted in unequally divided poverty, institutionalized ethnic/ caste and gender discrimination, and disappointment in state governance, resulted in 13,000 deaths and large-scale violation of human rights. This presentation addresses a review of the literature on the relations between political violence and mental health in Nepal. We systematically searched databases relevant to the medical and social sciences and identified 46 studies, ranging in methodology from ethnographic to psychiatric epidemiological studies. Although limited by an over-reliance on cross-sectional designs and non-representative sampling, this emerging body of research presents opportunities to provide more nuanced research and policy recommendations regarding the importance of Posttraumatic Stress Disorder symptoms, a focus on specific target groups, and the importance of socio-cultural context, as well as current gaps in the literature.

Healing Traumatic Stress in a West African Post-War Setting: Kiyang-Yang, a Post-War 'Idiom of Distress' Developing Into a Mass Dissociative Movement

(Abstract #391)

de Jong, J.T.V.M., MD, PhD; T. Reis Ria, BA

VU University Amsterdam, Netherlands/Boston University, Boston Massachusetts, USA

In the autumn of 1984 a wave of rumours about "mad" Balanta women spread across southern Guinea Bissau. It all started with a group of young women who were unable to conceive or whose children had died. They tried to find relief from a woman who received messages from the Balanta god Nhaalla, telling her to cure other people, pointing out medicinal herbs, and commanding her to put an end to witchcraft in the country. What started as a healing cult for individuals developed into a movement of young people, especially women, which shook Balanta society to its foundations and had national repercussions. Interpretations by the first author based on ethnographic field work focused on socio-political meanings and functions of this movement. It interpreted the movement as a collective coping strategy to deal with stressors originating in three different fields of social change: the precarious position of the Balanta as an ethnic group within the newly formed state of Guinea Bissau; the position of Balanta women in relation to gender hierarchies; and post-war intergenerational tensions. This socio-political analysis articulated with previous analyses of social movements in religious anthropology generally focusing on a collective level such as anti-witchcraft movements or collective possession. From a perspective of idioms of distress, we focus in this presentation on the meaning that the movement had as a coping strategy to deal with traumatic stress. We will show how the Balanta use their idiom of distress to cope with their individual post-war trauma while simultaneously coping with the collective traumatic stress induced by the war and the postcolonial period. Most studies that use idioms of distress as an analytic tool assume already existing idioms in which people can express their distress. In this lecture we will show how an individual expression of distress developed into widely accepted group idioms that simultaneously allowed the expression of collective distress of the whole ethnic group.

Papers

Molecular and Endocrine Studies

International F - 6th Floor

Chair: Bridgette Apfel

University of California, San Francisco, San Francisco, California, USA

Awake/Sleep Cortisol Levels Soon After Serious Injury in Patients With and Without Subsequent PTSD

[Abstract #616]

[Bio Med, Res Meth]

Kobayashi, Ihuri, MA¹; Martin, Berni, RN, MSN, CEN²; Fallon, William, MD, MBA²; Delahanty, Douglas, PhD¹

¹*Kent State University, Kent, Ohio, USA*

²*Summa Health System, Akron, Ohio, USA*

Low levels of cortisol soon after a trauma have been associated with the subsequent development of PTSD. The present study prospectively examined awake and sleep levels of urinary cortisol (µg/L) in 34 injury patients at 3 weeks post-injury and PTSD diagnostic status at 7 weeks post-injury. Present and past PTSD symptoms were assessed with the Clinician Administered PTSD Scale. Participants collected all urine they eliminated between 6 pm and 9 am in one of two urine containers: one for all urine eliminate while awake, and another for all urine eliminated once the participants went to bed and including the first morning void. A 2 [Cortisol: Awake and Sleep] x 2 [PTSD (n=9) vs. non-PTSD (n=25)] ANCOVA with cortisol as a repeated measure and gender as a covariate was performed. Results revealed a significant interaction between cortisol and PTSD (F=6.03, p=.02). The PTSD group had lower awake cortisol levels than the non-PTSD group, but no group difference was found for sleep cortisol. No effect of gender was found. Results did not change when prior trauma history or past PTSD symptom severity was included as covariates. Results suggest possible differential contribution of cortisol to the development of PTSD during sleep and awake.

Cortisol and MHPG Response to Video Challenge and the Development of PTSD Symptoms in Police Officers

[Abstract #619]

[Bio Med, Mil Emer]

Apfel, Brigitte, MD^{1,2}; Inslicht, Sabra S., PhD^{1,2}; McCaslin, Shannon, PhD^{1,2}; Metzler, Thomas, MA^{1,2}; Neylan, Thomas, MD^{1,2}; Marmar, Charles, MD^{1,2}

¹*University of California, San Francisco, San Francisco, California, USA*

²*San Francisco VA Medical Center, San Francisco, California, USA*

Alterations of the endocrine response to stress have been shown in Post-Traumatic Stress Disorder (PTSD). Few studies have examined whether this is a preexisting vulnerability factor or an acquired result of the trauma exposure. We sought to examine whether the response of the adrenergic system and cortisol to a pre-trauma challenge test predicts the development of PTSD symptoms. In a prospective cohort study, 219 urban police officers were assessed during academy training (baseline) and 24 months after start of active duty (follow-up). At baseline, participants observed a video consisting of real life police critical incidents. Salivary cortisol and 3-methoxy-4-hydroxy-

phenylglycol (MHPG) were measured before, immediately after and 20 minutes following the challenge. At the 24 month follow-up, PTSD symptoms to officers' worst critical incident were assessed. At baseline, the mean MHPG level increased during the video and remained elevated after 20 minutes, while the mean cortisol level decreased during the video and increased during the following 20 minutes. Both higher MHPG and higher cortisol levels 20 minutes after the video challenge (at baseline) were associated with higher levels of PTSD symptoms (at follow-up). Sustained elevated adrenergic activity in response to a stressful video challenge prospectively predicted the development of PTSD symptoms.

Sex-Specific Cannabinoid Receptor Regulation: Basal PKC Expression in Stressed vs. Nonstressed Rats

[Abstract #878]

[Bio Med, Res Meth]

Xing, Guoqiang, MD; Carlton, Janis, MD, PhD; Li, He, MD, PhD; Zhang, Lei, MD; Ursano, Robert, MD

Uniformed Services University of The Health Sciences, Bethesda, Maryland, USA

While good evidence exists for sex-related differences in traumatic stress related disorders, the understanding of underlying cellular mechanisms is limited. In earlier studies we found inhibitory regulation by protein kinase C (PKC) mediated phosphorylation of cannabinoid receptor subtype 1 was differentially induced in the cerebellum of male and female rats after repeated stress. Here we used Western blot with isoform-specific PKC antibodies to measure expression of PKC subtypes in the brains of male and female rats with or without 3-days inescapable tail shock. Basal levels of conventional PKCs, cPKCβ I and β II, as well as novel PKCs, nPKCδ and ε were significantly higher in female cerebellum and were differentially affected by stress. Stress resulted in significant increases of PKC β I, β II and δ in cerebellum of male rats, but not in female rats. These findings suggest that dimorphisms in PKC signal transduction in cerebellum may be involved in sex-related differences in response to traumatic stress. Further, the observation of sex-related differences at cell signaling levels in cerebellum may be correlated with mediation of stress responses including peritraumatic responses, substance abuse, acute stress reactions and initiation of PTSD.

Association of Biological Markers With Psychological Stress Symptoms in Traumatized Children

[Abstract # 1074]

[Assess Dx, Child]

Goldbeck, Lutz, PhD; Funk, Stefanie; Kirsch, Veronica; Zehr, Julia

University Clinic Ulm, Ulm, Germany

Although self reports are the diagnostic gold standard in traumatized children, biological markers might add important diagnostic and prognostic information. We analysed heart rate and salivary cortisol in two different samples of children aged 6-17 years: children after hospitalization due to an accidental trauma, and patients who were referred to a child trauma clinic due to PTSD. The aim of the study was to determine the correlation between intensity and severity of posttraumatic

Friday: 2:00 p.m. - 3:15 p.m.

stress symptoms and biological markers. Further, the predictive validity of heart rate and cortisol assessed within two weeks after the traumatic index event was determined in a sample of children after hospitalization due to a single accidental trauma. Two consecutive clinical samples (each $n > 30$) were assessed regarding their trauma history, posttraumatic stress symptoms, and impairment due to these symptoms, one from the surgical department and the other from a special clinic for traumatized children and adolescence. Additionally, heart rate during exposition to the trauma narrative, morning and evening salivary cortisol were assessed. First results indicated that the heart rate normalization after exposure to the trauma narrative was significantly reduced in children who developed a PTSD compared with children without a PTSD. The slope of morning vs. evening salivary cortisol levels was significantly less precipitous in children with a severe and chronic trauma history and associated posttraumatic stress symptoms, compared to children with a single trauma. In children after accidents, there was a low correlation of $r = .40$ between acute and posttraumatic stress symptoms. Detailed data about the correlation between biological markers and posttraumatic stress symptoms and the predictive validity of biological markers regarding the development of a PTSD are presented.

Sex Differences in Expression of GABA Receptor Subunit mRNA After Repeated Stress

(Abstract #888)

(Bio Med, Res Meth)

Xing, Guoqiang, PhD; Carlton, Janis, MD, PhD; Zhang, Lei, MD; Li, He, MD; Fullerton, Carol, PhD; Ursano, Robert, MD

Uniformed Services University of The Health Sciences, Bethesda, Maryland, USA

Sex Differences in Expression of GABA Receptor Subunit mRNA after Repeated Stress γ -Aminobutyric acid (GABA) is a major inhibitory neurotransmitter in the CNS that acts through the pharmacologically and molecularly distinct GABA-A and GABA-B receptor subtypes. GABA-A subunits are highly expressed in the cerebellum and may play an important role in both motor-related functions and stress-related psychological responses to stress including peritraumatic dissociation, selective attention, learning and memory. Using real-time PCR, we determined the mRNA expression of GABA-A receptor subunits in the cerebellum of male and female rats after 3-days exposure to repeated stress and in nonstressed controls. GABA-A receptor subunit mRNA did not change significantly in the cerebellum of male rats after repeated stress. In female rats GABA-A δ subtype mRNA decreased significantly whereas both GABA-A γ -2 and GABA-A γ -3 mRNA increased significantly after stress. Because the pentameric GABA-A receptors are formed by selection from 19 distinct subunits with differential responses to GABA neurotransmission, and because the GABA-A receptors with α -1, γ -2 and β subunits are the largest single group, our finding of changes in cerebellar GABA-A receptor subunit mRNA expression in females and not in males suggests a gender-specific cerebellar GABAergic response to stress.

Workshop

How to Write Well and Have Fun Doing It

(Abstract #341)

Workshop (Media Ed, Res Meth)

International G - 6th Floor

Legerski, Joanna, MA³; Kendall-Tackitt, Kathleen, PhD¹; Gray, Matt, PhD²; LaBash, Heidi, BS⁴

¹*Texas Tech University, Amarillo, Texas, USA*

²*University of Wyoming, Laramie, Wyoming, USA*

³*University of Montana, Missoula, Montana, USA*

⁴*University of Nevada, Reno, Nevada, USA*

Three clinical researchers who have participated on editorial boards, present information regarding the process of writing well for successful publication. Professionals and students of ISTSS have continued to request training at annual meetings related to the process of writing for publication within the field of traumatic stress. This student sponsored workshop will address key components of achieving success in writing for publication. The workshop will approach the process of writing with regard to three key topics: 1.) Key features of successful writing and the seven deadly sins of academic writers 2.) How to avoid procrastination and maintain the writing process 3.) How to create writing groups and develop collaborations.

Case Presentation

A West African Refugee Case Study on Trauma and Feeding Disorder of Infancy or Early Childhood

(Abstract #618)

Case Presentation (Assess Dx, Civil Ref)

International H - 6th Floor

Winkel, Rebecca, PhD, LMHC

New School for Social Research, New York, New York, USA

The author will present a case of 36 refugee children with Feeding Disorder of Infancy or Childhood. Despite the children's enrollment for six months in a United Nations Refugee Agency (UNHCR)/World Food Program (WFP) supplemental feeding program, they continue to have persistent, severe malnutrition, not due to a medical condition. The challenges of differential diagnosis will be discussed, along with findings that suggest dysfunctional child-caregiver interaction, poor attachment, and caregiver pathology as a result of trauma experienced during the Liberian wars. The presentation will include a model developed to address the urgent need to integrate psychosocial interventions into the daily child-caregiver supplemental feeding program routine. Capacity building and training of local staff were central to the intervention. The advantages and disadvantages of the diagnostic criteria of Feeding Disorder of Infancy or Early Childhood will be discussed as it applies to these cases, along with consideration of future subtypes and/or specifiers. Audience participation will be highly encouraged.

Concurrent Session 9
Friday, November 6
3:30 p.m. – 4:45 p.m.

Featured Speaker

The Neurobiology Angle: PTSD Risk, Comorbidity, and Treatment Response

Featured (Bio Med, Clin Res) Augusta II & III - 7th Floor

Rasmuson, Ann M., MD
Medical Director, PTSD Clinical Services, VA Boston Healthcare System, Boston, Massachusetts, USA

The past 25 years have been marked by substantial advances in our understanding of basic neurobiological processes relevant to PTSD, such as those that underlie fear conditioning and extinction. Concomitantly, efforts by clinician scientists have yielded PTSD-specific cognitive and exposure treatments with high degrees of efficacy for PTSD and PTSD-related conditions such as depression. Psychopharmacological treatments targeting PTSD have met with more limited success. *This talk will address neurobiological processes that may underlie the successes as well as limits of current interventions for PTSD.* Improving these treatments and reducing the risk for PTSD and its comorbid psychiatric and medical conditions should capitalize on our rapidly growing knowledge of interactive and *individually variable* genetic, epigenetic, neurobiological, and psychological processes that ultimately bear on arousal and information processing during extreme stress.

Media Presentation

Resilience to Trauma

(Abstract #825)

Media (Practice/Mil Emer) International H - 6th Floor

Williams, Wright, PhD
Michael E DeBakey VAMC, Houston, Texas, USA

“My job as a filmmaker is to put you in his skin.” — Steven Soderbergh. This is a Telly award-winning documentary film about nine former POW’s from WW II and their successful struggles with trauma and PTSD over their lifetimes. The men talk candidly about themselves, the traumas they have lived through, and the lives they have led. They carry viewers through an emotional roller coaster as they discuss how they have coped and dealt with the worst parts of life, and the worst parts of themselves. Although the traumas these men faced and their stories are gripping, their lives are—more often than not—rather normal. The effect is that these veterans—who are now living history—offer a message of hope and resilience to us all. The film was developed as an educational/therapy tool for combat veterans and people with PTSD. It was produced for veterans who doubt that they can recover from trauma. The hope of the film is that these veterans’ resilience will connect with future generations of returning warriors. These men participated in the planning and the direction of the film. They and their wives viewed the film, and enjoyed it, prior to its release.

Participant Alert: The film includes candid accounts of the traumatic experiences these men experienced in combat and as a Prisoner of War, and contains photo’s of actual combat scenes.

Symposium

Beyond PTSD Symptom Reduction: Social and Health-Related Benefits of Trauma Focused Treatment

(Abstract #288)

Symposium (Clin Res, Assess Dx) Peachtree B/C - 8th Floor

Lester, Kristin, PhD⁷; Marx, Brian, PhD⁷; Galovski, Tara, PhD.¹; Schuster, Jennifer, PhD.⁴; Nixon, Reginald, PhD³; Schnurr, Paula, PhD⁶; Rodriguez, Paola, MA⁷; Holowka, Darren, PhD⁴; Lunney, Carole, MA⁵; Weathers, Frank, PhD²; Sloan, Denise, PhD⁴; Keane, Terence, PhD⁷; Jimenez, Sherlyn, MFA, PhD⁴; Smith, Kamala, BA⁶; Klunk Gillis, Julie, PhD⁴; Resick, Patricia, PhD^{4,8}

¹University of Missouri-St Louis, Kirkwood, Missouri, USA

²Auburn University, Auburn, Alabama, USA

³Flinders University, Adelaide, South Australia

⁴National Center for PTSD at VA Boston Healthcare System, Boston, Massachusetts, USA

⁵The Ohio State University, Columbus, Ohio, USA

⁶VA Medical & Regional Office, White River Junction, Vermont, USA

⁷National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

⁸Boston University, Boston, Massachusetts, USA

The effects of trauma-focused treatments have garnered significant attention within the trauma literature. Although the success of various treatments in reducing PTSD symptoms has been well documented within clinical research, less is known on additional potential treatment outcomes. Given that individuals with PTSD exhibit problems in multiple domains, such as psychosocial functioning and physical health, this area of study warrants greater attention. Thus, presenters in this symposium will discuss findings on secondary treatment outcomes with a focus on social and health benefits of trauma-focused treatments.

Development of a Functional Impairment Scale for Active Duty Service Members and Veterans

(Abstract # 349)

Marx, Brian, PhD³; Schnurr, Paula, PhD⁴; Rodriguez, Paola, MA¹; Holowka, Darren, PhD.¹; Lunney, Carole, MA⁵; Weathers, Frank, PhD²; Sloan, Denise, PhD³; Keane, Terence, PhD³

¹National Center for PTSD, Boston, Massachusetts, USA

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³VA Boston Healthcare Systems, Boston, Massachusetts, USA

⁴VA Medical & Regional Off, White River Junction, Vermont, USA

⁵Ohio State University, Columbus, Ohio

Our goal is to design and validate an inventory to assess multiple dimensions of functional impairment experienced by active duty service members and veterans. A series of focus groups and individual assessments using interviews and self-report questionnaires will be used to understand the multiple domains of functional impairment. Results from the focus groups revealed

Friday: 3:30 p.m. – 4:45 p.m.

that the most frequently occurring functional impairments among veterans were in the following domains: intimate relationships, family, parenting, work, education, friendships/social life, and day-to-day activities. Utilizing this information, an inventory of 87-items was developed to assess each of these domains. The psychometric properties of this inventory are being tested. By creating and validating an inventory to assess functional impairment we hope to offer a useful tool for clinicians, researchers and military leaders. This measure will have enormous value in identifying individuals with significant levels of impairments across multiple domains and for promoting more efficient allocation of resources towards those who are in most need. This measure will also assist with mental health-related compensation and pension procedures and decisions by providing a means to more accurately assess mental health-related functional impairment.

Improvement in Secondary Outcomes Across Varying Doses of Cognitive Processing Therapy

(Abstract # 354)

Galovski, Tara, PhD

University of Missouri-St Louis, Kirkwood, Missouri, USA

The efficacy of Cognitive Processing Therapy (CPT; a 12 session, trauma-focused intervention) has been established in treating PTSD and depression. The success of this intervention has extended to larger domains of functioning including improvements in psychosocial domains (Galovski, et al., 2005) and secondary outcomes such as health-related concerns and sleep quality (Galovski et al., in press). Recent research has shown that PTSD sufferers improve at variable rates, with subsets requiring more or less than 12 sessions to meet good end state functioning. It is unknown whether substantial change in secondary outcomes can be achieved following varying lengths of treatment. This study investigates outcomes in health-related concerns and sleep quality in a sample of survivors of interpersonal violence suffering from PTSD. Preliminary data on 26 participants showed significant decreases in PTSD and depressive symptoms as well as health-related concerns (PILL) and a trend for improvement seen in sleep quality (PSQI). A sample of 45 completers is anticipated by November. The relationship between change in secondary outcomes and treatment length will be tested and results will be located and discussed in terms of the larger benefits and risks of variable lengths of treatment.

Cognitive Processing Therapy for Acute Stress Disorder: A Dissemination Study

(Abstract # 462)

Nixon, Reginald, PhD

Flinders University, Adelaide, South Australia, Australia

Preliminary findings on the effectiveness of an abbreviated format of CPT for recent sexual assault victims seeking treatment in a community rape crisis centre will be reported. This ongoing project is employing a randomized 2 (Treatment Condition) x 5 (Assessment Point) factorial design. That is, participants receive either (a) CPT, or (b) Treatment As Usual (TAU). Participants are assessed at pre- and post-treatment, and at 3-, 6-, and 12-month follow-up, although findings will be reported only up

to 3-month follow-up. Posttraumatic stress, as well as other anxiety and affective disorders are the dependent variables of interest. Data is also being collected on relevant secondary outcomes such as participants' use of medical services not related to traumatic-injury, and occupational functioning. At the time of writing 14 participants have been enrolled in the trial; a further 20 participants are projected to be enrolled by November. At this stage sample size precludes treatment condition comparisons, however, examination of within-group effect sizes for CPT indicates large (ES > 1.00) changes on PTSD and depression severity, social functioning improvement and health outcomes. Although preliminary, these findings are extremely promising, and suggest that CPT in the early weeks following a traumatic event has widespread benefits beyond simply treating posttraumatic stress.

Long-Term Functional Outcomes for Women in Cognitive Processing Therapy and Prolonged Exposure

(Abstract # 607)

Schuster, Jennifer, PhD¹; Lester, Kristin, PHD¹; Jimenez, Sherlyn, MFA, PhD.¹; Smith, Kamala, BA¹; Harrington, Ellen, PhD²; Klunk-Gillis, Julie, PhD¹; Resick, Patricia, PhD^{1,3}

¹*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

²*National Center for PTSD, Women's Health Sciences Div, Jamaica Plain, Massachusetts, USA*

³*Boston University, Boston, Massachusetts, USA*

Research suggests that individuals with PTSD exhibit significant deficits in areas of occupational, family, and social functioning. However, few studies examining the efficacy of PTSD treatments have explicitly examined functioning outcomes. Data for the present study were obtained from a large treatment study examining the effects of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) on female victims of sexual assault. This study aims to assess improvements in functioning outcomes in individuals receiving CPT or PE. The Social Adjustment Inventory was used to measure social, vocational, and family functioning prior to treatment, post-treatment, and five years following treatment (N=170). Hierarchical linear modeling (HLM) revealed a statistically significant linear time effect, $t(159) = 18.72, p < .001$, indicating significant improvements in all areas of functioning across time. Treatment assignment (CPT vs. PE) did not predict changes in functional outcomes. However, improvement in PTSD symptoms was associated with better social functioning over time, $t(139) = 14.80, p < .001$. Social functioning improvements were sustained at five-year follow-up, suggesting the long-term positive effect of PTSD treatment on functional outcomes. Further analyses will be performed on the differential effects of other factors (e.g. race, age, etc.) on treatment outcomes.

Developments in Treating PTSD

(Abstract #678)

Symposium (Clin Res, Practice) Peachtree D/E - 8th Floor

Bryant, Richard, PhD²; Resick, Patricia, PhD^{1,3}

¹National Center for PTSD/ VA Boston Healthcare System, Boston, Massachusetts, USA

²School of Psychology University of New South Wales, Sydney, Australia

³Boston University, Boston, Massachusetts, USA

This symposium presents recent empirical data in the treatment of PTSD. The theme of the papers is to evaluate the immediate and longer-term efficacy of evidence-based approaches applied to diverse populations. Dr Foa will present a novel meta-analysis of the efficacy of prolonged exposure across studies. Dr Cloitre will present innovative work on adapting cognitive behavior therapy with mediation to reduce PTSD symptoms. Dr Resick will present long-term follow-up results of patients treated with PE and CPT in terms of symptoms, guilt, and health outcomes. Dr Bryant will report on a novel study of PTSD and grief in terrorist-affected Thailand, in which a Thai version of CBT provided effective in reducing symptoms.

Treating PTSD and Grief in Terrorist-Affected Thailand

(Abstract # 679)

Bryant, Richard, PhD

School of Psychology, University of New South Wales, Sydney, Australia

There is little evidence regarding treating PTSD and complicated grief in settings of ongoing terrorism. This randomized controlled trial was conducted in southern Thailand, which is subjected to very frequent terrorist attacks. The initial step was a collaboration between Australian CBT researchers and the Thai Department of Mental Health in which local clinicians were trained and supervised in a Thai adaptation of CBT. Women who met criteria for PTSD and complicated grief after terrorist killings of family members were randomly allocated to either Thai CBT or SSRI medication. Three month follow-up assessments indicated strong superiority of CBT over medication. These results are discussed in terms of adapting CBT to terrorist settings, as well as adapting treatment for Buddhist survivors.

Building Compassion: A Meditation-Based Skills Training Program for PTSD Related to Interpersonal Violence

(Abstract # 680)

Cloitre, Marylene, PhD

New York University Child Study Ctr, New York, New York, USA

This presentation will report on the pilot results of a meditation-based skills training (MBST) program (n=12) as compared to an assessment only group (n=12) for patients who had successfully completed a cognitive-behavioral therapy for PTSD related to interpersonal violence. The purpose of the study was to assess the feasibility, acceptability, and potential efficacy of an 8 week 1.5 hour MBST group therapy. The treatment was designed to facilitate continued symptom reduction and strengthen emotion regulation and sense of connectedness to others through focused attention on the body and the cultivation of compassion for oneself and others. The meditation component employed an internal stimulus (breath) and a body-based focus due to

its relevance to individuals with PTSD related to interpersonal violence who often experience discomforting somatic sensations, hyperarousal and diminished sense of bodily integrity. Additionally we assessed the effect of MBST on heart rate variability (HRV). Preliminary analyses indicated that compared to the assessment only group, the MBST participants experienced reduction in PTSD symptoms, improvement in emotion regulation self-efficacy and increased self-compassion. Ratings of acceptability of the treatment were high; attendance and dropout rate were better than or equivalent to standard treatments, depending on type of treatment.

Improvement Over the Long Term: CPT and PE on PTSD, Depression, Health and Guilt

(Abstract # 681)

Resick, Patricia, PhD^{1,2}

¹National Center for PTSD/ VA Boston Healthcare System, Boston, Massachusetts, USA

²Boston University, Boston, Massachusetts, USA

Using hierarchical linear regression analyses with piece-wise techniques, we were able to examine slopes from pre to post treatment and then posttreatment to long-term follow-up (5-10 years) for CPT and PE on five measures: PTSD (PSS, CAPS), depression (BDI), health symptoms (PILL) and guilt cognitions (TRGI). Results revealed marginally significant findings for the CPT condition to improve faster than the PE condition for PSS and BDI during treatment, and the PE condition to improve faster than the CPT condition from post-treatment to follow-up with regard to PSS only. There were significant improvements on CAPS in both conditions during treatment and significant continued but slower improvements following treatment, with no differences by condition. With regard to physical symptoms, the CPT condition improved significantly faster than those in the PE condition during treatment. Following treatment, both conditions had continued, but slower improvement, with the PE condition continuing to improve faster than the CPT condition. Finally, with regard to guilt cognitions, there was a trend for faster improvement among the CPT condition during treatment, and continued, but slower improvements in both groups following treatment, with no differences by condition. We will also report on the effects of further treatment on long-term outcomes.

A Meta-Analytic Review of Prolonged Exposure (PE) for Posttraumatic Stress Disorder

(Abstract #682)

Foa, Edna, PhD

Center for Treatment and Study of Anxiety Disorders, University of Pennsylvania, Philadelphia, Pennsylvania, USA

Two decades of research demonstrate the efficacy of exposure therapy for posttraumatic stress disorder (PTSD). Based on this literature, several organizations (e.g., National Institute for Clinical Excellence; International Society for Traumatic Stress Studies) have endorsed exposure-based therapies as a first-line treatment for PTSD. Of these exposure-based therapies, prolonged exposure (PE) has received substantial research support (APA Div. 12); however, to date no meta-analysis has estimated the overall treatment efficacy of PE relative to adequate controls. Therefore, we conducted a meta-analysis based on a comprehensive literature search that identified 13

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randomized controlled trials of PE (N = 658). In this picture the results of the meta-analysis will be presented and the clinical implications will be discussed.

Predictors and Determinants of Long-Term Adjustment in War & Terrorism-Related Settings

(Abstract #381)

Symposium (Civil Ref, Disaster) International C - 6th Floor

Layne, Christopher, PhD¹; Allen, Brian, PsyD³; Hobfoll, Stevan, PhD²; Benight, Charles, PhD⁴

¹*UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA*

²*Rush Medical College, Chicago, Illinois, USA*

³*Sam Houston State University, Huntsville, Texas, USA*

⁴*University of Colorado, Colorado Springs, Colorado, USA*

Interpersonal resources, including social support and effective parenting, in combination with intrapersonal resources, including self-efficacy and optimism, have emerged as potent determinants of adjustment following exposure to war or terrorist events. However, the ways in which these resources are, themselves, influenced by traumatic events, and in turn differentially influence adjustment over time, are not well understood. This symposium applies conservation of resources theory to shed light on the intersection of interpersonal resources, intrapersonal resources, war and terrorist events, and long-term adjustment. The role of time will be explored, particularly in regard to the time required to effectively mobilize resources and the role of chronic strain in eroding resources. Moreover, although often investigated as a moderating variable, social support has emerged as an influential mediator of the link between war-related trauma exposure, traumatic loss, post-war adversities, and long-term post-war adjustment. Last, the role of parenting practices will be investigated with respect to its capacity to moderate the adverse effects of war exposure and traumatic loss. Implications of the findings for intervention, theory-building, and social policy will be discussed.

Parenting and Familial Social Support, War Exposure, and Post-War Adolescent Adjustment

(Abstract # 385)

Allen, Brian, PsyD¹; Gharagozloo, Laadan, BS¹; Layne, Christopher, PhD²; Benight, Charles, PhD³

¹*Sam Houston State University, Huntsville, Texas, USA*

²*UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA*

³*University of Colorado, Colorado Springs, Colorado, USA*

Parenting practices, as well as perceived social support from family and friends, are frequently studied as contributors to adolescent posttraumatic adjustment, often in the role of moderating (i.e., protective or vulnerability) factors. However, the nature of the relationship between parenting practices and social support, as well as the degree to which they mediate the links between war exposure and long-term post-war adjustment, have not been well explored. The present study used structural equation modeling to examine three facets of caregiver parenting behavior (connectedness, monitoring, and psychological control from both maternal and paternal life figures) as reported by

war-exposed Bosnian adolescents in a longitudinal study of long-term post-war adjustment. As predicted, study results revealed a highly differentiated pattern of relationships between caregiver connection, monitoring, and psychological control and perceived support from nuclear family, extended family, same-age peers, and adult mentors. Also as predicted, parenting dimensions and social support were differentially related to long-term post war adjustment outcomes, including posttraumatic stress, depression, and traumatic grief reactions. Implications for theory-building, prevention, and intervention in war-related settings will be discussed.

Links Between War-Time Trauma and Loss and Post-War Social Support: When a Moderator is an Outcome

(Abstract # 446)

Layne, Christopher, PhD³; Allen, Brian, PhD²; Kaniasty, Krys, PhD³; Gharagozloo, Laadan, BS²; Legerski, John-Paul, MA⁴; Isakson Pasalc, Alma, MS⁵; Benight, Charles²

¹*Indiana University of Pennsylvania, Indiana, Pennsylvania, USA*

²*Sam Houston State University, Huntsville, Texas, USA*

³*UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA*

⁴*University of Kansas, Lawrence, Kansas, USA*

⁵*Sarajevo University Medical Center, Serbia*

⁶*University of Colorado, Colorado Springs, Colorado, USA*

Perceived social support has emerged as a potent moderator of the link between trauma exposure and posttraumatic adjustment, serving as both a protective factor (if in sufficient supply) and a vulnerability factor (if in deficit). The beneficial functions of social support have been documented in numerous war- and terrorism-related settings. However, much less is known concerning the factors that both predict, and causally contribute to, perceived social support in these settings. This three-wave longitudinal study sought to identify variables that serve as predictors, and potential determinants of, post-war perceived social support in a sample of highly war-exposed Bosnian adolescents. Variables under study included varying dimensions of pre-war and war-time trauma exposure, traumatic losses (including traumatic death, disappearances, forced separations, and natural deaths), post-war adversities, and mastery (locus of control). Partial support was found for the hypothesis that traumatic losses, trauma exposure, and post-war adversities are reliably linked to post-war social support. Implications of the results for theory building, intervention, and public policy will be discussed.

The Strength and Limitations of Resiliency Resources

(Abstract # 1119)

Hobfoll, Stevan, PhD

Rush Medical College, Chicago, Illinois, USA

The fields of stress and trauma have often focused on resiliency resources. Principle among them have been self-efficacy and optimism as personal resources, and social support as a social resource. We have found that self-efficacy and social support are powerful resources for Israelis and Palestinians in several large-scale studies. However, we have also found that during the time very near major war or terrorist crisis, or where high levels of crises become chronic, that these resources often lose their positive impact. This suggests that these resources need

time to be mobilize and can become outstripped, that is they are finite. This fits Conservation of Resources theory and the companion FALL model of resources. That is, resources are "Fit" to circumstances, in a process that requires Adaptive steps. They are Limited by circumstances and the extent of the resource. For some, this process is more Lenient, that is, those with money, status or many other resources often actually have to invest less to gain "payoff."

Victimization, Psychological Distress, and Cultural Factors in a National Sample of Latino Women

(Abstract #336)

Symposium (Cul Div, Practice) International E - 6th Floor

Cuevas, Carlos, PhD³; Sabina, Chiara, PhD¹; Elliott, Ann, PhD²

¹The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

²Radford University, Radford, Virginia, USA

³Northeastern University, Boston, Massachusetts, USA

This symposium will share the findings of The Sexual Assault among Latinas (SALAS) Study, funded by NIH. Using random digit dialing and computer assisted telephone interviewing, 2,000 Latino women were surveyed throughout the United States. The study aimed to overcome a number of limitations in the existing literature that focuses on victimization among Latino women. These limitations include geographical restrictions, limited sample sizes, or a narrow assessment of victimization experiences. Participants were asked about various forms of interpersonal violence including stalking, physical assaults, threats, sexual assaults, and witnessed violence. The study also evaluated culturally relevant variables including acculturation, immigration, religiosity, and gender role ideology. The presentations in this symposium will focus on the relationship between victimization and psychological distress, and the impact of cultural variables on the reporting of victimization and psychological distress. Clinical and practical implications of the findings will be discussed in the presentations.

Interpersonal Victimization Patterns and Psychopathology in a National Sample of Latino Women

(Abstract # 484)

Cuevas, Carlos, PhD¹; Sabina, Chiara, PhD²; Picard, Emilie, MS¹

¹Northeastern University, Boston, Massachusetts, USA

²The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

There is limited research focusing on Latino women's psychological symptomatology in response to interpersonal victimization. We examined multiple forms of interpersonal violence and trauma-related symptomatology in a national sample of 2,000 Latino women. Lifetime prevalence of interpersonal violence for our sample was 43.5% for any form of victimization with 27.5% reporting more than one victimization experience. Bivariate analysis showed that women with two or more different victimization experiences displayed a significantly higher rate of pathological levels of anger, anxiety, depression, and dissociation (as indicated by a TSI t-score ≥ 65) when compared to women with a singular incident of violence, or no violence history (all p 's < .001). Multivariate logistic regression

models found that multiple victimization experiences were a better predictor of pathological distress than any one type of interpersonal violence with the exception of stalking. These results suggest there are a substantial number of Latino women experiencing multiple forms of victimization. Furthermore, interpersonal victimization is a significant problem among Latino women with an increased number of victimization experiences associated with greater pathological levels of psychological distress.

Interpersonal Violence Among Latino Women: Criterion A and PTSD Symptomatology

(Abstract # 481)

Picard, Emilie, MS¹; Cuevas, Carlos, PhD¹; Sabina, Chiara, PhD²

¹Northeastern University, Boston, Massachusetts, USA

²The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

Using data from the SALAS Study, this presentation will examine which victimization experiences are more likely to meet PTSD Criterion A and the relationship between different victimization experiences and PTSD symptomatology. In examining whether victimization experiences met Criterion A, approximately 44% of victimized women reported one of their victimization experiences meeting PTSD Criterion A. Stalking victimization was least likely to meet Criterion A (29.9%), while physical assault with a weapon was most likely (68.4%). The PCL was used to evaluate trauma-related symptomatology. Using three cut scores on the PCL, 30, 44, and 50, 45.5%, 22.7% and 15% of victimized women, respectively, would meet a current diagnosis of PTSD. Women who experienced more than one form of victimization had significantly higher PCL scores than women who experienced a single victimization. Multivariate linear regression models found that multiple victimization experiences were a better predictor of PTSD symptomatology than any one form of victimization, with the exception of sexual abuse. The results suggest that types of victimization likely to meet PTSD Criterion A are not necessarily the most likely to impact PTSD symptomatology when victimization diversity is taken into account. Implications on the evaluation of interpersonal violence and PTSD will be discussed.

Cultural Correlates of Victimization and Psychological Distress in a National Sample of Latino Women

(Abstract # 884)

Sabina, Chiara, PhD²; Cuevas, Carlos, PhD¹; Picard, Emilie, MS¹

¹Northeastern University, Boston, Massachusetts, USA

²The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

The research focusing on Latino women's interpersonal victimization and psychological symptomatology is often void of an evaluation of cultural variables. Using the data from the SALAS study we examined the role of cultural variables, including immigration status, acculturation, religiosity, and gender role, on the reporting of victimization and associated psychological symptomatology. Logistic regression models found that immigration status and Anglo acculturation were significantly associated with the reporting of interpersonal victimization, with immigrants reporting less victimization and individuals with greater Anglo acculturation being more likely to report

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being victimized. This pattern of results was consistent across all forms of victimization with the exception of stalking where immigrant status was not a significant predictor. In multivariate models, while controlling for victimization, sex role and religious coping were consistently significant predictors of psychological distress among victimized Latinas. The results were consistent for all of the evaluated forms of distress, which included depression, anxiety, anger/irritability, dissociation, and PTSD symptomatology. This suggests that cultural components play a key role in victimization and associated sequelae and should be part of the evaluation and treatment of victimized Latino women.

Panel Discussion

Ethical Considerations, Motivations, and Perceptions in Trauma Research

(Abstract #267)

Panel Discussion (Soc Ethic, Practice) **International F - 6th Floor**

Averill, Lynnette, MS¹; Hebenstreit, Claire, BA³; Newman, Elana, PhD¹; DePrince, Anne, PhD²

¹University of Utah, Salt Lake City, Utah, USA

²University of Denver, Denver, Colorado, USA

³University of Tulsa, Tulsa, Oklahoma, USA

Conducting studies about traumatic stress require that ethical concerns be carefully evaluated. This panel discussion will review key ethical concerns in trauma research and evidence and methods for how to best evaluate and attend to these ethical dimensions. Data will also be presented about the perceptions of trauma research in women exposed to intimate partner violence and their motivations for participating. There will be ample opportunity for conference participants to discuss questions and concerns.

Papers

Nightmares and PTSD

International D - 6th Floor

Chair: Elizabeth Avant, BS

University of Tulsa, Tulsa, Oklahoma, USA

The Role of Nightmares in PTSD: Intercorrelations of Distress Following Sexual Assault

(Abstract #1067)

(Practice, Clin Res)

Swopes, Rachael, MS¹; Davis, Joanne, PhD¹; Siebenmorgen, Marsha, MA¹; Newman, Elana, PhD¹; Bell, Kathy, MS, RN²

¹University of Tulsa, Oklahoma, USA

²Tulsa Police Department, Tulsa, Oklahoma, USA

Nightmares have been considered a hallmark of post-traumatic stress disorder (PTSD) and have been associated with negative psychological and behavioral consequences. These variables have often been examined retrospectively. The present study extends the literature by longitudinally examining intercorrelations of

nightmare-related distress and psychological variables among sexual assault survivors. It was hypothesized that significant relationships would exist between nightmare-related distress, depression, anxiety, and substance use. Initial data regarding anxiety and distress were collected at a hospital shortly after the assault. Follow-ups were conducted by phone 2 weeks and 2 months post-assault to assess for PTSD and related distress. Preliminary data from 27 two-week and 23 two-month follow-ups were examined. Pearson-product moment correlations largely support the hypothesis, as fear of sleep and nightmare severity were significantly related to overall distress, anxiety, depression, and PTSD severity 2 weeks post-assault. Nightmare frequency at 2 weeks post assault was related to a change in alcohol or cigarette use and to nightmare frequency and severity at 2 months. These findings suggest that the presence of nightmares correlates with many other post-trauma reactions and may warrant early intervention. Limitations and future directions will be discussed.

Examining Nightmares Among Individuals With and Without Phobias: Implications for the PTSD Construct

(Abstract #513)

(Assess Dx, Practice)

Avant, Elizabeth¹; Wiedeman, Rachel, MA¹; Rosen, Gerald, PhD³; Brady, Robert, MA²; Lohr, Jeffrey, PhD²; Davis, Joanne, PhD¹

¹University of Tulsa, Tulsa, Oklahoma, USA

²University of Arkansas, Fayetteville, Arkansas, USA

³University of Washington, Seattle, Washington, USA

A critical issue concerning the validity of posttraumatic stress disorder (PTSD) is whether the diagnosis is but an amalgam of previously extant disorders. Nightmare activity represents one of PTSD's "hallmark" symptoms, yet little is known regarding the occurrence of nightmares among non-PTSD populations. This investigation serves as an exploratory pilot survey to assess nightmare activity, anxiety, and affect among 436 undergraduates with and without phobias. Participants were divided into three groups based on endorsed fear and impairment: No Fear, Fear, and Phobic. One-way ANOVAs and chi-square analyses were completed to determine group differences. The occurrence of recurring dreams, frightening dreams, and recurring frightening dreams was significantly less among No Fear participants compared to the Fear and Phobia groups. Further, analyses indicated that the Phobia group reported having frightening dreams that repeated the same content significantly more often than the other groups. Additionally, the Phobia group endorsed significantly higher State and Trait Anxiety levels than the other groups and anxiety levels were significantly correlated with affect levels. Despite limitations to this pilot survey, findings indicate that evaluation of nightmare activity among non-PTSD populations is warranted. Future research directions and implications are considered.

Nightmare Characteristics Among Persons Exposed to No Trauma, Interpersonal, Noninterpersonal Trauma

(Abstract #538)
(Clin Res, Res Meth)

Avant, Elizabeth, BS; Davis, Joanne, PhD; Lee, Rachel, BA; Pruiksma, Kristi, MA

University of Tulsa, Tulsa, Oklahoma, USA

Previous research has considered differences in nightmare characteristics and sleep quality among persons exposed to trauma. Cuddy and Belicki (1992) reported more nightmares and greater sleep impairment among college women with sexual abuse history compared to college women with no abuse history. The present study expanded on previous research by comparing nightmare variables across individuals with history of no trauma, interpersonal trauma only, non-interpersonal trauma only, and both interpersonal and non-interpersonal traumas. Participants included 290 college students who completed the Trauma Assessment for Adults and Trauma-Related Nightmare Survey. Among men, those who experienced both types of trauma reported significantly more nights in the past week with a nightmare compared to men who experienced only interpersonal trauma. Among women, those who experienced both types of trauma reported significantly more nightmares in the past month compared to women who had experienced non-interpersonal trauma only. Women who had experienced only interpersonal trauma had significantly more different nightmares compared to the three other groups. Also, significantly more women who experienced a non-interpersonal trauma reported feeling depressed when they woke up compared to the number of women who had an interpersonal trauma. Implications for future research will be discussed.

Papers

Ethnic Differences

Augusta I - 7th Floor

Chair: Frank Castro, MA

Boston University, Boston, Massachusetts, USA

Ethnic Differences in Deployment Stressors and Posttraumatic Stress in a Gulf War Veteran Sample

(Abstract #693)

(Cul Div/Assex Dx)

Castro, Frank, PhD^{1,2}; Dutra, Lissa, PhD¹; Vogt, Dawne, PhD^{1,2}; King, Daniel, PhD²; King, Lynda, PhD²

¹*Boston VA Health Care System, Boston, Massachusetts, USA*

²*Boston University, Boston, Massachusetts, USA*

A number of studies have found that African American and Hispanic American veterans, compared to European American veterans, disproportionately meet criteria for PTSD following war-zone exposure, and, these differences cannot always be accounted for by exposure to combat. In this study, we explored ethnic differences in PTSD and their association with contextual factors surrounding the deployment experience (i.e., concerns about family disruptions, prior stressors, and post deployment support) as well as war-zone specific stressors (i.e., combat, perceived threat, and nonsexual harassment). Our sample included 286 Gulf War veterans. Overall, veterans who identified as African American or Black reported higher: posttraumatic stress symptomatology (PTSS), exposure to post deployment stressors, life and family disruptions, non-sexual harassment, and perceived threat compared to veterans who identified as White or Hispanic. Associations between contextual and war-zone specific stressors and PTSS were modest to moderate. Interaction analyses revealed that for African American/Black and Hispanic American veterans greater post deployment stressors was associated with higher levels of PTSS, compared to White veterans. Findings highlight the importance of examining contextual factors as well as war-zone stressors when attempting to elucidate differences in PTSD between ethnic minorities and European Americans.

De-Constructing the Walls Between Injury and Care: Experiences of Black Male Victims of Violence

(Abstract #1069)

(Cul Div, Practice)

Liebschutz, Jane¹; Schwartz, Sonia, MA¹; James, Thea, MD¹; Conoscenti, Lauren, PhD²; Johnson, Renee, PhD, MPH³

¹*Boston University Medical Center, Boston, Massachusetts, USA*

²*National Center for PTSD/Boston VA Medical Center, Boston, Massachusetts, USA*

³*Boston University School of Public Health, Boston Massachusetts, USA*

We examined factors that promote or limit use of medical and mental health care after violent injury in urban black men. 16 black men, ages 18-35, treated for gun shot or stabbing participated in semi-structured interviews assessing injury and subsequent medical and mental care experience. An interdisciplinary and ethnically diverse research team used

Friday: 3:30 p.m. - 4:45 p.m.

Grounded Theory methods to analyze interview data. Themes reflecting barriers to health care included: disconnect from injury in the immediate aftermath (dissociation, disorientation); institutional mistrust (money motivates care, blurred lines between health care and police).; foreshortened future (“It’s just a way of life”); desire for self-efficacy (“I can handle this on my own.”). Themes indicating facilitators of care included: competency of clinicians; warmth of clinician; shared experience especially race concordance, for mental health clinicians; turning points in their life serving as a “wake up call;” “positive people.” The basic assumptions supporting clinical and mental health care may not be shared by black male violence survivors, who may mistrust health care institutions and not understand counseling processes. Competent and personable clinicians who focus on positive, future-oriented goals may help facilitate access to care.

Psychosocial Distress in Colombians Displaced by Violence: Assessing Needs and Developing Treatments

(Abstract #1053)
(Civil Ref, Assess Dx)

Richards, Anne, PhD²; Ospina-Duque, Jorge, PhD³; Barrera-Valencia, Mauricio³; Metzler, Thomas, MA²; Marmar, Charles, MD¹

¹University of California San Francisco, San Francisco, California, USA
²VA Medical Center, San Francisco, California, USA
³University of Antioquia, Medellin, Columbia

Little attention has been focused on the psychosocial treatment needs of the millions of Colombians internally displaced by armed conflict. This mixed-method study evaluates the psychosocial consequences of violence and forced displacement and explores the displaced population’s treatment needs. A convenience sample of 109 internally displaced adults completed a PTSD Checklist and the Zung Depression and Anxiety Questionnaires. Forty-four individuals participated in focus groups. Quantitative analyses revealed high levels of PTSD symptoms with over 85% of the sample surpassing a previously identified threshold score for a PTSD diagnosis. Moderate levels of depression and anxiety symptoms were identified. Focus groups identified a range of psychosocial consequences of displacement and a strong desire for psychosocial intervention involving both trauma-focused treatment with mental health professionals as well as occupational support and recreational and community-building activities. These findings will be discussed in the context of an ongoing project to develop a treatment intervention which addresses the mental health consequences of violence and displacement and which is integrated into broader intervention needs. This project may serve as a model for assessment and treatment of other internally displaced and refugee populations.

Workshop

Transitioning War Zone Skills: A De-Stigmatizing Skills-Based Approach With Returning Veterans

(Abstract #85)

Workshop (Mil Emer, Prev El) International G - 6th Floor

Munroe, James, EdD³; Maguen, Shira, PhD⁴; Reeder, Kevin, PhD²; Rasmussen, Cynthia⁵; Collins-Clark, Cynde, M.Ed., LPC, NCC¹; Proescher, Eric, PsyD⁶

¹Veterans’ Families United, Edmond, Oklahoma, USA
²Department of Veterans Affairs, North Little Rock, Arkansas, USA
³Department of Veterans Affairs, Boston, Massachusetts, USA
⁴San Francisco VA Medical Center, San Francisco, California, USA
⁵US Army, Ft. Snelling, Minnesota, USA
⁶Jesse Brown VA Medical Center, Chicago, Illinois USA

One of the major barriers to returning veterans receiving care has been the stigma of mental health. The diagnosis of PTSD has fostered great advances in our science and understanding of trauma but our nomenclature may also serve as a deterrent to accessing services. Veterans do not want a mental disorder label. This workshop presents an approach designed to assist all returning veterans with the process of readjustment in everyday life. It does not emphasize trauma and PTSD but aims to establish a positive relationship with families, healthcare providers and others. The emphasis is on normal readjustment difficulties and facilitating engagement into more formal mental health services if that becomes necessary. It identifies skill areas associated with survival in a war zone that may become problematic at home. These areas include: safety, trust, anger, predictability, intelligence, mission orientation, decision making, response tactics, identifying the enemy, emotions, authority, closeness, loss and talking. The workshop explains these areas and provides skills to assist returning veterans and families. Materials will be provided and presenters will demonstrate how they are used in multiple settings including the VA, DoD, and communities. Ample time will be provided for an exchange of ideas between presenters and participants.

Friday: 3:30 p.m. – 4:45 p.m.

Concurrent Session 10
Saturday, November 7, 2009
8:00 a.m. – 9:15 a.m.

Symposium

**Developmental Trauma Disorder:
Criteria, Rationale, and Implications of a
New DSM Diagnosis**

(Abstract #390)

Symposium (Child, Assess Dx) Peachtree D/E - 8th Floor

Fehrenbach, Tracy, PhD³; Silvern, Louise, PhD⁵; Spinazzola, Joseph, PhD²; Stolbach, Bradley, PhD²; van der Kolk, Bessel, MD¹

¹*Boston University School of Medicine, Boston, Massachusetts, USA*

²*La Rabida Children's Hospital, Chicago, Illinois, USA*

³*Northwestern University, Chicago, Illinois, USA*

⁴*The Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*

⁵*University of Colorado, Boulder, Colorado, USA*

This symposium will introduce the consensus criteria for Developmental Trauma Disorder, a proposed *DSM-V* diagnosis for children and adolescents who have experienced ongoing traumatic stress and disruptions of protective caregiving. The rationale and evidence for the diagnosis will be summarized. Implications of the diagnosis for the care of children and adolescents in two child service systems, child welfare and juvenile justice, will be discussed.

Implications of Developmental Trauma Disorder for Children in Child Welfare

(Abstract #705)

Fehrenbach, Tracy, PhD¹; Kisiel, Cassandra, PhD¹; Griffin, Gene, JD, PhD¹; Roberts, Lauren, MA¹; Marett, Jennifer, MSW, LCSW²

¹*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

²*Infant-Parent Institute, Champaign, Illinois, USA*

Children in child welfare have high rates of exposure to interpersonal, caregiver-related trauma. Many exhibit complex posttraumatic reactions, including cognitive, emotional and behavioral symptoms that negatively impact normal development and well being. As a result, children experience many negative outcomes including multiple placements, school problems, difficulty with relationships, and failure to develop a healthy self-concept and other strengths. While some children meet criteria for PTSD, many do not. Therefore, children with complex trauma often carry multiple diagnoses to address their range of symptom presentations. This can lead to poorly coordinated or even inappropriate psychopharmacological and behavioral interventions. Developmental Trauma Disorder would more fully and accurately capture the emotional and behavioral dysregulation associated with complex trauma and facilitate a more appropriate match between the needs of the child and family, treatment/service planning, and the services that are ultimately delivered. By changing the system's perception, all providers and caregivers in the child's life will have a greater understanding of the broad and lasting impact of complex trauma. This is essential to creating a trauma-informed child welfare system and providing the highest quality casework and clinical services to children and families.

Implications of a Developmental Trauma Disorder Diagnosis for the Juvenile Justice System

(Abstract #810)

Silvern, Louise, PhD²; McClintic, Brook, PhD¹

¹*Judis House for Grieving Children, Denver, Colorado, USA*

²*University of Colorado, Boulder, Colorado, USA*

Trauma-specific assessment and treatment are uncommon in juvenile justice settings. Nonetheless, findings reveal that a substantial majority of adolescent offenders were exposed to child maltreatment or other potentially traumatizing stressors. Data from 138 male juvenile offenders illustrate that the trauma-related etiology and treatment needs of many delinquents might be overlooked by employing the diagnostic criteria of PTSD instead of the proposed, more inclusive criteria of Developmental Trauma Disorder (DTD). A substantial proportion of the present sample met the DTD "exposure criterion" of multiple, chronic interpersonal childhood stressors, and such exposure predicted criteria symptoms of DTD, e.g., dissociative symptoms and reactive (dysregulated) versus instrumental aggression in addition to PTSD symptom clusters. Thus, many adolescent crimes could be conceptualized as trauma-induced, triggered dysregulation. Standard practice should include assessing childhood histories of DTD "exposure criterion" and DTD symptoms that emphasize psychophysiological dysregulation. Trauma-specific psychotherapy and medication evaluation should be tested for effectiveness at modulating psychophysiological dysregulation among delinquents who meet DTD criteria. Such interventions could help adolescents identify trauma-related triggers and gain control over explosive reactions to them.

Clinical and Research Implications of Developmental Trauma Disorder

(Abstract #833)

van der Kolk, Bessel, MD

Boston University School of Medicine, Boston, Massachusetts, USA

The proposed diagnosis of Developmental Trauma disorder incorporates the vast research literature of developmental psychopathology. Affect regulation is learned in the context of attuned relationships. Failure of adequate caregiving not only makes a child vulnerable to be traumatized, but also to develop major deficits in the areas of affect dysregulation, attention, and interpersonal relationships. As long as the multiple dimensions of child abuse and neglect are dissociated from our diagnostic system it will be difficult to develop effective diagnostic instruments and treatment interventions. This presentation will summarize the vast research base for DTD and touch in its treatment implications.

Participant Alert: The audience may be distressed to learn the extent to which the current diagnostic system fails to capture the clinical symptomatology of trauma disorder.

Predictors and Correlates of Homicide Survivorship

(Abstract #754)

Symposium (Cul Div, Assess Dx) Vinings I & II - 6th Floor

McDevitt-Murphy, Meghan, PhD³; Burke, Laurie, BA³; Zinzow, Heidi, PhD⁴; Hawkins, Alesia, PhD¹; Kilpatrick, Dean PhD¹

¹Medical University of South Carolina, Charleston, South Carolina, USA

²National Crime Victims Research & Treatment Center, Mt. Pleasant, South Carolina, USA

³University of Memphis, Memphis, Tennessee, USA

⁴Clemson University, Clemson, South Carolina, USA

Data on homicide in the United States suggest that approximately 15,000 people were murdered in 2007 (Federal Bureau of Investigation, 2008). Homicide is a leading cause of death for young adults and typically leaves in its wake a network of survivors who struggle to face life following this traumatic form of loss. This symposium would present four papers that describe aspects of the experience of homicide survivorship. Two papers feature data from large epidemiological surveys of young adults and two papers report on data from a smaller sample comprised exclusively of homicide survivors. All of the studies highlight the issue of the disproportionate impact of homicide on African Americans. Together, the papers present data on clinically relevant outcomes such as posttraumatic stress disorder, depression, complicated grief, and substance abuse as well as data related to the prediction of these symptoms. One paper focuses on an aspect of the social network that may be particularly troublesome for homicide survivors, inappropriate social intrusion (invasive queries regarding the death). In sum these papers would shed light on the experience of homicide survivors, and will allow for discussion of issues that cut across demographic characteristics such as age and race.

Ethnic/Racial Differences in Reports of Homicide Survivorship: Findings From the 2005 NSA

(Abstract #905)

Hawkins, Alesia, PhD²; Zinzow, Heidi, PhD³; Rheingold, Alyssa, PhD¹; De Arellano, Michael, PhD²; Saunders, Benjamin, PhD²; Kilpatrick, Dean, PhD²

¹National Crime Victims, Research & Treatment Center, Charleston, South Carolina, USA

²Medical University of South Carolina, Charleston, South Carolina, USA

³Clemson University, Clemson, South Carolina, USA

Extant studies investigating homicide survivorship indicate that losing a loved one to criminal homicide is overrepresented in underserved populations (e.g., ethnic/racial minority groups). Survivors of homicide may experience a wide array of adverse mental health symptoms as a result of the murder of their loved one. Little is known about ethnic/racial differences in homicide survivorship and subsequent mental health outcomes. This study examined ethnic/racial differences in prevalence, demographic distribution, and mental health correlates of homicide survivorship. Participants were a subsample (n = 411) from a national probability sample of 3,614 adolescents who completed structured telephone interviews assessing homicide survivorship and mental health consequences. The sample included adolescents who identified themselves as Caucasian, NonHispanic; Hispanic; African American, NonHispanic; Native American/Alaskan native, NonHispanic; or Asian/Pacific Islander,

NonHispanic. Chi-square analyses revealed African American adolescents had the highest prevalence (26.9%) of losing a loved one to criminal homicide. Gender of homicide survivor was significantly associated with mental health outcomes. Findings suggest greater assessment and treatment efforts focused on the mental health needs of adolescent homicide survivors are warranted.

Losing a Loved One to Homicide: Prevalence and Mental Health Correlates in a National Sample of Young Adults

(Abstract #815)

Zinzow, Heidi³; Rheingold, Alyssa, PhD¹; Hawkins, Alesia, PhD²; Saunders, Benjamin, PhD²; Kilpatrick, Dean, PhD²

¹National Crime Victims Research & Treatment Center, Mt. Pleasant, South Carolina, USA

²Medical University of South Carolina, Charleston, South Carolina, USA

³Clemson University, Clemson South Carolina, USA

Although homicide survivors contend with multiple stressors (e.g., stigmatization, intrusion of the media and justice systems, financial burden), little research has addressed the prevalence or consequences of homicide survivorship. This study examined its prevalence, demographic distribution, and mental health correlates. A national sample of 1753 young adults completed structured telephone interviews measuring violence exposure, mental health diagnoses, and loss of a family member or close friend to a drunk driving accident (vehicular homicide) or murder (criminal homicide). The prevalence of homicide survivorship was 15%. African Americans were more highly represented among criminal homicide survivors. Logistic regression analyses found that homicide survivors were at risk for past year posttraumatic stress disorder (OR = 1.88), major depressive episode (OR = 1.64), and drug abuse/dependence (OR = 1.77). In conclusion, homicide affects approximately 1 in 7 young adults and represents a significant independent risk factor for mental health problems. Assessment and treatment efforts should particularly target the African American population. Although greater attention has traditionally been paid to direct homicide victims, these findings underscore the need to address the significant mental health needs of the larger population of indirect victims.

Psychological Symptoms in a Sample of African American Homicide Survivors

(Abstract #767)

McDevitt-Murphy, Meghan, PhD¹; Neimeyer, Robert, PhD¹; Burke, Laurie, BA¹; Williams, Joah, BA¹; Lawson, Katherine, EdD²

¹University of Memphis, Memphis, Tennessee, USA

²Victims to Victory Inc., Memphis, Tennessee, USA

Homicide disproportionately affects African Americans, and yet few studies have systematically characterized the effects of homicide within this cultural group. The purpose of the present study was to describe a sample of African American homicide survivors with regard to clinically relevant outcomes such as PTSD, complicated grief (CG), and depression, and to investigate predictors of those outcomes. Participants (n = 54) were predominately mothers of murdered adult children. All participants had experienced the loss of a loved one to homicide within the past 5 years. Participants reported considerable distress, and more than half screened positive for some level of

depression (53%) or CG (55%). A smaller proportion screened positive for PTSD (18.5%). All of the participants screening positive for PTSD also screened positive for CG and depression. In regression analyses, time since the homicide was significantly (negatively) predictive of depression, anxiety and PTSD symptoms. Conversely, frequency of contact with the deceased and length of time participant knew the deceased were predictive of CG symptoms. These findings suggest that African American homicide survivors may be at risk for a range of clinically relevant outcomes and that different factors may predict different symptom patterns.

African American Homicide Survivors: Negative Social Interactions and Bereavement Outcome

(Abstract #801)

Burke, Laurie, BA; McDevitt-Murphy, Meghan, PhD; Ippolito, Maria, BA; Neimeyer, Robert, PhD

University of Memphis, Memphis, Tennessee, USA

Past bereavement research indicates that survivors coping with violent loss are more likely to exhibit severe grief responses. However, the relevance of these findings has not been assessed in the African American population where homicide rates are higher. Additionally, coping following violent death may be influenced by aspects of social support, including social interactions that are unhelpful, unpleasant, or negative. Unfortunately, negative social “support” is all too common during bereavement, leaving the bereaved feeling unsupported and subjected to further emotional pain. Worse still, some homicide survivors find they must also endure inappropriate social intrusion—unwarranted invasive queries from acquaintances—placing them in a position of defending themselves from the social world that is generally expected to provide concern and care. Drawing on data collected from a sample of 54 African American homicide survivors, we explored how negative social interactions affect bereavement outcome. In particular, our study examined the predictive power of anticipated and actual negative interactions on levels of complicated grief, PTSD, and depression. However, contrary to our hypothesis, Pearson’s correlations showed no relationship between negative social interactions and the ability of African Americans bereaved by homicide to adequately accommodate their loss.

Assessing the Disease Burden of PTSD in the U.S. Military: Pervasiveness, Persistence, and Impact

(Abstract #866)

Symposium (Mil Emer, Soc Ethic) Peachtree B/C - 8th Floor

Freed, Michael, PhD, EMT-B¹; Magruder, Kathryn, PhD, MPH⁴; Smith, Tyler, MS, PhD²; Hoge, Charles, MD⁵; Engel, Charles, MD, MPH³

¹DHCC, Walter Reed Army Medical Center / Dept. of Psychiatry, USUHS, Washington, District of Columbia, USA

²Naval Health Research Center, San Diego, California, USA

³Uniformed Services University, Bethesda, Maryland, USA

⁴VA Medical Center, Charleston, South Carolina, USA

⁵Walter Reed Army Institute of Research, Silver Spring, Maryland, USA

Disease burden is a construct, measured by population-level health metrics, which combines disease pervasiveness,

persistence, and impact into a single outcome. Unlike symptom severity, estimates of disease burden allow for cross-disease comparisons at the population level. These estimates are therefore useful to prioritize limited healthcare resources in efforts to maximize the aggregate gain from healthcare interventions in a population. However, estimates of disease burden are only as good as the parameters in those estimates. Researchers have demonstrated that the pervasiveness (i.e., prevalence and incidence), persistence (i.e. duration of illness), and impact (e.g., decrements functioning, special cases of health-related quality of life, mortality, and other non-symptom based outcomes) of PTSD in military and veteran populations may substantially differ from that of community samples. In this symposium, we report on the aforementioned components of disease burden and present specific data from military and veteran populations. We then demonstrate how these components are used to calculate Disability Adjusted Life Years (DALYs), a population-level health metric that assesses disease burden. Finally, we discuss the importance and utility of population-level health metrics to improve healthcare delivery to our deserving military servicemembers and veterans.

Healthy Years Lost to PTSD: Justification for Effective Intervention and Prevention in the Military

(Abstract #871)

Freed, Michael, PhD, EMT-B²; Liu, Xian, PhD²; Gore, Kristie, PhD¹; Kuesters, Phoebe, BA²; Engel, Charles, MD, MPH³

¹Deployment Health Clinical Center, Washington, District of Columbia, USA

²Walter Reed Army Medical Center, Washington, District of Columbia, USA

³Uniformed Services University, Bethesda, Maryland, USA

Background: The U.S. burden of disease study ranked PTSD among the top 20 most “burdensome” diseases in the US general population. Because the rates of PTSD are higher in the military than in the general population, and because combat PTSD may be more persistent and more impactful than non-combat PTSD, it is important to evaluate the disease burden in the US military population. Disease burden combines pervasiveness, persistence, and impact into a single unit: the Disability Adjusted Life Year (DALY). DALYs measure the number of “healthy years” lost due to a disease, in this case, PTSD. Here, a year of complete disability or a year of premature death is valued as 1 DALY, so the term, “healthy year,” is an average value of health over a 1-year period. Method: We calculate crude DALYs associated with PTSD in the military, adjusting for sex and branch of service. Results: PTSD decreases the amount of healthy years in the military by 4-7%. Discussion: DALYs help decision-makers justify the need for effective intervention and prevention strategies by examining the relative burden of specific diseases, like PTSD, on population health. DALYs associated with different diseases can then be compared on a common scale.

Saturday: 8:00 a.m. – 9:15 a.m.

Prevalence, New Onset and Persistence of PTSD and Related Coping Behaviors in the Millennium Cohort

(Abstract 944)

Smith, Tyler, MS, PhD; Leard Mann, Cynthia, MPH; Smith, Besa, MPH, PhD; Jacobson, Isabel, MPH; Granado, Nisara, MPH, PhD
Navel Health Research Center, San Diego, California, USA

This presentation describes the prevalence, new onset and persistent PTSD symptoms and related coping behaviors in a large population-based military cohort, many of whom deployed in support of the current conflicts. Baseline and follow-up Millennium Cohort survey data were collected from over 55,000 participants to assess new-onset and persistent PTSD symptoms. At baseline, approximately 4% of the study sample reported PTSD symptoms or a previous PTSD diagnosis. Among active-duty members with PTSD symptoms at baseline, nearly 10% were diagnosed with PTSD and 40% were diagnosed with a mental health disorder in the military health care system within 5 years. Of those with PTSD symptoms at baseline, approximately 12% reported an alcohol-related problem and 20% started smoking by follow-up. New-onset PTSD symptoms or diagnosis were identified in 8.7% of deployers reporting combat exposures, 2.1% of deployers not reporting combat exposures, and 3.0% of nondeployers. Findings describe PTSD in a large military population and emphasize that combat exposures significantly affect the onset of PTSD symptoms postdeployment. Long term follow-up of this cohort will give insight into the occurrence and episodic nature of PTSD symptoms, comorbidities and associated coping behaviors.

Impact: Does PTSD Affect Medical Morbidity?

(Abstract #1060)

Magruder, Kathryn, MPH, PhD¹; Yeager, Derik, MBS²

¹*VA Medical Center, Charleston, South Carolina, USA*

²*Ralph H. Johnson VAMC / MUSC, Charleston, South Carolina, USA*

PTSD is well known to have an impact on overall functioning, and recent evidence has emerged for an association with medical illnesses, e.g. diabetes and coronary heart disease. Important from a public health and policy viewpoint is the impact of PTSD on overall medical morbidity. In this presentation we provide data concerning medical morbidity in a random sample of 816 VA primary care patients. PTSD was assessed for all patients with the Clinician Administered PTSD Scale (CAPS). Medical morbidities (based on ICD9 chart diagnoses) were summarized using the Charleston Index, a well known instrument used to predict mortality that sums disease burden over 17 medical conditions. In addition, we had SF-36 mental and physical health composite scores for overall functioning. Results show that the average Charlson score for the 98 patients with PTSD did not differ significantly from that of the 718 patients without PTSD (0.85 vs. 1.04; $p > .05$), even after controlling for key variables. There were also no significant differences when we examined specific Charleston components of interest, diabetes and coronary heart disease. In contrast, the SF-36 composite functioning score for physical health was significantly worse for PTSD patients. Results suggest that even though physical health burden may not be impacted by PTSD, patients still perceive that their health functioning is diminished.

Panel Discussion

Making Disaster and Mass Trauma Behavioral Health Services More Evidence-Informed

(Abstract #1043)

Panel Discussion (Disaster, Prev El) **International C - 6th Floor**

Watson, Patricia, PhD³; Ligenza, Linda, ACSW¹; Santiago, Patcho, MD MPH¹; Thimm, Kristine, M.A.²

¹*SAMHSA Disaster Technical Assistance Center, Bethesda, Maryland, USA*

²*USUHS, Department of Psychiatry, Bethesda, Maryland, USA*

³*VA Regional Medical Center, White River Junction, Vermont, USA*

In the past year, SAMHSA's Center for Mental Health Services and the National Center for PTSD have reviewed recent evidence for Crisis Intervention following traumatic stress, including community models, individual trauma intervention studies, case reports, and disaster and mass violence intervention studies. In this panel discussion, the presenters will discuss the findings from the literature review, the process of selecting appropriate interventions that will improve disaster/mass trauma mental and behavioral health interventions, and the outcome of an expert panel that reviewed the findings and made recommendations for improving SAMHSA's crisis counseling services.

SCCS: Innovations in Design and Implementation in Response to Hurricane Katrina

(Abstract #353)

Panel Discussion (Disaster, Mil Emer) **Augusta I - 7th Floor**

Osofsky, Joy, PhD¹; Osofsky, Howard, MD PhD¹; Brymer, Melissa, PhD, PsyD³; Steinberg, Alan, PhD⁴; Riise, Kirsten, PhD²

¹*Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA*

²*Office of Mental Health, Baton Rouge, Louisiana, USA*

³*UCLA, Los Angeles, California, USA*

⁴*National Center for Child Traumatic Stress, Los Angeles, California, USA*

The psychosocial impact of a catastrophic event is complex and often not well understood by response personnel or those directly impacted by the incident. This presentation will focus on the emergency planning and long-term response activities associated with Hurricane Katrina. The role of behavioral health agencies and professionals as an integral component of the disaster response infrastructure will be discussed. Ongoing monitoring of the consequences for survivors who have continued to live with devastation and uncertainty has led to enhanced recognition of the need for longer-term structured cognitive behavioral interventions. The collaborative among the Louisiana Office of Disaster Mental Health, the Department of Psychiatry at Louisiana State University Health Sciences Center, the Terrorism and Disaster Center of the National Child Traumatic Stress Network, the National Center for Child Traumatic Stress, and the National Center for Posttraumatic Stress Disorder worked together to design, implement, and evaluate a post-disaster psychosocial recovery program for children, adolescents, adults, and families adversely affected by Hurricane Katrina. The presentation will describe critical aspects of this program, lessons learned, and how this experience can provide directions for the future in planning and implementing behavioral health disaster response programs.

Papers

Resilience Training

International D – 6th Floor

Chair: Keith Renshaw, PhD

George Mason University, Fairfax, Virginia, USA

Pre-Deployment Preparation, Combat Exposure, Perceived Threat and PTSD Symptoms in Reserve Troops

(Abstract #899)

(Mil Emer, Soc Ethic)

Renshaw, Keith, PhD

George Mason University, Fairfax, Virginia, USA

Reserve component (RC) forces have made up more than 25% of troops deployed in support of recent conflicts in Afghanistan (OEF) and Iraq (OIF), and they may be at greater risk for post-deployment PTSD than active duty troops (Milliken et al., 2007). One factor in this increased risk may be lower levels of pre-deployment preparation in RC vs. active duty troops. The current study tested the impact of pre-deployment preparation on (a) post-deployment PTSD symptoms and (b) the association of combat experiences and perceptions of threat during deployment. The sample consisted of 203 male RC troops deployed to Iraq, Afghanistan, or other areas in the Middle East during the OEF/OIF era. Pre-deployment preparation was negatively associated with post-deployment PTSD symptom severity, even when controlling for combat severity ($p < .05$). Also, there was an interaction between combat exposure and pre-deployment preparation in predicting perceived threat ($p < .05$), such that, for those with low self-reported pre-deployment preparation, perceived threat was high almost regardless of combat exposure, but for those with high pre-deployment preparation, perceived threat was high only in the context of high combat exposure. Given the association of perceived threat with PTSD, differential levels of preparation may help explain some of the greater vulnerability to such symptoms in RC troops.

Effects of “Psychological Inoculation” on the Mental Resilience of Israelis Under Missile Attacks

(Abstract #395)

(Clin Res, Civil Ref)

Farchi, Moshe, PhD¹; Gidron, Yori, Sc, PhD²

¹Tel Hai Academic College, Upper Galilee, Israel

²Brunel University, West London, United Kingdom

The present study tests the effects of “psychological inoculation” (PI) on the mental resilience of the adult population in Sderot, Israel. This population have been chronically exposed to missile attacks from Gaza. We so far collected data of 29 people, and will present at the conference more complete findings (Approximately N=600). Methods: Adults living in Sderot (N=29) were randomized to receive either two phone calls of PI or two supportive listening calls (control). In the PI intervention, citizens listened to challenging sentences, mapped onto concepts of stress and coping (e.g., “since the cease fire, you never do what you plan for a day”). Participants had to systematically refute the sentences, to manifest inoculation facing future similar

challenges. Controls were invited to talk and ventilate about the events. Participants were assessed for anxiety, perceived-control, pessimism and self-efficacy coping, before the first and after the second conversation. Results: Both groups showed significant reductions in anxiety, but the PI had lower anxiety than controls post-treatment. The PI group also reported significant increases in perceived-control and coping self-efficacy, while controls did not. Conclusions: These preliminary findings support the effectiveness of PI in increasing resilience and decreasing stress symptoms.

PTSD in UK Emergency Service: An Education Programme to Minimise Ill-Health Outcomes

(Abstract 327)

(Media, Mil Emer)

Young, Kathryn M., PhD

Department of Clinical Psychology, The Whelan Bldg Quadrangle Brownlow Hill, Liverpool, United Kingdom

The prevalence of PTSD among emergency services personnel is repeatedly reported as higher than for community populations. The ill-health consequences present challenges to carrying out required roles and include high levels of sickness absence and premature retirement. Yet studies show the key role of preparedness training in reducing PTSD outcomes. This poster reports the development of an education programme designed to prepare emergency service personnel to recognise, manage and reflect on challenging events to minimise the consequences, thereby reducing both the prevalence and costs of PTSD. The context for this programme is increasing recognition of the importance of knowledge exchange activities. Research evidence is presented on prevalence, to indicate the scale of the problem and preparedness training, to show it’s positive impact. A theoretical framework follows which informs and supports explicit learning objectives. The design principles for this programme are explained including how diversity of participants is taken into account. The teaching methods selected are shared along with evaluation strategies to determine the extent to which the learning outcomes have been met. How participant feedback is obtained and included in programme development is also described. Finally, the design of follow-up studies to measure the impact of the programme is illustrated.

Saturday: 8:00 a.m. – 9:15 a.m.

Papers

Secondary Trauma

International E – 6th Floor

Chair: Judith Daniels, PhD

University Medical Center, Hamburg, Germany

Traumatic Countertransference – Results of Empirical Research on Therapists' Coping Patterns

(Abstract #786)

(Practice/Media Ed)

Smith, Annemarie, JM, MD, PhD; Kleijn, Wim, M.Sc

Centrum 45, Oegstgeest, Netherlands

The confrontation with patients' traumatic experiences naturally evokes strong emotional and behavioral countertransference reactions in therapists. The transactional coping model offers a theoretical frame to investigate and understand therapists' ways of coping with the impact of these experiences and with his/her own reactions. The study aimed to investigate 1) specificity of countertransference to traumatic situations, and 2) the relation between therapists' trauma specialization and their in-session reactions. Using a 2x2 experimental design, trauma therapists (n = 45) were compared with other psychotherapists (n = 58). Reactions were measured to video-scenario presentations of a traumatized refugee and of a borderline patient. Dependent variables were emotional appraisal of the presented scenarios, and therapists' countertransference. The refugee scenario evoked a specific countertransference pattern characterized by confrontation anxiety (horror, anxiety, somatic reactions), negative feelings, and strong positive involvement. Trauma therapists were less overwhelmed by the traumatic content than other psychotherapists were. The study supported a trauma-specific countertransference pattern. The results show that confrontation with patients' traumatic experiences is a challenge for trauma therapists as well as for other therapists, though that it helps to be prepared. The results are discussed in relation to the transactional coping model.

Vicarious Trauma for Counselors: Workplace Context and Belonging

(Abstract #748)

(Practice/Media)

Hahn, Katharine, EdS

University of Kentucky, Shaker Heights, Ohio, USA

Vicarious trauma (VT) for counselors results from exposure to client trauma material and can manifest as PTSD-like symptoms. VT research to date has focused on the negative effects of trauma counseling and on how counselors' individual characteristics make them vulnerable to VT. This focus on individual variables can create an implied blame on counselors and fails to address the importance of the relational context of trauma. With a focus on workplace context and positive outcomes of trauma counseling, this study investigated which aspects of workplace context contribute significantly to counselor VT and vicarious post-traumatic growth (PTG). With approximately 180 participants from internship and post-doctoral residencies and domestic

violence and rape crisis centers, VT symptoms were low to moderate, with only two participants experiencing symptoms in the clinical range. Results of hierarchical regression analysis indicated that amount and intensity of exposure to client trauma material positively predicted VT and that sense of belonging in the workplace negatively predicted VT. Intensity of exposure, support for VT at work, and work setting significantly predicted vicarious PTG, with counselors at domestic violence and rape crisis centers reporting more vicarious PTG. Also, sense of belonging in the workplace moderated the relationship between amount of exposure and vicarious PTG. The study supports the theory that VT is a natural, non-pathological response to trauma counseling and that counselors experience positive rewards from trauma counseling. The results indicate that support for VT at work and sense of belonging in the workplace are important factors in counselor VT and vicarious PTG.

When Trauma Therapists Dissociate – A New Approach to Secondary Traumatization

(Abstract # 662)

(Practice/Media)

Daniels, Judith Karina, PhD¹; Klasen, Fionna, Dipl-Psych

¹*UKE, Hamburg, Germany*

²*University Medical Center, Hamburg, Germany*

Objective: Dissociation is widely viewed as a survival mechanism triggered in life-threatening situations and known to be the best predictor for the development of PTSD. As Secondary Traumatization (ST) has been shown to consist of similar symptoms as PTSD, the question arises if dissociation also predicts these symptoms in a therapeutic setting. Results: Dissociation scores (assessed with adapted items of the Dissociative Experiences Scale, $\alpha = .79$) were used to predict ST symptom severity (measured with the German Fragebogen zur Sekundaeren Traumatisierung, $\alpha = .94$) in a sample of 1.024 therapists, counsellors, and nurses. The two scales correlate significantly (Kendall-Tau-b = .390; $p < .000$). In a hierarchical regression analysis the dissociation scores predict the ST scores significantly with $R^2 = .288$. The comparison of groups with high and low dissociative coping yields an effect size of $d = 0.91$, indicating a clinically relevant difference between these groups. Conclusion: Dissociative coping presents an important risk factor for the development of Secondary Traumatization in therapists. Ideosyncratic peritraumatic processing of client's trauma material predicts secondary traumatization better than work setting, work experience or education. The results show a noticeable difference between active coping and passive dissociation in the therapeutic situation.

Papers

Treatment Studies: I

Augusta II & III - 7th Floor

Chair: Shannon Kehl, PhD

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

A Meta-Analytic Review of Exposure Therapy and EMDR in the Treatment of Adult PTSD

(Abstract #699)
(Clin Res, Practice)

Kehle, Shannon, PhD; Polusny, Melissa, PhD; Meis, Laura, PhD
Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Eye movement desensitization (EMDR) and exposure therapies (e.g. prolonged exposure therapy) have both been recommended as first-line treatments for posttraumatic stress disorder (PTSD). However, relatively little is known about the comparative efficacy of the two types of treatments. To date, the few studies that have been conducted have small sample sizes, making it difficult to draw conclusions. The goal of the current study was to use meta-analytic techniques to synthesize the existing data on the relative efficacy of exposure therapies and EMDR. Through a comprehensive literature search, we identified six randomized control trials that met our inclusion criteria. We calculated Hedges g effect sizes for the continuous variables (positive values favor exposure therapies) and risk ratios (RRs) for dichotomous variables (values greater than one favor exposure therapies). EMDR and exposure therapies did not differ significantly on clinician-rated PTSD (g = 0.32), self-report PTSD (g = -0.08), self-report depression (g = -0.01), loss of PTSD diagnosis (RR = 1.46), or dropout (RR = 0.79). However, higher-quality studies (based on Foa & Meadows' 1997 criteria) consistently favored exposure therapies. Clinical implications will be discussed.

A Resilience-Building Intervention for Treating PTSD

(Abstract #758)
(Clin Res, Prev El)

Kent, Martha, PhD

Phoenix VA Health Care System, Phoenix, Arizona, USA

Resilience is a flexible neuroendocrine and behavioral response to challenge, characterized by an efficient stress response, a proactive approach/engaged attitude and social relatedness/affiliation. It is lost or compromised in posttraumatic stress disorder (PTSD). Our goal was to restore and build resilience in a twelve-week manualized intervention, tested in a randomized clinical trial by comparing physiological responses, psychological responses, and cognitive responses of the treatment group with a waiting-list control group of veterans who met PTSD criteria of DSM-IV. Subjects (36 total, aged 35-69) met in small groups of ten in weekly ninety-minute sessions. Pre-test and post-test data were analyzed in a two-way mixed measures analysis of variance that showed significant differences between treatment and waiting-list control groups. The treatment group showed trends of decreased stress-related physiological responses in cortisol and heart rate variability; and significantly decreased endorsement of symptoms of PTSD, depression, and anxiety;

increased endorsements of positive growth measures and well being; and improved cognitive functions of attention, memory and complex reasoning. Waiting-list controls showed no gains. The significance of this intervention lies in the neurobiologically-based resilience approach and in testing effectiveness in all three domains.

Trauma Treatment With Incarcerated Women: Attending to PTSD and Dissociation

(Abstract #811)
(Clin Res, Assess Dx)

Lynch, Shannon, PhD; Heath, Nicole, MS; Matthews, Kathleen Carey, MS; Cepeda, Galatia, MS

Idaho State University Pocatello, Idaho, USA

Seeking Safety (SS) is an empirically supported CBT treatment for individuals with PTSD and SUD (Najavits, 2002). This study examines the effectiveness of SS with incarcerated women (N=114). Incarcerated women tend to report high rates of interpersonal violence (IPV). The majority of the participants in this study reported multiple types of IPV and chronic experiences of trauma. Multiple types of traumatic events and chronic trauma have been associated with dissociative symptoms (Chu et al, 1999). Wilson, Friedman & Lindy (2001) note that some of the most disabling symptoms associated with PTSD are dissociative in nature. Yet, dissociation is seldom assessed in treatment outcome studies. Women with moderate to severe PTSD symptoms, trauma exposure, and SUD history were provided with up to 24 sessions of group treatment (N=88) or waitlisted (N=26, data collection in progress). Preliminary analyses using paired t-tests indicate significant decreases in not only PTSD symptoms but also in dissociation. A mixed design, repeated measures ANOVA will be used to compare the treatment and waitlisted conditions with the full sample. Implications of the use of this empirically supported treatment for PTSD with participants with a range of dissociative symptoms as well as chronic trauma histories will be discussed.

Papers

Treatment Studies: II

International F - 6th Floor

Chair: Harvey Smith, PhD

Carewest, Calgary, Alberta, Canada

Interventions for Military Psychological Trauma using Videoconferencing - Lessons Learned

(Abstract #666)
(Practice, Commun)

Smith, Harvey, PhD; Buckler, Melissa, MA; Caron, Laura, BSN, RPN

Carewest, Calgary, Alberta, Canada

The Carewest Operational Stress Injury Clinic, Calgary, Alberta, Canada, in collaboration with the Alberta Mental Health Board and Veterans Affairs Canada, conducted a pilot project using videoconference to provide mental health services to military Veterans with conditions arising from psychological trauma

Saturday: 8:00 a.m. - 9:15 a.m.

and stress. Approximately 30% of Canadian Veterans with these conditions reside outside major urban centers and have limited access to specialized services. As part of the project, clients residing significant distance from the clinic were screened for appropriateness and offered videoconference sessions as an alternative to traveling to the clinic for in-person sessions. Eighty sessions were conducted under the project over a 12 month period. Intake screening, clinical assessment, psychotherapy, couple therapy and psychiatric consultation were provided by videoconference. Disciplines providing care were psychology, psychiatry, nursing, and social work. The acceptability of using videoconference was evaluated by satisfaction questionnaires post session, and by focus groups. Project implementation, procedures, and evaluation results will be presented and discussed. Overall, clients reported that videoconference was an acceptable option to reduce burden of travel. Clinicians reported that goals were achieved and videoconference was an acceptable method of service delivery for appropriately screened clients. Factors influencing success included screening of clients, scheduling procedures, client preparation, clinician adoption, far-site preparation, and audio-video quality.

Seeking Safety With Incarcerated Women: Changes in PTSD, Emotion Regulation, and Self-Efficacy

(Abstract #793)
(Clin Res, Assess Dx)

Heath, Nicole, MS; Lynch, Shannon, PhD; Matthews, Kathleen Carey, MS; Cepeda, Galatia, MS

Idaho State University, Pocatello, Idaho, USA

Current research with incarcerated women suggests that the majority of this population has experienced multiple interpersonal traumas prior to incarceration. Furthermore, many of these women have comorbid PTSD and substance use disorders. Seeking Safety, a manualized treatment designed to target these symptoms, was utilized in a group format with incarcerated women (N= 45 current, one group in progress). Previous research suggests that Seeking Safety is efficacious in decreasing PTSD symptoms; however, there is no research demonstrating change on other variables related to complex PTSD, such as emotion regulation and self-efficacy. We hypothesized that PTSD symptoms would significantly decrease and that emotion regulation and self-efficacy would increase from pre- to post-treatment. Preliminary results suggest our hypotheses were supported: PTSD symptoms decreased, $t(43) = 8.439, p < .001$; emotion regulation skills increased, $t(44) = 3.778, p < .001$; and self-efficacy beliefs also increased $t(42) = 4.010, p < .001$. We have also hypothesized that self-efficacy and emotion regulation will mediate PTSD post-treatment. Mediation analyses and comparisons with a waitlisted group (N = 22, 13 in progress) also will be presented with the completed data set. Implications for interventions with incarcerated women with chronic trauma histories will be discussed.

Prolonged Exposure for Combat-Related PTSD: Differences in Live vs. Telehealth Treatment Delivery

(Abstract #340)
(Clin Res, Mil Emer)

Yoder, Matthew, PhD; Tuerk, Peter, PhD; Ruggiero, Kenneth, PhD; Acierno, Ron, PhD

Medical University of South Carolina, Charleston, South Carolina, USA

This paper presents data from ongoing open-trial study that includes 47 combat veterans (OEF/OIF = 72%) diagnosed with PTSD by the Structured Clinical Interview for the *DSM-IV* (SCID) at a Southeastern VAMC. All veterans were given traditional PE and optional access to PE via telepsychiatry was available for patients living in rural areas. Baseline and ongoing assessments included the PTSD Checklist military version (PCL) and the Beck Depression Inventory (BDI) given every two-weeks. Drop-out rates and number of sessions to treatment termination were monitored for the two self-selecting groups (in person PE, n= 35; telehealth PE, n= 12). Hierarchical linear modeling (HLM) was used to analyze longitudinal outcomes and dependant-means t-tests were used to compare pre/post-treatment pathology. Results suggested significant decreases in pathology from pre to post assessment. In addition, analyses found no significant differences between in person and telehealth PE outcomes.

The Other Side of the Story: Characteristics of Dropouts From a PTSD Study

(Abstract #1084)
(Clin Res, Res Meth)

Allard, Carolyn, PhD¹; Wansley, Patricia, BS¹; Grimes, Erin, PsyD²; Norman, Sonya, PhD²; Thorp, Steven, PhD²; Stein, Murray, MD, MPH³

¹*SDSU, Carlsbad, California, USA*

²*UCSD School of Medicine & VASDHS, San Diego, California, USA*

³*University of California San Diego, La Jolla, California, USA*

⁴*VA San Diego Healthcare System/ UCSD, San Diego, California, USA*

Trauma research has amassed a substantial base of knowledge with the potential to improve accuracy and utility of diagnostic characterization of posttraumatic distress. The high dropout rate noted in PTSD studies (up to 54%) raises the concern that a large subset of data is unavailable to conceptualizations and practical applications. To increase understanding of participant withdrawal and identify potential targets for improving retention rates, we investigated dropout predictors in 90 women who participated in a fMRI study of domestic violence. Twenty-seven percent dropped out during the baseline assessment and scanning portion of the study and half of the 24 women in the therapy arm of the study dropped out of therapy. As predicted, dropout was positively related to anxiety, avoidance, guilt, functional impairment, and domestic violence severity, and negatively associated with education, severity of PTSD symptoms, in particular hypervigilance-hyperarousal, and a diagnosis of major depression disorder at intake. Contrary to concerns raised in the literature, dropout status was not related to ethnicity in this study. Identifying and targeting predictors of dropout is an important first step in increasing retention rates in studies, thus improving external validity of research findings and strengthening confidence that posttraumatic distress conceptualizations are broadly representative.

Papers

Families and Children

International 6 – 6th Floor

Chair: Ginny Sprang, PhD

University of Kentucky, Lexington, Kentucky, USA

Parent-Child Dyad and Child’s Pathology in 9/11 Families

(Abstract #491)

(Child, Clin Res)

Szymanski, Kate, PhD¹; Adriano, Lauren¹; Springer, Carolyn, PhD²; Cloitre, Marylene, PhD¹; Kamboukos, Demy, PhD²; Cucharo, Candy³

¹*New York University Child Study Center, New York, New York, USA*

²*NYU Child Study Center, New York, New York, USA*

³*Tuesday’s Children, Manhasset, New York, USA*

⁴*Adelphi University, Garden City, New York, USA*

This study addresses the long-lasting consequences of losing a parent in 9/11. Family environment has a crucial impact on a parentally bereaved child. In the current study we tested the prediction that a discrepancy between mother’s and child’s perception of parenting and family functioning would have a negative impact on child’s psychological adjustment. This project was a part of a larger study conducted by NYU Child Study Center on 9/11 families. Participants were 38 bereaved mother-adolescent dyads who separately answered the following self-report measures: Children’s Report of Parental Behavior (CRPBI – mother, adolescent), Family Environment Scale (FES) and Behavior Assessment System for Children (BASC – mother, adolescent). The results supported our predictions. When parents’ rating of psychological control on CRPBI was higher than their children, adolescents were significantly more depressed ($p < .03$) and anxious ($p < .04$). Also, their parents perceived them as significantly less depressed than children perceived themselves ($p < .03$). When children’s rating of family expressiveness on FES was lower than their parents, children rated themselves as significantly more depressed than parents perceived them to be ($p < .07$). When adolescents rating of family conflict on FES was higher than their mothers, children had a significantly lower locus of control ($p < .02$). These findings suggest that on some dimensions of family functioning incongruent perception between a parent and a child have a detrimental effect for both.

The Efficacy of a Relational Treatment for Traumatized and Maltreated Children and Their Families

(Abstract #432)

(Clin Res, Child)

Sprang, Ginny, PhD

University of Kentucky, Lexington, Kentucky, USA

This paper describes an efficacy study that examined the effects of a relational-based intervention program on trauma symptoms, child abuse potential, parenting stress and child behavior in maltreated children and their foster parents. A sample of participants (N=53) were randomly assigned to an immediate treatment or a wait-list control condition in a community-based

treatment setting. The methodological design employed in this study combined elements of efficacy studies and effectiveness research by applying specific components of a randomized control trial to a clinic based setting with firmly established clinical protocols, and a naturally occurring treatment seeking population. An intention-to-treat analysis was utilized to avoid the effects of dropout that might interfere with the randomization procedure. Participant’s mean pretest scores were equivalent between groups. Post-intervention, treatment participants had significantly lower scores on total child abuse potential, traumatic stress, parenting stress, and child internalizing and externalizing behavior than control subjects. Engagement in treatment was a significant predictor of positive change in reported child behavior. This intervention was effective in decreasing symptoms in children who were at high-risk for placement disruption, and in alleviating the parenting stress associated with providing care to high-risk, symptomatic foster children.

Parental Response to Child Injury: Examination of Parental Posttraumatic Stress Symptom Trajectories

(Abstract #274)

(Child, Res Meth)

Le Brocque, Robyne, PhD¹; Hendrikz, Joan, Bsc, PGDip; Kenardy, Justin, PhD²

¹*CONROD, School of Medicine, Herston, Queensland, Australia*

²*University of Queensland, Queensland, Australia*

Objective: This paper uses trajectory analyses to empirically differentiate patterns of post traumatic stress symptoms in parents following child accidental injury. Child risk factors for predicted group membership are examined (gender, age, injury type, pre-injury behavior problems). The relationship between parent and child recovery patterns was also explored. Method: Parent (n=189) self reported symptoms up to two years post child injury were examined to i) identify distinct symptom trajectories; ii) identify risk factors affecting trajectory group membership; and iii) explore the patterns of children and parents together. Results: Analysis predicted three distinct symptom trajectory groups for parents: resilient group (78%); recovery group (8%) with clinical level symptoms in the initial post injury period that declined below clinical by six months; and a chronic subclinical (14%) group with moderate level symptoms. Child pre-injury internalizing behavior and serious injury predicted parent’s trajectory. Children of resilient parents were most likely to be resilient. Children of chronic subclinical parents were also most likely to have chronic trajectories. Conclusion: Clinicians should not rely only on clinical level symptoms in parents to identify high risk families when designing early interventions but include families where the parent has subclinical symptoms.

Saturday: 8:00 a.m. – 9:15 a.m.

Papers

Children and Adolescents

International H – 6th Floor

Chair: Maureen Allewood, PhD

John Jay College of Criminal Justice, New York, New York, USA

Emotional Numbing and Foreshortened Future in Adolescence: Associations With Academics & Delinquency

(Abstract #772)

(Child, Prev El)

Allwood, Maureen, PhD

John Jay College of Criminal Justice, New York, New York, USA

Callous-unemotional traits (Frick et al., 2003) and a lack of future orientation (see Trommsdorff & Lamm, 1980) are key markers of adolescent delinquency, whereas similar constructs, emotional numbing and a sense of foreshortened future have been associated with trauma exposure and posttraumatic stress disorder. The possible overlap in symptom constructs [e.g., unemotional traits and emotional numbing; lack of future orientation and sense of foreshortened future] may be important links in the established association between childhood trauma, particularly violent trauma, and adolescent delinquent behaviors. We report findings from two samples of community youth. One sample consists of 123 ethnically diverse middle school students. The second sample consists of 197 ethnically diverse urban college students. Participants in both samples reported lifetime trauma and adverse life experiences, associated trauma symptoms, and emotional experiences as measured by the Emotional Numbing Scale. The middle school sample reported involvement in delinquent behaviors, whereas the college sample reported their academic progress. Findings indicate that numbing of different types of emotions and a sense of foreshortened future are differentially related to trauma exposure. In addition, numbing of specific emotions, such as fear, is associated with delinquent behaviors in early adolescents and with academic performance in young adults.

A New Illness: An Exploration of Steroid Patterns in Apathetic Refugee Children

(Abstract # 516)

(Bio Med, Civil Ref)

Sondergaard, Hans Peter, MD¹; Aaronsson, Bernice, MD²; Kushnir, Mark, MD⁴; Sandstedt, Per, MD, PhD²; Bergquist, Jonas, PhD³

¹*Trauma Clinic, Danderyds Hospital, Stockholm, Sweden*

²*Sodersjukhuset, Stockholm, Sweden*

³*Uppsala University, Center for Biomedicine, Uppsala, Sweden*

⁴*Arup Institute for Clinical & Experimental Pathology, Salt Lake City, Utah, USA*

During the year of 2003, and onwards in Sweden lethargic or unconscious adolescents who were children in families denied asylum in Sweden were seen in alarming numbers. Cases were initially seen as factitious disorder or suspected intoxication by the immigration authorities, and it was claimed that such cases had never been seen before. The epidemic abated slowly when the parliament forced the government to implement a temporary amnesty. The inflicted children recovered very slowly. Severe

traumatic events have been reported in a high number of the children and their family. In the present study, steroid hormones and intermediary metabolites were explored longitudinally in eleven children during stages of the illness until they recovered. Steroid hormones were measured by liquid chromatography tandem mass spectrometry, a highly sensitive and reliable method. At baseline, cortisol was positively associated with illness score ($Rho=.621, p=.024$) and negatively with duration of gastric tube feeding ($Rho -.636, p=.048$), as well as time to turning point (date of first movement). Pregnanes were higher during the illness state controlling for gender, puberty, and menstrual phase and allopregnanolone (3alpha,5alpha-THP) was decreased. It is concluded that the condition is associated with perturbations in steroid metabolism. The study shows that measurements of multiple steroids are of interest in PTSD and related disorders.

Autobiographical Memory in Children With Acute and Posttraumatic Stress Disorder

(Abstract #543)

(Child, Clin Res)

Nixon, Reginald, PhD

Flinders University, Adelaide, South Australia

Difficulties in retrieving specific autobiographical memories is a robust finding in the adult PTSD literature, have been shown to predict PTSD development, and overgeneralised autobiographical memory processes are a core component of cognitive models of PTSD (e.g., Ehlers & Clark, 2000). This phenomenon has been understudied in children. The paper will report on the findings from two studies of children that used the Autobiographical Memory Task (AMT). In Study 1 (N=72), children who had recently experienced single-incident trauma requiring medical treatment (with and without acute stress disorder) were compared with control children admitted to hospital for non-trauma medical conditions on the AMT. Children were also followed-up 3-months posttrauma. Preliminary analyses suggest that in contrast to adult findings, children with high levels of ASD symptoms were more likely to retrieve specific rather than overgeneralised autobiographical memories. Study 2 consists of children with or without PTSD following single-incident trauma (n=42) and healthy, non-trauma exposed control children (n=25). Preliminary analyses appear to support the findings of Study 1; that is, relative to controls, symptomatic children appear to retrieve greater numbers of specific memories, with this occurring for both positive and negative cue words. The findings are discussed in relation to developmental processes and cognitive models of PTSD in children.

Concurrent Session 11
Saturday, November 7
9:30 a.m. – 10:45 a.m.

Featured Speaker

**Diagnoses, Dimensions, *DSM-V* and a
Transdiagnostic Approach: Let's Get Radical**

(Abstract #1130)

[Assess Dx/Clin Res] Peachtree B/C - 8th Floor

David Barlow, PhD, ABPP

Center for Anxiety and Related Disorders, Boston Massachusetts, USA

To address issues of comorbidity, sub-threshold presentations, and the large number of OS diagnoses. *DSM-V* will likely organize groups of disorders, including emotional disorders, along dimensions. A scheme will be presented that collapses current *DSM-IV* emotional disorders into empirically supported common dimensions shared by all disorders including temperaments, mood, current disorder constructs of "key features", and extent and types of avoidance. This approach integrates easily with new Transdiagnostic unified treatment approaches applied to a variety of emotional disorders by targeting their shared features.

Symposium

**Race and Sexual Minority-Related Stressors
in the Intersection Between Diversity and
Trauma**

(Abstract #987)

Symposium [Cul Div, Assess Dx] International C - 6th Floor

**Triffleman, Elisa, MD²; Waelde, Lynn, PhD¹; Goldblum, Peter,
PhD, MPH¹**

¹Pacific Graduate School of Psychology, Palo Alto, California, USA

²Private Practice, Port Washington, New York

Census data indicate that 33% of the US population is a member of an ethnic minority group. By 2042, the US is projected to become a "majority-minority" nation. Concurrently, estimates indicate that up to 20.8% Americans have experienced homosexual attraction or have had same-sex sexual contact. Thus, further understanding of the relationships between ethnic or sexual diversity and traumatic stress is necessary in order to address a broad range needs and concerns across diverse populations. In this symposium organized by the ISTSS Diversity Committee, research data and a literature overview will be presented concerning relatively under-studied contributors to traumatization among ethnically- and sexually-diverse individuals. Race-related and sexual-minority-related stressors are those group-specific potentially traumatic events and conditions which impinge and encroach upon diverse individuals. Culture—those group-specific shared attitudes, values, goals, and practices internalized by members of a given group which include language and the content of a group-level identity—may be shaped by a shared traumatic history and by associated factors, such as discrimination. Thus, this symposium will give

a balanced view of the impact of communal and community-level contributors, occurring from within and from outside of individuals, to traumatization.

**Responses to Race-Related Stress Among
Diverse Ethnic Groups**

(Abstract #923)

Waelde, Lynn, PhD

Pacific Graduate School of Psychology, Palo Alto, California, USA

Can race-related stressors, including microaggressions, be traumatic stressors? The current study examined exposure to microaggressions and potentially traumatizing race-related events and trauma symptoms in a study of N = 408 ethnically diverse college students and N = 167 active duty military. In both studies, exposure to microaggressions, such as being treated unfairly, rudely, or being followed because of one's race or ethnicity, was significantly associated with hyperarousal, dissociation, and the experience of fear, helplessness, and horror. About 22% (n = 91) of the college students reported ongoing reexperiencing symptoms in relation to a specific race-related stressor. This event met criteria A1 and A2 of the PTSD diagnosis for 22 students; six students met criteria for PTSD. Responses to race-related stress were not uniform among all ethnic groups: The total number of race-related stressors was significantly related to trauma symptoms in all ethnic groups except for Caucasians. Exposure to race-related stress was more strongly related to hyperarousal than to reexperiencing and avoidance symptoms. This finding may partially account for results in the literature that exposure to racial discrimination is associated with heightened cardiovascular disease risk among African Americans. Trauma assessment should include evaluation of racism-related trauma.

**The Development of the Sexual Minority
Stress Scale**

(Abstract #927)

**Goldblum, Peter B., Ph.D., MPH¹; Skinta, Matthew, PhD²;
Stevenson, Louis^{1,2}**

¹Pacific Graduate School of Psychology of Palo Alto University, Palo Alto, California, USA

²UCSF AIDS Health Project, University of California, San Francisco, California, USA

Sexual minorities (lesbians, gay men, bisexuals, and transgendered people) continue to be the targets of stigmatization, discrimination, and violence. Sexual minority stress (SMS) has four components: internalized homonegativity (internalized negative attitudes and beliefs toward homosexuality); internalized stigma (the expectation of negative reaction from members of the majority); concealment of one's sexual identity; and sexual minority-specific potentially traumatic events (e.g. violence, bullying) and events which may contribute to traumatization (e.g. discrimination and rejection; Meyer, 2003). Recent research has highlighted the serious impact of minority stress on the psychological and physical health of sexual minority individuals. This paper will describe the development of the Sexual Minority Stress Scale (SMSS), which was designed to assess the four components of minority stress. Preliminary data will be presented from a study of gay and bisexual men clients who completed the Internalized Homophobia Scale (Curry, 2004) and the Outness Inventory (Fassinger and Mohr, 2000). Results of this study will be discussed in relation to the development of the SMSS.

Saturday: 9:30 a.m. – 10:45 a.m.

Talking About the Elephant in the Room: Factors in Traumatization in Diverse Individuals

(Abstract #965)

Triffleman, Elisa, MD

Private Practice, Port Washington, New York, USA

This symposium presents findings from studies about the role of race- and sexual-minority-related stressors and the role of culture in traumatization. These studies are of special interest because many studies of US participants have not included parameters such as race-related stressors or perceived discrimination, with exceptions such as a few US epidemiological surveys (e.g. Kessler et al. 1999), studies of Asian American Vietnam War veterans (Loo et. al (2001, 2005)) and studies of refugees in the US (e.g. Ellis et. al's (2008) study of Somali adolescents). International and US studies of refugee have also measured other potentially relevant psychosocial indices such as degree of acculturation, ethnic self-identification, experiences of daily hassles and social status. Studies of internalized bias, such as internalized homophobia, have also provided insights into the traumatization of minority groups. Such studies may point to parallel avenues for exploration in considering contributors to traumatization among diverse individuals. In this presentation, the speaker will provide an overview of the literature in these areas as a means of providing further context to the studies presented in this symposium, and as a means of considering how vital measurement of these contributors may be in future studies in the US and internationally.

Gene Expression Profiles in Peripheral Immune Cells: A Window to the Biology of PTSD

(Abstract #947)

Symposium (Bio Med, Res Meth) International D - 6th Floor

Neylan, Thomas, PhD³; Binder, Elisabeth, MD, PhD¹; Bradley, Bekh, PhD¹; Mercer, Kristina, MPH²; Deveau, Todd, BS; Ressler, Kerry, MD, PhD¹; Yehuda, Rachel, PhD⁴; Lenoci, Maryann, MA³

¹Emory University, Atlanta, Georgia, USA

²HHMI, Atlanta, Georgia, USA

³University of California, San Francisco, San Francisco, California, USA

⁴Mt. Sinai School of Medicine, Ann Arbor, Michigan, USA

Gene expression microarray analysis has facilitated the discovery of genes/pathways/proteins associated with biological and pathological processes. In the past few years has this powerful tool been used to elucidate mechanisms of action for psychiatric disorders. For example, recent investigations using microarrays have shown that major psychiatric disorders including stress, depression, anxiety, schizophrenia and Alzheimer's disease perturb multiple biological pathways that are co-expressed in the brain and peripheral immune cells (e.g. glucocorticoid signaling). A recent publication used microarray technology and found gene expression differences that distinguished those who did and did not develop PTSD after receiving treatment for a traumatic incident in the emergency department. This symposium will present RNA microarray data from different samples of PTSD and controls from New York City, Atlanta, and San Francisco. The symposium will focus on gene ontologies such as glucocorticoid signaling, and chronic inflammation that are hypothesized to distinguish PTSD from controls. The goal of the symposium will

be to demonstrate the value of gene microarray technology for testing a priori hypotheses about the biology of PTSD as well as the ability to identify new potential targets for intervention.

Gene Expression Profile in Persons Exposed to the WTC With and Without PTSD

(Abstract #1143)

Yehuda, Rachel, PhD²; Golier, Julia, MD; Galea, Sandro, MD, DrPH¹; Ising, Marcus, PhD³; Holsborer, Florian, MD; Buxbaum, Joseph, PhD¹

¹University of Michigan School of Medicine Ann Arbor, Michigan, USA

²Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

³MPI of Psychiatry, Munich, Germany

The risk for 9/11 exposure was proximity to the WTC, allowing study of PTSD in a sample unconfounded by exposure-related risk. 40 Caucasians (20 with PTSD) were selected from an epidemiologic sample of 2750, from which prospective, longitudinal data had been collected in four previous waves. Groups were matched for exposure, age, and gender. Whole blood gene expression and neuroendocrine analyses were performed. 25 probe sets were differentially expressed in PTSD. Identified genes included those involved in HPA regulation, signal transduction or in brain and immune cell function. Two probes for FKBP5 showed reduced expression level in PTSD. Results were confirmed by qPCR. Other probes identified were STAT5B, a direct inhibitor of the GR, and MHC Class II gene, both showing reduced expression in PTSD. Only few genes demonstrate gene expression x child trauma interactions. No genes interacted with 9/11 severity or adult lifetime events to predict PTSD. Reduced expression of STAT5B may contribute to higher activity of GR in PTSD. Reduced expression of MHC Class II gene is compatible with reduced cortisol levels.

Distinct Differences in Monocyte Gene Profiles Between Men and Women With PTSD

(Abstract # 1144)

Neylan, Thomas, MD¹; Sun, Bing, MD, PhD²; Lenoci, Maryann, MA¹; Rempel, Hans, PhD¹; Pulliam, Lynn, MS, PhD¹

¹University of California San Francisco, San Francisco, California, USA

²SFVAMC, San Francisco, California, USA

This presentation will present RNA microarray data from two cohorts of PTSD subjects. The first involves a sample of 18 civilian women (PTSD N= 8, Control N= 10). The second involves a sample of 50 male veterans (PTSD N= 25, Control N= 25). All subjects were medication free, medically healthy, with no current infection, negative serology for HIV and hepatitis, and no elevation in body temperature white blood cell count. Microarrays (55K genes, Applied Microarrays) were performed using bead-isolated monocytes as an indicator of peripheral immune function. Results from the female sample showed that nineteen genes were increased ≥ 1.5 fold and 8 genes were decreased < 1.5 fold [p < 0.05]. Of the 19 genes, 5 were associated with innate and adaptive immune responses. The increase in 5 genes was confirmed with RT-PCR. Preliminary results from the male sample showed a different pattern with a 2 fold decrease in the FKBP5 gene in subjects with high versus low CAPS scores. The presentation will further evaluate differences between male and female response to PTSD and how they may be related to inflammation and glucocorticoid signaling.

Gene Expression Profiles in an Impoverished, Highly Traumatized Civilian Population in Atlanta

(Abstract #1145)

Binder, Elisabeth, MD, PhD¹; Bradley, Bekh, PhD¹; Mercer, Kristina, MPH²; Deveau, Todd, BS¹; Ressler, Kerry, MD, PhD¹

¹Emory University, Atlanta, Georgia, USA

²HHMI, Atlanta, Georgia, USA

We have collected biological, physiological and psychological measures across a large cohort of primarily indigent subjects from a public hospital in Atlanta. From this larger group we have selected a subgroup of subjects to examine gene expression profiles on which we have genetic, human fear conditioning, trauma history and PTSD symptomatology data. We will focus on patterns of gene expression alteration as a function of childhood and adult trauma history and PTSD and depression symptoms. We will also examine gene expression as it relates to hypothalamic-pituitary-adrenal stress axis regulation utilizing baseline Cortisol and ACTH and following dexamethasone-suppression. We hope that by combining gene expression data with genetic, physiological and psychological risk data we will be able to move closer towards identifying biomarkers for PTSD.

Theoretical Approaches to Trauma Adaptation: Beyond PTSD

(Abstract #92)

Symposium (Clin Res, Bio Med) International E - 6th Floor

Pyszczynski, Tom, PhD³; Park, Crystal, PhD²; Bonanno, George, PhD¹; Neria, Yuval, PhD¹; Benight, Charles, PhD³

¹Columbia University, New York, New York, USA

²University of Connecticut, Storrs, Connecticut, USA

³University of Colorado, Colorado Springs, Colorado, USA

The focus of this symposium will be to present a series of empirical papers that test theory driven predictions related to trauma adaptation. We have chosen papers that focus on different aspects of adaptational processes related to trauma recovery. Dr. Bonanno will present data on theoretical predictions related to differential trajectories of recovery following traumatic life events. Dr. Neria will present data and address theoretical implications of different clinical outcomes associated with trauma exposure beyond PTSD. Dr. Pyszczynski will present data from studies on the application of terror management theory and trauma response. Dr. Park's paper will delve into the theoretical issues related to the breakdown of meaning in trauma response. Each presenter will be asked to discuss the implications of their research with the changes in the DSM system.

Post-Traumatic Stress Responses as Disruption of Normal Anxiety-Buffer Functioning

(Abstract #1106)

Pyszczynski, Tom, PhD; Benight, Charles, PhD

University of Colorado Springs, Colorado Springs, Colorado, USA

Terror management theory posits that an effective anxiety-buffering system is essential for psychological well-being. We propose that dramatic confrontations with death and vulnerability can disrupt normal anxiety-buffer functioning, thus leading to Post-traumatic Stress Disorder. Without a functioning anxiety-buffer, the person is vulnerable to intrusive thoughts, avoidance of threat-related stimuli, and hypersensitivity to arousal, which are the three major symptom clusters of PTSD. This breakdown of normal anxiety-buffering functions is associated with, and perhaps set in motion by, dissociative experiences at the time of the trauma. Research conducted with survivors of an earthquake in Iran, a civil war in the Ivory Coast, domestic violence, and military deployment in Iraq and Afghanistan supports this analysis, showing that: (1) pertraumatic dissociation one month post-trauma and PTSD symptoms two years post-trauma are associated with four different types of atypical anxiety-buffer responses to reminders of death or the traumatic event, (2) these atypical anxiety-buffer responses mediate the relationship between dissociation and PTSD severity two years post-trauma, (3) individuals with higher levels of trauma exposure increase reports of PTSD symptoms when reminded of death whereas those with lower levels of exposure do not. The potential of this approach for integrating ideas about trauma will be discussed.

Beyond PTSD: Trauma Exposure and Risk of GAD, Depression, and Bipolar Disorder

(Abstract #116)

Gameroff, Marc, PhD; Weissman, Myrna, PhD; Neugebauer, Richard, PhD; Westphal, Maren, PhD; Neria, Yuval, PhD; Olfson, Mark, MD

Columbia University, New York, New York, USA

Most trauma research is narrowly focused on PTSD. While the trauma-PTSD association has gained considerable empirical support, much less is known about associations between trauma and other psychiatric disorders. We examined relationships of exposure to trauma with generalized anxiety disorder (GAD), depression, and bipolar disorder (BD), as well as with pain interference and functional impairment in a systematic sample (n = 474) of adult primary care patients from an urban general medicine practice underwent comprehensive structured assessments. We found that patients who screened positive for GAD, depression, and BD, were more likely to report trauma history, especially physical and sexual abuse than patients who screened negative for these disorders. In addition, trauma history was associated with elevated levels of pain interference and functional impairment. These associations persisted after controlling for selected background characteristics, and comorbid conditions including PTSD. These results suggest a need to expand the framework of trauma-related psychopathology beyond PTSD; to better understand the strength and moderators of these associations; and to develop targeted interventions to ameliorate a wide range of potential adverse outcomes following exposure to trauma.

Saturday: 9:30 a.m. - 10:45 a.m.

Post-Traumatic Stress Responses as Meaning Violation: A Test of Worldview Theory

(Abstract # 421)

Park, Crystal, PhD; Mills, Mary Alice, MA; Edmondson, Donald, MA

University of Connecticut, Storrs, Connecticut, USA

The worldview/meaning violation perspective, focusing on the impact of trauma on individuals' belief systems as the origin of PTSD symptomatology, has garnered some empirical support (e.g., Moser, Hajcak, Simons, & Foa, 2007). However, little research has examined how global and situational beliefs together relate to symptomatology. We tested this perspective in a study of college students who had experienced *DSM-IV* criterion A2 terror/helplessness after exposure to *DSM-IV* level trauma. Results indicated that appraisals of the trauma as violating their global worldviews (assessed with the Meaning Scale; Park, 2009) as well as negative global worldviews (assessed with the PTCL; Foa et al., 1999) predicted PTSD symptomatology (assessed with the PTSD, Foa et al., 1997). Further, the impact of situational appraisals (violation) on PTSD symptomatology was fully mediated through negative global worldviews (self, world, self-blame), supporting the notion that appraisals of violation damage global worldviews. These results are discussed regarding the need for inclusion of a cognitive meaning perspective in conceptualizations of PTSD symptomatology.

Panel Presentation

Development of Child Bereavement Guidelines: Diagnostic & Treatment Matching Considerations

(Abstract #122)

Panel Discussion (Prev El, Child) International H - 6th Floor

Demaria, Thomas D., PhD²; Gurwitch, Robin, PhD¹; Schonfeld, David, MD¹

¹*Cincinnati Children's Hospital, Cincinnati, Ohio, USA*

²*LI University C.W. Post, Oceanside, New York, USA*

An increasing number of children are exposed to traumatic events often involving the unexpected death of friends, family members and/or caregivers. Research has consistently found that the successful adaptation to this sudden loss can foster resiliency in the child. For many children, however, death of a significant other can have a profound negative impact especially if the loss disrupts the availability of caregivers and precipitates a significant change in their surroundings. Schools play an important role during the recovery process. The efficacy of a variety of school based bereavement approaches will be reviewed by the panel members, with a careful analysis of the matching of possible prevention and clinical interventions depending on the diagnosis, cultural background and developmental level of the child. The implications for training and education of new bereavement intervention guidelines created by the National Center for School Crisis & Bereavement (NCSCB) will be reviewed. These guidelines were developed based on the consensus of NCSCB advisory board members following the analysis of several hundred school bereavement interventions

provided by the NCSCB members from the fields of education, nursing, pediatric medicine, psychology and social work.

Papers

Psychophysiological Research

Augusta II & III - 7th Floor

Chair: Anke Karl, PhD

School of Psychology, University of Southampton, United Kingdom

Genetic Polymorphism and Startle Response in Treatment-Seeking Accident Survivors

(Abstract #199)

(Bio Med, Clin Res)

Karl, Anke, PhD¹; Malta, Loretta, PhD²; Strobel, Alexander, PhD³; Poehnitzsch, Katza⁴; Rabe, Sirko, MA⁴

¹*School of Psychology, University of Southampton, United Kingdom*

²*Stratton VA Medical Center, Albany, New York, USA*

³*Technische Universität, Daespen, Germany*

⁴*Dresden University, Dresden, Germany*

Recent research highlights the role of risk factors in the aetiology of PTSD. Genetic polymorphisms that are associated with the efficiency of serotonergic neurotransmission have been of interest. The aim of the current study was to investigate the association between PTSD, serotonin transporter and receptor polymorphism and startle responses to neutral and emotional stimuli. We invited 93 participants; 68 treatment-seeking accident survivors with PTSD (n=19), with subsyndromal PTSD (n=27) and without PTSD (n=22) and 25 non-exposed matched controls. Participants were presented 120 trauma-related and non-related pictures and 40 startle stimuli while their physiological responses (EEG, heart rate, skin conductance, startle EMG) were recorded. We determined EMG and P200 component of the event-related potential to startle sounds in the context of different emotional conditions. Mean startle EMG and P200 responses were not associated with PTSD diagnosis but with genetic polymorphisms. Specifically, female carriers of the short allele of the 5HTTLPR polymorphism showed elevated responses as compared to carriers of the long allele. Analysis of EMG startle habituation revealed a differential pattern in participants with and without PTSD diagnosis. Our results indicate that emotional physiological reactivity in survivors of type I trauma may be partly associated with a biological predisposition.

Single Versus Multiple Trauma Exposure in the Defensive Psychophysiology of PTSD

(Abstract #457)

(Assess Dx, Bio Med)

McTeague, Lisa, PhD¹; Lang, Peter, PhD¹; Shumen, Joshua, BS²; Laplante, Marie-Claude, PhD¹; Bradey, Margaret, PhD²

¹*University of Florida, Gainesville, Florida, USA*

²*UF NIMH CSEA, Gainesville, Florida, USA*

The current study explored whether PTSD secondary to multiple compared to single traumatic exposure would evidence greater physiological sensitization during aversive imagery. Principal PTSD patients (n=49) and controls (n=76) imagined scenarios

while startle reflex and responses in heart rate, skin conductance level (SCL) and facial electromyography were recorded. PTSD patients as a whole reliably exceeded controls in startle reflex, autonomic responding, and facial expressivity during idiographic trauma imagery and, although less pronounced, showed increases relative to controls to standard anger, panic, and physical danger imagery. While controls with and without trauma exposure showed isomorphic patterns, single-exposed PTSD evinced robust responses, foremost to idiographic trauma imagery but also more broadly, and typically exceeded both controls and multiple-exposed PTSD. The latter, in addition to obtunded responses, also demonstrated poor affective discrimination and physiological system discordance. As well as more extensive trauma, the multiple- relative to single-exposed PTSD group sustained substantially more chronic and severe PTSD, comorbidity, and dimensional dysphoria (e.g., trait anxiety). Whereas PTSD secondary to one discrete event concordantly sensitizes defensive reflexes during aversive imagery, PTSD from cumulative trauma confers propensity for discordant and even hypo-reactivity, presumably from sustained hyperarousal that resulted in eventual defensive impairment and broad negative affectivity.

Toward DSM-V: Psychophysiological (qEEG) Correlates of PTSD Subtypes

(Abstract #686)
(Assess Dx, Bio Med)

Bradshaw, Richard, PhD¹; McDonald, Marvin, PhD¹; Swingle, Paul, PhD²; Heinrichs, Kristelle, MA¹; Faas, Lindsay, BA¹; Mariano, Michael, MA²

¹Trinity Western University, Langley, British Columbia, Canada
²Swingle and Associates, Vancouver, British Columbia, Canada

Quantitative encephalography (qEEG) was applied during three conditions, within a larger comparative experimental treatment outcome study: First, a baseline (relaxation) condition; secondly, a script-driven symptom provocation condition (50-sec audiotape); and finally, a trauma memory interview condition. A series of 15-sec runs included eyes open and eyes closed measurements. Readings were analyzed from F3, F4, Fz, Cz, P3, P4, O1 and O2. In a sample of 25 women diagnosed with PTSD following sexual assaults (CAPS scores > 45), three distinct subgroups were identified using a collection of qEEG variables, current physical symptoms, and trauma histories. In addition, it appeared that at least one of the groups (group with most observed dissociation) showed signs of alexithymia, characteristically associated with diagnoses of complex PTSD and dissociative disorders. That subgroup evidenced alpha suppression, and several participants in that (most severe) group evidenced a high Theta/Beta ratio at O1, associated with dissociation. The middle subgroup showed the greatest number of parietal alpha asymmetries and the least severe subgroup had more participants evidencing unusually low HiBetaGamma/Beta ratios over the ACC (Fz), associated with passivity. The majority of participants in all three subgroups evidenced excessive HiBetaGamma/Beta activity over the ACC and low Theta/Beta ratios in the occiput.

Amygdala vs. Anterior Cingulate Volumes in Early Adversity and PTSD

(Abstract #785)
(Bio Med, Child)

Woodward, Steven, PhD²; Kaloupek, Danny, PhD¹; Leskin, Lorraine, PhD³; Kutter, Catherine, PhD⁴

¹VA Boston Healthcare System, Boston, Massachusetts, USA
²VA National Center for PTSD, Palo Alto, California, USA
³Sepulveda VA Ambulatory Care, Foster City, California, USA
⁴VA Medical Center, White River Junction, Vermont, USA

The anterior cingulate cortex (ACC) projects fibers terminating in inhibitory synapses to the amygaloid nuclei which are thought to play important roles in regulating behaviors. ACC volume has been shown to be smaller in PTSD. Karl et al (2006) concluded that left amygdala was also smaller; however, Tottenham (2008) reported amygdala volume, expressed as a percentage of brain volume, to be larger in children with histories of early adversity. We examined amygdala volume independently and in relation to ACC volume in a sample of 99 US veterans with and without combat-related PTSD and/or pre-military trauma. Amygdala volumes were measured manually following the protocol of Kates et al (1997) in volumetric SPGR image series acquired at 1.5 T. Cerebral tissue and ACC volumes were available from prior studies (Woodward et al, 2006, 2007). Neither raw amygdala volumes nor volumes residualized with respect to cerebral volume exhibited effects of PTSD or alcoholism. Residualized amygdala volume was significantly larger in participants reporting a Criterion A event prior to age 8. A combined index of relative amygdala vs ACC volume (residualized amygdala minus residualized ACC) was also larger in participants traumatized prior to age 8 or age 18. The latter analysis permitted crossing early trauma with PTSD and alcoholism. Both PTSD and trauma prior to 18 were associated with larger relative amygdala volumes, but these effects were additive rather than synergistic. These results provide preliminary support for the proposition that the amygdala is relatively larger in persons with early adversity and adult PTSD.

Gray Matter Changes in Limbic Cortex in PTSD Are Associated With Trauma Load and EMDR Outcome

(Abstract #856)
(Bio Med, Assess Dx)

Pagani, Marco, MD, PhD¹; Nardo, David, MD²; Höberg, Göran, MD, PhD³; Larson, Stig, PhD¹

¹STC-CNR, Rome, Italy & Department of Nuclear Medicine, Krolinska Hopsital, Stockholm, Sweden
²Department of Psych, Sapienza University, Rome, Italy
³Department of Clinical Neuro Science, Stockholm, Sweden

There is converging evidence of gray matter (GM) structural alterations in different limbic structures in Post-Traumatic Stress Disorder (PTSD) patients. The aim of this study was to evaluate GM reduction in PTSD in relation to trauma load, and to assess the volumetric differences between responders (R) and non-responders (NR) to EMDR therapy. Magnetic Resonance Imaging scans of 21 subjects exposed to occupational trauma, who developed PTSD (S), and of 22 who did not (NS), were compared by means of an optimized Voxel-Based Morphometry (VBM) analysis as implemented in SPM. Within S, further comparisons were made between 10 R and 5 NR. A regression analysis between GM density and the Traumatic Antecedents

Saturday: 9:30 a.m. – 10:45 a.m.

Questionnaire (TAQ) was also performed on all 43 subjects. Results showed a highly significant GM volume reduction in S as compared to NS, bilaterally in posterior cingulate and in the left hemisphere in precuneus, lingual and parahippocampal gyri. Moreover, NR showed a highly significant GM volume reduction as compared to R in bilateral posterior cingulate, as well as insula, parahippocampal gyrus and amygdala in the right hemisphere. Regression analysis showed that GM volume reductions positively correlated with trauma load in bilateral anterior and posterior cingulate and right parahippocampal gyrus. In conclusion, GM volume reductions in posterior cingulate and parahippocampal cortex were associated with PTSD diagnosis, trauma load, and EMDR treatment outcome.

Papers

Substance Abuse

International F – 6th Floor

Chair: Lissette, Saavedra, PhD

RTI International, Research Triangle Park, North Carolina, USA

Psychosocial Correlates of Comorbid Alcohol and Drug Use Among Adolescent Sexual Assault Victims

(Abstract #225)

(Child, Clin Res)

Orchowski, Lindsay, MS¹; Gidycz, Christine, PhD²

¹*Brown University, Cumberland, Rhode Island, USA*

²*Ohio University, Dept of Psychology, Athens, Ohio, USA*

Substance use is a significant risk factor for sexual assault. The current study investigates psychosocial correlates of alcohol and drug use among women with a history of adolescent sexual assault (ASA). Undergraduate women (N=374) completed measures of sexual assault, substance use, disclosure, contextual factors (e.g., coping, social support, attributions of blame) and dating behaviors. Women with a history of ASA (N=134) were placed into the following groups: 1) hazardous alcohol use, 2) hazardous alcohol and drug use, and 3) non-problematic alcohol or drug use. A series of one-way analyses of variance were calculated to explore differences in disclosure, contextual factors and dating behaviors between groups. Groups varied in the following factors relating to disclosure: perceived risk and distress in disclosure, $F(2,126)=6.00, p<.01$; $F(2,127)=5.03, p<.01$; self-concealment, $F(2,128)=10.48, p<.01$; controlling responses to disclosure, $F(2,126)=3.84, p<.05$; and blaming responses to disclosure, $F(2,125)=3.06, p=.05$. Groups varied in following contextual factors: guidance from others, $F(2,127)=12.74, p<.01$; attachment to others, $F(3,127)=3.92, p<.05$; behavioral self-blame, $F(2,127)=3.85, p<.05$; coping via emotional support, $F(2,125)=3.35, p<.05$; use of avoidance to cope, $F(2,125)=5.37, p<.01$; and self-esteem, $F(2,126)=14.54, p<.001$. Groups varied on the following dating behaviors: self-protection, $F(2,127)=5.29, p<.01$; and sexual communication, $F(2,123)=4.85, p<.01$. Post-hoc analyses and implications will be discussed.

Alcohol Use and Posttraumatic Stress Disorder in Australian Military Veterans

(Abstract #535)

(Clin Res, Practice)

Averill, Lynnette, MS^{1,2,3}; Parslow, Ruth, MPH, PhD^{1,2}; Lewis, Virginia, PhD^{1,2}; Forbes, David, PhD^{1,2}

¹*Australian Centre for Posttraumatic Mental Health, University of Melbourne, East Melbourne, Victoria, Australia*

²*University of Melbourne, East Melbourne, Victoria, Australia*

³*University of Utah, Salt Lake City, Utah, USA*

Studies of both military veterans and civilians show that Posttraumatic Stress Disorder (PTSD) and alcohol use problems are the most commonly occurring comorbid psychiatric conditions among men. Given this relationship's high prevalence it is important to understand the relationship and interaction between PTSD and alcohol use in order to provide effective prevention and intervention strategies. The current study explores this relationship in 610 Australian military veterans (mean age 55.12[10.34]). These veterans have participated in a moderate-intensity day hospital PTSD treatment program and data analysis includes intake and 9-month follow-up. Data is categorized according to risk levels of the Alcohol Use Disorders Identification Test (AUDIT). Structural Equation Modeling (SEM) was used to test models of change in PTSD symptomology according to the PTSD Checklist (PCL) based on AUDIT risk level. The results suggest alcohol risk impacts both PCL symptom severity and which PTSD symptom cluster is most predictive of overall PCL scores at time two (intrusion, avoidance, arousal). These results may provide some insight into how to tailor clinical interventions for PTSD based on alcohol use and risk. Chi-squares, CFI, TLI, and RMSEA will be provided for all models.

Posttraumatic Stress Symptoms and Nicotine Withdrawal Interact to Predict Anxious Responding

(Abstract #505)

(Clin Res, Prev EI)

Vujanovic, Anka, PhD¹; Bernstein, Amit, PhD³; Marshall, Erin, BA²; Zvolensky, Michael, PhD²

¹*Brown Medical School, Providence, Rhode Island, USA*

²*University of Vermont, Burlington, Vermont, USA*

³*Department of Psychology, University of Haifa, Haifa, Israel*

Posttraumatic stress and smoking co-occur at high rates, yet there is limited work focused on the processes underlying this association. The current investigation tested the main and interactive effects of posttraumatic stress symptom severity and nicotine withdrawal group status (random assignment of participants to 12-hour nicotine deprivation vs. smoking-as-usual) in the prediction of anxious responding to a 4-minute carbon dioxide-enriched air laboratory challenge. A sample of 74 (34 women; Mage = 29.9) trauma-exposed daily smokers was recruited. Results indicated a significant effect [$F = 3.83, p < .05$], with posttraumatic stress symptom severity ($p = .02$), nicotine withdrawal group status ($p = .001$), and their interaction ($p = .037$) each emerging as significant predictors of anxious responding during the challenge, after covarying for pre-challenge anxiety. Specifically, significant main effects for withdrawal group status (p 's $< .05$) at minutes 1 and 2 of the challenge emerged. At minutes 3 and 4 of the challenge, significant effects for posttraumatic stress symptom severity (p 's $< .05$), withdrawal group status (p 's $< .01$), and their interaction (p 's $< .05$) were

evident. Highest levels of anxiety were reported by individuals with heightened posttraumatic stress, with the smoking-as-usual group manifesting higher levels of anxiety than the nicotine deprivation group. Theoretical and clinical implications will be discussed.

Effectiveness of Seeking Safety Intervention for Women With Comorbid PTSD + Substance Use Disorders

(Abstract #989)
(Clin Res, Res Meth)

Morgan-Lopez, Antonio, PhD²; Hien, Denise, PhD¹; Saavedra, Lissette, PhD²

¹City University of NY, New York, New York, USA

²RTI International, Research Triangle Park, North Carolina, USA

Conceptualizing clinically significant change among patients with chronic conditions such as comorbid PTSD + SUDs involves looking beyond remission of symptoms into behaviors that better indicate recovery. Given the chronic nature of PTSD + SUDs, and the vulnerability that individuals with these conditions have to relapse, conceptualizing sustained effectiveness as the recognition that help may be needed after the intervention in the form of post-treatment help-seeking behavior may be a useful indicator of outcome and clinical significant change. The present study explores utility of recovery management paradigm for evaluating the most widely used treatment for PTSD + SUDs among trauma-exposed women (Seeking Safety). Substance use problem severity, mental health symptoms, and trauma symptoms were measured at baseline, post and follow-up. Results indicated that for women who engaged in post-treatment AA/NA at the average rate Seeking Safety accounted for greater decreases in alcohol use over time from 1 week post through 12 month follow-up compared to women in the comparison condition; however, for women who did not attend any post-treatment AA/NA, women in SS had steeper increases in alcohol use over time. Similar findings are reported for cocaine and marijuana use. Results are discussed in terms of the recovery management paradigm for conceptualizing outcomes for PTSD + SUDs.

Papers

Humanitarianism

Augusta I – 7th Floor

Chair: Wietse Tol, PhD

HealthNet TPO, Kathmandu, Nepal

Developing a Research Agenda for Mental Health and Psychosocial Support in Humanitarian Settings

(Abstract #473)
(Disaster, Clin Res)

Tol, Wietse, PhD²; Panter-Brick, Catherine, PhD³; Patel, Vikram, PhD, MD⁴; Sondorp, Egbert; MD, MPH⁴; Tomlinson, Mark, PhD⁵; Van Ommeren, Mark, PhD⁶; Wessels, Mike, PhD¹; Galapatti, Ananda, PhD Student⁷; Silove, Derrick, MD, PhD⁸

¹Randolph-Macon College, Ashland, Virginia, USA

²HealthNet TPO, Kathmandu, Nepal

³Durham University, Durham, United Kingdom

⁴LSHTM, London, United Kingdom

⁵Stellenbosch University, Stellenbosch, South Africa

⁶World Health Organization, Geneva, Switzerland

⁷Peace Building & Development Institute, Sri Lanka

⁸University of New South Wales, Australia

Currently, a weak evidence base exists to guide mental health and psychosocial support programs in emergency settings in low- and middle-income countries, where the majority of emergencies take place. Moreover, mental health and psychosocial research activities are not guided by a consensus priority agenda and a number of debates continue to divide the field. The development of a consensus research agenda on mental health and psychosocial support in humanitarian settings, agreed upon by relevant international stakeholders, would move the field forward by contributing to the direction of scarce research resources in a more coordinated, coherent and cost-effective manner. Aimed at filling this gap, a group of international actors representing academic and humanitarian organizations from high and low- and middle-income settings initiated a procedure to develop a consensus research agenda. Based on methodology developed by the Child Health and Nutrition Research Initiative, this effort emphasizes a broader definition of health research as an activity that aids to improve health rather than focus purely on the generation of new knowledge. This presentation will discuss the process and outcome of this consensus development effort, including a list of research priorities and their ratings by a group of more than 200 international stakeholders.

Saturday: 9:30 a.m. – 10:45 a.m.

Workshop

Evaluating and Treating Unemployability in Veterans With PTSD

(Abstract #475)

Workshop (Assess Dx, Practice) International G – 6th Floor

Garrick, Jacqueline, LCSW-C, BCETS; Williams, Mary, PhD LCSW CTS

Trauma Recovery Education & Counseling Center, Warrenton, Virginia, USA

There are serious complications with PTSD that impact a veteran's ability to obtain and sustain gainful employment. PTSD symptoms often prevent veterans from adjusting to the civilian work environment resulting in multiple jobs or under-employment. These issues can be addressed with proper evaluation and treatment protocols. This session will focus on assessing veterans with PTSD for employability along with the skills needed to foster a return to work attitude and the ability to function in a structured occupational setting. Discussion will also include issues specific to disability compensation for individual unemployability and the use of vocational rehabilitation offered through the Department of Veterans Affairs.

The Implementation and Effectiveness of an Assistance Dog Training Intervention for PTSD

(Abstract #377)

Workshop (Clin Res, Mil Emer) Vinings I & II - 6th Floor

Alvarez, Jennifer, PhD¹; Yount, Rick, BA, LSW³; Puckett, Melissa, MS¹; Wyman, Caroline, BA¹; McLean, Caitlin, BS¹; Meisinger, Sara, BS²

¹*VA Palo Alto Health Care System, Menlo Park, California, USA*

²*Department of Defense, Washington, District of Columbia, USA*

³*Assistancedog.org, Santa Rosa, California, USA*

Cognitive Processing Therapy, Prolonged Exposure and other evidence-based treatments for PTSD are currently being disseminated and implemented in VA and DoD. However, even after treatment, approximately 60% of veterans still meet criteria for a PTSD diagnosis (Monson, et al., 2006; Schnurr et al., 2007), indicating a significant need for adjunctive treatments. The authors will describe Paws for Purple Hearts (PPH), an assistance dog training intervention that engages veterans and active duty military personnel with PTSD in training service dogs. The trained dogs are then placed with veterans with combat-related disabilities. The authors will engage the audience in an interactive discussion regarding the challenges and lessons learned implementing PPH in two different treatment settings: a VA PTSD Residential Rehabilitation Program and the Walter Reed Warrior Transition Brigade. We will present descriptive data regarding the effectiveness of the intervention for ameliorating PTSD and associated problems and discuss the potential mechanisms of improvement in symptoms and functioning. Preliminary results indicate that patients participating in PPH experienced significant improvements in treatment motivation/engagement, sleep, patience, social isolation, anxiety, self-esteem, mood, future outlook, sense of purpose, and numbing. More detailed descriptive data will also be discussed.

Using ISTSS Expertise to Improve Global Policies Related to Trauma

(Abstract #797)

Workshop (Soc Ethic/Media Ed) Roswell - 8th Floor

Elmore, Diane, PhD, MPH¹; Gerrity, Ellen, PhD²; Danieli, Yael, PhD³

¹*American Psychological Association, Public Interest Government Relations Office, Washington, District of Columbia, USA*

²*Duke University, National Center for Child Traumatic Stress, Bethesda, Maryland, USA*

³*Group Project for Holocaust Survivors and Their Children, New York, New York, USA*

The ISTSS membership has a great deal of scientific and clinical expertise to add to the global public policy dialogue. Under the direction of the organizational leadership, the ISTSS Public Policy Committee has become increasingly active in recent years. This presentation will highlight some of the recent and ongoing efforts of the ISTSS Public Policy Committee. First, a brief historical overview of the Committee will be presented. Next, strategies for successful advocacy will be discussed using recent Committee accomplishments, including the 2008 congressional briefing co-hosted by ISTSS and the work of the ISTSS delegation at the United Nations. In addition, several recent ISTSS policy initiatives will be discussed, including the Working Group on Global Combat and PTSD, and efforts to recognize and support policymakers who display leadership and have a strong interest in trauma policy issues. Finally, presenters will invite participants to share their policy expertise with the Committee and identify opportunities for active engagement in public policy activities.

**Concurrent Session 12
Saturday, November 7
11:00 a.m. – 12:15 p.m.**

Presidential Panel

Issues in the Field of Traumatic Stress Through the Eyes of Previous ISTSS Presidents

(Abstract #1137)

Featured Speaker (Practice, Soc Ethics) Peachtree B/C - 8th Floor

Figley, Charles, PhD¹; Bloom, Sandra, MD²; Wilson, John, PhD³; Schnurr, Paula, PhD³; Keane, Terence, PhD⁴; McFarlane, Alexander, MBBS(Hons) MD, FRANZCP⁵

¹Tulane University, New Orleans, Louisiana, USA

²CommunityWorks, Philadelphia, Pennsylvania, USA

³VA Medical & Regional Office, White River Junction, Vermont, USA

⁴VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA

⁵University of Adelaide, Adelaide, Australia

This panel will synthesize trends in the field of traumatic stress from the past 25th years. Dr. Sandra Bloom (the 12th ISTSS president) will describe trends in understanding and facing important and changing issues in the field. Dr. John Wilson (2nd president) will focus on stress response syndromes and their conceptualization over time. Dr. Paula Schnurr (18th ISTSS president) will focus on the evolution of the science of trauma and PTSD. Dr. Terry Keane (11th ISTSS president) will focus on clinical innovation and treatment development trends. Dr. Sandy McFarlane (13th ISTSS president) will discuss the internationalization the field throughout its related fields.

Symposium

Developmental Trauma Disorder: Empirical Evidence of Diagnostic Validity

(Abstract #709)

Symposium (Assess Dx, Child) Peachtree D/E - 8th Floor

D'Andrea, Wendy, PhD³; Kisiel, Cassandra, PhD⁴; Stolbach, Bradley, PhD²; Ostrowski, Sarah, PhD¹

¹Duke University National Center for Child Trauma Stress, Durham, North Carolina, USA

²La Rabida Children's Hospital, Chicago, Illinois, USA

³Trauma Center at JRI, Brookline, Massachusetts, USA

⁴Northwestern University Feinberg School of Medicine, Chicago, USA

The current diagnostic system is limited in its ability to accurately capture the symptom presentation of children exposed to ongoing traumas. As part of its submission to the DSM-V, sites from the National Child Traumatic Stress Network (NCTSN) have analyzed and presented data to examine the empirical validity of Developmental Trauma Disorder (DTD) as a viable conceptualization of the sequelae of chronic interpersonal traumatization in children. This symposium will present data on 50 children in outpatient trauma specialty clinics throughout the country, 200 children in an urban trauma center, 2590 children enrolled in NCTSN sites, and 7700 children in state custody. Data were analyzed in light of the current conceptualization of DTD

criteria. These data are consistent in their support of DTD as a potentially valid diagnosis. Empirical considerations of the data will be discussed.

Complex Trauma Exposure and Symptoms in Child Welfare: Evidence for Developmental Trauma Disorder

(Abstract #741)

Kisiel, Cassandra, PhD; Fehrenbach, Tracy, PhD; McClelland, Gary, PhD; Burkman, Kristine, BA; Griffin, Gene, JD, PhD

Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

In order to support the utility of Developmental Trauma Disorder (DTD), patterns of trauma exposure and symptoms associated with complex trauma and DTD were identified within a large data set in Illinois. These data were collected in conjunction with the Illinois Department of Children and Family Services (IDCFS) as part of a front-end comprehensive assessment process. The primary mental health assessment included the IDCFS Child and Adolescent Needs and Strengths (CANS) Comprehensive, an instrument used for trauma-focused and strengths-based assessment, treatment and service planning. The sample included approximately 8000 youth, ages 0-18. Data were collected on a range of trauma experiences, child and caregiver needs and strengths. Analyses were conducted in light of the proposed DTD criteria related to patterns of trauma exposure and areas of dysregulation. Results from this large-scale study offer support for the DTD diagnosis. The vast majority of youth within the Illinois child welfare system had significant trauma-related needs but will not qualify for a diagnosis of PTSD and rather will likely meet criteria for several other non-trauma related diagnoses. A new diagnosis of DTD would more adequately capture the spectrum of needs of these youth and link to more appropriate and effective treatment and services.

Complex Trauma Histories, PTSD, and Developmental Trauma Disorder in Traumatized Urban Children

(Abstract #826)

Stolbach, Bradley, PhD; Dominguez, Renee, PhD; Rompala, Vikki, LCSW; Gazibara, Tanja

La Rabida Children's Hospital, Chicago, Illinois, USA

Although PTSD is frequently diagnosed in children with complex trauma histories, many present with diverse symptoms beyond simple PTSD. The diagnosis of Developmental Trauma Disorder (DTD) accounts for the complex symptom profiles presented by many children exposed to ongoing violence and disruptions of protective caregiving. This study utilized self-, caregiver- and clinician-report measures to examine relationships among characteristics of trauma exposure, adverse experiences, PTSD, DTD criteria, and other childhood disorders in 200 children seen at an urban trauma-focused treatment center. Children averaged 5.8 total adversities, with 75% exposed to 2 or more traumatic stressors and over 60% meeting PTSD criteria. PTSD diagnosis and symptoms were unrelated to exposure variables. Children with histories consistent with the proposed DTD criterion A, however, had higher self-reported conduct disorder, dysthymia, CBCL Externalizing, Child Dissociative Checklist, and Child Sexual Behavior Inventory scores than others. DTD Criterion A-exposed children were reported to exhibit higher levels of

Saturday: 11:00 a.m. – 12:15 p.m.

a wide range of non-PTSD difficulties, including inability to self-soothe, extreme affective shifts, and problems labeling feelings. Results support the need for a childhood diagnosis that can account for a wide range of symptoms and developmental impairments in multiply traumatized children.

Developmental Trauma Disorder: Results From the National Child Traumatic Stress Network

(Abstract #892)

Ostrowski, Sarah, PhD²; Briggs-King, Ernestine, PhD¹; Stolbach, Bradley, PhD⁴; Pynoos, Robert, MD MPH³; Fairbank, John, PhD¹

¹Duke University Medical Center, Durham, North Carolina, USA

²Duke University National Center for Child Trauma Stress, Durham, North Carolina, USA

³La Rabida Children’s Hospital, Chicago, Illinois, USA

⁴UCLA School of Medicine, Los Angeles, California, USA

Traumatic stress in childhood often co-occurs with other types of victimization and other adverse experiences. Children living in environments of ongoing danger, maltreatment, and impaired caregiving may show signs of impairment regardless of PTSD status. Data from the National Child Traumatic Stress Network (NCTSN) examined differences in the clinical presentation of children who experienced a range of adverse experiences and who met proposed DTD criteria with those children who experienced ongoing traumatic stress alone or isolated traumatic stress alone (n=2590). One thousand eight hundred and forty five children experienced ongoing traumatic stress with neglect, emotional abuse, and/or impaired caregiver. These children were found to have more pervasive depressed mood, more sleep disturbances and physical manifestations of stress, more problems with dissociation, persistent social fears, attachment problems, and more substance abuse problems than others (all ps>.01). Furthermore, these results remained statistically significant even when statistically controlling for PTSD symptom severity (all ps>.05). Results underscore the importance of examining childhood adverse experiences and impairments in functioning in children who experience a range of adverse events.

Developmental Trauma: Symptom Profiles of Children Exposed to Relational Trauma

(Abstract #921)

D’Andrea, Wendy, PhD²; Spinazzola, Joseph, PhD²; van der Kolk, Bessel, MD¹; Dekel, Rachel, PhD³

¹Boston University School of Medicine, Boston, Massachusetts, USA

²The Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA

³Bar-Ilan University, Ramat Gan, Israel

The current diagnosis available to document the consequences of exposure to traumas is PTSD. However, this diagnosis does not capture the multiple effects of interpersonal trauma exposure. The current work identifies the most significant presenting symptoms among children who have been exposed to relational traumas and examines the association between age, gender, exposure and subsequent symptom profiles. Clinicians from six sites specializing in the treatment of chronically traumatized children provided information on 50 children impacted by relational trauma. Data included case vignettes, trauma history and comprehensive symptom checklist which included the representative symptoms of child relevant DSM-IV disorders. The average number of types of traumatic exposures in this sample

was six. Children presented extensive and diverse symptoms, with half exhibiting more than 32 symptoms. Symptoms increased linearly with number of exposures. The most pervasive problems, experienced by more than 75% of the children, were in the areas of regulation of affect and impulses and attentional problems. These findings indicate that PTSD may not fully capture symptoms experienced by children exposed to relational trauma. The symptoms identified in this study could serve as an important step to create a new diagnosis to capture the consequences of relational traumas.

ISTSS at the United Nations in 2009

(Abstract #644)

Symposium (Soc Ethic, Prev El) International C - 6th Floor

Turner, Stuart, MD, MA, FRCP, FRCPsych³; Danieli, Yael, PhD¹; Mattar, Mohamed, SJD²; Carll, Elizabeth, PhD⁴

¹Group Project for Holocaust Survivors and Their Children, New York, New York, USA

²John Hopkins University School of Advanced International Studies, Baltimore Maryland, USA

³Trauma Clinic, London, United Kingdom

⁴ISTSS Representative to the United Nations, New York, New York, USA

This multidisciplinary symposium will highlight ISTSS collaborative participation in major initiatives of the work of the United Nations system during 2009. It will review progress, note areas of difficulty, and critically evaluate failures. This discussion will recommend future directions and related activities.

ISTSS at the United Nations in 2009

(Abstract #647)

Danieli, Yael, PhD

Group Project for Holocaust Survivors and their Children, New York, New York, USA

Dr. Danieli’s presentation will give an overview of some of the UN work related to violence, crime prevention and criminal justice, counterterrorism, atrocity crimes (genocide, crimes against humanity and war crimes), the responsibility to protect, peace building, and reconciliation –centering primarily on developing and improving international mechanisms addressing victims’ concerns.

United Nations Resolutions and the Human Rights of Women

(Abstract # 647)

Danieli, Yael, PhD¹; Carll, Elizabeth, PhD²; Mattar, Muhammed, SJD³

¹Group Project for Holocaust Survivors and Their Children, New York, New York, USA

²ISTSS Representative to the United Nations, New York, New York, USA

³Trauma Clinic, London, United Kingdom

The major U.N. resolutions and declarations promoting human rights of women and gender equality will be examined. The need to not only develop, but implement resolutions to prevent egregious human rights violations such as violence against women and girls, rape as a weapon of war, trafficking and enslavement of women, child marriages, and child pornography and promote equality will also be discussed. Violation of human rights and gender inequality is not only detrimental to women, but to the social, health, economic, and political development of industrialized and developing nations. The four major

gender-focused entities at the United Nations will be discussed as well as the need for one consolidated office to increase effectiveness. The four entities include the Office of the Special Adviser on Gender Issues, the Division for the Advancement of Women, the UN Development Fund for Women (UNIFEM) and the UN International Research and Training Institute for the Advancement of Women (INSTRAW). Time will be allotted for questions and answers.

Comparative Models of Reporting Mechanisms on the Status of Trafficking in Human Beings

(Abstract # 649)

Mattar, Mohamed, SJD

Trauma Clinic, London, United Kingdom

A comprehensive approach to combating trafficking in human beings requires precise knowledge of the scope of the problem and constant evaluation of government responses. Reporting on the status of human trafficking achieves both goals. This presentation is designed to examine the various human trafficking reporting mechanisms, including reports that states are required to submit to the United Nations as well as national reports whereby governments engage in a process of self-assessment. Comparative models from Europe and the United States will be examined. The presentation analyzes reports released by interministerial task forces as well as congressional hearings held on progress made and future steps that must be taken. This presentation advocates establishing national rapporteurs or similar mechanisms to assess government actions to combat the problem and recommend changes that should be implemented to reform existing frameworks. While reporting is an essential element of monitoring the status of human trafficking, it has not received adequate attention.

Psychophysiological Measures of Fear as Biomarkers for PTSD Symptoms

(Abstract #161)

Symposium (Bio Med, Prev EI) International D - 6th Floor

Jovanovic, Tanja, PhD¹; Norrholm, Seth, PhD¹; Pole, Nnamdi, PhD²; Bryant, Richard, PhD³; Rothbaum, Barbara, PhD¹

¹Emory University School of Medicine, Atlanta, Georgia, USA

²Smith College, Northampton, Massachusetts, USA

³University of New South Wales, Sydney, Australia

Posttraumatic stress disorder (PTSD) occurs in some people after exposure to traumatic events. The incidence of warzones worldwide and the prevalence of violence in large urban centers in the U.S. increase the likelihood of exposure to traumatizing events. This is a heterogeneous disorder that is defined by three major symptom clusters: re-experiencing of the event, avoidance of reminders of the event, and hyper-arousal. Individual patients can vary in the degree to which they present with the different symptoms, such that a "one size fits all" treatment is often inadequate. An important aspect of the clinical presentation of PTSD patients includes excessive fear and an inability to turn off the fear response (known as "fear extinction"). These dysregulated fear responses could be biological risk factors that increase vulnerability to the disorder or acquired traits that impede treatment; in either case they can indicate specific treatment targets for the individual patient. The papers that

will be presented in this symposium show prospective as well as retrospective data on samples from diverse populations, including combat and civilian trauma. Using fear conditioning, extinction and reinstatement, these studies demonstrate the usefulness of these methods in elucidating the pathophysiology of this disorder.

Prospective Prediction of PTSD Symptoms Using Fear-Potentiated Auditory Startle

(Abstract #724)

Pole, Nnamdi, PhD¹; Neylan, Thomas, MD³; Metzler, Thomas, MA²; Marmar, Charles, MD³

¹Smith College, Northampton, Massachusetts, USA

²VA Medical Center, San Francisco, California, USA

³University of California San Francisco, San Francisco, California, USA

There is conflicting evidence about whether hyperstartle is a pre-existing vulnerability factor for PTSD or an acquired result of post-trauma neural sensitization. There have been no prospective studies of physiological reactivity to startling sounds under threat as predictors of PTSD. We exposed 138 police cadets to repeated startling sounds under increasing threat of electric shock while their eye blink, skin conductance, heart rate, and subjective fear responses were recorded. Measures of response habituation were also calculated. Following one year of exposure to police trauma, these participants were assessed for PTSD. After accounting for other baseline variables, more severe PTSD symptoms were prospectively and independently predicted by: greater subjective fear under low threat, greater skin conductance under high threat, and slower skin conductance habituation. These results imply that hypersensitivity to contextual threat (indexed by greater fear under low threat), elevated sympathetic nervous system reactivity to explicit threat (indexed by larger responses under high threat), and failure to adapt to repeated aversive stimuli (evidenced by slower habituation) are all pre-existing vulnerability factors for greater PTSD symptom severity following trauma exposure.

Fear Extinction in Veterans From Operation Iraqi Freedom (OIF) With Posttraumatic Stress Disorder

(Abstract #557)

Norrholm, Seth, PhD³; Jovanovic, Tanja, PhD²; Leimbach, Linda, BBA²; Bradley, Bekh, PhD²; Duncan, Erica, MD¹

¹Emory University, Atlanta VAMC, Atlanta, Georgia, USA

²Emory University, Atlanta, Georgia, USA

³Emory University School of Medicine, Atlanta, Georgia, USA

The symptoms of PTSD can be conceptualized as a failure to inhibit fear following trauma exposure. We have employed a fear-potentiated startle paradigm for studying fear extinction in combat veterans returning from Operation Iraqi Freedom (OIF). Veterans were referred from the Atlanta VAMC Trauma Recovery Program. All participants, regardless of PTSD diagnosis, displayed robust acquisition of fear-potentiated startle to the DANGER signal ($F(1,8)=6.027, p<0.05$) and discrimination between DANGER and SAFETY ($F(1,8)=6.11, p<0.05$). In addition, participants with and without PTSD significantly extinguished fear-potentiated startle upon repeated, non-reinforced presentations of the DANGER signal ($F(1,9)=31.3, p<0.001$). An interesting finding emerged upon analysis of startle responses to the SAFETY signal. Traumatized individuals without PTSD

Saturday: 11:00 a.m. – 12:15 p.m.

displayed little or no fear to the SAFETY signal during Extinction. However, traumatized individuals with PTSD, as compared to those without PTSD, displayed persistently elevated fear to the SAFETY signal during Extinction ($F(1,8)=13.4, p<0.01$). Similar to clinical observations, PTSD patients from OIF showed elevated fear to cues previously associated with "safety." An individual's risk versus resilience for developing PTSD after combat trauma may be related to a persistent inability to both identify and learn safety.

Fear Conditioning Biomarkers of PTSD Symptoms in a Traumatized Civilian Population

(Abstract #229)

Jovanovic, Tanja, PhD¹; Norrholm, Seth, PhD¹; Blanding, Nineequa, BA¹; Graham, Allen, CMT³; Davis, Michael, PhD¹; Duncan, Erica, MD²; Bradley, Bekh, PhD¹; Ressler, Kerry, MD, PhD¹

¹Emory University School of Medicine, Atlanta, Georgia, USA

²Atlanta VA Medical Center, Atlanta, Georgia, USA

³HHMI, Atlanta, Georgia, USA

The clinical presentations of PTSD patients include excessive fear and an inability to inhibit the fear response. We have recently developed two fear conditioning paradigms to measure fear inhibition. The first study ($n=91$) used the AX+/BX- paradigm which independently assesses responses to danger (AX+) and safety (BX-) cues, and transfer of fear inhibition in the presence of safety (AB). The second study ($n=53$) used a simple fear acquisition and discrimination (A+/B-) paradigm. We measured fear potentiation of the acoustic startle response using electromyograph (EMG) recordings of the eyeblink muscle contraction to a 108dB noise probe. We used fear-potentiated startle to predict ratings on the PTSD symptom scale (PSS) using linear regression analyses. The study sample was recruited from a highly traumatized civilian population seeking treatment at the Grady Health system in Atlanta, GA. Results showed that increased fear-potentiated startle in the presence of safety cues predicted greater PTSD symptoms with both paradigms: BX- ($F(1,90)=5.26, p<0.05$); B- ($F(1,52)=4.47, p<0.05$). Impaired fear inhibition on the transfer test (AB) was also associated with greater symptoms on the PSS ($F(1,90)=6.33, p=0.01$). These results suggest that PTSD patients have problems processing safety cues, and that hyper-responsiveness to these cues can predict the level of their current symptoms.

Extinction Learning and Implications for Development and Resolution of PTSD

(Abstract #219)

Bryant, Richard, PhD

University of New South Wales, Sydney, New South Wales, Australia

This paper will review a series of studies using extinction learning as a paradigm to understand risk for PTSD development and as a mechanism of recovery. In terms of risk, firefighters ($N = 85$) were administered a fear conditioning/extinction paradigm prior to training as a firefighter, and were reassessed for PTSD 6 months and 4 years after active duty. Impaired extinction learning significantly predicted PTSD at 6 months, and slowed habituation to shock prior to trauma predicted PTSD 4 years after active duty. In terms of treatment, several studies will be reported that demonstrate that the same neural networks

implicated in extinction learning are predictive of good response to CBT. Together, these data will be discussed in terms of using extinction principles for enhancing prevention and treatment of PTSD.

Using Innovative Technologies to Expand Access to PTSD Treatment

(Abstract #460)

Symposium (Clin Res, Practice)

Vinings I & II - 6th Floor

Greene, Carolyn, PhD; Ruzek, Josef, PhD

National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

This symposium discusses three efforts by the National Center for PTSD to use innovative telemedicine technologies to expand access to PTSD services. Despite recent advances in the development of effective treatments, many individuals do not get the care they need due to stigma, geographic distance, lack of local PTSD expertise, and/or other issues that interfere with treatment attendance. Dr. Kuhn will describe initiatives developing interactive web-based materials to deliver psychoeducation and symptom management. He will discuss how the reach and anonymity of the Internet can make care more easily accessible and can reduce barriers of stigma. Drs. Morland and Greene will discuss using video teleconferencing to provide group psychotherapy. They will discuss the results of their 4-year clinical trial of anger management therapy as well as experiences with their new clinical trial using Cognitive Processing Therapy. Dr. Rosen will describe a telephone-based case management system. He will discuss preliminary results from a 3-year clinical trial with patients who are transitioning from inpatient care as well as a current trial with patients who are newly entering specialty PTSD treatment. Dr. Ruzek will review the challenges in these different approaches, as well as their potential for expanding access to care for PTSD.

Web-Based Programs for Self-Management of Posttraumatic Stress Reactions

(Abstract #1030)

Kuhn, Eric, PhD^{1,2}; Hoffman, Julia, PsyD¹; Ruzek, Josef, PhD¹

¹*National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA*

²*Sierra Pacific (VISN21) Mental Illness Research, Education and Clinical Center, Palo Alto, California, USA*

Self-guided interventions (e.g., self-help books) have been helpful to many trauma survivors struggling with posttraumatic stress reactions. This self-help tradition continues to thrive in the age of the Internet. This presentation describes Web-based interventions informed by evidence-based cognitive-behavioral therapies and principles to help traumatized individuals understand, manage, overcome, or, if needed, consider seeking face-to-face professional help for their reactions. Several Web-based programs currently under development are presented. The enormous potential of the Web for self-guided treatments is discussed. This includes reaching trauma survivors who are reluctant to seek help due to excessive fear, isolation, guilt, and shame; stigma; and practical limitations due to physical injury, transportation, cost, absence from work, or distance. The promise of the Web for delivering specific interventions, such as psycho-education, self-assessment with tailored feedback, and interactive skills-based self-help is also highlighted. The empirical support for

Web-based interventions for PTSD is summarized as are other novel approaches that are currently being developed. Lastly, the presentation emphasizes the challenges of building self-guided treatments for emphasizes the challenges of building self-guided treatments for the Web.

Telephone Case Monitoring of PTSD Patients

(Abstract #1045)

Rosen, Craig, PhD^{1,2}; Tiet, Quyen, PhD^{1,3}; Greene, Carolyn, PhD¹; Nguyen, Dong, MA¹; Fitt, Julie, BS¹; Sweeton, Jennifer, MA^{1,2,4}; Penner, Allison, MS¹

¹National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

²Stanford University, Palo Alto, California, USA

³CSPP at Alliant International University, San Francisco, California, USA

⁴Pacific Graduate School of Psychology, Palo Alto, California, USA

The PTSD Telephone Care clinic is program aimed at providing additional support to veterans seeking PTSD treatment. This presentation will discuss the intervention model and present preliminary findings from a 3-year multi-site clinical trial in which Telephone Case Monitoring was used to help patients make a successful transition from residential to outpatient care. This presentation will also discuss experiences with a recently launched multi-site clinical trial with veterans who are newly entering PTSD specialty care. Telephone case monitoring has been used to improve treatment adherence and reduced relapse among patients with chronic medical and substance use disorders, but has not been implemented in PTSD patients. Telephone care managers monitor patients' treatment attendance, medication compliance, substance use, and coping skills. Following a manualized protocol, they verbally reinforce positive behaviors, provide encouragement and problem-solving assistance to patients who experience lapses, provide brief motivational interventions to patients who are ambivalent about returning to positive behaviors, and identify patients in need of emergency assistance. We discuss key clinical challenges including establishing rapport over the telephone, maintaining contact with transient patients, and remotely managing homicidality and suicidality.

Using Videoteleconferencing to Provide PTSD Group Psychotherapy to Rural Veterans

(Abstract #1040)

Morland, Leslie, PsyD¹; Greene, Carolyn, PhD²

¹National Center for PTSD, Menlo Park, California, USA

²National Center for PTSD, Honolulu, Hawaii, USA

Many veterans in need of specialized PTSD services live in remote geographical regions such as rural areas of the Pacific Islands, where access to specialized mental health services is very limited. These veterans frequently choose to live in remote areas with low population density as a way to reduce stimulation, hyperarousal, and interpersonal conflict. This presentation will discuss findings from a recently completed randomized clinical trial that used a rigorous noninferiority methodology to examine the effectiveness of using telemental health, specifically videoteleconferencing (VTC), to provide specialty PTSD group services to veterans residing in rural Pacific Island locations. In this study, 125 veterans with PTSD related anger difficulties who

were located on the Big Island of Hawaii, Kauai, Maui and Oahu were randomly assigned to receive group anger management therapy either via VTC or face-to-face. Findings from this study support the effectiveness of using VTC as a means to provide specialty services to rural ethnoculturally diverse populations. This presentation will also discuss experiences gained through a recently launched clinical trial using VTC to deliver group Cognitive Processing Therapy (CPT). This current trial is especially relevant as VA prepares to treat increasing numbers of rural veterans returning from Iraq and Afghanistan.

Panel Discussion

Therapeutic and Research Implications of a Dissociative Subtype of PTSD

(Abstract #188)

Panel Discussion (Practice, Clin Res)

Augusta II & III

Bremner, J. Douglas, MD¹; Dalenberg, Constance, PhD³; Carlson, Eve, PhD²; Lanius, Ruth, MD PhD⁴; Spiegel, David, MD⁵; Vermetten, Eric, MD, PhD⁶

¹Emory University School of Medicine, Atlanta, Georgia, USA

²National Center for PTSD, Menlo Park, California, USA

³Alliant International University, San Diego, California, USA

⁴University Hospital, London, Ontario, Canada

⁵Stanford University School of Medicine, Palo Alto, California, USA

⁶Military Mental Health- Research Center, Utrecht, Netherlands

There appears to be no consistency in DSM in the conceptualization of dissociative symptoms relative to PTSD. Re-experiencing trauma is not described as a dissociative category of symptoms, but flashback episodes are unquestionably dissociative in that they involve loss of temporal orientation. Research has shown a heterogeneity of the reexperiencing networks. Inability to recall an important aspect of the trauma, a cardinal symptom of dissociative amnesia, is not listed as a (negative) dissociative symptom under PTSD, but is listed as a dissociative symptom under acute stress disorder. Similar confusion exists regarding numbing and detachment, which are identified as dissociative symptoms under ASD, but not under PTSD. If these symptoms were acknowledged in a new DSM as a dissociative subtype what would this mean for clinical practice? Clinicians already acknowledge the importance of recognizing this dissociative subtype in the tailoring of CBT and other exposure based therapies by introducing emotion regulation skills prior to engaging in trauma focused treatment. Moreover, it has long been acknowledged that numbing and other dissociative symptoms interfere with trauma processing. This panel will address the importance of clearly defining dissociative subtyping of PTSD for both neuroscientific research and clinical practice.

Saturday: 11:00 a.m. – 12:15 p.m.

**Trauma, Science and Spirituality:
An Interdisciplinary Dialogue on
Resilience in Real World Settings**

(Abstract #74)

Panel Discussion (Cul Div, Practice) International E - 6th Floor

Zatzick, Douglas, MD⁵; Foy, David, PhD⁴; Negi, Satya, PhD¹;
Drescher, Kent, PhD³; Grant, George, MDiv, PhD¹; Smith, Mark,
CDR²; Oliver, Karen, PhD⁶

¹Emory University, Atlanta, Georgia, USA

²Marine Corps Combat Development, Fredericksburg, Virginia, USA

³Palo Alto VA Health Care System, Menlo Park, California, USA

⁴Pepperdine University, Encino, California, USA

⁵University of Washington School of Medicine, Seattle, Washington, USA

⁶VA VISN 12 Mental Health Service Line, Madison, Wisconsin, USA

This panel will explore the interface of scientific and spiritual perspectives in traumatic stress studies through a focus on the understanding of resilience. Real world clinical settings such as acute care trauma centers and war zones are often characterized by ongoing, recurrent traumatic stress exposures. Consensus regarding optimal scientific inquiry into how spiritual perspectives may contribute to experiences of resilience in these real world contexts has yet to be achieved. An interdisciplinary group comprised of psychiatrists, psychologists, clinical epidemiologists, and chaplains, from diverse intellectual traditions will deliver a series of brief presentations. Presentations will focus on an overview of the scientific exploration of spiritual approaches to resilience, clinical epidemiological studies suggesting the need for and development of culturally/spiritually eclectic services for injured trauma survivors, data on spirituality and resilience in Central Asian combat veterans linked to a discussion of VA health services for these veterans, scientific studies of depression and spirituality, and summary points. These presentations will be followed by a discussion led by the co-chairs that will emphasize audience participation.

Papers

Treatment Studies: III

International F - 6th Floor

Chair: Margaret-Anne Mackintosh, MA

University of Southern California, Los Angeles, California, USA

**Impact of Trauma-Focused Treatment on
Trauma Outcomes Among Women With
Co-Occurring Disorders**

(Abstract #530)

(Clin Res, Practice)

Mackintosh, Margaret-Anne, MA; Gatz, Margaret, PhD;
Hennigan, Karen, PhD; Mcardle, Jack, PhD; Jajodia, Archana,
PhD; Rose, Tara, PhD

University of Southern California, Los Angeles, California, USA

Until recently, many researchers and treatment providers discouraged simultaneous treatment of both mental health and substance abuse disorders. We investigated whether attendance in a trauma-focused treatment, Seeking Safety, predicted

changes in posttraumatic stress symptoms and unsafe events among a diverse sample of 370 women in residential treatment with histories of interpersonal violence. Data were drawn from the Los Angeles site of the Women, Comorbid Disorders and Violence Study, which included two treatment groups: 1) integrated mental health and substance abuse, and 2) a treatment-as-usual control. Results indicated a significant drop in posttraumatic stress symptoms across time and treatment groups. When controlling for relevant covariates (e.g., previous level of posttraumatic stress symptoms and unsafe events, time in residential treatment, and treatment group), the amount of trauma-focused treatment did not predict significant symptom reductions. However, at six months, there was a significant reduction across treatment groups in women's reporting of unsafe events. Attendance in the Seeking Safety program was related to greater reductions in unsafe events, and this effect was maintained at 12 months. Findings suggest that increased use of safe coping skills, like those taught in Seeking Safety, are likely related to reductions in unsafe events.

**Open Trial of Prolonged Exposure Among
Patients With Severe Mental Illness**

(Abstract #517)

(Clin Res, Practice)

Grubaugh, Anouk, PhD

Medical University of South Carolina, Charleston, South Carolina, USA

Despite high rates of trauma and posttraumatic stress disorder (PTSD) among patients with severe mental illness (SMI; i.e., schizophrenia, bipolar disorder), effective treatment strategies for this population are far from established. In light of the lack of extant data on this topic, results of an open trial of prolonged exposure in a sample of veterans with PTSD and SMI are presented. Participant recruitment is ongoing (anticipated N=30). To date, however, 15 patients have been enrolled in the treatment and 3 have completed their post-treatment assessment. Results offer preliminary support for effective treatment of PTSD in this population (i.e., 2 patients no longer have PTSD and 1 evidenced clinically significant symptom reduction). Clinical outcomes for other targeted domains (e.g., general mental health) also improved at post-assessment. Furthermore, no adverse events have occurred during the course of the study. Testing the effectiveness of PTSD treatments for those with comorbid SMI is of considerable significance to the PTSD literature due to the exclusion of these individuals from traditional PTSD service delivery studies. As such, there is no clear standard of care for this vulnerable patient population. Future directions include the need for randomized controlled trials and dissemination efforts in order to ensure that patients with SMI and PTSD are adequately recognized and treated.

Saturday: 11:00 a.m. - 12:15 p.m.

Treatment Outcome of Canadian Veterans With PTSD Treated at an Operational Stress Injury (OSI) Clinic

(Abstract #522)
(Clin Res, Mil Emer)

Richardson, J. Donald, MD, FRCPC²; Pekevski, Jordan, MA²;
Elhai, Jon, PhD¹

¹University of Toledo, Toledo, Ohio, USA

²Veterans Affairs Canada, Burlington, Ontario, Canada

PTSD is a prevalent and disabling condition especially in veterans with combat and peacekeeping exposure. This study examines the treatment outcome of 102 Canadian veterans with Military-related PTSD from peacekeepers and/or combat exposure treated at an OSI clinic funded by Veterans Affairs Canada. All participants were diagnosed with PTSD using the CAPS and completed the PCL-M, BDI, BAI at intake and at monthly intervals for one year. To evaluate change, we conducted growth mixture modeling, combining latent growth modeling and latent class analysis in order to identify subgroups based on their PTSD symptom change trajectories over time. A significant main effect was found for time and treatment outcome demonstrated a linear improvement over a one year period. A subgroup of veterans made remarkable gains and no longer met the PTSD-M cut-off score for PTSD.

Papers

Prospective Studies

Augusta I - 7th Floor

Chair: Richard Boyer, PhD

University of Montréal, Montréal, Québec, Canada

Suicide Ideation and Attempt Following the Dawson College Shooting in 2006 (Montréal, Canada)

(Abstract #998)
(Disaster, Prev El)Augusta I - 7th Floor

Boyer, Richard, PhD^{1,3}; Guay, Stephane, PhD^{1,3}; Bleau, Pierre, MD²; Lesage, Alain, MD^{1,3}; Seguin, Monique, PhD⁴

¹University of Montréal, Montréal, Québec, Canada

²McGill University Health Center, Montréal, Québec, Canada

³Centre de Recherche Fernand-Seguin, Montréal, Québec, Canada

⁴Université En Outaouais, Gatineau, Québec, Canada

The Dawson College shooting occurred on September 13, 2006 in Montreal, Canada. A single gunman randomly attacked a crowd of students, faculty and staff, killing one student and seriously wounding 19 others before killing himself. Based on the PCLS, 7.1% of respondents present a PTSD 18 months after the shooting and 6.6% and 0.9% reported a severe suicide ideation or a suicide attempt post-exposition, respectively. Strong associations were found between suicide ideation (OR=4.6; p<0.0001), suicide attempt (OR=17.8; p<0.0001) and PTSD associated with the Dawson College shooting. When controlled for gender, age, perceive quality of life, perceived physical health, physical presence in the college and level of exposure, suicide ideation (OR=3.3; p<0.01) and suicide attempt (OR=5.8; p<0.05)

are still more frequent among respondent with a PTSD associated with the Dawson College shooting. PTSD should be considered a risk factor for suicidality among students and employees directly or indirectly exposed to a college shooting. Professionals should be aware of this risk and collaboration with suicide prevention program should be part of the designed prevention program.

Peritraumatic Factors Associated With PTSD Symptom Clusters Six Months After Traumatic Injury

(Abstract #796)
(Clin Res, Prev El)

DeRoos-Cassini, Terri, PhD²; Valvano, Abbey, MS¹; Brasel, Karen, MD, MPH²

¹Marquette University, Milwaukee, Wisconsin, USA

²Medical College of Wisconsin, Milwaukee, Wisconsin, USA

The bioinformational representation of fear that has been applied to understand the development of PTSD includes verbal, physiological, and overt behavioral responses at the time of a traumatic event. Understanding how the elements of a trauma fear structure are associated with PTSD symptom clusters would further our understanding of risk for distress. Therefore, this study aimed to assess the relationships between physiological responses immediately posttrauma, perceived life threat, and peritraumatic emotional response, with PTSD symptom clusters (three days and six months posttrauma). PTSD symptoms, perceived life threat, peritraumatic emotionality, and scene physiological response were assessed with patients who experienced a single incident trauma requiring hospitalization and surgical intervention. Results revealed significant correlations for scene pulse with PTSD avoidance three days posttrauma (r = .11) and at six months (r = .38). Scene blood pressure was significantly negatively correlated with all three PTSD symptom clusters (r = -.13 to -.16), while perceived life threat was significantly positively related to these symptoms (r = .36 to .59). Inpatient PTSD symptom cluster severity and perceived life threat were the most significant predictors of six-month PTSD. A screen for single incident trauma survivors is suggested to determine need for intervention in a medical setting.

Prospective Predictors of Exposure to Potentially Traumatic Events

(Abstract #794)
(Clin Res, Child)

Park, Crystal, PhD¹; Tennen, Howard, PhD²; Frazier, Patricia, PhD¹; Mills, Mary Alice, MA¹; Gunty, Amy, BA²

¹University of Connecticut, Storrs, Connecticut, USA

²University of Minnesota, Minneapolis, Minnesota, USA

The few studies that have prospectively examined determinants of exposure to potentially traumatic events (PTEs) have shown that prior trauma exposure, PTSD symptoms, personality, and demographic factors are related to subsequent trauma exposure (e.g., Breslau et al., 1995). We sought to extend these findings by examining a broader range of psychosocial predictors of exposure. A sample of 1528 psychology students (73% female; 89% 18-21 years old; 80% Euro-American) completed measures of psychosocial characteristics, prior trauma exposure, and symptoms at baseline. Two months later (Time 2; n = 1,281), we assessed PTEs experienced in the interim since Time 1 using the

Saturday: 11:00 a.m. - 12:15 p.m.

Traumatic Life Events Questionnaire (Kubany, 2004). Participants reporting a PTE between Time 1 and Time 2 (N = 264) were selected for prospective analyses. Greater risk of reporting having experienced a PTE between Time 1 and Time 2 was predicted by female gender and lower life satisfaction, and higher levels of previous trauma exposure, PTSD symptoms, distress, negative affect, openness to experience, and extraversion at T1. Trauma exposure was not predicted by T1 positive affect, self-esteem, optimism, conscientiousness, neuroticism or self-reported growth from a previous trauma. Further analyses will explore predictors of exposure to different types of events.

Disaster-Exposure and PTSD 18 Months After the Dawson College Shooting in 2006 (Montréal, Canada)

(Abstract #790)
(Disaster, Assess Dx)

Guay, Stephane, PhD¹; Boyer, Richard, PhD¹; Bleau, Pierre; MD²
Lesage, Alain, MD³; Seguin, Monique, PhD⁴

¹University of Montreal, Montreal, Quebec, Canada

²McGill University Health Center, Montreal, Quebec

³Centre de Recherche Fernand-Seguin, Montreal, Canada.

⁴Université du Québec En Outaouais, Gatineau, Quebec, Canada

The Dawson College shooting occurred on September 13, 2006 in Montréal, Canada. A single gunman randomly attacked a crowd of students, faculty and staff, killing one student and seriously wounding 19 others before killing himself. The current study aimed to evaluate post-traumatic stress disorder (PTSD) symptoms 18 months after the shooting among 949 students, faculty and staff according to their level of disaster-exposure. PTSD symptom severity and diagnosis were measured with the PCLS. Level of disaster-exposure was assessed with 12 yes/no questions regarding specific types of exposure to the disaster (e.g., was injured by the shooter, saw the shooter, witnessed the college tragedy on television or the Internet, etc.). The mean overall total PCLS score was relatively low (25.13; SD = 10.38). However, using a cut-off point of 44 on the PCLS, 7.1% of the participants were identified as currently having a PTSD. Being inside the college at the time of the shooting was associated with a significantly higher prevalence of PTSD [8.7% ; 95%CI = 6.4-11.0] compared to being outside [1.2% ; 95%CI = -0.5-2.9]. A relatively linear association between symptom severity and level of disaster-exposure was found. Clinical implications of these results will be presented and discussed.

Papers

Child Studies II

Roswell - 8th Floor

Chair: Egil Nygard, Clin Psych

Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

PTSD in Children and Adolescents: The Role of Parental Distress

(Abstract # 579)

(Child, Disaster)

Dyb, Grete, A., MD, PhD; Jensen, Tine, PhD; Nygard, Egil, Clin Psych

Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

This study examined the association between parental distress and children's posttraumatic stress reactions after the tsunami disaster in Southeast Asia. Parents of 319 Norwegian children and adolescents aged 6 to 18 years reported on children's exposure to the tsunami and children's immediate subjective reactions. The Child Stress Disorder Checklist was used to measure children's posttraumatic stress reactions 6 to 10 months after the tsunami, and The Impact of Event Scale Revised measured parental distress. Parental distress significantly predicted the level of children's posttraumatic stress reactions. The strongest association was found for parental intrusive reactions and hyperarousal. Highly exposed children seemed to be more vulnerable to parental distress compared to children with lower levels of exposure. The study demonstrates that parental distress can endure and worsen the impact of a disaster in children. The findings underscore the need to expand the focus of trauma-related consequences to include the parents, both when conducting assessments and in therapeutic work.

Early Parental Loss and Interpersonal Functioning in Child and Adolescent Inpatients

(Abstract #981)

(Child, Assess Dx)

Szymanski, Kate¹; Springer, Carolyn, PhD¹; McCarthy, James, PhD²

¹Apelphi University, Garden City, New York, USA

²Queens Children's Psychiatric Center, Queens, New York, USA

A number of authors have emphasized the importance of early childhood experiences in psychological adjustment, stating that the onset of trauma at this particular developmental stage may have the most detrimental mental health consequences. Seeking social support in the face of stress is an adaptive way of coping. The aim of the study was to assess if the early childhood trauma (death of a caregiver, sexual/physical abuse, homelessness etc.) has an impact on interpersonal functioning of inpatient children and adolescents, therefore leaving them much more vulnerable to pathology. All of the data utilized in the study were archival in nature. 65 child and adolescent psychiatric inpatients (ages 7-17) with the history of trauma were administered the Thematic Apperception Test (TAT) as part of larger assessment battery. All TATs were analyzed using Social Cognition and Object Relations Scale (SCORE). Four independent judges rated all TAT stories on the following SCORE dimensions: 1. Complexity of representation of people, 2. Affective quality of representations,

3. Emotional investment in relationships, 4. Experience and management of aggression. The results were significant for type of trauma and gender. Loss of a mother before age 10 for males was significantly correlated with all SCORE dimensions. Early maternal death for boys was significantly related to egocentric representation of others (com.p<.04), experiencing others as malevolent (aff.p<.003), having tumultuous relationships (emot.p<.01), and being aggressive (aggr.p<.001). There were no significant correlations for other types of trauma and for girls. These findings suggest that early maternal loss for males might put them at the higher risk for serious interpersonal difficulties - a potential moderator of their impaired psychological functioning.

Does Prevention Decrease Discordance in Mother and Child Reports of Youth Violence Exposure & PTSD?

(Abstract #1020)
(Clin Res, Commun)

DeVoe, Ellen, PhD, MSW; Miranda-Julian, Claudia, PhD Student

Boston University School of Social Work, Boston, Massachusetts, USA

High levels of parent-child concordance in perceptions of violence exposure are associated with better child outcomes. This study is based on findings from families with children ages 7-12 years old in an urban, high-violence community who were randomly assigned to a comparison group or to receive a brief prevention program aimed at supporting families in reducing youth exposure to violence. Participants (N=199 families) completed standardized pre and post questionnaires over a period of approximately four months. Pretest data indicate high levels of discordance between (1) maternal and child reports of children's exposure to violence, and (2) maternal and child reports of children's PTSD symptoms. Current analysis focuses on whether program participation affected rates of discordance over time. The SPSS binary logistic program will be used to assess if discordance in reports of violence exposure and PTSD at Time 1, and program participation can reliably predict rates of discordance at Time 2. Two-way mixed design ANOVA will be used in order to test for differences in PTSD scores (children and mothers) and monitoring and supervision scores between the intervention and comparison group at both time points. Implications for community based for youth violence prevention programming will be discussed.

Childhood Trauma in U.S.-Mexico Border Area Mental Health and Primary Care Clinics

(Abstract #1086)
(Cul Div, Assess Dx)

Sciolla, Andres, MD³; Fraga, Miguel, MD¹; Postlethwaite, Alejandra, MD²; Maya-Ramos, Lisandro, BS, PhD²; Rickard, Tim, PhD³

¹*UABC-FMyP, Tijuana, Mexico*

²*IVC Behavioral Health, Calexico, California, USA*

³*University of California San Diego, La Jolla, California, USA*

Few studies have focused on the prevalence of childhood trauma among adult Latinos in the U.S. While acculturation predicts worse health outcomes in Latinos, there are no published data regarding the effect of acculturation on the prevalence childhood trauma in this population. This study sought to address these knowledge gaps by surveying adult patients in primary care and mental health clinics in border cities in Mexico and the

U.S. Using the Childhood Trauma Questionnaire (CTQ) and the brief Short Acculturation Scale for Hispanics, we collected data from 502 patients. Multiple regression analyses involving the predictor variables of gender, country, clinic type, age, income, education, and acculturation were performed for each of the five CTQ subscales, and for the abuse and neglect composite scales. Significant predictors for abuse were family income and a quadratic effect of acculturation. The only significant predictor for neglect was education. Female gender was a significant predictor for the sexual abuse CTQ subscale. Income was a significant predictor for the abuse composite scale. Acculturation was a significant predictor when treated as a quadratic predictor for the abuse composite scale. In conclusion, intermediate levels of acculturation were associated with higher prevalence of clinically significant childhood trauma.

Workshop

The PTSD Treatment Engagement Group: A Brief Intervention to Enhance Veterans' Help Acceptance

(Abstract #916)

Workshop (Practice/Mil Emer) International G - 6th Floor

Murphy, Ronald, PhD; Stanton, Theresa, MS

Francis Marion University, Florence, South Carolina, USA

Numerous studies have indicated that many Iraq and Afghanistan returnees with post-deployment problems are not accepting treatment. The PTSD Treatment Engagement (PTE) Group is a newly-developed brief intervention based on motivation enhancement approaches for combat-related PTSD but modified to address treatment engagement variables that predict outcome. The workshop's goal is to train participants to implement the four-session PTE Group. In the first session, group leaders assess patients' barriers to successful treatment, including unacknowledged problems, fears and misconceptions about treatment, therapy-related self-efficacy, cognitive/emotional barriers (e.g., stigma and blaming attributional style), and perceptions of treatment credibility and relevance. In the remaining sessions, group leaders implement strategies for increasing problem acknowledgement and modifying irrational or inaccurate treatment beliefs. Techniques include Motivational Interviewing methods such as decision-balance and norm comparison, as well as reflective listening, ambivalence reduction, and cognitive therapy. Patients also identify events, thoughts, or feelings that would cause them to drop out of treatment, and coping skills for preventing disengagement from treatment. Participants will engage in role-play and discuss treatment engagement issues in their own work.

Saturday: 11:00 a.m. - 12:15 p.m.

Vicarious and Secondary Traumatization in Working With Traumatized Youth

(Abstract #625)

Workshop (Practice, Child) International H - 6th Floor

Palmer, Laura, PhD; Makhija, Nita, EdM; Abraham-Cooke, Shannon, MA; Huntington, Jodi, MA

Seton Hall University, South Orange, New Jersey, USA

The concepts of secondary traumatization/compassion fatigue and vicarious traumatization will be examined relative to the experience of doctoral students who are completing their training by working with clients who have experienced trauma. Students will share experiences regarding the recognition of symptoms associated with vicarious traumatization while running trauma-focused cognitive behavioral groups with sexually abused children. They will also discuss challenges in working with terminally ill children in a neuropsychological setting while focusing on the impact that the child's illness, culture, and end-of-life beliefs have on one's development as a psychologist. Additionally, the unique challenges that men face in working with sexually abused children will be explored. The panel will also review the experience of providing individual and group therapy with school-aged children living with gang violence, drugs, and a lack of parental guidance. A review of a developmental approach to supervision relevant to trainees, emphasizing prevention of compassion fatigue while facilitating professional growth will conclude the workshop. How vicarious traumatization is manifested and the necessity of discussing it in supervision will be addressed, as this can negatively impact the care clients receive and possibly occlude the professional development of graduate students.

Participant Alert: Through discussion of presenters' experience, a potential of distress exists in participants recognizing their personal and/or professional experiences.

**Concurrent Session 13
Saturday, November 7
2:00 p.m. – 3:15 p.m.**

Master Clinician

Virtual Reality Exposure Therapy for the Treatment of PTSD

(Abstract #1132)

Master Clinician (Clin Res /Mil Emer) Vinings I & II – 6th Floor

Rothbaum, Barbara, PhD

Emory University School of Medicine, Atlanta, Georgia, USA

PTSD has been estimated to affect up to 18% of returning OIF veterans. Most trauma victims show fear and other reactions immediately following the traumatic event but in general these symptoms decline over time. We believe this reflects the process of extinction and that the development of chronic PTSD in those who do not recover represents a failure of extinction. Extinction training in humans takes the form of exposure therapy. In the treatment of PTSD, exposure therapy usually involves prolonged, imaginal exposure to the patient's memory of the trauma and in vivo exposure to reminders of the trauma. Virtual Reality (VR) treatments may offer a viable alternative. VR offers a human-computer interaction paradigm in which users are no longer simply external observers of images on a computer screen but are active participants within a computer-generated three-dimensional virtual world. What distinguishes VR is a sense of presence, also essential to conducting exposure therapy. A growing body of literature supports the use of VR Exposure Therapy (VRE) as a tool for exposure therapy within a comprehensive treatment program. In this presentation, participants will be introduced to the methods and protocols for treatment using the Virtual Iraq for treatment of PTSD in service members or veterans who served in Iraq. A live role-play will demonstrate introducing the patient to the virtual Iraq and matching what the patient is describing with the virtual environment.

Ethnocultural Factors in Trauma Psychology: Addressing Disparities in Research, Teaching, and Practice

(Abstract #783)

Symposium (Cul Div, Media Ed) International C - 6th Floor

Mattar, Sandra, PsyD¹; Pole, Nnamdi, PhD³; Reyes, Gilbert, PhD²

¹*J.F. Kennedy University, Pleasant Hill, California, USA*

²*Fielding Graduate University, Santa Barbara, California, USA*

³*Smith College, Northampton, Massachusetts, USA*

The objective of this symposium is to describe the cultural gaps in research, education and training in the field of Traumatology. The United States is a country of immigrants that perhaps has an ethnorracial diversity unlike any other country in the world. Yet, Trauma and Disaster Psychology as a field, have not kept up to speed with the evolving needs of this population. Considerations of culture and context are the exception in these fields. The extent to which scholarship on trauma and ethnorracial diversity has kept up with the changing times is not at all clear. An examination

Saturday: 2:00 p.m. – 3:15 p.m.

of the trauma literature makes evident that there are important gaps vis-a-vis the underrepresentation of people of color among researchers and service providers. First, the presenters will discuss major findings pertaining to diversity and trauma including findings of ethnoracial disparities in PTSD prevalence, prediction, assessment, service utilization, and research and treatment gaps in the field. Secondly, we will address the challenges of including the cultural context of suffering in trauma psychology courses. Finally, we will address the need to recruit a more diverse workforce for accomplishing more culturally competent research and service provision with communities affected by disasters and other traumatic events.

Research on Ethnoracial Diversity and Trauma: Trends and Future Directions

(Abstract #887)

Pole, Nnamdi, PhD

Smith College, Northampton, Massachusetts, USA

Ethnoracial diversity has received increasing attention within the United States both because of Census data showing an ever growing population of ethnic minorities and because of the historic election of America's first African American President. But the extent to which scholarship on trauma and ethnoracial diversity has kept pace with changing times it is not at all clear. This presentation will review major findings pertaining to diversity and trauma including findings of ethnoracial disparities in PTSD prevalence, prediction, assessment, service utilization, and treatment. It will show publication trends in major trauma-relevant journals both in terms of proportions of articles devoted to diversity and trauma and in terms of topics addressed in research. Finally, it will highlight important gaps in the literature and outline some future directions for the field, with particular attention to methodological recommendations that could expedite the growth of this important field of inquiry.

Teaching Trauma: What Does Culture Have to Do With It?

(Abstract #838)

Mattar, Sandra, PsyD

Fielding Graduate University, Santa Barbara, California, USA

The mental health field has seen a significant growth in Trauma Psychology courses due to developments in the field of traumatic stress. A parallel phenomenon has occurred in the field of cultural psychology/psychiatry. Rarely, however, have these two schools of thought come together within the context of mainstream psychology. This lack of encounter is evident in the major controversy dominating conversations about PTSD, mainly, the difficulty to define psychological trauma (Criterion A). We generally agree that the appraisal of an event is a subjective interpretation of its meaning. However, the culture of the client does not enter into consideration, nor the socio-political and historical contexts that determine the meaning we give to traumatic events. Examining the context in which healing occurs should be an integral part of any course in trauma. Trauma courses can be a great tool to explore the intersection between trauma and culture, and the role of cultural norms and values in our reactions to trauma. This presentation will analyze some of the complexities encountered in infusing cultural context in Trauma courses. It will also describe the socio-cultural context and stigma surrounding trauma courses, students' reactions to

integrations of culture and trauma psychology and the limitations of the biomedical model.

Strategies for Increasing Participation of Ethnic Minority Groups in Trauma and Disaster Psychology

(Abstract #1071)

Reyes, Gilbert, PhD

Fielding Graduate University, Santa Barbara, California, USA

Minority groups are often overrepresented among trauma survivors, but tend to be underrepresented among those who study trauma, teach trauma courses, or provide trauma-focused services. For example, there is remarkably little ethnic minority participation in the emergency mental health workforce that responds to disasters. Similarly, ethnic minority participation is low within the most prominent professional societies for trauma clinicians and researchers. This has raised questions regarding the possible barriers to greater ethnic minority participation in disaster mental health and the broader field of psychological trauma. This presentation will address strategies for increasing the representation of ethnic minority groups in trauma research and trauma-focused services, particularly in response to disasters.

Anger and Violence Among U.S. Veterans Returning From Afghanistan and Iraq

(Abstract #875)

Symposium (Clin Res, Practice) International E - 6th Floor

Calhoun, Patrick, PhD¹; Elbogen, Eric, PhD²; Taft, Casey, PhD³; Crawford, Eric, PhD¹

¹*Durham VA Medical Center, Durham, North Carolina, USA*

²*University of North Carolina, Chapel Hill, North Carolina, USA*

³*Boston VA Healthcare System, Boston, Massachusetts, USA*

This symposium will explore the association between trauma, PTSD, anger and aggression in veterans. Data will be presented from (1) a sample of help-seeking veterans returning from Afghanistan (Operation Enduring Freedom; OEF) and Iraq (Operation Iraqi Freedom; OIF) from a VA PTSD clinic, (2) a large multi-site study on post-deployment mental health of OEF/OIF veterans and (3) OEF/OIF veterans enrolled in a laboratory study designed to evaluate cognitive processes during anger arousal.

PTSD, Anger, and Cognition in Partner Aggression Among OEF/OIF Veterans

(Abstract #970)

Taft, Casey, PhD²; Weatherill, Robin, PhD¹; Eckhardt, Christopher, PhD³; Crawford, Eric, PhD⁴; Pinto, Lavinia, MA²; Cunningham, Katherine, BS¹; Beckham, Jean, PhD⁴; Elbogen, Eric, PhD⁵; Suvak, Michael, MA¹

¹*National Center for PTSD, Boston, Massachusetts, USA*

²*Boston VA Healthcare System, Boston, Massachusetts, USA*

³*Purdue University, West Lafayette, Indiana, USA*

⁴*Durham VA Medical Center, Durham, North Carolina, USA*

⁵*University of North Carolina, Chapel Hill, North Carolina, USA*

Despite the strong link between PTSD and intimate partner violence (IPV) perpetration among veterans, little research has examined mechanisms for this association. We will present preliminary results from an investigation testing the overarching

Saturday: 2:00 p.m. - 3:15 p.m.

expectation that PTSD severity would be related to IPV through its impact on maladaptive cognitive processes that occur during anger arousal. Specifically, we used the Articulated Thoughts in Simulated Situations paradigm (ATSS; Davison et al., 1983) to assess thoughts during anger arousal among a sample of OEF/OIF veterans. Initial data from this sample (n = 25) indicates that PTSD severity was significantly associated with both physical (r = .62) and psychological (r = .52) aggression perpetration. PTSD severity was also associated with hostile attributions (r = .42) and cognitive biases (r = .62) exhibited during the ATSS. Finally, both physical (r = .45; r = .40) and psychological (r = .56; r = .49) aggression perpetration were significantly associated with ATSS hostile attributions and cognitive biases, respectively. Although the small sample precludes formal tests of mediation, results are consistent with the proposed indirect relationship from PTSD to IPV through anger and maladaptive cognitive processes. Fuller data from a larger sample will be presented during the proposed talk.

Hostility, Aggression, and Violence Among Help-Seeking OEF/OIF Veterans

(Abstract #928)

Calhoun, Patrick, PhD²; Collie, Claire, PhD²; Clancy, Carolina, PhD²; Dennis, Michelle, BA²; Yeatts, Beth, MS, CRC, LPC¹; Elbogen, Eric, PhD³; Beckham, Jean, PhD¹

¹Durham VA Medical Center, Durham, North Carolina, USA

²Duke University Medical Center, Durham, North Carolina, USA

³University of North Carolina, Chapel Hill, North Carolina, USA

Anger and associated behavioral problems including interpersonal violence are prominent concerns for Vietnam era veterans seeking clinical services. Relatively little is known regarding the extent to which difficulties with anger and interpersonal violence are symptomatic of OEF/OIF veterans with PTSD. The current study examined hostility, aggression, and violence among OEF/OIF veterans (n=135) and Vietnam veterans (n=1369) who completed a structured clinical diagnostic interview and a battery of self-report screening instruments as part of their standard diagnostic evaluation at a VA specialty PTSD clinic. Vietnam veterans reported statistically higher hostility on the Cook-Medely Hostility Scale, more physical violence on the violence subscale of the Conflict Tactics Scale (CTS; Straus, 1989), and were more likely to report a history of difficulty controlling violent behavior in the past 30 days than OEF/OIF veterans. Despite these mean differences, OEF/OIF veterans reported significant difficulties with aggression including an average of 13.5 (s.d.=21) violent acts in the past year. Almost one in three OEF/OIF veterans (31%) reported difficulties with controlling violence (e.g., hitting someone) in the past month. Among OEF/OIF veterans with PTSD, violence was associated with socioeconomic status, alcohol use, and PTSD symptom severity.

Recent Violence Among Veterans Returning From Afghanistan and Iraq

(Abstract #942)

Elbogen, Eric, PhD³; Calhoun, Patrick, PhD¹; Wagner, Ryan, PhD¹; Beckham, Jean, PhD²

¹Duke University, Durham, North Carolina, USA

²Durham VA Medical Center, Durham, North Carolina, USA

³University of North Carolina, Chapel Hill, North Carolina, USA

The increasing incidence of violence by returning veterans illustrates the challenges soldiers who served in Iraq and Afghanistan face in their transition back to civilian life and the need to develop methods to predict those most at risk. This

paper explores demographic, clinical, historical, and military factors associated with post-deployment violence among OEF/OIF veterans. Veterans (N=789) were interviewed as part of a multi-site study conducted through the Department of Veterans Affairs Mid-Atlantic 6 Mental Illness Research, Education and Clinical Center (MIRECC) and asked whether they had committed violent acts in the past month. Analyses show posttraumatic stress disorder (PTSD) strongly predicted post-deployment violence. Findings revealed a significant interaction between alcohol abuse and traumatic brain injury (TBI) with respect to violence; specifically, alcohol abuse alone and TBI alone were not statistically associated with violence; however, when veterans report alcohol abuse and TBI, violence risk is significantly elevated. Several combat-related variables related to post-deployment violence, even when controlling for PTSD. Clinical implications of effectively screening for post-deployment violence risk among Iraq and Afghanistan veterans are discussed.

Panel Discussion

Diagnostic and Treatment Considerations in OEF/OIF Veterans With Comorbid PTSD and TBI

(Abstract #441)

Panel Discussion (Assess Dx, Practice) **Roswell - 8th Floor**

Decker, Melissa, PsyD³; Roberts, Sushma, PhD³; Batten, Sonja, PhD¹; Kortte, Kathleen, PhD²; Nett, Sara, PsyD³

¹Defense Centers of Excellence, Silver Spring, Maryland, USA

²Johns Hopkins SOM, Baltimore, Maryland, USA

³VA Maryland Health Care System, Baltimore, USA

Combat operations in Afghanistan and Iraq have resulted in postdeployment readjustment challenges for Service members, as well as renewed challenges for mental health providers. The current conflicts are marked by high levels of exposure to events that may lead to symptoms of Posttraumatic Stress Disorder (PTSD) and traumatic brain injury (TBI), which can itself result in cognitive, behavioral, and physical sequelae. It is well recognized that many returning veterans present with a complex array of symptoms with some overlap between PTSD and TBI. Diagnosis of the somewhat subtle symptoms of mild TBI versus those contributed by PTSD can be challenging and standard approaches to treatment for discrete symptoms of PTSD and TBI may be less efficacious in individuals with comorbid disorders. Integrative care, modification of the therapeutic approach, and the use of compensatory cognitive strategies are needed. This panel of experts in PTSD, TBI, and Neurorehabilitation will address complex case conceptualization and recommendations for best clinical practices in empirically supported treatments for comorbid PTSD and TBI in Operation Enduring Freedom/ Operation Iraqi Freedom Service members. Recommendations will be provided for adjusting the therapeutic environment and process to facilitate the effectiveness of interventions and will highlight innovative uses of technology.

Saturday: 2:00 p.m. – 3:15 p.m.

Case Study

Rates of Placement Failure in Foster Care Population: A Picture of Chronic Trauma

(Abstract # 558)

Case Study (Child/Clin Res) International F - 6th Floor

Hoang, Sherry, MS; Mulchay, Christopher, MS; Smith, Gwynneth, MS, JD; Briscoe-Smith, Allison, PhD

Palo Alto University (PGSP), Palo Alto California, USA

Children who enter the child welfare system typically come from backgrounds of abuse, neglect, and trauma. Those who have difficulty sustaining out of home placements show elevated rates of trauma in their diagnostic history, as well as substantial behavioral problems (Stormshak, Chamberlain, & Bridges Whaley, 2001). Multiple placements are also correlated with higher rates of mental health issues, educational difficulties, and juvenile delinquency (Barber, Delfabbro & Cooper, 2001). It is unclear whether these difficulties predict or follow from placement instability, although the trauma of repeated placement change and attachment disruption is likely a contributing factor. In the current study, the authors analyzed risk assessment data from 3600 children who were evaluated at a foster care assessment center in a large Northern California city between 2004 and 2009. Of these children, 727 or 20.19% were processed through the center more than once, a measure of placement instability. In this case study we will be presenting data on diagnosis and trauma history on this subgroup. In an effort to bring the data alive we will also be discussing qualitative data on select cases to exemplify the abuse and neglect history, current functioning, and risks faced by this vulnerable population.

Papers

Treatment Studies: IV

International D - 6th Floor

Chair: Mary Ann Dutton, PhD

Georgetown University Medical Center, Washington, District of Columbia, USA

Recruitment of Low-Income Minority Women With Trauma and Mental Health Symptoms Into Clinical Trials

(Abstract #819)
(Res Meth, Cul Div)

Cook, Alexis, BA¹; Dutton, Mary Ann, PhD¹; Murray, Lindsey, BA²; Schelbert, Kavitha, MD, MS³; Schiavone, Deborah, RN, PhD¹; Chattillion, Elizabeth, BA¹

¹*Georgetown University Medical Center, Washington, District of Columbia, USA*

²*United BioSource Corporation, Bethesda, Maryland, USA*

³*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*

Mental health research with low-income minority women has suffered from difficulties in recruitment and retention and may relate to stigma of mental health and interpersonal trauma disclosure. Little research has tested methods of recruitment among low-income women with trauma histories in primary

care. This study compared two methods of recruitment into a stress-reduction intervention. Women (n=1696) attending a low-income health clinic were approached in the waiting room: 213 (12.9%) refused, 295 (17.4%) completed, and 1190 (70%) were not eligible for screening. Those who screened positive for PTSD and depression symptoms (39.3%) were randomized to either the "hot" (clinic physician personally introducing the subject to the study recruiter) or "cold" (physician provision of a business card with request to leave a phone number) condition. The conditions were designed to mimic clinical referral to services. Physicians completed more "cold" than "hot" (71% vs 61%) referrals. Subject recruitment into the intervention was low: cold (17.5%), hot (15.7%); 58% refused the "hot" referral and 31% refused to leave a number for "cold." Intervention attendance differed for hot (64%) and cold (25%) patients. Results suggest the importance of physician introduction to referral providers and indicate the substantial challenges to recruitment of this population into interventions.

Mindfulness Intervention for Child Abuse Survivors

(Abstract #831)
(Clin Res, Practice)

Kimbrough, Elizabeth, PhD, MPH; Magyari, Trish, MS; Chesney, Margaret, PhD; Berman, Brian, MD

University of Maryland, Baltimore, Maryland, USA

INTRODUCTION: We conducted a pilot study of the Mindfulness-Based Stress Reduction program (MBSR) with adult survivors of childhood sexual abuse. METHODS: MBSR comprised 8 weekly group classes with daily home practice and 3 refresher classes until 6 months. Assessments occurred at baseline, 4, 8 and 24-weeks. The primary outcome was self-reported depressive symptoms at 8-weeks; secondary outcomes were PTSD, anxiety and mindfulness. Analyses included repeated measures mixed model estimates and Hedge's g effect size. RESULTS: Twenty-seven adult survivors of childhood sexual abuse were enrolled, with 23 (85%) completing 8-week assessment. All outcomes were statistically significantly improved at each time-point (p<0.0001). Effect sizes (ES) (all p<0.0001, 4-weeks, 8-weeks, 24-weeks): Depressive symptoms ES: 1.1, 2.3, 1.4. PTSD symptoms ES: 1.1, 1.9, 1.5. Anxiety ES: 1.1, 1.7, 1.3. Mindfulness ES: 0.8, 1.5, 1.2. PTSD symptoms improved significantly in criteria of re-experiencing, avoidance/numbing and hyper-arousal, with improvement strongest in avoidance. Meditation and yoga home practice were correlated with improvement in depressive symptoms (p<0.01). CONCLUSION: To our knowledge, this was the first investigation of MBSR among adult survivors of childhood sexual abuse. The program was feasible, safe and acceptable among these participants. Potential clinical relevance was underscored by the large effect sizes observed. Further research is warranted in randomized, controlled trials.

Saturday: 2:00 p.m. - 3:15 p.m.

Dialectical Behavior Therapy for PTSD After Childhood Sexual Abuse: A Randomized Controlled Trial

(Abstract #722)

(Clin Res, Practice)

Priebe, Kathlen, Dipl Psych³; Steil, Regina, PhD¹; Dyer, Anne, PhD²; Krüger, Antje, Dipl. Psy³; Bohus, Martin, MD²

¹University of Frankfurt, Frankfurt, Germany

²Central Institute of Mental Health, Mannheim, Germany

³University of Mannheim, Mannheim, Germany

Background: Numerous randomized controlled trials (RCTs) have demonstrated the efficacy of cognitive behavioral therapy in the treatment of PTSD. However, the external validity of these studies is limited with regard to PTSD related to childhood sexual abuse (CSA) which often results in severe and complex symptomatology. To meet the specific needs of adult patients with PTSD related to CSA we combined dialectical behavior therapy and cognitive behavioral therapy for PTSD. Methods: Women suffering from PTSD related to CSA were randomly assigned to a treatment group or a wait list control group. The treatment group received a 12 weeks residential program of DBT-PTSD. All patients were assessed before randomization, 3 month, 4.5 month and 6 month after randomization. Assessments included the Clinician-Administered Posttraumatic Scale (CAPS), Posttraumatic Diagnostic Scale (PDS), Beck Depression Inventory (BDI), Dissociative Experiences Scale (DES), and State Trait Anxiety Inventory (STAI). Results: Patients who received DBT-PTSD experienced a greater reduction in PTSD symptoms and were more likely to achieve remission compared with the controls. The between groups effect size for the primary outcome (CAPS) was large ($d = 1.4$; $p < 0.001$). Comparisons yielded medium to large effect sizes for the secondary outcomes (BDI, DES, STAI). Treatment gains were maintained at follow-up. Conclusions: The preliminary results suggest that DBT-PTSD has promise for reducing PTSD related to CSA. A RCT in an outpatient setting is planned.

Papers

Social Support/Social Reactions

International H - 6th Floor

Chair: Amy Saling, PhD

Xavier University, Cincinnati, Ohio USA

Social Reactions to Sexual Assault Scenarios: The Role of Problem Drinking

(Abstract #233)

(Clin Res, Prev El)

Saling, Amy, PhD³; Orchowski, Lindsay, MS¹; Gidycz, Christine, PhD²

¹Brown University, Cumberland, Rhode Island, USA

²Ohio University, Dept of Psychology, Athens, Ohio, USA

³Xavier University, Cincinnati, Ohio USA

Perceptions of what constitutes a sexual assault are influenced by whether the perpetrator, victim, or both individuals are reported to have consumed alcohol prior to the experience (Norris & Cubbins, 1992). This study examines how social

reactions to sexual assault vary as a function alcohol use by the victim and/or perpetrator as well as personal problem drinking behavior. College men (N=128) and women (N=190) were randomly assigned to read one of four sexual assault scenarios (Pinzone-Glover et al., 1998) in which the following individuals consumed alcohol: A) male; B) female; C) neither; D) both. The Social Reactions Questionnaire (Ullman, 2000) assessed participants' social reaction to the victim. The Drinking and Drug Habits Questionnaire (Collins et al., 1985) assessed problem drinking behavior. A series of one-way analyses of variance were calculated to examine the role problem drinking and scenario type in participants' social reaction to the victim. Men without problem drinking indicated they would provide more tangible aid to the victim than men with problem drinking, $F(1,120)=5.09$, $p<.05$. Among women who read Scenario D, women with problem drinking indicated that they would provide more egocentric reactions to the victim compared to women without problem drinking, $F(3,184)=4.48$, $p<.01$. Among women who read Scenario C and D, women with problem drinking indicated they would provide more distraction to the victim compared to women without problem drinking, $F(3,184)=2.80$, $p<.05$. Implications for educating college students on responding to disclosure of sexual assault will be discussed.

Using Social Network Analysis to Study Collaboration Within National Child Traumatic Stress Network

(Abstract #907)

(Child, Res Meth)

Sukumar, Bhuvana, PhD; Geng, Yisong, PhD

ORC Macro Intl, Atlanta, Georgia, USA

The National Child Traumatic Stress Network (NCTSN) was initiated as a model of interagency collaboration that is involved in the development, testing, organization, and delivery of quality care to children and their families who have experienced traumatic stress. The organizational structure of the NCTSN (Category I, II, and III centers) is designed to foster collaboration between centers and is expected to expand the knowledge base for evidence-based treatment of child traumatic stress. Category I center includes two lead grantees that collaborate with SAMHSA to serve as the Network's national coordinating center, providing technical assistance to Network centers. Category II centers provide expertise regarding the development and evaluation of trauma-specific treatments and intervention for diverse clinical and demographic populations. Category III centers primarily provide direct mental health services to children and their families and implement and evaluate interventions in community-based settings. This presentation will highlight the nature and the extent of collaboration on governance, evidence based product development and adoption among NCTSN centers. Using social network analysis, the levels of interorganizational communication, clusters of activity, centers integral to collaboration and change in interaction over time will be discussed. Factors that facilitate or impede collaboration will also be explored.

Papers

Trauma Exposure

Augusta I – 7th Floor

Chair: Grete Dyb, MD, PhD

Norwegian Center for Violence and Traumatic Stress Studies, Oslo, Norway

Patterns of Violence Exposure Associated With Posttraumatic Stress Disorder

(Abstract #207)

(Clin Res, Soc Ethic)

Cavanaugh, Courtenay, PhD; Campbell, Jacquelyn, PhD, RN

Johns Hopkins University, Baltimore, Maryland, USA

This study examined patterns of violence exposure associated with posttraumatic stress disorder (PTSD). Participants were 1183 female nursing personnel in a prospective case control study examining differences among nurses with and without histories of workplace violence (WPV). The Primary care PTSD screen (PC-PTSD) was used to assess for lifetime PTSD. Latent class analysis was used to examine patterns of the following eight types of violence exposure: (1) childhood physical abuse (CPA), (2) childhood sexual abuse (CSA), (3) parental intimate partner violence (IPV) during childhood, (4) psychological IPV, (5) physical IPV, (6) sexual IPV, (7) physical WPV, and (8) psychological WPV. The best solution consisted of five classes characterized by the following: low levels of violence exposure (Class 1; 50.0%); high levels of physical and psychological WPV (Class 2; 25.1%); high levels of psychological and physical IPV (Class 3; 7.9%); moderate to high levels of CPA, CSA, and parental IPV during childhood (Class 4; 7.0%); and moderate to high levels of all types of violence with the exception of parental IPV during childhood (Class 5; 10.0%). Women in Classes 4 and 5 had 3.12 and 8.33 the odds respectively of having PTSD compared to women in Class 1 implications are discussed.

Violence and Sexual Abuse in Mothers of Young Children: Risk of Depression and Mediating Factors

(Abstract #877)

(Soc Ethic, Cul Div)

Thoresen, Siri, PhD; Dyb, Grete, MD, PhD

Norwegian Center for Violence and Traumatic Stress Studies, Oslo, Norway

Objectives: This study investigated risk of depression associated with physical violence, emotional violence, and/or sexual abuse using data from a large and longitudinal sample of mothers of young children, the Norwegian Mother and Child Cohort Study. Self esteem, loneliness, and self efficacy were investigated as potential mediators. Methods. Women were recruited in pregnancy, and questionnaire data were collected in several waves (response rate ≈ 40%). Lifetime exposure to sexual abuse, violence and/or emotional violence measured at T1 (late pregnancy) were analyzed as predictors of depression (mean 4-items HSCCL >1.75) at T4 (3 years later). Mediators were measured at two intermediate time points. Results. In the 23,135 respondents, 28.2% reported lifetime exposure to at least one violent or abusive event. Self-reported depression was higher in exposed (20.6%) compared to non-exposed (9.1%) (OR: 2.58, 95% CI = 2.38 – 2.80). Exposure to violence/sexual abuse was

associated with self esteem ($r = -.14$), partner satisfaction ($r = -.13$) and loneliness ($r = .18$) ($p < 0.001$), but less with self efficacy ($r = .04$). Data supported a partial mediation effect of self esteem and loneliness (which in combination reduced the unstandardized beta of exposure with 37%). Self efficacy did not mediate the association between exposure and depression.

The Impact of Witnessing Parental Violence and Experiencing Childhood Abuse on Adult IPV Exposure

(Abstract #749)

(Practice, Prev El)

Iverson, Katherine, PhD¹; Harrington, Kelly, PhD¹; Jimenez, Shertyn, MFA, PhD¹; Resick, Patricia, PhD^{1,2}

¹*National Center for PTSD at VA Boston Healthcare System, Boston, Massachusetts, USA*

²*Boston University, Boston, Massachusetts, USA*

Debate remains about whether childhood victimization experiences are associated with intimate partner violence (IPV) victimization in adulthood. Contrary to previous research (Hotelling & Sugarman, 1986), a recent review concluded that witnessing parental IPV was only weakly associated with IPV victimization (Schumacker et al., 2001). Results of studies examining the potential link between childhood sexual abuse (CSA) and childhood physical abuse (CPA) are also inconsistent (Riggs, Caulfield, & Fair, 2009). This study examined the relationships among witnessing parental IPV, CSA, CPA, and IPV victimization in adulthood in a cross-sectional study of male and female rape or robbery victims ($n=293$) recruited for a larger study examining the effects of trauma. Over half of the sample (53.3%) reported lifetime IPV victimization. Logistic regression analyses demonstrated that each childhood variable was independently associated with IPV victimization. However, when all three variables were entered simultaneously into the regression model, only witnessing parental IPV remained significantly associated with IPV: participants who witnessed parental IPV had 1.6 times the odds of IPV victimization in adulthood than participants who did not witness parental IPV (95% confidence interval: 1.13, 2.32; $p < .01$). These findings suggest that witnessing parental IPV may put individuals at risk for subsequent IPV victimization.

Saturday: 2:00 p.m. – 3:15 p.m.

Papers

Emotion Dysregulation

Augusta II & III - 7th Floor

Chair: Christoph Mueller-Pfeiffer, MD

University Hospital, Psychiatric Department, Zurich, Switzerland

Impact of Emotion on Cognition in Trauma Survivors: What is the Role in PTSD?

(Abstract # 220)

Assess Dx, Res Meth)

Mueller-Pfeiffer, Christoph, MD; Martin-Soelch, Chantal, PhD; Blair, James, PhD; Rufer, Michael, MD; Schnyder, Ulrich, MD; Hasler, Gregor, MD

University Hospital, Psychiatric Department, Zurich, Switzerland

Cognitive theories of anxiety disorders (AD) postulate that the exaggerated fear response to disorder specific threatening stimuli could be related to a processing bias of threat-related material. Because previous studies on posttraumatic stress disorder (PTSD) have suggested abnormal processing of emotional cues unrelated to trauma and dysregulation of emotions unrelated to the fear-panic system, we hypothesized that these findings are specific for PTSD and distinctive from other anxiety disorders. We recorded reaction times, response accuracy and emotional feelings in trauma-exposed subjects with PTSD (N=14), trauma-exposed subjects with AD other than PTSD (N=12), trauma-exposed healthy subjects (trauma controls, N=12) and non-trauma-exposed healthy controls (N=19) while they performed the affective Stroop task. This task measures interferences, i.e. the effect of irrelevant emotional distractors on the speed of operant responding. Compared to trauma-exposed subjects with AD other than PTSD and controls, patients with PTSD exhibited greater response interferences for negative but not for positive distractors. Moreover, they reported increased fear-related emotions but no increase in other negative emotions (such as distress, guilt, or irritability) toward negative distractors compared to subjects in other groups. Abnormal processing biases for trauma-unrelated general negative stimuli seem specific for individuals with PTSD and were not evidenced in patients with other AD. However, our data do not support a dysregulation of emotions unrelated to the fear-panic-system in PTSD.

Shame: A Missing Link to the Unraveling of Complex Trauma Reactions in Non-Western Communities

(Abstract # 510)

(Cul Div, Practice)

Caspi, Yael, ScD, MA¹; Saroff, Ortal, PhD²¹Department of Psychiatry, RAMBAM Medical Health Center, Haifa, Israel²University of Haifa, Haifa, Israel

Revisions to the Diagnostic and Statistical Manual of Mental Disorders (*DSM*) are expected to reflect the growing understanding in the field of traumatic stress that the construct of PTSD warrants reexamination to address the complex and multifaceted nature of the trauma experience and related response. Consideration of cross-cultural factors is inherent to how problems of posttraumatic adjustment are defined and conceptualized. The current presentation will address the manifestations of PTSD in Bedouin men exposed to trauma due to service in the Israel Defense Forces. Drawing from both study data and description of specific case studies, the primary contention of this presentation is that shame is a critical dimension of posttraumatic pathology among members of traditional and non-Western communities. While the role of shame in PTSD and its relation to self-esteem and depression has been discussed in the context of Vietnam veterans, it is argued here that the dynamics of shame experienced by traumatized men from cultures that are shame/honor-based, deserve distinct consideration by the relevant *DSM-V* workgroups. Decoding shame and its role as a traumatic agent will guarantee progress in the commonly bleak outcomes of therapeutic interventions with these patients.

Mindfulness in Risk and Resilience for Psychopathological Sequelae of Traumatic Stress

(Abstract #506)

(Prev El, Clin Res)

Bernstein, Amit PhD,³ Vujanovic, Anka, PhD²; Tanay, Galia, BA³; Zvolensky, Michael, PhD¹¹University of Vermont, Burlington, Vermont, USA²Brown Medical School, Providence, Rhode Island, USA³University of Haifa, Tel Aviv, Israel

This study examines the putative role(s) of mindfulness in risk and resilience to psychopathological sequelae of trauma - posttraumatic stress, depression, and anxiety. We hypothesized that mindful attention and awareness (Mindful Attention and Awareness Scale) and acceptance without judgment (Kentucky Inventory of Mindfulness Skills), would be negatively associated with symptomatology posttrauma (as indexed by the Posttraumatic Diagnostic Scale [PDS]; MASQ: Anhedonic Depression & Anxious Arousal subscales). Participants included 76 adults (n = 35women, Mage = 30 (SD = 12.5)) exposed to at least one criterion-A traumatic event. Elevated symptoms were observed among those with low levels of mindfulness (e.g., posttraumatic stress symptom severity: M = 19.3, SD=11.8 [moderate severity on PDS: 11-20]), whereas non-clinical levels of symptoms were observed among those with high levels of mindfulness (e.g., posttraumatic stress symptom severity: M = 2.4, SD = 3.5 [mild severity on PDS: 0-10]). Analyses revealed large (negative) associations between mindfulness and posttraumatic stress (r² = .22, p < .01), anxiety (r² = .31, p < .01),

and depressive symptoms ($r_2 = .19, p < .01$). Findings will be discussed in terms of resilience and risk for posttraumatic stress psychopathology, and the clinical implications of such research for early intervention and treatment.

Workshop

Going From Failure to Moderate Success With Vietnam Veterans in a U.S. VA Outpatient PTSD Program

(Abstract #490)

Workshop (Clin Res, Mil Emer) International G - 6th Floor

Ready, David, PhD²; Mascaro, Nathan, PhD²; Bradley, Bekh, PhD¹; Rogers, Susan, PhD³; Worley, Virginia, LICSW²

¹Emory University, Atlanta, Georgia, USA

²Atlanta VA Medical Center, Atlanta, Georgia, USA

³VA Medical Center, Coutesville, Pennsylvania, USA

The U.S. Department of Veterans Affairs (VA) has had over 140 specialized posttraumatic stress disorder (PTSD) treatment programs for over a decade, yet detailed accounts of their treatments and outcomes are rare. We propose to present data from self-report measures tracking outcomes of a 16-week outpatient VA PTSD program at two points in time. At both points Vietnam veterans were treated in cohorts of ten with same amount of group therapy and equivalent staff. The data suggest that the initial treatment model in 1998 increased PTSD and associated symptoms and that the current model decreases these symptoms. The 1998 model focused on teaching coping skills and helping veterans gain insight into how Vietnam affected current behavior. It encouraged talking about war experiences in a way that may have unintentionally exacerbated symptoms. This model's failure led to the development of Group Based Exposure Therapy (GBET) in 2003. GBET's primary goal is to produce habituation to war-related trauma through patients making two within-group presentations about their traumatic combat experiences and listening to recordings of their presentations ten or more times. Lessons learned from treating over 250 veterans with GBET and 15 years of attempting to provide effective treatment for chronic war-related PTSD will be discussed.

**Concurrent Session 14
Saturday, November 7
3:30 p.m. – 4:45 p.m.**

Featured Speaker

Considering PTSD for DSM-V

Assess Dx International C - 6th Floor

Friedman, Matthew J.¹; Bryant, Richard²; Keane, Terence, PhD³; Kilpatrick, Dean G.⁴; Schnurr, Paula, PhD⁵

¹National Center for PTSD and Dartmouth Medical School

²University of New South Wales

³National Center for PTSD and Boston University

⁴Medical University of South Carolina

⁵National Center for PTSD and Dartmouth Medical School

A great deal has been learned about reactions to traumatic stress ever since 1980 when PTSD became an official diagnosis in DSM-III. The diagnosis was modified in 1994 for the DSM-IV because of new scientific findings as well as the collective clinical experience of many practitioners. Once again, we have an opportunity to review what has been learned during the past 15 years and to consider whether we should modify any of the PTSD diagnostic criteria for DSM-V. Last year, ISTSS convened a full day of symposia that not only reviewed the PTSD diagnostic criteria but also other posttraumatic reactions among children and adults. This year, Matt Friedman will moderate a panel composed of Richard Bryant, Terry Keane, Dean Kilpatrick and Paula Schnurr. They will address some of these issues in an interactive format that will invite audience participation.

Master Clinician

A United Transdiagnostic Treatment for Emotional Disorders Applied to Combat Related PTSD

Clin Res/Mil Emer Vinings I & II 6th Floor

Barlow, David, PhD, ABPP

Boston University, Center for Anxiety and Related Disorders, Boston, MA

Deepening understanding of the nature of emotional disorders including PTSD reveals that commonalities in etiology and latent structure among these disorders supersedes differences. This suggests new approaches to classification and the possibility of distilling a set of psychological procedures that would comprise a unified intervention for emotional disorders. Based on theory and data emerging from the fields of learning, emotional development and regulation, and cognitive science, we identify three fundamental therapeutic components relevant to the treatment of emotional disorders generally. These three components include (1) altering antecedent cognitive reappraisals; (2) preventing emotional avoidance; and (3) facilitating action tendencies not associated with the emotion that is dysregulated. This treatment takes place in the context of provoking emotional expression (emotional exposure) through situational, internal and somatic (interoceptive cues), as well as through standard mood induction exercises, and differs from patient to patient only in the situational cues and exercises utilized. Theory and rationale

Saturday: 2:00 p.m. – 3:15 p.m.

and the latest data supporting this new unified transdiagnostic approach are described in the context of sequelae of the trauma of war and resulting combat related PTSD. It is suggested that this unified treatment may represent a more efficient and possibly a more effective strategy in treating emotional disorders, pending further evaluation.

Media Presentation

Operational Stress and PTSD in Emergency Services Personnel - A Documentary Film

[Abstract #113]

Media (Clin Res, Mil Emer) **International H - 6th Floor**

Velakoulis, Arthur, MD³; McHugh, Tony, MA¹; Nursej, Jane, BBS, BBS, MPsych², Hopwood, Malcom, MD³

¹Austin Health, West Heidelberg, Victoria (Australia)

²Veteran Psychiatry Unit, West Heidelberg, Victoria (Australia)

³Centre for Trauma Related Mental Health, Austin Health and University of Melbourne, Melbourne, Australia

This compelling documentary profiles the symptoms, careers, family and social sequelae of operational stress injuries amongst Australian emergency services personnel, each with between 10 and 28 years operational experience. Police and ambulance officers discuss their struggle with recognizing and accepting their operational stress injuries. They detail the onset of escalating PTSD, anxiety and depressive symptoms, interspersed with Austin Health clinical staff commentaries. What emerges is a profound first person account of their symptom profiles, initial denial and resistance to care-seeking, alcohol abuse, and the eventual impact on their career trajectories and family life. The nature of their trauma exposure includes: • homicides and suicides • motor vehicle and arson fatalities, • domestic terrorist bombing • peacekeeping operations the intended uses of the film are as: • an educational resource for symptomatic officers, and their families • a professional development tool for students and mental health care workers • an educational resource for officers in training. Given the documentary's length, the film creator will only briefly introduce the film and take limited questions at the finale.

Participant Alert: Verbal reports relating to traumatic incidents may prove distressing or exacerbate PTSD symptoms.

Symposium

Sexual Harassment and PTSD: Onset, Recovery, and Process

[Abstract #966]

Symposium (Soc Ethic, Clin Res) **Augusta I - 7th Floor**

Larsen, Sadie, MA

University of Illinois Urbana Champaign, Champaign, Illinois, USA

PTSD literature most often focuses solely on onset with little if any attention paid to the nature and process of recovery. This is an important omission, given that PTSD is often chronic, and factors related to onset may differ from those related to

maintenance or recovery. This symposium attempts to begin this process by examining influences on both onset and recovery from PTSD following sexual harassment. Although there has been a debate within the literature about whether or not sexual harassment constitutes a Criterion A stressor, several studies have now shown that harassment can lead to the full symptom picture of PTSD. We examine dimensions of the stressor (harassment) such as nature and intensity, dimensions of victim vulnerability, and the influence of various cognitive factors to identify important contributors to both onset and recovery from PTSD. We perform these analyses in a unique sample. Women involved in class action sexual harassment litigation against a nationwide firm provided data about their experiences at 3 time points across a 5-year period. The first paper discusses factors related to onset of PTSD symptoms, the second discusses factors related to recovery from PTSD, and the third discusses particular cognitive processes involved in harm and recovery from PTSD following harassment.

Stimulus and Individual Factors Related to PTSD Symptomatology in Sexual Harassment Victims

[Abstract #969]

Collinsworth, Linda, PhD

Milliken University, Decatur Illinois, USA

Sexual harassment research entered its second generation with well-documented evidence of negative victim consequences, including job, health, and psychological damage. One area that remains unexamined, however, is the process that leads to that harm. Fitzgerald, Swan, and Magley (1997) propose three influences on the psychological, health-related, and organizational outcomes of sexual harassment, each partially mediated by the victim's subjective appraisal of her experience. These are (a) objective or stimulus factors (e.g., frequency, intensity, duration of the harassment), (b) individual factors (e.g., victimization history, victim's resources, attributions), and (c) contextual factors (e.g., organizational climate). The present paper examines the relative contribution of individual and objective influences on posttraumatic symptomatology following sexual harassment. In this study, we examined a group of approximately 1200 women employed in the financial industry who were involved in a class action law suit. A series of hierarchical regressions explored the contribution of various factors to posttraumatic symptomatology; dominance analysis subsequently revealed that the severity of the experiences and the attributions made about them were the most important influences on symptoms of Posttraumatic Stress Disorder (PTSD). Implications of these findings are discussed.

The Role of Perceptions of Control in PTSD Maintenance and Recovery

[Abstract #1031]

Larsen, Sadie, MA

University of Illinois Urbana Champaign, Champaign, Illinois, USA

Researchers have compiled significant evidence to demonstrate that sexual harassment leads to poor psychological outcomes, including the full symptom picture of PTSD (e.g. Schneider, Swan, & Fitzgerald, 1997). However, to this point there have been limited studies on how and why sexual harassment leads to such outcomes for some people and not others. The extensive

body of work on attributions in rape and sexual assault victims would suggest that a victim's attributions about the cause of the sexual harassment may be an important predictor of outcomes. Recently, however, some researchers have asserted that attributions' effects on PTSD are in fact mediated through perceptions of control, which may be more important and proximal causal mechanisms. The current study used path modeling to examine attributions and perceptions of control as they contribute to PTSD maintenance and recovery in a sample of class action participants from the financial industry. As expected, perceptions of control (especially control over the recovery process) had a stronger relationship to PTSD symptoms than did attributions (though both were significantly related). Moreover, self-blame's effect on PTSD was mediated through perceived control. Unexpectedly, perceptions of control over future harassment were positively related to PTSD. Implications for research and clinical practice will be discussed.

**Sexual Harassment and PTSD:
Toward a Model of Harm and Recovery**

(Abstract #1026)

Fitzgerald, Louise, PhD¹; Larsen, Sadie, MA¹; Wright, Vaile, PhD²; Collinsworth, Linda, PhD²; Lawson, Angela, PhD³

¹University of Illinois Urbana Champaign, Champaign, Illinois, USA

²Summa-Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

³Northwestern Medical Faculty Foundation, Chicago, Illinois, USA

⁴Milliken University, Decatur Illinois, USA

Despite the growing body of evidence regarding the link between sexual harassment and PTSD, virtually nothing is known about the pathways and processes that facilitate recovery. Indeed, a search of the literature revealed numerous empirical papers linking sexual harassment and PTSD, of which not a single one examined subsequent recovery. The present paper is an attempt to address this issue. In the current sample, approximately 59% (n = 727) of the professional women in a class action lawsuit provided complete data for the first 2 of 3 waves of data collection. One third of the sample met diagnostic criteria for PTSD at Time 1 and 9% continued to meet criteria two years later. Binomial logistic regression based on trauma severity, attitudes and cognitions, and previous abuse correctly predicted diagnostic status of 74% of the sample. Those who no longer met criteria at Time 2 experienced less severe harassment, reported less schema damage and harasser blame, and were less likely to report having experienced other forms of violence and abuse. Results are discussed in terms of the relative contribution of stimulus, cognitive, and vulnerability variables to recovery from this widespread form of trauma.

Panel Discussion

**Family Systems Approaches to Trauma:
Relational Issues and the DSM-V**

(Abstract #217)

Panel Discussion (Soc Ethic, Assess Dx) International E - 6th Floor

Dekel, Rachel, PhD³; Kiser, Laurel, PhD MBA²; Nelson-Goff, Briana, PhD¹

¹Kansas State University, Manhattan, Kansas, USA

²University of Maryland School of Medicine, Baltimore, Maryland, USA

³Bar Ilan University, Ramat-Gan, Israel

Traumatic events affect not only the individual trauma survivor, but also people who have significant relationships with traumatized individuals (e.g., spouses, partners, children). Much of the literature on traumatic stress focuses on diagnosis and treatment of the individual, without a theoretical and clinical description of the systemic impact of trauma. Theoretical and empirical models are needed to bridge traumatic stress theory and family systems theory, to guide research, diagnosis and treatment of traumatic stress. The panel will review the current empirical and clinical approaches to traumatized systems, including 1) the effects of combat related PTSD on family relations, 2) the impact of trauma related to urban poverty on the family and 3) a three-phase research project that focuses on the impact of trauma history on current relationship functioning in couples. The panel will include discussion regarding current theoretical models of traumatized systems, the primary issues faced by traumatized systems, and approaches to empirical study and clinical care of traumatized systems.

Papers

Women and Gender Research

International D – 6th Floor

Chair: Michelle Mengling, PhD

CRIISP Iowa City VAMC, Iowa City, Iowa, USA

PTSD in Depressed Mothers in Home Visitation

(Abstract #523)

(Assess Dx, Commun)

Ammerman, Robert, PhD¹; Putnam, Frank, MD¹; Chard, Kathleen, PhD²; Bosse, Nicole, MA¹; Van Ginkel, Judith, PhD³

¹Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

²Cincinnati VAMC, Ft. Thomas, Kentucky, USA

³Every Child Succeeds, Cincinnati, Ohio, USA

Home visitation is an early prevention program for sociodemographically at-risk, first-time mothers and their young children designed to optimize maternal lifecourse and child development trajectories. High rates of maternal depression and reported child abuse histories have been reported in this population, but PTSD has never been explored. This study examined PTSD and symptom severity in 75 mothers diagnosed with major depressive disorder (MDD) assessed at 5 months postpartum. Results indicated that 38.7% had PTSD using the SCID, making it the most frequent comorbid diagnosis. PTSD was associated with earlier onset of MDD, recurrent vs. single episode of MDD, and history of sexual abuse. Examination of symptom severity in those with PTSD using the Davidson Trauma Scale (DTS) revealed that greater PTSD severity was associated with increased depressive symptoms, increased other psychiatric symptoms, decreased social support, smaller social networks, impaired mother-child relationships, and greater parenting stress. Stronger associations were found between the Hyperarousal and Intrusiveness scales of the DTS and maternal functioning and parenting in comparison with the Avoidance/ Numbing scale. This is the first study to document the prevalence of PTSD in depressed mothers in home visitation, and to establish a link between severity of PTSD symptoms and impairment in parenting.

Saturday: 3:30 p.m. – 4:45 p.m.

Sex Differences in Health Following Military Sexual Harassment and Warfare Exposure

(Abstract #438)
(Bio Med, Cul Div)

Schuster, Jennifer, PhD^{1,2}; Morrison, Jay, MA^{1,2}; Shipherd, Jillian, PhD^{1,2}; Vogt, Dawne, PhD^{1,2}; King, Daniel, PhD^{1,2}; King, Lynda, PhD^{1,2}

¹*Boston VA Health Care System, Boston, Massachusetts, USA*
²*National Center for PTSD, Boston, Massachusetts, USA*

Literature supports the connection between trauma exposure and poor health in both men and women, and research suggests both direct and indirect influences of potentially traumatic events (PTE) on health. Posttraumatic Stress Symptoms (PSS) are hypothesized to partially mediate the relationship between PTE and poor health. However, the presence of moderating variables, such as sex, can complicate these relationships. Type of trauma may also play a role. This study examines the relationship between two different PTE (military sexual harassment and warfare exposure), PTSD, and specific physical health symptoms in men and women who served in the Gulf War. Participants (234 men, 83 women) completed the Deployment Risk and Resilience Inventory, the PTSD Checklist, and a measure of physical symptoms. Multiple regression analyses demonstrate a main effect of trauma (regardless of type) on all categories of health complaints for men. For women, PTE was directly related to only certain health symptoms and differed based on trauma type. For both men and women, all health symptoms were fully or partially mediated by PTSD, although the pattern and degree of mediation differed between the sexes. Potential implications of this interaction between sex, trauma type, and health symptoms are explored.

Type of Traumatic Exposure and the Effect on Women Veteran’s Health Outcomes

(Abstract #419)
(Assess Dx, Mil Emer)

Mengeling, Michelle, PhD¹; Sadler, Anne, RN PhD³; Torner, James, PhD, MS⁴; Booth, Brenda, PhD²

¹*CRIISP Iowa City VAMC, Iowa City, Iowa, USA*
²*UAMS, Little Rock, Arkansas, USA*
³*VAMC, Iowa City, Iowa, USA*
⁴*University of Iowa School of Public Health, Iowa City, Iowa USA*

This study investigated differences in women veteran’s physical and mental health outcomes by type of trauma exposure (military, life events, and sexual assault). The retrospective study (1004 women; mean 38 years) found 29% had served in military combat, 75% experienced the sudden death of a close friend or relative, and 51% reported one or more lifetime rapes (32% experienced Military Sexual Trauma (MST)). Women experiencing MST were significantly more likely to report childhood rape (41% vs 26%) and rape following military service (18% vs 8%). Sexual assault was most often identified as the greatest traumatic event. There was no significant difference in physical or mental health scores (SF12) for those who had experienced at least one military trauma or life events trauma. Women experiencing a sexual trauma were more likely to be depressed (CIDI-SF) (39% vs 16%, p<.0001) or to have a PTSD (PSS-I) diagnosis (35% vs 11%) compared to their non-assaulted peers. Twenty-two percent of those experiencing a sexual trauma were diagnosed with both PTSD and depression. Sexual assault is associated with greater

rates of PTSD and depression than rates associated with combat or traumatic life events.

Post Deployment Adjustment and Barriers to Care for OEF/OIF Reserve & National Guard Servicewomen

(Abstract #1027)
(Mil Emer, Prev El)

Sadler, Anne, PhD¹; Torner, James, PhD⁴; Mengeling, Michelle, PhD²; Booth, Brenda, PhD¹; Cretzmeyer, Margaret, MSW, PhD³; Reisinger, Heather, PhD³

¹*CRIISP Iowa City VAMC, Iowa City, Iowa, USA*
²*UAMS, Little Rock, Arkansas, USA*
³*VAMC, Iowa City, Iowa, USA*
⁴*University of Iowa School of Public Health, Iowa City, Iowa USA*
⁵*University of Iowa School of Social Work, Iowa City, Iowa*

Background and Objectives: Little is known about women’s combat experiences and post-deployment adjustment. Even less is known about these experiences specific Reserve and National Guard (R/NG) servicewomen. Methods: Eight focus groups were held with OEF/OIF R/NG servicewomen in four Midwestern states (N = 39). Results: Post-deployment adjustment(51 references) and barriers to accessing care (140 references) were frequent themes. Women noted family concerns, such as immediate immersion into parenting and negotiating changed family roles while hyperaroused. Deployment with a unit other than one’s home unit (cross-leveling) was reported to contribute to isolation, harassment and assault risk during deployment. Women with traumatic experiences (combat, assault) stated that post-deployment they were unable to talk with home unit peers or officers as they didn’t share the same experiences and also feared stigma. Most were reluctant to discuss their deployment with civilians. Many reported limitations in ability to leave home given driving anxiety. Concerns about managing post-traumatic stress symptoms and adverse consequences of seeking help were notable. Impacts: Family adjustment, isolation, and unmet mental health needs were consistent concerns for deployed R/NG women. Regular military return from deployment to an environment where combat is a common experience. R/NG servicewomen return to civilian lives with different everyday demands and without the same supports.

Participant Alert: Verbal presentation identifying rape and combat as trauma exposures.

Papers

Genocide/Torture

International F - 6th Floor

Chair: Carl Auerbach, PhD

Yeshiva University, New York, New York, USA

Complex PTSD in Former Ugandan Child Soldiers

(Abstract # 73)
(Child, Disaster)

Klasen, Fionna, Dipl.-Psych¹, Daniels, Judith Karina, PhD², Adam, Hibertus, MD⁴; Oettingen, Gabriele, PhD³

¹University Medical Center, Hamburg, Germany

²UKE Hamburg, Hamburg, Germany

³New York University, New York, New York, USA

⁴Children for Tomorrow, Hamburg, Germany

More than 250,000 children and adolescents are exploited as child soldiers in armed conflicts around the globe. Self report measures were used to assess traumatic experiences during abduction, PTSD (MINI-KID), depression (MINI-KID), behavioral and emotional problems (YSR), revenge motivation (TRIM), and guilt cognitions (TRGI) in 330 former Ugandan child soldiers (age: 11–17 years; female: 48.5%). Children had been abducted at a mean age of 10.75 years and had served for an average period of 19.81 months. They were exposed to high levels of traumatic experiences during abduction, e.g., 91.8% were exposed to shooting, 86.4% were threatened with death, 52.6% were forced to kill another person, and 25.8% were raped. Prevalence rates were 33.0% for PTSD, 36.4% for depression, and 61.2% for clinically significant behavioral and emotional problems, respectively. Mental health outcomes were significantly associated with number of traumatic experiences (PTSD: $r=.25$, $p<.001$; depression: $r=.21$, $p<.001$; YSR: $r=.25$, $p<.001$), revenge motivation (PTSD: $r=.27$, $p<.001$; depression: $r=.33$, $p<.001$; YSR: $r=.24$, $p<.001$) and trauma-related guilt cognitions.

Female Survivors of the Rwandan Genocide: A Qualitative Analysis of Experiencing Rape, Torture & Trauma

(Abstract #173)
(Civil Ref, Disaster)

Auerbach, Carl, PhD¹; Sandole, Denise, PsyD Candidate¹; Yusim, Anna, MD¹; Torgovnik, Jonathan, BFA²

¹Yeshiva University, New York, New York, USA

²NYU Medical Center, New York, New York, USA

April 7, 2009 marks the 15th anniversary of the Rwandan genocide. An estimated 800,000 Rwandan Tutsis and moderate Hutus were tortured and killed over the course of 100 days. Rwandan women were frequently the victims of genocidal rape. In the aftermath of the destruction, many female survivors learned that they had been impregnated by their captors and/or contracted HIV/AIDS. Fifteen years later, these female survivors of the Rwandan genocide are still suffering and mostly in silence. In 2008, our NGO collaborator Foundation Rwanda conducted interviews with 40 of these female survivors. We used qualitative grounded theory methodology to analyze their narratives. Coding revealed a series of critical identity shifts over three stages which we have labeled Civilized self (pre-genocide), Survivor self

(during genocide), and Aftermath self (post-genocide), in which the experiences of the Civilized and Survivor selves co-exist but do not fit together. The survivors' narratives also indicated 5 primary issues related to their Aftermath struggle: Emotional Distress/Physical Sense of Danger, Chronic Medical Ailments, Unmet Basic Needs, Uncertain Future, and Isolation from an Indifferent World. They also expressed a need for validation through 5 interventions: Support Groups, Access to Specialized Medical Treatment, Employment Opportunities, Education for their Children, & Awareness.

Participant Alert: Brief excerpts from the Rwandan female survivors' testimonies of rape, torture, and trauma will be presented, which some participants may find disturbing.

Psychological Symptoms of Refugee Torture Survivors in Treatment at Foundation Centrum '45

(Abstract # 879)
(Civil Ref, Assess Dx)

Knipscheer, Jeroen, PhD¹; Rohlof, Hans, MD¹; Kleber, Rolf, PhD²

¹Foundation Centrum '45, Diemen, Netherlands

²Utrecht University, Clinical and Health Psychology, Utrecht, Netherlands

Studies of refugees seeking asylum in Western countries have showed many refugees suffer from experiences of torture, political violence and various other forms of physical abuse in addition to their migration experiences. This paper presents the results of an explorative study regarding the psychological symptoms of refugee survivors of torture treated at Foundation Centrum '45, the national expert centre in The Netherlands for treatment of complex trauma resulting of persecution, war and violence. Of the 196 refugee patients currently in care, 122 reported to have been tortured personally (e.g., drowning, suffocation, beatings on the body and head). Scores on assessment scales (e.g., Harvard Trauma Questionnaire, Hopkins Symptom Checklist- 25 and Pennebaker Inventory of Limbic Languidness) in this group were substantial. Interestingly however, our results yielded that being tortured did not influence the report of psychological symptoms. In addition, we found an interaction effect of gender and cultural background: women reported more torture experiences but not more symptoms than men, while especially men from the Middle East region reported less PTSD and depressive symptoms than men from South Eastern Europe. Implications of these findings for mental health professionals working with refugees and tortured populations will be considered.

Saturday: 3:30 p.m. – 4:45 p.m.

Benefits of Institutional Rearing in the Aftermath of Genocide: Evidence From Rwanda

(Abstract #951)
(Civil Ref, Disaster)

Neugebauer, Richard, PhD, MPH¹; Fisher, Prudence W., PhD²; Turner, J. Blake, PhD²; Yamabe, Saori, MA³; Berkman, MD⁴; Bolton, Paul, MBBS, MPH⁵; Verdeli, Helena, PhD²; Stehling-Ariza, Tash, MA⁶

¹*Division of Epidemiology, NYS Psychiatric Institute; G.H. Sergievsky Center, Faculty of Medicine, College of Physicians and Surgeons, Columbia University, New York, New York, USA*

²*Department of Psychiatry, Columbia University, NYS Psychiatric Institute*

³*Division of Epidemiology, NYS Psychiatric Institute*

⁴*Mailman School of Public Health, Columbia University, New York, New York, USA*

⁵*Johns Hopkins, Bloomberg School of Public Health, Baltimore, Maryland, USA*

⁶*Center for Disaster Preparedness, Joseph A. Mailman School of Public Health, Columbia University*

International relief organizations assume that orphanages--inhospitable environments for strong child-adult affective bonds-- are the last resort following complex emergencies. We test this assumption under conditions when surviving nuclear families are profoundly traumatized by catastrophic violence, using data from a nation-wide survey conducted a year after the 1994 Rwandan genocide. The survey (August-December 1995) measured exposure to genocidal violence and *DSM-IV* Posttraumatic Stress Disorder (PTSD) symptoms among approximately 1090 children aged 8-19, of whom half resided in orphanages, the others, with one or both parents. Respondents meeting PTSD symptom criteria were classified as having "probable" PTSD. Among children living with both parents, the "probable" PTSD rate was 46.6% and among those living with one surviving parent, 64.1%; the latter rate was markedly higher than that among orphans, 44.6% ($P < .01$), adjusting for other factors that contributed to symptom levels, i.e., level of exposure to violence, gender. These findings suggest that under conditions where the safety of civil society has been temporarily abolished and parents are themselves deeply traumatized, institutional rearing, whatever its possible longer term psychological risks, does not increase or is associated with an actual reduction in current PTSS.

Papers

Symptom Prediction

Augusta II & III - 7th Floor

Chair: Erin Marshall, BA
University of Vermont, Burlington, Vermont, USA

Predictors of PTSD Symptoms of Distress and Resilience in Adults With a History of Child Abuse

(Abstract #766)
(Clin Res, Assess Dx)

Petretic, Patricia, PhD; White Chaisson Elizabeth, MA; Burleson, Karin, BA; Makin-Byrd, Lori, MA

University of Arkansas, Fayetteville, Arkansas, USA

Research has substantiated negative long-term outcome for many adults who report childhood physical abuse (CPA) or emotional abuse (CEA) experiences, yet outcome is highly variable. The aims of this study were 1) to evaluate the relation between symptomatic distress (PTSD/Trauma, Dysphoria, Self symptoms clusters) and adaptive, resilient functioning and 2) to identify the impact of childhood (family) and adult (attachment) relationships in predicting both negative (trauma symptoms) and positive (resilient) functioning in young adults reporting childhood abuse. Respondents in both abuse groups had significantly lower levels of family of origin (FOS) and adult attachment (ECR) functioning and elevated levels of trauma (TSI) symptoms, yet no difference in resilience (RS) scores compared to nonabused respondents. In regression analyses, perceptions of family health did not predict resilience for either form of abuse. By contrast, perceptions of family health predicted 7 dimensions of symptomatic distress for those reporting physical abuse ($n=172$) and 3 dimensions for those reporting emotional abuse ($n=136$). The relation of resilience and symptomatic distress is complex. The Personal Competence dimension of resilience predicted only depression, while the Acceptance of Self and Life dimension predicted level of anxious arousal, depression, anger-irritability, and impaired self-reference in both abuse groups.

Distress Tolerance Predicts PTSD Symptoms within a Community Sample

(Abstract #130)
(Clin Res, Prev EI)

Marshall, Erin, BA¹; Vujanovic, Anka, PhD²; Bernstein, Amit PhD³; Johnson, Kirsten, BA¹; Zvolensky, Michael, PhD¹

¹*University of Vermont, Burlington, Vermont, USA*

²*Alpert Medical School of Brown University, University of Vermont, USA*

³*Department of Psychology, University of Haifa, Haifa Israel*

Recent efforts have focused on understanding the role of cognitive-affective and behavioral risk factors in the onset and maintenance of PTSD. Distress tolerance, the ability to tolerate negative emotions, may be one important factor for better understanding such risk. The current study investigated four measures of distress tolerance [Distress Tolerance Scale (DTS; Simons & Gaher, 2005); Discomfort Intolerance Scale (DIS; Schmidt, Richey, & Fitzpatrick, 2006); breath-holding duration (BH); and mirror-tracing duration (MT)] in relation to PTSD symptom severity, as measured by the Clinician-Administered

PTSD Scale (CAPS; Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995), within a community sample. Participants were 94 adults (61.7% women; Mage = 23.3, SD = 9.4) who met criteria for trauma exposure. Approximately 55.3% of the sample met criteria for current nonclinical panic attacks. A series of hierarchical multiple regressions were conducted, with number of traumas experienced entered at step 1, and DTS, DIS, BH, or MT entered at step 2, respectively. DTS was the only significant distress tolerance measure in predicting PTSD symptom severity ($t = -3.80$, $\beta = -.36$, $sr^2 = .13$, $p < .001$). Furthermore, when the regressions were conducted separately among those with or without current nonclinical panic attacks, DTS was only a significant predictor of PTSD symptom severity within the panic attack group ($t = -2.32$, $\beta = -.30$, $sr^2 = .09$, $p < .05$). Theoretically-relevant clinical implications and future directions will be discussed.

Long-Term Emotional Distress and Perceptions of Functioning in Trauma Intensive Care Unit Survivors

(Abstract #112)
(Bio Med, Clin Res)

Nightingale, Vienna, PhD²; Anderson, Venice, MA, CPA¹; Jackson, James, PsyD¹; Song, Yanna, MS¹

¹Vanderbilt University Medical Center, Nashville, Tennessee, USA
²Illinois Institute of Technology, Chicago, Illinois, USA

Research has shown that psychiatric difficulties are common and persistent in trauma intensive care unit survivors (TICU). Indeed, significant symptoms occurs in as many as 1 of 2 survivors a year after discharge. While relatively mild in some instances, severe expressions of depression are often present, affecting over 20% of patients. We studied psychological outcomes in 58 TICU survivors, (male=67%, Caucasian=88%, mean age=45), 1-2 years post-discharge with the Beck Depression Inventory, the Beck Anxiety Inventory, and the Awareness Questionnaire (to assess perceptions of physical, mental, and social functioning relative to premorbid functioning). Analyses determined demographic and health variables, including severity of injury, were not related to AQ. Multiple regression analysis found emotional distress accounted for 62% of the variance in perceptions of functioning ($F(2, 51)=41.52$, $p<.0001$). Further 35% had significant distress with scores greater than 12 on the BDI. Although research looking at awareness of functioning in relation to emotional distress is in its infancy, researchers have been aware of the powerful relationship between the mind and body. We will discuss our findings and contributions and discuss implications for the development of follow-up interventions that address the impact of distress on functioning.

Papers

Internalizing/Externalizing and PTSD

Roswell - 8th Floor

Chair: Denise Lash, PhD

Department of Veteran Affairs, Albuquerque, New Mexico, USA

Differential Pathways to PTSD: The Phenotypic and Genetic Structure of Psychiatric Comorbidity

(Abstract #1032)
(Bio Med, Res Meth)

Wolf, Erika, MA¹; Miller, Mark, PhD²; Koenen, Karestan, PhD³

¹Boston University, Boston, Massachusetts, USA

²National Center for PTSD, Boston, Massachusetts, USA

³Harvard School of Public Health, Boston, Massachusetts, USA

This study used twin data from the Vietnam Era Twin Registry to examine the structure of PTSD and psychiatric comorbidity and to model genetic and environmental pathways to PTSD and other psychopathology. Analyses were based on 3,372 male-male twin pairs who served in the military during the Vietnam era. Structural equation modeling was used to: (a) model latent internalizing and externalizing comorbidity factors underlying lifetime diagnoses of PTSD, major depression, dysthymia, generalized anxiety disorder, panic disorder, antisocial personality disorder and substance-use disorders and to (b) examine the heritability of these latent comorbidity factors. Analyses revealed that the best fitting model for the latent structure of comorbidity was one in which PTSD cross-loaded on both internalizing and externalizing latent factors. Biometric analyses revealed that the genetic structure of comorbidity was similar to its phenotypic one, with largely separate genetic risk factors for internalizing versus externalizing disorders. Liability to PTSD was influenced by both internalizing and externalizing genetic factors, suggesting multiple pathways to the disorder. Implications of these findings for the conceptualization of PTSD as purely an anxiety disorder will be discussed.

The Fit of PTSD and Its Subfactors in a Dimensional Model of Psychopathology Among Adolescents

(Abstract #1052)
(Assess Dx, Child)

Schulz-Heik, Jay R., MA^{1,2}; Young, Susan, PhD¹; Stallings, Michael, PhD¹; Corley, Robin, PhD¹; Hewitt, John, PhD¹

¹University of Colorado, Boulder, Colorado, USA

²VA Palo Alto Healthcare System, Palo, Alto, California, USA

Factor analyses of common psychiatric disorders in adults have indicated a two factor structure (i.e., internalizing and externalizing disorders), but less is known about the structure of DSM-IV psychopathology in adolescents. Evidence suggests that posttraumatic stress disorder (PTSD) is an internalizing disorder; however, it is a multifactorial disorder, with possible heterogeneity in its subfactors' loadings on the latent internalizing and externalizing factors. We addressed these questions by conducting factor analyses of eight common DSM-IV psychiatric disorders and four subfactors of PTSD in a community-based sample of 3,867 adolescents in Colorado. A

Saturday: 3:30 p.m. - 4:45 p.m.

two factor internalizing-externalizing model was supported, with PTSD significantly loading on the internalizing factor. There was variance in the magnitude of subfactors' loadings, though each subfactor loaded more strongly on the internalizing than the externalizing latent factor. Results suggest that the processes involved in the etiology, prevention, and treatment of PTSD may be shared with that of other internalizing disorders.

Predicting Simple PTSD and Internalizing and Externalizing Subtypes in a Sample of Female Veterans

[Abstract #759]

[Assess Dx, Practice]

Lash, Denise, PhD³; Montgomery, Catherine, PhD¹; Castillo, Diane, PhD²

¹*Behavioral Health Care System (116), New Mexico VA Health Care, Albuquerque, New Mexico, USA*

²*Albuquerque VA Medical Center, Albuquerque, New Mexico, USA*

³*Department of Veterans Affairs, Albuquerque, New Mexico, USA*

The psychopathology underlying PTSD symptoms has been conceptualized into simple, internalizing, and externalizing subtypes (Miller, Grief, & Smith, 2003). Research on these subtypes has examined male combat veterans (Miller, Kaloupek, Dillion, & Keane, 2004) and female civilian rape victims (Miller & Resick, 2007), yet little data is published on these subtypes in female veterans with PTSD. The present study will examine this typology in a sample of females receiving treatment at the Women's Stress Disorder Treatment Team at the NMVAHCS. Specifically, it will examine the internalizing and externalizing subtypes in relation to trauma specifics (number of traumas, type of trauma, and age of trauma) and to the MMPI Restructured Clinical Scales (RCs). Preliminary analyses exploring the relationship between the PTSD subtypes and trauma specifics indicate that adult-only trauma is negatively correlated with the externalizing subtype. In addition, the externalizing subtype is positively associated with having both childhood and adult trauma. The current study replicated past findings that externalizers showed elevations on RC3 Cynicism, RC4 Antisocial Behavior, and RC9 Hypomanic activation scales while internalizers reported elevations on RCd Demoralization, RC2 Low Positive Emotion, and RC7 Dysfunctional Negative Emotion scales (see Wolf et al., 2008). Implications for PTSD conceptualization will be discussed.

Workshop

Taking Control: An Experiential Introduction to an Intervention to Help Empower Youth in Foster Care

[Abstract #958]

Workshop (Child, Clin Res)

International G - 6th Floor

Sunday, Suzanne, PhD; Habib, Mandy, PsyD

North Shore University Hospital, Manhasset, New York, USA

This workshop will provide an introduction to Taking Control, a six-session skills-based group intervention designed to empower youth in foster care, aged 12 to 18 years. It is based on SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress—DeRosa et al., 2005), an evidence-informed 16-session psychotherapeutic intervention for chronically traumatized adolescents; both of these interventions were developed by our National Child Traumatic Stress Network treatment development team. Taking Control aims to increase self-awareness, strengthen relationships, and enhance behavioral and emotional self-regulatory skills as well as short-term coping and long-term problem-solving skills. The curriculum also provides psycho-education on mental health and on the effects of stress and trauma. The group is co-facilitated by a young adult foster care alumnus and an agency worker experienced in working with foster care youth, a model which has been successful in engaging youth in group. This interactive workshop will include an overview of the curriculum as well as an opportunity to practice some of the core skills of the treatment (e.g. Mindfulness and problem solving). Time will be allocated for questions and discussion regarding the application of particular skills in different settings as well as treatment adoption and implementation at participants' agencies.

**Traumatic Stress Disorders:
Toward DSM-V and ICD-11
ISTSS 25th Annual Meeting**

November 5 – 7, 2009
Pre-Meeting Institutes Wednesday, November 4
The Westin Peachtree Plaza
Atlanta Ballroom

Session 1: Thursday, November 5

Poster Session 1 Set-up 7:30 a.m. – 9:30 a.m.
Poster Session 1 Open 9:30 a.m. – 6:00 p.m.
Poster Session 1 Presents 5:00 p.m. – 6:00 p.m.
Poster Session 1 Dismantle 6:00 p.m.

Session 2: Friday, November 6

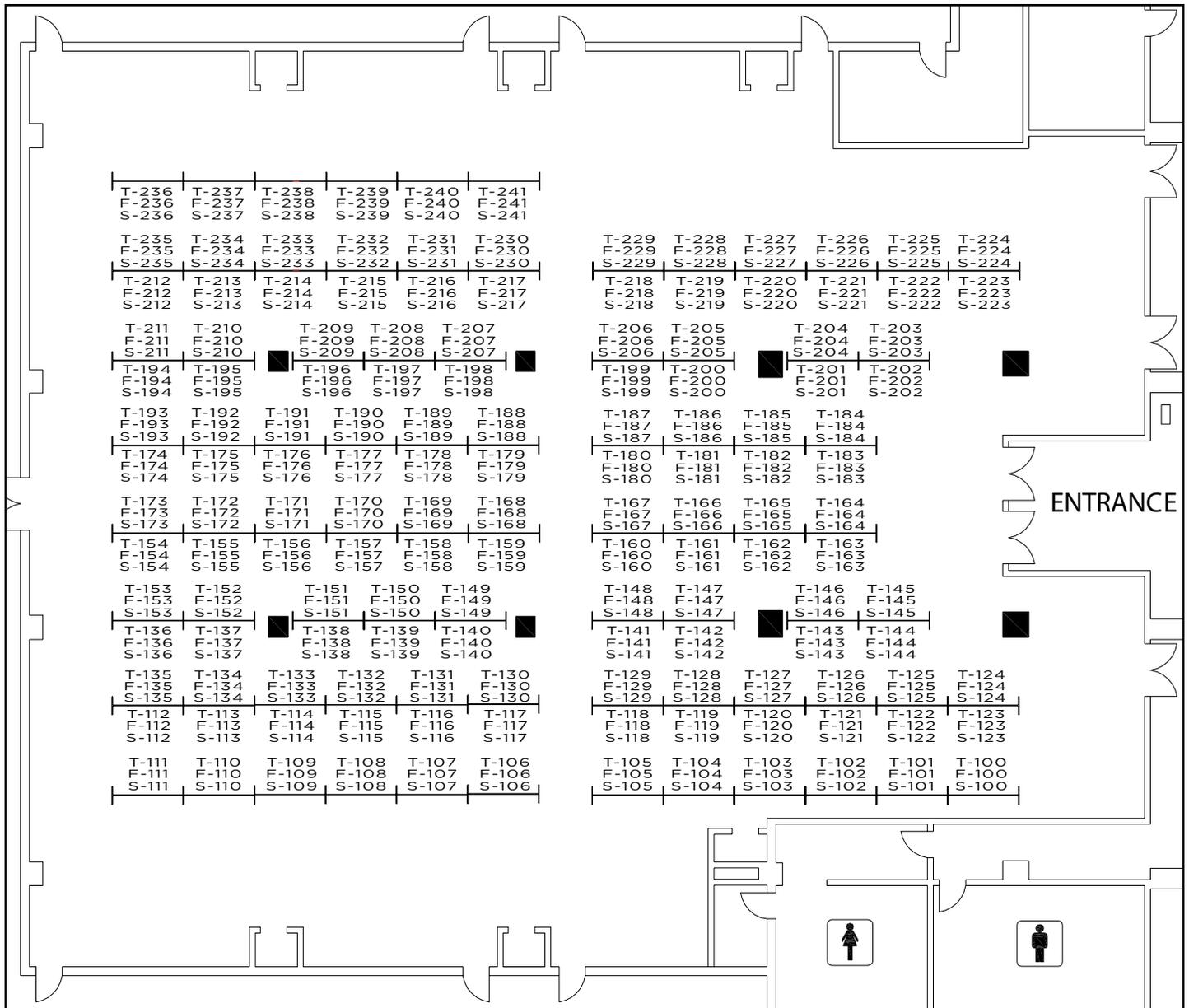
Poster Session 2 Set-up 7:30 a.m. – 9:30 a.m.
Poster Session 2 Open 9:30 a.m. – 6:00 p.m.
Poster Session 2 Presents 5:00 p.m. – 6:00 p.m.
Poster Session 2 Dismantle 6:00 p.m.

Session 3: Saturday, November 7

Poster Session 3 Set-up 7:30 a.m. – 9:30 a.m.
Poster Session 3 Open 9:30 a.m. – 6:00 p.m.
Poster Session 3 Presents 5:00 p.m. – 6:00 p.m.
Poster Session 3 Dismantle 6:00 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.



Session 1: Thursday, November 5 Atlanta Ballroom

Poster Organization

NEW this year! A unique opportunity to visit with one of the ISTSS past presidents, who will host a poster session. Each poster is scheduled for Poster Session 1 on Thursday, Poster Session 2 on Friday or Poster Session 3 on Saturday and includes a one-hour time period when the presenting author is available to answer questions. A past president will be hosting each poster session.

Posters are organized within the Final Program by poster number within each day. The presenting author is underlined. In addition, the index provided at the rear of the Final Program includes all of the authors. A floor map showing the layout of posters is available in the poster hall and on page 174.

Session 1: Thursday, November 5 Atlanta Ballroom, 7th Floor

Poster Set-up: 7:30 a.m. – 9:30 a.m.
Poster Display: 9:30 a.m. – 6:00 p.m.
Poster Presentation: 5:00 p.m. – 6:00 p.m.
Poster Dismantle: 6:00 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time **will be disposed of** and are not the responsibility of ISTSS.

Poster Presentations – Session 1 Thursday, November 5 5:00 p.m. – 6:00 p.m.

The Impact of an Interviewer's Race on Self-Revelations of African-American Women Experiencing IPV

(Abstract # 979)

Poster # T-100 (Cul Div, Assess Dx)

Atlanta Ballroom

Samples, Tara, MS, LPC²; Woods, Amanda, MA³; Kaslow, Nadine, PhD¹

¹Emory University School of Medicine, Dept of Psychiatry and Behavioral Science, Atlanta, Georgia, USA

²Fielding Graduate University, Stockbridge, Georgia, USA

³Georgia State University, Atlanta, Georgia, USA

Decades of scholarship has been devoted to the identification of cultural competency standards that recognize and address how past and present racial inequalities impact and alter the therapeutic relationship. It has been often asserted that due to cultural power dynamics, minority group member clients may report symptoms differently to clinicians of majority group status. Despite two decades of research on the dynamics of cross-racial therapy dyads, the literature is mixed as to the impact of the therapist's race on the therapeutic relationship with African-American clients. There is very little data on the impact of race on assessment and interviews. The current study is a result of an ongoing research with African-American women, assessed at a large urban hospital, who have a history of intimate partner violence. Asian, Caucasian and African-American clinical interviewers conducted face to face interviews with the women. Analysis revealed that the racial identity of the interviewer had no significant impact on the revelation of incidents of intimate partner violence including sexual abuse, physical abuse and verbal abuse. These results indicate that the racial identity of interviewers, who have been trained in culturally competent interview methods, does not interfere with the assessment process.

Alcohol Use, Passive Coping, and Academic Achievement Among Trauma-Exposed Urban College Students

(Abstract # 840)

Poster # T-101 (Child, Prev EL)

Atlanta Ballroom

Dewey, Lauren, MA²; Sothmann, Frances, MA¹; Allwood, Maureen, PhD¹

¹John Jay College of Criminal Justice, New York, New York, USA

²CUNY Graduate Center, New York, New York, USA

College students exposed to trauma are less likely to graduate than controls. Significant differences in drop-out rate emerge as early as the second semester for incoming freshmen (Duncan, 2000). In a study of urban college students, both PTSD symptoms and passive coping strategies were negatively related to overall grade point averages (GPA) (Allwood, Dewey, & Baetz-Stangel, 2009). However, the role of alcohol use among trauma-exposed students in relation to academic achievement remains unclear. The current study examines the associations between coping strategies, alcohol use, and academic progress among first and

second-year college students with and without experiences of trauma and adverse life events. Students from an urban commuter college ($n > 100$) completed the Adolescent Drinking Inventory, the UCLA PTSD Index, the Brief Cope, and provided transcripts of GPA. It was hypothesized that passive coping (specifically denial, distraction, and disengagement) and alcohol use would be higher among trauma-exposed college students versus those unexposed. Preliminary results are consistent with our hypotheses and indicate that trauma-exposed students were more likely to use passive coping strategies ($t = -2.39$, $p < .05$). Hierarchical regression analyses will be completed to examine unique contributions of coping style, alcohol use, and trauma type in predicting academic achievement.

Indirect Trauma: Toward a Synthesis of Secondary and Vicarious Trauma

(Abstract # 604)

Poster # T-102 (Res Meth, Practice)

Atlanta Ballroom

Gottfried, Victoria, LSW

Kent School of Social Work, University of Louisville, Louisville, Kentucky, USA

In the 1990s a model of traumatic stress that may result from working with traumatized clients was put forward. Termed secondary traumatic stress disorder, it specified a type of PTSD using Criteria A1 of the *DSM-IV* PTSD description that includes learning about a traumatic event experienced by another person (i.e., a family member of close associate). Another model of trauma that develops from working with traumatized clients, termed vicarious trauma, was proposed at about the same time. The research pertaining to these phenomena has yielded two distinct bodies of scholarship. Although both models have been empirically validated, no effort has been made to explain how they are related. The lack of a single theoretical construct for measuring and discussing the impact of trauma work hampers the ability to fully assess its impact and the factors associated with it. In this presentation these theories are defined, compared, and contrasted. A conceptual model that synthesizes these theories is proposed. This model provides an overarching theoretical framework that more accurately describes the psychological impact of working with traumatized clients. Structural equation modeling (SEM) was used to test the proposed model. Results are presented and discussed.

Relationship Trauma: Is It Part of PTSD?

(Abstract # 60)

Poster # T-103 (Assess Dx, Practice)

Atlanta Ballroom

Chin, Jacqueline, Hons. BA¹; Orzeck, Tricia, PhD²; Rokach, Ami, PhD²

¹Toronto, Ontario, Canada

²UBC, Vancouver, British Columbia, Canada

The present study assessed the discriminating power of the posttraumatic stress syndrome (PTRS) questionnaire measuring relationship trauma occurring in the context of abusive intimate adult relationships. A total of 211 participants completed measures associated with complex trauma symptomatology. The posttraumatic stress syndrome (PTRS) questionnaire, a 40-item scale measuring several dimensions of relationship trauma, was shown to correlate with the Trauma Symptom Inventory (TSI) and the Detailed Assessment of Posttraumatic Stress (DAPS) questionnaires. A MANCOVA resulted in significantly

higher scores ($p < .001$) for relationship trauma participants when compared to the non relationship trauma group on all of the PTRS subscales and on the total PTRS score. Further, the PTRS subscales correctly predicted 95 of 116 relationship trauma true-positive cases (82%) and 92 of 95 true-negative cases for relationship trauma (97%) but only predicted 7 of 13 PTSD-positive cases (54%) and 37 of 40 PTSD-negative cases (93%). These results suggest that the PTRS questionnaire is a measure specifically designed to assess trauma found in adults abused in intimate relationships with symptomatology that differs from PTSD. Treatment efficacy for specific populations, such as adult abusive relationships, can be improved by understanding and assessing the symptomatology of relationship trauma.

Trauma-Related Predictors of Improvement in a Sample of Women in Dialectical Behavior Therapy

(Abstract # 252)

Poster # T-104 (Clin Res, Practice)

Atlanta Ballroom

Horsey, Katie, MA^{1,2}; Walter, Kristen, MA²; Lamoureux, Brittain, MA^{1,2}; Wright, Caroline Vaile, PhD¹; Johnson, Dawn, PhD³; Palmieri, Patrick, PhD¹

¹Summa Health System, Akron, Ohio, USA

²Kent State University, Kent, Ohio, USA

³University of Akron, Akron, Ohio, USA

Borderline personality disorder is characterized by difficulty regulating emotions, impaired ability to tolerate distress, and unstable interpersonal relationships. Research has shown that BPD is associated with having a history of trauma, and an increased likelihood of developing symptoms of PTSD (Gunderson & Sabo, 1993). Individuals with BPD may be more vulnerable to developing PTSD because of their poor resources to cope. As such, it is important to investigate the role of PTSD, trauma history, and coping in the context of treatment for BPD. Dialectical Behavior Therapy (DBT: Linehan, 1993) is the primary treatment modality for individuals with BPD. DBT uses a modular format to address emotion regulation, distress tolerance, and interpersonal skills. The present study investigated specific trauma and PTSD-related predictors of improvement in emotion regulation and distress tolerance in a sample of treatment-seeking women attending weekly DBT. Preliminary results suggest that PTSD symptom severity at baseline and some coping strategies are associated with fewer changes in BPD characteristics across the course of treatment. This suggests that changes in treatment for BPD may be linked to severity of co-occurring PTSD and initial coping skills. More specific findings discussed within.

Analysis of Posttraumatic Stress Symptom Factors in Survivors of Intimate Partner Violence

(Abstract # 259)

Poster # T-105 (Clin Res, Assess Dx) **Atlanta Ballroom**

Shatil, Sharon, MS

Marquette University, Milwaukee, Wisconsin, USA

Many researchers have been interested in how symptoms of PTSD group together; however, no consensus has been reached. Some have found that, as in the *DSM-IV-TR*, factor analysis of symptoms produced three factors (e.g., Foa et al., 1995). However, Foa et al. (1995) found disparities between the three factors laid out in the *DSM* and the three factors found in their study. Other studies have indicated a two factor solution with an additional second order factor (e.g., King et al., 1995; Taylor et al., 1998). This study used data accessed through ICPSR to determine whether factors on the PTSD Symptom Scale-Interview (PSS-I) produce a factor structure similar to any of those previously cited or to the *DSM* in female survivors of intimate partner violence. An exploratory factor analysis was performed on the PSS-I, which was found to have three factors: arousal and numbing, intrusion and re-experiencing, and avoidance symptoms. This structure is different from that of the *DSM* as well as from the factor structures found in other studies. This indicates that the current *DSM-IV-TR* system of diagnosis may not be appropriate for victims of intimate partner violence, and it remains to be determined whether any common factor structure of PTSD can be found across types of trauma.

Integrating Trauma Theory in an Examination of Cortisol Outcomes in Intimate Partner Violence (IPV)

(Abstract # 315)

Poster # T-106 (Practice, Clin Res) **Atlanta Ballroom**

Basu, Archana, MA; Levendosky, Alytia, PhD; Lonstein, Joseph, PhD

Michigan State University, East Lansing, Michigan, USA

Trauma exposure is associated with multiple mental health problems and alterations in the hypothalamic-pituitary-adrenal (HPA) axis. Basal (defined as average of 4 samplings through the day) and challenged (assessed through a experimental paradigm based on the Trier Social Stress Test) salivary cortisol are examined as measures of HPA axis dysfunction in a sample of approximately 60 women exposed to IPV and 30 control comparison women. Extant literature indicates that mental health diagnoses alone do not account for cortisol abnormalities. Using Trauma theory as a framework, the role of theoretically derived variables such as chronicity of abuse (adult IPV and childhood abuse), age of trauma exposure, relationship to perpetrator (in cases of childhood abuse), and social support, in predicting cortisol dysfunction are examined. It is expected that social support in general, and particularly at the time of trauma exposure, will be a significant and positive moderator. Trauma in early developmental stages, and/ or chronic trauma, and abuse perpetrated by significant attachment figures compared to strangers are expected to result in lower cortisol levels. Implications for theory development and treatment outcome research will be discussed in the context of risk and protective factors.

Disengagement Coping as a Mediator Between Trauma-Related Guilt and PTSD Severity

(Abstract # 339)

Poster # T-107 (Clin Res, Mil Emer) **Atlanta Ballroom**

Held, Philip, BA²; Hansel, Joseph, PhD²; Schumm, Jeremiah, PhD³; Chard, Kathleen, PhD¹

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The present study examined disengagement coping as a mediator between trauma-related guilt and PTSD severity in a sample of veterans (N = 148) entering residential PTSD treatment. Measures were collected as part of the pretreatment assessment. Results indicated that disengagement coping fully mediated the relationship between trauma-related guilt and clinician-rated PTSD severity on the Clinician-Administered PTSD Scale, and partially mediated the relationship between trauma-related guilt and self-reported PTSD severity on the PTSD Checklist. Further, the mediational pathways of trauma-related guilt to PTSD severity through disengagement coping were significant for both clinician-rated PTSD and self-reported PTSD severity. These findings support Street and her colleagues' (2005) contention that guilt-related cognitions increase disengagement coping strategies, which can, in turn, interfere with recovery from PTSD. As such, disengagement coping may serve as a behavior mechanism through which guilt negatively impacts recovery from PTSD. These findings further support the importance of PTSD treatments that target reductions in guilt-related cognitions and avoidance coping strategies.

Predictors of PTSD-Related Impairment in Victims of Terrorism in Israel

(Abstract # 399)

Poster # T-108 (Civil Ref, Disaster) **Atlanta Ballroom**

Horsey, Katie, MA^{1,2}; Palmieri, Patrick, PhD¹; Canetti-Nisim, Daphna, PhD³; Johnson, Robert, PhD⁴; Hobfoll, Stevan, PhD⁵

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Terrorism and ongoing conflict has a significant psychological impact on individuals living in war-torn countries. In addition to PTSD, investigating predictors of PTSD-related impairment is important to identify those most at risk for experiencing devastating consequences of ongoing terror. It is likely that those with poor coping skills are more impaired by thoughts and feelings about trauma, as they turn to unhealthy mechanisms such as alcohol to cope. The present study investigated impairment, by asking how much thoughts and feelings associated with PTSD interfere with routine functioning, within 2 samples of 1001 victims of war and terrorist attacks in Israel. Descriptive analyses indicated that PTSD severity remained similar across samples, even though only one sample had been subject to devastating rocket attacks. Level of impairment by symptoms however, did not remain the same, with those in the attacked sample experiencing greater impairment. Logistic regression analyses indicated that having been personally injured

due to rocket attacks, having experienced other non-traumatic events in the past year, having sleep problems, and alcohol use significantly predicted functional impairment associated with PTSD. Functional impairment may be a more efficient way of identifying those in most need of intervention when working with samples with pervasive trauma exposure.

Impact of Psychological Distress and Machismo on Relationship Functioning for Hispanic Veterans

(Abstract # 632)

Poster # T-109 (Cul Div, Mil Emer) **Atlanta Ballroom**

Herrera, Catherine, LT, BS; Owens, Gina, PhD

University of Tennessee, Knoxville, Tennessee, USA

Despite a steady increase in military service member diversity and research that suggests higher PTSD susceptibility among specific ethnic groups, limited research to date has focused on cultural influences that may impact mental health and relationship quality. The current study explored the association between two aspects of the Hispanic construct of Machismo (Traditional Machismo and Caballerismo) and adjustment in Hispanic male war veterans from various service eras. Fifty-four veterans completed an online questionnaire including the PCL-Military version, the OQ-45, the Dyadic Adjustment Scale, and the Traditional Machismo and Caballerismo Scale. Over half of participants were Mexican (53%), followed by Puerto Rican (30%), Central American (9%), South American (4%), and Cuban (2%). Almost 75% of participants were Army veterans. Correlational analyses indicated significant relationships between relationship functioning, machismo, and psychological distress ($p < .01$). A preliminary linear regression was performed to determine predictors of relationship adjustment for the sample. Traditional Machismo and general psychological distress were significant predictors in the model ($F(2, 31) = 7.80, p < .01$). Implications for multiculturally informed care for Hispanic service members will be discussed.

Student Veteran Stressors in Higher Education: A Pilot Study

(Abstract # 700)

Poster # T-110 (Mil Emer) **Atlanta Ballroom**

Cate, Chris, MA; Gerber, Michael, PhD; Holmes, David, BA

University of California, Santa Barbara, Santa Barbara, California, USA

Veterans often encounter difficult changes adjusting to civilian life after their military service. Student Veterans, Veterans who enroll in higher education after their military service, encounter not only the challenges of transitioning from military service to civilian life, but the challenges of being a college student as well. While the media has reported on Student Veterans' experiences and challenges, these reports often focus on a few individuals and not the population as a whole. Therefore, little research has been devoted to the unique stressors Student Veterans encounter. Current research suggests academic, peer socialization, and institutional stresses may add to the difficulty of Student Veterans' adjustment to college and civilian life. These potential stressors may intensify already existing mental health diagnoses that were a direct result of the Student Veterans' military service; like Post Traumatic Stress Disorder (PTSD), Depression, and Traumatic Brain Injury (TBI). This pilot study is using a web

survey to collect data on a sample of Student Veterans prior to the reauthorization of the GI Bill at post-secondary campuses to measure Student Veterans' academic, social, and institutional stressors. Data is being analyzed at the time of this abstract submission.

Change in Focus of PTSD Traumatic Event Research: a Bibliometric Study and Proposed Categorization

(Abstract # 663)

Poster # T-111 (Res Meth, Assess Dx) **Atlanta Ballroom**

Luz, Mariana, MD; Marques-Portella, Carla, MD; Figueira, Ivan, MD; Berger, William, MD; Fiszman, Adriana, MD; Mendlowicz, Mauro, MD

Institute of Psychiatry-Federal University of Rio De Janeiro, Rio de Janeiro, Brazil

Distinct traumatic events (TEs) are associated with differential probabilities of developing PTSD, highlighting the specificity of TEs in the pathway to PTSD. The aim of this study was to propose a categorization system for TEs and map their changing frequencies in the mainstream PTSD literature. Original articles on PTSD indexed in the ISI database between 1991 and 2006 ($n=2,583$) were classified according to the type of TE in the following categories: accident; child abuse; death/loss of a close one; domestic violence; high-risk professions; Holocaust; exposure to human remains; imprisonment; injury; medical causes; MVA; natural disaster; non-A1 events; sexual trauma; terrorism; torture; violent crime; war-related, and not classified. Comparing the 1991-1994 and 2003-2006 periods, significant differences were found. The share of research of war-related trauma decreased (from 49.2% to 24.3%; $p < 0.001$). Some TEs showed an increase in the research output, such as medical causes (1.6% to 5.3%; $p=0.01$) and terrorism (0.8% to 4.4%; $p=0.06$). Surprisingly, death/loss of a close one was the focus of few studies (11 articles). The standardization of the TEs and the bibliometric analyses of PTSD research may contribute to solving some methodological issues, improving communication among trauma investigators and directing research towards understudied areas.

Diagnosing PTSD: Comparative Validity of Interview, Self-Report & Prototype-Based Methods

(Abstract # 387)

Poster # T-112 (Assess Dx, Res Meth) **Atlanta Ballroom**

Ortigo, Kile, MA; Ortigo, Dorthie, MA; Gapen, Mark, PhD; Westen, Drew, PhD; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

The diagnosis of PTSD is currently established using *DSM-IV's* polythetic symptom count/cutoff method. This approach to diagnosis has been criticized for several shortcomings, including but not limited to lack of theoretical and empirical foundation, arbitrary symptom cutoffs/timeframes, and comorbidity. The validity of alternative approaches to diagnosing PTSD has received little attention in the literature to date. The purpose of this presentation is to compare the convergent and divergent validity of dimensional and categorical methods of PTSD

diagnosis based on a structured interview (CAPS), self-reported symptoms (PSS), and interviewer-rated degree of match to a PTSD prototype description. Participants (n = 206-1670) were recruited from primary care clinics of a public hospital as part of a NIMH-funded study on risk/resilience for PTSD. The individuals from whom data were gathered were low income, primarily African American, and had high levels of trauma exposure. Presented data will include descriptive statistics on each approach, correlations among these approaches, and hierarchical regressions examining incremental validity of each method in predicting overall level of adaptive functioning. Findings have implications for diagnosis and conceptualization of PTSD as well as measurement within this highly traumatized but understudied and under-served population.

Psychosis in PTSD: Case Presentations as Evidence for a Specifier of PTSD With Psychotic Features

(Abstract # 627)

Poster # T-114 (Assess Dx, Cul Div) Atlanta Ballroom

Vigna, Julia, MA; Tarcza, Erin, MA; Cohen, Alex, PhD

Louisiana State University, Baton Rouge, Louisiana, USA

Research suggests that posttraumatic stress disorder (PTSD) and psychotic symptoms coexist more often than would be predicted by prevalence rates alone. Varying explanations have been put forth in an effort to elucidate this relationship. Some argue that a first psychotic episode and ensuing hospitalization can be traumatic and lead to PTSD, while others argue that PTSD precipitates psychotic symptoms in individuals who have a genetic vulnerability but have not yet developed schizophrenia. This presentation communicates data from a series of case studies. Each case was diagnosed with PTSD and evidenced auditory and/or visual hallucinations but did not meet criteria for a psychotic spectrum disorder. For each case, trauma exposure preceded hallucinations, and hallucinations are trauma-related. It is argued that such psychotic symptoms would be better accounted for by a specifier of PTSD with psychotic features added to *DSM-V*. Appropriateness of this conceptualization is discussed. Some have argued that whether such cases are diagnosed with PTSD versus a psychotic disorder depends largely on whether the clinician recognizes that the psychotic symptoms are related to the trauma reaction. Specifications of psychotic symptoms in PTSD would raise clinicians' awareness and lead to more accurate classification of symptoms that occur in PTSD, presumably improving treatment outcomes.

Relationships Between Patriotism, Morale, and Mental Health in OIF/OEF Veterans

(Abstract # 503)

Poster # T-115 (Mil Emer, Practice) Atlanta Ballroom

Whitesell, Allison, BS; Owens, Gina, PhD

University of Tennessee, Knoxville, Tennessee, USA

The prevalence of PTSD symptoms and mental health distress among combat veterans has been established, as have some factors which may exacerbate or reduce this distress. However, no research to date has examined the combined roles of patriotism, unit cohesion, and morale as potential protective factors related to distress in combat veterans of the current wars

in Iraq and Afghanistan. The current study examines relationships between these variables and their potential impact on symptoms of mental health distress. Seventy veterans completed self-report measures including the PTSD Checklist-Military version, Hopkins Symptom Checklist-21, Deployment Social Support scale from the Deployment Risk and Resiliency Inventory, Patriotism Scale, and a morale item. The majority of participants were male (91%) and Caucasian (91%). Based upon correlational analyses, two linear regressions were performed to determine predictors of PTSD and general mental health distress symptoms for the sample. Rank and morale were significant predictors of general distress ($F(4,61) = 8.74$, Adj. $R^2 = .323$). Rank and morale also were significant predictors of PTSD symptom severity ($F(4,59) = 5.43$, Adj. $R^2 = .219$). For both models, lower rank and lower levels of morale were associated with higher general distress or PTSD severity. Implications regarding the potential protective factors of morale will be discussed.

Ethnic differences in PTSD Symptomatology Among Female Veterans

(Abstract # 297)

Poster # T-116 (Cul Div, Assess Dx) Atlanta Ballroom

C'de Baca, PhD, Janice; Castillo, Diane, PhD

Albuquerque VA MedicalCenter, Albuquerque, New Mexico, USA

This study examines ethnic differences among female veterans diagnosed with Posttraumatic Stress Disorder (PTSD). The numbers of females in the military is on the rise, and, in 2002, Hispanic and African American women made up 44% of active forces. The National Vietnam Veterans Readjustment Study established differing rates of PTSD by ethnicity among male combat veterans, with Hispanics exhibiting higher risk for PTSD (Kulka et al., 1990). Likewise, Monnier et al. (2002) report on racial differences in male veterans with combat-related PTSD seeking treatment for PTSD. These researchers report no difference between African American and Caucasian male combat veterans with regard to severity of psychopathology. We present data on 359 female veterans (59% non-Hispanic white, 26% Hispanic, 14% other ethnicity) evaluated for PTSD in the Women's Stress Disorder Treatment Team Program at the New Mexico VA Health Care System from 1995 to 2008. The main instrument of comparison will be the Clinician-Administered PTSD Scale (CAPS). Data will be analyzed and presented. We expect Hispanic female veterans to experience more frequent and severe PTSD symptomatology, both current and lifetime. Additionally, we compare numbers and types of trauma, as well as scores on psychological tests. Discussion on implications for findings is presented.

The Role of Ethnicity in the Link Between Resource Loss and Resiliency

(Abstract # 635)

Poster # T-117 (Child, Clin Res) Atlanta Ballroom

Goel, Kathryn; Jones, Russell, PhD

Virginia Tech University, Blacksburg, Virginia, USA

Findings regarding the role of ethnicity have been mixed in the trauma literature. It has been hypothesized that African Americans experience higher levels of PTSD following a traumatic event, however, it has also been found that these individuals experience higher levels of resiliency following these

same events. The current study attempted to address the role of ethnicity when examining the relationship between resource loss and resiliency in children and adolescents who have experienced a residential fire. It was hypothesized that African Americans would experience higher levels of loss; however, they would also exhibit higher levels of resiliency, despite this loss. Ratings of loss were obtained using Resource Loss Scale for Children (RLSC; Jones and Ollendick) and resiliency ratings were obtained using the competence and problem scales of the Child Behavior Checklist (CBCL; Achenbach). Preliminary analyses suggest that the link between resource loss and resiliency is present in Caucasians, yet is not significant for African Americans. In addition, ethnicity does not appear to moderate the relationship between loss and resiliency. Future analyses will further examine the role of ethnicity in the subscales of resiliency (Total Competence, Total Internalizing Behaviors and Total Externalizing Behaviors).

Risk Factors for Psychological Distress and Uses of Religious Coping Among African Torture Survivors

(Abstract # 529)

Poster # T-118 (Cul Div, Civil Ref) **Atlanta Ballroom**

Leaman, Suzanne, M.Phil²; Gee, Christina, PhD²; Cogar, Mary, PhD¹

¹Private Practice, Baltimore, Maryland, USA

²George Washington University, Washington, District of Columbia, USA

Risk and protective factors of psychological distress for torture survivors, especially African refugees, have been minimally researched. This study examined the associations between types of torture and psychological distress among 131 African adult torture survivors (75 females and 56 males) living in the United States. In addition, the study gathered qualitative data from a focus group of adult African torture survivors (3 females and 3 males). Quantitative analyses found that sexual torture was significantly associated with symptoms of PTSD and depression while family torture was significantly related to symptoms of PTSD only. Focus group participants supported these findings and reported that people who have been sexually tortured also experience extreme shame and guilt which is reinforced by their societies. Dimensions of religious coping were explored as protective factors for psychological distress. Negative religious coping was the only religious dimension found to be associated with symptoms of PTSD and depression in the quantitative analysis but focus group participants reported all types of religious coping to be an important part of their healing process. The overall implications of these findings for culturally relevant treatment for African torture survivors are presented and recommendations are made for future research.

Diagnostic Utility of the A1 and A2 Criteria

(Abstract # 996)

Poster # T-119 (Assess Dx, Clin Res) **Atlanta Ballroom**

Lancaster, Steven, MA; Melka, Stephen; Rodriguez, Benjamin, PhD

Southern Illinois University, Carbondale, Illinois, USA

As defined in *DSM-IV*, the PTSD traumatic stress criteria requires two conditions to be met; (A1) a "traumatic" event occurred and (A2) the person experienced "fear, helplessness, or horror"

during the event. A recent report (Boals & Schuettler, 2008) suggested that after accounting for the presence of the subjective A2 criterion, the type of event experienced (traumatic v. non-traumatic) was not a significant predictor of PTSD symptom level; adding to mounting evidence which suggests that events other than "traumatic" ones may lead to the development of PTSD symptoms (Gold et al., 2005; Lancaster, Melka, & Rodriguez, in press). The aim of the current project is to replicate Boals & Schuettler (2008) through a reanalysis of the data used in Lancaster et. al by including participants' retrospective rating of any fear, helplessness, or horror they had experienced during the event. Preliminary results support the hypothesis that while the A2 criterion had a significant main effect on PTSD symptoms, $F(1,629) = 22.136, p < .001$, no main effect existed for experiencing a traumatic v. non-traumatic event, $F(1, 629) = 1.662, p = .740$. Implications for the definition of "traumatic events" as well as the diagnosis of PTSD will be discussed.

Trauma Survivors: Indian and Pakistani Partition Families

(Abstract # 599)

Poster # T-120 (Civil Ref, Cul Div) **Atlanta Ballroom**

Dubrow, Nancy, PhD; Uttamchandani, Amrita, MA

Chicago School of Professional Psychology, Chicago, Illinois, USA

This presentation focuses on the trauma associated with the partition of British India into India and Pakistan in 1947. During the Partition, Indian and Pakistani families were forced to migrate and were exposed to extreme violence. Despite over sixty years post-Partition, there is limited information on how this trauma has affected the survivors and their families. Like with Southeast Asian refugees, Holocaust survivors and survivors of the Turkish genocide, the universal impact of trauma on Partition families are examined. Furthermore, cultural aspects relevant to working with Partition families are also discussed. Cross cultural factors being studied include religion, immigrant status, family dynamics, culture, gender expectations, parenting styles and the historical context of the trauma that define how individuals across generations from this population adapt.

Implications for the DSM-V and ICD-11: Moving Towards a Transnational Conceptualization of Trauma

(Abstract # 605)

Poster # T-123 (Cul Div, Clin Res) **Atlanta Ballroom**

Petersen, Marissa, MA; Swaroop, Sujatar

CSSOP, Chicago, Illinois, USA

Prevalence rates for PTSD fall between 15%-50% in countries with a history of war, including Rwanda eight years after the genocide (Pham, Weinstein, & Longman, 2004). Western professionals tend to conceptualize post traumatic adjustment of individuals from different cultures based on diagnoses rooted in a biomedical model. Rather than relying on PTSD as a diagnostic label to encompass how people from various cultures respond to traumatic events, this paper proposes a holistic conceptualization of trauma by looking into the particular ways distress is experienced, expressed, and understood within specific cultures and how health versus impairment in psychosocial functioning are defined locally. This paper will utilize post-genocide Rwanda

as a framework to foster an understanding of cross-cultural issues regarding the diagnosis and treatment of complex trauma. The principle research questions include: What are the phenomenological understandings of Rwandan indigenous conceptualizations of trauma and healing processes? How do Western perspectives of mental illness affect Rwandan trauma conceptualization? How may the Rwandan ideology promote a more global understanding of traumatology? Findings will be supported by intensive literature reviews. Implications to encompass a transnational perspective of traumatology and culturally competent interventions will be discussed.

Emotional Predictors of PTSD Symptoms

(Abstract # 300)

Poster # T-124 (Assess Dx, Cul Div) **Atlanta Ballroom**

Lancaster, Steven, MA; Melka, Stephen; Rodriguez, Benjamin, PhD

Southern Illinois University, Carbondale, Illinois, USA

Empirical and theoretical literature has questioned the *DSM-IV* requirement that a person must experience fear, helplessness, or horror during a traumatic event to be diagnosed with PTSD. Instead, it has been suggested that other emotions could be equally predictive of the development of post-traumatic pathology. The goal of the current study was to examine if emotions other than the three currently used in the *DSM-IV* were predictive of PTSD symptom severity. This was done by examining the level of retrospectively reported emotional experiences (including A2 and non-A2 emotions) and PTSD symptom level in a sample of ethnically diverse participants who reported a wide range of traumatic events. The results indicated that while A2 emotions were not significant predictors; anger, shame, guilt and disgust were significantly associated with PTSD symptom level, $R^2 = .277$, $F(4,336) = 32.21$, $p < .001$. Additional analyses demonstrated significant differences in predictors based on the ethnicity and gender of the participant. The results of the current study strongly suggest that the three "A2" emotions as currently used inadequately cover the full range of emotions experienced during traumatic events and that future versions of diagnostic manuals should rely on a broader range of emotions in their criteria.

Psychological Health of Adult Sexual Assault Victims: The Role of Disclosure

(Abstract # 384)

Poster # T-125 (Soc Ethic, Clin Res) **Atlanta Ballroom**

Varkovitzky, Ruth, MA

Northern Illinois University, DeKalb, Illinois, USA

Research suggests that disclosure of adolescent and adult sexual assault (ASA) may reduce psychopathological symptoms following ASA. The current study investigates whether ASA disclosure, reactions to disclosure, and repetition of disclosure predict psychopathological symptoms. The sample included 824 female college students, 97 (12%) of whom reported ASA. Of these victims, 78 (80%) disclosed to another person (disclosers) and 18 (20%) had not previously disclosed (non-disclosers). Disclosers were expected to report more perceived social support, and fewer posttraumatic stress disorder (PTSD) symptoms and depressive symptoms, compared to non-disclosers. Disclosers who received more positive reactions were expected to report more perceived

social support, and fewer psychopathological symptoms, while those receiving more negative reactions were expected to report less perceived social support and more psychopathological symptoms. Multiple regression analyses were used to test the hypotheses. Results indicated that disclosers reported more PTSD symptoms than non-disclosers. Reactions to the first disclosure were not significantly related to outcomes, but both positive and negative reactions (when considering all disclosures) were associated with more PTSD symptoms.

PTSD Symptoms in Significant Others of Military Service Members

(Abstract # 606)

Poster # T-126 (Mil Emer, Media Ed) **Atlanta Ballroom**

Stahl, Rebecca, MS; Nash, Brenda, PhD;

Spalding University, Louisville, Kentucky, USA

From the inception of PTSD, anecdotal evidence has suggested the symptoms of those who experience the disorder can adversely affect others. There is an entire body of literature examining secondary or vicarious trauma. However, little empirical work has been conducted to examine the prevalence of PTSD symptoms in significant others of those directly traumatized. The current study sought to examine this link by assessing the prevalence of PTSD symptoms in significant others of traumatized individuals. Further, as military service members are reporting increasing rates of PTSD, it seemed important to examine this link in their families. Specifically, the current research examined the prevalence of PTSD symptoms in the significant others of military service members. Using an internet-based link, a demographic questionnaire and a version of the PTSD Checklist were used to gather data from significant others of military service members. Preliminary results suggest that in the 273 significant others who completed the survey, 26.4% endorsed a degree of symptoms consistent with PTSD. As this rate is three times the US national average for PTSD in adults, increased clinical attention to family members of PTSD sufferers, specifically in military families, is warranted. Likewise, a Vicarious PTSD diagnosis in *DSM-V* seems warranted.

Initial Distress and Psychological Outcome Following Sexual Assault: A Longitudinal Study

(Abstract # 1062)

Poster # T-127 (Prev EL, Clin Res) **Atlanta Ballroom**

Swopes, Rachael, MS¹; Siebenmorgen, Marsha, MA¹; Allen, Jennifer, BA¹; Davis, Joanne, PhD¹; Newman, Elana, PhD¹; Bell, Kathy, MS, RN²

¹*University of Tulsa, Tulsa, Oklahoma, USA*

²*Tulsa Police Department, Tulsa, Oklahoma, USA*

Initial anxiety and distress following trauma have been shown by previous research to be associated with later posttraumatic stress disorder (PTSD) symptoms. The present study builds upon previous findings by including additional measures of distress that frequently occur in the weeks and months following trauma, such as depression, substance use, and nightmare-related symptoms. Anxiety and distress were initially measured upon presentation at a hospital following a sexual assault. PTSD symptoms and other measures of distress were assessed at

2-week and 2-month telephone follow-ups. It was hypothesized that initial levels of anxiety and distress would positively relate to the 2-week and 2-month State Anxiety, Subjective Units of Distress (SUDs) ratings, PTSD symptoms, depression, substance use, and nightmare-related distress. At this time, there have been 27 two-week and 23 two-month follow-ups. Pearson product-moment correlations were computed and preliminary results suggest initial support for the hypotheses, as initial anxiety and distress at the hospital were significantly related to 2-week PTSD, depression, and nightmare-related symptoms. In addition, initial SUDs ratings were associated with a change in alcohol use at 2 weeks and with PTSD symptoms at 2 months. Implications, limitations, and directions for future research are discussed.

HealthCareToolbox.org: Development of a Web-Based Resource on Trauma-Informed Care for Pediatric HealthCare Providers

(Abstract # 555)

Poster # T-128 (Child, Prev EI)

Atlanta Ballroom

Cirilli, Carla, MA; Kassam-Adams, Nancy, PhD; Schneider, Stephanie, MS

Children's Hospital of Philadelphia, Center for Pediatric Traumatic Stress, Philadelphia, Pennsylvania, USA

The HealthCareToolbox website (www.healthcaretoolbox.org) is a new web-based educational resource that assists providers in responding to medical traumatic stress in children and families facing pain, injury, serious illness, and invasive or frightening medical procedures. Health care providers can reduce immediate distress and help prevent persistent traumatic stress by integrating trauma-informed pediatric care into their routine encounters with children and families. Created by the Center for Pediatric Traumatic Stress at the Children's Hospital of Philadelphia, the Health Care Toolbox website features information about medical traumatic stress, guidelines for providing trauma-informed pediatric care, assessment and intervention tools, and downloadable patient education materials. Site content is based in research and best practice recommendations for trauma-informed pediatric health care. Medical and nursing professionals provided input throughout the site's development, evaluating content, design, navigation, and functionality of the site, resulting in a credible and user-friendly website. Ongoing feedback from users will help to evaluate the site's educational value and to identify additional needed tools for providers. Broad dissemination of the site via provider organizations and health care settings is underway.

Personal and Environmental Predictors of Posttraumatic Stress in Emergency Management Professionals

(Abstract # 64)

Poster # T-129 (Mil Emer, Cul Div)

Atlanta Ballroom

LaFauci Schutt, Jean M., PhD; Marotta, Sylvia, PhD

George Washington University, Washington, District of Columbia, USA

Among first responders and other emergency workers in the disaster ecology, an understudied group is that of emergency management professionals. These individuals share many of the same role conflicts and ambiguities as do healthcare workers

and as a group have been part of national discussions about their role in post-Katrina recovery. It is important to understand the psychological and developmental contributions of their work exposures to their psychological health. This poster will present the results of three models that attempt to explain and predict how personal and environmental factors affect posttraumatic stress symptoms. Previously identified personality traits and role issues such as trauma exposure, burnout, and compassion satisfaction were used to construct the models. A sample of 197 participants were recruited using an online methodology, and data were analyzed using hierarchical regression. The results supported a model containing neuroticism and extraversion, trauma exposure frequency, burnout, and compassion satisfaction accounting for the most variance in predicting PTSD symptoms. Ethnic identity did not significantly contribute to variance or serve as a moderator with trauma exposure. These findings will be discussed in terms of their implications for future research and for clinical applications.

Traumatic Responses of Japanese Psychiatric Nurses in the Work Place

(Abstract # 68)

Poster # T-130 (Practice)

Atlanta Ballroom

Maeda, Masaharu, MD; Oe, Misari, MD; Tsujimaru, Shusaku
Kurume University Hospital, Kurume Japan

Psychiatric nurses often meet with physical violence or verbal abuse by patients, but here are few reports on psychological impact of psychiatric nurses. The aim of this study is to examine 1) what kind of violence or abuse is traumatic for nurses 2) psychological influence of violence or abuse on psychiatric nurses in Japan. Subjects were 127 nurses, and 124 nurses replied. Over ninety percent of psychiatric nurses have experienced some violence or abuse. 14.5 % of subjects exceeded the IESR-J cut-off points (24/25). By logistic regression analysis, "Be satisfied or not with the protocol against violence" was contributed to IESR-J high score. These results revealed that it is necessary to construct care system for psychiatric nurses.

Evaluating Crisis Debriefing for New York City Child Protective Services Following Child Fatality

(Abstract # 71)

Poster # T-131 (Clin Res, Mil Emer)

Atlanta Ballroom

Pulido, Mary, PhD

New York Society for the Prevention of Cruelty To Children, New York, New York, USA

Crisis debriefing was incorporated into standard Child Protective Services (CPS) procedures in New York City, to reduce the the impact of post traumatic stress symptoms and secondary traumatic stress symptoms resulting from child fatalities, severe cases of physical and sexual abuse, and violence in the field or workplace. This poster presentation will (a) describe the process of developing and implementing a crisis debriefing model designed to meet CPS needs following critical incidents, (b) identify the types of requests received since its inception, (c) outline the protocol of the Restoring Resiliency Response (RRR) crisis debriefing model, and (d) present the participant evaluation data. During the first 25 months of the program, 99 sessions were conducted for 528 staff members. Evaluation data indicate

the intervention was positively received by CPS staff following a critical incident.

Assessment Practices of Forensic Practitioners for Evaluating Trauma

(Abstract # 75)

Poster # T-132 (Assess Dx, Practice) Atlanta Ballroom

Yano, Kimberly, MA; Mok, Caroline, MA; Weaver, Chris, PhD; Jackson, Rebecca, PhD

Pacific Graduate School of Psych, Palo Alto, California, USA

Posttraumatic Stress Disorder (PTSD) is the most frequently diagnosed psychological injury in civil court proceedings, and PTSD can be used as a mitigating factor in criminal proceedings. However, little is known about how forensic psychologists assess (PTSD). Within ethical and legal boundaries, forensic psychologists who assess PTSD are free to choose the methods by which they conduct these assessments. The use of well established PTSD instruments (e.g. CAPS) in forensic settings is poorly understood, and may be decreased by real or perceived limitations (e.g. susceptibility to faking) and concerns about how well these instruments satisfy legal admissibility criteria (i.e. Frye and Daubert). We will survey full members of the American Psychological Association's Division 41 (Psychology & Law) in order to identify the "usual practice" of PTSD assessment by forensic clinicians. We will also survey student members to assess current training of future forensic clinicians with regard to PTSD assessment. We will ask both groups about perceptions of the degree to which these instruments meet standards relevant to legal admissibility criteria in order to examine possible barriers to the use of existing instruments, and better elucidate how these concerns impact practice. The study is IRB approved and permission has been received from Division 41 to email the survey.

Psychometric Properties of the War Events Inventory

(Abstract # 78)

Poster # T-133 (Mil Emer, Assess Dx) Atlanta Ballroom

Katz, Lori, PhD¹; Cojucar, Geta, MA¹; Davenport, Cory, BS²

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The War Events Inventory (WEI) is a 29-item tool to assess frequency and severity (e.g., ratings of distress) for various war related events. WEI was designed for clinicians and researchers to quickly gauge types of events and perception of distress. Items were derived from literature and interviews with post-deployed troops. 255 post-deployed troops from OIF/OEF completed the WEI, Post-deployment Readjustment Inventory (PDRl), and 3 standardized measures of symptoms (e.g., Brief Symptom Inventory (BSI), Posttraumatic Checklist (PCL-m), and CAGE). WEI has excellent internal consistency: global scales Frequency, and Severity ($\alpha = .91, .94$, respectively) and 5 subscales: Interpersonal distress, Combat experiences, Stressful context of deployment, Sexual trauma, and Being injured ($\alpha = .82, .90, .70, .83, .85$, respectively). Subscales intercorrelated between .24 and .62 (average .41) suggesting they are considerably independent. WEI significantly correlated with PDRl, BSI, PCL-m, and CAGE (e.g., Frequency: $r = .49, .51, .48, .31$, respectively, $p < .000$; Severity: $r = .64, .62, .68, .28$, respectively, $p < .000$). To determine if WEI provides information beyond combat exposure, Combat

was partialled out of the analyses. WEI subscales continued to correlate with measures of readjustment. Results suggest WEI contributes unique, reliable, and valid information.

Homeless Women Veterans Treated for Sexual Trauma: Outcomes of 12 Month Follow-up

(Abstract # 79)

Poster # T-134 (Clin Res, Practice) Atlanta Ballroom

Katz, Lori, PhD; Cojucar, Geta, MA; Lindl, Claire, BA; Drew, Tara, BA

VA Long Beach Healthcare System, Long Beach, California, USA

This poster presents an overview of "Renew" a 12-week sexual trauma treatment program for homeless women veterans and the outcome data after 12 months. Interview data was collected 5 times: at baseline (before treatment), and 3, 6, 9, and 12-months post enrollment. 31 women veterans enrolled in this study, 28 completed the treatment program, and 27 completed all interviews. Preliminary analyses showed significant decreases on symptoms and posttraumatic cognitions (e.g., Total Negative Cognitions, $t(27) = 4.42, p < .001$) from baseline to 3 month follow up. These changes remained significant at 12-month follow up, $t(27) = 5.65, p < .001$. Other outcome variables included housing, employment, income, activity level, and sobriety which also showed improvement. One surprising finding was the excellent rate of completion given participants' complex histories of trauma, substance abuse, frequent moves, and legal and health issues prior to treatment. Results suggest this treatment is effective in producing symptom reduction as well as life-style change. A unique factor of Renew is that it is designed to address underlying causes of distress by helping participants formulate holistic reappraisals of themselves and events in their lives. The poster will present an overview of the program and 12-month outcome data.

The Treatment of Traumatic Nightmares as Rehabilitation of Tortured Refugees

(Abstract # 83)

Poster # T-135 (Clin Res, Practice) Atlanta Ballroom

Tuire Toivanen, MD, MSc

Red Cross Center for Tortured Refugees, Stockholm, Sweden

Nightmares are very common after torture. The author works since 1992 at redcross centre for tortured refugees in Stockholm and has there met more than two thousand tortured persons. Sleeping disorders caused by traumatic nightmares are difficult to treat. Chronic fatigue and cognitive function reduction create invalidating, invisible handicaps in form of memory loss and deterioration of concentration. New learning becomes very difficult and depression becomes deeper. The brain is under a very hard continuous stress. Medication e.g. sleeping pills or anti-depressants is not a long-term solution, even if prazosin drug seems promising. The author has since 2002 systematically studied nightmares together with patients by help of a conversation technique based on Montague Ullmans findings. The method is a special kind of cognitive and narrative therapy. Patient and therapist together deal with and concentrate on the danger/fear (nightmare) during five hours, step by step. The discussion seems to be charitable. Almost all patients require the method again, when/if the nightmares come back.

Influence of Social Support on Abused African American Women's Substance Abuse

(Abstract # 91)

Poster # T-136 (Cul Div, Prev El) **Atlanta Ballroom****Tillman, Shaquita, MA; Bryant-Davis, Thema, PhD; Smith, Kimberly, MPH, MA***Pepperdine University, Los Angeles, California, USA*

The terror of intimate partner violence impacts the lives of women from all racial and socioeconomic backgrounds. However, the intersection of gender, race and socioeconomic status place African American women at increased risk for severe forms of partner abuse. Women who have experienced intimate partner abuse are at increased risk for substance use. The current study is a secondary analysis of the multisite Fragile Families dataset looking at the relationship between instrumental social support and substance use among African American women who have recently given birth. Findings from regression analyses indicated that women who had access to instrumental social support were less likely to indicate prenatal substance use. Counseling, research, and policy implications will be provided.

Experienced Trauma Among Sexual Minority African-American HIV+ Youth

(Abstract # 96)

Poster # T-137 (Child, Bio Med) **Atlanta Ballroom****Beidas, Rinad, MA²; Hawkins, Linda, MD¹; Doty, Nathan, MD¹; Smith, Clare, MD¹; Radcliffe, Jerilynn, PhD¹**¹Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA²Temple University, New York, New York, USA

HIV+ youth report higher rates of experienced trauma when compared with their peers. African American HIV+ sexual minority youth (N = 40; aged 16-24) were surveyed to determine experienced trauma. Of particular interest were differences between youth who endorsed receiving a diagnosis of HIV as their "worst" trauma (HIV-T; N = 22) when compared to youth who endorsed another experience as their "worst" trauma (Other-T; N = 18). Participants experienced on average 5.68 traumatic events over their lifetime. HIV-T youth experienced fewer traumas than Other-T youth (t (38) = 3.27, p = .00). Differences in symptom severity endorsement emerged when comparing the two groups, where HIV-T youth reported less severity at the symptom level when compared to Other-T youth. Given the number of traumas experienced by HIV+ youth, assessment for experienced trauma and sequelae is recommended. Additionally, youth who reported many traumas were less likely to endorse their disease as their worst stressor – suggesting that these youth may become desensitized to the experience of trauma given the chronicity of trauma in their lives. Additionally, since HIV-T youth showed less severe symptomatology when compared to Other-T youth, chronic illness may not evoke as severe a post-traumatic response as other traumas.

Race and Ethnicity Findings: The National Elder Mistreatment Study

(Abstract # 105)

Poster # T-138 (Cul Div, Soc Ethic) **Atlanta Ballroom****Hernandez, Melba, MS; Acierno, Ron, PhD; Muzzy, Wendy, BS**
MUSC, Charleston, South Carolina, USA

Method: This NIJ study used Random Digit Dialing to derive a random representative of 5,777 community-residing older adults. Participants were interviewed in English or Spanish about emotional, physical, sexual, and financial mistreatment and neglect occurring since age 60. Participants: The cooperation rate=69%. 60.2% were female, ave. age=71 years (SD = 8). Race: 85% were White, 7% Black, 2% American Indian, 1% Asian, 0.2% Pacific Islander. Ethnicity: 4.3% indicated they were of Hispanic or Latino origin. Results: With the exception of neglect, for which Hispanics reported significantly higher prevalences, there were no differences in any mistreatment type based on Hispanic ethnicity. Moreover, race-based differences were evident only for emotional abuse, with Pacific Islanders reporting significantly higher rates, and Asians reporting significantly lower rates. However, the apparent lack of race-based differences may be the result of somewhat small cell sizes for some analyses. Thus, racial subtypes were combined and dichotomized into Minority vs. White categories and comparisons for each mistreatment type were repeated. Analyses revealed that older adults in racial minority groups reported significantly higher rates of emotional mistreatment, neglect and financial exploitation than did Whites. No differences were evident for physical or sexual mistreatment.

Financial Exploitation in the U.S.: National Elder Mistreatment Study

(Abstract # 106)

Poster # T-139 (Soc Ethic, Res Meth) **Atlanta Ballroom****Acierno, Ron, PhD; Muzzy, Wendy, BS; Hernandez, Melba, MS**
Medical University of South Carolina, Charleston, South Carolina, USA

A national random sample of participants were interviewed via telephone in English or Spanish about past year financial mistreatment by relatives. The cooperation rate was 69%; 60.2% were women; average age=71 years; 85% were White, 7% Black, 2% American Indian, 1% Asian, 0.2% Pacific Islander. 4.3% were of Hispanic or Latino origin. Results Prevalence of financial mistreatment was 5.2%, making this a relatively frequently occurring type of elder mistreatment by trusted others. Bivariate analyses of risk factors reaching statistical significance were minority racial status, poor health, prior traumatic events, use of social services, and required help with activities of daily living. Multivariate risk analyses showed that only use of social services and required assistance with daily activities remained uniquely predictive of risk. Discussion Frail elderly were more likely to be targets. This finding is not surprising, and echoes past research on fraud and financial abuse in impaired older adults.

Posttraumatic Relational Syndrome: A Perspective Grounded in Empirical Data and Case Studies

(Abstract # 110)

Poster # T-140 (Practice, Clin Res) Atlanta Ballroom

Katz, Lori, PhD¹; Novac, Andrei, MD²; Ghafoori, Bitra, PhD³;
Pusateri, Toni, MD²

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³California State University, Long Beach, Long Beach, California, USA

The authors are proposing a new posttraumatic clinical manifestation, Posttraumatic Relational Syndrome (PTRS). This symposium will consist of presentations of empirical research and case studies that describe a particular group of patients who seem to have a better prognosis than those with Complex PTSD, but have a persistent and chronic impairment in relational functioning although may function well in other domains. Following interpersonal trauma, a cascade of events often renders victims to believe they are flawed, at fault, and unable to trust themselves, others, or the world (e.g., shattered assumptions). Distinct from PTSD, Complex PTSD, and Borderline Personality, Posttraumatic Relational Syndrome (PTRS) is a response to interpersonal trauma (e.g., emotional, physical, and/or sexual abuse) that is characterized by a disturbance in self-concept and a pattern of interpersonal dysfunction (e.g., abusive relationships, or avoidance of intimacy), and could co-exist with partial PTSD, sexual promiscuity, depression, and/or anxiety. If PTRS is indeed a distinct subtype of PTSD, then tailored assessment and treatments are warranted. The symposium will include: "Complexity of interpersonal trauma and the manifestation of PTRS," "Influence of attachment style on PTRS," "Case examples of successful treatment of PTRS" and "Cultural and Intergenerational considerations."

Frequencies of Posttraumatic Growth Experiences Among Japanese University Students

(Abstract # 115)

Poster # T-141 (Cul Div, Assess Dx) Atlanta Ballroom

Taku, Kanako, PhD; Phillips, Melanie, Undergraduate

Oakland University, Rochester, Michigan, USA

This study examined the gender differences in perceived frequencies of posttraumatic growth (PTG; the positive psychological changes resulting from the struggle with a major crisis) experiences. Participants were 212 Japanese undergraduate students (129 females and 83 males) with a mean age of 19.88 years (SD = 1.62). Frequencies of PTG experiences were measured by the Japanese translated PTG Inventory (PTGI-J). The instructions were to indicate how many times the change occurred in life. Chi-square test using the dichotomous scale (never vs. once or more) showed that males and females were not evenly distributed in the 4 out of 21 PTGI-J items including "I changed my priorities about what is important in life [chi-square(1) = 8.98]." The results using the four-point scale (never, just once, two times, or more than three times) indicated a u-shaped response style; more students reported either never experiencing change or experiencing change three times or more

overall. Men reported experiencing PTG three times or more with a higher frequency than women. The current results imply that Japanese men experience PTG more often but to a lesser degree than females, while females experience PTG less often but to a greater degree than males.

Out of the Office and Into the Fray: How to Make the Transition

(Abstract # 125)

Poster # T-143 (Practice, Disaster) Atlanta Ballroom

Britton, Dianne, LCSW

Knoxville, Tennessee, USA

Many mental health professionals want to help during a disaster but are not prepared and do not know what steps to take to be involved. If you want to participate and do not know how, this seminar will help answer your questions. The presenter will discuss how to translate professional skills into the unique environment of crisis response using basic psychological first aid. Opportunities will be provided to practice psychological first aid from a strengths and resiliency perspective.

PTSD Symptoms and Sleep Problems Interact to Predict Marijuana Use Coping Motives

(Abstract # 134)

Poster # T-144 (Clin Res, Bio Med) Atlanta Ballroom

Vujanovic, Anka, PhD¹; Babson, Kimberly, MA²; Bonn-Miller, Marcel, PhD³; Feldner, Matthew, PhD²; Potter, Carrie M., BA⁴

¹Brown Medical School, Providence, Rhode Island, USA

²University of Arkansas, Fayetteville, Arkansas, USA

³VA Palo Alto & Stanford, Menlo Park, California, USA

⁴National Center for PTSD, VA Boston Healthcare, Boston, Massachusetts, USA

The purpose of the present investigation was to provide an empirical evaluation of the theoretically-based hypothesis that greater PTSD symptom severity (excluding sleep problems) and greater sleep problems (main and interactive effects) would be associated with higher levels of coping-motivated marijuana use among a clinical sample. As an index of explanatory specificity, it was hypothesized that no such interactive effect would be evident for any other marijuana use motives. Twenty (15 females) adults (M age = 34.00 years, SD = 11.96) currently using marijuana and meeting diagnostic criteria for current PTSD participated in the study. Results indicated a significant omnibus model [$F(3, 16) = 5.79, p < .05$]. Specifically, sleep problems accounted for significant variability in marijuana use coping motives [$\beta = .5^*$; $p < .05$], but there was not a relation between PTSD symptom severity and coping motives for marijuana use. The addition of the interaction term at level 2 accounted for a significant additional 19% of unique variance [$\beta = -.7^*$; $p < .01$] in coping motives, with the entire model accounting for 52% of the variance in coping motives ($p < .05$). Results indicated nonsignificant omnibus regression models for other use motives. Clinical and theoretical implications of the current work will be explicated.

Child Coping and Parent Coping Assistance Following a Potentially Traumatic Injury

(Abstract # 135)

Poster # T-145 (Child, Prev El) **Atlanta Ballroom**

Marsac, Meghan, PhD; Donlon, Katharine, BA; Kassam-Adams, Nancy, PhD; Winston, Flaura, MD, PhD

Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Physical injury is one of the most common potentially traumatic events for children, with a significant number of injured children developing persistent posttraumatic stress symptoms (PTSS) or posttraumatic stress disorder (PTSD). Parents play an important role in helping children cope with these stressors. However, the role of coping following injury remains unclear. The purpose of these analyses was to examine data from three studies (evaluating variables related to PTSS after injury) to begin to understand the type and amount of coping typically used when encountering a medical trauma. Findings suggest that children use multiple coping strategies, and the reliance on more strategies is related to more PTSS. Parents plan to utilize coping assistance strategies including talking with their children, providing comfort, and alleviating their children's fears following discharge from the hospital. Findings indicate that parents most frequently provide coping assistance in the forms of distraction and helping children return to normal activities. Parent coping assistance is associated with more severe child avoidance after the injury. Thus, while additional research is necessary, these initial findings suggest that child coping and parent coping assistance following a medical trauma might be important factors to consider when designing secondary injury prevention programs.

No More Nightmares-Using Planned Dream Intervention to End Nightmares

(Abstract # 142)

Poster # T-146 (Practice, Mil Emer) **Atlanta Ballroom**

Dexter, Beverly, PhD

No More Nightmares, Valley Center, California, USA

This workshop presents introductory training on how to use Planned Dream Intervention. Dr. Beverly Dexter, author of *No More Nightmares: How to Use Planned Dream Intervention to End Nightmares*, explains in this workshop that having distressing, disturbing or recurring content in dreams is normal when people have stressful experiences. Dream work occurs at the neuron level, not at a conscious psychological level, and though dream content may be important, we should not try to "interpret" it. Many normal, non-violent individuals have violent or alarming content in their dreams after experiencing combat or other disturbing events. However, violent dreams do not create violent behavior; it is the other way around; when a person has violent experiences, they are likely to have 'aggressive' or alarming content in their dreams. With Planned Dream Intervention, your clients can learn to sleep through whatever the dreams are and wake up feeling rested in the morning. Most individuals who learn how to use this skill are no longer woken up by nightmares after the first night that they use the intervention. Regular practice of the Planned Dream Intervention skill will help people to sleep restfully through dreams, even in the future, with a resulting improvement in their health.

The Role of Traumatic Stress in the Clinical Presentation of Neurotic Disorders After Brain Injury

(Abstract # 143)

Poster # T-147 (Clin Res, Civil Ref) **Atlanta Ballroom**

Margaryam, Samuel, MD

Center of Mental Health, Yerevan, Armenia

Objective: to find how traumatic stress conduce to the development of non-psychotic disturbances after brain injury. Methods: 124 patients (mainly war participants) after brain injury had been examined at the Center "Stress". Using specially designed questionnaires the psychiatric states of the mentioned patients had assessed. They also completed SCL-90 checklist. Results: The psychopathological analysis showed, that the patients could be distributed into 3 groups. 31 of them had developed asthenic-depressive disturbances (Gr1), 57-personality changes (Gr2), 36-nosophobic and hypochondriacal disturbances (Gr3). 90% of patients of the Gr2 were affected by severe psychogenic factors such as reminiscences of war, painful losses, family poverty, but only 32% of patients in Gr1 and 22% of patients in Gr3 had the same influences. So the number of distressed patients in the personality changes group was significantly higher than in the other groups ($p < 0.001$). The Hostility is significantly higher in group B according to SCL-90, than in groups A ($p < 0.05$) and C ($p < 0.001$). Conclusions: The traumatic stress is of great importance in the development of personality changes and social disadaptation, so it is important from the early stages after brain injury carry out psychotherapeutic treatment to prevent the pathological development of personality.

Randomized Clinical Trial of Imagery Rescripting in Veterans With Trauma-Related Nightmares

(Abstract # 147)

Poster # T-148 (Clin Res) **Atlanta Ballroom**

Long, Mary, PhD; Wanner, Jill, MA; Teng, Ellen, PhD

Michael E. DeBakey VA Medical Center, Houston, Texas, USA

The present study reports on a currently ongoing randomized clinical trial of a four session intervention to treat posttraumatic nightmares (PTNM) nightmares in the veteran population (projected sample size of 30 veterans from any war era). Six-month prevalence rates in treatment seeking populations range from 61-67%, and reported prevalence rates in the Vietnam Veteran population range from 53-88%. Developing specific interventions to target PTNMs is important because they are a highly prevalent and treatment resistant, and distressing symptom of current PTSD, and they predict both the severity and development of future PTSD symptoms when they develop directly after exposure to a trauma. Variants of imagery rehearsal therapy (IRT) are promising for the reduction of the severity and frequency of trauma-related and idiopathic nightmares, PTSD symptoms, depression, and improving sleep quality, based on several randomized clinical trials. Despite this growing body of literature, only two open trial studies has investigated the use of IRT in the veteran population. The variant of IRT utilized in this study emphasizes both exposure to the original nightmare content and imagery rescripting. Preliminary analyses reveal that the treatment group was significantly improved on all psychological variables.

Victims' and Perpetrators' Understanding of Consent and Intoxication in Sexual Assault

(Abstract # 160)

Poster # T-149 (Clin Res, Soc Ethic) **Atlanta Ballroom**

Rutter, Lauren, BA; Flack, William, PhD

Bucknell University, Lewisburg, Pennsylvania, USA

Although contrary to institutional and legal guidelines, college students often believe that alcohol intoxication entails consent to sex. This study was designed to understand how sexual assault victims/non-victims and perpetrators/non-perpetrators understand the relationship between consent and intoxication. Web-based, anonymous data were collected from systematically drawn, representative samples of 198 female and 114 male students at a small university in the rural northeastern US. Students completed a battery of instruments including the revised Sexual Experiences Survey (SES; Koss et al., 2007), and made judgments of sexual scenarios regarding consent, wantedness, and consistency with university and state definitions of rape, sexual assault, and indecent assault. 44% of women reported attempted/completed victimization, and 12% of men reported attempted/completed perpetration on the revised Sexual Experiences Survey. Statistical planned comparisons revealed significant gender differences in ratings of scenarios, with more extreme differences between victims and perpetrators. As expected, women were more likely than men to judge scenarios as not consensual, unwanted, and violating university policy or state law. Conclusions from and limitations of the research will be discussed with emphasis on their implications for campus sexual assault prevention.

Biofeedback Treatment Efficacy With PTSD and Related Disorders

(Abstract # 162)

Poster # T-150 (Clin Res, Practice) **Atlanta Ballroom**

O'Malley, Leslie, PsyD; Corrigan, Sheila, PhD; Chambliss, Jessica, BA; Franklin, Laurel, PhD

Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

A critical review of literature examining the effectiveness of biofeedback with PTSD and related disorders was conducted. Few studies have examined PTSD and biofeedback treatment, and those that have utilized biofeedback in conjunction with various forms of exposure therapies, and focused on reducing PTSD re-experiencing symptoms. Similarities between PTSD hyperarousal symptoms and other disorders that respond well to biofeedback are presented. A rationale for future well-controlled biofeedback research that measures the treatment of PTSD hyperarousal, instead of traditionally targeted re-experiencing symptoms, is outlined. A brief biofeedback protocol for PTSD-related hyperarousal is presented. Strengths and weaknesses of this protocol are examined with use for veterans from Operation Enduring and Iraqi Freedom (OEF/OIF) and suggestions for future generalizability discussed.

Resilience in Modern War: Psychometrics of the Connor-Davidson Resilience Scale With Combat Veterans

(Abstract # 164)

Poster # T-151 (Mil Emer, Clin Res) **Atlanta Ballroom**

Bryan, Brandon, PsyD¹; Taber, Katherine, PhD¹; Hurley, Robin, MD¹; Calhoun, Patrick, PhD²; Straits-Troster, Kristy, PhD²

¹*W.G. Hefner VAMC, Salisbury, North Carolina, USA*

²*Durham VA Medical Center, Durham, North Carolina, USA*

Psychiatric casualties of modern warfare exceed the physical injuries. Although acute posttraumatic symptoms are common, not all soldiers exposed to the horror of war develop chronic psychological dysfunction. A variety of protective and vulnerability factors have been identified as influencing the development of posttraumatic symptoms. Resilience has been suggested as a significant protective factor and is described as a trait, process, or outcome associated with trauma. The Connor-Davidson Resilience Scale (CD-RISC) is a 25-item measure designed to assess a broad "stress coping ability" drawn from several theoretical constructs including hardiness, stress coping skills, self-confidence, effective use of social support, and optimism (Connor & Davidson, 2003). Research on the CD-RISC has yielded multiple factor structures in diverse populations but has also demonstrated its utility as a measure of PTSD treatment outcome. In this study, an exploratory factor analysis and a confirmatory factor analysis was performed on a sample of OEF/OIF combat-exposed veterans. Additional analyses examined the convergent, discriminant, and criterion related validity of the CD-RISC in predicting symptoms of PTSD in conjunction with intelligence, pre-service traumas, combat exposure, and combat injury. Resilience as a moderator of combat exposure in predicting trauma symptoms was also examined.

First Aid for Trauma: A Comprehensive Wholistic Toolbox for Trauma Shock

(Abstract # 166)

Poster # T-152 (Practice, Disaster) **Atlanta Ballroom**

Pease-Bannitt, Susan, MASW

Private Practice, Lotus Heart Counseling, Portland, Oregon, USA

O.K. your client is in the middle of something big- maybe even terrifying. There is no time to call anyone or help may be on the way, but your help is needed right now. What do you do? What can you do? What do you need to have on hand to help? What can clients have in their Trauma First Aid Kit at home when they get triggered between sessions? When the mind is assaulted by overwhelming events that threaten our feeling of wellbeing and safety the body tends to go into "lockdown" mode automatically. The body becomes filled with overwhelming tension and adrenaline and there is a cascade of physical and mental/emotional symptoms that can persist for years with long-term negative effects. These symptoms can also spill over onto the caregiver in a vicarious traumatization effect. In this workshop you will get practical, time tested techniques from a variety of sources both ancient and modern to immediately address trauma shock analogous to the way first responders handle physical shock. Interventions for trauma shock fall into one of four categories: Grounding, Clearing, Restoring and Suppression. At the end of this workshop, you will know which category of

intervention you and your patient need and have a variety of tools on hand to use in addressing the phenomenon of trauma shock.

Examining MMPI-2 Fake Bad Validity Scales in OEF/OIF Veterans Diagnosed With PTSD

(Abstract # 167)

Poster # T-153 (Assess Dx, Practice) **Atlanta Ballroom**

Chambliss, Jessica, BA¹; Franklin, Laurel, PhD²; Garcia, Hector¹

¹Department of Veterans Affairs, San Antonio, Texas, USA

²LSU/SLVHCS, New Orleans, Louisiana, USA

Treatment-seeking veterans diagnosed with posttraumatic stress disorder (PTSD) related to Operation Enduring or Iraqi Freedom (OEF/OIF) were administered the MMPI-2 as part of diagnostic information gathering and treatment planning. Our study examined MMPI-2 fake bad validity scales (F, F-K, Fp) in this veteran sample (N = 116). Seventy-eight percent of veterans had an F-scale T-score over 65, and 32% elevated F over a T-score of 80. Few veterans elevated more specific MMPI-2 scales thought to measure over-reporting (Fp and F-K). Differences emerged between veterans with and without elevated (> 80T) F scale scores on other MMPI-2 fake bad scales, MMPI-2 clinical scales, and self-report measures of psychopathology. Effect sizes were generally large. Comparison to previous research using veterans diagnosed with PTSD related to other combat experiences and future directions for research with OEF/OIF veterans is discussed.

Detection of Feigned PTSD in Assessments of Combat Veterans Using the MMPI-2 and SIRS

(Abstract # 169)

Poster # T-154 (Assess Dx, Practice) **Atlanta Ballroom**

Foster, Alyce, MA²; Franklin, Laurel, PhD¹; Corrigan, Sheila, PhD²; Thompson, Karin, PhD⁴; Walton, Jessica, MS²; Chambliss, Jessica, BA¹; Uddo, Madeline, PhD²; Elhai, Jon, PhD³

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⁵IIT, Chicago, Illinois, USA

Veterans diagnosed with PTSD from treatment intake or compensation and pension examinations (N = 72) were administered the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and Structured Interview of Reported Symptoms (SIRS). Our study examined the use of the MMPI-2 fake bad scales (F, Fb, F-K, Fp) to predict SIRS-based criterion feigning groups in this sample. Using three SIRS classifications, 32 veterans were classified as "honest" responders and 27 as "feigning." The base rate of feigning for this sample was 37.5%. Significant differences between the two groups on self-report measures of depression and PTSD, and MMPI-2 clinical scales emerged. Nonparametric receiver operating characteristics (ROC) analysis was conducted to assess the accuracy of the MMPI-2's fake bad scales in detecting feigning based on the SIRS. Sensitivity, specificity, hit rates, positive predictive power (PPP) and negative predictive power (NPP) statistics for MMPI-2 fake bad cut scores (F = 107T, Fb = 108T, Fp = 100T, F-K = 10), were determined. Implications of the findings are discussed in relation to current literature on response style in assessment of PTSD.

Examining Levels of Posttraumatic Distress Following Criterion A-1 Traumas vs. Non-Traumatic Negative

(Abstract # 170)

Poster # T-155 (Assess Dx, Res Meth) **Atlanta Ballroom**

White-Chaisson, Elizabeth, MA; Petretic, Patricia, PhD; Burleson, Karin, BA; Perdeu-Jacobs, Ingrid, PhD

University of Arkansas, Fayetteville, Arkansas, USA

Much argument has been made over the distinction between "classic trauma" and negative life events that result in traumatic symptoms, particularly in terms of which traumatic events can be considered in making a diagnosis of PTSD. Some researchers argue that only events that would be considered traumatic to any person should be included when making a diagnosis, while recent research has suggested that non-traumatic negative life events also have the capacity to elicit PTSD. This study examined a group of undergraduate participants who reported a history of trauma and/or a history of non-traumatic negative life events as part of a larger study investigating the nature of resilience. Significant differences were found between those who reported a history of non-traumatic negative life events and those who experienced a Criterion A-1 trauma in addition to non-traumatic negative life events on a measure of posttraumatic symptoms. It was noted that those who reported a history of trauma and negative life events reported significantly more posttraumatic symptoms than those who experienced negative life events only. These results suggest that Criterion A-1 trauma events are more salient to the development of posttraumatic distress, thereby challenging recent assertions that point to non-traumatic negative life events as capable of eliciting similar or more severe PTSD symptoms.

Exposure to Domestic Violence Predicts Child Aggression Subtypes

(Abstract # 171)

Poster # T-156 (Child, Prev El) **Atlanta Ballroom**

Huston, Parker, MA; von Eye, Alexander, PhD; Bogat, G. Anne, PhD; Davidson, William, PhD; Levendosky, Alytia, PhD

Michigan State University, East Lansing, Michigan, USA

Although many studies have investigated the etiology of aggression in children, few have looked at how domestic violence (DV) may impact aggression development. The present study uses a longitudinal multi-informant design to test how DV may impact the development of proactive and reactive aggression subtypes in 7-year-olds. 176 mothers reported on their children's aggressive behavior at age 4 and on their own DV experience yearly between the children's 4th and 7th birthdays. We also collected behavior reports from teachers when children were 4 and 7 years of age. Grouping variables included amount of DV exposure in years (none, 1-2, chronic), high or low on mother- and teacher-rated aggression (age 4), and high or low on teacher reported proactive and reactive aggression (age 7). The high-low dichotomies for aggression were calculated such that scores 1+ SD above the mean were considered high. Logistic regressions showed that duration of DV exposure is significantly related to increased proactive and reactive aggression. The interactions between both mother- and teacher-rated behavior at age 4 and DV exposure were the best predictors of aggression subtypes at age 7. In a configural frequency analysis, groups with chronic exposure to DV and either mother- or teacher-rated behavior problems at age 4

were most likely to be reactively, but not proactively, aggressive at age 7.

Physical and Sexual Child Abuse Has Long-Term Effects on Startle Response Magnitude

(Abstract # 174)

Poster # T-157 (Bio Med, Clin Res) Atlanta Ballroom

Blanding, Nineequa, BA; Norrholm, Seth, PhD; Duncan, Erica, MD; Ressler, Kerry, MD, PhD; Jovanovic, Tanja, PhD

Emory University, Atlanta, Georgia, USA

Understanding the neurobiological correlates of childhood maltreatment are critical to delineating stress-related psychopathology. The acoustic startle response (ASR) is a subcortical reflex modulated by neural systems implicated in posttraumatic stress disorder (PTSD). Furthermore, childhood maltreatment is a significant risk factor for PTSD in adults. We measured baseline and fear-potentiated startle to a 40ms broadband noise using electromyographic (EMG) recordings of the eyeblink in a highly traumatized civilian population (N=60). We assessed history of abuse with the Childhood Trauma Questionnaire and current symptoms with the PTSD Symptom Scale and the Beck Depression Inventory. Analysis of variance of startle magnitude showed a significant between-group effect for physical (F(1, 58)=4.08, p<0.05) and sexual (F(1, 58)=6.98, p=0.01) abuse, with subjects experiencing moderate to severe abuse exhibiting greater startle responses. This effect remained significant after co-varying for the subjects' age and sex, as well as PTSD and depression symptoms. These new data demonstrate abuse-related altered baseline startle response that is not accounted for by PTSD or depression symptoms. Increased startle may be a marker of dysregulated adrenergic tone or HPA-axis stress responsiveness that can be a persevering consequence of early trauma exposure during childhood.

Strength-Based Functioning and Trauma Treatment Outcomes of Children Affected by 9/11

(Abstract # 179)

Poster # T-158 (Child, Cul Div) Atlanta Ballroom

Gomez, Marilyn, BA¹; Rodriguez, James, MSW, PhD²; Gleacher, Alissa, PhD¹; Perez, Melanie, PhD²; Hoagwood, Kimberly, PhD²

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Little research has been done on protective factors influencing recovery from PTSD symptoms. In our present study we will examine factors that influence treatment outcomes, namely, the role that strength-based functioning has on recovery from traumatic stress symptoms. We used the sample of New York City families that was recruited for the Child and Adolescent Trauma Treatment Services (CATS) project, which was designed to deliver and evaluate cognitive behavioral therapy for school age children and adolescents affected by the World Trade Center disaster. Linear regression analyses will be used to examine the predictors of trauma symptoms, assessed by the PTSD Reaction Index, across five domains of strength-based functioning: interpersonal functioning, intrapersonal functioning, family involvement, school performance, and affective strength. Preliminary correlational

results show that trauma symptoms significantly decreased over time for all youth and that the improvement in strength-based functioning is related to decreases in trauma symptoms over time. This is an important relationship to examine because as we disseminate psychosocial trauma treatments for children and adolescents affected by disaster, we can gauge the importance of teaching strength-based functioning skills as part of trauma treatment to promote greater reductions in PTSD symptoms.

CTTS Group Therapy Model for Torture Survivors' Treatment

(Abstract # 183)

Poster # T-159 (Clin Res, Civil Ref) Atlanta Ballroom

Kira, Ibrahim, PhD¹; Smith, Iris, PhD²; Kanawati, Yassar, MD¹; McAdams-Mahmoud, Vanessa, LCSW¹; Wasim, Fatima, MS, NCC¹; Ghandi, Payal²; Sistal, Vani²; Schmisstrauter, Shelly, MPH²

¹*Center for Torture and Trauma Survivors, Dekalb, Decatur, Georgia, USA*

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Torture consists of different traumas that targeted an individual or out-groups. Collective identity is important factor in this complex trauma. The multi-systemic, multi-component, wraparound psychosocial rehabilitation approach for torture treatment addresses the three systems affected by torture: The individual, family members and the group. Group therapy for torture survivors is important component of this model. Group therapies extend to community healing. Groups develop their cohesion to graduate to a social community club. New graduates from the group join the club and become part of the social advocacy process and of group and community healing. Bashal Somali women group is an example of this model. The women therapy group developed to be social club for Somali torture survivor women who developed after a year to have their own women club that convene and arrange social activities and work on arts and crafts and have their events to celebrate and sell their products and lobby against torture in the community at large. Following this model, currently CTTS conducts families and women groups for Iraqis, Burmese men's group, Bhutanese family group, African women's group who survive both torture and HIV (caused by rape during torture). Presenters will share experience in conducting some of these groups, and the emerging issues and stages, and measured outcomes.

Association Between Apolipoprotein E Polymorphism and PTSD in the Vietnam Veterans of Korea

(Abstract # 184)

Poster # T-160 (Bio Med, Assess Dx) Atlanta Ballroom

Kim, Tae Yong, MD¹; Chung, Hae Gyung²; Chung, Moon Vong, MD¹; Choi, Jin Hee, MD¹; Shin, Han Sang, MD¹; Choi, Tae Kyou, MD¹

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Apolipoprotein E (APOE) genotype has reported to be associated with cognitive function and psychopathology in psychiatric population. And One study has reported that APOE 2 allele is associated with worsening of reexperiencing symptoms and impaired memory functions in posttraumatic stress disorder (PTSD) subjects. The aim for this study is to investigate the association between APOE genotype and PTSD. We recruited 189

Vietnam veterans for participation in this study, among whom 99 were PTSD patients and 90 were control subjects. The presence of the APOE polymorphism was determined by polymerase chain reaction. Several standardized research scales were used in the clinical assessment of PTSD, including the Combat Exposure Scale (CES), Clinician Administered PTSD Scale (CAPS), Beck Depression Inventory (BDI), and Clinical Global Impression (CGI). Result Significant differences were found with APOE genotype and allelic distribution between PTSD group and control group. APOE 2 allele is more frequent in PTSD group ($\chi^2=6.635$, d.f.=1, $p=0.012$). But we found no significant association between the presence of APOE 2 allele and CAPS subscales (reexperience, avoidance, hyperarousal) In this study, there were differences between PTSD and control group with genotype distribution of APOE polymorphism. APOE ϵ 2 allele is supposed to have negative effects on PTSD.

Trauma Dreams: Content Characteristics When Trauma Was an Act of Killing

(Abstract # 195)

Poster # T-163 (Practice, Clin Res) **Atlanta Ballroom**

Lipke, Howard, PhD²; MacNair, Rachel, PhD¹

¹Institute for Integrated Social Analysis, Kansas City, Missouri, USA

²North Chicago VA Medical Center, North Chicago, Illinois, USA

Post-trauma nightmares are noted for their eidetic character and similar features that differentiate them from other repetitive nightmares. The literature from therapy groups and case studies reports that when the trauma was an act of killing, the content of dreams shows some characteristic motifs, the awareness of which would benefit therapists who serve such clients. From their clinical work, Glover and Lifton report clients' dreams explicitly linked to having killed in Vietnam. In addition to the eidetic dreams, major motifs include: 1) being themselves killed in the dream, or being vulnerable; 2) having the victims accuse or demand explanations of the dreamer; 3) two separate selves, as with Lifton's "doubling" concept. Scattered case studies throughout the literature further illustrate these motifs. The poster will include examples of dreams from these three motifs, along with a bibliography of the literature that reports the dreams from which they are drawn.

Prevalence of Mental Health Disorders and Service Utilization Among Student Veterans: A Pilot Study

(Abstract # 198)

Poster # T-164 (Mil Emer) **Atlanta Ballroom**

Cate, Chris, MA; Gerber, Michael, PhD; Holmes, David, BA

University of California, Santa Barbara, Santa Barbara, California, USA

With the passage of the new GI Bill, Student Veterans will enroll in college and universities in numbers not seen since post-World War II. However, some Student Veterans will arrive on college campuses with a unique set of difficulties and needs due to their military service. In addition to the physical wounds of combat, Student Veterans may be coming to college campuses with invisible wounds—mental health disorders. The more common mental health disorders from current military operations are Post Traumatic Stress Disorder (PTSD), Depression, and Traumatic Brain Injury (TBI). Colleges and universities already

have established programs (e.g. Disabled Student Programs and Services, Veteran's Affairs Office) which may serve Student Veteran needs and aid in their transition from the military to higher education. However, the frequency with which Student Veterans access these services, and the benefits they receive from these services are not widely known. This pilot study is using a web survey to collect data on a sample of Student Veterans prior to the reauthorization of the GI Bill at post-secondary campuses to measure the prevalence of mental health disorders among Student Veterans prior to the reauthorization of the GI Bill, their use of on-campus services, and the benefits they receive from these services. Data is being analyzed at the time of this abstract submission.

Prostituted

(Abstract # 205)

Poster # T-165 (Soc Ethic, Prev EI) **Atlanta Ballroom**

Spiwak, Frida, PhD

Bal Harbour, Florida, USA

This documentary presents real-life testimonies that confirm a plethora of studies of women that are or were exploited in the sex industry. The thesis of "Prostituted" is that prostitution and international human trafficking go hand in hand, and that to the study of one phenomenon is inexorably linked to the other. Sexual exploitation is one of the oldest and most abused of human rights, directed mostly at women and children. Sexual exploitation occurs with total impunity to the abusers, whether the pimp, the client, or governments that support the industry as a whole. Experts on public health and disaster trauma explain and classify international sexual exploitation as serious problem of pandemic dimensions. As victims say, international trafficking is the recruitment for prostitution. Moreover, studies done in populations with prostituted women showed that complex PTSD is the diagnostic rule rather than the exception. In addition, families displaced by war, civil wars, or violence are more vulnerable populations to be sexually exploited, selling "survival sex." Being prostituted is never a choice; it is a contemporary manifestation of slavery. Governments and academics must consider sexual exploitation as a criminal act for the abuser not a life choice for the abused.

Treating Trauma in Post Conflict Sierra Leone

(Abstract # 208)

Poster # T-166 (Civil Ref, Child) **Atlanta Ballroom**

Hoffman, Sigalit, MD; Sargent, John, MD

Tufts Medical Center, Boston, Massachusetts, USA

Although the civil war in Sierra Leone ended seven years ago the scars of trauma remain fresh. The challenges of rehabilitating former child soldiers are many. They were exiled from their families, stigmatized by their communities and abandoned by aid agencies. Some organizations are trying to reintegrate the country's disenfranchised youth by encouraging skills training and education; however, few provide a framework through which to process the trauma experience. A lack of comprehensive mental health infrastructure is an obstacle in providing good care to the chronically mentally ill and those suffering from conflict-related post traumatic stress disorder. There are no training programs to screen for traumatized individuals or the chronically

mentally ill; moreover, there are few places to refer members of these two groups. A single psychiatrist serves the country's entire population of mentally ill and war involved youth. In a country of five million there is one psychiatric hospital, no substance abuse programs and no homeless outreach groups. Consequently, many former child soldiers continue lives of vagrancy, drug abuse, prostitution and incarceration. This paper provides an overview of the challenges the country faces in addressing the fallout of the civil war and suggests ways these challenges may be surmounted.

Empathy, Psychological Distress Among ER Nurses and Pain Management: Nurses' Perceptions

(Abstract # 218)

Poster # T-167 (Mil Emer, Prev El) **Atlanta Ballroom**

Lavoie, Stephan, RN, PhD Cand; Bourgault, Patricia, RN, PhD¹; Gregoire, Maryse, RN, MA²

¹Université de Sherbrooke, Québec, Canada

²CHUS, Sherbrooke, Québec, Canada

Post-traumatic stress disorder (PTSD) prevalence among ER nurses is higher than prevalence among the general population (12% vs. 7%). Does the ER nurses' psychological status affect the way they help their patients? Surprisingly, no study that we know of investigated this issue. An exploratory, descriptive design was used for this study. Quantitative and qualitative data were collected with validated questionnaires and open questions from 29 ER nurses in a university hospital in Quebec, Canada. Our results showed that 1) psychological distress is higher in ER nurses than in the general population; 2) empathy level is lower in ER nurses than in other medical care professions; 3) nurses perceive the working environment and patient characteristics to have an influence on their psychological distress; 4) the level of empathy in the nurses influences their ability to soothe patient pain. This presentation will focus on the two latter points with a PTSD conceptual model.

Stalking Victimization, Co-Morbid Victimization, and Psychopathology in a National Sample of Latinas

(Abstract # 223)

Poster # T-168 (Assess Dx, Cul Div) **Atlanta Ballroom**

Thurber, Sarah, BS¹; Cuevas, Carlos, PhD¹; Sabina, Chiara, PhD²

¹Northeastern University/Suffolk University, Boston, Massachusetts, USA

²The Pennsylvania State University, Capitol College, Middletown, Pennsylvania, USA

There is limited knowledge on the scope of victimization among Latino women, particularly stalking. The Sexual Assault Among Latinas (SALAS) Study examined Latino women's experiences with a variety of victimization incidents. Using Random Digit Dialing (RDD) and Computer Assisted Telephone Interviewing (CATI), 2,000 Latino women were surveyed. Data on victimization experiences was collected using the Lifetime Trauma and Victimization History (LTVH) Instrument and the Trauma Symptom Inventory (TSI) was used to determine trauma associated with symptomatology. Results show that 18.3% of the sample experienced stalking victimization. Stalking victims experienced higher rates of other forms of victimization in comparison to non-stalking victims, which include physical assaults (56.2%),

sexual victimization (49.0%), threat of victimization (58.6%), and witnessed victimization (43.0%). Regression results also indicate that having been a victim of stalking was predictive of pathological levels of depression, anger, anxiety, and dissociation. The analysis suggests that Latino stalking victims are at risk of having experienced other forms of victimization and are likely to present high levels of trauma-related symptomatology. The discussion will focus on how our results fit in the greater context of stalking victimization among women and what aspects may be unique to Latino women.

Acceptability of Computer-Guided Prolonged Exposure Therapy for PTSD

(Abstract # 224)

Poster # T-169 (Clin Res) **Atlanta Ballroom**

Zayfert, Claudia, PhD²; Cartreine, James, PhD¹

¹Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

²Dartmouth Medical School, Lebanon, New Hampshire, USA

Prolonged exposure therapy (PE) is one of the most effective methods of treating posttraumatic stress disorder (PTSD), yet many service members with PTSD do not receive it. Computer-guided administration of PE for PTSD could address many barriers to access and increase dissemination of this evidence-based treatment. The ultimate goal of this research is to produce a computer-based intervention to guide users through a complete, multi-session course of treatment for PTSD, including psychoeducation, treatment rationale, and imaginal and in vivo exposure. The aim of the current study is to understand the acceptability of computer-based PE to service members and their care providers. We will present data from a survey of service members, primary care providers, and mental health specialists regarding: a) the extent to which they believe a computer guided program would address treatment barriers and would be acceptable to service members who are reluctant to seek traditional mental health services; and b) how such a program should be integrated into existing care structures. The information gathered in this project will help to develop a complete computer-guided PE program that is both technically feasible and clinical useful.

Gender Differences in Psychobiological Response to Trauma: A Role for Social Support and Oxytocin?

(Abstract # 226)

Poster # T-170 (Cul Div, Bio Med) **Atlanta Ballroom**

Olff, Miranda, PhD

Academic Medical Ctr, Amsterdam, Netherlands

The prevalence of posttraumatic stress disorder (PTSD) in the general population is about two to three times higher in women than in men. It is thus of great interest to evaluate gender differences in posttrauma reactions. It is still not known, for example, whether women's higher risk of PTSD is more strongly associated with psychosocial factors (such as the various environmental experiences of being female) or with biological factors (like hormonal differences). In this presentation the literature will be systematically reviewed on differences between men and women in trauma and trauma response with emphasis on the role of social support and oxytocin. Females and males handle stressful situations differently and have

evolved differentially to support these different behaviours. Women in stressful situations may use a tend-and-befriend response—mediated by oxytocin in conjunction with female reproductive hormones and endogenous opioids— rather than the fight-or-flight response that is often assumed. There is an important role for oxytocin in the reduction of the stress response and in social behaviors. Women appear to have more sensitized hypothalamus-pituitary-axis than men, while men appear to have a sensitized physiological hyperarousal system. Clearly, we need more research on psychobiological responses in explaining posttrauma responses in men and women to fully understand gender differences in PTSD.

Parental Views on Their Children’s Participation in Trauma Research: A Mixed Methods Approach

(Abstract # 230)

Poster # T-171 (Res Meth, Child) **Atlanta Ballroom**

Alicis, Eva, MA MSc¹; Oskam, Christina, Msc²; Kleber, Rolf, PhD³;

¹University Medical Center Utrecht Psychotrauma Center for Children & Youth, Utrecht, Netherlands

²Perspectief, Giessenburg, Netherlands

³Utrecht University, Clinical & Health Psychology, Utrecht, Netherlands

In empirical studies it is crucial to have high, non-selective participation rates to get statistically relevant and ecologically valid results. While this is a difficult task in adult trauma studies, it appears to be even more challenging when studying trauma in young children. To protect children from harmful experiences, parents serve as gatekeepers in the informed consent procedure. Several factors may influence parental views on their children’s participation in trauma research and subsequently affect informed consent and participation rates. We studied these factors in a mixed method design. First, we analysed demographic and school variables relating to informed consent for 2346 children in the normal population in the Netherlands who were invited to take part in a study on trauma exposure and posttraumatic stress reactions. Second, we conducted semi-structured interviews with 14 parents of 8 children following a grounded theory approach. The topic list for these interviews was based on answers to open questions on the informed consent forms in the quantitative part of the study, literature review, and expert consultation. Parents’ reasons and requirements for research participation of their children were explored. In this poster, the results of the study will be presented, followed by suggestions for improving informed consent procedures.

Attachment Relationships, MCMI III Personality Patterns, and Race in Combat Veterans

(Abstract # 234)

Poster # T-172 (Cul Div, Assess Dx) **Atlanta Ballroom**

Ghafoori, Bitu, PhD; Hierholzer, Robert, MD

California State University Long Beach, Long Beach, California, USA

This pilot investigation conceptualized significant relationships in terms of attachment theory and explored the relationship of attachment, personality disorders, and race in a sample of combat veterans. Veterans participated in a structured clinical interview and completed self-report attachment and personality disorder measures. Associations of attachment and personality

disorder status were investigated in a convenience sample of 99 veterans. The findings suggest that insecure attachment made the greatest predictive contribution to schizoid, avoidant, dependent, histrionic, narcissistic borderline and paranoid personality disorders even after controlling for demographics, level of combat exposure, and current Posttraumatic Stress Disorder. Results suggest that significant differences emerged between the Caucasian, African-American, and Hispanic racial groups on obsessive-compulsive PD ($F(2, 90) = 3.69, p = .03$) and paranoid PD ($F(2, 90) = 3.61, p = .03$). Implications of the results for the treatment of individuals exposed to combat trauma are discussed.

Parasympathetic Nervous System Responses to Stress Conditions are Associated With PTSD Symptoms

(Abstract # 237)

Poster # T-173 (Bio Med, Clin Res) **Atlanta Ballroom**

Kamkwala, Asante; Heath, Jordon; Blanding, Nineequa, BA; Brown, Angelo, ACC; Ressler, Kerry, MD, PhD; Jovanovic, Tanja, PhD

Emory University, Atlanta, Georgia, USA

Posttraumatic stress disorder (PTSD) is a heterogeneous disorder that is defined by three major symptom clusters: intrusive, avoidance, and hyper-arousal symptoms. Individual patients can vary in the degree to which they present with the different symptoms. The purpose of this study was to examine the relationship between physiological responses and specific PTSD symptoms to gain insight into biological markers of PTSD. We measured psychophysiological responding during a baseline rest phase and a fear conditioning discrimination task which assesses responses to danger and safety cues. We examined heart-rate (HR) and HR variability (HRV) as a measure of sympathetic and parasympathetic tone. We used these measures to predict ratings on individual items on the PTSD symptom scale (PSS) using linear regression analyses. The study sample ($n=76$) was recruited from a highly traumatized civilian population seeking treatment at the Grady Health system in Atlanta, GA. PTSD did not affect resting HR or HRV. However, results show that PTSD subjects had higher HRV than controls during fear conditioning $F(1,75)=5.09, p<0.05$ and greater high-frequency HRV in the presence of safety cues predicted severity of intrusive PTSD symptoms ($F(1,75)=6.12, p<0.05$, accounting for 6.4% of the variance in symptoms).

Development of a Proposal for a National Client Reported Outcomes System for VACs OSI Clinic Network

(Abstract # 238)

Poster # T-174 (Assess Dx, Res Meth) **Atlanta Ballroom**

Ross, David, PhD²; Newnham, Judi, MSc¹

¹NCOSI, Ste Anne de Bellevue, Quebec, Canada

²Veterans Affairs Canada, Sainte-Anne-de-Bellevue, Quebec, Canada

Veterans Affairs Canadas National Center for Operational Stress Injuries (NCOSI) recently committed to the development of a protocol to standardize evaluation of client reported outcomes across Canadas 10 Operational Stress Injury clinics. The presentation describes the steps taken in the development of the proposal, including the choice of a measurement strategy,

development of criteria for evaluating candidate measures and measurement systems (e.g., OQ-Analyst, PRO IS, POLARIS) and the steps taken to improve the odds of successful implementation. Impacts of theoretical, empirical, organizational and political issues on the development of the proposal are summarized. The presentation ends with a description of the final proposal.

From U.S. Warrior to Preschool Parent: Reintegration After Deployment to Iraq/Afghanistan

(Abstract # 242)

Poster # T-175 (Child, Clin Res) **Atlanta Ballroom**

Ross, Abigail, MSW; Paris, Ruth, PhD; Spencer, Renee, EdD, LICSW

Boston University, Boston, Massachusetts, USA

Young children are disproportionately represented among families with a parent who has deployed in Operation Enduring Freedom and/or Operation Iraqi Freedom (OEF/OIF), and may be uniquely vulnerable throughout the deployment cycle. In this paper, we present qualitative findings from the first year of a multi-year intervention study focused on supporting reintegration of service members into their families and parenting roles, and the re-establishment of parent-child bonds in the post-deployment period. Using a collaborative approach, our goal was to maximize input from military families regarding combat stress and deployment-related experiences, and to identify family perceptions of need related to reintegration and the parenting of young children. To meet this goal, we conducted approximately 40 in-depth interviews with OEF/OIF veteran-parents and a series of focus groups with military spouses. Specific themes include: 1) service member and spouse mental health status, including PTSD and depression; 2) perceived legacy of war-related experiences, including combat stress, for the service member and its impact on parenting; and 3) recognizing and responding to young children's reactions to deployment separation and reintegration of the veteran parent. Implications for developing relevant and accessible clinical and preventive programs for military families with young children will be discussed.

Learning Military Culture: Training Models to Enhance Care of Veteran and Active Duty Populations

(Abstract # 245)

Poster # T-176 (Cul Div) **Atlanta Ballroom**

Manning, Elizabeth A., PhD³; Yeomans, Peter D., PhD, LTC⁵; Rabb, David, LTC, LICWS, ACSW⁴; Bobrow, Joseph, PhD²; Nickel, Thomas B., PhD¹

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⁵Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA

Taking the position that knowledge of military culture enhances provision of clinical services to military personnel, this panel will highlight the need for military cultural competency among civilian mental health professionals and present models from different settings in which this type of training is available: VA, private sector/non-profit, and academic.

Examining the Relationship Between PTSD and Suicidality in an OEF/OIF Veteran Sample

(Abstract # 247)

Poster # T-178 (Assess Dx) **Atlanta Ballroom**

Guerra, Vito, PhD; Calhoun, Patrick, PhD; Registry Workgroup, OEF/OIF

Durham VA Medical Center, Durham, North Carolina, USA

The relation between PTSD and suicidality was examined in a sample of OEF/OIF (Operations Enduring Freedom/Iraqi Freedom) veterans. Specifically, the study investigated (a) whether PTSD was predictive of suicidality above and beyond other risk factors, (b) whether PTSD-diagnosed participants with a co-occurring major depressive disorder (MDD) or alcohol use disorder (AUD) were more likely to report suicidality than PTSD-diagnosed participants who did not meet MDD/AUD diagnostic criteria, and (c) whether distinct clusters of PTSD and MDD symptoms were differentially associated with suicidality. Results indicated that prior suicide attempt(s), PTSD, and MDD were each uniquely predictive of heightened suicidality, operationally defined as a score on the Beck Scale for Suicidal Ideation (BSS) ≥ 3 . Moreover, the relation between PTSD and heightened suicidality was evidenced even in the absence of MDD or AUD, and PTSD-diagnosed participants with a co-occurring psychiatric disorder were not significantly more likely to endorse suicidality than PTSD-diagnosed participants who did not carry an additional psychiatric diagnosis. Finally, among PTSD-diagnosed participants, the 'emotional numbing' cluster of PTSD symptoms (e.g., restricted range of affect) and the 'cognitive-affective' cluster of MDD symptoms (e.g., feelings of worthlessness/guilt) were uniquely associated with suicidality.

PTSD Symptoms and Suicidal Ideation in Vietnam Veterans: An Analysis by PTSD Criteria

(Abstract # 250)

Poster # T-179 (Mil Emer, Assess Dx) **Atlanta Ballroom**

Rodier, Nicole, BA²; Marx, Brian, PhD²; Wunderle, Kathryn, BA²; Kaloupek, Danny, PhD¹; Keane, Terence, PhD¹

¹National Center for PTSD, Boston, Massachusetts, USA

²VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA

Introduction: Previous studies have found that avoidance, numbing and hyperarousal symptoms of PTSD are related to suicidality among veterans. However, previous studies are hampered by their small sample sizes and the fact that they did not control for comorbid mood disorders. We explored the association between PTSD symptoms and suicidal ideation in a large sample of Vietnam veterans while controlling for the influence of depression. Method: Participants were 1,215 veterans who participated in VA Cooperative Study 334 (Keane et al., 1998). PTSD and depression were diagnosed using the Structured Clinical Interview for DSM-III-R (Spitzer et al., 1989). The War Stress Inventory (Rosenheck & Fontana, 1989) was used to assess suicidal ideation in the past month. Results: Using logistic regression, suicidal ideation was initially regressed on each of the PTSD symptom clusters in separate analyses. These results showed C and D PTSD cluster symptoms (difficulty with remembering the trauma, detachment from others, sense of foreshortened future, sleep difficulties, and anger) were significant positive predictors of suicidal ideation. A subsequent

regression including these symptoms in a single model showed that only detachment, sense of foreshortened future, and anger remained significant predictors of suicidal ideation. Implications of these findings will be discussed.

Worldview and Trauma: A Look at Specific Predictors of Shattered Assumptions

(Abstract # 251)

Poster # T-180 (Clin Res, Assess Dx) **Atlanta Ballroom**

Horsey, Katie, MA; **Hannan**, Susan, BA; **Kalmbach**, David, BA; **Reilly**, Laura, BA; **Pillai**, Vivek, BA; **Anderson**, Nicholas, MA; **Ciesla**, Jeffrey, PhD

Kent State University, Kent, Ohio, USA

Worldviews, or views of one’s physical and social environment, are necessary components of our internal processing that enable decision-making and behavior, yet are typically unrealistically positive. Following trauma however, individuals may experience shattering of their basic assumptions, altering their worldview (Janoff-Bulman, 1992). This is especially likely to occur in individuals who develop PTSD (Rosen & Lilienfeld, 2008). Janoff-Bulman suggested that benevolence, meaningfulness, and self-worth are the primary worldview assumptions that are shattered post-trauma. The present study aimed to replicate research investigating the impact of PTSD on worldview, and extend such research by examining effects of characteristics of trauma exposure. Specifically we investigated how type of trauma, severity of exposure, time since the trauma, current functioning, diagnostic level, revictimization, perception of threat, personal injury, and demographics individually predicted worldview subscales. We administered the WAS and the PDS to a sample of 404 undergraduates. Fifty-nine percent reported having experienced at least 1 trauma, with 18% reporting 2 or more events. Results suggest that PTSD symptom severity predicted more negative views for benevolence ($p < .05$) and self worth ($p < .05$) but not for meaning. Findings for specific trauma characteristics are discussed within.

Stalking Victimization and Help-Seeking Behaviors in a National Sample of Latino Women

(Abstract # 273)

Poster # T-181 (Cul Div, Clin Res) **Atlanta Ballroom**

Toliver, Michelle, MS²; **Thurber**, Sarah, BS¹; **Cuevas**, Carlos, PhD²; **Sabina**, Chiara, PhD³

¹*Notheastern University/Suffolk University, Boston, Massachusetts, USA*

²*Northeastern University, Boston, Massachusetts, USA*

³*The Pennsylvania State University/Capitol College, Middletown, Pennsylvania, USA*

At present, little is known about the help-seeking behaviors for Latina stalking victims. Using data from the Sexual Assault Among Latinas Study, which surveyed 2,000 Latinas throughout the U.S., we examined help-seeking behaviors for stalking victims. The participants answered questions about victimization history, help-seeking behaviors, and cultural factors. The help-seeking behaviors included formal mechanisms (e.g., reporting to police, pressing charges) and informal help seeking (e.g., talking to friends or family). Of the full sample, 18.3% experienced at least one lifetime stalking incident. For stalking victims, 31.8% considered the stalking victimization the one for which to seek

help. Informal help-seeking was the most common resource (75.0%), with parents, friends, and siblings being used the most. Formal services were less common with reporting to police coming in second (25.0%), followed by restraining orders (9.5%), criminal charges (6.9%), and use of social service agencies (2.6%). Regression models examining whether psychological distress and cultural factors predicted help-seeking, showed that Anglo acculturation was uniquely significant in predicting formal help-seeking while none of the variables were significant predictors of informal help-seeking. The authors discuss what could be done to increase formal help-seeking avenues for Latina stalking victims.

The Relationship Between Coping Resources and PTSD

(Abstract # 275)

Poster # T-182 (Practice, Prev El) **Atlanta Ballroom**

Farchi, Moshe, MS

Tel Hai Academic College, Ramat Hagolan, Israel

This study examines the relationship between the Basic-PH model (Lahad 1993) and PTSD. The Basic-ph model relates to the six major dimensions that are believed to be at the core of the individual’s coping styles: Belief, Affect, Social, Imagination, Cognition and Physiology. The study sample included 290 male students who participated as active soldiers during the second Lebanon war between Israel and the Hizbulla and 120 female students who volunteered mainly in child care during the war. All students were given the Basic-ph questionnaire (Carlton, 1996) and a PDS questionnaire for PTSD symptoms (Foa, 1996). Results indicated a positive strong correlation between coping resources and PTSD. Linear multiple regression indicated that avoidance and numbing were the main predictors of using most of the Basic-ph clusters. This positive relation is assumed to demonstrate that traumatic events encourage the elicitation of coping resources after the traumatic event. Coping resources might exist on a low level before the trauma but the traumatic event enables them to emerge and be useful for the coping person. This study adds the “after shock” coping aspect to Lahad’s theory that emphasizes the preliminary importance of strong and stable resilience demonstrated by the Basic-ph clusters.

Diagnostic Efficiency of the Computerized PTSD Scale (CPS-M): Multimedia Version Among Veterans

(Abstract # 282)

Poster # T-183 (Assess Dx) **Atlanta Ballroom**

Mainka, Jennifer, MS¹; **Nugent**, Natalie, BS¹; **Lauterbach**, Dean, PhD¹; **Rauch**, Sheila, PhD²; **McSweeney**, Lauren, BA¹; **Richards**, David, BSRN¹

¹*Eastern Michigan University, Ypsilanti, Michigan, USA*

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This study investigated the psychometric properties of the Computerized PTSD Scale-Multimedia Version (CPS-M: Richard & Mayo, 1997), a self-administered adaptation of the Clinician-Administered PTSD Scale (CAPS: Blake, Weathers, Nagy, Kaloupek, Klauminzer, Charney, & Keane, 1990). The sample includes 71 participants from a veteran’s hospital. The aim of this project is to establish the diagnostic efficiency of the

CPS-M relative to the CAPS using a clinical sample. Previous psychometric evaluations of the CPS-M focused primarily on analogue samples. The project involves three phases of statistical analysis. Phase 1: Correlational relationships between the CAPS and the CPS-M will be reported at the item, subscale, and total score level. Phase 2: Confidence interval analysis will be used to determine whether the CAPS and CPS-M are statistically different and/or statistically equivalent. Phase 3: Signal detection analysis will establish the diagnostic utility of the CPS-M. A cut point for diagnosis will be determined by the area under the ROC curve (AUC) for the CPS - M. The third phase of analysis will also compare the signal detection properties of the CPS-M to those of the following convergent measures: Purdue PTSD Scale, Beck Depression Inventory II, and Trauma Related Dissociation Scale.

Mental Health Treatment in Low Income, African American Intergenerational Youth Trauma Victims

(Abstract # 290)

Poster # T-184 (Child, Cul Div) **Atlanta Ballroom**

Jacob, Maryann, MD; Oyeshiku Smith, Chaundrissa, PhD; Bradley, Bekh, PhD

Emory University SOM, Atlanta, Georgia, USA

There is substantial evidence regarding the adverse mental health outcomes of childhood trauma. Trauma may occur intergenerationally via the direct or indirect actions of caregivers who may predispose youth to trauma through increased exposure to traumatic events. Further, caregivers who have experienced trauma may be less likely to seek treatment for their own children. There remains limited knowledge, however, with regard to treating intergenerational trauma, especially among low income, African American populations. While empirically supported interventions exist to treat childhood trauma, there is a paucity of research on the utilization of such interventions in community-based clinic settings. Using data from the Grady Trauma Project, this study used chart review to examine records of youth treated at a community-based child and adolescent psychiatry outpatient clinic that serves a predominantly low-income, African American population. Utilization patterns (e.g., frequency of visits, types of treatment) and youth psychological functioning (e.g., internalizing, externalizing) were examined. Findings from this study enhance our understanding of intergenerational trauma patterns within African American families and augment mental health treatment engagement and maintenance for traumatized youth.

Early Intervention for Posttraumatic Stress Disorder in Mortuary Affairs Soldiers

(Abstract # 291)

Poster # T-185 (Mil Emer, Clin Res) **Atlanta Ballroom**

Biggs, Quinn, PhD, MPH; Fullerton, Carol, PhD; McCarroll, James, PhD; Benedek, David, MD; John Henry, Newby, PhD; Ursano, Robert, MD

Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

U.S. Army Mortuary Affairs Soldiers (MA) returning from Iraq and Afghanistan report high rates of posttraumatic stress disorder (PTSD), psychological distress, personal and family stress,

functional impairment and needing but not obtaining health care. A new educational intervention, TEAM (Troop Education for Army Morale), is designed to reduce distress and foster adaptive functioning. TEAM is based on evidence informed principles of Psychological First Aid (safety, calming, connectedness, self-efficacy, hope/optimism) delivered through workshops, handouts, a website and phone line. Soldiers and their spouses learn to use self-care skills, recognize when soldiers need care, provide support (buddy care, spouse support), identify barriers to care and promote health care utilization when needed. MA Soldiers, randomized to TEAM or no intervention, complete questionnaires upon return from deployment and at 1, 2, 3, 6, and 9 months. We present preliminary data on the impact of TEAM to specific PTSD criteria, work function and health care utilization. Significant reductions in arousal, distress and functional impairment are anticipated. Findings will increase our knowledge of PFA based early intervention and PTSD symptomology. Implications include the feasibility of early intervention with all military service members, first responders, disaster workers and others exposed to the dead.

Pediatric-Psychology Partnership: Intimate Partner Violence and Behavioral Health

(Abstract # 292)

Poster # T-186 (Commun, Child) **Atlanta Ballroom**

Weaver, Terri, PhD; Pye, Patrice, PhD; Bazile, Anita, PhD

Saint Louis University, St. Louis, Missouri, USA

Pediatric-Psychology Partnership for Abuse Prevention (PPP-AP) is a 6-year-old funded project that uses culturally competent psychology trainee-pediatric resident and medical trainee pairs to assess for intimate partner violence (IPV) and intervene with underserved women presenting with their children for ambulatory pediatric care. To date, IPV screenings and safety planning have been conducted with 860 predominantly African-American, low income female caregivers. Rates of current IPV (past year) were 5.2% while rates of lifetime IPV were nearly 30%. Female caregivers were grouped based on positive or negative (current or lifetime) IPV and were asked about their behavioral health concerns for themselves and their children. Women with a positive history of any IPV reported significantly greater concerns for their children's internalizing (sad or anxious mood) and externalizing (anger/fighting) symptoms and greater personal health concerns in the areas of smoking, financial strain, relationship conflict, discipline and parenting. Additional analyses will include an examination of possible mediators of the relationship between IPV history and behavioral health concerns. Implications for using the pediatric clinic as a violence prevention center will be discussed.

Relations Between Mother and Child Perceptions of Maternal Support Following CSA and Child Outcomes

(Abstract # 293)

Poster # T-187 (Child, Practice) Atlanta Ballroom

Sawyer, Genelle, PhD; Zajac, Kristyn, MA; Smith, Daniel, PhD; McCart, Michael, PhD

Medical University of South Carolina, Charleston, South Carolina, USA

Research has consistently linked increased maternal support following disclosure of child sexual abuse with better child outcomes and functioning. Surprisingly, however, most of this research has relied on caseworker judgments or maternal self-report of support and very little research has examined either the child's perceptions of the mother's supportiveness or used multiple informants. To address this gap, this study utilized newly developed child- and mother-report measures of maternal support. Further, maternal support was treated as a multi-dimensional construct, and child outcomes were examined in relation to each specific dimension of maternal support. The sample consisted of 120 mother-child dyads recruited from a Child Advocacy Center following a forensic evaluation where contact sexual abuse was determined to have occurred. Dyads completed assessment measures within 6 weeks of the initial forensic evaluation and again 9 months later. Regression analyses revealed that each dimension of maternal support was differentially related to child outcomes ($p < .05$), providing further evidence for treating maternal support as a multidimensional construct. Further, mother and child perceptions were not consistent, which underscores the importance of obtaining reports from multiple individuals.

Domestic Violence and PTSD Symptoms During Childhood: Evaluating Cumulative and Interactive Effects

(Abstract # 301)

Poster # T-188 (Child, Clin Res) Atlanta Ballroom

Martinez-Torteya, Cecilia, MA; Bogat, G. Anne, PhD; Levendosky, Alytia, PhD; von Eye, Alexander, PhD

Michigan State University, Lansing, Michigan, USA

Cumulative risk models of psychopathology focus on the additive effects of adverse events, while interactive models propose moderating relationships between diverse levels of analysis. The present prospective longitudinal study contrasts these two models, using individual characteristics (i.e., family history of internalizing disorders- FH) and exposure to domestic violence (DV) during the prenatal and postnatal periods to predict post-traumatic stress disorder (PTSD) symptoms during childhood. Participants were 161 children (81 boys) and their mothers, interviewed during pregnancy and the child's 1st, 2nd, 3rd, 4th, 5th, and 7th birthday. A cumulative risk score was computed by summing children's FH (0 = absent, 1 = present), prenatal DV (0 = no, 1 = yes), and postnatal DV (0 = no, 1 = yes) scores. PTSD levels differed for children exposed to no risk, as compared to those exposed to 2 or 3 risk factors. However, the influence of DV was different for those with and without FH. Prenatal exposure to DV significantly predicted increased PTSD symptoms for children without FH. In contrast, the duration of postnatal DV significantly predicted PTSD symptoms among children with FH.

Findings support interactive relationships between individual predisposition, prenatal, and postnatal trauma.

Historical Trends and Publication and Citation Patterns in PTSD

(Abstract # 302)

Poster # T-189 (Res Meth, Soc Ethic) Atlanta Ballroom

Dalenberg, Constance, J, PhD¹; Paulson, Kelsey Lynn, MA²; DeLorme, Jillian, MA¹; DuRoss, Sarah, MA¹; Bull, Diana, MA

¹*Trauma Research Institute, San Diego California, USA*

²*Alliant International University, San Diego, California, USA*

The paper presents the results of a 2-year analysis of the publication history on PTSD. Over 9000 articles cited in PsycLit were analyzed and classified by author history variables, content area, number of citations, types of keywords, title choice, and journal. Historical changes in content emphasis are noted, keywords that appear to influence citations are offered, and year by year citation averages are given (to allow authors to present home institutions with evidence of their ranking on citations within the trauma field). PTSD-related topics that are generating most frequent citation inside and outside of the trauma-focused journals are noted, and a list of journals ranked by their level of acceptance of PTSD-related articles is offered.

Psychological Sequel of Sichuan Earthquake Among Amputated Survivors and Their Caregivers

(Abstract # 313)

Poster # T-190 (Disaster, Clin Res) Atlanta Ballroom

Wu, Kitty, MSocSc (Clin Psy)¹; Ip, Brian, MSocSc, (Clin Psy)²; Hung, Ocean, MSocSc, (Clin Psy)³; Chan, Sumee, MSocSc, (Clin Psy)⁴; Leung, Eugenie, MSocSc, (Clin Psy)⁴

¹*Caritas Medical Centre, Shamshuipo, Hong Kong, China*

²*Hong Kong Red Cross, Hong Kong, China*

³*Princess Margaret Hospital, Hong Kong, China*

⁴*The University of Hong Kong, Hong Kong, China*

This study examined the occurrence of posttraumatic stress disorder (PTSD), anxiety and depression for amputated survivors and their caregivers who received services in the Deyang Rehabilitation, Prosthetic and Orthotic Centre in Sichuan opened 6 months after the Sichuan Earthquake occurred on 12 May, 2008. By January 2009, the sample consisted of 62 adults and 16 children amputated survivors and 10 of their caregivers. Standardized measures including Impact of Event Scale-Revised (IES-R) and Hospital Anxiety and Depression Scale (HADS) for adults, Children Impact of Event Scale-Revised (CHIES-R) and Children's Depression Inventory (CDI) for children, were used. The cut-off scores indicating significant distress in these scales based on previous research were adopted. Among the participants, 30.6% amputated survivors and 20.0% caregivers passed the cut-off for at least one of the three PTSD-related IES-R subscales; 35.5% amputated survivors and 10.0% caregivers passed the cut-off for at least one of the two HADS subscales. For children amputated survivors, 18.8% passed the cut-off for at least one of the three subscales in CHIES-R. None of the children has passed the cut-off of CDI. Results based on a larger sample from on-going recruitment will be presented. Risk factors associated with significant psychological distress will be discussed.

Pets as Social Support in Trauma Survivors: Help or Hindrance?

(Abstract # 342)

Poster # T-191 (Mil Emer, Practice) **Atlanta Ballroom**

Shipherd, Jillian, PhD; Abramovitz, Sarah, BA
National Center for PTSD, Boston, Massachusetts, USA

Social support mitigates the relationship between trauma exposure and the development of posttraumatic stress disorder (PTSD). Social support can come from many sources (e.g., friends, family) and trauma survivors report that pets also serve a supportive role. Indeed, research suggests owning a pet is good for one's health during stressful times. However, it is unclear if trauma survivors use pet attachment as an adaptive supplement to social support from humans or if pets serve as a way to avoid human support. Forty pet-owning veterans with at least one lifetime trauma were included and validated measures were used. T-tests revealed that participants with higher human social support reported significantly less pet attachment and less use of pets as substitutes for human support. In contrast, participants with low human social support reported significantly more pet attachment and more use of animals as substitutes for people. Participants with more PTSD symptoms were more likely to engage in people substitution, have more pet attachment and report less human support than those with low PTSD symptoms. There could be an optimal range of pet social support for trauma survivors, relying too heavily on pets appears to be maladaptive.

Posttraumatic Stress Disorder and Body Image Distress in Victims of Physical and Sexual Assault

(Abstract # 344)

Poster # T-192 (Assess Dx, Bio Med) **Atlanta Ballroom**

Weaver, Terri, PhD²; Griffin, Michael, PhD¹; Mitchell, Elisha, BA²
¹University of Missouri St. Louis, St. Louis, Missouri, USA
²St. Louis University, St. Louis, Missouri, USA

Violence-related injury has consistently conferred increased risk for developing posttraumatic stress disorder (PTSD) though most studies have conceptualized injury as an acute phenomenon. However acute injuries may lead to lasting physical changes including alterations in appearance with marks or scars. Previous research with a small sample of victims of intimate partner violence (IPV) (N = 31) found that IPV-related residual injuries were significantly associated with body image distress and body focused distress was significantly (and uniquely) associated with symptoms of PTSD. The current study expands these previous findings by exploring related associations within a sample of victims of physical or sexual assault utilizing diagnostic assessments. Seventy-three predominantly African-American victims of physical or sexual assault were assessed for violence-related injury, body image distress, PTSD and Major Depression. Within the entire sample, severity of body image distress was significantly associated with severity of PTSD and with PTSD diagnostic status. Associations with the diagnosis of Major Depression were nonsignificant. Additional analyses exploring the relationships between body image distress, assault characteristics and PTSD will be examined.

Resiliency, Depression, and PTSD in a Traumatized Community Sample

(Abstract # 345)

Poster # T-193 (Child, Cul Div) **Atlanta Ballroom**

Pelletier, Tiffany, BA; Gapen, Mark, PhD; Crowe, Elizabeth, BS; Bradley, Bekh, PhD; Ressler, Kerry, MD, PhD
Emory University, Atlanta, Georgia, USA

Previous literature on resiliency broadly defines this construct as positive development despite dealing with adversity (Luthar, Cicchetti, & Becker, 2000). Studies have shown that high levels of resiliency are inversely correlated with psychiatric symptoms (i.e. depression and anxiety) (Campbell-Sills & Stein, 2007). The present study examines the relationship between resiliency (measured with CD-RISC), posttraumatic stress disorder (PTSD, measured with mPSS), and depression (measured with BDI) among a high-risk, urban population. Participants within this study were recruited from a large, inner-city hospital primarily serving a low socioeconomic status population. Significant negative correlations were found between resiliency and total PTSD symptoms as well as intrusive, avoidant, and hyperarousal subscales (p<.0001). Additionally, highly significant inverse correlations were present for the CD-RISC total score and a measure of depression (BDI total score, p<.0001). When CD-RISC quartiles were examined as a categorical variable, it also significantly predicted both continuous mPSS and BDI total scores (p<.0001). Finally, using these measures, we found that a categorical measure of resiliency significantly interacted (p<.0001) with history of child abuse to predict continuous symptoms of both PTSD and depression within this population.

Beliefs About the Safety and Necessity of the Examination and the Impact on Women's Perceptions of the Pelvic Examination Following Sexual Assault

(Abstract # 348)

Poster # T-194 (Practice, Clin Res) **Atlanta Ballroom**

Weitlauf, Julie, PhD²; Moos, Rudolf, PhD¹; Spiegel, David, MD¹; Frayne, Susan, MD, MPH¹; Finney, John, PhD²; Ungerhu, Kirsten, MA²

¹Stanford University School of Medicine, Palo Alto, California, USA
²VA Palo Alto Healthcare System, Palo Alto, California, USA

This cross-sectional descriptive study examines relationships of sexual violence and posttraumatic stress disorder with distress reactions associated with pelvic examinations. Exploratory analyses highlight specific cognitions that may contribute to these reactions. Eligible participants (N = 90) were identified via medical record review and then sent a mailed a survey that assessed: a) background information, b) history of sexual violence c) current symptoms of posttraumatic stress disorder; d) reactions (fear, embarrassment, distress, pain) to the pelvic examination; and e) core beliefs about the examination. Women with sexual violence and posttraumatic stress disorder reported the highest levels of fear, embarrassment, and distress associated with the pelvic examination (all P's less than .001) in comparison with women with sexual violence only or with neither sexual violence nor PTSD. Beliefs that the examination was unnecessary or potentially harmful were more common among women with sexual violence and posttraumatic stress disorder

and were strongly associated with greater examination related fear and embarrassment. Women with sexual violence and PTSD find the pelvic examination particularly distressing, embarrassing and frightening. Efforts to develop interventions that may ease the burden of this examination amongst women with PTSD are warranted.

A Preliminary Investigation of Shame and Fear of Emotions in Posttraumatic Stress Disorder

(Abstract # 358)

Poster # T-195 (Clin Res, Assess Dx) **Atlanta Ballroom**

Sippel, Lauren, BA²; Marshall, Amy, PhD¹; Parker-Maloney, Kelly, BA²

¹National Center for PTSD, Boston, Massachusetts, USA

²Pennsylvania State Univ., University Park, Pennsylvania, USA

Individuals with posttraumatic stress disorder (PTSD) fear their potential inability to control their reactions to negative emotions (Williams et al., 1997), which is linked to emotional withholding and numbing (Roemer et al., 2001, 2005). Shame (i.e., feelings of exposure, contempt, and desire to withdraw; Tangney et al., 2002) is an aversive emotion often associated with trauma (Leskela et al., 2002). Individuals with PTSD who experience high levels of shame may be particularly prone to concealing emotions in order to reduce vulnerability and negative affect. We examine whether shame moderates the relationship between PTSD and fear of emotions among a community sample (expected N = 160) using the Clinician Administered PTSD Scale (Blake et al., 1998), Affect Control Scale (Williams et al., 1997), and Internalized Shame Scale (Cook, 1987). Final analyses will also include an Emotional Stroop paradigm (Williams et al., 1996) as a measure of attention to shame-relevant stimuli. Preliminary analyses indicate that PTSD severity and shame are significantly associated with fear of emotions, adjusted R² = 0.66, F(1, 17) = 8.92, p < .01, and the interaction between PTSD and shame added significantly to the equation, ΔR² = 0.06, F(1, 16) = 4.9, p < .05, supporting the proposed hypothesis. Clinical implications and directions for future research will be discussed.

Impact of Specific PTSD Symptoms in the Development and Maintenance of Child PTSD

(Abstract # 361)

Poster # T-196 (Child, Clin Res) **Atlanta Ballroom**

Ostrowski, Sarah, PhD

Duke University, NCCTS, Durham, North Carolina, USA

Posttraumatic stress disorder (PTSD) in children represents a serious public health concern and can have severe, long-lasting consequences on children throughout their development. Prior research demonstrates different and oftentimes contradictory patterns of PTSD symptom development following a traumatic event. Although some studies have examined the extent to which PTSD symptoms predict subsequent total symptoms or diagnosis, few examine the impact of specific PTSD symptoms on child post-traumatic adjustment. Given the debate concerning diagnostic criteria in children, it is important to examine individual PTSD symptom clusters as each symptom cluster may confer differential risks towards child post-traumatic adjustment. Similarly, different symptom clusters

have different treatment and clinical implications. The focus of this symposium is to examine specific PTSD symptom clusters, particularly hyperarousal, in child post-traumatic adjustment. The differential impact of specific PTSD symptom clusters will be examined in both acute and chronic PTSD patients to further examine proximal versus distal properties of PTSD symptom clusters in childhood PTSD.

Prostituted Adolescents: Who Are They and Where Do They Come From?

(Abstract # 367)

Poster # T-198 (Soc Ethic, Child) **Atlanta Ballroom**

Daniels, Angel, MA; Drobny, Jessica, BA; Takyu, Rie, BA; Briscoe-Smith, Allison, PhD

Pacific Graduate School, Palo Alto, California, USA

The rate of children and adolescents entering prostitution is rising at an alarming pace (Boxill & Richardson, 2007; Le Roux & Smith, 1998). Very little is known about the lives, backgrounds, and lasting traumatic effects on the adolescents in prostitution (Tyler & Johnson, 2006). Specifically, the vulnerability factors that may exist in this population, and the process by which youths enter prostitution is widely unknown and misunderstood. Our study explores the case files of 269 adolescents in California who have been prostituted. We aimed to determine how they entered prostitution, and identify potential correlates among those who have been prostituted. One unforeseen finding was that, among our sample, 28.2% were actually recruited into prostitution by a peer, usually a female friend, 6% were recruited by a pimp, 3% were either forced into it or kidnapped, and 7.1% were recruited by a boyfriend. Also, a majority of these young adults were raised by a biological or adoptive parent (70.6%), however, 58.7% currently live in Juvenile Hall. The full findings, including correlates of family constellation and trauma history, social implications, and direction for prevention and intervention are discussed.

Functional Relationships Between PTSD Re-Experiencing, Avoidance, Numbing and Hyperarousal Symptoms

(Abstract # 370)

Poster # T-200 (Res Meth, Disaster) **Atlanta Ballroom**

Malta, Loretta, PhD²; Wyka, Katarzyna, MA³; Ciosan, Cezar, PhD³; Jayasinghe, Nimali, PhD¹; Difede, JoAnn, PhD¹

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PTSD theories propose that avoidance and numbing symptoms maintain re-experiencing and hyperarousal. Memory consolidation theory suggests that more intense trauma re-experiencing could promote more severe avoidance and numbing. This study used path analyses to test these hypotheses in World Trade Center attack disaster workers, assessed 10-24 months post-attack and again one year later. The autoregressive (null hypothesis) model predicted that each symptom group predicted only its own severity at follow up. Subsequent models tested whether modeling significant pathways for avoidance (Model 2), avoidance and numbing (Model 3), and avoidance, numbing, and re-experiencing symptoms (Model 4) improved model fit. The sample was randomly divided in half; analyses were tested

in Sample 1 (n=1170) and then repeated in Sample 2 (n=1182). Chi-square tests found significant model differences ($p < .01 - p < .001$). Model 4 had the best fit indices, (followed by Model 3), but did not replicate consistently. Avoidance and numbing were significant predictors in all models, whereas re-experiencing symptoms were significant predictors only in Sample 2. The findings demonstrate that avoidance and numbing function to maintain PTSD symptoms, but provide less reliable evidence that more severe re-experiencing evokes greater avoidance, numbing, and hyperarousal.

Are There Negative Effects of Providing Trauma Care Pathologies? A Systematic Literature Review

(Abstract # 373)

Poster # T-201 (Assess Dx, Clin Res) **Atlanta Ballroom**

Beedasy, Jaishree, PhD¹; Cunningham, Barbara, MBA MPA²; Croft, James, AS, CCT, EMT²

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The interest in the positive and negative aspects of caring for traumatized people has grown in the past twenty years. There is an ongoing question as to whether the negative effects of caring—Compassion Fatigue, Secondary Traumatic Stress and Vicarious Trauma—constitute a DSM-type disorder. Clinical lore and some research shows that there is a risk for developing negative symptoms associated with burnout, depression, and posttraumatic stress disorder yet the direct link to psychopathology remains uncertain. A literature search identified 142 publications that can be encompassed as professional quality of life. The documents were coded based on type of paper (theory or research), type and number of participants, tests used, statistics and other quantitative information. Quantitative coding used a classification system event progression: meta, general, specific as well as person-in-event, to whom, and by whom. Categories ranged from mild problems in living stresses that may exacerbate negative reactions, to extreme stress that can be a precursor to traumatic stress. Research data collection was done in 99 papers. Qualitative analysis categorized 63 articles associated with “bad things” like disasters, 10 with “death”, 54 as “problems in living,” and 15 as involving sexual assaults. A direct link to psychopathology remains unclear.

The Influence of Victimization History on Symptom Expression

(Abstract # 374)

Poster # T-202 (Practice, Clin Res) **Atlanta Ballroom**

Matlow, Ryan, MA; DePrince, Anne, PhD

University of Denver, Denver, Colorado, USA

Repeated exposure to violence is associated with increased psychological distress, including posttraumatic stress disorder (PTSD). However, the context in which victimization occurs may be an important factor in understanding the particular types of symptoms reported. For example, multiple instances of victimization by different perpetrators, defined here as ‘revictimization’, may lead to different psychological consequences than repeated victimization by the same perpetrator (e.g., an intimate partner), defined here as ‘chronic

victimization’. In the current study, we examined trauma-related symptoms associated with revictimization and chronic victimization in a sample of 236 ethnically-diverse women who were recruited following exposure to a domestic violence incident reported to the police. The number of revictimization and chronic victimization incidents reported each accounted for unique variance in overall PTSD and trauma-related symptoms. When looking at individual symptoms, revictimization (and not chronic victimization) predicted symptoms associated with passive avoidance processes, while chronic victimization (and not revictimization) predicted symptoms associated with active avoidance processes. The findings suggest that particular forms of victimization may correspond with specific symptoms. Clinical implications for mechanisms underlying symptoms will be discussed.

Shame, Dysfunctional Attitudes and Trauma: An Exploratory Study

(Abstract # 375)

Poster # T-203 (Clin Res, Assess Dx) **Atlanta Ballroom**

Platt, Melissa, MD; Freyd, Jennifer, PhD

University of Oregon, Eugene, Oregon, USA

Whereas researchers are beginning to understand the fear response to traumatic events, relatively little is known about shame following trauma. Shame has been linked to clinical distress and suicidality. Thus, it is critical to identify factors that may exacerbate this self-conscious emotion. Research exploring the association between dysfunctional attitudes (thinking errors such as “e.g.: “If I make a mistake, it means I am a bad person,”) and feelings of shame will be presented. Feelings of shame were assessed in a college student sample with and without a history of trauma who scored low or high in dysfunctional attitudes. Results revealed 1) that participants who scored high on dysfunctional attitudes were much more likely to have experienced a traumatic event than were people with low dysfunctional attitude scores, 2) that participants with high dysfunctional attitude scores endorsed stronger feelings of shame at baseline than did people with low dysfunctional attitude scores and 3) people with high dysfunctional attitudes and a trauma history were much more likely than any other group to experience shame in response to negative feedback. Diagnostic and treatment considerations will be discussed.

Trading Sex for Payment Associated With Trauma History in Male Veterans With Severe Mental Illness

(Abstract # 378)

Poster # T-204 (Mil Emer, Clin Res) **Atlanta Ballroom**

Strauss, Jennifer, PhD¹; Weitlauf, Julie, PhD²; Stechuchak, Karen, MS¹; Calhoun, Patrick, PhD¹; Straits-Troster, Kristy, PhD, ABPP¹; Marx, Christine, MD¹

¹Durham VA Medical Center, Durham, North Carolina, USA
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Recent work revealed correlates of prostitution among males with substance use disorder, including history of childhood sexual abuse and mental health problems (Burnette et al., 2008). The present study evaluates prevalence and correlates of “trading sex for payment” (lifetime history of exchanging sex for money, food,



drugs, gifts, or housing) in male veterans using VHA inpatient psychiatric services. 361 males with severe mental illness were recruited from a VA psychiatric inpatient unit (1998-2000). 24.7% reported a lifetime history of trading sex for payment. Rates did not differ by diagnosis, age, education, employment, or marital status; higher rates were observed among minorities (predominantly African American) than Caucasians (30.28% vs. 16.08%). Overall, trading sex was associated with higher rates of childhood sexual abuse (CSA = 57.30% vs. 38.60%) and adult sexual assault (ASA = 48.31% vs. 16.18%); 34.83% of those who traded sex reported both CSA and ASA vs. 8.82% of those who did not. Trading sex was also associated with history of sexually transmitted infection, number of physical health conditions, homelessness, suicidal ideation, drug use disorder, and lifetime IV drug use. Additional research that seeks to further clarify the prevalence, correlates and consequences of prostitution in male psychiatric populations is warranted.

Relationships Among Veterans' Coping Strategies, Stress-Related Growth, and Depression Severity

[Abstract # 379]

Poster # T-205 (Mil Emer, Practice)

Atlanta Ballroom

Owens, Gina, PhD¹; Steger, Michael, PhD²; Rogers, Shannon, MA²

¹Colorado State University, Fort Collins, Colorado, USA

²University of Tennessee, Knoxville, Tennessee, USA

The potential mental health impact of combat exposure during military service is well-established, including common symptom responses of posttraumatic stress disorder and depression. While research related to growth after traumatic events is growing, limited research has examined the relationships between coping methods, stress-related growth, and depression among veterans, the aim of the current study. One hundred and seventy-four veterans of various service eras completed an online survey which included the Depression scale from the Depression Anxiety Stress Scales, Stress-Related Growth Inventory, and Brief COPE. The majority of participants were male (91%) and Caucasian (93%). Seventy-five percent of participants served in the Vietnam War. Based on correlational analyses, a hierarchical linear regression was performed to determine predictors of depression severity for the sample. Significant predictors were the denial, distraction, and substance use scales of the Brief COPE and stress-related growth ($F(6, 114)=14.61$, Adj. $R^2 = .41$). Higher levels of coping methods of substance use, denial, and distraction and lower levels of stress-related growth were related to higher levels of depression severity. Implications regarding the potential protective aspects of stress-related growth will be discussed.

Coping Strategies and Internal Resources of Dispositional Optimism and Mastery as Predictors of PTSD

[Abstract # 318]

Poster # T-206 (Prev EL, Assess)

Atlanta Ballroom

Gill, Sharon, PhD

RAMBAM Medical Center, Psychiatric Division, Haifa, Israel

This prospective study explores the role of coping strategies, optimism and mastery in predicting posttraumatic stress disorder (PTSD) symptoms in a sample of 870 Israeli university students. Upon recruitment of the sample, conducted at the beginning of the 2003 academic year (t1), the participants' pre-traumatic coping strategies, optimism and mastery were assessed. The respondents were re-evaluated at the end of second academic year (t2) to assess exposure to trauma, and at the end of third academic year (t3) to assess level of PTSD symptoms among those who reported traumatic exposure. Results indicate that a high use of an avoidance coping strategy both before and after traumatic exposure was positively associated with levels of PTSD symptoms. A high use of an emotion-focused coping strategy proximate to the traumatic exposure was positively associated with levels of PTSD symptoms. High levels of mastery following traumatic exposure were negatively associated with PTSD symptoms.

Negative Cognitions and Optimism: Preparedness, Readiness, and Motivation Among Disaster Responders

[Abstract # 323]

Poster # T-207 (Disaster)

Atlanta Ballroom

Wiedeman, Rachel, MA²; Tomlins, Joseph, BA²; Davis, Joanne, PhD²; Ford, Julian, PhD¹; Elhai, Jon, PhD³

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Disaster Mental Health (DMH) responders are a unique population, who can be susceptible to distress due to the nature of their activities. It is important to evaluate the perceived preparedness, readiness, and motivation of DMH responders toward future deployments in an effort to enhance their experience and encourage continued involvement in DMH responses. This investigation examined the relationship between negative posttraumatic cognitions and overall optimism, and the preparedness, readiness, and motivation of DMH responders for future deployments. The participants included 256 individuals employed in the mental or physical health fields who were members of a disaster response team or received disaster response training in Connecticut, New Hampshire, or Oklahoma. The following was hypothesized: 1) participants with greater negative cognitions would have lower perceived preparedness, readiness and motivation for future DMH deployments, 2) participants with greater optimism would have higher perceived preparedness, readiness and motivation for future DMH deployments. The findings indicated that the hypotheses were partially supported, in that negative cognitions and optimism were significantly correlated with perceived preparedness and readiness, but not correlated with perceived motivation. The strengths, limitations, and future directions for research are discussed.

Sleep Disturbances and Self-Reported Health Problems in Trauma Exposed Adults

(Abstract # 324)

Poster # T-208 (Clin Res, Practice) **Atlanta Ballroom**

Wiedeman, Rachel, MA²; Davis, Joanne, PhD²; Pruiksma, Kristi, MA²; Byrd, Patricia, PhD¹; Rhudy, Jamie, PhD²

¹Arlington, Texas, USA

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Studies have established a relationship between exposure to traumatic experiences, posttraumatic stress disorder (PTSD) symptoms, and self-reported physical health problems. Recently, sleep disturbances have been investigated as a potential component in the relationship between traumatic events and health problems. This study investigated the unique influence of sleep disturbances on self-reported health problems among a sample of trauma exposed adults seeking treatment for chronic nightmares. The results indicated that sleep disturbances are uniquely associated with health problems after controlling for the influence of PTSD cluster symptoms and depression symptoms. These findings suggest that future evaluations of sleep disturbances are warranted, which may have applicability in clinical settings. Generalizability of these results and strengths and limitations of this study will be discussed, as well as future directions for research.

Complex Posttraumatic Stress Symptoms in Women Who Have Experienced Interpersonal Trauma

(Abstract # 331)

Poster # T-210 (Assess Dx, Clin Res) **Atlanta Ballroom**

Field, Lia, MA; Black, J. Audie, BA; Levendosky, Alytia, PhD; Bogat, G. Anne, PhD; Davidson, William, PhD

Michigan State University, East Lansing, Michigan, USA

Women exposed to domestic violence (DV) are at an increased risk for developing the posttraumatic stress symptoms (PTS) currently defined by the *DSM-IV-TR*; however, these diagnostic symptoms may not adequately capture the trauma profile of DV exposed women with a history of childhood interpersonal traumas. Women with this early trauma history may be more likely to develop Complex PTS. The current study examines both PTS and Complex PTS in a sample of DV exposed women. Within this sample, the following three groups of women were identified based on retrospective report of childhood abuse: no physical or sexual abuse, either type of abuse, and both physical and sexual abuse. We hypothesized (1) that childhood abuse would not increase the likelihood for *DSM-IV-TR* PTS after DV, while (2) a history of either type of childhood abuse would increase the likelihood of exhibiting Complex PTS following DV. Analyses indicate that childhood abuse does not significantly increase the likelihood of developing *DSM-IV-TR* PTS following adult DV, but these early traumas significantly increase the risk for developing Complex PTS. These results suggest that PTS manifest differently in individuals who have experienced a lifetime of interpersonal trauma versus those with only adulthood experiences, and highlight the need to reconceptualize how PTS are evaluated in such individuals.

Deployment Stressors and Posttraumatic Stress Among ARNG Women Deployed in Support of the GWOT

(Abstract # 333)

Poster # T-211 (Disaster, Mil Emer) **Atlanta Ballroom**

Wooten, Nikki, PhD

Boston University, Boston, Massachusetts, USA

Women represent approximately 10% of military service members deployed in support of the Global War on Terrorism (GWOT). While most studies of deployment stressors have focused primarily on men and active duty service members, relatively few have focused on Army National Guard (ARNG) women. This study examined the relationship between deployment stressors and posttraumatic stress symptoms among women deployed in support of the GWOT while members of the ARNG. In a larger study, participants completed a self-report questionnaire assessing deployment experiences and posttraumatic stress symptoms. Results indicated that interpersonal and mission-related stressors had differential associations with posttraumatic stress symptoms. Findings suggest that interpersonal stressors may have a stronger negative effect on posttraumatic stress symptoms. This presentation will discuss different types of deployment stressors within a larger conceptual framework to assist in better understanding the deployment experiences of ARNG women veterans and service members.

The Relationship Between Cognitive Distortions and Posttraumatic Stress Disorder

(Abstract # 334)

Poster # T-212 (Practice, Assess) **Atlanta Ballroom**

Mason, Elizabeth, MS; Pruneau, Genevieve, MS; Weathers, Frank, PhD; Lyle, Sarah, BA; Carter, Benjamin, MS

Auburn University, Auburn, Alabama, USA

Cognitive models of PTSD postulate that it is the interpretation of a traumatic event, rather than the event itself, that precipitates the development of posttraumatic stress disorder (PTSD). Ehlers and Clark (2000) proposed that individuals with PTSD interpret traumatic events in a way that gives rise to a sense of current threat. Following exposure to traumatic events, individuals' assumptions about themselves, others, the environment, and the future are frequently impacted. When assumptions or attributions are inaccurate, unnecessarily negative, and interfere with functioning, they are referred to as cognitive distortions. To increase understanding of the relationship between PTSD symptoms and cognitive distortions, trauma-exposed undergraduates (N = 329) were administered the PTSD Checklist (PCL) and the Cognitive Distortion Scale (CDS) to assess cognitive distortions related to self-criticism, helplessness, hopelessness, self-blame, and preoccupation with danger. All CDS subscales were significantly correlated with total PCL scores (r range = .53 to .57). Further, all CDS subscales were more strongly associated with numbing symptoms (r range = .54 to .62) than with any other PTSD symptom cluster (r range = .36 to .49). Results suggest that distorted cognitions are significantly associated with overall PTSD severity and in particular, with numbing symptoms.

Prazosin Reduces Trauma Nightmares and Severe Sleep Disturbance in Soldiers Deployed in Iraq

(Abstract # 365)

Poster # T-213 (Prev, Clin Res)

Atlanta Ballroom

Calohan Jes, Maj., PMHNP, U.S. Army

UW Alzheimer's Disease Research Center/VA, Seattle, WA

Trauma nightmares with severe sleep disturbances impair soldiers' ability to function optimally in combat. The generic alpha-1 adrenergic receptor antagonist prazosin is effective and well tolerated for treating nightmares and improving sleep and daytime function in Vietnam veterans with chronic PTSD. Whether prazosin would be effective and well tolerated for soldiers operating in the dehydrating desert climate of Iraq has not been assessed. Thirteen soldiers with trauma nightmares and sleep disturbance were treated with prazosin (mean achieved dose 4.1 ± 2.2 mg) by a combat stress control team in northern Iraq. Each soldier had a baseline and a follow-up rating using the CAPS "recurrent distressing dreams" and "disturbed sleep" items. The Clinical Global Impression of Change (CGIC) measuring function and sense of well being was completed at follow-up. Nine soldiers (70%) improved markedly ($n=6$) or moderately ($n=3$) on the CGIC. Nightmare scores decreased from 6.8 ± 1.2 ($p<0.01$) and disturbed sleep scores from 6.7 ± 1.4 to 3.7 ± 1.8 ($p<0.01$). Prazosin was well-tolerated with no dizziness, falls, or daytime sedation. Prazosin appears effective and well tolerated for combat trauma nightmares, severe sleep disturbance and associated functional impairment in the active desert warfare environment.

Group CPT in a Mixed Trauma Veteran Population: Implementation Strategies and Effectiveness

(Abstract # 254)

Poster # T-214 (Clin Res)

Atlanta Ballroom

Shia, Sarah, PhD¹; Grattan, Jennifer, BA¹; Galovski, Tara, PhD²

¹St. Louis VA Medical Center, St. Louis, Missouri, USA

²University of Missouri-St Louis, St. Louis, Missouri, USA

CPT has been shown to be efficacious with multiple trauma types and populations (Monson, Price, & Ranslow, 2005; Resick, et al., 2008). While group CPT has also been empirically supported (Chard, Resick, and Wertz, 1999) and the veteran/military version of the CPT therapist's manual (Resick, Monson, & Chard, 2007) provides guidelines for group administration, group CPT with veterans has not been widely tested. Furthermore, the literature on mixed trauma group therapy – treating patients with varying traumas in the same group – is virtually nonexistent. The present study aims to explore the practical effectiveness of mixed trauma group CPT in a VA outpatient setting. Dependent sample t tests were conducted and revealed significant decreases from pre to post treatment in posttraumatic stress ($p<.001$, $n=24$) and in depressive symptoms ($p<.05$, $n=6$) in patients who completed a full course of CPT at the St. Louis VAMC. These groups were specifically constructed to include various combinations of demographic (e.g. race, gender, and era/age) and trauma experiences (e.g. combat exposure, sexual assault/abuse, military accidents, hate crime victimization). By the November presentation date, a total sample size of 45 is expected, and

improvements in medical health will be examined and discussed in terms of therapeutic benefit and cost effectiveness.

Assessing Concordance Between Student and Teacher Ratings of Posttraumatic Growth in Japanese Youth

(Abstract # 257)

Poster # T-215 (Child, Assess Dx)

Atlanta Ballroom

Taku, Kanako, PhD¹; Kilmer, Ryan, PhD²; Phillips, Melanie, Undergraduate¹

¹Oakland University, Rochester, Michigan, USA

²University of North Carolina, Charlotte, Charlotte, North Carolina, USA

This study examined the degree to which teachers corroborated their students' self-rated posttraumatic growth (PTG). Although studies have explored congruence between adult respondents, it has not been examined involving a youth sample. Participants included 4 teachers and 133 Japanese 7th and 9th graders who completed the revised PTG Inventory for Children (Kilmer et al., in press). These youth either considered their response following a trauma experienced within the past year, or, for those who did not report a trauma, the degree to which they had changed in the prior year. Teachers rated changes in the students over the past year. Student and teacher PTG ratings were not associated ($r = .02$). Among students ($n = 39$) reporting the highest PTG levels (scores ≥ 20), only 10.3% of their teachers rated levels of PTG consistent with that cutoff. The level of student-teacher agreement increased to 45.6% among students ($n = 48$) reporting moderate PTG (scores of 11-19), and 56.3% for those ($n = 16$) reporting low PTG levels (scores ≤ 10). Paired-sample t-tests showed that students' self-reports exceeded teachers' on 5 of 10 items and the PTG total. These findings suggest that, although teachers have general knowledge of the growth students experience, they may underestimate their experience of positive change. Implications for research and application are discussed.

Traumatic Experiences and PTSD Symptoms for Women Seeking Higher Education

(Abstract #266)

Poster # T-216 (Media, Cult Div)

Atlanta Ballroom

Zuckerman-Parker, Michelle, EdD; Compliment, Christine, LCSW; Rodella, Megan; Mannarino, Anthony, PhD; Post, Christopher J., MD, PhD, FACS

West Penn Allegheny Health Systems, Allegheny, Pennsylvania, USA

The Allegheny Women's Biotechnology Workforce Collaborative, (AWBWC) provides a psycho-educational intervention for disadvantaged women, $n=33$ between the ages of 19-48. The racial composition is 50% African American and 50% Caucasian. Participants conveyed a sense of having felt "expendable" by their biological families. Many were forced to stay home from school to care for younger siblings. 100% of the participants are struggling with varying levels of self-awareness concerning the need to wean their families off this dependency. Two symptoms which impact participants' ability to perform academically are the ability to concentrate and tendency for poor sleeping. 70% live below the poverty line, more than 50% have family members incarcerated and 90% have history of victimization. This integrated program is designed to help these women re-enter workforce education programs. Results from the study to date

indicate participants still have to balance their lives on campus and at home. Once a level of balance is attained, self-efficacy about education and their family roles changes. For example, in the face of "becoming educated," the participants begin to evolve away from the "go to girl" for the family. Therefore the intervention and return to school is transformational for these women psychologically (reduced negative PTSD effects) and pragmatically (different family role). Following Ryan and Deci's (2000) macro-theory of human motivation, the women seem to be experiencing a shift in motivation, from a more extrinsic to a more intrinsic locus. The program helps create protective factors which help lead to growth.

Ethnic Differences in Exposure to Hurricane Katrina and Resulting PTSD Symptoms

(Abstract # 1010)

Poster # T-217 (Disaster, Cul Div) **Atlanta Ballroom**

Bracken, Katherine, BS¹; McDevitt-Murphy, Meghan, PhD¹; Ward, Kenneth, MD, PhD, MSC¹; Stockton, Michelle, PhD¹; Lanctot, Jennifer, PhD²; Relyea, George¹; Mzayek, Fawaz, MD, PhD¹; Forde, David, PhD³; Read, Mary, MA¹

¹University of Memphis, Memphis, Tennessee, USA

²SJCRH, Memphis, Tennessee, USA

³University of Alabama, Birmingham, Alabama, USA

Hurricane Katrina's devastating effects on residents of the Gulf Coast have been a focus for many researchers. However, ethnic differences in trauma exposure and PTSD related to Katrina have not been thoroughly studied. Although some researchers suggest African Americans "disproportionately experienced the greatest suffering" (Lee et al., 2009), one study found that trauma exposure was similar across ethnicities, non-Hispanic blacks and whites had similar rates of PTSD, and Hispanics and other ethnic minorities were less likely to have PTSD (Galea et al., 2007). Data for the present study were collected as part of an epidemiological survey focused primarily on smoking relapse following Katrina. Telephone surveys were conducted with 1003 residents (67% Caucasian, 27% African American and 3% Hispanic) of New Orleans who were selected using random digit dialing. To quantify exposure, participants were asked a series of questions about Katrina-related experiences and were also screened for PTSD using the Short Screening Scale for DSM-IV PTSD (Breslau et al., 1999). Chi-Square analyses revealed minorities were more likely than Caucasians to experience a series of stressors including damage to the home, $p < .001$, and having an immediate family member die as a result of the storm, $p < .001$. Surprisingly, there was no difference in the rate of positive PTSD screens by ethnic group.

Predicting Subsequent Distress From Measures of Perceived and Actual Growth Post-Trauma

(Abstract # 1057)

Poster # T-218 (Clin Res, Res Meth) **Atlanta Ballroom**

Frankfurt, Sheila, BA; Frazier, Patricia, PhD

University of Minnesota, Minneapolis, Minnesota, USA

Recent data suggest that self-reported post-traumatic growth (PTG) is uncorrelated with actual change in growth-related domains from pre- to post-trauma (Frazier et al., in press). The purpose of this study was to examine whether perceived or actual PTG predict later distress. Undergraduate students ($N = 1,528$) were assessed at baseline (T1) and 2 months later (T2; $n = 1,281$) using online surveys. Those who experienced a Criterion A traumatic event between T1 and T2 ($n = 122$) completed a distress measure (DASS-21) at 2 more time points, 2 months apart (T3 and T4). Perceived PTG regarding the traumatic event that occurred between T1 and T2 was assessed via the Post-Traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) at T2. Pre- to post-trauma change scores (T1 to T2) were calculated to assess actual change in five growth-related domains (religiosity, meaning in life, life satisfaction, relationships, and gratitude). Perceived PTG (PTGI scores) was unrelated to distress at T3 and T4 (r 's = $-.09$ and $.06$, respectively). However, actual positive changes in relationships and increased gratitude from pre- to post-trauma were significantly associated with reporting less distress at T3 (r 's = $-.26$ and $-.29$) and T4 ($r = -.44$ for both relationships and gratitude).

Trauma, Psychological Distress, and HIV Risk Behavior in Zimbabwe: A Cross-Sectional Survey of Women

(Abstract # 51)

Poster # T-219 (Prev El, Soc Ethic) **Atlanta Ballroom**

Andermann, Lisa, MD¹; Gore-Felton, Cheryl, PhD²

¹Mount Sinai Hospital, Toronto, Ontario, Canada

²Stanford University, California, USA

The levels of HIV in Sub-Saharan Africa remain the highest in the world despite declining global HIV incidence rates. Most of the HIV incidence in this region is the result of heterosexual behavior. Sub-Saharan African women are almost three times more likely to be infected with HIV than men; however, we know very little about the factors associated with HIV transmission among women in Africa. Therefore, this study sought to examine trauma and abuse, psychological distress, and HIV risk behavior in a cross-sectional assessment of women attending antenatal clinics in Chitungwiza, Zimbabwe. 37% of the women screened positive for PTSD. Scores on the PTSD screening tool were found to be correlated with greater abuse severity, being HIV positive, sexual risk taking, and a greater number of partners in the past year. 49% of the women also report having ever been abused, with 30% being afraid of their partner. Abuse severity was significantly associated with PTSD and with the number of sexual partners in the past year. In addition, abuse was associated with HIV risk behavior regardless of the PTSD status of the women in this particular sample. The question remains, then, what factors not only mediate this relationship but that are amenable to treatment and intervention among women in Zimbabwe.

Prevention of Child Sexual Abuse: A Multi-Site Randomized Control Trial

(Abstract # 119)

Poster # T-221 (Prev El, Child) Atlanta Ballroom

Rheingold, Alyssa, PhD¹; Patton, Meghan, BS¹; Hessinger, Jonathan, BS¹; Rohler, Chelsey, BS²

¹MUSC, Charleston, South Carolina, USA

²National Crime Victims, Research & Treatment Center, Charleston, South Carolina, USA

Given the significant rates of child sexual abuse (CSA) and deleterious consequences, identifying an effective prevention is clearly a priority. There is growing awareness that child care professionals, such as teachers, child care personnel, and clergy, are in a unique position to engage in prevention efforts. Programs to train child care professionals about CSA have received insufficient attention and evaluation. The primary goal of this study is to conduct an independent multi-site controlled evaluation of Darkness to Light's Stewards of Children, on impacting child care professionals' knowledge, attitudes, and behavior related to CSA. Darkness to Light (D2L), a national non-profit organization, has developed a 2 1/2 hour training program. D2L's sexual abuse prevention training is offered via an in-person training format and web-based training format. This study involves 300 child care professionals across three states who were randomly assigned to one of three conditions: (1) in-person training, (2) web-based training, or (3) waitlist control. Dependent variables included CSA knowledge, attitudes about CSA, self report preventative behaviors, and response to hypothetical behavioral vignettes. Preliminary results indicate that the intervention increased knowledge and increased reported preventative behaviors compared to the waitlist control group.

A Survey of Trauma in a College Student Population: Psychological Outcomes by Ethnicity and Gender

(Abstract # 196)

Poster # T-222 (Cul Div, Soc Ethic) Atlanta Ballroom

Veazey, Connie, PhD; Cabrera, Omar, BA; Martin, Sheena, MS

University of Louisiana, Lafayette, Louisiana, USA

Research on ethnicity as a risk factor in the development of posttraumatic stress disorder (PTSD) has been inconclusive. African Americans are hypothesized to be at greater risk for PTSD due to higher exposure to violence and other traumatic events. Gender is a well-known risk factor in PTSD development with women expressing more PTSD symptoms than men. If ethnicity mediates PTSD development as does gender, African American women will be at greatest risk for PTSD as compared to European American men and women and African American men. The purpose of the present study was to examine differences between African Americans and European Americans in psychological symptoms of anxiety, stress, depression, and PTSD after exposure to lifetime traumatic events. A 2 (Gender) x 2 (Ethnicity: African American and European American) MANOVA was conducted with the dependent variables of Depression and Anxiety Stress Scale-Anxiety Score (DASS-A), DASS-Depression Score (DASS-D), DASS-Stress Score (DASS-S), and Posttraumatic Stress Disorder Check List (PCL) Total Score (PCL). There was a significant Gender x Ethnicity interaction for PCL total scores. European Americans females had higher PCL Total Scores

($m=32.52$) than males ($m = 23.38$). For African Americans, PCL Total Scores were roughly equivalent for males ($m=28.53$) and females (29.76).

Sympathetic Nervous System Responses During Fear Conditioning Predict PTSD Avoidance Symptoms

(Abstract # 246)

Poster # T-223 (Bio Med, Clin Res) Atlanta Ballroom

Phifer, Justine, BA; Blanding, Nineequa, BA; Ressler, Kerry, MD, PhD; Karapanou, India, BA; Jovanovic, Tanja, PhD

Emory University School of Medicine, Atlanta, Georgia, USA

Posttraumatic stress disorder (PTSD) occurs in some people after exposure to traumatic events. This is a heterogeneous disorder that is defined by three major symptom clusters: intrusive symptoms, avoidance of reminders of the event, and hyper-arousal. Individual patients can vary in the degree to which they present with the different symptoms. The purpose of this study was to examine the relationship between physiological responses and specific PTSD symptoms to gain insight into biological endophenotypes of PTSD. We measured psychophysiological responding during a fear conditioning discrimination task. This paradigm independently assesses responses to danger and safety cues using electrodermal activity (EDA) and skin conductance responses (SCR). We used these measures to predict ratings on individual items on the PTSD symptom scale (PSS) using linear regression analyses. The study sample ($n=104$) was recruited from a highly traumatized civilian population seeking treatment at the Grady Health system in Atlanta, GA. Results show that PTSD subjects have lower skin conductance responses than controls, $F(1,102)=11.91$, $p<0.001$, with PTSD subjects showing exaggerated habituation after the first block of conditioning. Higher SCR during the last block of conditioning predicted avoidance symptoms on the PSS $F(1,102)=13.31$, $p<0.001$, accounting for 11.5% of the variance in PTSD symptoms.

Environmental Factors, Resilience, and Positive Adaptation in High-Risk Youths Exposed to Violence

(Abstract # 53)

Poster # T-224 (Prev El, Child) Atlanta Ballroom

Choi, Sumi, PhD¹; Kim, Dongil, PhD²; Lee, Kijung, PhD³

¹University of Missouri, Institute of Mental Health, Columbia, Missouri, USA

²Seoul National University, Department of Education, Seoul, South Korea

³University of South Carolina, Department of Education, Columbia, South Carolina, USA

This study is intended to explain how youths exposed to violence adapted and developed well despite their experiences as a victim or witness in their home, school, or community. For this purpose, this study tested a hypothesized structural model and an additional model to examine the hypotheses which explained the relationships among the variables. Three hypotheses are as follows; the first was that violence exposure resilience will mediate between the environmental protective factors and the positive adjustment of youths exposed to violence. The second hypothesis, violence exposure resilience will be positively influenced by the environmental protective factors and promote youths' adjustment, and the third, environmental protective

factors will decrease the influence of violence exposure on the positive adjustment of youths. As a results, hypotheses 1 and 2 were confirmed, that is to say, the violence exposure resilience had mediation effects between environmental protective factors and positive youth adaptation. The hypothesis 3, that environmental protective factors decreased the negative influence of violence exposure as a risk factor on the positive adaptation, was upheld. This finding empirically supported the explanation that external protective factors of individual help youths overcome risk and positively adapt.

Skills and Tools for Conducting Ethical and Responsible Trauma-Focused Research

(Abstract # 57)

Poster # T-225 (Soc Ethic, Res Meth) **Atlanta Ballroom**

Schwerdtfeger, Kami, PhD²; Goff, Briana, PhD¹

¹Kansas State University, Manhattan, Kansas, USA

²Oklahoma State University, Stillwater, Oklahoma, USA

Recent emphasis on the ethical conduct of researchers has resulted in a growing body of literature exploring the impact of trauma-focused research on participants. Applying the ethical principles of research (autonomy, beneficence, nonmaleficence, and justice), the proposed workshop will further the discussion of ethical trauma-focused research protocol by focusing on specific research procedures. Researchers will be provided with a set of practical suggestions for maintaining the ethical integrity of research involving trauma survivors and family members. To illustrate these ethical procedures, the presenters' experience conducting research with special populations of trauma survivors will be described. The presenters will provide examples of techniques to implement throughout the process of research, including working with the IRB, participant recruitment, participants as research partners, methods to reduce stress during research procedures, debriefing, referrals, and follow-up letters to participants. Best practices for conducting ethical trauma-focused research will be provided. As well, recommendations for future research will be outlined in an effort to further extend the ethical understanding of the benefits and costs of trauma-focused research.

The Relationship Trauma Process: When Abuse in Intimate Adult Relationships Becomes Trauma

(Abstract # 61)

Poster # T-226 (Practice, Assess Dx) **Atlanta Ballroom**

Orzeck, Tricia, PhD¹; Rokach, Ami, PhD²

¹UBC, Vancouver, British Columbia, Canada

²York University, Toronto, Canada

When viewing abuse from a trauma perspective, treatment approaches must adapt to complex symptomatic responses while considering how chronic abuse develops into trauma. This study examined the experiences of eleven adult women traumatized from abusive intimate relationships. Further, it sought to understand the symptomatology and coping strategies that are representative of relational forms of trauma. Grounded theory methodology with comparative analysis procedures were used to derive the salient categories. The women's experiences encompassed a pervasive pushing-pulling dynamic, accompanied by increasingly intense emotional reactions and varied coping

responses, including initial anger and shock, avoidance symptoms, and self-dysfunctional symptoms. The traumatic relationship did not begin with trauma, rather, it progressed through a series of stages: the Beginning of the Relationship, the Initial Abusive Behaviours Stage, the Perceptual Shift Stage, the Trauma Stage, and the Moving On Stage. These findings vary from previous conceptualizations of posttraumatic processes and symptomatology. Treatment interventions at various points in the traumatic process are suggested, including assessment of relationship trauma, understanding the point at which abuse becomes trauma, early points of intervention, and effective coping strategies found among all the women in this study.

Recovery and Re-Adjustment Approach to the Treatment of Combat PTSD in VAMC Outpatient Program

(Abstract # 63)

Poster # T-227 (Practice, Clin Res) **Atlanta Ballroom**

Lynch III, John, PhD; Fernandez, Antony, MD; Benesek, John, PsyD

Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA

Veterans returning from tours of duty are profoundly changed by their combat experiences. Resulting PTSD affects all aspects of a veteran's life; their emotional, spiritual, intellectual, family and relationship life, as well as their physical well being. How veterans think, feel, manage affect, relate to others, feel about the future and the meaning of life is altered in life changing ways. Experiencing these all encompassing changes, veterans face predictable, yet profound obstacles in the difficult process of transitioning from warriors to civilians. In order to address the complex re-adjustment demands that veterans face, a treatment approach must be integrated, multi-faceted, and collaborative, addressing all aspects of the veteran's life. To a veteran, PTSD is an experience, not a diagnosis. Therefore, and effective treatment program must be in terminology that captures a veteran's experience. Our treatment model incorporates three legs of PTSD treatment: Focused Trauma Treatment, Support and Connections through Education and Combat process Groups and Life Skills for Readjustment. The program is designed to meet treatment goals directly related to PTSD i.e. improve sleep, develop physical relaxation skills, develop affective regulation skills, make meaningful social, familial relationships, and find meaning and purpose.

Criteria for Adult Relationship Trauma: A PTSD Variation

(Abstract # 59)

Poster # T-229 (Assess Dx, Practice) **Atlanta Ballroom**

Orzeck, Tricia, PhD¹; Rokach, Ami, PhD²; Chin, Jacqueline²

¹UBC Toronto, Ontario, USA

²UBC, Vancouver, British Columbia, USA

The present study analyzed the factor structure of items related to trauma experienced in the context of an abusive intimate adult relationship. Participants included clinical (73 participants) and community (43 participants) samples that completed the posttraumatic stress syndrome (PTRS) questionnaire, a 40-item scale measuring several dimensions of relationship trauma.

The scale was shown to have strong reliability ($\alpha = 0.97$) and between 0.70 - 0.96 for the varying factors. Seven meaningful factors, accounting for 71.4% of the variance, resulted from an exploratory factor analysis used to assess the performance of items related to trauma symptomatology in abusive relationships. These factors included: Physiological Anxiety Responses, Safety/Trust, Hyperarousal, Emotional/Cognitive Dysregulation, Intimate Relational Changes, Emotional/Psychological Distress, Loss/Isolation. Results suggest that both physiological and relational factors are pertinent to a trauma diagnosis occurring in the context of abusive relationships, differing from the *DSM-IV* criteria for PTSD. This suggests that treatment and assessment of individuals traumatized from abusive relationships should take into account these factors which are not routinely considered in trauma diagnoses.

Building Personal and Professional Resilience With Police Officers

(Abstract # 508)

Poster # T-230 (Prevention, Mil Emer)

Atlanta Ballroom

Baum, Naomi, PhD

Israel Center for the Treatment of Psychotrauma, Jerusalem, Israel

Policemen are at considerable risk for exposure to life-threatening situations, sights of death and destruction, and experience both high levels of stress and witness much human suffering over the course of their professional careers. As one way to deal with this high level of exposure, we have implemented over 25 workshops using the "Building Personal and Professional Resilience" model in the police over the past three years. The purpose of this intervention is to train police officers to better understand the sources of stress in their lives, and what they can do to alleviate this stress, increase coping and build resilience. We have evaluated three groups of police officers: bomb sappers, traffic investigators, and patrolman. While all police officers have been highly exposed to trauma during their professional careers we have found important differences in the organizational culture of each sub group within the police. We will present data examining self reported levels of exposure, post traumatic symptoms and distress among the various officer groups as well as protective factors. We will also examine preliminary outcome data indicating that police officers experienced growth and change as the result of the resilience building intervention.

Modeling Profiles of Psychosis and PTSD Symptom Co-Occurrence Based on the National Co-Morbidity Survey

(Abstract #279)

Poster # T-231 (Assess Dx, Res Meth)

Atlanta Ballroom

Armour, Cherie, BSc¹; Shevlin, Mark, PhD²; Murphy, Jamie, PhD³; Houston, James, PhD³; Adamson, Gary, PhD²

¹*University of Ulster, Coleraine, United Kingdom*

²*University of Ulster, Eglinton, Derry, United Kingdom*

³*Nottingham Trent University, Nottingham, United Kingdom*

The occurrence of psychotic symptoms within posttraumatic stress disorder (PTSD) diagnosed individuals has been frequently reported within combat veteran samples. A similar occurrence has been previously reported within a nationally representative sample. The current study aimed to profile the endorsement of both PTSD symptoms and psychosis indicators in a large sample of individuals with a lifetime diagnosis of PTSD. Using data from the National Comorbidity Survey (NCS), a latent class analysis was conducted based on the PTSD symptoms of intrusion, avoidance, and hyperarousal, in addition to several indicators of psychosis symptoms of hallucinations and delusions. Results indicated that there were four classes, two of which had relatively high probabilities of endorsing the hallucinations and delusions indicators. These classes were associated with a broad range of traumatic experiences, specified in the NCS, and a broad range of possible comorbid psychiatric disorders, of alcohol dependence, drug dependence, depression, bipolar disorder, mania, and generalized anxiety disorder. It was concluded that Class 1 (High psychosis, High PTSD) resulted in the highest rate of significant associations for traumas and comorbid psychiatric disorders.

Session 2: Friday, November 6 Atlanta Ballroom

Poster Organization

Each poster is scheduled for Poster Session 1 on Thursday, Poster Session 2 on Friday or Poster Session 3 on Saturday and includes a one-hour time period when the presenting author is available to answer questions.

Posters are organized within the Final Program by poster number within each day. The presenting author is underlined. In addition, the index provided at the rear of the Final Program includes all of the authors. A floor map showing the layout of posters is available in the poster hall and on page 174.

Session 2: Friday, November 6

Atlanta Ballroom, 7th Floor

Poster Set-up: 7:30 a.m. – 9:30 a.m.
Poster Display: 9:30 a.m. – 6:00 p.m.
Poster Presentation: 5:00 p.m. – 6:00 p.m.
Poster Dismantle: 6:00 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time **will be disposed of** and are not the responsibility of ISTSS.

Poster Presentations – Session 2 Friday, November 6 5:00 p.m. – 6:00 p.m.

Ethnic Differences in Trauma and PTSD Among Acutely Injured Trauma Survivors

(Abstract # 394)

Poster # F-102 (Cul Div, Assess Dx)

Atlanta Ballroom

Stephens, Kari, PhD¹; Sue, Stan, PhD²; Roy-Byrne, Peter, MD¹;
Unutzer, Jurgen, MD, MA, MPH²; Zatzick, Douglas, MD²

¹University of Washington, Seattle, Washington, USA

²University of California Davis, Davis, California, USA

Ethnic minority populations are at increased risk for PTSD. Often cumulative burden of previous trauma, lack of mental health treatment, and other pre-injury and event related contextual factors increase the risk of acute PTSD. This study used a population-based sampling frame to examine the relationship between pre-injury and event characteristics and ethnic variations in acute PTSD symptoms. Acutely injured level I trauma center inpatient participants (N=62³: 378 White, 93 African American, 81 Native American, and 71 Other) were screened for PTSD with the PTSD checklist. Pre-trauma, and event related characteristics were documented. As predicted, Native American (NA) and African American (AA) patients reported the highest levels of acute PTSD symptoms. AAs had the highest intentional/violence related injury rate and lowest insured status and NAs reported the highest cumulative trauma burden compared to all other groups. Regression analyses demonstrated that greater cumulative trauma burden, pre-injury PTSD and intentional injury were strongly associated with the development of PTSD and explained ethnic variations in PTSD symptoms. Incidence disparities in trauma history, prior and acute PTSD, as well event related contextual factors, emphasize the need for acute care services to incorporate culturally competent approaches for treating these vulnerable and diverse populations.

Reliability and Concurrent Validity of Three Self-Report Measures of Trauma Exposure

(Abstract # 404)

Poster # F-103 (Assess Dx, Res Meth)

Atlanta Ballroom

Carter, Benjamin, MS; Weathers, Frank, PhD; Pruneau, Genevieve, MS; Mason, Elizabeth, MS; Reid, Lindsey, BA

Auburn University, Auburn, Alabama, USA

The assessment of trauma exposure has been a relatively neglected focus of research. Many self-report measures of trauma exposure were developed on an adhoc basis and lack sufficient psychometric evaluation (Weathers & Keane, 2007). To address this gap, the test-retest reliability and concurrent validity of three widely used trauma measures were examined. Undergraduates (N = 91) were administered either the Life Events Checklist (LEC), Posttraumatic Stress Diagnostic Scale (PDS), or Detailed Assessment of Posttraumatic Stress (DAPS) twice, 2 to 14 days apart. Following the second administration, participants were administered the Life Events Checklist Interview (LEC-I), which served as the criterion. The PDS demonstrated the highest temporal stability for individual items as only one item failed to achieve a kappa of .60. The mean kappa for all PDS items was

.76, and the retest correlation for total number of items endorsed was $r = 0.67$. Regarding accuracy of assessment, the DAPS best predicted the total number of potentially traumatic events identified on the interview, $r = 0.623$, $p < .001$. Implications for self-report assessment of trauma exposure will be discussed.

Role of Emotion Dysregulation in the Adolescent Revictimization of Child Sexual Abuse Survivors

(Abstract # 409)

Poster # F-105 (Child, Clin Res)

Atlanta Ballroom

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¹Boston VA Healthcare System, Boston, Massachusetts, USA

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The present study explored the role of emotion dysregulation in the adolescent sexual revictimization of CSA survivors. It was hypothesized that CSA survivors would have difficulties with emotional acceptance, awareness, identification, and description, and these skills deficits would drive specific behavioral paths to ASA, including risky sexual behavior and difficulties with risk recognition and initiation of self-protective behaviors in response to risk. Participants were 509 college women (95 CSA survivors and 414 nonvictims). A path model analyzing the data from the CSA survivors was examined to test hypotheses regarding mediating effects. The model had overall good fit with the observed data. Emotion dysregulation was a strong direct predictor of each behavioral risk factor and indirect predictor of ASA. Passive response to risk accounted for much of this mediated effect. Both risky sexual behavior and passive response to risk were direct predictors of ASA. This model was compared to an identical model analyzing the data of the nonvictim participants. The findings suggest emotion regulation processes play an important role in driving maladaptive behavioral patterns among CSA survivors. It appears that deficits with general emotion competencies may interfere with self-protective responses in potentially assaultive situations, leading to increased risk of ASA.

A Hypervigilance Questionnaire: Psychometric Findings and Group Differences

(Abstract # 411)

Poster # F-106 (Assess Dx, Res Meth)

Atlanta Ballroom

Kimble, Matthew, PhD¹; Bennion, Kelly, BA¹; Fleming, Kevin, PhD¹; Carole L. Bandy, PhD²

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Hypervigilance and attentional bias towards threatening stimuli is a prominent feature in individuals with PTSD. To date, however, there has been no self-report instrument developed to measure hypervigilance in individuals with trauma histories. In this study, 106 individuals with varying trauma histories filled out the Hypervigilance Questionnaire (HVQ). The HVQ is a 16 item self-report instrument that uses a 5 point Likert scale. The scale measures behaviors and cognitions that would be consistent with hypervigilance, such as "feeling on guard," "scanning for threat," and "attention to slight noises." Factor analysis indicated that the items loaded primarily on one factor, indicating that the measure assessed a unitary construct. The measure correlated

positively and significantly with the Posttraumatic Stress Scale (PSS: Foa et al., 1993) and had a Cronbach's alpha of .92 and a split-half reliability measure (odd-even) of .89. A 2 (Group: PTSD, no PTSD) x 3 (Trauma Type: Combat, MVA, Other) ANOVA revealed a main effect for "Group", with PTSD participants reporting more hypervigilance than those without PTSD [$F(1,88)=14.2$, $p<.01$]. "Trauma type" was not significant nor did it interact with "Group". This finding indicates that pathology, and not experiences like military training and deployment, predict hypervigilance post trauma.

Pre-Military Depression, Suicidal Ideation and Plan/Attempt Among Marine Recruits

(Abstract # 413)

Poster # F-108 (Mil Emer, Soc Ethic)

Atlanta Ballroom

Gradus, Jaimie, MPH¹; Shipherd, Jillian, PhD²; Abramovitz, Sarah, BA²

¹Boston VA MedicalCenter/National Center for PTSD, Boston, Massachusetts, USA

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Prevalence estimates for depression, suicidal ideation, plans, and attempts differ by sex in the general population, with women more likely to endorse these experiences. But, the sex-specific prevalence of these characteristics has yet to be studied in people who enlist in the military. We explored these constructs among 1,847 Marine recruits arriving for training at Parris Island. Our study included roughly half the men, and the entire population of women who began Marine training between May-August 1997. The prevalence of depression was significantly higher in women (36%) compared to men (27.1%) and higher than what is reported in the general population with estimates of 21.3% and 12.7%, respectively. For men, the prevalence estimates of lifetime suicidal ideation and plans/attempts were 29.9% and 11.2%, respectively. Estimates were non-significantly higher among female Marine recruits, with lifetime suicidal ideation at 30.9%, and plans/attempts at 13.9%. For both sexes, suicidal ideation and plans/attempts were also elevated compared with what is seen in the general population (13.5%, 3.9%, and 4.6%, respectively). Thus, we found an increased prevalence of depression, suicidal ideation and plans/attempts among those who enlist in Marine training compared to the general population.

The Functional Relationship Between PTSD Symptom Clusters Across Time Following a Campus Shooting

(Abstract # 415)

Poster # F-110 (Clin Res, Disaster)

Atlanta Ballroom

Stephenson, Katherine, MA; Valentiner, David, PhD; Orcutt, Holly, PhD; Kumpula, Mandy, MA

Northern Illinois University, DeKalb, Illinois, USA

Despite developments in our understanding of the factor structure of PTSD symptoms, less is understood about the structural relationship among the symptom clusters. Some theorists have suggested that numbing symptoms are the core feature of PTSD and therefore predict subsequent changes in other symptom clusters. However, there is empirical evidence that hyperarousal plays a prominent role in the prediction of future PTSD symptom severity. For example, one prior study examined the functional relationship between the symptoms

clusters across three time points and found that the hyperarousal symptom cluster was the best predictor of changes in severity of other symptom clusters. The current study sought to replicate those prior findings. Data were collected as part of a long-term study following the NIU campus shooting on February 14, 2008. A cross-lagged panel analysis using two post-shooting time points found that emotional numbing symptom severity predicted changes in the severity of other symptom clusters. Time 3 data is currently being collected and will be incorporated into the analyses.

Perceived Stigma Related to Seeking Mental Health Treatment and Reporting Rape in the Military

(Abstract # 416)

Poster # F-111 (Mil Emer, Res Meth) Atlanta Ballroom

Cretzmeier, Margaret, PhD²; Mengeling, Michelle, PhD²; Booth, Brenda, PhD¹; Torner, James, PhD⁴; Reisinger, Heather, PhD²; Sadler, Anne, PhD³

¹University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA

²CRIISP VAMC, Iowa City, Iowa, USA

This study used qualitative methods to explore how perceptions of stigma related to rape/sexual harassment reporting parallel perceptions of the stigma surrounding seeking mental health care in the military. Eight focus groups were held with OEF/OIF era Reserve/National Guard service women in four Midwestern states. Groups were stratified by Officer/Enlisted personnel and deployment status. Transcripts were independently coded by two researchers and entered into NVivo 8.0 for analysis. Officers and Enlisted women identified numerous perceptions of negative consequences related to both rape/sexual harassment reporting, and seeking mental health care. Analyses demonstrated robust similarities between perceptions surrounding both issues. These similarities identify reasons for service women's reluctance to address these problems in the available venues. Fear of negative career consequences as well as censure by peers and lack of confidentiality were common themes. Stigma associated with addressing both issues created barriers to needed support. Rape/sexual harassment reporting and the need for mental health care are perceived as detrimental for advancement in military careers. The reluctance to address both issues creates an unhealthy environment for service women and ultimately contributes to future mental and physical health problems for this veteran population.

Tonic Immobility Among College Female Sexual Assault Survivors: Perceived Threat and Alcohol Use

(Abstract # 417)

Poster # F-112 (Clin Res, Practice) Atlanta Ballroom

Rees, Michiko, BS; Kaysen, Debra, PhD; Lewis, Melissa, PhD; Lee, Christine, PhD; Desai, Sruti, BA

University of Washington, Seattle, Washington, USA

Tonic immobility (TI) or a "freeze" response is thought to be an involuntary response to inescapable trauma. TI is conceptualized to involve two conditions: physical restraint and fear, both of which appear necessary to induce TI responses. Tonic immobility is reported by approximately 40% of women with histories of

child sexual abuse or adult sexual assault, and is associated with higher psychological distress and poorer treatment outcomes. In college women, alcohol use has been associated with a risk of sexual victimization. In addition, alcohol has been found to attenuate perceived threat during traumatic events. However, no studies to date have examined the possible impact of alcohol use on TI. The present study examined both peritraumatic alcohol use and subjective assessment of risk as predictors of TI among college women with a history of sexual assault ($n = 247$). Preliminary analyses indicate that perceived threat during the traumatic event was associated with greater TI. There was a trend for alcohol use during the trauma to be associated with higher levels of TI ($p = .051$); however there was no significant relationship between alcohol use and perceived threat. Clinical and research implications will be discussed.

Trauma History and Symptoms in HIV+ Youth and Their Caregivers: Unmet Needs

(Abstract # 422)

Poster # F-113 (Child, Practice) Atlanta Ballroom

Robbins-Broth, Michelle, Psychologist, PhD¹; Woods, Amanda, MA²; Snead, Kara²; Henderson, Sheryl, MD, PhD¹

¹Emory University School of Medicine/Grady Health System, Atlanta, Georgia, USA

²Georgia State University, Atlanta, Georgia, USA

More traumas and PTSD diagnoses have been found in HIV+ adults as compared to the general population, although little is known about the traumatic experiences of HIV+ youth. Even less attention has been given to the role of intergenerational trauma and loss in youth with HIV, especially those perinatally-infected. This study assessed the nature and presentation of traumatic experiences and symptoms of 75 HIV+ youth (ages 12-23) and their caregivers. Participants are recruited from a large Southeastern HIV medical clinic, serving predominantly low-income, African American youth and families. Preliminary data from 32 participants reveal that 81% of youth were exposed to at least one potentially traumatic incident, with an average of multiple incidents ($M = 6.0$, $SD = 3.2$, range = 1-13). A comparable 81% of caregivers reported experiencing a potentially traumatic event ($M = 2.8$, $SD = 2.4$, range = 1-7). Youth and caregiver exposures to trauma were significantly correlated ($r = .54$, $p < .01$). The number of potential traumas and history of loss each did not differ significantly between perinatally- and behaviorally-infected youth. Findings will be discussed for their clinical implications, highlighting the need to assess intergenerational trauma and loss in all families living with HIV.

Implications of Word Use in Trauma Narratives

(Abstract # 429)

Poster # F-114 (Clin Res, Practice)

Atlanta Ballroom

Mitchell, Courtney, MA, LPC; DePrince, Anne, PhD; McIntosh, Daniel, PhD

University of Denver, Denver, Colorado, USA

Drawing on theoretical and empirical models of the psychological processes underlying different forms of posttraumatic distress, the current study examined the words people used in describing traumatic events during an interview. Semi-structured interviews were conducted with 73 ethnically diverse adults exposed to a variety of traumatic events (e.g., sexual assault, natural disasters) recruited through community and social services agencies. Self-report questionnaires for PTSD, depression, and dissociation were also administered. Interviews were analyzed using the Linguistic Inquiry and Word Count (Pennebaker et al., 2007) software. We tested predictions about the links between word use and symptoms, social support, and relationship disruption. For example, past verb tense usage was negatively related to symptoms that involve avoidance. Drawing on theories about the function of symptoms, we demonstrated that different aspects of the narrative uniquely predicted some symptoms (e.g., dissociation) and not others (e.g., PTSD). Because these interviews functioned much like a first session in therapy and predicted symptom severity and type, analysis of personal narratives may be a useful clinical aid for identifying variables of interest early in therapy. Implications of these findings for therapies that rely on narratives (e.g., cognitive processing therapy) will be discussed.

Distinct Implications of Child Abuse and Gender on Antisocial and Borderline Personality Pathology

(Abstract # 436)

Poster # F-115 (Assess Dx, Cul Div)

Atlanta Ballroom

Thomas, Kate¹; Ressler, Kerry, MD, PhD¹; Bradley, Bekh, PhD¹; Powers, Abigail, PhD²

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Despite much discussion, there is little research on the relationship between PTSD and the behavioral expressions of Antisocial and Borderline Personality Disorders (APD and BPD). Some research suggests that PTSD symptoms may be misdiagnosed APD and BPD. Our study examined 540 men and women from the medical clinic waiting room of an urban, public hospital. We assessed retrospective reports of childhood sexual, physical and emotional abuse and neglect using the Childhood Trauma Questionnaire (CTQ) and Early Trauma Inventory (ETI). We assessed APD and BPD with the Schedule for Nonadaptive and Adaptive Personality (SNAP) and lifetime PTSD using the Clinician-Administered PTSD Scale (CAPS). We found emotional abuse predictive of BPD ($p < .001$), while physical abuse predicted adult APD ($p < .01$). Among women we found that childhood emotional abuse and intensity of lifetime PTSD symptoms independently predicted BPD ($p < .05$). For men, both childhood physical abuse and intensity of lifetime PTSD symptoms independently predicted retrospective report of childhood APD symptoms ($p < .05$). The finding that emotional, but not sexual,

abuse predicted BPD is especially striking, indicating either a lack of attention to sequelae of emotional abuse in previous research or an important distinction in the studied population. We will present the assessment and diagnosis implications of these results.

Predicting Which Veterans With PTSD Develop Heart Disease

(Abstract # 440)

Poster # F-116 (Practice, Bio Med)

Atlanta Ballroom

Williams, Wright, PhD, ABPP¹; Thornby, Jack, PhD, ABPP¹; Kunik, Mark, MD, PhD¹; Beason Smith, Melissa, MD²

¹Michael E DeBakey VAMC, Houston, Texas, USA

²Bering Support Network, Kingwood, Texas, USA

Research suggests that combat veterans with PTSD carry a substantial risk of developing heart disease. This study presents a theoretical model of personality factors associated with the development of heart disease in veterans with PTSD. The study is drawn from a longitudinal database of 511 veterans initially hospitalized from 1984 to 1987 at the VA Medical Center in Houston and administered a battery of psychological tests. Since their original hospitalization 94 have been diagnosed with PTSD and 173 with heart disease. Odds ratio calculations indicate that veterans with PTSD were 4.32 times more likely to develop hypertension than veterans without PTSD, and there was a similar ratio for veterans with heart disease. Preliminary analysis indicated that the development of heart disease was predicted by numerous personality variables in the data set. Statistical modeling suggested that disease onset was associated with the following seven personality factors: (1) Hostility and Anger, (2) Anxiety, (3) Depression, (4) Health/Somatic Concerns, (5) Avoidance /Withdrawal from others, (6) a Lack of Ego Strength/Intellectual Efficiency, and (7) Drug/Alcohol Abuse. Other current models of the development of heart disease omit factors 5 Avoidance and 6 Lack of Ego Strength. These factors may be pertinent to veterans with PTSD.

The Differential Effects of Child Abuse and PTSD on Schizotypal Personality Disorder

(Abstract # 442)

Poster # F-117 (Assess Dx, Cul Div)

Atlanta Ballroom

Powers, Abigail P., PhD³; Thomas, Kate, PhD²; Ressler, Kerry, MD, PhD¹; Bradley, Bekh, PhD¹

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³Washington University, St. Louis, Missouri, USA

Previous findings suggest a relationship between psychological trauma and Schizotypal Personality Disorder (SZPD). Specifically, childhood maltreatment is associated with increased levels of SZPD. Some research suggests that Post-traumatic Stress Disorder (PTSD) symptomatology may act as a link between psychological trauma and SZPD. This study explored the relationship between childhood maltreatment, PTSD symptoms, and SZPD. Our study examined 541 men and women from the medical clinic waiting room of an urban, public hospital. Using the Childhood Trauma Questionnaire (CTQ) and the Early Trauma Inventory (ETI), we examined retrospective reports of childhood physical, sexual, emotional abuse and neglect. We assessed SZPD with the Schedule for Nonadaptive and Adaptive Personality

(SNAP) and PTSD using the Clinician-Administered PTSD Scale (CAPS). Using a linear regression model, we found that of the five abuse/neglect types analyzed, the only significant predictor of SZPD was emotional abuse ($p < .001$). Lifetime PTSD symptoms significantly predicted SZPD above and beyond childhood abuse ($p < .01$). These findings may elucidate the important impact that childhood maltreatment, in particular emotional abuse, has on SZPD. The development of PTSD as a result of childhood maltreatment or other psychological trauma may also place individuals at an increased risk for SZP.

Examination of the CD-RISC and Personality Characteristics

(Abstract # 444)

Poster # F-118 (Assess Dx, Practice) Atlanta Ballroom

Robinson, Jordan, MA²; Larson, Christine, PhD²; Cahill, Shawn, PhD¹

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²University of Wisconsin, Milwaukee, Wisconsin, USA

The measurement of the construct of resilience to trauma is an area of literature that has garnered interest for the past several decades. Specifically, many researchers have been interested in constructing a valid, reliable measure of resilience as it relates to predicting healthy outcomes to traumatic events and the absence of posttraumatic stress. A recently constructed measure of resilience (CD-RISC; Connor & Davidson, 2003) that was initially validated using a sample of PTSD diagnosed individuals has become increasingly popular. The present study examined the relationship between the CD-RISC and aspects of personality, taking into consideration that personality characteristics have long been studied as protective and risk factors for PTSD. In a large sample of college undergraduates, our study found that Positive Emotionality accounted for the largest amount of variance in CD-RISC scores. We also found a significant, although smaller inverse relationship between resilience and Negative Emotionality, which in previous literature has arguably been the best predictor of the development of posttraumatic stress following a traumatic event. These data add valuable insights into the psychometric properties of the CD-RISC, and offer important information concerning the underlying construct of the CD-RISC and what it is actually measuring.

Imagery Rescripting for the Treatment of Chronic Posttraumatic Nightmares and Negative Cognitions

(Abstract # 445)

Poster # F-119 (Clin Res, Practice) Atlanta Ballroom

Springer, Justin, PhD²; Long, Mary, PhD²; Teng, Ellen, PhD²; Davis, Joanne, PhD¹

¹University of Tulsa, Tulsa, Oklahoma, USA

²Michael E. DeBakey VA Medical Center, Houston, Texas, USA

It has been suggested that the development and maintenance of posttraumatic stress disorder (PTSD) symptoms is characterized by extreme negative appraisals. Several recent psychological treatments for PTSD have emphasized the importance of modification of these cognitive distortions in mediating distress. This study tested whether modification of posttraumatic cognitions is a mechanism of change when using a manualized cognitive-behavioral intervention employing exposure and

imagery rescripting for posttraumatic nightmares (PTNM). Change in posttraumatic cognitions from baseline through 6-month follow-up was measured using the Posttraumatic Cognitions Inventory (PTCI). Among the 19 participants, significant linear reductions in the PTCI total and Self-Blame subscale scores were observed across the assessment periods. The initial amount of change in PTCI World and Self-Blame subscale scores observed during treatment predicted the amount of distal change observed at the 6-month follow-up. Change in negative cognitions significantly correlated with PTSD symptom change. These data add needed support for implementation of cognitive-behavioral interventions including exposure and imagery rescripting as effective treatments for PTNM and related negative beliefs. Directions for future research concerning examination of mechanisms of change during and following treatment are discussed.

Risk Perception and Adolescent Sexual Assault: Impact of Victimization History

(Abstract # 448)

Poster # F-120 (Clin Res, Res Meth) Atlanta Ballroom

Niehaus, Ashley, MS¹; Jackson, Joan, MFT (in training)²

¹University of Georgia, Athens, Georgia, USA

²California State University of Sacramento, Auburn, California, USA

Components of risk perception and sexual victimization history were examined among 509 college women. Participants were presented with five computerized vignettes, four of which described hypothetical risky situations and one which described a non-risky, control scenario. Participants indicated threat detection and hypothetical response to leave the situation significantly later or not all in the control scenario, providing support for the validity of the hypothetical vignette research paradigm. For the risky situations, multivariate models revealed that relationship with the potential perpetrator (stranger, acquaintance, old friend, or romantic partner) and prior victimization history (nonvictim, CSA only, ASA only, or CSA and ASA) impacted when threat detection and behavioral response occurred. Overall, participants reported leaving the romantic partner scenario later than the other situations. Revictimized women endorsed perceiving risk and attempting to leave the situations later than the other groups. In a set of linear regression analyses, behavioral response to risk was a stronger predictor of prior victimization in adolescence than threat identification. Results of this study demonstrate multiple components of risk perception, including risk recognition and behavioral response to threat, that may contribute to increased vulnerability for ASA.

Alienation and Posttraumatic Distress

(Abstract # 449)

Poster # F-121 (Prev El, Practice) Atlanta Ballroom

Anarheen, Pineda, MA

University of Denver, Denver, Colorado, USA

Research on appraisal processes in posttraumatic distress has considered several appraisals (e.g., fear, shame), though relatively little attention has been paid to alienation. Across two studies, we examined links between interpersonal violence exposure, posttraumatic appraisals, and posttraumatic symptoms (including PTSD, depression, and dissociation). The

first study examined a sample of 109 undergraduate volunteers (Mean age=20.3 years; 76% female). We found that interpersonal violence (IPV) exposure (relative to non-IPV exposure) explained unique variance in posttraumatic symptom severity scores. Of note, alienation mediated the relationship between trauma exposure and posttraumatic symptom severity. The second study examined a sample of 236 ethnically diverse female community participants (Mean age=33.3 years) who were recruited after incidents of domestic violence reported to the police. We replicated our initial findings: posttraumatic appraisals predicted post-trauma symptomatology including depression, dissociation, and PTSD symptoms. Again, alienation appraisals explained unique variance in posttrauma symptomatology when controlling for other appraisals (e.g., shame, self-blame). We will discuss the research and clinical implications of these findings.

Confronting Worldwide Prevalence of PTSD Associated With Natural Disaster and Torture

(Abstract # 456)

Poster # F-122 (Assess Dx, Disaster) **Atlanta Ballroom**

Netto, Liana²; Quarantini, Lucas, MD, PhD²; Sales, Patricia Amanda, BS³; Caldas, Mike²; Batista, Nevis, MD²; Koenen, Karestan, PhD¹

¹Harvard School of Public Health, Boston, Massachusetts, USA

²Universidade Federal da Bahia, Salvador, Bahia, Brazil

³University Hospital, Universidade Federal da Bahia, Salvador, Brazil

The prevalence of PTSD appears to vary according to the nature of the traumatic experience. Rape and combat have been associated with the highest prevalence of PTSD in men and women, while natural disasters and accidents are likely to be associated with a low rate of development of this disorder. It suggests that the intentionality of interpersonal violence may mediate the risk to develop PTSD by victims of trauma. The purpose of this study was to estimate the world wide-pooled prevalence of PTSD associated with two paradigmatic types of trauma; in one extreme, natural disaster, representing a non intentional trauma and in the other torture, as a premeditated and interpersonal violence. The authors searched MEDLINE and PsycINFO databases from January 1980 to November 2008 and reviewed textbooks and reference lists of the selected studies. Surveys were included if they reported point prevalence of PTSD for subjects 18 years of age or older according to *DSM* or *ICD* criteria. Finally, we discuss possible mediating factors associated with PTSD in both situations and try to understand possible consequences for etiological and therapeutics future studies.

Betrayal Trauma Predicts Intrusion and Avoidance Symptoms in University Undergraduates

(Abstract # 459)

Poster # F-123 (Assess Dx, Res Meth) **Atlanta Ballroom**

Goldsmith, Rachel E., PhD²; Barlow, M. Rose, PhD¹

¹Boise State University, Boise, Idaho, USA

²Portland Veterans Affairs Medical Center, Portland, Oregon, USA

Interpersonal trauma appears to be more strongly related to posttraumatic symptoms than are other forms of trauma such as accidents or disasters. Betrayal trauma, or trauma perpetrated

by caregivers or close others, is especially predictive of psychological symptoms in most of the few studies that address this distinction. However, the extent to which betrayal trauma relates to posttraumatic intrusion and avoidance symptoms has not been established. The present study examined betrayal trauma and non-betrayal trauma as predictors of intrusion and avoidance symptoms in 433 university undergraduates. Betrayal trauma significantly predicted intrusion and avoidance symptoms and total symptom scores, while non-betrayal trauma did not. The results indicate that relational contexts should be included in conceptualizations of trauma and its effects.

Metacognition and Posttraumatic Symptoms

(Abstract # 461)

Poster # F-124 (Res Meth, Practice) **Atlanta Ballroom**

Goldsmith, Rachel, PhD²; Barlow, M. Rose, PhD¹

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Posttraumatic symptoms may reflect cognitive attempts to process traumatic material and to develop coherent conceptualizations. Little is known, however, about whether posttraumatic symptoms represent conscious attempts to manage thoughts and memories, or whether such symptoms arise from more implicit mental processes. This study assessed lifetime trauma, metacognition, and conscious attempts to control thoughts as predictors of intrusion and avoidance symptoms in a sample of 433 university undergraduates. Each independent variable emerged as a significant predictor of intrusion, avoidance, and total posttraumatic symptoms. The data suggest that trauma survivors' explicit awareness of their cognitions and their thought control attempts contribute to posttraumatic symptoms, and portray an active, rather than passive, cognitive approach among trauma survivors.

Effects of PTSD on Functional MRI Adaptation

(Abstract # 463)

Poster # F-125 (Bio Med, Assess Dx) **Atlanta Ballroom**

Chao, Linda, PhD; Neylan, Thomas, MD; Marmar, Charles, MD

University of California San Francisco, San Francisco, California, USA

We examined the effects of posttraumatic stress disorder (PTSD) on neural modulation using functional MRI (fMRI). Twenty-four male veterans (15 PTSD+, 9 PTSD-) were scanned while they viewed traumatic and neutral images from the International Affective Picture System (IAPS). We focused our initial analysis on the lateral occipital complex (LOC), a brain region important for object recognition. We compared the LOC response to repeated and novel presentations of neutral and traumatic images in PTSD+ and PTSD- subjects. Preliminary results suggest no group difference in LOC habituation to repeated traumatic images. However, there was a trend towards a positive correlation between the magnitude of LOC habituation to repeated traumatic images with the Clinician Administered PTSD Scale (CAPS) Intrusion subscore in PTSD+ subjects (i.e., more intrusive symptoms were associated with less LOC habituation to repeated traumatic images). Furthermore, the magnitude of LOC habituation to repeated traumatic images in PTSD+ subjects was negatively correlated with right amygdala activity (i.e., the less LOC habituation, the greater the right amygdala response to

traumatic images). These preliminary results suggest that visual association cortex reactivity and amygdala hyperresponsivity to traumatic images may be related to the severity of the PTSD subjects' symptoms.

Demographic and Clinical Correlates of Treatment Seeking Among Trauma Survivors in Sao Paulo, Brazil

(Abstract # 466)

Poster # F-126 (Clin Res, Soc Ethic) **Atlanta Ballroom**

Costa, Mariana, PhD Student¹; Mello, Marcelo, MD, PhD¹; Quarantini, Lucas, MD, PhD³; Koenen, Karestan, PhD²; Bressan, Rodrigo, MD, PhD¹; Mari, Jair, MD, PhD¹

¹Federal University at Sao Paulo, Sao Paulo, Brazil

²Harvard School of Public Health, Boston, Massachusetts, USA

³Federal University of Bahia School of Medicine, Salvador-Bahia, Brazil

Little work has been done on the epidemiology of trauma and its consequences, such as posttraumatic stress disorder (PTSD), in Latin America in general and specifically in Brazil. This is true despite the fact that these populations are more likely to be traumatized than those in developed countries; between 1980 and 2000, more than 598,000 people were assassinated in Brazil. The aim of this study is to identify demographic and clinical correlates of mental health treatment seeking by comparing trauma survivors from a community sample (n=103) and mental health service users (n=44) in the city of Sao Paulo. The clinical assessment included: Structured Clinical Interview for DSM-IV Axis I Disorders (SCID); Beck Depression Inventory (BDI) and; Clinician-Administered PTSD Scale (CAPS). The two samples had similar demographic profiles. However, mental health services users presented with more severe posttraumatic stress disorder (PTSD) and major depression (MD) and lower functioning. These pilot data suggest that severity of psychopathology may be the primary determinant of mental health treatment seeking among trauma survivors in Brazil. Future studies should identify barriers to treatment among this population.

Comorbid PTSD in Bipolar Patients: Clinical Outcomes and Quality of Life

(Abstract # 469)

Poster # F-128 (Assess Dx, Practice) **Atlanta Ballroom**

Quarantini, Lucas, MD, PhD²; Miranda-Scippa, Angela, MD, PhD; Nascimento, Monica, MD, MPH³; Kapczinski, Flavio, MD, PhD¹; Koenen, Karestan, PhD¹

¹Harvard School of Public Health, Boston, Massachusetts, USA

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Epidemiologic and clinical studies suggest posttraumatic stress disorder (PTSD) is common among individuals with bipolar disorder (BD) and is associated with significantly worse course and functional impairment. This report is based on data from the Brazilian Research Consortium on Bipolar Disorders. Our goal was to examine whether patients with comorbid BD-PTSD, as compared to patients with BP only (BD-control) and BP with trauma (BD-trauma), but without PTSD have greater functional impairment. A sample of 405 consecutive bipolar outpatients was invited to participate. Eligible patients were older than 18 years, with confirmed BD diagnosis criteria according to the DSM-IV. They were evaluated through the Structured Clinical

Interview for the DSM-IV axis I (SCID-I), the Young Mania Rating Scale, the Hamilton Rating Scale for Depression- 17 item, and the instrument for the assessment of the quality of life (QOL) of the World Health Organization (WHOQOL-BREF). Groups were similar in terms of socio-demographical parameters. Compared with BD-trauma and BD-control, BD-PTSD group reported consistent worst QOL, higher rates of suicide attempt, more severe scores of YMRS, and were more likely to present with rapid mood cycling.

Posttraumatic Relational Syndrome Cultural and Intergenerational Considerations

(Abstract # 472)

Poster # F-129 (Practice, Assess Dx) **Atlanta Ballroom**

Novac, Andrei, MD¹; Katz, Lori, PhD²; Ghafoori, Bitu, PhD³; Pusateri, Toni, MD¹

¹University of California Irvine Medical Center, Orange, California, USA

²VA Long Beach Healthcare System, Long Beach, California, USA

³California State University, Long Beach, California, USA

The author will be drawing on two-decade experience with a group of patients with good premorbid functioning, who are prone to "regress" to immature interpersonal patterns when exposed to stressful life circumstances. The presentation will revisit the previously proposed "regression theory" (1) in view of our current understanding of trauma and attachment. We will propose a bridge between this subgroup of trauma patients and the concept of Posttraumatic Relational Syndrome (PTRS). The importance for the indepth understanding of subcultural and intergenerational aspects of traumatized individuals will be emphasized.

Implementation of a School-Based Preventive Psychological First Aid for Adolescents in Taiwan

(Abstract # 474)

Poster # F-130 (Prev EL, Child) **Atlanta Ballroom**

Chen, Sue-Huei, PhD; Kung, Yi Wen, MS; Su, Yi-Jen, MA

National Taiwan University, Taipei, Taiwan

Exposure to potentially traumatic events such as a large-scale natural disaster that affect entire communities may lead to higher risk of psychological distress for children and adolescents. The concept of psychological first aid (PFA) has been proposed and increasingly used in the field of disaster mental health in recent years. More efforts have focused on training adults to provide early psychosocial assistance to children following highly traumatic events. A question emerges as whether the PFA, as an operation responding to the occurrence of the trauma, can also function as a preventive build-up for future disaster. The second question asks whether children and adolescents can be benefited from a preventive PFA training for themselves. This study thus aimed to implement a school-based preventive PFA program and then to examine the effect of PFA training. We adapted the concept of PFA, developed preventive PFA protocols, and implemented the preventive PFA program in an elementary school and a junior high located within a zone with high risk for earthquake. Preliminary analyses show that, as compared with their counterparts, those children and adolescents who received PFA training demonstrated better knowledge about disaster and coping to the trauma in immediate post and one-month follow-up evaluations.

Childhood Trauma Contributes to Pathological Dissociation

(Abstract # 479)

Poster # F-131 (Assess Dx, Res Meth) **Atlanta Ballroom**

Chiu, Chui-De, PhD Student; Hum, Hai-Go; Yei-Yu Yeh, PhD

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A central issue of any dissociation theory is the distinction between normative and pathological dissociation. Normative dissociation is more prevalent in the general population and involves nontraumatic factors such as the biological disposition; pathological dissociation may be contributed to the trait-like dissociation and traumatic stress (Kihlstrom, Glisky, & Angiulo, 1994). This study aims to examine this theoretical issue, using three measures in a college sample. The Traumatic Dissociation Scale (TDS, Calson & Waelde, 1999) was used to measure pathological dissociation. The Dissociative Experiences Scale (DES, Bernstein & Putnam, 1996) was used to measure trait-like dissociation. The Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998) was used to measure traumatic experiences. The results showed that the correlation between CTQ score with the TDS score (.31) was significantly higher than the correlation between CTQ score and the DES score (.17). Also, adding the CTQ score in a regression analysis with the TDS score as the predicted variable and the DES score as the predictor significantly increased the amount of variances accounted for in the TDS scores. Childhood trauma experiences contributed to pathological dissociation.

Increased Risk of Suicide Attempts in Young Adolescent Females

(Abstract # 480)

Poster # F-132 (Child, Res Meth) **Atlanta Ballroom**

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Suicide is the third leading cause of death among adolescents and represents a significant public health problem. This study explores risk factors for suicide attempts in male and female adolescents. Data are from a nationally representative sample of 10,424 youth who participated in the National Longitudinal Study of Adolescent Health. Risk factors were measured at Wave 1 and included demographic, psychological, family background, behavioral, and resource variables. Logistic regression was used to predict first time non-fatal suicide attempts assessed one year later at Wave 2 and to test gender interactions with each risk factor. SPSS Complex Samples was used to analyze the data. Findings indicated that more females (3.3%) than males (1.6%) had attempted suicide at Wave 2. The majority of risk factors did not vary by gender. However, a significant age by gender interaction was observed. Controlling for other risk factors, the risk of suicide attempts increased for males with increasing age; for females, the greatest risk of suicide attempts occurred in younger adolescents and this risk diminished with increasing age. Elucidating reasons for this interaction could facilitate the design of preventive interventions targeted to young adolescent females.

Profiles of Female Survivors of Interpersonal Traumatic Events: A Person-Centered Approach

(Abstract # 489)

Poster # F-133 (Prev EL, Bio Med) **Atlanta Ballroom**

Mourad, Mariam, MA; Levendosky, Alytia, PhD; Carolan, Marsha, PhD; Davidson, William, PhD

Michigan State University, East Lansing, Michigan, USA

Trauma researchers have begun to incorporate the person-centered approach into their analyses of the interpersonal violence. This approach allows for an understanding of the survivor as a whole entity or what elements categorize her experiences. This study assessed the profiles of the survivor to gain a different perspective of how characteristics of the survivor affect her psychological and physical health outcomes. Exploratory cluster analyses were conducted to determine survivor groupings which naturally arose based on particular profiles of the characteristics of the interpersonal traumatic event, personality, and the environment and the effects on the survivor's psychological and physical health symptoms. Participants included 279 women that endorsed an interpersonal traumatic event. Results indicate that the moderate neuroticism and extraversion group was indicative of the highest levels of trauma-related and physical health symptoms. In comparison, women with high environmental stress displayed the highest depressive and anxiety levels, while women with a family psychiatric history displayed the highest trauma-related and physical health symptoms. These groupings can then help future researchers to assess what other factors influence these specific profiles of characteristics as well as provide information regarding the health outcomes associated with these groupings.

Fast and the Furious: Moderating Effects of Personality on Sensation Seeking Behaviors in Veterans

(Abstract # 498)

Poster # F-134 (Clin Res, Assess Dx) **Atlanta Ballroom**

Strom, Thad, PhD; Weigel, Rebecca, MA; Leskela, Jennie, PhD; James, Lisa, PhD; Lindberg, Jamie; Yutsis, Maya, MA

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Veterans with Posttraumatic Stress Disorder (PTSD) are at risk for premature mortality many years after their military service. Researchers have begun to identify behavioral mechanisms associated with PTSD that may increase risk of early death through external causes including medically non-compliant and impulsive behaviors, substance use disorders, interpersonal violence, and weapon-related aggressive behavior. Moreover, there is evidence suggesting that personality characteristics moderate the impact of trauma on the development and expression of posttraumatic stress disorder symptoms. The purpose of the present study is to examine the rates of high risk and sensation-seeking behaviors in veterans, and identify the contribution of personality factors in the perception and expression of these behaviors. The present study builds upon previous research by incorporating sensation seeking behaviors (e.g., thrill seeking and risky sexual behaviors) that have been neglected in previous studies. We hypothesized that internalizing and externalizing facets of personality would moderate the

relationship between PTSD and the perception and expression of high risk and sensation seeking behaviors. Participants were over 250 veterans presenting to a postdeployment health clinic and two outpatient mental health clinics at a large Midwestern VA Medical center.

Depression, Anxiety and Combat Experience in Men Are Influenced to ECG

(Abstract # 504)

Poster # F-135 (Clin Res, Bio Med)

Atlanta Ballroom

Mikhaylova, Elena, PhD, MD; Rachin, Andrey, PhD, MD; Evstigneeva, Natalia

Smolensk State Medical Academy, Smolensk Regional Hospital for Veterans, Smolensk, Russia

The aim of our research was to evaluate the connection between combat stress, ECG parameters and psychological features of patients. Study included 32 men from 26 to 66 (mean 38.7) 31.25% of which were current military officers and 68.75% were veterans of local wars. 56.25% of men reported about combat injuries, and 100% had got combat experience. We used Beck Depression Inventory (BDI), Mississippi Scale (MS), score for evaluation of combat experience, peritraumatic dissociation questionnaire and Spilberger score for anxiety measures. Linear model of regression analysis being used to describe the relationship between parameters. There was a statistically significant relationship between QT interval and level of the depression at the 90% or higher confidence level ($p < 0.10$, correlation coefficient +0.51) and also between QT and combat experience in point 'how many man in you group had been killed' ($p < 0.05$, +0.70). It is known that delayed repolarisation of the heart is associated with increased risk of ventricular arrhythmias and sudden cardiac death. Heart rate also had significant relationship with intensity of combat. The results on MS strongly influenced to dissociation ($p < 0.01$, +0.77) and level of personal anxiety ($p < 0.1$, +0.51) and personal anxiety strongly influenced to level of the depression ($p < 0.01$, +0.73).

Gender Difference in the Association Among Attachment Styles, Neuroticism and Posttraumatic Stress Symptoms

(Abstract # 515)

Poster # F-136 (Assess Dx, Clin Res)

Atlanta Ballroom

Su, Yi-Jen, PhD Candidate¹; Chou, Chia-Ying, MSc²; Huang, Yu-Lien, MS³; Yu, Sheng-Hsiang, MA; Chen, Sue-Huei, PhD

National Taiwan University, Taiwan, China

Neuroticism is a crucial vulnerability factor for PTSD. Additionally, people who develop insecure working models are more vulnerable to psychiatric disorders. Insecure attachment may reflect a more general personality trait such as neuroticism. Thus, it is interesting to examine whether insecure attachment could predict the severity of PTSD symptoms over and above neuroticism. A sample of 110 undergraduates exposed to Criterion A trauma completed the Posttraumatic Diagnostic Scale, BDI-II, NEO PI-R Neuroticism Scale, and Revised-Adult Attachment Scale. Results indicated that 58.2% of participants endorsed insecure attachment styles. Those who experienced human perpetrated violence (e.g., physical assault) endorsed the highest proportion of insecure attachment styles (81.0%). Insecurely

attached individuals exhibited higher levels of reexperiencing, avoidance, overall PTSD, and depressive symptom severity than securely attached individuals. Regression analyses indicated that only attachment avoidance could predict PTSD symptoms but the effect became nonsignificant after adding neuroticism. The above pattern was quite different between genders. In female participants, attachment avoidance, attachment anxiety, and neuroticism could all predict PTSD. In contrast, only neuroticism could predict PTSD in male participants. The implication for the psychopathology of PTSD is discussed.

The ArtReach Foundation: A Model of Healing Trauma Through Experiential Arts and Group Process

(Abstract # 520)

Poster # F-138 (Civil Ref, Clin Res)

Atlanta Ballroom

Anderson, Susan, CEO; Wise, Stephanie, ATR-BC, LCAT; Door, Ashley, ATR-BC, LCAT; Nash, Emily, LCAT; O'Hara, Christiane, PhD

ArtReach Foundation, Atlanta, Georgia, USA

This presentation explains the mission of ArtReach and our theoretical model of therapeutic experiential arts combined with group process. This model has been employed in working with traumatized populations served by the ArtReach Foundation, a not-for-profit transnational program based in Atlanta, Georgia. The Founder and CEO of the ArtReach Foundation along with her credentialed/licensed creative arts therapist core faculty will discuss the model of experiential arts utilized within a "train the trainers" program. This therapeutic experiential approach, which identifies teachers and mental health professionals in regions that have undergone war trauma or natural disasters, offers participants an intensive training which in turn is designed to help the participants train others to work with traumatized children and adults. Ten years of training survivors of wars and natural disasters in Bosnia, Jordan, and the United States are reviewed. Issues including cultural and language differences, building international relationships, and ongoing funding are discussed.

The Impact of Trauma History on Pain Anxiety and Sensitivity to the Cold Pressor

(Abstract # 531)

Poster # F-139 (Bio Med, Child)

Atlanta Ballroom

Irish, Leah, MA; Delahanty, Douglas, PhD

Kent State University, Kent, Ohio, USA

A history of exposure to traumatic events, particularly childhood abuse, has been associated with greater risk for long-term musculoskeletal pain symptoms as well as higher morbidity of pain disorders. These findings are typically based on results found in treatment-seeking samples, and often contain other methodological confounds. The aim of the present study was to examine the impact of prior trauma on pain sensitivity in a sample of healthy, young adults by applying identical painful stimulation to all participants, and assessing their sensitivity to pain. Thirty undergraduates with a history of prior trauma will be compared to 30 matched controls with no trauma history. Participants provide information on demographics, trauma history, childhood abuse, PTSD and depressive symptoms. In

addition, participants report levels of pain anxiety and participate in a cold pressor task requiring them to submerge their hand in ice water for varying lengths of time. Participants are asked to report on the pain they experienced during the task. Results of this ongoing study will be presented. Analyses will determine whether healthy individuals with a history of trauma report greater sensitivity to pain than nontraumatized controls. In addition, differences in pain anxiety, depression and PTSD symptoms will be tested as potential mechanisms.

Behavioral Forecasting and Sex to Reduce Negative Affect: Prospective Predictors of Assault Risk

(Abstract # 532)

Poster # F-140 (Prev El, Res Meth)

Atlanta Ballroom

Kumpula, Mandy, MA; Bardeen, Joseph, MA; Varkovitzky, Ruth, MA; Orcutt, Holly, PhD

Northern Illinois University, DeKalb, Illinois, USA

Risky sexual behavior has been identified as a risk factor for sexual assault. Understanding factors that contribute to sexual risk-taking is necessary to create risk reduction programs. Sexual behavior motivated by a desire to reduce negative affect appears prone to high levels of risk; however, little is known about this relationship. The present study used a longitudinal design to examine predictors of risky sexual behavior among college females. Cross-sectionally, using a behavioral forecasting analog, negative affect and use of sex to reduce negative affect (SRNA) were examined as predictors of participants' ratings of their likelihood of engaging in sexual behavior with a poorly known partner. Negative affect, SRNA, and behavioral forecasting ratings were examined as predictors of prospective sexual behavior. Cross-sectionally, negative affect and SRNA were related to ratings of likelihood to engage in sexual intercourse with a poorly known partner. Prospectively, ratings of likelihood to engage in sexual intercourse with a poorly known partner predicted number of new sexual partners and one-night stands. Women who endorsed SRNA and a higher likelihood of sexual intercourse with a poorly known partner reported more new sexual partners at follow-up. An interaction between negative affect, SRNA, and behavioral analog ratings also predicted number of new sexual partners.

Advances in the Theory of Compassion Satisfaction and Fatigue and Its Measurement With the ProQOL 5

(Abstract # 533)

Poster # F-141 (Res Meth, Assess Dx)

Atlanta Ballroom

Stamm, Beth Hudnall, PhD²; Figley, Charles R., PhD¹

¹Idaho State University, Pocatello, Idaho, USA

²Tulane University, New Orleans, Louisiana, USA

No substantial changes have been made to the theory of the effects of providing care in extremely stressful situations or to traumatized people since the mid 1990s. The negative effects have been known as compassion fatigue, secondary traumatic stress and vicarious trauma while positive effects are known as compassion satisfaction or together as professional quality of life. Stamm and Figley will present a newly revised theory of professional quality of life based on recent research and practice

and the Professional Quality of Life Scale (ProQOL⁵; Stamm 2009, www.proqol.org). The ProQOL and its antecedents beginning with the Compassion Fatigue Self Test (Figley, 1995), is the most commonly used measure of the effects of providing care to traumatized people. A literature review identified 99 research papers, 47 of which used the ProQOL to measure the positive and negative aspects of providing trauma care. Following the presentation of the revise theory, the revised ProQOL 5 and its test manual (Stamm, 2009) will be presented. Information will be provided on its reliability and validity, methodological usage, data management, scoring, and providing participant feedback as well as translations and available languages—English, Finish, French, German, Hebrew, Italian, Japanese and Spanish other translations in process.

Childhood Maltreatment and Intimate Partner Violence in Abused African American Women

(Abstract # 540)

Poster # F-143 (Clin Res, Cul Div)

Atlanta Ballroom

Patel, Meghna, PhD¹; Bhaju, Jeshmin, PhD¹; Thompson, Martie, PhD³; Kaslow, Nadine, PhD²

¹Emory University, Atlanta, Georgia, USA

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³Clemson University, Clemson South Carolina, USA

Intimate partner violence (IPV) has been documented to be higher among African American women (Kaslow et al., 2002). Similarly, rates of childhood maltreatment are higher in the African American community than their White counterparts (Wyatt et al, 2000). Researchers have found that women who are physically, sexually, and/or emotionally abused during childhood were at a higher risk of being victims of IPV as adults (Wyatt et al., 2000). Data for the current study was collected from the Grady Nia Project, which is a hospital based culturally informed intervention for suicidal, abused African American women funded by the Centers for Disease Control and National Institute of Mental Health. Results revealed that a strong relationship exists between childhood maltreatment and experiences of IPV-physical ($r = .19, p < .01$) and IPV-nonphysical ($r = .20, p < .01$). Hierarchical regressions indicated there is no significant difference in the predictive value of form of childhood maltreatment for the experience of IPV. The results obtained indicate the importance of assessing history of childhood maltreatment, particularly among African American females. Clinical implications of addressing childhood maltreatment in therapy with abused African American women are also discussed.

H.E.R.O.E.S. Care: Reducing, Mitigating, and Alleviating Psychological, Moral, and Spiritual Injury

(Abstract # 542)

Poster # F-144 (Comm, Mil Emer) **Atlanta Ballroom**

Lynema, Sara, MA^{1,2}; Shultz, Laura, MA^{1,2}; Jerome, Jon²

¹Wheaton College, Lombard, Illinois, USA

²Operation Homefront, High Ridge, Missouri, USA

Center for Deployment Psychology

When calculating stress-related health problems among veteran populations, secondary trauma to spouses and children has often been overlooked. This presentation will provide an overview of a national, community-based strategy for preventing, mitigating, and alleviating psychological, moral, and spiritual injury designed to meet the needs of returning service members and their families. The H.E.R.O.E.S. Care Program provides community-based support for service members and their families throughout the deployment cycle (predeployment, deployment, transition, and reintegration) through a partnership of Operation Homefront with Stephen Ministries, which includes a network of 450,000 volunteers in 10,000 churches nationwide. Specialized training has been designed by Operation Homefront to equip these Stephen Ministers to serve the unique needs of military families and become Hometown Support Volunteers. Give an Hour, a national network of 3,000 mental healthcare professionals who volunteer their services to care for OIF/OEF veterans and their families, will provide professional support for the Hometown Support Volunteers. Additionally, local weekend retreats have been designed for military families during reintegration to process their experience of the deployment cycle with other military families. Specialized tracks have been developed for children and adolescents.

The Victorian Bush Fires: Survivors and Supporters Sharing Trauma

(Abstract # 545)

Poster # F-145 (Disaster) **Atlanta Ballroom**

Shakespeare-Finch, Jane, PhD

Queensland University of Technology, School of Psychology & Counseling, Aspley, Kelvin Grove, Australia

February 2009 saw the worst bush fires in Australia's documented history. More than 210 people were incinerated, 2000 homes and business were destroyed. Many more people were injured and many more buildings were damaged. Parents, children, partners, pets, livestock, homes and livings were gone in an inferno that came suddenly and furiously. Nothing could have stopped it. The shock was overwhelming for many and the trauma widespread. Still, those who had always supported their communities continued to do so. This paper explores the role of being a member of a devastated community concurrently with being a member of the support team. Volunteer firefighters, police, paramedics, deliverers of meals, shelter, clothes and news both lived and worked in the affected areas. Still they gave of themselves to those in need despite being in need themselves. Some stories are shared and evidence for the benefit of giving support rather than receiving it is discussed.

Cumulative Trauma and Posttraumatic Stress Among Children After a Second Hurricane

(Abstract # 546)

Poster # F-146 (Child, Disaster) **Atlanta Ballroom**

Salloom, Allison, PhD¹; Burch, Berre, MA²; Overstreet, Stacy, PhD²

¹School of Social Work, University of South Florida, Tampa, Florida, USA

²Department of Psychology, Tulane University, New Orleans, Louisiana, USA

Research has demonstrated a relationship between disaster exposure and posttraumatic stress (PTS). However, research is needed to understand how prior trauma exposure, including exposure to prior disasters, moderates this relationship. This study examined the relationship between exposure to a hurricane (Gustav) and distress among 122 children to determine whether that relationship was moderated by children's prior experiences with Hurricane Katrina and exposure to community violence (ECV). Measures of hurricane experiences, ECV, PTS, and depression were administered. Assessments occurred after the 3 year anniversary of Katrina which coincided with the landfall of Gustav. Results indicated a positive association between Gustav and PTS for children who experienced high exposure to Katrina and low ECV. There was a marginally significant positive association between Hurricane Gustav and PTS for children who experienced high ECV and low exposure to Hurricane Katrina. For children with both high exposure to Katrina and high ECV, PTS remained high regardless of Gustav exposure. Results suggest that prior trauma exposure amplifies the relationship between recent hurricane exposure and PTS and high levels of cumulative trauma may supersede the influence of a disaster on distress. Findings support post disaster policies and interventions that address prior trauma.

Assault Characteristics as Predictors of Peritraumatic Dissociation

(Abstract # 548)

Poster # F-147 (Assess Dx, Prev EI) **Atlanta Ballroom**

Mott, Juliette, MA; Ohlms, Michelle, PhD; Galovski, Tara, PhD

University of Missouri-St Louis, Kirkwood, Missouri, USA

The present study sought to identify assault characteristics predictive of peritraumatic dissociation (PD). Participants were 75 interpersonal assault survivors recruited as part of a NIMH-funded treatment, trial evaluating the effectiveness of Cognitive Processing Therapy. PD was assessed retrospectively with nine clinician-administered items that queried dissociative reactions during trauma. Consistent with previous studies that have identified PD as an important predictor of PTSD (Briere, 2005), degree of dissociation at the time of trauma significantly predicted avoidance symptoms, as measured by the Clinician-Administered PTSD Scale, $\beta=-0.31$, $p=0.01$. Assault type was related to level of dissociation at the time of trauma, with sexual assault survivors reporting significantly higher rates of PD than survivors of physical assault, $t(70)=0.41$, $p=0.01$. The duration of the assault ($\beta=0.27$, $p=0.04$) and the degree to which the individual gave up or quit fighting at the time of the assault ($\beta=0.29$, $p=0.01$) also predicted degree of dissociation. Feeling calm, helpless, disgusted, and terrified at the time of assault also correlated with total dissociation scores. The present study differs from previous literature in that presence of a weapon, fear of death, and degree of injury were unrelated to degree of PD.

Co-Morbidity of Substance Dependence and Mood-Related Psychopathology in an Urban Population

(Abstract # 549)

Poster # F-148 (Assess Dx, Soc Ethic)

Atlanta Ballroom

Khoury, Lamya, ScB; Tang, Yi-lang, MD, PhD; Bradley, Bekh, PhD; Ressler, Kerry, MD, PhD; Cubels, Joseph, MD, PhD

Emory University, Atlanta, Georgia, USA

Adverse life events are associated with increased rates of psychopathology, including substance abuse and dependence. Rates of co-morbidity of substance dependence and other psychopathology were examined in a highly traumatized, urban, primarily African American population. Participants were recruited from primary care and obstetrics-gynecology clinic waiting rooms at a public hospital. Lifetime prevalence of alcohol, cocaine, and opiate dependence was determined using the Kreek-McHugh-Schluger-Kellogg (KMSK) scale. The Structured Clinical Interview for DSM-IV (SCID) was used to assess lifetime prevalence of Bipolar Disorder, Major Depressive Disorder (MDD), Dysthymia, and Primary Psychosis. A significant difference in the rate of dysthymia was observed between subjects with and without alcohol dependence ($p = 0.035$), and rates of MDD were higher in both the cocaine ($p = 0.021$) and opiate ($p = 0.017$) dependence groups compared to subjects without dependence. Trend level differences were observed in rates of MDD between subjects with and without alcohol dependence ($p = 0.055$) and in rates of primary psychosis between subjects with and without cocaine dependence ($p = 0.068$). There are high rates of co-morbidity between substance dependence and mood-related psychopathology in this population. Cocaine and opiate dependence were associated with higher risks for MDD.

“Exposure” to the September 11th, 2001

World Trade Center Attacks:

How Should it be Defined?

(Abstract # 550)

Poster # F-149 (Disaster, Res Meth)

Atlanta Ballroom

Dugan-Burns, Kelly, MA, MS³; Chemtob, Claude, PhD²; Jones, Russell, PhD¹; Abramovitz, Robert, MD¹

¹Virginia Tech University, Blacksburg, Virginia, USA

²Hunter Social Work School, New York, New York, USA

³Mount Sinai School of Medicine, New York, New York, USA

The September 11th, 2001 WTC attacks and their aftermath were expansive and pervasive in their level of exposure as many people were both directly and indirectly exposed. Some research has suggested that exposure, specifically geographic proximity to the traumatic event, is a strong predictor of subsequent symptomatology. However, given the variability in arbitrarily determined geographic cutoff points (e.g., below Canal Street, below 110th Street, etc.), there are contradictions in the literature regarding how “exposure” is operationally defined as well as its predictive power for distress levels. Therefore, research has attempted to identify additional peritraumatic variables that could potentially predict distress following a trauma. Furthermore, some studies have suggested that a cognitive variable, namely perceived life threat has shown to be the most consistent predictor of PTSD following a trauma. Additionally, Chemtob, Nomura and Abramovitz (in press) defined exposure on the

basis of high and low-intensity exposure to the WTC attack-related events, which involved exposure to very strong sensory experiences. This study will examine the ability of these three “exposure” definitions to predict subsequent posttraumatic stress and depressive symptoms among adults following the September 11th, 2001 WTC attacks using multiple regression statistical analyses.

Evaluating Screening and Secondary Prevention in the Pediatric Medical Setting

(Abstract # 554)

Poster # F-150 (Prev El, Child)

Atlanta Ballroom

Kassam-Adams, Nancy, PhD

Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Embedding secondary prevention within medical care settings may be an effective way to identify and provide appropriate follow-up for injured children at risk for traumatic stress. This presentation will describe the evaluation of a stepped preventive care model that aims to reduce traumatic stress and other psychological sequelae, and improve health and functional outcomes, in acutely injured children. In the current study, 290 hospitalized injured children were screened for current distress and risk of persistent traumatic stress symptoms. Those screening positive ($n=8^3$: 29%) were randomized to receive usual care or stepped preventive care. The intervention included two standard follow-up contacts and psychoeducation; decision rules guided the provision of additional elements (e.g., support for adherence to medical care, provision of evidence-based treatment for persistent psychological symptoms) based on assessed needs. Outcomes (PTSD, depression, health-related quality of life, adherence to recommended medical treatment) were assessed at 6 weeks and 6 months. The presentation will summarize findings regarding feasibility, implementation, and 6 week outcomes. Preliminary analyses of 6 week data indicate that screening was effective in identifying children at risk for PTSD or depression, but do not show a difference between treatment groups for PTSD or depression.

Identity, PTG, and Trauma in Cancer Survivors: A New Model of Survivorship

(Abstract # 556)

Poster # F-152 (Assess Dx, Bio Med)

Atlanta Ballroom

Abernathy, Barbara, MS, LMHC

Florida Atlantic University, Jupiter, Florida, USA

Extensive research has explored the adaptive reconstruction of self among populations such as adult cancer patients. This presentation summarizes a mixed-methods study of 187 adults with cancer and reveals insights into the impact of trauma on identity. A new process model emerged which helped explain how/why some people embrace an identity of survivorship while others explicitly reject such an identity. Each of those groups was found to have distinct identity, posttraumatic growth (PTG), and adjustment profiles. Individuals make sense of experiences and re-narrate events for coherence with narratives, or life stories, providing a vehicle for identity construction. As individuals engage in meaning-making to regain coherence and comprehensibility (schema change), they re-narrate their stories, finding not only new meaning but a new sense of themselves. At the core of the survivor experience is an identity shift that is

not only an outcome, but a global coping strategy. What can we learn about how these individuals make meaning, find wisdom, transformation, and a positive sense of self that can help other survivors?

Rates of Failed Placements in a Foster Care Population: A Picture of Chronic Trauma

(Abstract # 559)

Poster # F-153 (Child, Clin Res) **Atlanta Ballroom**

Hoang, Sherry, MS; Mulchay, Christopher, MS; Smith, Gwynneth, MS, JD; Briscoe-Smith, Allison, PhD

Palo Alto University (PGSP), Palo Alto, California, USA

Frequent placement disruption has been found to have negative impact on a child’s psychological development and educational progress. In this country there are approximately 510,000 children in the child welfare system. Although the primary goal for foster children is reunification, nearly half experience at least one change of placement (COP) within an average length of stay of 28.3 months. A chart review was conducted on archival data of 3600 children who entered into a community mental health clinic for assessment during 2005-2008. Analysis shows COP children accounted for 20% of the total population of children receiving risk assessments. Children were assessed each time they change placement, which led to an influx in repeat assessment. COP assessments generated 40% of the total assessments. These individuals illustrated a population in which many experienced severe physical/sexual abuse or neglect, displayed disruptive behaviors, have been hospitalized for suicidal behaviors and has reported using drugs. Repeated movements may impair a child’s ability to form secure attachments with caregivers as well as possible delinquent behaviors in the future. Predicted outcomes which imply future behaviors associated with conduct disorder, substance abuse, mood disorder and anxiety disorder. Diagnosis and trauma history will be discussed and analyzed.

Kitchen Strategy Skills: Enhancing Family Resilience After Trauma

(Abstract # 560)

Poster # F-154 (Practice) **Atlanta Ballroom**

Dexter, Beverly Ann, PhD

No More Nightmares, Valley Center, California, USA

Traumatic events do not occur in a vacuum—they occur to families and communities. But just when a trauma survivor needs family and friends most, relationship conflict can rise to dangerous levels. The skills identified on this poster help families go beyond reducing conflict to strengthen resilience and relationships. These practical strategies will help your clients to rapidly lessen family conflict and deal more effectively with trauma recovery.

Comparison of Trauma-Associated Sequelae Between a Bereaved and Non-Bereaved Community Sample

(Abstract # 562)

Poster # F-155 (Assess Dx, Commun) **Atlanta Ballroom**

Belsher, Bradley, MS^{1,2}; Mccoy, Meghan, MA¹; Masse, Jenni, MA¹; Downey, Monika, BS¹; Stiles, Gloria¹; Ruzek, Josef, PhD^{1,2}

¹*Pacific Graduate School of Psychology, Palo Alto University, Palo Alto, California, USA*

²*VA Palo Alto Health Care System, Menlo Park, California, USA*

The objective of this study was to identify differences between recent survivors of bereavement and non-bereavement trauma, based on PTSD, anxiety sensitivity, and depression. The participants were a community sample of thirty individuals (mean age = 43) seeking treatment at a free mental health clinic specializing in the prevention and treatment of PTSD. Participants were predominately female (83%) and Caucasian (57%). Sixty percent (n=18) reported bereavement-related traumas; 40% (n=12) reported non-bereavement-related traumas. Baseline differences on PCL-C, ASI, and CES-D scores were evaluated using independent T-tests. The results indicated that on the PCL-C, bereaved participants reported significantly greater reexperiencing symptoms than non-bereaved participants (p <.05), but did not differ in total PTSD symptoms, numbing/avoidance or arousal. On the CES-D, bereaved participants reported significantly greater depressive symptoms than non-bereaved participants (p <.01). Groups did not differ with regard to anxiety sensitivity on the ASI. In conclusion, bereaved trauma survivors may exhibit greater intrusive ideation and depressive symptoms than non-bereaved trauma survivors. These findings have implications for the assessment and treatment for bereaved trauma survivors.

Characteristics of Treatment-Seeking Civilian Trauma Survivors

(Abstract # 563)

Poster # F-156 (Prev El, Clin Res) **Atlanta Ballroom**

Dimmitt, Julie, BA; Dahlman, Molly, BA¹; DiRaimondo, Casey, BA; Pope, Krystal, JD; Shechtman-Cory, Ella, BA; Scott, Andrea, MA

Palo Alto University (PGSP), Palo Alto, California, USA

Baseline characteristics of civilian trauma survivors seeking treatment at the Early Intervention Clinic (EIC) were evaluated. The EIC offers free services to trauma survivors recruited from community-based agencies, up to 2-years post-trauma. Participants (N = 30) were a mean age of 42.6 (SD=13.1, range=20-78) and were predominantly female (83%) and Caucasian (59%). Type of trauma experienced by participants included motor vehicle accidents (30%), death of a spouse, friend or relative due to illness (23.3%), suicide (16.7%), homicide (13.3%) or accident (6.7%), and accidents not resulting in death (10%). Thirty-seven percent had an income at or above \$80,000. The majority of the sample had at least some education past high school (86%). Eighty percent scored 50 or above on the PCL-C (M=60.8, SD=14.3, range=26-85). The mean CES-D score was 36.5 (SD=10.6, range=9-55). The most frequently endorsed needs were concentration (87%), anxiety (83%), sleep difficulties (83%), grief (83%), memory (79%), depression (73%), finances (69%), work (67%), daily activities (67%), and lack of exercise (67%).

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The influence of community outreach and recruitment efforts on sample characteristics will be discussed.

Cross-Cultural Validity of Connor-Davidson Resilience Scale: Data From Japanese Populations

(Abstract # 564)

Poster # F-157 (Assess Dx, Cul Div) **Atlanta Ballroom**

Ito, Masay¹; Nakajima, Satomi, MD PhD¹; Shirai, Akemi²; Kim, Yoshiharu, MD, PhD¹

¹National Center of Neurology & Psychiatry, Kodaira, Japan
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One of the most reliable and validated measures for assessing resilience is Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). This scale is not yet to be validated transculturally. Purpose of the present study was to examine the reliability and validity of Japanese version of CD-RISC. 407 Japanese (117 Adults and 290 university students) completed the following scales: CD-RISC, Hardiness (Kobasa & Pucetti, 1983), Sense of Coherence (Antonovsky, 1987), Social Support (Furukawa et al., 1999), Perceived Stress (Cohen et al., 1983), and K6 (Kessler et al., 2002). The result of confirmatory factor analysis testing uni-dimensional model for CD-RISC showed good fit to the data [$\chi^2(47) = 83.98, p < .01$; AGFI = .927, CFI = .981, RMSEA = .044]. Cronbach's alpha coefficient ($\alpha = .90$) and test-retest correlation for two-weeks ($r = .83, p < .01$) were high enough to support the reliability. As hypothesized, CD-RISC were positively associated with Hardiness, Sense of Coherence, Social Support ($r = .68, .50, .23, p < .01$, respectively) and negatively correlated with Perceived Stress and K6 ($r = -.54, -.44, p < .01$). Moreover, the hierarchical multiple regression analyses showed the incremental validity of CD-RISC in predicting Perceived Stress. These results are consistent with those of Connor & Davidson (2003), indicating the cross-cultural validity of CD-RISC.

Trauma Art Narrative Therapy for Two Children With PTSD and Dissociation

(Abstract # 567)

Poster # F-158 (Child, Practice) **Atlanta Ballroom**

Bills, Lyndra, MD¹; Rhodes, Sarah, BS³; Friedman, Jeff, PhD²

¹Austin, Texas, USA
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Two cases of children with PTSD and dissociation due to trauma will be presented. One child is a 7y/o girl diagnosed with ADD, ODD, RAD, and PTSD who also showed significant dissociation. She was not able to be cared for in a foster home due to the severity of her behaviors which included sexually abusing a sibling, sexually inappropriate behaviors, and aggression. The other case is a 9y/o girl who entered treatment after setting her foster home on fire. She had been diagnosed with a mood disorder, attention and hyperactivity problems. She had a history of sexual abuse which was connected to her setting fire to her home. In both cases, Trauma Art Narrative Therapy was chosen as the modality to help integrate the emotion, behavior, and cognition of the traumatic experiences. For both of these girls, TANT was useful in seeming to integrate the traumatic experience so that they could resume normal development. There was very little cognitive processing of

the traumatic events. They have both been able to be adopted without further need of therapeutic intervention. Case discussion will focus on clinical presentation and use of Trauma Art Narrative Therapy as a treatment intervention. Pertinent clinical observations about the course of treatment, the choice of intervention, and the outcome will be discussed.

Adverse Childhood Experiences and Religious Coping Styles in Veterans With Chronic Combat Related PTSD

(Abstract # 569)

Poster # F-159 (Mil Emer, Practice) **Atlanta Ballroom**

Kelly, Caroline, MA¹; Jakle, Katherine, MA¹; Leshner, Anna, MA¹; Schutz, Kerri, MA¹; Burgoyne, Marissa, MA¹; Drescher, Kent, PhD²

¹Pepperdine University, Los Angeles, California, USA
²Palo Alto VA Health Care System, Menlo Park, California, USA

Research has found that positive religious coping (PRC) is associated with positive psychological adjustment to stress while negative religious coping (NRC) is associated with negative psychological adjustment to stress (Ano & Vasconcelles, 2004). There are no known studies investigating the relationship between prior childhood abuse and religious coping styles in veterans with PTSD. The current study examines the relationship between positive and negative religious coping, childhood abuse, and family (of origin) dysfunction in a large inpatient sample of PTSD-positive veterans. Upon entrance to residential PTSD treatment, 539 male and female veterans completed measures of household dysfunction, childhood physical and sexual abuse, PRC, and NRC. The sample was 58% Caucasian and 89% male, with an average age of 51 years. Correlational analyses revealed a significant relationship between childhood physical abuse and NRC and a significant inverse relationship between childhood physical abuse and PRC. Analyses showed a significant relationship between childhood sexual abuse and NRC, while the relationship between childhood sexual abuse and PRC was non-significant. A significant relationship was found between family dysfunction and PRC but not between family dysfunction and NRC. The importance of addressing adverse childhood experiences and religious coping is discussed.

Effect of Katrina, Life Stressors, Appraisal, and Perceived Support in Posttraumatic Symptoms

(Abstract # 572)

Poster # F-161 (Disaster, Res Meth) **Atlanta Ballroom**

Yamashita, Jun, MD, PhD

Tulane University, School of Public Health, New Orleans, Louisiana, USA

Disaster researchers have adopted the theories of stress research but differently applied in developing a screening tool to detect post-disaster posttraumatic stress disorder (PTSD). Reviewing the literature separately for the two fields, we found different theoretical applications. According to the review, we constructed a multiple linear regression model by combining the advancements made in these fields: assessing the relationship of 17 PTSD symptoms and multidimensional consequences of a specific disaster, with three additional stress-health correlates: chronic stressors (plus trauma history), appraisal, and perceived

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social support. Along with the framed model, we assembled several existing self-report instruments. We employed psychometric criteria recommended to specific constructs in choosing the most appropriate measures from the literature. A cross-sectional study was conducted of 125 residents in affected communities of the Greater New Orleans area two years after Hurricane Katrina. Effects of item nonresponse were considered in determining the sample size. Analyzing data, we have confirmed the appropriateness of our composite questionnaire and found our model useful to explain why not all the exposed to a disaster develop PTSD, because entering three additional predictors in the disaster-mental health bivariate model has improved prediction of the variance in the outcome variable from 10% up to 47%.

Relationship Between Level of Terrorist Threat Experience and PTSD

(Abstract # 576)

Poster # F-163 (Disaster, Res Meth) **Atlanta Ballroom**

Bykhovets, Julia, PhD; Tarabrina, Nadja, PhD, DSc

Institute of Psychology of the Russian Academy of Science, Moscow, Russian Federation

Impact of terrorist threat on indirect victims (those who were confronted with terrorist attacks by means of MASS MEDIA) was investigated. SUBJECTS: 540 participants from different regions of Russian Federations: Moscow, the Chechen Republic (ChR) and Chita (Eastern Siberia). METHODS: MS, STAI, SCL-90-R, EPI, Life Experience Questionnaire (LEQ). We also developed a Questionnaire to measure intensity of individual experience of the terrorist threat. RESULTS: Residents of ChR experience terrorist threat with highest intensity. Residents of Chita experience threat of terrorism in a greater degree, than Moscovites. Intensity of PTSD symptoms is correlated with terrorist threat experience in groups of Moscow ($p < .001$) and Chita ($p < .05$). The whole sample was divided into three subgroups according to the intensity of posttraumatic stress reactions: high (H), moderate (M) and absent PTSD symptoms (A). Group "H" scores on state and trait anxiety, SCL-90 R, neuroticism and the general index of terrorist threat experience were significantly higher than these in two other groups. Intensity of terrorist threat experience is correlated with level of PTSD symptoms in group "H" ($p < .05$), "M" ($p < .001$). There is no such correlation in group "A". Results show that experience of terrorist threat contribute to the development of PTSD.

Gender Differences in Risk Perception and Cognitive Appraisals of Natural Disasters in Taiwan

(Abstract # 577)

Poster # F-164 (Disaster, Cul Div) **Atlanta Ballroom**

Kung, Yi-Wen, MS¹; Chen, Sue-Huei, PhD¹; Chen, Walter, PhD²

¹National Taiwan University, Taiwan, China

²National Taipei University of Technology, Taiwan, China

Literatures have suggested that women may be more sensitive to risks and vulnerable to trauma. However, gender effects of risk perception vary cross-nationally. It would be of more interest to explore the differences among various disasters. This study aimed to investigate the question by analyzing the random

telephone interview survey data provided by the National Science and Technology Center for Disaster Reduction of Taiwan. The samples included the general public ($n=1090$) and victims ($n=250$) of floods ($n=1340$) and landslides ($n=1573$) in 2004. Results show that, overall, risk perception was related to negative expectation and sense of helplessness, and negative expectation was related to sense of helplessness. In all samples except victims of floods, controllability of disaster had inverse relations with negative expectation and sense of helplessness. Concerning gender differences, in all samples except victims of floods, men had higher controllability of disasters, and women were more worried and helpless. Non-impacted general public women had more negative expectation toward disasters than their counterpart, but no gender effects were found in victims of both disasters. Gender and specific features of various disasters may play important roles in risk perception and thus should be taken into consideration for disaster reduction and mitigation.

Reactions to Trauma Research Among Substance Use Disorder Patients

(Abstract # 581)

Poster # F-165 (Soc Ethic, Res Meth) **Atlanta Ballroom**

Tirone, Vanessa, MA, PhD; Martino, Stephanie; Carnrike, Jessica; Maisto, Stephen; Ouimette, Paige, PhD; Cohen, Melissa, PhD

VA Medical Center, Syracuse, New York, USA

Studies on individuals' reactions to research have shown, across many populations, that trauma interviews do not re-traumatize participants. To date, few studies have examined reactions to research among men and women with Posttraumatic Stress Disorder (PTSD) symptoms in substance abuse treatment. Concerns have been raised about how trauma research (e.g., asking about life history of trauma and current PTSD symptoms) may increase risk for relapse. The present study examined reactions to research among 93 (53% female) participants as part of 2 ongoing interview studies on PTSD and substance use. Trauma and PTSD was assessed using the Clinician Administered Posttraumatic Stress Scale. Participants evaluated their participation via self report packets including the Reactions To Research Participation Questionnaire. Though 60% ($n=55$) of participants experienced unexpected upset, only 3% ($n=3$) regretted participating. Most (87% $n=81$) rated the interview as or less upsetting than reminders of trauma in everyday life. Results suggest that, in general, this population responds favorably to trauma interviews. Additional analyses will examine whether individuals with high PTSD symptoms or specific trauma histories (i.e. sexual assault) are at risk for more negative research outcomes.

Predictors of PTSD Diagnosis, Treatment Adherence, and Treatment Outcome Among Combat Veterans

(Abstract # 583)

Poster # F-166 (Assess Dx, Clin Res) Atlanta Ballroom

Pless, Anica, MA; Perconte, Stephen, PhD; Marcario, Melissa, PhD; Jacoby, Aaron, PhD; Paldino, Dawnelle, PhD; Fisher, Barry, PhD

VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, USA

Veterans with PTSD often experience persistent psychological problems; research suggests that psychotherapy can significantly reduce symptom severity and impairment but that this population is often reluctant to seek and continue with treatment. This archival study identifies variables that predict diagnosis, treatment adherence (e.g., # of no-shows and frequency of attended sessions) and outcome (e.g., inpatient hospitalizations, employment status) by examining screening measures and treatment data from approximately 1000 veterans evaluated in a VA PTSD clinic over 4 years. Measures include the Mississippi PTSD scale, IES-R, Pittsburgh Combat Exposure Scale, BDI-II and SCL-90-R. Record review will provide treatment adherence and outcome variables. It is hypothesized that screening measures will positively correlate and predict diagnosis and treatment adherence and outcome in treatment-seeking veterans. Bivariate correlations and hierarchical regressions will test hypotheses. The ability to predict who will follow treatment recommendations and experience improvement has clinical implications. Understanding predictors may increase the ability of clinicians to address barriers to treatment and to provide effective intervention for veterans with PTSD.

An Investigation of Attention to Shame Stimuli in a PTSD Sample Using the Emotional Stroop Task

(Abstract # 588)

Poster # F-167 (Res Meth, Clin Res) Atlanta Ballroom

Sippel, Lauren, BA; Marshall, Amy, PhD; Parker, Malone

Pennsylvania State University, University Park, Pennsylvania, USA

Theory suggests that posttraumatic stress disorder (PTSD) is associated with heightened sensitivity to threat to the psychological self, which results in shame in social contexts (Ehlers & Clark, 2001). Shame is difficult to report because it is abstract and often avoided (Elison et al., 2006; Kugler et al., 1992). We therefore created an Emotional Stroop paradigm (Williams et al., 1996) to investigate attention to shame-relevant stimuli outside of self-report. The aim of this study is to examine relationships between Stroop interference, indicating attention bias, to shame-oriented semantic stimuli, self-reported shame (Other As Shamer Scale; Goss et al., 1994), and PTSD symptoms among a community sample (expected N = 80) scoring high on the Clinician Administered PTSD Scale (Blake et al., 1998). As expected, preliminary analyses indicate a large positive correlation between Stroop interference and PTSD symptoms ($r = .63$), particularly Cluster C avoidance symptoms ($r = .78$). Self-reported shame, however, exhibited a near-zero correlation with PTSD ($r = .04$). Data collection is ongoing, and future analyses will include comparisons of subliminal and supraliminal Stroop conditions, indicating automatic and strategic attentional

processing. Clinical implications and future directions for measuring the impact of emotions on social information processing will be discussed.

PTSD, Psychosis and Adaptive Functioning in a Highly Traumatized, Urban Community Sample

(Abstract # 590)

Poster # F-168 (Assess Dx, Cul Div) Atlanta Ballroom

Gapen, Mark, PhD²; Khoury, Lamya, ScB²; Avasthi, Ranjan, MD¹; Bradley, Bekh, PhD²; Ressler, Kerry, MD, PhD²

¹Morehouse School of Medicine, Atlanta, Georgia, USA

²Emory University, Atlanta, Georgia, USA

Despite research indicating increased risk for psychosis in people with PTSD and vice versa. This and related research have raised the questions as to whether the *DSM* should take this into account (e.g. allowing for PTSD with psychotic features as a diagnosis). The current study draws from a NIMH-funded study investigating environmental and genetic risk factors for PTSD in a sample of low SES, African American men and women seeking care in the primary care clinics of a public urban hospital. We are proposing to present data on the relationship between psychotic symptoms as measured by the SCID psychosis screener, and PTSD symptoms as measured by the Posttraumatic Stress Scale-Revised from approximately 410 participants in the above described study. We found that individuals with PTSD and symptoms of psychosis are significantly more likely to have made a suicide attempt ($p < .05$), have past substance abuse ($P < .001$) to have been hospitalized in a psychiatric institution ($p < .001$), and to have worse interpersonal relationships ($p < .001$). Thus, psychosis may play a significant role in the overall impact of PTSD symptoms on level of adaptive functioning and warrants consideration as we move towards *DSM-V*.

Pittsburgh Patient Satisfaction Scale (PPSS-VA): A New Scale of Veteran Satisfaction With PTSD Care

(Abstract # 592)

Poster # F-169 (Practice, Assess Dx) Atlanta Ballroom

Renner, Kerry, MS; Jacoby, Aaron, PhD

VA Pittsburgh, Pittsburgh, Pennsylvania, USA

Posttraumatic Stress Disorder is a serious mental illness with a lifetime prevalence of 8-14% in the general population (American Psychiatric Association [APA], 1994). Despite the prevalence of PTSD and a small body of research supporting that satisfaction with care might lead to increased treatment compliance, increased rapport with treatment providers, and overall improved therapy attendance (Holcomb, Parker, Leong, Thiele, & Higdon, 1998; Druss, Rosenheck, & Stolar, 1999; Gray, Elhai, & Frueh, 2004), little research exists on veteran patient satisfaction with PTSD care. At VA Pittsburgh Healthcare System, veterans complete patient satisfaction questionnaires upon initial intake into the PTSD Clinical Team (PCT). Questionnaires include the Charleston Psychiatric Outpatient Satisfaction scale (CPOSS-VA; Frueh et al., 2002), an established reliable and valid measure of patient satisfaction, and the Pittsburgh Patient Satisfaction scale (PPSS-VA; Renner, 2009), a newly-developed scale. The primary aim of this presentation is to report a comparison between

scale development statistics for the CPOSS-VA and PPSS-VA. Preliminary reliability and validity data from approximately 150 completed CPOSS-VA and PPSS-VA forms will be reported, providing support for the hypothesis that the PPSS-VA is a reliable and valid measure of patient satisfaction in a PTSD specialty clinic.

Influence of Perpetrator Identity on PTSD

(Abstract # 596)

Poster # F-170 (Clin Res, Assess Dx) **Atlanta Ballroom**

Sands, Lauren, BA; Phifer, Justine, BA; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD; Weiss, Tamara, MD

Emory University, Atlanta, Georgia, USA

Studies have suggested a link between perpetrator identity in childhood sexual abuse cases and risk for PTSD, but this association may be mediated in part by related factors like abuse severity and repeated trauma exposure. We examined the relationship between perpetrator identity and PTSD while taking into account possible confounds. Participants from primary care clinics (N=141) completed trauma and diagnostic assessments. Subjects with a history of familial sexual abuse (FA) were exposed to more severe sexual abuse, were more likely to be physically and emotionally abused, and had higher total abuse severity scores than those exposed to non-familial abuse (NFA). FA predicted adult trauma exposure at the trend level ($p < .06$). Current ($p < .01$) but not lifetime PTSD diagnosis was more common in FA. FA was associated with increased lifetime ($p = .01$) and current ($p < .01$) PTSD symptom severity and with a trend towards greater PTSD symptom duration ($p < 0.06$). After controlling for gender, abuse severity, and adult trauma exposure, there was no longer an increased risk for PTSD diagnosis. However, current ($p < .02$) and lifetime ($p < .02$) PTSD severity as well as PTSD symptom duration ($p < .03$) were higher in the FA group. These data indicate that some trauma outcomes may be influenced by the perpetrator-victim relationship independent of related trauma factors.

Evaluation of a Sexual Abuse Prevention Program for Taiwanese School-Aged Children

(Abstract # 597)

Poster # F-171 (Prev El, Child) **Atlanta Ballroom**

Chen, Chuen, PhD¹; Fortson, Beverly, PhD²; Tseng, Kai-Wen, BS¹; Lin, Yi-Huu, BS¹

¹*National Chung Cheng University, Taiwan*

²*University of South Carolina, Aiken, South Carolina, USA*

Although reported cases of child sexual abuse (CSA) have steadily increased in Taiwan in the past decade, Taiwanese children often do not disclose CSA, perhaps because of the norms of the country, including a lack of discussion of sexuality and the lack of overt affectionate expression within families. In Taiwan, most of the CSA prevention research is aimed at increasing one's knowledge. The purpose of the current research is to systematically evaluate the efficacy of a CSA prevention program consisting of two training components: knowledge and self-protection skills. Sixteen Taiwanese children in grades 1 through 3 (M age = 7.50, SD = .97) and 14 children in grades 4 through 6 (M age = 10.14, SD = .77) were randomly assigned to either a sexual abuse prevention program (n = 15) or a waiting-list control condition (n = 15). A group-administered, paper-based

test and an individually administered, analogue role-play test developed by the investigators were used to assess participants' CSA-related knowledge and self-protection skills at pre- and post-treatment. The challenges in implementation the program with this population and the efficacy of the program in improving knowledge and self-protection skills will be discussed, as well as directions for future research.

Effects of a Brief Psychoeducational Program on Stage of Change Among Veterans With PTSD

(Abstract # 598)

Poster # F-172 (Clin Res) **Atlanta Ballroom**

Vega, Edward, PhD²; Butt, Jon, LMSW²; Daugherty, Mikyta, PhD²; Bradley, Bekh, PhD¹

¹*Emory University, Atlanta, Georgia, USA*

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Posttraumatic Stress Disorder is characterized by avoidance symptoms, often complicating the process of treating individuals suffering from the disorder. Of primary concern in the treatment of PTSD is minimizing avoidance that limits the individual's effective engagement in treatment and helps maintain other symptoms. Treatment avoidance is more prevalent among active and retired military personnel due to stigma associated with any mental health issue. There are additional barriers to mental health treatment-seeking among minority ethnic populations. This evaluation examines the impact of a four session psychoeducational intervention on readiness to change among an ethnically diverse veteran population seeking specialized treatment within a Veterans Affairs PTSD Clinical Team (PCT). This evaluation utilizes measures such as the 32-item University of Rhode Island Change Assessment (URICA) scale. Participants showed significant increases on both Contemplation and Action stage scores. These results suggest that the psychoeducational program is effective in enhancing this population's readiness to engage in psychotherapy, specifically related to PTSD. Additional, unanticipated positive changes were observed as a result of this brief program that may impact the effectiveness of broader treatment processes and outcomes.

Support Strategies for Exposed Trauma Veterans Returning to Rural and Community Settings

(Abstract # 601)

Poster # F-173 (Prev El) **Atlanta Ballroom**

Kudler, Harold, MD; Straits-Troster, Kristy, PhD

Durham VA Medical Center, Durham, North Carolina, USA

Many men and women serving in the US all-volunteer fighting force return home to families in rural communities far from military and VA support services, requiring unprecedented collaboration between VA, DoD, state and community organizations. The VA Mid-Atlantic Region Mental Illness Research, Education and Clinical Center has implemented novel support strategies for deployment mental health:1) Rural Church Initiative-implemented a training program in 5 geographically isolated and underserved NC counties to build an integrated spiritually-based network in collaboration with United Methodist Church and partners;2) Enhanced Outreach and

Engagement Pilot Program - demonstration project designed to engage OEF-OIF veterans with mental health problems and their family members through a targeted media campaign linked to call centers; 3) National Database Template development is underway to create an easily searchable database organized by geographic region to provide a full range services that could easily be uploaded to the National Resource Directory; 4) Group Supervision- format developed for trauma clinicians and staff who routinely hear disturbing trauma stories. Conclusion: It is essential to meet veterans and their families where they are in their trusted communities to continue to bridge gaps in mental health care access.

Coping Strategies and PTSD Among African-American and Caucasian Victims of Intimate Partner Violence

(Abstract # 602)

Poster # F-174 (Cul Div, Assess Dx) **Atlanta Ballroom**

Smith, Kamala, BA; Lester, Kristin, PhD; Resick, Patricia, PhD
National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

Intimate Partner Violence (IPV) has been documented among many ethnic and cultural groups, yet research has shown that African-American women are at greater risk for experiencing IPV than their Caucasian counterparts. Taft et al. (2007) found that engagement coping strategies were predictive of positive mental health outcomes and disengagement coping strategies were predictive of poorer outcomes; however, it is unknown whether there are ethnic differences in PTSD symptom severity or the role of coping in mediating those symptoms. This study examined the relationship between ethnicity, PTSD severity, and coping strategies among a sample of help-seeking battered women recruited from shelters and domestic violence agencies. African-American women (n=261) and Caucasian women (n=110) were compared at baseline using the Coping Strategies Inventory and the Clinician Administered PTSD Scale (CAPS). Our results revealed an association between ethnicity and CAPS scores such that African-Americans had lower PTSD symptom severity compared to Caucasians (M=60.83, SD=24.7; M=70.95, SD=24.9; respectively, $\beta=10.12$, $p<.05$). Additionally, African-Americans were more likely to use engagement coping strategies than Caucasians (M=112.67, SD=26.06; M=105.91, SD=24.91; respectively, $p<.05$). Furthermore, it was found that engagement coping mediated the relationship between ethnicity and PTSD severity.

Perceived Threat as a Mediator of the Effects of Combat Exposure on PTSD Symptom Severity

(Abstract # 603)

Poster # F-175 (Mil Emer, Clin Res) **Atlanta Ballroom**

Silva, Caroline, BA¹; Krantz, Lillian, BA¹; Papa, Anthony, PhD³; Litz, Brett, PhD²

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Research has shown that combat exposure and perceived life threat predict PTSD symptomatology (Owens et al., 2007; Holbrook et al., 2001). Derived from research assessing barriers to mental health care among service members, we report associations between perceived threat, combat exposure, and PTSD. We hypothesized that perceived threat mediates the relationship between combat exposure and PTSD symptom severity. Surveys assessing various constructs were completed by 49 veterans of OIF/OEF. Combat exposure, perceived threat, and PTSD symptomatology were measured using the Combat Experience and Perceived Threat Scales (DRRI; King et al., 2003), and the PTSD Checklist – Military (PCL-M; Weathers et al., 1993). Mediation criteria were met (Baron & Kenny, 1986): the predictor (combat exposure) was significantly associated with the criterion (PTSD symptom severity; $t=3.65$, $p<.001$); the predictor was significantly associated with the mediator (perceived threat; $t=2.81$, $p<.01$); the criterion was significantly associated with the mediator ($t=4.43$, $p=.0001$); and the mediator reduced the relationship between the predictor and criterion ($t=2.24$, $p=.031$). Sobel's test was significant (Sobel's $t=1.04$, $p<.02$), indicating that the mediator significantly carried the influence of the predictor to the criterion. These results support a partially mediated model. Implications are discussed.

Age and Quality of Life Among Inpatient Combat Veterans With PTSD

(Abstract # 611)

Poster # F-177 (Clin Res, Practice) **Atlanta Ballroom**

Penner, Allison, MS¹; Tiet, Quyen, PhD³; Sweeton, Jennifer, MA¹; Fitt, Julie, BS, BA¹; Jordan, Frank, PhD Candidate; Thuy, Tran; Rosen, Craig, PhD²

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This study investigated the relationships between age, marital status, spirituality, treatment alliance, and quality of life in a sample of 200 Veterans with PTSD upon inpatient admission to the Palo Alto VA residential treatment program. Cross-sectional data was gathered from Veterans who served between WW-II and the wars in Iraq/Afghanistan. Prior research suggests being married and religious may be associated with better quality of life in Veterans with PTSD, while youth and being married is associated with less mental health service needs. However, no studies have examined the relationships of these variables on quality of life together, nor their potential confounds. This study attempted to examine the unique associations of these factors on quality of life scores for PTSD inpatients. Univariate analyses revealed that youth, being married, spirituality, and perceived

treatment alliance were not significantly associated with better quality of life. Multiple Regression analyses revealed that older age accounted for the greatest difference in the association with better quality of life. On average, older Veterans scored higher on a quality of life measure. These findings suggest that, with the same marital status, levels of spirituality, and perceived treatment alliance, quality of life increases as Veterans age. Implications will be discussed.

Perceived Barriers to Mental Health Care in Military Medical Personnel

(Abstract # 613)

Poster # F-178 (Mil Emer, Prev El) **Atlanta Ballroom**

Krantz, Lillian, BA¹; Cedillos, Elizabeth, BA¹; Dickstein, Ben, MA²; Peterson, Alan, PhD¹; Litz, Brett, PhD³

¹UTHSCSA, San Antonio, Texas, USA

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Military medical personnel face direct and indirect exposure to violence in the warzone, yet predictors of Posttraumatic Stress Disorder (PTSD) and subsequent help-seeking behaviors remain understudied among deployed care-providers. Given previous findings that U.S. combat personnel commonly report barriers to mental health care (Hoge et al., 2004), we examined if and how similar concerns manifest among healthcare workers deployed to Iraq. Medical personnel stationed at Wilford Hall Medical Center and MacDill AFB Clinic completed a series of questionnaires following deployment to Joint Base Balad, Iraq. PTSD symptom severity was measured using the PCL-M, and perceived barriers to care were assessed using a rationally derived measure similar to that administered by Hoge et al. Overall, 49.6% of participants endorsed at least one barrier to care, and there was a low to moderate positive correlation between the number of barriers endorsed and overall score on the PCL-M ($r = .26, p < .01$). These results suggest that healthcare workers are not immune to barriers to care. In addition, healthcare workers exposed to high impact combat and operational stress were twice as likely to report concerns about stigmatization and other barriers to care. The types of barriers endorsed by participants and the implications of these findings will be discussed.

Adverse Childhood Experiences and Religious Coping in Urban Youth Workers

(Abstract # 615)

Poster # F-179 (Commun, Practice) **Atlanta Ballroom**

Chan, Jean, MA; Yeh, Dow-Ann, BA; Duke, Thomas, BA; Tilahun, Bikat, MA; Kim, Amy, PsyD; Eriksson, Cynthia, PhD

Fuller Graduate School of Psychology, Pasadena, California, USA

Urban ministry workers cope with an environment of violence and stress and may have a history of adverse childhood experiences (ACEs), which are linked to various physical and mental health concerns. Positive and negative religious coping strategies have also been linked to beneficial and harmful mental health outcomes, respectively, and may be particularly salient for these urban ministry workers. Yet, studies examining the effect of ACEs on religious coping are severely limited. Urban workers from five U.S. cities (N = 284) completed a survey assessing trauma exposure, coping, and adjustment. It was hypothesized that there would be a positive correlation between ACEs and negative

religious coping and a negative correlation between ACEs and positive religious coping. However, no such relationship existed in this sample. In particular, a hypothesized relationship between the presence of child sexual abuse and religious coping was not supported. While a high percentage of workers reported ACEs, there was a lack of variability in religious coping responses in this religiously affiliated sample. A religiously diverse community sample may contribute to future research. Urban ministry organizations should also be aware of the rates of ACEs in order to provide better support to the urban ministry worker population.

Differential Validity of Attachment Measures in Predicting Pathology in a Traumatized Population

(Abstract # 617)

Poster # F-180 (Res Meth, Soc Ethic) **Atlanta Ballroom**

Crain, Daniel, BA; Ressler, Kerry, MD, PhD; Forman, Erin, BA; Ortigo, Kile, MA; Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

Research has found attachment theory to be an important framework for exploring risk and resilience for psychopathology and responses to adverse life events. The divergence of theoretical models has provided multiple ways of conceptualizing attachment and tapping it as a theoretical construct. This study explores the assessment of attachment in an urban, traumatized sample using both a self-report measure and a clinician-rated prototype evaluation. Participants were recruited from primary care clinics as part of a NIMH-funded study conducted at an inner-city, public hospital serving an economically disadvantaged population. Investigators explored the convergent and divergent validity of the Experience in Close Relationships Questionnaire – Revised (ECR-R, a self-report measure) and the Adult Attachment Prototype Questionnaire (AAPQ, a clinician-rated measure). Multiple assessments measured psychopathology, including self-reported and interview-based PTSD and depressive symptoms. Analyses employed bivariate correlations to define the relationships among measures and hierarchical regressions to assess incremental validity of the different methods of conceptualizing and measuring attachment.

Chronic Stress and Burnout in a National Sample of Urban Teachers

(Abstract # 621)

Poster # F-181 (Commun, Practice) **Atlanta Ballroom**

Love, Sean²; Tilahun, Bikat, MA²; Lee, Hanna, MA¹; Yeh, Dow-ann, BA²; Duke, Thomas, BA¹; Eriksson, Cynthia, PhD¹

¹Fuller Grad School of Psychology, Pasadena, California, USA

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Teaching in an urban setting is associated with various stressors, including exposure to community and school violence, lack of resources, and racial tensions. The literature has shown that these factors contribute to high levels of stress and burnout and result in seriously impacted job performance and significant mental health problems. As part of the Risk and Resilience in Urban Ministry project at Fuller Graduate School of Psychology, this study assesses the impact of chronic stressors and burnout on individuals who have a primary teaching responsibility in faith-

based urban ministries. Participants included 284 urban workers in five cities who completed a survey measuring demographics, chronic stressors, and burnout, among other variables. This study assessed levels of chronic stressors and burnout between urban workers who assume a teaching responsibility versus those with non-teaching responsibilities. An analysis of covariance revealed that urban workers who assume a teaching responsibility had significantly higher levels of personal accomplishment, a subscale of burnout. School administrators should consider the impact of stressors and burnout levels in supporting teachers in making policy decisions.

Sexual Assault Characteristics Versus Individual Vulnerabilities: Predicting PTSD Severity

(Abstract # 623)

Poster # F-183 (Clin Res, Assess Dx) **Atlanta Ballroom**

Leifker, Feea, MPH; Rothbaum, Barbara, PhD

Emory University School of Medicine, Atlanta, Georgia, USA

Many victims of a sexual assault will develop PTSD. However, there exists little research examining characteristics of the assault and the severity of PTSD symptoms. To fill in those gaps, a secondary analysis on data previously published (Rothbaum et al., 2005) was conducted using baseline measures of individual vulnerability and assault characteristics. Variables showing significant correlations with PTSD severity were entered into regression equations to determine the variance accounted for by each measure. In regard to assault characteristics, PTSD severity correlated with contracting HIV and sustaining a loss of bodily function as a result of the assault. In a regression, the later significantly predicted variance ($R^2 = .127$). Multiple individual characteristics correlated with severity of PTSD and when entered into a stepwise regression the variables created a strong equation ($R^2 = .732, p < .001$). Grouping all correlating variables together into one equation resulted in an even higher predictive value ($R^2 = .781, p < .001$). The current study illustrates that individual characteristics play a much larger role in predicting PTSD severity. This has far reaching implications for treatment and prevention as targeting these individual vulnerabilities could reduce the severity or even the likelihood of developing PTSD following assault.

The Role of Cultural, Religious, and Spiritual Beliefs in Coping With Political Trauma in Israel

(Abstract # 628)

Poster # F-184 (Civil Ref, Disaster) **Atlanta Ballroom**

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²*Hebrew University, Department of Social Work, Jerusalem, Israel*

The role of cultural, religious, and spiritual beliefs in coping with political trauma is examined in Jewish and Arab Israelis who have experienced suicide bombings, shooting attacks, and rocket attacks in Israel during the Second Intifada and the 2006 Lebanon-Israel Crisis. Jewish-Israeli findings are based on in-depth interviews conducted with 24 Jewish-Israeli survivors of political violence in 2004, with follow-up in 2007, to understand the experience of the attacks, the resulting experience of life

changes that may have occurred, and the meanings ascribed to such events. Quantitative data was also collected in the form of survey results--Demographics, Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1995), Core Belief Inventory (Cann et al., 2007), and Posttraumatic Stress Disorder Symptom Scale (Foa et al., 1993). Arab-Israeli findings are based on in-depth interviews conducted in 2007 with 8 survivors and family members, as well as an Arab-Israeli psychologist and an Arab-Palestinian clinical social worker who share their practical experiences. The participants represent Muslim, Christian, and Druze Arabs, and Secular through Orthodox Jews. The findings provide valuable insights and anecdotal data about the posttraumatic experiences and belief systems of Jewish and Arab Israelis, who were innocent victims of political violence while living their normal lives.

Impact of a Brief Psychoeducational Class on OEF/OIF Veterans With PTSD

(Abstract # 630)

Poster # F-185 (Clin Res) **Atlanta Ballroom**

Fisher, Mary, MS; Astin, Millie, PhD; Crowe, Chris, PhD; Bradley, Bekh, PhD

Atlanta VAMC TRP, Atlanta, Georgia, USA

With the surge of recent OEF/OIF veterans seeking services for Posttraumatic Stress Disorder (PTSD), the Trauma Recovery Program at the Atlanta VAMC has developed a three-stage recovery program that consists of: 1) Learning & Coping (Intake, Medication Management, and Education); 2) Healing (Treatment); and 3) Thriving (Post-Treatment Planning). Before entering formal exposure treatment in the second stage, veterans attend a 5 week class on PTSD called PTSD 101. The class includes information on trauma, PTSD, breathing exercises, and sleep hygiene. Veterans also learn the role of triggers, avoidance, and safety behaviors in maintaining PTSD. As veterans begin identifying their own avoidance and safety behaviors, they complete in vivo exposure homework on a few of their less anxiety-provoking triggers. Although designed initially to keep veterans engaged with the program while waiting for treatment to begin, we have discovered that veterans make small, but significant symptom improvements over the course of the class. Preliminary analyses on 27 veterans who participated in the classes reveal significant decreases in pre to post PTSD and depression symptoms ($t(1, 26) = 2.71, p < .012$). We will explore possible explanations for these improvements and will discuss implications for treatment of PTSD and related symptoms in veterans.

PTSD Symptom Severity for Interpersonal Traumas, Non-Interpersonal Traumas, and Secondary Exposure

(Abstract # 634)

Poster # F-186 (Assess Dx, Clin Res) **Atlanta Ballroom**

Jones, Daniel, BA; Reiland, Sarah, MS; Lauterbach, Dean, PhD;

Eastern Michigan University, Ypsilanti, Michigan, USA

Events vary in their capacity to produce PTSD. According to data from the National Comorbidity Survey, events associated with the highest conditional probability of developing PTSD among men and women include rape, childhood abuse, and combat exposure, whereas events with the lowest rates include natural disasters, automobile accidents, and witnessing the injury or death of

another person (Kessler et al., 1995). These trends suggest that PTSD tends to be most highly associated with direct exposure to interpersonal violence. A sample of 195 university students was used to assess the hypothesis that persons who reported an interpersonal trauma as their worst event would have more severe PTSD symptoms than persons who reported worst events of a non-interpersonal nature or secondary exposure to trauma. In this sample, persons who reported an interpersonal trauma reported more PTSD symptoms than persons who reported a non-interpersonal trauma. This trend only occurred for women, however. Supplemental analyses were conducted to assess the relative predictive capacity of event type when other predictors of PTSD symptoms, such as attributions, were entered into the model. Results of this study indicate that characteristics of an event are relevant predictors of trauma reactions.

Posttraumatic Stress Disorder, Depression, and Anxiety: Differentiating Between DSM-IV and DSM-V

(Abstract # 637)

Poster # F-187 (Assess Dx, Practice) **Atlanta Ballroom**

Siebenmorgen, Marsha, MA¹; Davis, Joanne, PhD¹; Swopes, Rachael, MS¹; Newman, Elana, PhD; Bell, Kathy, MS, RN²

¹University of Tulsa, Tulsa, Oklahoma, USA

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The modification of posttraumatic stress disorder (PTSD), including removal of criteria related to mood and anxiety, is one change being suggested for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (*DSM-V*) 2. Research suggests that a relationship exists between mood, anxiety, and PTSD1, although alternative research proposes that each relates more to general psychiatric distress and should be regarded separately when considering diagnostic criteria2. This study examined sexual assault survivors meeting a PTSD diagnosis when using *DSM-IV* or suggested *DSM-V* criteria and the relationship of depression and anxiety to either diagnosis, hypothesizing that at a 2-month follow-up fewer survivors would meet the more stringent *DSM-V* diagnosis, but that depression and anxiety would remain related to PTSD. Preliminary analyses of 23 participants suggest that 86.96% met criteria for both diagnoses, but that anxiety and depression were related to *DSM-IV*, not *DSM-V* symptoms. 1. Grant, D.M. Beck, G., Marques, L., Palyo, S.A., & Clapp, J.D. (2008). The structure of distress following trauma: Posttraumatic stress disorder, major depressive disorder, and generalized anxiety disorder. *Journal of Abnormal Psychology*, 117, 662-672. Spitzer, R.L., First, M.B., & Wakefield, J.C. (2006). Saving PTSD from itself in *DSM-V*. *Journal of Anxiety Disorders*, 21, 21, 233-241.

The Moderational Role of Social Support in Resiliency Following a Residential Fire

(Abstract # 640)

Poster # F-188 (Child, Clin Res) **Atlanta Ballroom**

Goel, Kathryn; Jones, Russell, PhD; Ollendick, Thomas, PhD

Virginia Tech University, Blacksburg, Virginia, USA

Social support has been found to moderate the relationship between exposure to a traumatic event and PTSD. Its role in predicting resiliency, however, has not been demonstrated in the trauma literature. In relation to PTSD, the link between exposure has been found to be stronger for those with low levels of social support as compared to high levels of social support. The current study attempted to address the role of social support in moderating the relationship between resource loss and resiliency following a residential fire. It is hypothesized that the link between loss and resiliency will be stronger for those with low levels of support as compared to those with high levels of support. Ratings of loss were obtained using the Resource Loss Scale for Children (RLSC; Jones and Ollendick), and social support ratings were obtained using the Dubow Social Support Scale (DSSS, Dubow). Resiliency ratings were computed using scales from the Child Behavior Checklist (CBCL; Achenbach). Preliminary analyses suggest that social support does not significantly moderate the relationship between loss and resiliency in child although the means are in the expected direction. Future analyses will further examine the role of social support and its relationship to the scales comprising the resiliency measure.

The Use of Peer Based Emotional Support in Working With Traumatically Bereaved Military Families

(Abstract # 642)

Poster # F-189 (Mil Emer, Practice) **Atlanta Ballroom**

Harrington LaMorie, Jill, MSW, LSW, ACSW; Carroll, Bonnie

Tragedy Assistance Program for Survivors, Washington, District of Columbia, USA

This survivor panel will address the use of peer based emotional support in working with traumatically bereaved military families. The peer support group movement is arguably both the most exciting and least recognized resource for improving public health in the United States. Approximately 10 million Americans participate in peer support each year, and 25 million have done so in their lifetimes. Peer based emotional support programs address virtually every public and mental health issue. Yet, until The Tragedy Assistance Program for Survivors (T.A.P.S.) was founded in 1994, there was no national peer support program for the thousands who have lost a loved one while serving on active duty in the United States Armed Services. The untimely and traumatic loss of a loved one in young adulthood is considered one of the most severe and disruptive life events with potential for grave enduring effects on the physical and psychological health of survivors. One specific challenge for survivors who have suffered a traumatic loss of a young service member is a limited peer group. Peer support is based on the premise that support is derived from others who have been through a similar experience. A number of researchers have suggested that the perception of supportive relationships buffers the effects of traumatic events and assists survivors in the promotion of hope, resilience, coping.

Combat Veterans and the Criminal Justice System: From Defending Our Liberty to Losing Their Own

(Abstract # 841)

Poster # F-190 (Cul Div, Clin Res) **Atlanta Ballroom**

Anderson, Susan, CEO; Wise, Stephanie, ATR-BC, LCAT; Door, Ashley, ATR-BC, LCAT; Nash, Emily, LCAT; O'Hara, Christiane, PhD

ArtReach Foundation, Atlanta, Georgia, USA

Combat veterans return home after experiencing deeply troubling psychological incidents of war and physical injuries. Although this has been true for decades, the OEF and OIF wars are helping to shine a spotlight on a long under-examined area: veterans who come into contact with the criminal justice system. Men and women veterans and troops suffer from multiple mental health problems, substance abuse issues, and traumatic brain injuries resulting from their service to their country. For a general population, any one of these three areas increases the potential for arrest and incarceration; troops and veterans can have all three. A lack of understanding by the players in the criminal justice system can easily exacerbate these problems. PTSD, TBI, and adrenalin overload can mimic what law enforcement personnel may see as behavior problems or ASPD. Identification of military service as early as arrest can facilitate specialized and effective treatment. Mental health providers are in a position to spearhead efforts to educate policy makers and the public, identify and coordinate the fragmented systems currently available, and offer support to veterans and their families. Veterans, family, and friends must be included to round out support systems. This presentation provides an overview of the arc of the criminal justice system, describes current efforts to intervene in that arc, and offers recommended improvements in expanding the effort to assist veterans to avoid "criminal deployment."

The Relation Between Past Experience of Childhood Abuse and Current Interpersonal Violence

(Abstract # 648)

Poster # F-191 (Clin Res, Child) **Atlanta Ballroom**

Burleson, Karin, BA; Petretic, Patricia, PhD; Makin-Byrd, Lori, MA; White, Elizabeth, MEd TEP

University of Arkansas, Fayetteville, Arkansas, USA

A link between child maltreatment and later dysfunction in adulthood (i.e., symptomatology and revictimization or perpetration of interpersonal violence) has been established. However, research examining the relation between specific types of child abuse, subsequent adult symptomatic distress, and later abuse victimization or perpetration is limited, as is research on potential mechanisms contributing to the connection between adverse childhood events and later experience or perpetration of interpersonal violence. For this study, approximately 600 participants completed self-report measures of childhood abuse, symptomatic distress (TSI), and adult relational functioning (CTS). Analyses indicate that experience of specific types of childhood abuse (physical, sexual, and emotional) predicts specific types of adult relational dysfunction/abuse (victim or perpetrator status for physical, sexual, and emotional abuse). A particular combination of symptoms of distress, the TSI Self cluster,

predicted both victim and perpetrator status for all types of interpersonal violence. In addition, the TSI Dysphoria cluster was a predictor for sexual violence, both as a perpetrator and a victim. This suggests that specific symptoms of distress may function as a mediator between child maltreatment and subsequent perpetrator or victim status for relationship violence.

The Influence of Stress and Social Support on the Development of PTSD and TBI in OEF/OIF Veterans

(Abstract # 651)

Poster # F-192 (Mil Emer, Practice) **Atlanta Ballroom**

Graham, David, MD²; Edwards, Blake, BS¹; Teng, Ellen, PhD²

¹*Baylor College of Medicine, Houston, Texas, USA*

²*Michael E DeBakey VA Medical Center, Houston, Texas, USA*

PTSD and TBI are considered the signature wounds of the current conflicts in Iraq and Afghanistan. Estimates indicate 17% of OEF/OIF veterans have PTSD and 20% have TBI. Although these two disorders share many symptoms, it is unclear what factors before, during, and after deployment are associated with their presence. This study examined how risks and resiliencies as measured by the DRRI and the AUDIT-C vary among 3 groups of patients: TBI, PTSD, and co-morbid TBI and PTSD. A cross-sectional chart-review was conducted of all returning OEF/OIF veteran's (N=1,742) initial mental health screening between May 2004 and March 2008. Results showed that 43.5% had a diagnosis of TBI only (12.9%), PTSD only (13.5%), or TBI and PTSD (17.1%). Responses to the DRRI indicated that persons with co-morbid PTSD and TBI generally had more severe DRRI scores than the PTSD and TBI only groups ($p < .05$). Specifically, the co-morbid TBI and PTSD group reported higher levels of combat exposure and post-deployment stress, whereas those with TBI only reported having more post-deployment support ($p < .05$). Further, persons with PTSD (with TBI present or absent) showed significantly higher levels of problematic alcohol use than those with TBI only. Implications of these findings will be discussed.

What Does Declarative Memory Tell us About the Hippocampus in PTSD?

(Abstract # 654)

Poster # F-193 (Bio Med, Res Meth) **Atlanta Ballroom**

Woodward, Steven, PhD³; Grande, Laura, PhD¹; Kaloupek, Danny, PhD¹; Leskin, Lorraine, PhD²; Kutter, Catherine¹

¹*VA Boston Healthcare System, Boston, Massachusetts, USA*

²*VA Medical Center, White River Junction, Vermont, USA*

³*VA National Center for PTSD, Palo Alto, California, USA*

That the hippocampus contributes to declarative memory is a marquee finding of human neuropsychology. Thus, it is natural to hypothesize that if PTSD patients have smaller hippocampi, and impaired declarative memory, then the two must be related. Strong empirical support for this proposition is lacking in PTSD; however, most studies addressing the question have had limited power. Structural-function correlations were estimated in a relatively large ($n = 95$) sample of US military combat veterans with and without PTSD. Regional brain volumes considered were required to exhibit PTSD group effects and to contribute to declarative memory. These included hippocampal, parahippocampal cortical, and total cortical volumes. Declarative memory measures were also required to exhibit PTSD group

effects and included the Logical Memory subtest of the Wechsler Memory Scale – III and the Rey-Osterrieth Complex figure. The only bivariate relationships exceeding a conservative level of statistical significance after correction for multiple comparisons ($\alpha = .05/80 = 0.000625$) involved ROCFT copy and recall performances. These were positively correlated with volumes of left and right cortices and of left hippocampus. No memory index was nominally correlated with left or right hippocampal volume. LM total learning scores were nominally but not significantly correlated with parahippocampal cortical and left total cortical volumes. Declarative memory performance does not index hippocampal structural compromise in PTSD. Alternative domains of hippocampal function may shed more light on hippocampal status in PTSD.

Psychiatric Comorbidities in OEF/OIF Veterans With Posttraumatic Stress Disorder

(Abstract # 655)

Poster # F-194 (Assess Dx) Atlanta Ballroom

Teng, Ellen, PhD; Dunn, Nancy Jo, PhD; Bailey, Sara, PhD; Graham, David, MD

Michael E. Debakey VA Medical Center, Houston, Texas, USA

Research with other military populations indicates a high rate of posttraumatic stress disorder (PTSD) and other related problems following deployment. Thus, it is of increasing importance to examine effects of the current conflicts in Iraq and Afghanistan on mental health in military service men and women. The purpose of this descriptive study was to examine the prevalence of Axis I disorders comorbid with PTSD in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans. Veterans who participated in a routine mental health screening from May 2004 to March 2008 were included in the analyses. Database extraction of clinician assessed diagnoses indicated that 71.4% of veterans screened with PTSD were diagnosed with a co-morbid mood disorder; 29% met criteria for having a problem with substance abuse or dependence consisting primarily of alcohol, cocaine, marijuana, and tobacco; 12.6% met diagnostic criteria for panic disorder; and 6.6% were diagnosed with either obsessive compulsive disorder, generalized anxiety disorder, or anxiety disorder NOS. Less than 1% of the screened sample met criteria for a co-morbid psychotic disorder. These results indicate a high rate of comorbidity in the returning veteran population, with depression occurring at an alarmingly high rate in this patient sample. Treatment implications will be discussed.

A Qualitative Analysis of Factors Influencing Help-Seeking Behavior in Returning Veterans With PTSD

(Abstract # 657)

Poster # F-195 (Prev EL) Atlanta Ballroom

Teng, Ellen, PhD; Bailey, Su, PhD; Chaison, Angelic, PhD; Teal, Cayla, PhD; Dunn, Nancy Jo, PhD

Houston VA Medical Center, Houston, Texas, USA

Military personnel returning from deployment in Iraq and Afghanistan have high rates of posttraumatic stress disorder and related anxiety problems. However, few choose to undergo psychosocial treatment with demonstrated effectiveness. Identified barriers to help-seeking include stigma of mental illness, getting time off work for treatment, arranging childcare,

and transportation issues. Although these findings were obtained from a large sample of military personnel who completed an anonymous questionnaire, to date, there has been no known direct evaluation of returning military service men and women who have a psychiatric problem but refuse treatment. In the current study, eleven veterans with PTSD who declined psychosocial treatment participated in key informant interviews designed to assess facilitators and barriers to seeking treatment. An iterative group review process was used to extract and develop thematic codes regarding patients' beliefs, attitudes, and concerns about seeking mental health treatment. Preliminary results offer a conceptual model delineating a complex interplay of intrapersonal, interpersonal, and systemic factors that influences help-seeking behavior. These findings provide direct implications for improving outreach efforts, service delivery methods, and other approaches to engage returning veterans in undergoing effective treatments.

Risk and Resiliency Factors in the Development of Psychiatric Problems Among OEF/OIF Veterans

(Abstract # 658)

Poster # F-196 (Clin Res) Atlanta Ballroom

Teng, Ellen, PhD; Graham, David, MD; Bailey, Su, PhD; Lanier, Stacey, PhD; Dunn, Nancy Jo, PhD

Michael E. Debakey, VA Medical Center, Houston, Texas, USA

Significant numbers of veterans returning from deployments to Iraq and Afghanistan report experiencing psychological problems (11.3%–19.1%). It is critical to understand the factors that both contribute to the development of psychological problems and those that promote resilience. The purpose of the current study is to investigate potential factors that differentiate OIF/OEF veterans who were exposed to trauma and who have a primary psychiatric diagnosis versus those with no psychiatric diagnosis. A retrospective chart review was conducted spanning a time frame of 3 years for veterans screened in a specialty mental health clinic for PTSD. Veterans who reported experiencing a traumatic event during deployment (N=1,035) were categorized based on presence or absence of an Axis I psychiatric disorder. A Mann-Whitney U test indicated that veterans with an Axis I disorder reported a significantly higher rate of history of physical abuse ($p=.003$) than veterans without an Axis I disorder. No differences emerged on basic demographic variables or experiences of sexual abuse/trauma ($p>.05$). Analysis of variance indicated that certain factors during and after deployment may be related to the subsequent development of psychiatric problems. Logistic regression analyses will be conducted to determine predictors of risk and resilience in the development of psychiatric problems.

The Psychiatrist's Role in Residential PTSD Treatment

(Abstract # 669)

Poster # F-197 (Practice, Commun) Atlanta Ballroom

Forrester, Jacob, MD

VAMC Cincinnati, Cincinnati, Ohio, USA

There are challenges to the psychiatrist delivering psychopharmacologic treatment in a residential program based in psychotherapy. The task to deliver treatments that are both clinically relevant and evidence-based, is intertwined with the

task to allow therapy to progress. In providing medication which treats PTSD, along with other mental and physical diagnoses, it is important to be mindful of the stage of therapy. In working with complex and challenging patients, medication providers in psychotherapy based milieu may find that they become targets for criticism. This displays the import of a commitment to evidence-based practice and having forum to communicate with the patients and the treatment team on a regular basis. Having regular frequent meetings with patients has improved relations and compliance with treatment. Also, meeting with patients in a group setting has been helpful for me to understand the group dynamic, and gives patients opportunity to view the psychiatrist in a less threatening setting. Finally, the psychiatrist's role is often as liaison with other physicians, to ensure, for the good of the patient, that other specialties are aware of the goals of the residential treatment team.

Pathways to Substance Abuse Among Youth With Trauma Histories: The Mediating Role of Complex PTSD

(Abstract # 670)

Poster # F-198 (Clin Res, Child)

Atlanta Ballroom

Rosenkranz, Susan, MA²; Muller, Robert, PhD, C.Psych²; Henderson, Joanna, PhD¹

¹CAMH, Toronto, Ontario, Canada

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Research has established that a strong connection exists between a history of trauma and the development of substance use disorders (SUD); however, few studies have examined the factors accounting for this association, and the small amount of research that has been conducted has largely examined samples of veterans. Youth with trauma histories represent a separate group that is at substantial risk for the development of SUD. The purpose of the current study is to enhance our understanding of the factors underlying the association between trauma and youth SUD. This presentation will examine levels of complex and standard PTSD symptoms among youth with problematic levels of substance use, and will investigate the extent to which these symptoms mediate the association between trauma history and youth SUD. Participants will be 100 youth entering outpatient substance abuse treatment. Upon entry to the program, participants complete a number of self-report questionnaires to collect information on the variables of interest. Data collection is currently in progress. This research is anticipated to have implications for effective treatment for this population. Gaining an understanding of the factors leading these youth to use substances will be invaluable for the development of treatment approaches that address their underlying difficulties.

Preventing, Mitigating, and Alleviating Spiritual Injury Through Lay Pastoral Care Intervention

(Abstract # 672)

Poster # F-199 (Mil Emer, Commun)

Atlanta Ballroom

Wang, Paul, M.Div., PhD²; Wall-Smith, Stephen, M.Div., PhD²; Laura, MA, LPC¹

¹Wheaton College, Lombard, Illinois, USA

²Bar Ilan University, Ramat Gan, Israel

Three to four months after returning from hazardous deployment, 49% of U.S. National Guard troops will develop stress-related mental health problems. Reservists and families lacking access to nearby military resources are especially at risk. HEROES Care Program, a national strategy for combating psychological, moral, and spiritual injury synergizing military and church-based resources (lay pastoral care) is utilized in caring for Missouri National Guards returning from deployment. Method: 50 servicemembers assigned to a Hometown Support Volunteer (HSV - lay pastoral caregiver) were compared to 50 servicemembers without a HSV. Instruments included in the protocol are the HEROES Wellness Assessment, Spiritual Health Inventory, the United Behavioral Health Wellness Scale, PTSD Check list for Military Members (PCL-M) and spouses (PCL-spouse) the Life Innovations Family Satisfaction Scale, the Locke-Wallace Marital Adjustment Test, and the Inventory for Functional Impairment (IFI). The research agenda includes cross-validating the Spiritual Health Inventory with other inventories, determining the degree of correlation between spiritual support and reintegration adjustment, and assessing the effectiveness of the HEROES Care Program in reducing PTSD and depression symptoms as well as improving interpersonal relationships and overall functions.

Prostituted Youth in Northern California: Presentation and Clinical Implications

(Abstract # 673)

Poster # F-200 (Child, Prev EL)

Atlanta Ballroom

Budwey, Siobhan, MA; Briscoe-Smith, Allison, PhD

Pacific Graduate School of Psychology, San Francisco, California, USA

There are about 200,000 to 300,000 (arguably underestimated) adolescents who are commercially sexually exploited just in the United States (Estes, 2001) however little is known about these youth and their experiences. Some research discusses mental health implications among this population (Runfola, Budwey, and Briscoe-Smith, 2007; Valera, Sawyer, & Schiraldi, 2001), but the severity of mental health in prostituted youth is believed to be largely underestimated. An innovative program serving these youth transformed their data and found that among 269 prostituted youth in Northern California, 24.5% attempted suicide and 28.6% were hospitalized for a mental health episode. Little is known about the demographics of prostituted youth thus it is important to discuss as a way to inform professionals how to work with these children. Often these youth are treated like criminals (Herzog, 2008; Halter, 2002) rather than victims, which further marginalize this group and make it more difficult to receive necessary services. In the present study 231 (85.9%) of the youth were arrested, and 169 (62.8%) were arrested for solicitation. Other statistics regarding basic demographics, living situation, and other traumas faced by this population will be discussed. The data presented will provide a

wealth of information concerning the overwhelming needs of this population, and guide future programs.

The Biopsychosocial Implications of Trauma Exposure Among African Americans

(Abstract # 674)

Poster # F-201 (Cul Div, Soc Ethic) **Atlanta Ballroom**

Elliott, Carrie, MSW

University of Texas at Austin School of Social Work, Austin, Texas, USA

Traumatic experiences are frequently cited as major contributors to adverse outcomes in studies examining the biological, psychological, and/or sociological functioning of African Americans. They have been linked to disruptions in cognitive and neurobiological systems; cited with regard to their co-morbidity with physical and mental illnesses; and documented as a major factor in community disorganization. This presentation will present the findings of a critical literature review regarding the types of traumas that are prevalent within the African American community; the within-group demographic risk factors associated with exposure; and frequently reported outcomes. This presentation will also discuss the limitations of the current theoretical frameworks when it comes to working with ethnic minority communities.

Socio-Cultural Differences in Clinical Outcomes as a Result of Hurricane Katrina

(Abstract # 675)

Poster # F-202 (Disaster, Cul Div) **Atlanta Ballroom**

Thompson, Kip, BA; Kloos, Bret, PhD; Flory, Kate, PhD; Hankin, Ben, PhD

University of South Carolina, Columbia, South Carolina, USA

It has been well documented that the survivors of Hurricane Katrina have endured an incredible amount of trauma. After natural disasters, perceptions of oppression can sometimes exacerbate psychiatric distress (Weems, et al, 2007) among non-mainstream populations. The present study sought to understand how exposure to traumatic stressors from Hurricane Katrina might predict scores of depression, anxiety, and PTSD. The researchers will investigate unique experiences of traumatic stress among the diverse groups represented in the current sample. It was hypothesized that minority, female, and low SES status would contribute to higher vulnerabilities to clinical outcomes, and that contextual factors may influence how resilience was expressed. Participants included 208 individuals who had experienced Hurricane Katrina firsthand. Data was collected in Columbia, SC, and in New Orleans, LA. Participants completed a semi-structured qualitative interview and questionnaires measuring several clinical outcomes. The researchers also gathered qualitative data to understand traumatic experiences. It is hypothesized that results will indicate high levels of psychosocial stressors will be related to increased levels of clinical outcomes. In addition, it was expected that results will show varied responses in clinical outcomes unique to ethnicity, gender, and class.

Progress of Disaster Mental Health Care in Japan

(Abstract # 683)

Poster # F-203 (Disaster, Cul Div) **Atlanta Ballroom**

Kim, Yoshiharu, MD, PhD; Suzuki, Yuriko, RN; Nakajima, Satomi, MD, PhD

National Center of Neurology and Psychiatry, National Institute of Mental Health, Department of Adult Mental Health, Tokyo, Japan

During this decade, Japan has experienced a number of natural disasters and massive criminality cases, for which strategy of mental health care has been promoted and discussed. Our colleagues in Japan, once confused by the influence of the psychological debriefing, which was said to be useful for preventing PTSD but actually is not, have made the Guideline for Local Mental Health Care Activities after a Disaster (Kim, et al., 2003), distributed nationwide by the Ministry of Health, Labor and Welfare. This puts an emphasis upon careful watching of the victims in the acute phase and recommend care givers to respect natural course of recovery and to refrain from hastened and unproved intervention as a primary or secondary prevention of PTSD. This policy goes in accord with the PTSD guideline issued by the National Institute of Clinical Excellence, but has not been attested in an actual disaster situation. In Niigata Earthquake in 2004 that produced 108000 evacuees, some dozens of mental health support teams assembled in the afflicted areas, but were well organized under the regulation of the Niigata local government, which worked under the authors' supervision. We made a on-site manual of mental health care, according the above policy and did a questionnaire survey of the support teams afterwards, which showed the importance of out-reach activities and re-establishing people.

Frequency of Life Traumatic Events and Their Psychological Impacts in 7-15 Year Old Urban Students

(Abstract # 687)

Poster # F-204 (Child, Clin Res) **Atlanta Ballroom**

Shakeri, Jalal, MD; Jaber Ghaderi, Nasrin

Kermansha University of Medicine, Kermanshah, Iran

Introduction: The prevalence of traumatic events among children is quite high. This study examines the frequency of life traumatic events and their psychological impacts in the urban students of Kermanshah in 2006. Methods: Using cluster random sampling, 475 primary and secondary students from 17 different schools were selected. The students were aged 7- 15. Every child was interviewed using a Life Incidence Traumatic Events scale, Child Report of Post traumatic Symptoms and Parents Report of Post traumatic Symptoms. Results: 57.5% of the participants - girls 33.8% and boys 23.7% experienced at least one traumatic event in their life. Physical abuse a sick person in the family was the most common events coming out at boys 34.1% and girls 30.3%. The corresponding values in girls were 32.4% and 32.8%. PROPS results has shown 40% of girls and 31% of boys scores were greater than the cut of point. The corresponding values for CROPS were 44.5% and 18% for girls and boys. Discussion: The scale of the events and their serious negative impacts on the sample call for a professional intervention as well as psychoeducation for the families.

After the Flood: Resilience Among Disaster-Afflicted Adolescents

(Abstract # 690)

Poster # F-206 (Child, Disaster)

Atlanta Ballroom

Uttervall, Mats, PhD Student, Lundin, Tom, MD, PhD

Uppsala Universitet, Uppsala, Sweden

This study investigated adolescents exposed to a traumatic event by analyzing their narrated experiences. In order to study this, a questionnaire was sent out 14 months after the 2004 tsunami to 10 116 Swedish citizens who had been in the area of the disaster. 932 responded, of those 293 were in the age range of 16 to 19. Five months later, a number of randomly chosen persons in that age-group were approached to take part in a face to face, semi-structured interview. Ten young men and ten young women were interviewed about their reactions during the tsunami, their life afterwards, their view on media and public authorities, current situation and families. Altogether, this information created a picture of how young people are affected by a traumatic event and their coping-strategies afterwards. The study sample was homogenous regarding family situation and socioeconomic status. The results indicated that adolescents' resilience and coping strategies are different from those of adults, both during and after a traumatic event. The study also suggested that female gender, life threat, loss and physical injuries are indicators for post traumatic psychopathology.

Effectiveness of Manualized Sleep Therapy Group for PTSD-Diagnosed Veterans

(Abstract # 695)

Poster # F-207 (Clin Res)

Atlanta Ballroom

Wilkinson, Charity, PsyD²; Thompson, Karin, PhD¹; Fortenberry, Katherine, M.; Franklin, Laurel, PhD²; S¹; Currier, Joseph, MA¹; Coleman, Rachel, MS¹

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PTSD-related sleep disturbance is a debilitating problem that negatively impacts veterans' functioning and quality of life. Treatment of sleep disturbance may improve overall functioning and ameliorate PTSD symptoms. The current study examines the preliminary effectiveness of a manualized PTSD Sleep Therapy Group among treatment-seeking, PTSD-diagnosed veterans. Participants (N=41) completed a 6-week PTSD Sleep Therapy Group in either a residential or outpatient setting. Treatment included weekly group sessions utilizing cognitive-behavioral interventions targeting sleep quality and PTSD-related sleep disturbance. Veterans were assessed at sessions 1 and 6 using the PSQI and PCL-M. Data were analyzed using repeated measures ANOVAs and effect sizes were computed with eta². Significant results indicate improvement in PTSD symptoms, sleep latency, sleep quality, PTSD sleep disturbance, and daytime dysfunction. Treatment modality (residential versus outpatient) was examined as a potential confound and results suggest symptoms improved regardless of modality ($p < .00$; $\eta^2 = .46$). This is the first study examining a manualized group treatment for PTSD-related sleep disturbance in veterans. While the study is limited by sample size and lack of control group, results suggest treatment for PTSD-related sleep disturbance is associated with improvement in PTSD symptoms and sleep quality.

Grady Nia Project: A Culturally Competent Intervention for Abused, Suicidal African-American Women

(Abstract # 697)

Poster # F-208 (Clin Res, Cul Div)

Atlanta Ballroom

Patel, Meghna, PhD²; Zimmerman, Lindsey, MA¹; Green, Brandeis, MA¹

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The Grady Nia project started in the early 1990s and has served almost 500 suicidal and abused African American women in a large urban hospital in Atlanta, Georgia. The project is a unique intervention because it targets both suicidal and abusive behavior. Intimate partner violence (IPV) more than doubles the risk of suicide attempts in African American women (Stark & Flitcraft, 1996). Nia is also a culturally competent intervention that is guided by the Theory of Triadic Influence (TTI). TTI describes three streams of influence, which can be risk and protective factors that are viewed as the ultimate causes of human behavior: (1) intrapersonal, (2) social and situational, and (3) cultural and environmental. Nia incorporates constructs from Afrocentric theory to empower women and is guided by Black feminism/womanism. Sessions target reducing and enhancing intrapersonal, social, situational, and cultural and environmental risk and protective factors. Results indicated that only 13% of the Nia women attempted suicide within the year following their enrollment in the program. Findings also suggest that the Nia project enabled the women to more effectively cope with stress and not evidence as much psychological distress in response to IPV. Clinical implications are also discussed.

Differential Symptom Presentation in Sexually Abused Children: PTSD vs. ADHD

(Abstract # 698)

Poster # F-209 (Child, Clin Res)

Atlanta Ballroom

Stewart, Lindsay, MA; Faust, Jan, PhD; Salter, Sara, MS; Brosbe, Micah, BA; Hoefling, Katie, MS

Nova Southeastern University, Fort Lauderdale, Florida, USA

This study included 88 children (25 males, 63 females, Mean Age=11.26) with documented histories of sexual abuse. All subjects were classified into two groups: children meeting criteria for posttraumatic stress disorder ("PTSD Only" group, N=72) and children meeting criteria for both PTSD and a subtype of Attention Deficit Hyperactivity Disorder (ADHD, "Combined PTSD/ADHD" group, N=16). The child's non-offending, female caregiver completed the Child Behavior Checklist and provided demographic information. Results indicated the two groups did not significantly differ on the internalizing and externalizing CBCL scales ($F=2.14$, $p=.12$). However, results of a second MANOVA indicated significant differences existed between the PTSD Only and the Combined PTSD/ADHD groups on CBCL subscales ($F=2.95$, $p=.006$). Pairwise comparisons indicated the two groups of children did not significantly differ on subscales assessing anxiety, withdrawal behaviors, somatic complaints, thought problems, or delinquency. However, sexually abused children in the Combined PTSD/ADHD group evidenced significantly greater difficulties in the areas of social problems, attention, and aggression, when compared to sexually abused children in the PTSD Only group. This study has important implications for the

clinical manifestation of trauma in children, and the differential diagnosis of sexually abused children.

Emotion Regulation and Emotion Recognition Deficits: Mechanisms in the Relationship Between Posttraumatic Cognitions and Intimate Partner Violence Perpetration

(Abstract # 701)

Poster # F-210 (Child, Res Meth) Atlanta Ballroom

Marshall, Amy, PhD; Robinson, Lara, PhD, MPH; Azar, Sandra, PhD

Penn State University, University Park, Pennsylvania, USA

Early exposure to trauma is frequently associated with subsequent intimate partner violence (IPV) perpetration (Dutton, 1998). Given the role of cognition in posttraumatic sequelae (Ehlers & Clark, 2000) and IPV perpetration (Holtzworth-Munroe, 2000), we examined the relationship between maladaptive posttraumatic cognitions and IPV perpetration in a sample of late adolescence trauma survivors currently in dating relationships (N = 182). Because emotion regulation and emotion recognition deficits are functionally associated with trauma (Pollak et al., 2000; van der Kolk et al., 1993) and aggression perpetration (Marshall & Holtzworth-Munroe, under review; Tull et al., 2007), we examined these variables as mechanisms accounting for the expected relationship between maladaptive posttraumatic cognitions and IPV perpetration. Study measures included the Traumatic Life Events Questionnaire (Kubany et al., 2000), Posttraumatic Cognitions Inventory (Foa et al., 1999), Inventory of Altered Self Capacities (Briere, 2000), Aprosodia Battery (Orbelo et al., 2005), and Revised Conflict Tactics Scale (Straus et al., 1996). As expected, emotion dysregulation and biased detection of anger fully mediated the relationship between posttraumatic cognitions and psychological aggression perpetration, as well as physical aggression perpetration. No significant differences were found across genders.

The World Assumptions Questionnaire: Developing a Measure of the Assumptive World

(Abstract # 702)

Poster # F-211 (Assess Dx, Res Meth) Atlanta Ballroom

Kaler, Matthew, PhD Candidate; Frazier, Patricia, PhD; Anders, Samantha

University of Minnesota, Minneapolis, Minnesota, USA

Several theorists have proposed that the shattering of trauma survivors' core beliefs is central to their post-trauma adaptation. In fact, that traumatic life events shatter survivors' basic assumptions about the world is a truism in the trauma literature. However, data testing this hypothesis provide a mixed picture. Recent evidence suggests this might be due to limitations in the psychometric qualities of the World Assumptions Scale (WAS; Janoff-Bulman, 1989), the most commonly used measure of core assumptions. Thus, the purpose of the present studies was to develop a psychometrically sound measure – the World Assumptions Questionnaire (WAQ). First, qualitative data were gathered from trauma survivors, undergraduates, and trauma

researchers and clinicians to inform item generation and assess content validity of items. Second, the factor structure of the WAQ was examined using exploratory factor analysis in a sample of 236 undergraduates. Finally, the structural validity, construct validity, temporal stability, and internal-consistency reliability of the WAQ were evaluated in a sample of 312 undergraduates. Results showed that the WAQ evidenced greater temporal stability, closer adherence to hypothesized factor structure, and stronger evidence for construct validity than the WAS. Potential uses for the WAQ and implications for trauma research and practice are discussed.

Substance Abuse in Inner City Primary Care Patients Assessed by the KMSK

(Abstract # 708)

Poster # F-212 (Assess Dx, Res Meth) Atlanta Ballroom

Tang, Yi-lang, MD, PhD

Emory University, Atlanta, Georgia, USA

Background: This study examined the relationship of such events to substance use in an inner city primary-care clinic population. Method: The primary outcome measure was severity of adult post-traumatic stress disorder (PTSD) symptoms, as measured with the modified PTSD Symptom Scale (MPSS). Independent factors included in the analyses were adult trauma and childhood abuse. Substance use was assessed using the Kreek-McHugh-Schluger-Kellogg Scale (KMSK). Results: The sample was predominantly African-American (92%), female (60.9%), with mean age (\pm SD) of 43 ± 13 yrs. Substance use disorders were common in this sample, with the rate of alcohol, cocaine, and opiate dependence being 41.1% (189/451), 32.4% (142/443), and 4.8% (21/439) respectively. 139 of 418 participants (33.3%) met diagnostic criteria for PTSD based on MPSS cutoffs. Significant difference in rate of cocaine dependence was observed between subjects with and without PTSD ($p=0.006$), but not for other substance-use disorders. However, the KMSK total scores for cocaine, tobacco, and heroin use correlated significantly with the total types of trauma experienced ($r=.164-.235$, all $p < 0.01$). Conclusions: Substance use problems are higher than in the general population. While substance abuse severity associates with trauma experience and stress events, PTSD only associated with cocaine dependence in this population.

The OSISS Program: The Peer Support Training Model

(Abstract # 710)

Poster # F-213 (Media Ed, Commun) Atlanta Ballroom

Cargnello, Juank, MPS

Veterans Affairs, Canada, Ste-Anne-de-Bellevue, Québec, Canada

In 2002, the Departments of National Defense and Veterans Affairs Canada jointly launched the Operational Stress Injury Social Support (OSISS) program to provide peer support services to serving and retired military members and their families. An emerging best practice in mental health, peer support has become recognized as an invaluable and effective adjunct in the continuum of comprehensive clinical services for individuals suffering from operational stress injuries (i.e., PTSD and related conditions). This presentation will review the developments and evolution of the OSISS basic peer-helper training model to date. The main themes and core contents of the training

curriculum proper are described, including the experiential learning with active participation and role-playing exercises that are most often encountered in peer-support work. The process to develop training program evaluation measures will also be elaborated. Given the paucity of peer support training models in the field of operational stress and the growing interest in peer-to-peer support services, this presentation is timely, providing participants with the essential information required to establish and organize a peer support training program.

The Natural Course of Post-Traumatic Stress Symptoms in Three Soldiers Deployed to Iraq

(Abstract # 717)

Poster # F-215 (Mil Emer, Assess Dx) **Atlanta Ballroom**

Widner, Gregory, MSW; Price, Rumi, PhD, MPE

Washington University School of Medicine, St. Louis, Missouri, USA

We present three soldiers' prospective reports of pre-deployment traumatic events, combat-related experiences during deployment, and corresponding PTSD symptom development. The case reports were obtained as part of a pilot study conducted at Washington University School of Medicine from 2005 through 2008 with full approval from the University's Institutional Review Board (IRB). We chose these three soldiers, all male, who were deployed to Iraq because the relevant data are most complete and they show similarities and individual variations that are informative in understanding the natural course of PTSD. Pre-deployment assessments were administered an average of 3.4 months before deployment while post-deployment assessments occurred an average of 4 months after returning from deployment. All three soldiers reported more post-battle events than combat experiences, per se. Two of them did not have any PTSD symptom at pre-deployment. All three reported PTSD symptoms were worst in the month returning from Iraq but the symptom level decreased beginning 2-3 months after deployment. We did not find a consistent pattern of association of neurocognitive batteries and cortisol levels with PTSD symptoms. The three soldiers sought varying degrees of professional and informal help for their PTSD symptoms after deployment.

Trauma Exposure and PTSD Symptom Structure in Impoverished African American Women

(Abstract # 720)

Poster # F-216 (Cul Div) **Atlanta Ballroom**

Nugent, Natalie, BS¹; Porcerelli, John, PhD, ABPP²; McSweeney, Lauren, BA¹; Lauterbach, Dean, PhD¹

¹*Eastern Michigan University, Ypsilanti, Michigan, USA*

²*Wayne State University, Detroit, Michigan, USA*

There is a considerable body of literature indicating that African American women are at high risk for exposure to traumatic experiences. However, to date there are few empirical studies examining the phenomenology of PTSD in a sample of impoverished African American women. The current study will present data on the prevalence of trauma exposure, severity of PTSD symptoms, and factor structure of PTSD in a sample of 110 impoverished, predominantly African American women (89.1%) living in a large, Midwestern city. The majority of the participants

(84.5%) had a combined familial income of less than \$19,999 per year. Results indicated that 91.8% of the participants had experienced at least one significant trauma with 7.1% of those individuals meeting criteria for a presumptive PTSD diagnosis. Participants endorsed a variety of traumatic experiences including child sexual abuse (38%), rape as an adult (26%), and physical abuse as an adult (53%). Additionally, findings from an exploratory factor analysis yielded a three-factor solution, consistent with the *DSM-IV* conceptualization of PTSD.

CTTS Family Group Therapy for Bhutanese Torture Survivors

(Abstract # 721)

Poster # F-217 (Disaster, Civil Ref) **Atlanta Ballroom**

Wasim, Fatima, MS, NCC; Ahmed, Asha, PhD

CTTS, Decatur, Georgia, USA

The goals of the group (6-8 families) are: a) to give members a safe place to gather and to talk about their concerns, their stories, including their recovery from torture, b) to assist in the cultural in the socio-cultural adjustment, c) to increase members' feelings of personal empowerment and mastery in various aspects of their lives, d) to diminish symptoms of PTSD, anxiety and depression, and e) to form a social organization that help continuation of personal and community healing and advocacy. However, the focus in the first stage switches to survival issues, as new added traumatic stress, considering the dire economic situation in US, at the time. The therapeutic techniques implemented at this stage are: developing assertiveness training, problem solving skills, using humor, laughter and other skills, e.g., journaling, making to do lists, etc. Clients are encouraged to share their story but they are not forced to. Most of the members are interested in discussing religious topics. They are also interested in discussing the politics of Nepal and Bhutan as noted one time, a member who was very quiet in all sessions, spoke up for the first time about politics and gave his opinion.

Barriers to Mental Health Care in Recent Injury-Related Trauma Survivors

(Abstract # 727)

Poster # F-218 (Prev El, Practice) **Atlanta Ballroom**

Kuhn, Eric, PhD²; Ruzek, Josef, PhD⁴; Cordova, Matthew, PhD¹; Kurita, Keiko, BS³; Sherck, John, MD⁴

¹*Santa Clara Valley Medica, San Jose, California, USA*

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Many injury-related trauma survivors consequently develop mental health problems. Fortunately, effective treatments exist for these problems. However, few trauma survivors in need seek services. Little is known about why this is the case. Extant research on military samples and male violence victims documents perceived stigma and practical obstacles as important factors. However, research with recent injury-related trauma survivors is lacking. To address this, 45 patients admitted to a Level 1 trauma center were recruited for a telephone survey after discharge (~ 2-weeks post trauma). Of these, 31 completed the survey. Approximately half of the sample reported moderate (29%) to severe (16%) PTSD symptoms. Barriers to seeking care included: not being sure where to find help, not having transportation, not

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thinking symptoms required help, and a belief that they could handle it on their own. In general, participants reported favorable attitudes about receiving mental health treatment, including positive beliefs about the effects of treatment and benefits of talking about their trauma. These findings suggest that recent injury-related trauma survivors should be given practical information about how to find help and transportation to care as well as how to recognize if symptoms are exceeding their capacity to manage and require professional care.

Role of Adult Attachment in the Experience of Trauma Among Survivors of Early Interpersonal Abuse

(Abstract # 730)

Poster # F-219 (Soc Ethic, Clin Res)

Atlanta Ballroom

Earls, Lauren, MS¹; Huth-Bocks, Alissa, PhD¹; Muzik, Maria, MD²

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²University of Michigan, Ann Arbor, Michigan, USA

Only a few studies in the adult attachment and trauma literatures have established links between the experience of early interpersonal trauma, adult attachment dimensions, and trauma symptomatology. This study examines the relationship between early interpersonal trauma including childhood emotional, physical, and sexual abuse, and childhood emotional and physical neglect, the adult romantic attachment dimensions of anxiety and avoidance, and several components of Complex PTSD/Disorders of Extreme Stress (CP/DESNOS). More specifically, some of the sequelae of survivors of prolonged and repeated interpersonal trauma will be examined including dissociation, distorted cognitions, shame, despair, and hopelessness. It is hypothesized that adult romantic attachment will moderate the relationship between early interpersonal trauma and acquisition of CP/DESNOS sequelae, such that a stronger association between early trauma and later trauma sequelae will be found for women with insecure attachment. Participants include a diverse clinical sample of 100 postpartum women between the ages of 18-39 years ($M = 2^9$; $SD = 5.3$) with and without interpersonal trauma histories. Results from this study will add to the literature by further clarifying these relationships, and by illuminating some of the CP/DESNOS trauma sequelae manifested by postpartum women.

The Impact of Vocational Rehabilitation for Mentally Ill Veterans

(Abstract # 732)

Poster # F-220 (Clin Res, Res Meth)

Atlanta Ballroom

Blackburn, Laura, BS¹; Parker, Pamela, MD³; Riley, Allen¹; Perry, Bonita, MS¹; Blansett, Catherine, PhD²; Leon, Andrew, PhD²; Debring, Charles, PhD; Davis, Lori, PhD¹

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Objective: To describe methods and preliminary baseline results of a study of the impact of supported employment (SE) compared to standard vocational rehabilitation (VR) for veterans with posttraumatic stress disorder (PTSD). **Methods:** This randomized study evaluates the impact of SE compared to VR on occupational, sobriety, psychiatric, quality of life outcomes and health care costs for veterans with chronic PTSD who enter the Tuscaloosa VA Medical Center's (TVAMC) vocational rehabilitation

program. We examine SE vs. VR outcomes in terms of obtaining and maintaining competitive employment, sobriety, psychiatric symptoms, and health, quality of life, and plan a moderator analysis to determine whether transportation, financial status, housing, and family care burden at baseline moderate outcomes. **Findings:** Data is still being collected and randomization will conclude on April 1, 2009. As of March 17, 2009: 97 enrolled; 81 randomized (VR=40, SE=41); 38 completed; 14 exited¹ ¹ lost to follow-up; 29 active (16=SE, VR=13). We will present methods, differential elements of SE and VR implementation and delivery, and baseline data of this study. **Significance:** Understanding the methods, outcomes and impact of SE vs. VR will lead to better occupational recovery and delivery of services for veterans with chronic PTSD.

Predictors of PTSD Symptoms in Impoverished African American Women

(Abstract # 734)

Poster # F-221 (Disaster, Cul Div)

Atlanta Ballroom

McSweeney, Lauren, BA¹; Lauterbach, Dean, PhD¹; Nugent, Natalie, BS¹; Porcerelli, John, PhD, ABPP²

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Research indicates that poverty and a history of abuse are related to the development of posttraumatic stress disorder (PTSD), particularly in women. Unfortunately, African American women have been drastically underrepresented in studies examining the relative contribution of abuse history and economic status on the development of PTSD. To understand this relationship, 110 African American women completed surveys that assessed psychosocial variables, the degree of exposure to traumatic stressors, and PTSD symptoms. Hierarchical multiple regression was used to assess the ability of three continuous control variables (marital status, insurance, and employment) to predict levels of PTSD symptoms after controlling for duration of childhood abuse, ethnicity, income, education, number of times abused, and age at abuse. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. Duration of childhood abuse, ethnicity, income, education, number of times abused and age at abuse were entered at Step 1, explaining 44% of the variance in PTSD symptoms. After entry of marital status, insurance and employment at Step 2 the total variance explained by the model was 52%. In the final model, two variables were statistically significant predictors of PTSD symptom severity, employment and duration of abuse.

Combat Exposure and Military Sexual Harassment Among Female Soldiers: A Post-Deployment Pilot Study

(Abstract # 735)

Poster # F-222 (Mil Emer, Cul Div) **Atlanta Ballroom**

Grubbs, Kathleen, MA¹; Dutra, Lissa, PhD¹; Greene, Carolyn, PhD^{1,2}; McCartin, Tamarin, MD³; Trego, Laurie, PhD⁴; Morland, Leslie, PsyD¹

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⁴Tripler Army Medical Center, Department of OBGYN, Tripler, AMC, Hawaii, USA

This pilot study examined rates of OIF combat exposure and military sexual harassment in a sample of 55 active duty Army females interviewed post-deployment. Associations between deployment stressors and PTSD symptoms were explored. Participants completed relevant scales of the Deployment Risk and Resilience Inventory (DRRI) and the Primary Care PTSD Screen. A majority of the sample endorsed combat exposure (66.7%), military sexual harassment (58.2%) or both stressors (49.1%). Eleven percent of the sample was identified as being at high risk for a PTSD diagnosis and almost one quarter (23.6%) of the sample endorsed a sub-clinical level of symptoms. Military sexual harassment was associated with total score on the PTSD screen and, more specifically, with the avoidance and detachment/numbing symptom clusters. Despite a relatively high endorsement rate, combat exposure was not significantly associated with PTSD. These findings suggest that female soldiers may be exposed to a variety of stressors during deployment and that they appear to be at high risk for experiencing PTSD symptoms during the first few weeks of the post-deployment period. Findings also suggest that military sexual harassment may be strongly associated with PTSD symptoms for female soldiers, given its robust effect in this pilot study.

Perception of Abuse Severity Predicts PTSD Risk and HPA Function

(Abstract # 736)

Poster # F-223 (Assess Dx, Bio Med) **Atlanta Ballroom**

Phifer, Justine, BA; Sands, Lauren, BA; Bradley, Bekh, PhD; Ressler, Kerry, MD, PhD; Weiss, Tamara, MD

Emory University, Atlanta, Georgia, USA

Child abuse has been associated with PTSD and HPA abnormalities, but sequelae do not develop in all trauma-exposed individuals. Interpretation of events may influence risk versus resilience following trauma. Given the same childhood experiences, people may answer questions about child abuse differently. We compared an abuse measure asking if subjects believe they were abused with one using specific, behavioral descriptions of experiences to determine whether interpretation of abuse history was associated with PTSD and HPA function. Participants (N=176) completed the Childhood Trauma Questionnaire (CTQ), the Early Trauma Inventory, and a dexamethasone suppression test (DST) to assess HPA function. Subjects reporting moderate/severe abuse on one abuse scale but not the other were coded as discordant. Discordance generally occurred when specific, behavioral classifications indicated moderate/severe abuse while CTQ responses were at

or below the mild abuse level. Discordant reports of physical and emotional abuse were both associated with increased lifetime PTSD ($p < .05$). Participants with discordant classifications exhibited a pattern of cortisol non-suppression ($p < .05$) and ACTH hypersuppression ($p < .05$) in response to DST. Interpretation of childhood trauma may influence HPA function and risk for PTSD. Relevance to understanding the trauma-related neurobiology will be discussed.

Attachment, PTSD, and Parent-Child Relationship Quality: A Mediation Model

(Abstract # 739)

Poster # F-224 (Clin Res, Child) **Atlanta Ballroom**

Lauterbach, Dean, PhD; Konyndyk, Shannon, BA; McSweeney, Lauren, BA, Calvert, Maegan

Eastern Michigan University, Ypsilanti, Michigan, USA

Attachment style develops early in life and is a template for how people relate to others, including their children. The current study examines the potential for PTSD to mediate the relationship between parental attachment and relationships with children using two population surveys, the National Comorbidity Survey (NCS) and the recent replication (NCS-R). PTSD did not mediate the relationship between attachment style and parent-child relationship quality. Across both data sets, attachment style had a direct effect on PTSD diagnosis. There was a significant direct effect of insecure/resistant attachment on parent-child relationship quality across both data sets. Findings regarding the relationship between PTSD diagnosis and parent-child relationship quality were inconsistent across the data sets. PTSD was significantly predictive of parent-child relationship quality in the NCS, but not the NCS-R. Similar inconsistent results were found for the relationship between attachment style and parent-child relationship quality. For the NCS there was a significant relationship between secure attachment and parent-child relationship quality and for the NCS-R, there was a significant relationship between insecure/avoidant attachment and parent-child relationship quality. Additional mediational models will be presented examining the role of marital quality and work-related stress.

Dimensional Analysis of Protective Factors and Suicidality Among Combat Vietnam Veterans

(Abstract # 740)

Poster # F-225 (Clin Res, Res Meth) **Atlanta Ballroom**

Price, Rumi, PhD, MPE; Widner, Gregory, MSW; True, William, PhD, MPH; Matthieu, Monica, PhD

Washington University, St. Louis, Missouri, USA

Combat veterans are at higher risk of suicidality. Among service members and veterans of the current Iraq and Afghanistan conflicts, the risk of completed suicide appears to be higher than the civilian counterpart. Compared to accumulating knowledge in the role of risk factors for suicidality, less is known about complex interactive relationships of protective factors affecting episodic suicidality. A cohort of Vietnam theater veterans and comparison nonveterans were followed up over 30 years (1972 baseline total N=1,227). The data from the most recent assessment on selected veterans (2002-2006; n=418) included sections assessing the worst suicidal episode and veterans' own

reasoning of their coping and other conceptual domains. Based on the three axes (time, method of coping, successful/failure to cope), over 50 "individual" codes were created which were then aggregated to 7 "domain" codes for subsequent linguistic analyses. We used multidimensional scaling (MDS) and logistic regression analyses. Results so far show that the two MDS dimensions are non-linearly associated with the probability of suicidal episode. The two dimensions are differentially attributable to positive functioning, positive support, and negative substance use. Regression analysis using survey-based measures indicate that hopelessness and positive coping are predictive of the two dimensions.

Religious Coping in the Aftermath of the Forced Relocation From the Gaza Strip

(Abstract # 744)

Poster # F-226 (Civil Ref, Assess Dx) **Atlanta Ballroom**

Tuval-Mashiach, Rivka, PhD; Dekel, Rachel, PhD

Bar Ilan University, Department of Psychology, Ramat Gan, Israel

The contribution of religious beliefs to wellbeing and adjustment following stressful events is well established, however the nature of the religious coping process needs to be clarified and understood. The current study analyzed narratives of former residents of the Gaza strip, all of whom self identified as being religious, six months following their forced relocation. 250 subjects (67% women) completed a semi-structured narrative questionnaire, in which they described their coping with the relocation, the changes it created in their lives, and the meaning they attached to the relocation. Three types of religious coping were identified in the narratives: "Foreclosed", those who did not experience any crisis in their religious beliefs, "still in conflict" those who were still confronting crisis and doubt in their beliefs and "achievers", those who coped with a religious crisis and strengthened their religious beliefs as a result. The findings revealed that in the early stages following a shared trauma, there is a shattering of beliefs and meaning system in a large proportion of this religious sample. Different patterns of coping were identified, highlighting the need to further study the factors involved in each coping pattern. Implications for intervention will be discussed.

Psychophysiological Arousal Associated with PTSD and Peritraumatic Dissociation in a DV Cohort

(Abstract # 750)

Poster # F-227 (Bio Med, Assess Dx) **Atlanta Ballroom**

Borkowski, Kimberly, MA²; Griffin, Michael, PhD²; Resick, Patricia, PhD^{1,3}

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³Boston University, Boston, Massachusetts, USA

PTSD has been strongly associated with increased psychophysiological arousal. However, conflicting evidence for the effects of peritraumatic dissociation (PD) on psychophysiological reactivity has been reported. The current study examines the psychophysiological response of female victims of domestic violence (DV) (N = 74) during free recall for the DV traumatic event compared to baseline physiological levels.

PTSD symptoms were assessed using the CAPS and PD was measured using the PDEQ. We predicted both PTSD and low PD would be associated with increased psychophysiological response measured by heart-rate change between the recollection of the traumatic event and baseline. Results support previous findings of a positive correlation between CAPS total score and PD ($r = .35, p = .004$). However, the high PD group showed significantly lower HR change than the low PD group ($F = 4.51, p = .043$). Regardless of dissociation status, heart-rate changes were significant greater in the PTSD group compared to no PTSD ($F = 4.03, p = .05$). To our knowledge these are the first data focusing on PTSD psychophysiological reactivity and PD in a domestic violence cohort. Results support previous findings for increased psychophysiological reactivity in Ss with PTSD and decreased arousal in high PD trauma survivors.

The Model of the VA PTSD Mentoring Program

(Abstract # 405)

Poster # F-229 (Practice) **Atlanta Ballroom**

Bernardy, Nancy, PhD¹; Hamblen, Jessica, PhD¹; Ruzek, Josef, PhD³; Friedman, Matthew, MD, PhD¹; McFall, Miles, PhD²

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The Department of Veterans Affairs has funded major increases in mental health programs nationwide to meet the growing need for treatment of stress-related disorders among both new and older veterans. To meet the demands, a PTSD Mentoring Program was developed to provide directors of PTSD programs with training in management skills to ensure implementation of best administrative and clinical practices of care for veterans. The program was organized within VA by region with 44 mentors (2 from each) identified as "experts" in program development and administration. They participate in conference calls that address specific topics designed to promote specific best practice support and then pass the information on down to "mentees." A crucial component is a website that has resources for clinicians, discussion forums, and has created an online community for the clinicians to research questions and find assistance. The PTSD Mentoring Program has rapidly grown and become recognized as a model for training and support within the VA. It now offers continuity at a crucial time when the VA is working to standardize its mental health offerings so that a veteran knows he or she will receive the best available treatments in any facility they visit.

Emotion Regulation Difficulties in Females With PTSD

(Abstract # 412)

Poster # F-230 (Assess Dx, Clin Res) **Atlanta Ballroom**

Bardeen, Joseph, MA; Varkovitzky, Ruth, MA; Kumpula, Mandy, MA, PhD; Orcutt, Holly, PhD

Northern Illinois University, DeKalb, Illinois, USA

Emotion regulation abilities have been posited as one factor contributing to the development and maintenance of PTSD. The present study used a between groups design (PTSD: $n = 119$; Non-PTSD: $n = 913$) with female Introductory Psychology students to examine emotion regulation difficulties in PTSD as measured by the Difficulties in Emotion Regulation Scale

(DERS). It was predicted that individuals in the PTSD group would have significantly greater difficulties in regulating emotion; further, difficulties in regulating emotion were expected to distinguish between those with and without PTSD. It was also of interest to examine whether group status predicted emotion regulation difficulties above and beyond the effects of experiential avoidance. As expected, individuals in the PTSD group had significantly greater difficulties regulating emotion. The only DERS subscale lacking the ability to discriminate between PTSD and Non-PTSD individuals was the "lack of awareness of emotions" subscale. The "limited access to strategies for regulation" DERS subscale was the strongest predictor of group membership. The DERS subscales correctly predicted the PTSD status of 88.2% of participants. Predicted group membership was significantly better than chance separation. The main effect of PTSD status in predicting the DERS subscale composite remained significant when accounting for experiential avoidance.

Gun Possession and Incarcerated Youth: Implications for Rehabilitation

(Abstract # 495)

Poster # F-231 (Child, Soc Ethic) Atlanta Ballroom

Dierkhising, Carly, MA¹; Sumalpong, Pilar, MA³; Foy, David, PhD²

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In our study 60% of incarcerated male youth indicated that they plan to own a gun in the future. To reduce recidivism and promote gang disaffiliation, rehabilitation efforts should address youth's future plans of gang involvement and gun ownership. Though incarcerated youth show uniformly high rates of community violence exposure, there exists more variability among PTSD severity, parental monitoring, and gun ownership. Our study examined the interrelationships between community violence, PTSD, parental monitoring, gang involvement, and gun ownership in our sample of fifty randomly selected incarcerated male youth. ANOVA revealed that the only significant difference between youth who plan to possess guns in the future and youth who do not is their degree of gang involvement. Additionally, a chi-square analysis revealed significant relationships between intent of future gang involvement and future intent to possess firearms, with 83% of gang involved youth reporting intentions of future gun possession. It is thought that in efforts to cope with ongoing community violence and victimization youth turn to gangs and guns for protection. Implications for the treatment of juvenile offenders will be discussed as it relates to interventions that reduce gang involvement and gun accessibility.

Student Knowledge and Concerns About Dissociation & Dissociative Identity Disorder

(Abstract # 507)

Poster # F-232 (Media Ed, Practice) Atlanta Ballroom

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¹LI University C.W. Post, Oceanside, New York, USA

²University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

Training in post traumatic stress disorder and disaster mental health is now included in many graduate school courses. In depth education about clinical dissociation and dissociative identity disorder (DID), however, is not a regular component

of many curricula. The present study presents information collected from a sample of doctoral level psychology graduate students before an advanced workshop on dissociation was provided. Questions about their knowledge about dissociation were derived from course content and information provided on the SIDRAN Foundation and International Society for the Study of Trauma and Dissociation websites. Additional questions were included to assess graduate student prior clinical and personal experiences with dissociation and their concerns in working with clients with this disorder. Results indicated that prior to the workshop, students possessed limited comfort with working with clinical dissociation and DID. After the training, knowledge of dissociation increased significantly, as did comfort working with clinical dissociation. Even after the course, however, comfort levels were relatively low, indicating that further training in the area is necessary. Possible reasons for this hesitancy are explored. Implications for future clinical training and research are discussed.

VA Substance Treatment May Not Fulfill the Needs of Ethnically Diverse Veterans With PTSD

(Abstract # 561)

Poster # F-233 (Cul Div, Clin Res) Atlanta Ballroom

Sweeton, Jennifer, MA¹; Tiet, Quyen, PhD; Penner, Allison, MS¹; Greene, Carolyn, PhD¹; Fitt, Julie, BS, BA^{1,2}; Frank, Jordan, PhD Candidate²; Rosen, Craig, PhD²; Tran, Christy²

¹National Center for PTSD/Palo Alto VAHCS, Menlo Park, California, USA

²VA Palo Alto HCS/Stanford University & CSPP at Alliant International University, Menlo Park, California, USA

Individuals with PTSD often suffer from substance use disorders (SUD's), which can exacerbate PTSD symptoms. Also, ethnic minorities often have less access to services than Caucasians. No study has examined treatment needs in relation to service utilization, but it is possible that disparity exists even with no service utilization disparity if the needs of one ethnic group are greater. We examined whether minority and Caucasian PTSD VA patients differ in their needs for SUD treatment, and SUD/PTSD treatment received. Analyses relied on data from 139 veterans at the Palo Alto VA residential program for PTSD. Participants completed self-report surveys, the Addiction Severity Index, and the PTSD Checklist. ANOVA's indicate members of minority groups have greater needs for both alcohol ($F=3.96, p<.05$) and drug treatment ($F=5.24, p<.02$). However, use of services did not differ between groups ($F=1.658, p<.20$), nor did severity of SUD problems ($F=.035, p<.85$). These data suggest a VA treatment disparity related to ethnicity. Minority veterans suffering from PTSD report a greater need for drug and alcohol treatment than Caucasians. However, the two groups report comparable use of services. Thus, even with comparable numbers of treatment visits, minority patients may have more unmet needs. PTSD veterans' reported need for treatment should be considered when devising VA treatment plans.

Effects of Childhood Abuse, Neglect, and Adult Intimate Partner Violence in Community Sample Women

(Abstract # 584)

Poster # F-234 (Practice, Assess Dx) **Atlanta Ballroom**

Gabrielli, Joy, BA; Legerski, Joanna, MA

University of Montana, Missoula, Montana, USA

Studies show that abuse during childhood increases the risk of becoming an adult victim of violence (Classen, Palesh, Aggarwal, 2005). This study examined the prevalence and psychological sequelae of childhood sexual and physical abuse in a community sample of women who had experienced intimate partner violence (IPV). Data included 79 participants, who completed surveys about childhood sexual and physical abuse, emotional neglect, and current trauma symptoms (TSC-40; Briere & Runtz, 1989). To meet criteria participants also must have experienced at least four or more moderate incidents of violence or one incident of severe violence found within their IPV relationship (Revised CTS; Straus, 1990). 81% of participants experienced one or more types of abuse during childhood. 50% of participants experienced three or more types of childhood abuse. The mean level of traumatic distress for IPV participants was 37.5 (TSC-40). A bivariate relationship between each of the types of childhood abuse and a regression model will be presented to describe the relationship between childhood abuse and current trauma symptoms. Clinicians should note adults who have experienced violence within their IPV may have also suffered multiple adverse experiences during childhood. Services that address the cumulative impact of multiple experiences of violence are highly suggested.

Propranolol Decreases PTSD Symptoms: A Case Series

(Abstract # 600)

Poster # F-235 (Clin Res, Bio Med) **Atlanta Ballroom**

Poundja, Joaquin, BSc²; Thomas-Belanger, Emilie³; Azzoug, Abdelmajid; Tremblay, Jacques, MD³; Brunet, Alain, PhD¹

¹*McGill University, Montreal, Quebec, Canada*

²*University of Montreal, Montreal, Quebec, Canada*

³*Douglas Institute, Montreal, Quebec, Canada*

In a previous small RCT, compared to placebo, post-retrieval propranolol decreased physiologic responding during a script-driven traumatic imagery session conducted one week later among individuals suffering from PTSD. Extending on this statistically significant psychophysiological result, we sought to examine whether we could obtain a strong decline in PTSD symptoms and diagnosis by adding more treatment sessions. We conducted an open label trial involving 15 participants with chronic PTSD, receiving six 15-minute trauma reactivation sessions conducted under the influence of propranolol. PTSD diagnostic (CAPS) and symptom (PCL) assessment were conducted before, during and after treatment, and included a follow-up at 6 months. Patients had significantly less PTSD symptoms at post-treatment, when compared with pre-treatment, $t(13) = 5.43$, $p < .001$. At follow-up, only two patients still met the full criteria for PTSD. Although open label trials do not control for the placebo effect like a RCT would, this study provides preliminary clinical evidence that propranolol is

useful for treating chronic PTSD. Although this study does not provide insight into the action mechanisms of propranolol on the traumatic memory, the results presented are consistent with reconsolidation theory.

Consultations Amidst Trauma and Loss: Recognizing and Honoring Differences Among Cultures

(Abstract # 1005)

Poster # F-236 (Cul Div, Commun) **Atlanta Ballroom**

Dubrow, Nancy, PhD

The Chicago School of Psychology, Chicago, Illinois, USA

Members of cultures outside of North America, Western Europe, Australia and New Zealand have often complained about Western thinking and methods related to health and mental health interventions. Westerners may be rigid in their thinking and methods, to have disrespect personal and community beliefs, to lack consideration for the person in context, and to try to treat or deal with only the individual. These complaints seem to represent a fear that people from the West will not honor or respect a culture's traditional beliefs or ways of thinking, will look only at the individual and not his or her milieu or circumstances and not attend to all of his or her needs, including concrete needs or will belittle mystical or spiritual thinking. There is sometimes anger that Westerners think they know the whole truth of the universe, and it is not the same truth honored by the particular culture. This panel will offer examples from Rwanda, South Asia, the Middle East and Latino/a populations in the United States to inform a cross cultural perspective of traumatology.

Session 3: Saturday, November 7 Atlanta Ballroom

Poster Organization

Each poster is scheduled for Poster Session 1 on Thursday, Poster Session 2 on Friday or Poster Session 3 on Saturday and includes a one-hour time period when the presenting author is available to answer questions.

Posters are organized within the Final Program by poster number within each day. The presenting author is underlined. In addition, the index provided at the rear of the Final Program includes all of the authors. A floor map showing the layout of posters is available in the poster hall and on page 174.

Session 3: Saturday, November 7 Atlanta Ballroom, 7th Floor

Poster Set-up: 7:30 a.m. – 9:30 a.m.
Poster Display: 9:30 a.m. – 6:00 p.m.
Poster Presentation: 5:00 p.m. – 6:00 p.m.
Poster Dismantle: 6:00 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time **will be disposed of** and are not the responsibility of ISTSS.

Poster Presentations – Session 3 Saturday, November 7 5:00 p.m. – 6:00 p.m.

Accurate Diagnosis and Criterion A Events for Co-Morbid PTSD & Traumatic Brain Injury (TBI)

(Abstract # 945)

Poster # S-100 (Assess Dx, Clin Res)

Atlanta Ballroom

Larsen, Debra, PhD

Idaho State University, Pocatello, Idaho, USA

This study closely examines Criterion A exposure and PTSD symptoms in order to carefully establish the PTSD diagnostic etiology. Twenty-five individuals with a history of traumatic brain injury were recruited from the general public (9 males and 16 females). Participants completed a one-time interview appointment (approximately 2 hours) which included self-report questionnaires and a structured interview including the following: Stressful Live Experience Screen (SLES; Stamm & Rudolph, 1996), the PTSD Symptom Checklist –Civilian Version (PCL-C; Blanchard, Jones-Alexander, Buckley, Forneris, 1996) and the Clinician Administered PTSD Scale (CAPS; Blake et al., 1995). Participants' reported symptoms indicate that 52% of respondents experiences met criteria for lifetime PTSD with non-TBI trauma experiences as the target. Only 8% met PTSD criteria when the target event specified during the CAPS was the head injury event. A total of 68% of respondents experienced at least subsyndromal PTSD (two of criterion B, C or D met but not three) over the course of their lifetime. Post- head injury reports of Criterion A1 exposure categories were significantly higher than general population rates, with an average of 5.97 (SD=2.53) categories endorsed as occurring after the head injury, $t(24)=5.97, p=.000$. The frequency of Criterion A events is reviewed.

Feelings of Betrayal by the United Nations High Commissioner for Refugees (UNHCR) and Emotionally Distressed Sudanese Refugees in Cairo

(Abstract # 1109)

Poster # S-101 (Missing Keywords)

Atlanta Ballroom

Meffert, Susan, MD²; Marmar, Charles, MD¹; Metzler, Thomas, MA³

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Sudanese refugees who fled to Cairo, Egypt in the wake of Sudanese civil conflicts (the North-South, as well as the more recent conflict in Darfur) were evaluated with respect to symptoms of depression, PTSD and social stress. Twenty-two percent of respondents indicated that their interactions with the United Nations High Commission for Refugees (UNHCR) in Cairo, Egypt were the worst experiences since war-related atrocities. Seventy-four percent felt betrayed by the UNHCR either "quite a bit" or "extremely." Greater feelings of betrayal by the UNHCR

were associated with greater arousal and avoidance symptoms of Posttraumatic Stress Disorder (PTSD), depression symptoms and trait anger.

Complexity of Interpersonal Trauma and Posttraumatic Relational Syndrome (PTRS)

(Abstract # 822)

Poster # S-102 (Practice, Assess Dx) Atlanta Ballroom

Pusateri, Toni, MD¹; Katz, Lori, PhD²; Novac, Andrei, MD¹

¹UCI Medical Center, Orange, California, USA

²VA Long Beach Healthcare Systems, Long Beach, California, USA

The majority of interpersonal trauma (e.g., rape, incest, domestic violence, sexual harassment, childhood emotional or physical abuse) is perpetrated by people known to the victim. Typically prior to trauma, victims were led to believe they were safe, loved and cared for and then are betrayed. Not only do they need to re-negotiate the relationship with the perpetrator (e.g., relatives, bosses, co-workers, friends, romantic partners) but also with all of those connected to the perpetrator (e.g., other family members, co-workers, or mutual friends of the perpetrator). The network of relationships may deny, minimize, or blame the victim leading to further betrayal, loss of love, self-esteem, and/or safety. Victims receive mixed messages of love and safety intertwined with abuse and invalidation. This may ultimately lead to alterations of self-concept founded on self-blame, shame, feeling alone, alienated, and unloved. Repetition-compulsion reinforces these negative self-perceptions and worldviews. Unlike patients with complex PTSD, those afflicted by PTRS exhibit impairment and dysfunction predominantly in the areas of intimate and interpersonal relationships, while other areas of functioning are relatively well preserved. The identification and treatment of PTRS interrupts negative interpersonal patterns and improves self-concept, relationships, and intimacy.

A Qualitative Study of Trauma Outcomes Among Acehese Tsunami Survivors

(Abstract # 1034)

Poster # S-103 (Disaster, Cul Div) Atlanta Ballroom

Kaur, Amrit, MS; Koch, Ellen, PhD; Freedman-Doan, Carol, PhD

Eastern Michigan University, Ypsilanti, Michigan, USA

Qualitative methods were used to understand trauma from an indigenous perspective and to assess the validity of the *DSM-IV* (APA, 2000) diagnosis of post-traumatic stress disorder (PTSD) in a remote Asian location. Twelve individuals were extensively interviewed about their mental health in the Indonesian province of Aceh three years after it suffered from the 2004 tsunami. Contrary to our expectations, the participants reported significant numbers of almost all of the *DSM-IV* symptoms of PTSD. Although the expressions of illness symptoms were colored by the local language and customs, the participants reported few symptoms that could be seen as unique to this culture. These findings suggest that the Western-developed *DSM-IV* symptomatology may be largely valid in this culture. However, the relationship between the number of PTSD symptoms and their self-reported distress, as measured by a pictorial scale, was only slightly positive. This raises suspicion about the significance placed on these symptoms. Nevertheless, the stronger correspondence between PTSD symptoms, functioning and economic distress is a clear indication that the symptoms have a

real and profound effect. Indigenous coping mechanisms based on post-traumatic growth were reported, and recommendations are made on how these can be translated into viable treatment options in understudied populations.

Substance Use Disorder History Moderates the Relationship Between Avoidance Coping and PTSD Symptoms

(Abstract # 910)

Poster # S-104 (Assess Dx, Prev EI) Atlanta Ballroom

Hruska, Bryce, BA¹; Sledjeski, Eve, PhD²; Fallon, William, MD, MBA³; Sponster, Eileen³; Delahanty, Douglas, PhD¹

¹Kent State University, Kent, Ohio, USA

²Wesleyan University, Middletown, Connecticut, USA

³Summa Health System, Akron, Ohio, USA

Posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) commonly co-occur. However, the nature of this comorbidity is only beginning to be explored. Avoidance coping has been associated with both SUDs and PTSD, and may represent a common factor linking the two disorders. In this study, the relationship between avoidance coping and PTSD symptoms among individuals with versus without SUDs was examined. Intoxicated motor vehicle accident survivors admitted to a level 1 trauma center were assessed 6-weeks post accident for diagnoses of alcohol abuse/dependence using the SCID, avoidance coping (self-distraction, denial, behavioral disengagement) as assessed by the Brief Cope, and PTSD symptoms using the CAPs. After controlling for general psychiatric distress, a significant interaction between SUD diagnosis and avoidance coping indicated that the relationship between avoidance and PTSD was stronger for those MVA survivors with either a current or past diagnosis of alcohol abuse/dependence ($p < 0.01$). Furthermore, those with SUD history demonstrated greater levels of global, hyperarousal, and avoidance PTSD symptoms ($ps < 0.05$). These results suggest that reliance on avoidance coping is strongly associated with PTSD symptoms among those with SUD history. Early screening for SUD history may aid detection of those at elevated risk for PTSD.

Imagery Rescripting Treatment in Two Vietnam Veterans With Trauma-Related Nightmares

(Abstract # 977)

Poster # S-105 (Clin Res) Atlanta Ballroom

Wanner, Jill, MA; Long, Mary, PhD; Teng, Ellen, PhD

Michael E. DeBakey VA Medical Center, Houston, Texas, USA

This case study presents on a variant of imagery rehearsal therapy (IRT) utilized to treat posttraumatic nightmares (PTNM) in two Vietnam Veterans. Variants of IRT are promising for the reduction of the severity and frequency of trauma-related nightmares, PTSD symptoms, depression, and improving sleep quality, based on several randomized clinical trials in the civilian population. To date, few attempts have been made to assess the impact of variants of IRT on the veteran population despite the reported prevalence rates of PTNM in the Vietnam Veteran population ranging from 53-88%. The two cases presented in this poster represent the initial investigation of a variant of IRT that teaches sleep hygiene and emphasizes both exposure to

the original nightmare content and imagery rescripting with Vietnam Veterans in an individual treatment format. Both veterans reported a decrease in PTSD and depression symptoms, reduction in number of nightmares per week, and increase in sleep quality at post-treatment assessment and 3 month follow-up. Complete data is reported, the limitations and implications of the study are addressed.

Categorical vs. Dimensional Definition of IPV: Prevalence and Risk Factors, BRFSS 2006

[Abstract # 1016]

Poster # S-106 (Practice, Assess Dx)

Atlanta Ballroom

Olson, Nancy, MSN APRN

Columbia University SON, New Haven, Connecticut, USA

Recently an optional intimate partner violence (IPV) module was added to the Behavioral Risk Factor Surveillance System (BRFSS). The purpose of this study was to identify IPV prevalence and its associated factors using data from 7 states that included BRFSS IPV module in 2006. We categorized IPV responses into four groups: verbal threat (VT), physical (P-IPV), sexual (S-IPV), and combined physical/sexual (PS-IPV). Data were analyzed using SAS 9.1.3 incorporating survey sampling weights to provide state population estimates. Data analyses included descriptive statistics, bivariate comparisons and multivariate regression models. Of 32,627 respondents, 17.6% reported lifetime IPV; of these, 4% occurred within the past year. Respondents reporting lifetime IPV were more likely to be female (OR 1.3-5.8 across groups), multiracial (OR 1.4-1.6), divorced/separated (OR 1.4-2.4). IPV victims were more likely to report smoking (OR 1.3-1.7), binge drinking (OR 1.3-1.5), lacking emotional support (OR 1.4-1.6), poor life satisfaction (OR 1.7-2.2) and diagnosis of anxiety (OR 1.3-1.6) and depression (OR 1.5-2.2). Intimate partner violence (IPV) has serious and persisting behavioral and psychosocial consequences. Ongoing state level data can help health professionals and policymakers to better understand the IPV experience and inform efforts to prevent this pervasive public health problem.

How Post-Traumatic Symptoms Affect the Quality of Life of Burn Victims

[Abstract # 1008]

Poster # S-107 (Clin Res, Assess Dx)

Atlanta Ballroom

Mylene, Robert, B.Sc.²; St-Hilaire, Marie, Helene, MD; Silva, Cidalia, PhD(c)²; Bergeron, Nicolas, MD¹

¹*University of Montréal, Montréal, Québec, Canada*

²*CHUM (Hotel-Dieu), Montréal, Québec, Canada*

During last decades, medical advancements made possible to save almost all burn victims. Consequently, concerns of the specialists now turn towards the post-burn psychological adaptation. The long physical readaptation can negatively affect the quality of life (QOL) of the patients. It seems however plausible that their level of QOL could also be modulated by the intensity of the PTSD symptoms. This research tries to establish the existence of an inverse relation between the frequency and the severity of the PTSD symptoms and the health-related QOL among burn victims. Thirty participants recruited at the Montréal Burn Center were evaluated using self-administrated

questionnaires (EMST, SF-36, AUDIT, DUDIT, BDI-II) and a semi-structured clinical interview (SCID-I). Questionnaires were administrated at 1, 3, 6 and 12 months after the incident, whereas the diagnostic interviews took place at 3 and 12 months. These data permits a description of the psychosocial impact of the burns and to verify the research question using the French versions of the MPSS and the SF-36. Preliminary analysis conducted with measurements up to 6 months indicates a strong negative correlation between SF-36 and MPSS, supporting our hypothesis. Further analysis will be performed with the larger sample up to a year and controlling for other variables (ex: burns severity, premorbid mental status).

PTSD Symptoms Moderate Associations Between Past IPV and Physical Health Status in Midlife Women

[Abstract # 911]

Poster # S-108 (Bio Med, Practice)

Atlanta Ballroom

Allison, Kristen; Fleming, Kimberly, BA; Newton, Tamara, PhD; Fernandez-Botran, Rafael, PhD; Miller, James, PhD; Ellison, Burns, Vicki, PhD

University of Louisville, Louisville, Kentucky, USA

Intimate partner violence (IPV) and posttraumatic stress disorder (PTSD) have been independently related to poor physical health. Focusing on midlife women, the present study tested the hypothesis that severe PTSD symptoms will amplify associations between IPV chronicity and poorer health. Two groups of community women participated; all were previously divorced, postmenopausal, and not in currently violent relationships. One group (n=43) reported at least one age-related chronic medical condition; the other (n=67) was apparently healthy based on self-report and a routine blood panel. Groups did not differ in age or rates of past IPV. The Revised Conflict Tactics Scale (CTS) assessed chronicity of past IPV. The PTSD Checklist (PCL) assessed past-month PTSD symptom severity. Logistic regression predicted group membership from CTS subscale scores, the total PCL score, and their product terms. At high levels of PTSD symptom severity, chronicity of IPV-related physical injury was associated with elevated odds of having a medical condition (OR=1.12, 95% CI 1.01 to 1.25). Therefore, the likelihood of having a medical condition at midlife increases by 12% for each 1-unit increase on the chronicity of IPV-related injury subscale, and increases eightfold for each 18-unit increase, a level of chronic injury reported by acutely battered women.

Childhood Trauma and Intimate Partner Violence: Does Adult Attachment Matter?

[Abstract # 882]

Poster # S-109 (Soc Ethic, Clin Res)

Atlanta Ballroom

Majors, Rebekah, BS²; Gradus, Jaimie, MPH¹; Monson, Candice, PhD¹

¹*Boston VA Medical Center/National Center for PTSD, Boston, Massachusetts, USA*

²*Catholic University of America, Baltimore, Maryland, USA*

Dating violence is a significant social concern, with prevalence rates of 10-66%. Examining this issue is critical to advancing the understanding of this phenomenon as well as developing interventions. Witnessing parental conflict and experiencing childhood trauma are associated with perpetrating intimate

partner violence; however, all those who have been exposed to violence do not perpetrate violence. Attachment theory provides a framework for understanding the pathway between childhood experiences of relational violence and perpetrating violence. It is likely that the manner in which individuals cope with childhood trauma influences how they cope with distress in adult romantic relationships. Further, there are robust findings supporting a relationship between childhood trauma and insecure attachment as well as between insecure attachment and relationship violence. The current study examined associations between witnessing parental violence, experiencing childhood trauma, adult attachment, and dating violence. Using a sample of 265 dating individuals surveyed at a large Midwestern university, we tested the following hypotheses: 1) witnessing violence, experiencing childhood trauma and insecure attachment will be associated with dating violence perpetration; 2) insecure attachment will moderate the relationship between negative childhood experiences and dating violence.

Situational and Developmental Risk Factors for PTSD in Children Exposed to Intimate Partner Violence

(Abstract # 919)

Poster # S-110 (Child, Assess Dx) **Atlanta Ballroom**

Watson, Aran; Samuelson, Kristin W., PhD¹; Wilson, Christina, MA²; Burnett, Christiane, MA¹

¹Alliant International University, San Francisco, California, USA

²California School of Professional Psychology, Alliant International University, San Francisco, California, USA

This study aims to identify situational risk factors in a child's development of PTSD in the context of witnessing intimate partner violence (IPV). Furthermore, by comparing siblings with the same trauma, the purpose of our analyses was to assess the influence of shared environmental and genetic factors, as well as individual developmental and environmental factors, on children's response to trauma. Twenty pairs of siblings who witnessed the same IPV were assessed for PTSD using the Clinician Administered PTSD Scale (CAPS). First, and intraclass coefficient was conducted to determine whether one sibling's CAPS score was significantly related to his or her sibling's score, and results were not significant. Further bivariate correlations analyses revealed that age of onset and current age were related to PTSD symptom severity ($r = .183, p = .012$); children who were older at the time of witnessing IPV and at report were more likely to exhibit PTSD symptoms than younger children. Linear regression analysis determined age was significant over and above duration of IPV. A correlation between children's CAPS scores and previous Criterion A traumas in the sample also revealed trend towards significance. These results highlight developmental and situational risk factors related to PTSD symptomatology.

Threat of Financial Resource Loss and Long-Term Trauma Outcomes

(Abstract # 874)

Poster # S-111 (Clin Res, Prev EI) **Atlanta Ballroom**

Karst, Jeffrey, BA²; Abbott, Elizabeth Emily, MS¹; Valvano, Abbey Katherine, MS²; deRoon-Cassini, Terri, PhD¹

¹Medical College of Wisconsin, Milwaukee, Wisconsin, USA

²Marquette University, Milwaukee, Wisconsin, USA

Conservation of Resources Theory suggests that resource loss is an important factor in predicting PTSD, PTSD symptom cluster distress, depression and long-term distress. In-person and phone interviews were conducted in a longitudinal study with acute trauma survivors to determine relationships among these variables. Relationships were examined between PTSD symptom clusters at Time 1 (T1; within a week post-trauma), T1 level of distress, T1 threat of financial resource loss (TFRL), Time 2 (T2: six weeks post-trauma) symptom clusters, and T2 levels of PTSD distress and depression. Results showed that T1 TFRL was significantly correlated with T1 avoidance symptoms ($r = .410, p < .01$) but not with other T1 PTSD symptom clusters (re-experiencing and hyperarousal). However, T1 TFRL was significantly correlated with T2 hyperarousal ($r = .459, p < .05$) but not with T2 avoidance or re-experiencing. T1 TFRL was not significantly correlated with T1 PTSD distress but was significantly correlated with PTSD T2 distress ($r = .512, p < .05$). T1 avoidance was also correlated with T2 PTSD distress ($r = .513, p < .05$) and T2 depression ($r = .445, p < .05$). Multiple regression analyses demonstrated that T1 TFRL ($\beta = .36$) and avoidance ($\beta = .37$) significantly predicted T2 PTSD, while only T1 avoidance ($\beta = .37$) predicted T1 PTSD. Findings further our understanding of risk factors for post-trauma distress.

Examining Ethnic Differences in Exposure to Traumatic Stressors Among Sri Lankan School Children

(Abstract # 1082)

Poster # S-112 (Child, Disaster) **Atlanta Ballroom**

Fernando, Gauthri, PhD¹; Hannah, Amber³; Laurin, Deborah, BFA¹; Garcia, Janet, BA¹; Gordon, Geoffrey, BA²

¹California State University, Los Angeles, Los Angeles, California, USA

²Pomona College, Claremont, California, USA

Researchers studying traumatic stressors experienced by children in developing countries focus on mass disasters such as the tsunami and war. Yet proximal stressors may be more salient to children, and amenable to intervention and policy change. Additionally, minority status may be associated with greater likelihood of exposure to traumatic stressors. This study assessed whether exposure to traumatic stressors differed by ethnicity, gender, and age in an area of Sri Lanka impacted by an armed conflict and the tsunami. Sinhalese (33%: the majority group), Tamil (17%: 15% of the population), and Muslim (21%: 7% of the population) youth 11 to 20 years old (mean age = 14.4, $sd = 1.9$) completed a survey assessing exposure to death of a loved one, abuse, the tsunami, and the armed conflict. Results revealed different patterns of exposure by ethnic group for each traumatic stressor of death of a loved one, $F(2, 698) = 117.7, p < .001$, abuse, $F(2, 698) = 8.367, p < .001$, war, $F(2, 699) = 21.382, p < .001$, and the tsunami, $F(2, 699) = 197, p < .001$. Age and gender did not predict such exposure. Overall, Sinhala youth reported

the least exposure, whereas Tamil and Muslim youth reported greater exposure to traumatic stressors. The results suggest that minority youth may be at higher risk for exposure to both disaster-related and more proximal stressors that affect all areas of functioning.

Are VA Psychologists Using Evidence Based Therapies for PTSD?

(Abstract # 1022)

Poster # S-113 (Practice)

Atlanta Ballroom

Wilkinson, Charity, PsyD; Vandergriff, Jennifer, PhD; Mullins-Nelson, Jana, MA; Fortenberry, Katherine, MS; Thompson, Karin, PhD

Memphis VA Medical Center, Memphis, Tennessee, USA

The availability of Evidence Based Treatments (EBTs) and dissemination of such therapies in the VA system has been an increasing focus of attention for trauma based mental health providers. This study examines the use of EBT's by VA psychology providers for veterans with PTSD diagnoses. A survey was created and will be available to VA psychology providers throughout the United States in online format. Survey respondents consist of VA psychology providers who will be asked anonymously to self-report information about their relevant training experiences in and use of therapies for PTSD (e.g., CPT, PE, Seeking Safety, ACT, and other therapies.) Respondents also provide information regarding their level of adherence to the appropriate therapy manuals. The survey examines beliefs about the effectiveness of treating veterans who have co-morbid diagnoses of substance abuse and PTSD and self-reported information regarding the frequency of providing services to dually diagnosed veterans. Differences in reported types of therapy utilized based on gender and etiology of PTSD symptoms (combat, military sexual assault or other trauma) will be examined. Additionally, information will be provided concerning psychologists' self-reported beliefs in the efficacy of therapies used to improve PTSD symptoms.

Coping With Violent Loss: Differential Methods Associated With PTSD and Complicated Grief

(Abstract # 1061)

Poster # S-114 (Assess Dx, Practice)

Atlanta Ballroom

Fields, Jordan; Ippolito, Maria, BA; McDevitt-Murphy, Meghan, PhD; Neimeyer, Robert, PhD; Burke, Laurie, BA; Williams, Joah, BA

University of Memphis, Memphis, Tennessee, USA

Coping is fundamental to understanding the impact of stress; choice of coping strategy can buffer or exacerbate the impact of life events (Solomon et al., 1988). Research has shown that coping skills are related to the development and maintenance of psychological disorders like posttraumatic stress disorder (PTSD) and complicated grief (CG) (Sharkansky et al., 2000; Schneider et al., 2007). The proposed investigation evaluates how coping style differentially predicts PTSD and CG. This study examined psychopathology in a sample of 62 homicide survivors from the Memphis area. The sample was largely African-American (93.5%) and female (88.7%). PTSD was assessed with the PTSD Check List (PCL; Weathers et al., 1993), CG was assessed with the Inventory of Complicated Grief - Revised (ICG-R; Prigerson

et al., 1995), and coping was assessed with the Brief Cope (Carver 1997). ICG-R scores were significantly related to Problem Focused Coping, $r = .32$, $p < .05$ and Avoidant Emotional Coping, $r = .71$, $p < .01$. PCL scores were also significantly related to Problem Focused Coping, $r = .40$, $p < .01$ as well as Avoidant Emotional Coping, $r = .69$, $p < .01$. Three subscales were related to either ICG-R or PCL scores. The PCL was related to Self-Distraction, $r = .34$, $p < .01$ while the ICG-R was correlated with Venting, $r = .28$, $p < .05$ and negatively correlated with Acceptance, $r = -.31$, $p < .05$.

Symptomology as a Function of Trauma Type

(Abstract # 1056)

Poster # S-115 (Child, Assess Dx)

Atlanta Ballroom

Bishop, Nicholas, Undergraduate¹; Louis, Danielle, Undergraduate¹; Falki, Marielle, MA²; Schacht, Megan, PhD²

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Many studies have investigated individuals who have experienced multiple traumas. However our study will examine multiple traumas, multiple traumas that occur in a safe community, and multiple traumas where sexual abuse is not present (i.e. in a safe home environment). We hypothesize that because of difference in environmental danger, the symptomology of each trauma type will have a statistically significant difference in the internalized symptoms (depression and anxiety) and externalized symptoms (anger) in children who have experienced a variety of complex traumas. Seventy-Five participants' archived data between the ages of three and 12 will be analyzed using one-way ANOVAs. The measures used to assess the distress of the children will be the Trauma Symptom Checklist for Young Children (TSCYC). All data was collected as part of ongoing trauma treatment services provided by the Children's Advocacy Center of Greater St. Louis. We anticipate that our findings will have implications in helping to indicate the need for more aggressive treatments for certain trauma types as well as implications for the assessment of children who have experienced trauma.

Post-Traumatic Growth in Australian News Workers

(Abstract # 929)

Poster # S-116 (Media Ed, Clin Res)

Atlanta Ballroom

McMahon, Cait, PhD Candidate

Swinburne University, Hawthorn, Australia

To date there are a handful of clinical studies indicating that journalists and other news professionals experience negative psychological effects from covering potentially traumatic news stories. However, post traumatic growth amongst news gatherers has not been explored. Preliminary findings from an Australian study present both positive and negative effects of work related trauma exposure for journalists and other media personnel. Using quantitative data from a sample of 115 media professionals and 15 in-depth interviews, evidence is presented showing that journalists experienced negative effects such as depression, PTSD, anxiety and general stress when exposed to potentially traumatic events; however those with elevated levels of PTSD also experienced salutary effects as measured by the Posttraumatic Growth Inventory. The in-depth interviews classified the trauma narratives using a Grounded

Theory approach. The narratives highlighted the integration of meaning for those experiencing both posttraumatic stress and posttraumatic growth outcomes. The quantitative study found that there was no relationship with optimism, a common attribute used to argue that posttraumatic growth is illusory in nature. Posttraumatic growth is embedded in the salutogenic paradigm which acknowledges that there are both adverse and beneficial adaptive responses to the post trauma experience.

Impact of Childhood Trauma Exposure and Current Posttraumatic Distress on Parenting Stress

(Abstract # 967)

Poster # S-117 (Child, Practice) Atlanta Ballroom

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Studies have shown that parenting stress can exacerbate psychological distress. However, research has yet to explore the other direction, whether a parent's own history of trauma exposure and current level of posttraumatic stress (PTS) impact current parenting stress levels. This study examined the effects of childhood exposure to physical abuse, sexual abuse, and community violence, and current PTS on parenting stress. Participants included 159 mothers of children receiving trauma-informed treatment at an urban community mental health center. Results found that childhood physical abuse, but not sexual abuse or community violence, directly predicted parenting distress ($b = .71$, $t(156) = 2.49$, $p < .05$). When current PTS was included in the model, physical abuse no longer was significant, and PTS symptom severity significantly predicted parenting distress ($b = .23$, $t(155) = 4.88$, $p < .01$). Sobel tests confirmed that current PTS mediates the relationship between childhood physical abuse and current parenting stress ($p < .01$). Results suggest that a history of childhood physical abuse can affect the level of current parenting stress in the presence of current PTS symptoms. The impact of trauma and importance of treatment of parents' PTS symptoms are discussed to address parenting issues for the benefit of both mother and child.

Trauma, Intrusive Fears for Family and Anger Attacks in Mandaean Refugees

(Abstract # 836)

Poster # S-118 (Civil Ref, Cul Div) Atlanta Ballroom

Nickerson, Angela, BA (Hons); Bryant, Richard, PhD

University of New South Wales, Sydney, New South Wales, Australia

Although persecution and injustice are central features of the refugee experience, little research attention has been devoted to exploring the phenomenon of anger in refugees. The current study examined anger attacks amongst 315 Mandaean refugees living in Sydney. The Mandaeans have been subjected to centuries of persecution in Iraq and Iran. Results indicated that intrusive fears for family remaining in Iraq predicted the occurrence of anger attacks over and above the contribution of posttraumatic stress. In contrast, current living difficulties did not independently predict anger attacks. The conceptualisation of anger and injustice in the Mandaean culture will be explored in terms of the

current situation faced by this group. These findings highlight the importance of considering the role of ongoing threat and cultural context in refugee mental health.

Ethnic Differences Among Combat Veterans Seeking Compensation or Treatment for PTSD

(Abstract # 992)

Poster # S-119 (Cul Div) Atlanta Ballroom

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This study investigated ethnic differences on Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) profiles among fifty-one African American and fifty-four European American combat veterans from multiple theaters who were seeking compensation or treatment for Posttraumatic Stress Disorder (PTSD) at a VA outpatient clinic. All veterans in the sample were diagnosed with PTSD. Profile differences on MMPI-2 validity, clinical and supplemental scales were explored. Significant differences between ethnic groups were found. Results are discussed in light of past research with the MMPI-2 and PTSD-diagnosed patients. Future directions are outlined. Research in this area is important for the development and utilization of individualized treatment for combat veterans diagnosed with PTSD.

Sequelae of Child Sexual Abuse in College Women: A Focus on Affective and Interpersonal Regulation

(Abstract # 768)

Poster # S-120 (Practice, Assess Dx) Atlanta Ballroom

Volz, Angela, MA; Walker, Dave, MA; Zerubavel, Noga, BA; Coates, Aubrey, MA; Messman-Moore, Terri, PhD

Miami University of Ohio, Oxford, Ohio, USA

Some child sexual abuse (CSA) survivors may not meet diagnostic criteria for PTSD, but still experience long-term difficulties that interfere with their functioning. Theorists have postulated alternative conceptualizations of posttraumatic stress responses not contained in the current PTSD diagnosis, such as affective and interpersonal dysregulation, which may occur in those with a history of CSA. Less attention has been paid to individuals such as college students whose psychological functioning has been less severely impaired by CSA, perhaps because they demand fewer mental health resources. However, due to the stressful nature of the transition to college, difficulties in affective and interpersonal regulation may emerge and long-standing problems may become more severe. Affective and interpersonal regulation were examined in relation to history of CSA within a sample of 846 college women. Those with a long duration of CSA had the greatest impairment in emotional self-awareness, with deficits in awareness and clarity increasing with duration of CSA. Regardless of duration of CSA, survivors had more interpersonal regulation difficulties than non-survivors. Findings provide preliminary support for inclusion of affective and interpersonal dysregulation in classifying posttraumatic stress reactions of survivors of prolonged interpersonal trauma, such as CSA.

Cognitive Distortions and PTSD Symptoms in a Study of Police Officers

(Abstract # 972)

Poster # S-121 (Assess Dx, Prev EI) **Atlanta Ballroom**

Gardner, Jerald, BA¹; Metzler, Thomas, MA^{1,2}; Henn-Haase, Clare, PsyD^{1,2}; Jun, Janie, BA¹; Marmar, Charles, MD^{1,2}

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Greater distortions in cognitive schemas such as one's sense of self-esteem and personal sense of safety are believed to lead to more dysfunctional beliefs about self and environment. In this study we examined the relationship between cognitive distortions, assessed using the PBRs-R (Personal Beliefs and Reactions Scale - Revised), and a measure of PTSD symptoms using the PTSD Checklist (PCL) in all urban police officers who reported their worst critical incident ($n = 146$) following two years of police service. The range of responses across all subscales in this study was ($M = 4.08 - 5.06$, $SD = .72 - .98$), the numerically lower scores being indicative of more distorted cognitive schemas. We found a robust negative correlation between PTSD symptoms (PCL total score) and the subscales of safety ($r = -.37$, $p < .001$), intimacy ($r = -.36$, $p < .001$), and self ($r = -.34$, $p < .001$) on the PBRs-R. These results indicate that in police officers, distorted cognitive schemas, particularly, safety, intimacy, and sense of self are associated with higher PTSD symptoms.

Maladaptive Coping, Dissociation and PTSD in Incarcerated Female Survivors of Sexual Abuse

(Abstract # 914)

Poster # S-122 (Assess Dx, Practice) **Atlanta Ballroom**

Matthews, Kathleen Carey, MS; Morris, Kristine Alisa, MS; Lynch, Shannon, PhD; Cepeda, Galatia, MS; Heath, Nicole, MS

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Incarcerated women report high rates of childhood sexual abuse (CSA) and post-traumatic stress disorder (PTSD) (Bloom, Owen, & Covington, 2004). CSA is associated with increased rates of PTSD (Kessler et al., 1999) and dissociation (Kisiel & Lyons, 2001) as well as maladaptive coping (Bal et al., 2003). However, there is limited research examining the role of dissociation as a predictor of negative outcomes for CSA survivors in general and a dearth of research with female offenders. This study examined whether the relationship between maladaptive coping and PTSD is mediated by dissociation in a sample of incarcerated women who are CSA survivors. **METHOD:** Forty-nine incarcerated women with self-reported experiences of CSA completed questionnaires assessing symptoms of PTSD, dissociation, and coping. **RESULTS:** Regression analyses suggest that the relationship between maladaptive coping and PTSD in incarcerated female survivors of CSA is mediated by dissociative symptomatology. **CONCLUSIONS:** Sexually abused incarcerated women who are dissociative in addition to reporting symptoms of PTSD are at greater risk of engaging in maladaptive coping strategies. As researchers review criteria for PTSD for the *DSM-V* and *ICD-11*, these results support assessment of dissociation in individuals diagnosed with PTSD (see also van der Hart et al, 2005).

Assessing Social Support in Youth From Diverse Backgrounds

(Abstract # 828)

Poster # S-124 (Disaster, Cul Div) **Atlanta Ballroom**

Gordon, Arlene Tayag, MA; Thompson, Julia, BA; Kelley, Mary, PhD; Burns, Meghan, BA; Schexnaildre, Mark, BS

Louisiana State University, Baton Rouge, Louisiana, USA

Research examining risk and protective factors associated with PTSD in children has established social support among the strongest predictors of overall adjustment post-trauma (Vigil & Geary, 2008). Greater perceived social support is associated with better outcomes (Cryder, Kilmer, Tedeschi, & Calhoun, 2006). Acquiring a thorough knowledge of social support's influence on adjustment post-trauma is restricted by the lack of psychometrically sound measures. This study addresses this limitation. The Social Support Scale for Children (SSSC; Harter, 1985), a widely cited measure of children's social support, appraises social support from parents, teachers, friends, and classmates. The measure was validated utilizing a predominantly middle-class, all Caucasian population (Harter, 1985). Literature examining social support in ethnic minority populations emphasizes the contribution of community and extended family members as sources of support, not included in the SSSC (Taylor, Casten, & Flickinger, 1993). The current study was designed to construct and validate a psychometrically sound measure of social support for use in diverse child populations, the Social Support Questionnaire for Children, which assesses five potential sources of social support: parent, relative, teacher, friend, and sibling in youth ages 8 years and older. Results and implications are discussed.

Psychological Post-Burn Reactions: An Overview of the Temporal Evolution

(Abstract # 1042)

Poster # S-125 (Assess Dx, Bio Med) **Atlanta Ballroom**

St-Hilaire, Marie-Helene, PhD BSc KIN¹; Silva, Cidalia, PhD(c)²; Robert, Mylene, BSc²; Bergeron, Nicolas, MD³

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Burn injury is not only a physical challenge but also a psychological one. Over the first year after the injury, patients focus shifts from survival to adjustment. Post-traumatic stress disorder (PTSD) is not the only difficulty affecting burns, comorbid disorder is common. The presence of multiple disorders increases stress vulnerability and impairs in a greater level psychosocial/professional functioning (Olsson et al., 1997). The present study aims to investigate the prevalence and the development of psychological difficulties (clinical and sub-clinical) - PTSD, depression, substance/alcohol abuse (SAA) and other anxiety disorders - over time (12 months). Burn victims admitted at the Montréal Burn Centre were assessed at 1, 3, 6 and 12 months after the injury; self-administrated questionnaires (EMST, AUDIT, DUDIT, BDI-II, SF-36) were used at all times. Preliminary analysis ($n = 19$) show that post-traumatic disorders (PTSD alone, depression, SAA and comorbidity) increase over the 6 months post-injury. Comorbid PTSD and depression (clinical and sub-clinical) is high: 26% are affected one month post-burn and 32% at 3 and 6 months. Further analysis will be performed at

12 months considering confounding variables and controlling for symptoms overlap. Results will be discussed in terms of clinical implications.

How Obesity Relates to Post-Traumatic Stress Disorder in Male Police Officers

(Abstract # 1015)

Poster # S-126 (Assess Dx, Prev EI) **Atlanta Ballroom**

St-Hilaire, Marie-Helene, PhD BSc KIN²; Chevrier, Jonathan, PhD²; Neylan, Thomas, MD²; Marmar, Charles, MD²; Metzler, Thomas, MA¹

¹San Francisco VA Medical Center, San Carlos, California, USA

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Obesity is a growing health problem associated with various physical and mental difficulties. Most Police officers are resilient to their exposure to work related critical incidents, for those developing post-traumatic stress disorder (PTSD); other psychological and physical conditions can co-occur. The present prospective study aims to explore the relationship between PTSD and obesity (body mass index BMI>30). Volunteer male recruits (n=114) were evaluated while in police academy training (M aged=27, SD=4.8) on various variables such as the development of psychological difficulties and obesity, over 3 three years. Self-administrated questionnaires on sociodemographics, health and on post-traumatic reactions (PCL, BDI-II, PDEQ) were used at 12, 24 and 36 months. Preliminary analyses with the first 3 years of police service show that exposition to trauma is the norm, only 4% develop partial and full PTSD, BMI increases over time and obesity affects 17%. As expected, depression, peritraumatic dissociation and PTSD are strongly correlated. BMI did correlate moderately with PTSD symptoms at 3 years ($r=.20$, $p<.05$) but was also associated with peritraumatic dissociation ($r=.29$, $p<.01$) and with depression ($r=.20$, $p<.05$). Further analysis will explore the impact of other risk factors such as insomnia. Clinical implications of the results will be discussed.

Guilt, Shame, and Anger Among a Trauma Population

(Abstract # 988)

Poster # S-127 (Clin Res, Practice) **Atlanta Ballroom**

Bratton, Katrina, MA; Waltz, Jennifer, PhD

University of Montana, Missoula, Montana, USA

Research has established that many trauma survivors struggle with the emotions of anger and guilt or shame, especially those experiencing PTSD symptoms (e.g., Henning & Frueh, 1997; Orth et al., 2008). It is important to understand these emotions, as some evidence suggests they may interfere with PTSD treatment (Ehlers, Clark, et al., 1998; Foa et al., 1995). Past research has suggested that anger may sometimes function as a means to escape from or avoid shame (Tangney, Wagner, Fletcher, & Gramzow; 1992). This study explores the relationships between guilt, shame and anger, and trauma symptoms, and addresses the hypothesis that a combination of high levels of shame and anger are particularly predictive of trauma symptoms. Seventy-seven trauma survivors, recruited from an undergraduate population, participated in the study, which involved completing measures of guilt and shame proneness (Test of Self Conscious Affect; Tangney, Wagner, & Gramzow, 1989), anger (State-Trait Anger Expression Inventory-2; Spielberger, 1999) and PTSD

symptoms (PTSD Checklist; Weathers, Litz, Huska, & Keane, 1994). Multiple regression analyses will be conducted to examine which combination of emotions is most predictive of symptoms. Results of this study will contribute to our understanding of the roles of guilt, shame and anger in trauma survivors.

Volume Reduction in Pre-Motor Cortical Gray Matter in Victims of Urban Violence With PTSD

(Abstract # 883)

Poster # S-128 (Bio Med, Assess Dx) **Atlanta Ballroom**

Rocha-Rego, Vanessa, PhD³; Fortes, Mirtes; Oliveira, Leticia; Fiszman, Adriana, MD²; Figueira, Ivan, MD¹; Volchan, Eliane¹

¹Federal University of Rio De Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil

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Electrical stimulation of the pre-motor cortex evokes defensive-like withdraw movements in monkeys (Graziano and Cooke, 2006). The authors suggested that a major emphasis of this area is the construction of a margin of safety around the body and the selection and coordination of defensive behaviour. We conducted a voxel based morphometry study (VBM-DARTEL) to detect brain anatomical differences in victims of urban violence with PTSD (n=16) relative to trauma-exposed controls (n=16) by analysing T1-weighted magnetic resonance images. Direct group comparisons using t test showed reduced gray matter volume in right pre-motor cortex (BA6, $p<.05$, corrected). We hypothesize that volume reduction in this area could reflect inapt defensive responses in PTSD patients.

Psychophysiological Correlates of Intentional Suppression for Unwanted Pictures in Repressors

(Abstract # 812)

Poster # S-129 (Clin Res, Bio Med) **Atlanta Ballroom**

Kim, Deok-Yong, MA; Lee, Jang-Han, PhD

Department of Psychology, Chung-Ang University, Seoul, Korea

A core feature of PTSD is reexperiencing which consists mainly of sensory impressions. The repressive coping style is habitually avoiding the coping of aversive events. Repressors have characteristics of memory which initially suppress intrusive thoughts, which are followed by maladaptive, long term consequences of this suppression. The Think/No-Think (TNT) paradigm was used to investigate whether repressors showed intentional memory inhibition or not. ERP showed strategies of memory and differences of memory suppression while viewing pictures associated with unrelated words. 27 undergraduates (13 repressors, 14 non-repressors) had their skin conductance response (SCR) measured while watching a video clip of traffic accidents, and then had their ERP recorded during the TNT paradigm. For behavioral data, an interaction between trial and condition was significant ($F(2,50)=12.28$, $p<.05$). In the SCR data, a main effect of the video was also significant ($F(1,25)=23.12$, $p<.05$). In the ERP results, the amplitude for location was marginally significant ($F(3,75)=1.89$, $p=.14$), but a Post-hoc revealed that P3 was lower than P4. We investigated the succession of inhibition memories in traumatic pictures

using the TNT paradigm to both repressors and non-repressors, and suggest that a suppressive coping strategy is successful in inhibiting the visual sensory memory of traumatic events.

Stress and Your Health: The Role of the Nurse Practitioner

(Abstract # 920)

Poster # S-130 (Practice, Commun) **Atlanta Ballroom**

MacMillan, Stephanie, APRN

VAMC Cincinnati, Cincinnati, Ohio, USA

Patients with anxiety disorders, specifically PTSD, often present with a number of co-morbid medical conditions, such as heart disease, hypertension, gastrointestinal disorders, and chronic pain. It is important that these conditions be addressed during the course of the residential treatment program, as these medical concerns may become limiting factors within the treatment. The medical issues are addressed with the patients individually, beginning in their history and physical examination where an initial medical plan is created with the patient. Then the patients will also be regularly followed by the nurse practitioner to assess and possibly make adjustments to the plan. The patients may also meet individually with the nutritionist, physical therapists and smoking cessation specialist if requested and indicated. In the group setting, all residential patients will attend a weekly Health Issues group to discuss various physiologic effects of stress on their health. Focus is placed on patient education, with regard to these health-related matters to empower the patient to take personal responsibility for their overall health.

Attention to Details: Administration of Residential PTSD Program

(Abstract # 1013)

Poster # S-131 (Practice, Commun) **Atlanta Ballroom**

Lewis, Jennifer, PhD

VAMC Cincinnati, Cincinnati, Ohio, USA

Several topics will be discussed including general program development, admission considerations, treatment issues, discharge assessments and post treatment follow up. Development of a cohesive structure to support a residential PTSD Program is multifaceted. To begin, there are issues surrounding the development of the program itself: What theoretical orientation will the treatment represent? What empirically based treatments will be offered? How will these be offered (group versus individual or some combination)? How will the philosophy, goals, and mission of the VA be reflected in our treatment program? Regarding the admission process, questions related to admission include determination of admission criteria, development of the admission assessment packet, and delineating the process for admission. Treatment issues are assisted by the determination of theoretical orientation and EBT decisions. There are important questions regarding frequency of sessions, group versus individual therapy, and determining what group topics to present. Discharge and follow up assessment will also be discussed along with issues related to resource management, training of staff, scheduling of groups and assessments and tracking follow up data. In addition, there is a need for a fluid system to accommodate the continual influx of information and policy developments at all levels.

Director's Eye View: Creation of a CPT Residential Program

(Abstract # 1007)

Poster # S-132 (Practice, Res Meth) **Atlanta Ballroom**

Chard, Kathleen, PhD

VAMC Cincinnati, Cincinnati, Ohio, USA

The creation of any CPT based residential PTSD program can be difficult. The purpose of this symposium is to discuss our experience with our residential programs in order to impart some of the successes we have seen. There is a great reward and satisfaction in having evidence-based treatment programs helping groups of patients at a time. CPT has been proven to work in a variety of settings, including residential programs. Since starting our program, we have been able to look at symptom scales before and after treatment, amassing data that these programs work. There are difficulties in starting something new, as often it requires training and culture change from patients and staff. However, there were lessons from our experience that can be used to make it easier to start a similar program elsewhere.

Masculinity Moderates the Relationship Between PTSD and Negative Health Behaviors in Male Veterans

(Abstract # 869)

Poster # S-133 (Mil Emer, Cul Div) **Atlanta Ballroom**

Morrison, Jay, MA

Boston College, Boston, Massachusetts, USA

It has been well established that symptoms of posttraumatic stress disorder (PTSD) are consistently associated with negative health outcomes. Individuals suffering from symptoms of PTSD also engage in health risk behaviors at greater rates, such as smoking, poor diet, and alcohol abuse, behaviors that can result in a variety of chronic health conditions. The purpose of this study was to examine the influence of men's conformity to and endorsement of traditional masculine scripts on the relationship between symptoms of PTSD and health behaviors in a sample of 195 male veterans randomly selected from all those who had accessed care through a major New England VA Healthcare System between 2001 and 2006. Hierarchical multiple regression techniques were conducted following guidelines for moderator analyses outlined by Barron and Kenny (1986). Results indicated that conformity to traditional masculine scripts significantly moderated the relationship between symptoms of PTSD and health behaviors. Men who conformed more highly to traditional masculine scripts evinced significantly worse health behaviors than would otherwise have been predicted from their symptoms of PTSD alone. Implications for prevention and treatment are discussed.

Mothers' Emotion Regulation and Children's Executive Functions in Trauma-Exposed Families

(Abstract # 762)

Poster # S-134 (Child, Practice) **Atlanta Ballroom**

Hirabayashi, Yukie¹; Hoffman, Casey, PhD²; Samuelson, Kristin, PhD¹; Wilson, Christina, MA²

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While the relationship between maternal psychological functioning and child behavioral functioning is well established, research is lacking on how maternal psychological functioning influences children's neurocognitive functioning. Investigating links between maternal and child functioning is especially needed in families that have endured trauma. As part of a research project examining the effects of intimate partner violence (IPV) on mothers' and children's social, emotional, and neuropsychological functioning, we examined the relationship between mothers' emotion regulation abilities and children's executive functions in 44 mother-child dyads. Mother's positive expectancies around her abilities to tolerate negative moods, as measured by the Negative Mood Regulation Scale, were correlated with child's executive functions, as measured by the Wisconsin Card Sort ($r = .311, p = .036$). In addition, mother's reported use of cognitive strategies to influence negative moods predicted child's executive functions above and beyond the child's own emotion regulation, as measured by the Emotion Regulation Checklist. These findings emphasize the importance of mothers' emotional functioning in their children's neurocognitive development and suggest that the inclusion of mothers in the clinical interventions for children who witness IPV is essential.

Prospective Observational Study of Sleep and PTSD Symptoms in Patients Undergoing PTSD Treatment

(Abstract # 881)

Poster # S-135 (Clin Res) **Atlanta Ballroom**

Kobayashi, Ihori, MS¹; Hall, Brian, MA¹; Hout, Courtney, BA²; Springston, Vanessa, BA²; Palmieri, Patrick, PhD²

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Studies using self-report sleep measures have found that sleep disturbances often persist after cognitive-behavioral therapy (CBT) for PTSD. The present study prospectively examined PTSD symptoms and sleep disturbances using actigraphy (a behavioral sleep measure) in 29 PTSD patients who had been in CBT for PTSD for at least 3 weeks. Participants completed 1-week actigraphy monitoring following the recruitment (T1) and 8 weeks after T1 (T2). At the end of each actigraphy monitoring, participants completed the PTSD Symptom Scale (PSS). PSS total and 3 cluster scores were computed excluding two sleep-related items to compute correlation coefficients between T1 PSS and T2 actigraphy sleep parameters. Results of paired-sample t-tests revealed no significant change in PSS or actigraphy sleep parameters from T1 to T2. T1PSS total, intrusion, and avoidance, but not hyperarousal, scores were associated with T2 sleep onset latency (SOL; $r = -.44, -.44, \text{ and } -.51$, respectively, all $p < .05$) and sleep efficiency ($r = .38, .38, \text{ and } .44, p = .07, .07, \text{ and } .04$,

respectively). The association between T1 avoidance and T2 SOL persisted when gender, number of therapy sessions conducted by T2, and T1 SOL were controlled for ($\beta = -.52, p = .07$). Results suggest that patients experiencing daytime avoidance symptoms perhaps use sleep as a coping strategy.

Past Experience of Parental Discipline and Current Physical Health Risk Behaviors

(Abstract # 832)

Poster # S-136 (Bio Med, Child) **Atlanta Ballroom**

Burleson, Karin, BA; Petretic, Patricia, PhD; White, Elizabeth, MEd TEP; Makin-Bird, Lori, MA

University of Arkansas, Fayetteville, Arkansas, USA

Experience of child abuse is associated with a host of negative emotional, behavioral, and cognitive outcomes. Recently, researchers have also investigated biological and medical sequelae, such as medical symptoms and higher utilization of health care services. Since there is no clear distinction between child abuse and less severe forms of parental discipline, studies have started examining potential adverse outcomes of corporal punishment, finding that corporal punishment is also correlated with a variety of negative child outcomes. Drawing on the connection between child abuse and physical health, this study investigates the link between experience of corporal punishment and physical health outcomes and health risk behaviors in young adulthood. The sample includes approximately 200 college students who completed self-report measures of methods of parental discipline experienced in childhood and current health status/health risk behaviors. Regression analyses will be used to examine the relation between corporal punishment and later health behaviors. Experience of more severe and/or more frequent corporal punishment is predicted to be associated with poorer health and more health risk behaviors. Furthermore, contextual factors of discipline (e.g. parental warmth) are hypothesized to function as moderators for the link between corporal punishment and later health outcome.

Foster Youth and Criminality: Race and Gender as Variables of Interest

(Abstract # 835)

Poster # S-137 (Child, Soc Ethic) **Atlanta Ballroom**

Henrie, Joye, BS; Burleson, Karin, BA; Faith, Melissa, MA; Oeffinger, Ashley, BA; Royal, Rachel

University of Arkansas, Fayetteville, Arkansas, USA

Foster youths are at risk of committing delinquent acts and becoming involved with the criminal justice system. It is unclear if certain aspects of the foster care experience or potential prior trauma and child maltreatment result in such antisocial and delinquent behavior. It has been shown that juveniles removed from their homes oftentimes have better outcomes than youths who remained with their families of origin. The interplay of the effects of maltreatment and foster care, and delinquent behaviors becomes increasingly complex for ethnic minorities and female adolescents. Research indicates that black children are more likely to be placed in foster care and remain there for longer periods. Black and Latino/a youths are sometimes more likely to benefit from remaining with their family of origin than their white counterparts, suggesting that foster care might have a more negative impact on minority adolescents. Many

studies fail to include female youths and the available research is often related to sexual "promiscuity". Findings indicate that the relation between foster care experience and delinquency is much stronger for females, suggesting that foster care or the prior trauma has a greater impact on female adolescents. More research is needed to offer explanations for the effects of gender and race variables on the maltreatment, foster care, and delinquency triad.

Low Serum BDNF Predicts a Greater Response to PTSD Treatment in an Open Label Trial of Escitalopram

(Abstract # 984)

Poster # S-138 (Bio Med, Res Meth)

Atlanta Ballroom

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Multiple studies have found that antidepressants increase serum BDNF levels in the treatment of major depression. This study addressed whether BDNF levels over treatment were associated with treatment response to escitalopram in subjects with Posttraumatic Stress Disorder (PTSD). Medically healthy male subjects (N=16) with chronic PTSD completed a 12-week open label trial of flexible dose (range 5-20mg) escitalopram. BDNF levels were obtained at baseline, and at weeks 4,8 and 12. Although PTSD symptoms significantly declined over the course of the 12 week trial, there was no change in BDNF levels over time. However, mean BDNF across the trial was strongly correlated with the slope of PTSD symptoms over the 12 weeks ($r = 0.58, p = 0.018$). Lower mean BDNF was associated with a greater decrease in PTSD symptoms over the course of the trial. If escitalopram works via neurotrophic effects in PTSD, it appears that low BDNF levels predict a stronger treatment response.

Medial Prefrontal Cortex Connectivity During Flashbacks – A Gateway to Emotion Processing in PTSD

(Abstract # 943)

Poster # S-139 (Bio Med, Res Meth)

Atlanta Ballroom

Daniels, Judith Karina PhD³; Bluhm, Robyn, PhD¹; Lanius, Ruth, MD PhD²

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Objective: Neuroimaging studies in PTSD have shown evidence of altered activity of the medial prefrontal cortex (mPFC), thalamus, anterior and posterior cingulate during emotion processing, as well as of altered resting connectivity among these default network regions. In order to examine the effects of emotion-induced flashbacks on connectivity in these regions, we used psychophysiological interaction (PPI) analyses to compare mPFC during autobiographical recall of neutral vs. traumatic memories in PTSD patients. Results: Sixteen PTSD patients were scanned. Areas whose activity correlated more closely with that of the medial prefrontal cortex during flashbacks of the traumatic event compared to neutral recall included the right thalamus, right anterior cingulate (BA 32), and the left inferior

frontal gyrus (BA 13). Conclusion: The enhanced connectivity between medial prefrontal cortex and anterior cingulate during flashbacks may point to alterations in the default network during emotion processing. During autobiographical recall, spatially and temporally bound information is retrieved and the relevant scene vividly reconstructed. The higher functional connectivity between medial prefrontal cortex and thalamus during flashbacks may indicate differences in temporal binding during highly emotional autobiographic recall.

Treating the Family: Effectiveness of a Time-Limited Group Therapy for Wives of Veterans With PTSD

(Abstract # 798)

Poster # S-140 (Mil Emer, Clin Res)

Atlanta Ballroom

Reck, Jennifer, MS²; Bender, Steven, PhD³; Ryan, Linda, LMSW¹

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Research with partners of veterans with PTSD has indicated that partners can exhibit high levels of psychological distress, depression, marital discord, caregiver burden, and secondary PTSD symptoms (Manguno-Mire, Sautter, Lyons, et al., 2007; Dekel, Solomon, & Bleich, 2005). Recent studies assessing the needs of veterans with combat-related PTSD and their families have indicated that one of the most requested services is a women-only group or wives group (Sherman, Sautter, Lyons, et al., 2005). A recent pilot study (Reck, Bender, & Ryan, 2008) found that wives of veterans with PTSD (N = 4) who participated in a nine-session, manualized therapy group showed improvements in quality of life, depression symptoms, secondary PTSD symptoms, and marital adjustment. The current research expands on this pilot project to further examine the role of participation in this group on improving the psychological and social functioning of these wives or partners. In addition, preliminary data regarding the effectiveness of this therapy group on improving the psychological functioning of the veteran spouse on such domains as PTSD symptoms, quality of life, and marital adjustment will be explored. Implications and challenges for utilizing this group in a rural VA setting will be examined.

Establishing a Pediatric Hospital Based Multi-Disciplinary Psychotrauma Service: The Singapore Context

(Abstract # 855)

Poster # S-141 (Child, Cul Div)

Atlanta Ballroom

Pang, Jasmine, DPsych(Clin)¹; Ong, Gene, MBBS, MRCPCH²; Tan, Li-Jen, MA¹

¹Changi General Hospital, Singapore

²KK Women's and Children's Hospital, Singapore

This presentation will focus on the practical issues involved in the setting up of a multi-disciplinary trauma focused service aimed at addressing the psychosocial needs of paediatric patients in an Asian context. Singapore is a highly urbanised, multiracial and multicultural society. Traditionally, psychosocial aspects of hospitalisation has been relatively overlooked. In April 2007, the Psychosocial Trauma Support Service (PTSS) was established in an attempt to move towards more holistic care. The service

aims to prevent, minimise and offer specialised treatment for traumatic stress within the hospital setting. Primary target groups include children who are hospitalised due to accidental injuries and for medical procedures, as well as children who had been abused with no ongoing safety concerns. The service also provides training in trauma-informed care. Specific cultural challenges faced in the setting up of the service as well as the engagement and integration with the existing hospital services will be discussed. Descriptive data and the progress of the service will also be presented.

Negative Life Events in Abused African American Women: The Impact of Attachment

(Abstract # 1002)

Poster # S-142 (Cul Div, Commun) **Atlanta Ballroom**

Woods, Amanda, MA¹; Santorelli, Noelle, MA¹; Kaslow, Nadine, PhD²

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²Emory University School of Medicine, Dept of Psychiatry and Behavioral Science, Atlanta, Georgia, USA

Insecure adult attachment styles have been implicated in maladaptive life experiences and the recurrence of negative and sometimes traumatic life events. This study examined the relationship between adult attachment styles (i.e., secure, fearful, preoccupied, and dismissing) in domestically abused, suicidal, African American women and re-exposure to maladaptive life events. Results revealed that attachment style accounted for 17% of the variance in stressful life events ($R^2 = .17$; $F(4, 134) = 6.78$, $p < .001$). More specifically, when controlling for the effects of each of the attachment styles, fearful attachment style was the only significant predictor of stressful life experiences ($\beta = .25$, $p < .01$). Similarly, when controlling for the effects of each attachment style, only fearful attachment styles were associated with difficult social and cultural life experiences ($\beta = .28$, $p < .01$) and social victimization ($\beta = .26$, $p < .01$). These findings are significant given that they may affect treatment implications for African American women with fearful attachment patterns. By addressing the maladaptive fearful attachment style, which includes a negative view of self and others, therapeutic treatment interventions may impact the reoccurrence of harmful and traumatic life events.

Early Reported PTSD Symptoms and the Ability to Predict Long-Term Somatic Health Complaints

(Abstract # 1025)

Poster # S-143 (Assess Dx, Bio Med) **Atlanta Ballroom**

Immel, Christopher, MS; Jones, Russell, PhD

Virginia Tech University, Blacksburg, Virginia, USA

Exposure to traumatic events often leads to negative health outcomes. Further Posttraumatic Stress Disorder (PTSD) has been shown to mediate the relationship between trauma exposure and adverse health outcomes. However, little research has examined if assessing PTSD early post-trauma can lead to predicting long-term negative health outcomes. The current study utilized a National Institute of Mental Health dataset of residential fire survivors to assess how PTSD symptoms at 4 months post-trauma can predict somatic health complaints at

4, 11, and 18 months post-trauma. Results indicate that PTSD symptoms reported at 4 months post trauma are a good predictor of somatic health complaints at both 4 months ($t(107) = 5.193$, $p < .001$; $R^2 = .45$) and 11 months ($t(72) = 3.971$, $p < .001$; $R^2 = .42$). However, PTSD symptoms reported at 4 months post-trauma failed to predict health complaints at 18 months post-trauma ($t(48) = .86$, $p > .05$; $R^2 = .01$). Results of the study seem to indicate that early reported PTSD symptoms are a good predictor of somatic health complaints nearly one year following the trauma. Clinical and health implications will be discussed.

Professional Posttraumatic Growth and the Costs of Caring: Perspectives on Practice After 9/11

(Abstract # 982)

Poster # S-144 (Disaster, Practice) **Atlanta Ballroom**

Bauwens, Jennifer, MSW; Tosone, Carol, PhD

New York University, New York, New York, USA

There is a growing body of literature on posttraumatic growth following trauma. Until recently, studies have not assessed the potential for change after indirect exposure to trauma, nor have these studies investigated positive outcomes for clinicians after a collective trauma. This study explores the long term impact of September 11th on the professional lives of 201 clinicians living in Manhattan. Participants responded to a survey which included an open-ended question inviting them to share their experiences of 9/11. Participants who answered the open-ended question were more traumatized, but more resilient and likely to report change related to 9/11 than those who left the question blank. Findings from the open-ended question showed that some clinicians experienced professional posttraumatic growth and others continued to experience the negative effects of working in the aftermath of a terrorist attack. More often, participants reported 9/11 was the impetus for enhancing self-care, changing clinical modality, and forging new skills. Positive changes were also reported within the therapeutic relationship, including an increased compassion and connectedness with clients. Negative effects included feeling ill-equipped to work in the gravity of 9/11, increased sense of vulnerability, and disappointment with professional organizations.

Sleep Disturbances and Chronic Pain Diagnoses in Treatment-Seeking Veterans With PTSD

(Abstract # 925)

Poster # S-145 (Practice) **Atlanta Ballroom**

Fortenberry, Katherine, MS; Vandergriff, Jennifer, PhD; Reich, Eliyahu, MA; Mullins-Nelson, Jana, MA; Wilkinson, Charity, PsyD; West, Jeffrey, PhD

Memphis VA Medical Center, Memphis, Tennessee, USA

Sleep disturbance, a hallmark symptom of PTSD, is associated with severity of psychiatric distress, including intrusion, arousal, and avoidance symptoms. While disturbances in sleep also characterize individuals coping with chronic pain, dually diagnosed individuals have been minimally studied. This study examined sleep problems among 66 treatment-seeking, PTSD-diagnosed veterans at a VA PTSD clinic. Veterans were

assessed via the PSQI, PCL-M, and chart review. Participants were predominately African American (72.1%) Vietnam veterans (71.9%) with mean age of 57.3. Sleep disturbances were strongly associated with hyperarousal and avoidance symptoms of PTSD ($r_s > .325$), but not with reexperiencing symptoms. Notably, the majority of participants (72.7%) had at least one current pain diagnosis; self-reported pain frequency was positively associated with hyperarousal ($r = .491$) and marginally associated with total PCL ($r = .312$). Bivariate correlations indicated that a pain-related diagnosis was significantly associated with poorer subjective sleep quality ($r = .291$). Given the high comorbidity of PTSD and chronic pain, and their concomitant impact on sleep, it is important that future research efforts include comprehensive assessment of both in order to most effectively intervene with sleep disturbances.

Ethical Research Practice: Confidentiality Dilemmas Among Researchers in Various Fields

(Abstract # 789)

Poster # S-146 (Soc Ethic, Practice)

Atlanta Ballroom

Liles, Brani, Nelson, Summer, BA; McCoy, Victoria; Rhodes, Anthony, PhD; Newman, Elana, PhD

University of Tulsa, Department of Psychology, Tulsa, Oklahoma, USA

Ethical dilemmas and risks associated with trauma research is an important area of concern (e.g., Newman, Risch, & Kassam-Adams, 2006). In particular, many investigators and IRB are concerned about the potential necessity to break confidentiality in certain trauma-related studies. However, no known research has explored the prevalence of these dilemmas across research fields to determine if trauma research involves greater risks in confidentiality violations than that in other fields. We examined survey data from 90 research investigators receiving federal funding for research projects. These investigators reported conducting research in the fields of posttraumatic stress disorder ($n=11$, 12.2%), health and cardiology ($n=22$, 24.4%) "normal" cognition (20, 22.2%), and schizophrenia and major affective disorders ($n=37$, 41.1%). Confidentiality dilemmas related to suicide, homicide, child abuse, elderly abuse, abuse of the disabled, HIV status, substance abuse, criminality, and partner violence were assessed. Results suggest that confidentiality dilemmas occur in limited amounts across all studied research fields, and overall may be more likely to occur in mental health fields, but not specific to trauma-related investigations.

Exploring Associations Between Child Self-System Functioning and Post-Disaster Depressive Symptoms

(Abstract # 814)

Poster # S-147 (Child, Disaster)

Atlanta Ballroom

Kilmer, Ryan, PhD; Gil-Rivas, Virginia, PhD; Hypes, Annada, MA; Roof, Katherine, BA; Williams, Justin, BA

UNC Charlotte, Charlotte, North Carolina, USA

Research has detailed psychological sequelae for children exposed to disaster, most commonly PTSD, other anxiety-mediated problems, depression, and other concerns. This literature has also identified factors that may place these youth at greater risk. Less well established is the degree to which particular resources may facilitate adaptation post-disaster. Work

in resilience has shown that children's self-system functioning – including their perceptions of their competencies, beliefs about their ability to cope, and future expectations – relates to positive adaptation despite adversity. Such resources may help children cope in a disaster's aftermath. This study examined correlates of depressive symptoms (assessed by the Children's Depression Inventory-Short Form; CDI), among 7- to 10-year-olds impacted by Hurricane Katrina. Multiple regression analyses examined the association between self-system variables and CDI scores roughly 12 and 22 months post-disaster. At baseline (T1), results suggested that coping competency beliefs related negatively to CDI scores even after accounting for concurrent PTSD symptoms. Perceived competence and future expectations did not contribute to the model. At follow-up, positive T1 future expectations related to lower CDI scores, even with T1 CDI and PTSD scores in the model. Study implications for intervention and future research are considered.

Maternal Post Traumatic Stress Disorder and Adolescent Stress

(Abstract # 755)

Poster # S-148 (Child, Prev El)

Atlanta Ballroom

Brand, Sarah, MA; Sylvers, Patrick, MA; Hammen, Constance, PhD; LeBrocq, Robyne, MA; Brennan, Patricia, PhD

Emory University, Atlanta, Georgia, USA

Maternal psychopathology during childhood and adolescence is a known risk factor for the development of psychopathology in the child. This poster will examine the longitudinal effect of maternal PTSD during the child's lifetime on youth stress and PTSD, specifically looking at mediator and moderator models to explain the relationship. Seven hundred and six women and their children were followed from the child's birth until age twenty. During this time, 99 women met diagnostic criteria for PTSD or subclinical symptoms and 224 met diagnostic criteria for MDD. Youth and objective ratings of stress and PTSD diagnosis were obtained when the child was 15 and 20. Offspring of mothers who had experienced PTSD during their lifetime had significantly higher objective ratings of stressful life events at age 15, but not age 20. In offspring of mothers with PTSD there was a significant relationship between objective ratings of stress and the later development of PTSD. The findings from this longitudinal study will be discussed in a developmental context, with recommendations for early identification and prevention strategies for the offspring.

Structure of PTSD Symptoms in Veterans of OEF/OEI: The Importance of Dysphoria and Avoidance Symptoms

(Abstract # 763)

Poster # S-149 (Assess Dx)

Atlanta Ballroom

Pietrzak, Robert H., PhD¹; Rivers, Alison²; Johnson, Douglas, PhD¹; Goldstein, Marc, MA¹; Malley, James, PhD²; Southwick, Steven, MD²

¹Connecticut VA Healthcare System, West Haven, Connecticut, USA

²Yale University, West Haven, Connecticut, USA

Epidemiologic studies suggest that approximately 1 in 6 Veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) meets screening criteria for posttraumatic stress disorder (PTSD). Screening instruments such as the PTSD Checklist-

Military Version (PCL-M) are often used to screen for PTSD, but little is known about the factor structure of this instrument in OEF/OIF Veterans. This study used confirmatory factor analysis to examine five alternative models of the factor structure of the PCL-M in a sample of 557 predominantly reserve/National Guard OEF/OIF Veterans. The four-factor dysphoria model, which includes re-experiencing, avoidance, dysphoria, and hyperarousal factors, provided the best representation of the latent structure of PTSD symptoms in this sample. Scores on the dysphoria factor were independently associated with depression, suicidal ideation, perceived stigma, barriers to care, and unit support. Scores on both the dysphoria and avoidance factors were associated with alcohol problems, psychosocial functioning, postdeployment social support, and mental health treatment utilization. These results suggest that a four-factor model of PTSD symptoms provided the best representation of PTSD symptoms and that dysphoria and avoidance symptoms were independently associated with a range of outcome measures in this sample of OEF/OIF Veterans.

Juvenile Victimization, Poly-Victimization, and Psychological Distress in College Males

(Abstract # 779)

Poster # S-150 (Clin Res, Assess Dx) **Atlanta Ballroom**

Elliott, Ann, PhD; Aspelmeier, Jeffery, PhD; Pierce, Thomas, PhD; Herren, Alexandra, MS

Radford University, Radford, Virginia, USA

This study examines the relationships among Finkelhor's (2007) concept of poly-victimization (i.e., high cumulative levels of victimization), six categories of juvenile victimization (Property Crime, Physical Assault, Witnessed/Indirect, Sexual, Peer/Sibling, Child Maltreatment), and current psychological distress in 300 college males. The study is designed as a follow-up to previous research which has examined the role of poly-victimization in college females. Using hierarchical regression, the study examines whether poly-victimization contributes any unique variance, beyond that accounted for by the combination of all six categories of juvenile victimization. Regression analyses reveal that poly-victimization accounts for a significant proportion of variability in psychological distress, beyond that already accounted for by the simultaneous entry of all six categories as predictor variables. The results for male participants in the present study will be compared to those of female participants in previous studies. Findings emphasize the importance for clinicians and researchers to comprehensively assess multiple categories of juvenile victimization and poly-victimization when evaluating a client's psychological adjustment.

Health Care Utilization Patterns and Barriers to Care for Returning OEF and OIF Veterans

(Abstract # 788)

Poster # S-151 (Mil Emer, Clin Res) **Atlanta Ballroom**

Porcari, Carole, PhD¹; Rauch, Sheila, PhD²; Koch, Ellen, PhD¹; Hoodin, Flora, PhD¹

¹*Eastern Michigan University, Ypsilanti, Michigan, USA*

²*VAAAHS/Univ of Michigan, Ann Arbor, Michigan, USA*

Significant numbers of OEF/OIF veterans reported mental health symptoms. The purpose of this study was to investigate why the majority of them did not seek help for these problems. Participants were 325 OEF/OIF veterans who registered for services at the VA Ann Arbor Healthcare System, and completed online measures of seeking help from formal and informal sources for physical and emotional problems, as well as measures of barriers to doing so. The barrier, "My mental health problem would go on my record," was endorsed by 46.2% of the sample, and "I would be seen as weak" was endorsed by 39.4%. The majority of the sample chose informal sources (family/friends, 64.3%) over formal sources with more veterans having sought help from VA physicians (45.5%) than VA mental health professionals (42.5%) for an emotional problem in the last year. More veterans utilized VA physicians (75.4%) versus private physicians (46.5%) for physical health problems. Participants indicated they would be most likely to seek help in the next year from family/friends for physical (24%) and emotional problems (21.5%). These findings have implications regarding logistical and psychological barriers to health care for veterans and may inform administrators and clinicians regarding outreach and program development.

Intimate Partner Violence and the Role of Masculinity in Male Same-Sex Relationships

(Abstract # 824)

Poster # S-152 (Cul Div, Clin Res) **Atlanta Ballroom**

Oringer, Jonathan, BA; Samuelson, Kristin, PhD

Alliant International University, San Francisco, California, USA

Intimate partner violence (IPV) in heterosexual couples has been heavily researched for decades, and more recently have researchers begun to examine the correlates of violent behavior in same-gender relationships. Masculinity and male-role socialization have long been recognized as related to many forms of violent behavior, but understanding masculine attitudes of gay men and their role in IPV has not been similarly studied. In a community sample of 119 ethnically diverse, primarily college educated gay men, perpetrating acts of IPV was associated with stronger endorsement of traditional beliefs regarding the male role ($r = .302, p < .001$). We also found a high correlation between perpetrating acts of IPV and being the victim of such acts ($r = .699, p < .001$). Masculinity predicted perpetrator IPV experience, over and above victim IPV experience. These findings suggest that there may not be a traditional "batterer" and "victim" in male same-gender couples with IPV, and that appropriate clinical treatment of male same-gender IPV may require distinct interventions from those currently used for heterosexual couples.

Trauma Memory Distortion of High Dissociator

(Abstract # 853)

Poster # S-153 (Clin Res, Practice) **Atlanta Ballroom**

Lee, Yusun, BA; Lee, Jang-Han, PhD

Department of Psychology, Chung-Ang University, Seoul, Korea

A high dissociator (HD) is at higher risk of exhibiting memory distortion. In particular, memory bias confounds a HD's self-report of traumatic events, thus reporting higher frequencies of negative experiences. The main purpose of this study was to see whether memory distortion actually takes place during perception. Using physiological measures and a visual memory task, we aimed to examine differences in trauma memory according to dissociation levels, and to compare trauma memory with the physiological measures. 30 undergraduate students were selected using Dissociative Experiences Scale (DES) scores, and were classified as HDs (n=16) or low dissociators (LDs) (n=14). While watching a traumatic film, subjects' heart rates and skin conductance levels were measured, followed by a recognition task of the traumatic film of basic scenes that were morphed to varied intensity levels. They then completed various self-rating scales designed to assess depression, anxiety, and the impact of the event. HDs showed more exaggerated trauma memory distortion than did LDs. In contrast, participants who had high DES scores showed no change in either heart rate or skin conductance levels. These findings indicate that HDs do experience trauma memory distortion, but this distortion occurs in other stages or functions, and not during perception.

Threat-Related Attention Bias in Dating Violence Survivors

(Abstract # 809)

Poster # S-154 (Clin Res, Practice) **Atlanta Ballroom**

Lee, Jeong-Ha, BA; Lee, Jang-Han, PhD

Department of Psychology, Chung-Ang University, Seoul, Korea

Studies revealed that interpersonal violence survivors show cognitive impairments such as attention and memory bias toward threat-related cues. Past research on attention bias to threat-related cues used the emotional Stroop task or the dot-probe task, which are both indirect measures of reaction-time, and do not provide complete and accurate information on attention. Few studies examined threat-related attention bias in dating violence (DV) survivors. Our purpose was to investigate time-course characteristics of selective attention in DV survivors using a ViewPoint eye-tracker and virtual reality (VR). 30 female undergraduates (15 DV group, 15 control group) will be recruited using the Conflict Tactic Scales-R and an interview. An eye-movement task (EMT) presented four categories of images selected from the International Affective Picture System: trauma-related, dysphoric, positive, neutral. Each trial begins with a fixation cross, followed by a screen with four images for 10 seconds, while recording eye-movement. Trauma-related cues (verbal/physical aggression between two people) will be presented in a realistic virtual environment. We expect the DV group will attend more to the trauma-related cues than will the control group, and the DV group will show greater memory for details about the conflict between the man and woman, compared to the fights between same sex pairs.

Posttraumatic Stress Disorder in Women After Hurricane Katrina: Predictors and Symptom Endorsement

(Abstract # 807)

Poster # S-155 (Disaster, Cul Div) **Atlanta Ballroom**

Thompson, Julia, BA; Kelley, Mary, PhD

Louisiana State University, Baton Rouge, Louisiana, USA

Hurricane Katrina struck the Gulf Coast on August 29th 2005 causing catastrophic damage to New Orleans and surrounding areas. Many of those most affected by the hurricane were low-income minorities who could least afford the destruction of their home and livelihood. Research is only beginning to emerge about the psychological impact of the disaster and little is known about the potentially unique experience of the citizens of New Orleans and the surrounding parishes. The purpose of this study is to explore posttraumatic symptom endorsement, trauma history and predictors of posttraumatic stress in women impacted by Hurricane Katrina. Participants included 312 women from New Orleans and the surrounding parishes. This sample was primarily low-income with an average income of \$23,000 and African American (69%). Number and type of past trauma as well as frequency of symptom endorsement will be presented. In addition, hierarchical regression analyses will be used to determine predictors of PTSD symptoms. Predictors include prior traumatic experiences, level of hurricane exposure, race and income. Results and implications will be discussed.

Clinician Bias Related to Adult Disclosures of Childhood Sexual Abuse

(Abstract # 808)

Poster # S-156 (Practice, Soc Ethic) **Atlanta Ballroom**

Tiegreen, Sara, MA; Newman, Elana, PhD

University of Tulsa, Department of Psychology, Tulsa, Oklahoma, USA

Child sexual abuse (CSA) is a public health problem (e.g. Molnar, Buka, & Kessler, 2001) linked to a multiple psychiatric problems (e.g. Ruggiero, McLeer, & Dixon, 2000). Many CSA victims do not disclose their abuse until several years following the abusive event(s), and some never disclose outside of scientific studies (e.g. Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000). Negative or unsupportive reactions to disclosure, including disbelief, can prove deleterious, leading to increased symptoms of mood disorders, suicidality, eating disorders, and posttraumatic stress disorder among others (e.g., Gries, Goh, Andrews, Gilbert, Praver, & Stelzer, 2000). Given that CSA is linked to several psychiatric problems, it is likely that a significant portion of CSA victims will be seen by mental health professionals. The present study examines potential sources of bias among clinicians presented with CSA disclosures by adult clients. Clinicians (n=545) were presented with hypothetical disclosure scenarios that only differed by the type of memory depicted (continuous, recovered). A series of ordinal logistic regressions showed statistically significant differences between the two versions (continuous vs. recovered memory), with clinicians rating continuous memories as more believable and more accurate than recovered memories. Implications will be discussed.

Understanding Perpetration of Intimate Partner Violence

(Abstract # 816)

Poster # S-157 (Soc Ethic, Res Meth) **Atlanta Ballroom**

Ortigo, Dorthie, MA; Pelletier, Tiffany, BA; Ortigo, Kile, MA; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

There is a need for effective treatments for perpetrators of partner violence, but studies show limited success of these treatments. In order to develop effective intervention strategies, it might be helpful to have an empirically-based understanding of how perpetrators are different from other non-abusing adults. Data were gathered as part of an NIMH funded study of risk/resilience to trauma exposure, and participants were recruited from the primary care clinics of an urban public hospital. We analyzed data on individuals who acknowledged committing physical violence toward a romantic partner ($n = 98$) based on selected questions from the Conflict Tactics Scale. We compared them to non-abusing controls on measures of attachment, emotion regulation, posttraumatic stress, depression, anger, impulsivity, substance abuse, and childhood trauma. We found differences between the perpetrators and the non-abusive controls across all of these measures, and the pattern of these differences varied based on perpetrator gender. We also found that a history of childhood emotional abuse, over other forms of child abuse, was predictive of IPV perpetration. We integrate these findings, and we discuss implications for assessment and treatment of perpetrators.

The Role of Attributions in the Coping Trajectories of African American Battered Women

(Abstract # 813)

Poster # S-158 (Soc Ethic, Clin Res) **Atlanta Ballroom**

Meyer, Alicia, MA¹; Dalton, Mary Ann, PhD²; Wagner, Barry, PhD¹; Veronee, Kimberly, BA¹

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²*Georgetown University, Washington, District of Columbia, USA*

This study investigates the relationship between battered women's causal attributions for the violence they experience, their coping efforts, and their PTSD outcomes. Causal attributions related to intentional violence, incidental violence and the combination of intentional and incidental violence were regressed first on six categories of coping strategies (placating, resistance, formal help source, informal help source, safety planning, and legal strategies), and then on women's scores in each of the three PTSD symptom clusters (intrusion, avoidance, and arousal). Of the 793 women approached outside of a battered women's shelter and the District Court, 324 African American women were included in this current analysis. It was found that after controlling for a number of covariates (age, income, education, violence severity, and coping efforts) women's attributions related to intentional violence significantly predicted increases in each of the PTSD symptom clusters whereas attributions related to incidental violence were unrelated to PTSD outcomes. Regarding the relationship between coping and PTSD, after controlling for covariates, only placating and informal coping strategies significantly predicted intrusion and arousal symptoms. Also, only placating coping strategies significantly

predicted avoidance symptoms. Treatment implications of these findings were discussed.

Cognitive Processes Involved in Assessing Post-Traumatic Growth

(Abstract # 821)

Poster # S-159 (Res Meth, Assess Dx) **Atlanta Ballroom**

Gunty, Amy, BA¹; Frazier, Patricia, PhD¹; Tennen, Howard, PhD²

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²*University of Connecticut, Storrs, Connecticut, USA*

Recent evidence suggests that scores on the Post-traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) are unrelated to actual growth from pre- to post-trauma (Frazier et al., in press). Ford et al. (2008) proposed that the lack of validity of PTG measures may owe to the complex processes involved in assessing one's own PTG (e.g., evaluating current standing, recalling pre-trauma standing, assessing change). To evaluate where this process may go awry, undergraduates who experienced a trauma over a 2-month period ($N=122$) completed pre-trauma (T1) measures of their current standing on items parallel to the PTGI items (C-PTGI). At post-trauma (T2), they again completed the C-PTGI, measures of domains similar to those assessed by the C-PTGI (e.g., spirituality), the PTGI, and recalled their T1 C-PTGI scores. Participants could accurately assess their current standing (mean $r = .50$ between C-PTGI and domain measures), recall their pre-trauma standing ($r = .68$ between actual T1 and recalled T1 scores) and assess pre- to post-trauma change ($r = .57$ between actual change on the C-PTGI and the difference between current standing at T2 and recalled T1 scores). However, the PTGI only correlated .23 with this difference score, suggesting that it does not assess actual change.

Posttraumatic Stress Symptoms and Physical Health: A Prospective Study of Police Officers

(Abstract # 845)

Poster # S-160 (Mil Emer, Bio Med) **Atlanta Ballroom**

Inslight, Sabra, PhD^{1,2}; Neylan, Thomas, MD^{1,2}; Metzler, Thomas, MA^{1,2}; Henn-Haase, Clare, PsyD²; Waldrop, Angela, PhD^{1,2}; Marmar, Charles, MD^{1,2}; Richards, Anne, MD^{1,2}

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Poor physical health has been associated with trauma exposure and PTSD in cross-sectional studies, primarily in chronic PTSD patients. The present study examines self-reported health status in relation to PTSD symptoms in a prospective study of young healthy police recruits during their first 2 years of service. Recruits ($n=271$) completed self-report assessments during academy training, and at 12 and 24 months following the start of police service. Perceived health, on a scale of 1 (excellent) to 5 (poor), worsened from baseline ($M=1.88$, $SD=.77$) to 12 months ($M=2.30$, $SD=.91$), $t(268)=-8.49$, $p<.001$, but did not change between 12 and 24 months, $t(211)=-.26$, $p=.79$. At 12 months, PTSD symptoms predicted poorer perceived health status, even after controlling for health at baseline, physical injuries over the first year, smoking, and alcohol misuse at 12 months, $s=.16$, $t(198)=2.97$, $p<.01$. The relationship between PTSD symptoms and health status was eliminated when sleep difficulties were

added into the regression model, $s=.05$, $t(198)=.85$, $p=.34$, suggesting a mediational role for sleep difficulties. These findings highlight the manifold consequences of critical incident stress exposure on both physical and mental health outcomes. Sleep difficulties may be a mechanism accounting for the relationship between PTSD symptoms and decrements in health.

Does Prolonged Exposure Need to Hurt in Order to Help? Exploring Two Alternatives

(Abstract # 839)

Poster # S-161 (Practice, Clin Res) **Atlanta Ballroom**

Gaffney, David, MSW

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Prolonged Exposure (PE) has emerged as a leading treatment for PTSD. However, many therapists shy away from PE due to the high levels of distress and pain it can cause clients. Indeed, this issue leads to inconsistent buy-in by therapists and high drop-out rates or under-engagement by clients. But does PE need to be painful to be effective? Not necessarily. This workshop will briefly consider the role of pain in exposure interventions and use recent advances in neuroscience to explore whether pain is necessary for new learning. We will then use Foa and Kozak's Emotional Processing Theory to map how two alternatives to traditional PE techniques can facilitate both exposure and emotional processing of traumatic content and cognitions with minimal distress. The majority of the workshop will demonstrate how the Emotional Freedom Technique (EFT) and Rapid Phobia Protocol (NLP) can fit into the Prolonged Exposure model. These techniques not only minimize pain, but actually work better when clients do not feel distress during exposure. We will review relevant research for these techniques as well as obstacles for their effective use. Through case studies, video demonstrations, and protocol descriptions, participants will learn how to enhance their treatment of trauma by adopting these techniques.

Work Related Traumatic Stress Among Nurses in Japan

(Abstract # 851)

Poster # S-162 (Cul Div, Prev EI) **Atlanta Ballroom**

Osawa, Tomoko, PhD; Kato, Hiroshi, MD, PhD

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Objectives: This study explores the nature and frequency of critical incident nurses who work in hospitals are exposed to, and the effects from such experiences. Method: Critical Incident Checklist for Nurses (20 items) was developed from data collected in the preliminary study; 194 nurses completed a survey where they were asked to write down 'work-related incidents that were emotionally shocking and/or very stressful'. 1348 nurse participated in the main study. They completed the Critical Incident Checklist for Nurses, the Impact of Event Scale-Revised, and the social support scales from the National Institute for Occupational Safety and Health (NIOSH) general job stress instrument. Results: 93.4 % of the subjects (N=1259) reported experiencing at least one of the critical incidents on the checklist. Mean score of IES-R was 13.4 (SD=14.5) and 18.7% was above the cut off. More incidents experienced, higher the IES-R score, and significantly high scores were found in the following incidents; 'the first person to find a dead patient', 'patient suicide or witnessing suicide', 'malpractice and lawsuit', 'exposure to

toxic substance', 'being badly beaten', 'constant verbal abuse', 'having to obey unreasonable order', and 'watching patient suffer helplessly'. The subjects found more support from family and friend, than colleagues and supervisors in general.

The Effect of Self-Efficacy on Pediatricians' Management of Childhood PTSD

(Abstract # 850)

Poster # S-163 (Child, Practice) **Atlanta Ballroom**

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⁴*Children's Village, Dobb's Ferry, New York, USA*

This study investigated pediatricians' self-efficacy in assessing and treating posttraumatic stress disorder (PTSD) in children. Methods: Focus groups guided the development of a survey that was mailed to primary care pediatricians in Massachusetts in 2005. Descriptive statistics, multivariate and chi-square analyses were used to describe the effect of self-efficacy on clinical practice. Results: A 60% (N=597) survey response-rate was obtained. On average, pediatricians with high self-efficacy were more likely to assess (M=72 vs. M=47, $p<.05$) and treat (M=43 vs. M=21, $p<.05$) childhood PTSD than pediatricians who reported low self-efficacy. Pediatricians with high self-efficacy more often assessed for PTSD symptoms of avoidance (48% vs. 30%, $p<.05$), re-experiencing (58% vs. 34%, $p<.05$), and hyperarousal (20% vs. 12%, $p<.05$). They also more often scheduled follow-up visits (61% vs. 32%, $p<.05$) and provided behavioral interventions (15% vs. 7%, $p<.05$). Furthermore, self-efficacy partially mediated the relationships between greater knowledge and assessment and treatment of PTSD. Self-efficacy also partially mediated the relationships between pediatricians' perceived roles about PTSD and assessment and management of childhood PTSD. Conclusion(s): Improving pediatricians' self-efficacy in exploring trauma may be a useful first step in improving care for traumatized children.

Correlates of Mental Health Care Use Among VA Patients Diagnosed With PTSD

(Abstract # 862)

Poster # S-164 (Clin Res) **Atlanta Ballroom**

Rosen, Craig, PhD^{1,2}; Greenbaum, Mark, MS, MA¹; Laffaye, Charlene, PhD¹; Fitt, Julie, BA¹; Norris, Virginia, MA²; Valdez, Christine, BA¹

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While the number of Veterans Administration (VA) patients diagnosed with PTSD has increased dramatically, not all of them receive PTSD treatment. We used the Andersen behavioral model to predict utilization of VA mental health care for PTSD. A national sample of 490 VA outpatients diagnosed with PTSD completed mail surveys assessing need (e.g., symptoms), predisposing (e.g., demographics), and enabling variables (e.g., distance to VA). Twelve-month use of mental health services was determined from VA administrative records. Predictors of wanting treatment, receiving any mental health care, and (log-transformed) number

of treatment visits were assessed with logistic and linear regression. Patients who wanted mental health treatment (87.6%) tended to have more severe symptoms, be diagnosed in a mental health setting, be female, receive less pension compensation, and live closer to the VA. Those who completed any PTSD mental health visits (69%) tended to have worse symptoms, want treatment, be diagnosed in a mental health clinic, be OEF/OIF veterans, and be married. Among those treated, only wanting treatment predicted number of treatment visit (median = 6). Number of visits was unrelated to symptoms severity or other patient factors, and suggesting it may be influenced by unmeasured site variables such as caseloads or local policies.

Implementation of a Secondary Prevention Program for Traumatized Injured Children in Singapore

(Abstract # 857)

Poster # S-165 (Prev EI, Child)

Atlanta Ballroom

Tan, Li-Jen, PhD¹; Pang, Jasmine, DPsych(Clin)¹; Ong, Gene, MBBS, MRCPCH²

¹Changi General Hospital, Singapore

²KK Women's and Children's Hospital, Singapore

This presentation will focus on the practical challenges of implementing a screening and follow-up program in an Asian hospital, aimed at identifying and providing early intervention to pediatric injury patients at risk of having persistent traumatic stress symptoms. A Singapore adaptation of the STEPP (Screening Tool for Early Predictors of PTSD) was used to screen over 150 children who were hospitalized due to accidental injuries from incidents such as traffic accidents and falls. Children and their parents were contacted at 1 to 3 months post-injury, and assessed on measures of emotional distress via telephone surveys or face-to-face interviews. Psychological intervention was offered to children with persistent distress. The cross-cultural challenges faced in engaging parents and children to complete follow-up assessments post-discharge, as well as receive psychological treatment, will be discussed. Descriptive data and the preliminary results of this secondary prevention programme will also be presented.

Propranolol Weakens Trauma-Related Psychophysiological Arousal: A Case Series

(Abstract # 861)

Poster # S-166 (Assess Dx, Bio Med)

Atlanta Ballroom

Thomas, Emilie, PhD³; Poundja, Joaquin, BSc²; Brunet, Alain, PhD¹; Tremblay, Jacques, MD³

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In a previously published placebo controlled study, post-retrieval propranolol decreased physiologic responding during a script-driven traumatic imagery session conducted one week later among individuals suffering from longstanding post-traumatic stress disorder (PTSD). Because of the small sample size, we sought to replicate this finding. This opportunity was provided during an open label trial whereby individuals with chronic PTSD received six 15-minute trauma reactivation sessions conducted under the influence of propranolol. At the end of this treatment physiologic responding (heart rate, skin conductance

and electromyogram) during a script-driven traumatic imagery session was conducted. The heart rate, $F(1)=5.270$, $p=.031$, and skin conductance, $F(1)=5.898$, $p=.023$, physiologic responses, were significantly smaller in the subjects who had received the propranolol treatment ($n=15$) compared to the control group ($n=9$) which we gleaned from our previously published study. The Electromyogram results were not significant. These results replicate our previous finding to the effect that trauma reactivation under the influence of propranolol subsequently weakens the trauma memory when subjects are drug-free. Although this study does not provide insight into the mechanisms of action of propranolol on the traumatic memory, the results presented are consistent with reconsolidation theory

An Exploration of Mediation Effects of Depression and PTSD in Sexual Harassment Victims in Taiwan

(Abstract # 864)

Poster # S-167 (Clin Res, Prev EI)

Atlanta Ballroom

Peng, Hsiu-Ling, PhD¹; Chen, Sue-Huei²; Li, Ren-Hau¹

¹Chung Shan Medical University, Taichung, Taiwan

²National Taiwan University, Taipei, Taiwan

Backgrounds and Objectives: Sexual harassment often leads to PTSD and depression. But the relationships between them are unclear until now. The study aimed to investigate the mediation effects of depression and PTSD symptoms in victims of sexual harassment. Methods: Participants were 480 college students in Taiwan. Instruments include self-reported sexual harassment and assault events, BDI-II, and Posttraumatic Stress Response Index. We first recoded the scale items to form an estimate with or without potential depression and PTSD, and then employed logistic regression analysis to check the risks for depression and PTSD caused by sexual harassment. We also investigated the mediation effects of depression and PTSD. Results: The odds ratios indicate that sexual harassment experiences could predict depression and present and lifetime PTSD. The effect of sexual harassment on depression disappeared after PTSD added to serve as a mediator. The structure equation model method also confirmed good fit of the model with PTSD as a mediator, but not the model with depression as a mediator. Discussions: PTSD appears to mediate between sexual harassment and consequent depression. This suggests that, in helping sexual harassment victims with depression and PTSD symptoms, it may be better benefitted to first intervene their PTSD symptoms.

Death Notification Guideline at Emergency Room in Japan 2

(Abstract # 908)

Poster # S-168 (Cul Div, Prev EI)

Atlanta Ballroom

Yanagita, Tami, PhD

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Sudden death requires Death Notification toward left family, and it is one of the most difficult tasks for the medical staffs in emergency room. Notification of sudden death leads left family to acute stress reaction and grief reaction. Recently inappropriate Death Notification attracts attention as a risk factor for prolonged grief reaction. In previous study we conducted questionnaire survey at emergency rooms in Japan to explore

how Death Notifications are delivered in emergency settings. The result had showed high needs for having a working protocol to conduct appropriate Death Notification for left family, so that we conducted questionnaire survey at universities to explore their priority concerning Death Notifications. The questionnaire includes the items concerning "notification setting" and "timing of contact". In 2008 we launched another survey. In this survey, we conducted questionnaire survey at Death Notification training seminar for medical staffs to explore their priority concerning conducting Death Notifications. The purpose of this survey is to define the issues concerning Death Notification and optimize a working protocol for delivery Death Notification by comparing the results between university students and medical staffs. This survey is ongoing, the latest result will be presented.

Sample Characteristics Influence the Structure of PTSD Symptoms

(Abstract # 876)

Poster # S-169 (Assess Dx) **Atlanta Ballroom**

McDonald, Scott, PhD¹; Calhoun, Patrick, PhD²

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²Durham VA Medical Center and MIRECC Workgroup, Durham, North Carolina, USA

Studies generally support one of two 4-factor models of PTSD symptom structure (King et al., 1998; Simms et al., 2002), which differ in the way three "non-specific" symptoms (sleep disturbance, irritability, and difficulty concentrating) cluster with other PTSD symptoms. One possible explanation for dissimilar findings is that the King model is supported in samples with a high prevalence of PTSD, whereas the Simms model is supported in non-clinical samples. This study compared the symptom structure of PTSD in U.S. OEF/OIF veterans with PTSD (n = 136) vs. those without PTSD (n = 316). Multiple regression analysis examined whether the relationships between numbing and hyperarousal symptoms and non-specific symptoms are moderated by PTSD diagnosis. Group, re-experiencing, numbing, hyperarousal, and the interaction of group X numbing were significant. Post hoc evaluation of the group X numbing interaction revealed that the relationship between numbing and the non-specific symptoms was stronger for the no PTSD group than for the PTSD group. Results were consistent with findings of single-sample confirmatory factor analyses, and support the contention that the prevalence of PTSD in the sample affects the symptom structure of PTSD. Findings are discussed in terms of PTSD construct validity and its implications for the DSM-V.

Difficulties With Emotion Regulation as a Mediator Between Trauma and Dissociation

(Abstract # 895)

Poster # S-170 (Clin Res, Prev El) **Atlanta Ballroom**

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Dissociation is often thought of as a response to traumatic experiences, however it has been noted that the majority of people who experience trauma do not develop dissociation (Briere, 2006). This suggests other factors may influence the development of dissociation in response to trauma. Briere (2006) found emotion dysregulation moderated the relationship between trauma and dissociation, providing an important intervention

point in treatment of dissociative symptoms. The current study examined this relationship in 96 male participants at an urban commuter university. Difficulties in emotion regulation mediated the relationship between trauma and dissociation. Results are discussed in terms of clinical implications. Relationships between dimensions of emotion regulation difficulties and dissociative experiences are discussed.

Quetiapine Monotherapy in PTSD: A Double Blind, Randomized, Placebo-Controlled Trial

(Abstract # 893)

Poster # S-171 (Clin Res, Prev El) **Atlanta Ballroom**

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Background: Atypical antipsychotics may be effective in reducing symptoms of PTSD in patients who are refractory to other treatments. This study investigated the efficacy of monotherapy with quetiapine, an atypical antipsychotic, in patients with chronic PTSD. Method: A double-blind, randomized, placebo-controlled trial was conducted. There was a one week placebo phase followed by a twelve week randomized phase. Eighty patients entered the study and 77 had at least one efficacy assessment. The primary outcome measure was the Clinician-Administered PTSD Scale (CAPS). A number of secondary rating instruments were also administered including the Positive and Negative Symptom Scale (PANSS), Clinical Global Impressions -Severity of Illness Scale (CGI-S), the CGI-Improvement Scale (CGI-I), the Hamilton Rating Scale for Depression (HRSD), the Hamilton rating Scale for Anxiety (HRSA) and other psychosocial and safety measures. Results: There was significant (threefold) decline in CAPS composite scores in quetiapine-treated patients as compared with placebo (intent-to-treat analysis, last observation carried forward, p=0.0070, 2-tailed).

Exploring the Association Between Posttraumatic Growth and PTSD: A National Study of Jews and Arabs

(Abstract # 900)

Poster # S-172 (Disaster, Civil Ref) **Atlanta Ballroom**

Hall, Brian, MA²; Hobfoll, Stevan, PhD²; Canetti, Daphna⁵, PhD; Johnson, Robert, PhD⁴; Palmieri, Patrick, PhD³; Galea, Sandro, MD, DrPh¹

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Posttraumatic Growth (PTG) – deriving psychological benefits following a potentially traumatic event – has become a topic of increasing interest in the traumatic stress field. Relatively few investigations into the predictors of PTG and the possible association between PTG and posttraumatic stress disorder (PTSD) symptom severity have been conducted. We examined

factors that were related to self-reported PTG, and the relationship between PTG and posttraumatic stress disorder (PTSD) symptom severity immediately following the 2006 Israel-Hezbollah war. Drawing from a national random telephone sample of Israel, 806 terrorism-exposed Israeli adults were interviewed. Results of hierarchical linear regression analyses indicated that PTG was predicted by being female, having lower education, greater income, greater recent terrorism exposure, greater loss of psychological resources, greater social support, and greater self-efficacy. PTG was a consistent predictor of PTSD symptom severity across several hierarchical linear regression models that tested whether demographic, stress, or personal resource variables moderated the relationship between PTG and PTSD symptom severity. PTG did not relate to PTSD symptom severity differently by age, sex, ethnicity, education, religiosity, degree of terrorism exposure, self-efficacy, non-terrorism stressful life events, and loss of psychosocial and economic resources. Findings suggest that PTG was not directly related to well-being for any of these subgroups as prior research has suggested.

Neural Correlates of Fear Acquisition and Extinction in PTSD: An fMRI Study

(Abstract # 902)

Poster # S-173 (Bio Med, Clin Res) **Atlanta Ballroom**

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Introduction: Posttraumatic stress disorder (PTSD) is associated with considerable morbidity and loss of function. Current models of the pathophysiology of PTSD include alterations in fear related learning. However little is known about brain mechanisms that underlie altered fear learning in PTSD patients. The purpose of this study was to assess brain correlates of fear learning and extinction in PTSD. Methods: Twenty two women with (N=11) and without (N=11) sexual assault related PTSD underwent functional magnetic resonance (fMRI) imaging of the brain during habituation, fear acquisition, and extinction tasks. Results: Women with PTSD showed a failure of amygdala and hippocampal activation with fear acquisition and a failure of anterior cingulate during fear extinction relative to non-PTSD subjects. Conclusions: These findings are consistent with altered neural function during fear acquisition and extinction in PTSD.

The Role of Childhood Sexual Abuse in PTSD and Marital Satisfaction in Afghanistan/Iraq Veterans

(Abstract # 903)

Poster # S-174 (Clin Res, Prev El) **Atlanta Ballroom**

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Childhood sexual abuse (CSA) is a risk factor for later adult psychopathology, including but not limited to posttraumatic stress disorder (PTSD). Similarly, combat exposure is associated with PTSD in military veterans, and PTSD is, in turn, linked with lower marital satisfaction. In this study, we examined CSA in 200 National Guard/Reserve troops who were deployed during Operation Enduring Freedom/Operation Iraqi Freedom to

determine if CSA adds to or moderates (a) the prediction of PTSD symptoms by combat severity and (b) the prediction of marital satisfaction by PTSD symptoms. –PTSD symptoms were assessed specifically in reference to military events. ANOVAs demonstrated that troops with a history of CSA reported lower relationship satisfaction ($p < .05$), but there was no difference in PTSD symptoms reported ($p = .12$). Follow-up analyses demonstrated that CSA predicted PTSD above and beyond combat severity ($p < .05$), and that CSA predicted marital satisfaction above and beyond PTSD symptom severity, indicating that a history of CSA contributes uniquely to distress in these combat veterans. As such, a history of CSA may be one factor that can help identify service members at elevated risk for PTSD and other problems who may benefit from extra military-based PTSD prevention efforts.

Soldier Expectations of Deployment Experiences in Relation to Post-Deployment PTSD Symptoms

(Abstract # 937)

Poster # S-175 (Mil Emer, Soc Ethic) **Atlanta Ballroom**

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Although cognitive theories of posttraumatic stress disorder (PTSD) emphasize the importance of violations of expectations and assumptions after a trauma (e.g., about safety), no one has empirically examined how soldiers' expectations for their deployment might relate to the development of post-deployment PTSD. The current study examined discrepancies in self-reported expectations for and actual experiences of deployment in 194 male soldiers deployed to the Middle East during the OEF/OIF era. Residual differences between expectations and actual experiences of both combat and post-battle experiences were significantly correlated with PTSD symptoms ($ps \leq .05$). Furthermore, expectations of combat and post-battle experiences moderated the association of actual experiences with PTSD ($ps < .05$), such that the association was stronger in those who reported low expectations of combat ($\pm = 0.51$, $p < .001$) and post battle experiences ($\pm = 0.48$, $p < .001$) than those who reported high expectations of combat ($\pm = 0.23$, $p < .01$) and post combat experiences ($\pm = 0.26$, $p < .001$). These findings suggest that soldiers with lower expectations of combat and post-combat experiences may be at higher risk for PTSD symptoms. They also highlight the importance of training soldiers to have accurate expectations for actual deployment conditions.

Long-Term Psychiatric Outcome After Peacekeeping Deployment: A Systematic Review

(Abstract # 918)

Poster # S-176 (Mil Emer, Disaster) **Atlanta Ballroom**

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Background: Since 1948 there have been 63 peacekeeping operations throughout the world. Follow-up studies of the soldiers deployed imply considerable psychological distress. However, systematic reviews are lacking including discussing the diagnostic problems of co-morbidity, in particular related to separation of PTSD from mood and somatic disorders. Objectives: Systematic literature search of studies looking at psychiatric and somatic outcome of soldiers deployed in peacekeeping missions. We searched Medline, Embase, PsychInfo and Cochrane Library supplemented by hand search of reference lists of research papers of war and trauma, and reviewing textbooks on military psychiatry and traumatic stress. Results: We found several studies on peacekeepers, mostly retrospective studies, but also 3 important prospective studies and one cohort. Most studies have reported a prevalence of PTSD in the range of 3% to 15% short time after service. Little is known about the long-term psychiatric and somatic outcome after this kind of military service. The diagnostic problems differentiating mood disorders from PTSD was not addressed properly. Conclusion: There is a great variability on assessment methods. No study has investigated prevalence several decades after the service deployment. The need for comprehensive follow-up studies including in depth assessment.

Assessing Longitudinal Change in the Psychological Functioning of Tibetan Refugees in India

(Abstract # 932)

Poster # S-177 (Civil Ref, Res Meth) **Atlanta Ballroom**

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During 2003-2004, researchers with the Bellevue/NYU Program for Survivors of Torture interviewed 769 Tibetan refugees arriving in Dharamsala, India, prior to their resettlement (Sachs et al., 2008). Rates of trauma exposure were high and significantly associated with psychiatric distress. However, overall distress levels were strikingly low. Coping activity appeared to mediate the effect of trauma exposure on mental health. Eighty-two study participants were re-interviewed 3-7 months after resettlement at a school for refugee adults in Dharamsala. The current study assesses intrasubject change in psychological functioning, i.e., rates and directions of clinically significant change and the relationship between participant characteristics, trauma exposure, and coping behaviors with symptom change. Longitudinal analysis revealed a twofold

increase in clinically significant distress at follow-up. Longer time in exile corresponded with significant distress increases, while active baseline coping appeared to protect against psychological deterioration after resettlement. Trauma exposure did not predict mental health trajectory. These findings support Sachs et al.'s hypothesis of a refugee "honeymoon period" after escape from persecution but prior to resettlement, and justify concern that distress may emerge or increase significantly during the early stages of life in exile.

Predictors of Resiliency Among Military Medical Personnel

(Abstract # 936)

Poster # S-178 (Mil Emer, Soc Ethic) **Atlanta Ballroom**

Cedillos, Elizabeth, BA⁴; Krantz, Lillian, BA¹; Hatch, John, PhD⁴; Isler, William, PhD³; Baker, Monty, PhD²

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Military medical personnel deployed in support of Operation Iraqi Freedom (OIF) are placed in stressful situations and asked to perform their duties under intense circumstances. Some personnel may feel that they are unprepared for situations encounter. The purpose of this study is to identify resiliency factors for posttraumatic stress disorder (PTSD) and its symptoms. The Attitudes and Beliefs questionnaire and the Posttraumatic Stress Disorder Checklist-Military version (PCL-M) were given to 106 Air Force medical personnel who deployed to the Air Force Theater Hospital in Balad, Iraq. Analysis revealed significant negative correlations between the changes in Attitudes and Beliefs total scores as well as Belief in the Mission and Confidence in Preparedness subsections. This suggests that cognitive changes in medical personnel may be predictive of stress related symptoms. Future research should explore this relationship and whether these attitudes and beliefs serve as resiliency factors against the development of stress related symptoms.

Posttraumatic Stress Symptoms in College Students: Predictors and Psychosocial Outcomes

(Abstract # 1049)

Poster # S-179 (Assess Dx, Practice) **Atlanta Ballroom**

Jimenez, Sherlyn, MFA, PhD; Schuster, Jennifer, PhD

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Prevalence rates for history of lifetime traumatic events among college students have been estimated at 55%-85%. Research suggests that the presence of PTSD in college students is related to a number of negative outcomes, including impaired academic functioning, poorer physical health, and presence of comorbid mental health symptoms. The current study examined levels of posttraumatic stress symptoms in college students (N = 491, 83.7% Caucasian, 303 females, 188 males, mean age 18.9) using the Impact of Event Scale - Revised (IES-R). High scores on the IES-R were significantly correlated with symptoms of depression, anxiety, and perceived stress. Using the cutoff criteria of IES-R > 33, 50.5% reported experiencing significant posttraumatic symptoms. We investigated differences in gender

and psychosocial outcomes. Women were statistically more likely to meet the cutoff criteria than men. Students who met the cutoff criteria were statistically more likely to report sleep problems, poor health, absenteeism, increased health care utilization and social disconnection. Rumination, avoidance and religious coping were found to be statistically significant predictors of trauma symptoms. Notably, of the 248 students who met the cutoff criteria, only 3 (1.2%) endorsed currently seeing a mental health provider or taking medications. Implications of these findings will be discussed.

Differences in FA Between Combat-Related PTSD and Non-PTSD Veterans With Mild TBI

(Abstract # 1078)

Poster # S-180 (Bio Med) **Atlanta Ballroom**

Reinhardt, Lindsay; Simmons, Alan, PhD; Strigo, Irina, PhD; Matthews, Scott, MD; O'Connell, Ryan

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Background: Posttraumatic stress disorder (PTSD) is a debilitating neuropsychiatric illness associated with increased mortality and morbidity rates. Military personnel exposed to blasts in combat can incur Traumatic Brain Injury (TBI). These events often carry with them significant emotional stress and can lead to PTSD. Prior studies examining brain morphometry and microstructural integrity suggest that the corpus callosum may be one of the main areas affected by TBI as well as stress. Methods: Combat exposed military veterans with mild TBI (mTBI) from OEF/OIF were recruited to participate in this study. We divided these individuals into two groups: mTBI with current PTSD (mTBI+PTSD) and mTBI without current PTSD (mTBI-PTSD). 61 direction diffusion tensor imaging (DTI) and anatomical T1 MRI were performed on each participant in both groups with 3T GE MRI scanner. Results: Preliminary observations showed significant reductions in fractional anisotropy (FA) within the genu of the corpus callosum in the combat-related mTBI-PTSD compared to the mTBI+PTSD group. Conclusions: Our preliminary findings suggest both protective and deleterious interactions between mTBI and PTSD.

School Shootings and the Copycat Phenomenon

(Abstract # 955)

Poster # S-181 (Prev El, Child) **Atlanta Ballroom**

Goldbeck, Lutz, PhD

University Clinic, Ulm, Ulm, Germany

School shootings are a rare events, however their traumatic impact on the survivors and on the whole community is dramatic. It has been suggested that vulnerable individuals might have a risk to imitate the violent template of these events after extensive reporting in the mass media. The case of a 17 year old adolescent who threatens another school shooting via a message in an internet chatroom shortly after a former student had killed 15 people in a school shooting in Winnenden, Southern Germany, raises the question whether appropriate preventive strategies are needed to avoid imitation.

The Impact of Trial and Court Hearing Within the Asylum Procedure on the Mental Health of Traumatized Torture Victims

(Abstract # 949)

Poster # S-182 (Civil Ref, Clin Res) **Atlanta Ballroom**

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Objectives: The potentially retraumatizing impact of trials within the context of criminal and asylum law is disputed controversially with little empirical basis (Orth & Maercker, 2004). The aim is to assess the psychological impact of the court hearing within the asylum procedure on the mental health of traumatized refugees. Method: Using a single group pre-post design, 30 refugees with an insecure resident permit status were assessed shortly before and approx. 2 weeks after being interviewed within the court hearing. The measures we applied to assess pre-post differences were PDS and HSCL-25. A modified version of the questionnaire measuring trial variables, like sense of justness and victimization was used additionally. Results: Preliminary analyses indicate a significant increase of intrusions concerning the primary traumatic experience and a significant increase of depressive symptoms. The perceived sense of justness turned out to act as moderator variable. Discussion: The increase of intrusions and depression indicates the distressing potential of court hearings. However an overall retraumatizing impact of trials, defined as an increase of the complete clinical syndrome of PTSD, could not be confirmed. Implications for further research and the definition of the concept of retraumatization are discussed.

Racial Differences in College Students' Physiological Responses to Traumatic Events

(Abstract # 953)

Poster # S-183 (Cul Div, Practice) **Atlanta Ballroom**

Tunno, Angela, MS; Moseley, Colby, BA; Lange, Krista; Padgett, Ashley; Fowler, Dennis, BA; Fortson, Beverly, PhD

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In the trauma literature, little attention has been paid to the role of race and ethnicity in trauma symptom presentation, although the rates of trauma exposure are typically equal (or higher) for African Americans. For example, little research has examined whether African Americans and Caucasians differ in their physiological symptoms in response to traumatic events. Approximately 60 undergraduate students, ranging in age from 18 to 22, were recruited to assess racial differences in physiological reactions to traumatic events. Participants completed an assessment of their exposure to 18 traumatic events. Participants then watched a 40-minute video series in which heart rate, skin conductance, and respiration rate were assessed, along with subjective units of distress scale ratings. Racial differences in the physiological reaction to traumatic event exposure between African Americans and Caucasians will be examined using a t-test, while a regression analysis will examine whether prior trauma exposure significantly predicts a heightened physiological response. Based on past literature, we expect differences in physiological reactions to traumatic event exposure among African Americans and Caucasians.

PTSD and Trauma in Irish Psychiatric Services: A Comparison of an Irish vs. Migrant Sample

(Abstract # 960)

Poster # S-184 (Assess Dx, Cul Div) **Atlanta Ballroom**

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With the recent growth of in-migration to Ireland, the mental health system faces the challenge of providing services to a growing population of migrants. Migrants, and in particular asylum seekers and refugees, can experience many traumatic events prior to migration, including torture. A key step in developing trauma-focused services for such a population is the assessment of the effects of prior trauma experienced on the migrant service-users' mental health. The present study examines the prevalence rates of lifetime traumatic experiences, PTSD and post-traumatic symptomatology among migrants accessing mental health services in Ireland. A native Irish sample of service-users accessing the same psychiatric services was recruited for comparison purposes. The study comprises an initial needs assessment and a 12-month follow-up study. The instruments used include the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), measures of psychological distress and a traumatic life events assessment. This is the first known Irish study to address an important gap in the literature regarding the trauma prevalence rates and post-traumatic symptomatology in both migrant and Irish psychiatric patient populations in Ireland. This paper will examine the findings in relation to their implications for the development of culturally sensitive trauma-focused mental health services in Ireland.

Combat Severity Moderates Association of Different Coping Styles With PTSD Severity in OEF/OIF Vets

(Abstract # 983)

Poster # S-185 (Mil Emer, Disaster) **Atlanta Ballroom**

Rodrigues, Camila, MS²; Renshaw, Keith, PhD¹

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Problem focused coping (PFC) and emotion focused coping (EFC) are differentially associated with psychological outcomes in military populations (Fairbank et al., 1991). Moreover, Suvak et al. (2002) found a curvilinear relationship between PFC/EFC and life adjustment as a function of combat exposure: at moderate levels of combat, PFC was strongly associated with better adjustment and EFC with poorer adjustment, but at low and high levels, the associations were reversed. The current study is the 1st to examine a possible curvilinear relationship of PFC/EFC with PTSD symptoms in particular, as a function of level of combat exposure. The sample consisted of 140 male National Guard troops deployed to Iraq, Afghanistan, or other areas in the Middle East during the OEF/OIF era. For both PFC and EFC, significant quadratic interactions were detected ($ps < .05$). PFC was more strongly related to higher PTSD symptom severity at low and high levels of combat ($\beta = 1.03$; $\beta = 1.59$) than at moderate levels of combat ($\beta = -0.28$), whereas EFC was more strongly related to

lower PTSD symptom severity at low and high levels of combat ($\beta = -1.17$; $\beta = -0.20$) than at moderate levels of combat ($\beta = 0.84$). These findings suggest that EFC may include better coping strategies for more traumatic combat experiences, whereas PFC may prove more helpful at moderate levels of combat.

Anger Mediates the Relationship Between PTSD and Marital Satisfaction in National Guard Veterans

(Abstract # 1003)

Poster # S-186 (Mil Emer, Disaster) **Atlanta Ballroom**

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PTSD has been shown to mediate the association of veterans' combat experiences and marital distress (Galovski & Lyons, 2004). Moreover, anger and aggression associated with PTSD may be particularly tied to such distress. The current study explored whether anger mediates the relationship between PTSD severity and troops' marital distress in 194 male troops deployed to the Middle East during the OEF/OIF era. Troops' anger, PTSD, and marital distress were all significantly correlated with each other, but only PTSD was significantly related to combat exposure ($ps < .05$). Furthermore, veterans' anger partially mediated the relationship of PTSD severity with marital distress ($t[192] = -3.12$, $p < .01$), with PTSD remaining significant (but less so) in that regression ($\beta = -0.16$, $p < .05$). Follow up regressions revealed that anger fully mediated the effect of intrusion and arousal symptoms on marital distress ($ps < .05$), but only partially mediated the effect of avoidance symptoms ($p < .05$). A lot of attention in research has been given to the effect of avoidance symptoms on marital distress. However, these results highlight the fact that intrusion and hyperarousal symptoms may negatively influence marital relationships through the expression of anger, which may need to be assessed in greater depth in standard measures of PTSD.

Spouses of Combat Veterans: Psychological Distress, Coping Styles, and Perceptions of Veterans' PTSD

(Abstract # 991)

Poster # S-187 (Mil Emer, Disaster) **Atlanta Ballroom**

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Emotion focused coping (EFC) is typically associated with more psychological distress than problem focused coping (PFC; Blake et al., 1992); however, a curvilinear relationship has been detected in military populations, such that PFC is most adaptive at moderate levels of stress (combat) and EFC is most adaptive at low and high levels (Suvak et al., 2002). No one has yet investigated such a possibility in spouses coping with combat veterans' posttraumatic stress disorder (PTSD) symptoms. The current study examined spouses' psychological distress and coping styles (PFC/EFC) in relation to spouses' perceptions (SP) of veterans' PTSD symptoms as a stressor. The sample consisted of 140 female spouses of troops deployed to the Middle East during the OEF/OIF era. For both PFC and EFC, significant

quadratic interactions were detected ($ps < .05$). Spouses' PFC was more strongly related to higher distress at low and high levels of SP of PTSD ($\beta=1.4^3$; $\beta=0.74$) than at moderate levels ($\beta=0.00$). EFC was more strongly related to lower distress at low and high levels of SP of PTSD ($\beta=-0.3^7$; $\beta=-0.41$) than at moderate levels ($\beta=0.36$). These findings indicate that EFC is linked with lower distress in spouses when they perceive low and high levels of PTSD symptoms in veterans, whereas PFC is linked with lower distress when spouses perceive moderate levels of PTSD symptoms in veterans.

Prevalence and Violence-Related Correlates of Substance Use in Two National Samples of Adolescents

(Abstract # 956)

Poster # S-188 (Child, Soc Ethic) **Atlanta Ballroom**

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Recent large-scale epidemiological studies indicate that adolescent substance use rates are declining. However, it remains important to identify subgroups of youth who may still be at-risk for early use. Numerous studies have identified physical and sexual abuse history and related symptoms of PTSD as risk factors for adolescent substance use. The current study provides a unique opportunity to examine the associations between victimization history, PTSD, and substance abuse in two nationally representative samples of adolescents using the 1995 National Survey of Adolescents (NSA) and the 2005 National Survey of Adolescents-Replication (NSA-R). The samples consisted of 3,906 adolescents from the NSA and 3,614 from the NSA-R, ranging in age from 12 to 17. A structured telephone interview assessed demographic characteristics, victimization, and mental health history. Results revealed significant reductions of 42% in cigarette use and 43% in alcohol use across the ten-year period, although illicit drug use remained stable. Victimization and PTSD history emerged as significant risk factors for substance use in both samples ($p's < .05$). Importantly, despite evidence for declining alcohol use, adolescents with physical abuse or PTSD history were at significantly higher risk for this outcome in 2005 relative to 1995 ($p's < .05$). Implications of these findings are discussed.

The Diagnostic Feasibility of Criterion A1 and A2 for Predicting PTSD in a Study of Police Officers

(Abstract # 1035)

Poster # S-189 (Assess Dx, Clin Res) **Atlanta Ballroom**

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The controversy over the *DSM-IV* definition of Criterion A as necessary for developing subsequent PTSD symptoms lacks empirical research. This study examined the reported "worst critical incident," peritraumatic dissociation and distress, and the subsequent development of symptoms of Acute Stress (ASD) and PTSD in 180 police officers following two years of service. Three

groups were examined: Those with events not meeting Criterion A1 (N=28), those meeting A1 Only (N=122), and those meeting both A1/A2 (N=30). Mean ASD Total scores for the Non-A1, A1-Only, and A1/A2 groups were 25.9 (8.0), 23.2(6.5), and 32.2 (14.1), respectively. A1/A2 differed from the other 2 groups ($F[1,99]=12.3$, $p<.001$), which did not differ from each other ($F[1,99]=1.6$, $n.s.$). Mean PTSD Checklist (PCL) scores were 19.5 (3.9), 19.3 (4.5), and 22.5 (7.7) for the three groups respectively. A1/A2 differed from Non-A1 and A1-Only ($F[1,117]=7.4$, $p<.01$), which did not differ from each other ($F[1,117]=0.0$, $n.s.$). Peritraumatic dissociation (PDEQ) and peritraumatic distress (PDI) showed similar results, with higher symptoms in the A1/A2 group but no differences between A1 and non-A1 groups. These results suggest that the current Criterion A1 classification is not necessary for subsequently developing symptoms of ASD and PTSD; however Criterion A2 is associated with increased symptoms.

Difficulties in Emotional Regulation and PTS Symptoms in a Chronically Traumatized Population

(Abstract # 994)

Poster # S-190 (Clin Res, Practice) **Atlanta Ballroom**

Astrachan, Tal, PsyD; Bernardes, Carla, PhD; Mendelsohn, Michaela, PhD; Herman, Judith, MD

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This study examined the relationship between difficulties in emotional regulation and symptoms of posttraumatic stress in a chronically traumatized population. Participants were 192 patients seeking outpatient psychiatric treatment in a specialized program for psychological trauma. Most participants reported multiple types of trauma, including childhood physical and sexual abuse, emotional abuse and domestic violence. Participants completed three self-report measures at treatment intake: the Posttraumatic Stress Diagnostic Scale (PDS), the Beck Depression Inventory (BDI), and the Difficulties in Emotional Regulation Scale (DERS). Significant correlations were found between the PDS and the DERS full scale score, as well as all six DERS subscales. Employment status, BDI score, and DERS score all emerged as significant predictors of level of posttraumatic stress symptomatology. Difficulties in emotional regulation accounted for a significant percentage of the variance in posttraumatic stress symptoms, even after accounting for employment status and level of depressive symptoms. Results suggest that effective treatment for PTSD in a chronically traumatized population should address difficulties in emotional regulation.

Examination of the Structure of Post Traumatic Stress Symptoms and Disorder

(Abstract # 980)

Poster # S-191 (Assess Dx, Clin Res) **Atlanta Ballroom**

Saavedra, Lissette, PhD³; Morgan-Lopez, Antonio, PhD²; Hien, Denise, PhD¹

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²Research Triangle Park, North Carolina, USA

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Limited systematic research on potential trauma-related differences in the expression of post traumatic stress disorder

(PTSD) in trauma exposed women with comorbid substance use disorders (SUDs). Few would argue that PTSD symptomatology presentations are complex, multifaceted and rarely homogenous [Breslau et al., 2008; Taylor et al., 1998]. Whether variations in symptom expression or clustering due to type, severity or duration of the trauma can be useful for understanding clinical phenomenology, course and treatment of PTSD. Available research examining the structure of PTSD has not addressed comorbid disorders. The present study will present data on the latent class structure of comorbid PTSD + SUDs in a sample of trauma exposed women who presented to a community mental health setting ($n = 353$). Latent class analysis will be used to differentiate between pure and mixed classes of PTSD + SUDs. Whether women exposed to trauma can be differentiated into distinct classes either in terms of level of severity (e.g., minimal disturbance, intermediate, and pervasive disturbance) or *DSM*-criteria is examined. Results will be discussed in terms of improvements in accuracy and conceptualization of multifaceted diagnostic presentations of PTSD and comorbid SUDs. Implications for diagnostic nomenclature and treatment will be discussed.

Coping Skills in College Students in the Response to Multiple Sources of Stress and Trauma

(Abstract # 1047)

Poster # S-192 (Child, Prev El) **Atlanta Ballroom**

Lanham, Courtney, BS; Jacoby, Vanessa, BA; Joseph, Brittany, BS; Barnes, Ashley, BA; Jones, Andrea, BA; Scotti, Joseph, PhD
West Virginia University, Morgantown, West Virginia, USA

A wide range of stressors and coping skills have been investigated in relation to academic performance among college students. The vast majority of studies used small samples (under 200) and focused on a limited number of factors. The present study uses a large sample and is comprehensive in the factors measured. A total of 1,200 undergraduate students completed an online survey via a departmental research website with limited access. Students completed measures including: (a) basic demographics and college performance, (b) perceived personal and academic stressors, (c) history of traumatic stressors, (d) time management and satisfaction, (e) exercise-related activities (individual, team sports), (f) psychological symptoms, (g) measures of coping skills, and (h) risky behaviors (substance use, self-injury, unprotected sex). Gender and age (class rank) differences will be reported on core measures. Correlation and regression analyses will show relations among variables, especially college performance and psychological symptoms. Several mediation/moderation models will be presented to understand the relations between multiple stressor types, coping skills and risky behaviors, and outcome measures. The findings will be discussed in the context of early intervention work that can be done on college campuses, as well as the broader context of managing multiple life stressors.

The Relationship of Ethnicity and Type of Relationship to Dangerousness Scores Among Domestic Violence

(Abstract # 978)

Poster # S-193 (Commun, Clin Res) **Atlanta Ballroom**

Balliett, Noelle, BA¹; Newman, Elana, PhD¹; Allen, Jennifer, BA¹; Davis, Joanne, PhD¹; Bell, Kathy, MS, RN²

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Intimate partner violence (IPV) deleteriously impacts people from all racial and socioeconomic strata. Previous research has supported the use of Campbell's (1987) Danger Assessment (DA) tool to assess risk of domestic homicide among intimate partners, including with minority groups such as African Americans and Latinas (e.g. Walton-Moss, Manganello, Frye, & Campbell, 1995). Additionally, research demonstrates that women murder victims are frequently killed by male partners, ex-partners, or family members. This study examined whether scores on the DA were significantly different 1) among racial/ethnic groups and 2) by relationship type (intimate partner vs. other). Participants were 635 survivors of domestic violence seeking emergency protective orders at a community agency who completed the DA during a forensic examination. Results indicated that DA scores did not differ by ethnic group membership [$F(5, 610) = 1.26, p = .28$]. However, analyses revealed that DA scores among intimate partners ($M = 18.79, SD = 7.15$) were higher than scores among family member and acquaintances, $M = 14.93, SD = 7.54$ [$F(1, 634) = 7.75, p < .01$]. Findings, implications, limitations, and directions for future research will be discussed.

Military Sexual Trauma, PTSD and Eating Behavior

(Abstract # 990)

Poster # S-194 (Mil Emer, Clin Res) **Atlanta Ballroom**

Harrington, Ellen, PhD; Abramovitz, Sarah, BA; Shipherd, Jillian, PhD

National Center for PTSD, Boston, Massachusetts, USA

Research has demonstrated that PTSD mediates the association between sexual trauma and eating pathology in women (Holzer et al., 2008). However, this association has not been studied in men or military sexual trauma (MST) survivors. We tested a PTSD mediational model in 352 male and 306 female Marines and former Marines. Among men, MST significantly predicted PTSD symptoms ($\beta = .46^{***}$) and eating in response to trauma ($\beta = .29^{***}$). Once PTSD symptoms were entered into the equation, the association between MST and eating in response to trauma remained statistically significant and was not significantly reduced ($\beta = .28^{***}$; Sobel test statistic = 1.14), suggesting that PTSD does not mediate the relationship between MST and eating in response to trauma in men. Among women, MST significantly predicted PTSD symptoms ($\beta = .19^{**}$) and eating in response to trauma ($\beta = .30^{***}$). However, once PTSD symptoms were entered into the equation, the association between MST and eating in response to trauma was significantly reduced but remained statistically significant ($\beta = .27^{***}$; Sobel = 2.12*). This suggests that PTSD may partially mediate the relationship between MST and eating in response to trauma for women in this sample. These findings suggest interesting sex differences in how MST and PTSD symptoms influence eating behavior.

Examining Shame and Guilt in a Sample of Battered Women

(Abstract # 1023)

Poster # S-195 (Assess Dx, Res Meth) **Atlanta Ballroom**

Howell, Meagan, MS; Weaver, Terri, PhD

Saint Louis University, St. Louis, Missouri, USA

Feelings of shame, guilt, and lack of control have received increased attention in mental health research. Women who are victims of Intimate Partner Violence (IPV) experience a wide array of emotions and stigma associated with their status as "victims," all of which may impact their physical and mental health. A fairly common response to traumatic events such as IPV is for the victim to blame herself and experience feelings of responsibility, shame, and guilt. The current study examines the use of the Experience of Shame Scale (ESS) among a population of 150 battered women residing in Battered Women's Shelters. The relationship between shame and guilt are examined by comparing data from the ESS to responses from the Trauma-Related Guilt Inventory (TRGI) as a means of comparing and contrasting the constructs of shame and guilt.

Alcohol Use Over Time Among Male and Female Police Recruits

(Abstract # 1077)

Poster # S-196 (Mil Emer, Assess Dx) **Atlanta Ballroom**

Waldrop, Angela; Inslicht, Sabra, BA¹; Richards, Anne²; Neylan, Thomas, MD²; Marmar, Charles, MD²

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²*University of California San Francisco, San Francisco, California, USA*

Police officers are at high risk for many negative outcomes associated with the stressful nature of their work. Maladaptive alcohol use is highly comorbid with PTSD, but understudied in police. This study assessed officers at police academy entry (BL), 6 months, and 12 months. Mean number of drinks per day increased from BL to 6M and BL to 12M (p 's < .01). The typical number of drinks consumed per day increased from BL to 6M and BL to 12M (p 's < .01). The percentage of men who engaged in binge drinking increased from BL (9.8%) to 6M (11.8%; p < .001), then dropped slightly from 6M to 12M (10.5%; p < .001), but did not return to baseline levels (p > .05). The percentage of women who engaged in binge drinking increased from BL (2.4%) to 6M (4.8%; p = .048). Binge drinking rates among women did not increase significantly from BL to 12M (11.1%; p > .05) or from 6M to 12M (p > .05). Overall, reported alcohol use was low and scores on the Michigan Alcohol Screening Test were unremarkable. Results will be discussed in light of social desirability scores and associations with critical incident exposure.

Mental Health in High-Risk Adoptees: An Examination of Potential Risk Factors

(Abstract # 1018)

Poster # S-197 (Child, Soc Ethic) **Atlanta Ballroom**

Henrie, Joye, BS; Burleson, Karin, BA; Faith, Melissa, MA; Lawson, Jonathan; Murphy, Mallory

University of Arkansas, Fayetteville, Arkansas, USA

A 50 question survey was sent to 4 groups of adoptive parents regarding their adoptive child. The responding sample (N = 27) included children adopted from .58-11 years of age (M = 5.61) with current ages ranging from 5-21 years (M = 11.62). The majority of the children were adopted from foster care, but the sample also represented privately adopted children. The first 15 questions were background questions. The DSM-IV-TR guided the formation of 35 symptom questions from clusters of mental health disorders. Just over 83% of respondents endorsed symptoms of Reactive Attachment Disorder in their child, 72% endorsed Borderline Personality Disorder, 40.6% Conduct Disorder, 89% Anti-Social Personality Disorder, 85.25% Narcissistic Personality Disorder, and 75.6% Histrionic Personality Disorder. The children received 109 professional diagnoses of mental disorders and 97 unique occurrences of new medication prescriptions spanning 28 different psychotropic drugs. Data will be analyzed to look at how different forms of past abuse (physical abuse, sexual abuse, and/or neglect) correlate with the above symptom clusters. The authors will also examine how well the numbers of placements prior to adoption and/or age at adoption predict the clusters of symptoms &/or incidences of residential placements.

Subtypes of PTSD in Adolescents Using the SWAP-IIA

(Abstract # 1017)

Poster # S-198 (Assess Dx, Child) **Atlanta Ballroom**

Russ, Eric, MA; Vitale, Irene; Brand, Sarah, MA; Gapen, Mark, PhD; Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

In the last several years, there has been increasing attention to the question of whether subtypes of PTSD can be used to better understand heterogenous symptom presentation in PTSD. Several studies have used personality traits to attempt to organize this heterogeneity. However, these studies have almost all relied on adult samples and self-report personality questionnaires. The current study differs from previous approaches by using a sample of adolescents with PTSD and using clinician report data. The study draws from a random national sample of psychiatrists and psychologists who described a patient in treatment using the Shedler-Westen Assessment Procedure, Adolescent, 2nd edition (SWAP-IIA), a clinical report Q-sort measure of personality pathology in addition to other clinician report measures. Data were collected on 950 adolescents, 114 of whom were diagnosed by their clinician with PTSD. To derive subtypes, Q-factor analysis (conventional factor analysis applied to a rotated matrix) was applied to the SWAP data. A 4 factor solution provided the clearest solution, with the first 3 factor interpretable and the 4th factor discarded. These three subtypes were labeled emotionally dysregulated, internalizing, and high functioning. Implications for etiology and treatment will be discussed.

Culture Influences Perceptions of Mental Health, So One Size Doesn't Fit All

(Abstract # 570)

Poster # S-199 (Cul Div, Res Meth) **Atlanta Ballroom**

Shakespeare-Finch, Jane, PhD

Queensland University of Technology, School of Psychology & Counseling, Aspley, Kelvin Grove, Australia

To assume that measures created and normed in a western culture can be readily applied across cultural contexts and automatically retain validity is fundamentally flawed. This paper describes ways in which the author and others have conducted research with a variety of different cultural groups in order to ascertain how trauma and traumatic reactions may be similar and may differ. It is theoretically based in a social constructionist perspective where culture, along with other environmental influences, impact on the way people think and make sense of trauma. For example, in mainstream essentially western cultures such as the US, UK, Europe and Australia, hearing voices of the dead is associated with hallucinations whereas in Aboriginal Australian culture it may simply imply a conversation with ancestors which may be persecutory but may also be normal and comforting. Expressions of posttraumatic growth across cultural context can also differ. For example, in participants from Sudan we have learned that strength is not viewed as a result of trauma, but as a reason for survival in the first place. Implications for future classification indices and the way they are used are discussed as well as implications for practice.

Listening for Agency in Sexual Trauma: What We Can Learn From Women of the Holocaust

(Abstract # 1036)

Poster # S-200 (Civil Ref, Res Meth) **Atlanta Ballroom**

Price, Laura, MA; Suzuki, Lisa, PhD; Medina, Jennifer, BA; Papazoglou, Konstantinos, BA

New York University, New York, USA

Much has been written about the effects of sexual trauma on women. Less explored in the literature are the ways women have maintained – or regained -- a sense of control over their lives and bodies in spite of harrowing circumstances. For women Holocaust survivors faced with the daily reality of death by disease, starvation, or execution during the war, the fight for life also often meant navigating the consequences of liberation – the persistent threat of rape by Russian soldiers. How did women survivors of the Holocaust maintain hope through agency? What were the critical relationships – with others, self, spirituality, etc. – that allowed them to rebuild their lives after the war? What can we learn from them to better recognize the intricate relationship between the personal triumphs and struggles of the current generation of sexual trauma survivors? Now in their 70s and 80s, several women of the Holocaust are exploring the meaning of their experiences in extensive interviews, which will be compared with the results of interviews with two rape survivors in their 30s and 40s. By employing the Listening Guide method, a qualitative analysis that requires repeated listening of a narrative to unearth layers meaning through detection of subtleties and contradictions, we are able to hear two generations of voices as never before – in a complex wending of fear, grief, perseverance and courage.

Telemental Health and CPT Groups for Rural Combat Veterans With PTSD: Preliminary Findings

(Abstract # 1055)

Poster # S-201 (Clin Res, Cul Div) **Atlanta Ballroom**

Hynes, Annada, PsyD²; Slade, Karstin, PhD²; Morgan, Travis, PsyD²; Chard, Kathleen, PhD¹; Grubbs, Kathleen, PhD¹; Morland, Leslie, PsyD²;

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Many military troops with PTSD reside in rural and remote areas where access to care can be limited. Thus, it is critical to identify ways to increase access to effective PTSD treatments for this population. Preliminary pilot data from a large ongoing prospective randomized telemental health study that is examining the efficacy of conducting Cognitive Processing Therapy (CPT) in a group format over video teleconferencing (VTC) on clinical and process outcomes will be presented. A total of 18 combat veterans were assessed at baseline to participate in a pilot cohort for this study. Of these veterans, 13 met study criteria and were randomly assigned to either the experimental (VTC) condition (N=6) or the control (in-person) condition (N=7). Preliminary data supports the feasibility of conducting CPT group over the VTC modality. Overall attrition was 15%, with one participant from each condition not completing the protocol. Participant satisfaction was high in both conditions. Although the N=13 for the pilot group is too small to conduct meaningful quantitative analyses, overall feasibility, including low attrition and high satisfaction, were established. In addition, qualitative observations and lessons learned from this pilot cohort were explored. Lessons learned from this pilot group resulted in modifications to the implementation of our protocol, including modifying some of the procedures, adding a co-therapist and orientation session, increasing compliance around practice assignments, and other pertinent modifications. Changes were established to enhance the CPT treatment compliance and effectiveness when delivered in a group modality via VTC with a rural ethnically diverse population.

Psychophysiological Alterations Following Treatment for PTSD

(Abstract # 1029)

Poster # S-203 (Bio Med, Clin Res) **Atlanta Ballroom**

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Cognitive Processing Therapy (CPT) has demonstrated efficacy for the treatment of PTSD in several clinical trials. However, there is little information about changes in physiological responses as a result of successful treatment. Data will be presented from a CPT treatment dismantling study with rape and physical assault victims. We have psychophysiological data on 74 women at pre and posttreatment. Participants heart rate and skin conductance were assessed in a scripted-imagery paradigm and heart rate and eye-blink electromyogram activity were collected in an auditory startle paradigm. Treatment was successful for

53 of 74 women (72% treatment responders) and unsuccessful for 21 women (28% treatment non-responders). The responders and non-responders were not significantly different from each other at pretreatment on the main clinical and physiological variables. The treatment responders showed a significant reduction in startle-related EMG and HR responses from pre- to posttreatment ($F=4.8$ and 4.1 , $p<.05$, respectively). Analyses of the scripted imagery paradigm indicated significant reductions in physiological arousal during trauma-related scripts for the treatment responders ($F=8.9$, $P<.01$) but not the non-responders. Findings will be discussed in terms of the significance of biological measures as indicators of treatment outcome.

Does Sexual Abuse Disclosure Predict Sexual Behavior Problems in Sexually Abused Children?

(Abstract # 1050)

Poster # S-204 (Child, Prev El) **Atlanta Ballroom**

Falki, Marielle, MA; Bishop, Nicholas, Undergraduate; Louis, Danielle, Undergraduate; Wilcox, Natalie, PhD
University of Missouri, St Louis, Missouri, USA

Research has shown that sexually abused children can exhibit sexual behavior problems (Friedrich & Luecke, 1988). Research on typologies demonstrated that a variety of external factors can affect the presence and severity of the sexual behaviors (Hall, Mathews, & Pearce, 2002). However, no research to date has looked at how children with sexual behavior problems (CSBP) who disclose sexual abuse vary on their scores on the sexual behavior inventory (CSBI) and its subscales (Sexual Abuse Specific Items, SASI; Developmentally Related Sexual Behaviors, DRSB) compared with sexually abused children who did not disclose the sexual abuse. The present study uses manova analyses to compare scores on the CSBI and its subscales on a sample of 3-to-12-year-old sexually abused children (N = 153) and found that children who disclosed sexual abuse have a greater number of sexual behavior problems than those who did not disclose ($F(3, 147) = 4.69$, $p < .01$). A similar trend was found for SASI and DRSB subscales. It is possible that children with a greater number of sexual behavior problems may be noticed and thus questioned about possible sexual abuse. Such questioning may increase the chance of disclosing sexual abuse, which children are often reluctant to do.

Case Management as a Strategy to Mitigate Secondary Trauma

(Abstract # 1063)

Poster # S-206 (Commun, Practice) **Atlanta Ballroom**

Bloeser, Katharine, LICSW
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Trauma as an organizational diagnostic criteria has been supported in the literature. This paper discusses a specific example of a traumatized organization and how introduction of case management services can help to mitigate the effects of secondary trauma and thus can impact organizational diagnosis. Organizational traits can foster burnout in the clinician and frustration and treatment non-adherence in the client. This burnout then permeates into the organization, creating a long legacy of frustration. Closed boundaries, enmeshed relationships among colleagues, infectious anxiety, and loss of hope all stem

from the experience of the therapist and client. These are all cultivated through sometimes necessary bureaucratic structures. Case management can not only assist the therapist in effectively supplementing treatment but can also mitigate burnout among therapists. This paper uses the literature on trauma and organizational behavior to support interdisciplinary treatment teams that include case managers or treatment teams that lessen case loads and add case management responsibilities. It supports the hiring of or integrating duties of case managers can help with retaining, treating, and tracking individuals seeking mental health care.

Challenges to Engaging Black Male Victims of Community Violence in Healthcare Research

(Abstract # 1064)

Poster # S-207 (Cul Div, Res Meth) **Atlanta Ballroom**

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¹Boston University Medical Center, Boston, Massachusetts, USA
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We used qualitative data from a cross-sectional interview study and a pilot intervention study to identify challenges to conducting intervention research with black male victims of community violence. We used Grounded Theory methods to analyze qualitative interviews of 16 black males, ages 25-38 with history of gunshot or stabbing. We analyzed ethnographic field notes of research processes of a pilot intervention study of primary care and psychotherapy among 11 black males ages 18-42 hospitalized for gunshot or stab wound. Challenges to research centered on mistrust of the research process in several contexts, including fear of police involvement, an impression of "snitching" when revealing personal information, and suspicion of the informed consent process. Other challenges included the acute dissociative experiences of the trauma itself as well as logistical barriers. Facilitators to research included monetary incentives, motivation to help oneself and peer recruitment approach. Recruiting black males for research in the aftermath of trauma is impeded by the context of the street culture, leading to lack of trust in institutions and fear of police involvement in addition to the acute dissociative experiences after trauma. Efforts to engaging this population should include culturally concordant research team members and approaches.

Community Violence, Forgiveness, and Posttraumatic Stress Disorder Among Salvadoran Teachers

(Abstract # 1073)

Poster # S-208 (Civil Ref) **Atlanta Ballroom**

Potts, Amy²; Rojas-Flores, Lisseth, PhD¹; Blair, Robin, MS, MA^{1,3}; Putman, Katharine, PhD¹; Herrera, Sofia, PhD¹; Foy, David, PhD
¹Fuller Graduate School of Psychology, Pasadena, California, USA
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³Pepperdine University, Encino, California, USA

Research indicates that exposure to violence and the subsequent development of PTSD are significant threats to vulnerable populations who live and work in high-conflict areas. As a result of both the 12-year civil war and its aftermath, Salvadorans

have experienced residual community violence and trauma in multiple contexts. Due to literature that suggests significant relationships between war-related trauma and PTSD severity, it is increasingly important to study experiences of, and reactions to, trauma exposure in post-conflict settings. There is currently a paucity of literature on cultural expressions of PTSD and its association to community violence as it relates specifically to Central American populations. For this study a survey was conducted among 193 Salvadoran teachers and administrators to explore the relationships among exposure to community violence (CV), forgiveness, and Posttraumatic Stress Disorder (PTSD). A multiple hierarchical regression was conducted and initial hypotheses were upheld. Findings indicated that exposure to community violence was significantly and positively correlated to PTSD ($\beta = .121, p > .05$). In contrast, forgiveness was found to be significantly and negatively correlated to PTSD ($\beta = -.542, p > .01$). Implications for caregivers in similar settings, as well as significant findings, will be discussed.

Stress-Sensitive Illness in National Guard Troops following OEF/OIF Deployment

(Abstract # 1076)

Poster # S-209 (Mil Emer, Assess Dx) Atlanta Ballroom

Chandler, Helena K., PhD¹; Ciccone, Donald S., PhD²; Kline, Anna, PhD^{1,2}

¹VAMC - NJ HealthCare System, Lyons, New Jersey, USA

²UMDNJ-Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA

Clinical and population studies have found that the co-occurrence of somatic symptoms and psychiatric diagnoses is common. The objectives of the current study are to determine the psychiatric consequences of war-related trauma exposure, with a focus on rates of PTSD, depression, substance abuse and somatic symptoms. National Guard troops who had previously been deployed to Iraq or Afghanistan (N=292) were screened for level of combat exposure, psychiatric disorders, somatic symptoms prior to redeployment. A linear relationship between combat exposure and increased risk of PTSD, substance abuse, depression, and somatic symptoms was observed. The results indicate that there may be a shared underlying pathognomic etiology among these disorders. We tested the hypothesis that PTSD would mediate the relationships between combat exposure and substance abuse or somatic symptoms and found that PTSD is a partial mediator but does not fully explain these relationships. The findings suggest that there is a range of stress-sensitive outcomes that should be considered following combat exposure. Somatic complaints, in particular, are often overlooked as in screening for post-traumatic symptoms and should be added to standard screening protocols.

A Prospective Study on Resilient Factors of Posttraumatic Stress Disorder in Police Officers

(Abstract # 1083)

Poster # S-210 (Prev El, Practice) Atlanta Ballroom

Yuan, Chengmei; Wang, Zhen, MD; Inslicht, Sabra, BA; McCaslin, Shannon, PhD; Metzler, Thomas, MA; Marmar, Charles, MD

University of CA San Francisco SFVAMC, San Francisco, California, USA

Although they are frequently exposed to potentially traumatic situations, the majority of police officers are resilient while only a minority will develop Posttraumatic Stress Disorder. However, there is a relative lack of research identifying factors which contribute to resilience. In the present prospective study, 239 police officers were assessed during academy training and again following two years of police service. Better social adjustment, higher self-worth and greater benevolence of the world during academy training were associated with lower PTSD symptoms at two years. These variables were then entered into a hierarchical linear regression. Benevolence of the world and social adjustment at baseline were the only baseline variables which remained significantly predictive of PTSD symptoms at two years. These results indicate that positive world assumptions and good social adjustment function at baseline can protect police officers from PTSD.

Phase II of the Development of the Meaning Self-Efficacy Scale

(Abstract # 880)

Poster # S-211 (Clin Res, Prev El) Atlanta Ballroom

Waldrep, Edward, BA; Hughes, Joel, PhD

Kent University, Kent, Ohio, USA

The original Meaning Self-Efficacy (MSE) scale was developed to investigate trauma survivors' perceived ability to generate meaning following a trauma and their subsequent distress. The MSE scale was reduced from 18 items to 9 items that accounted for the most variance through factor analysis and theory. The scale was then analyzed with data collected from 291 undergraduate participants that indicated experience of a traumatic event. The participants completed an online survey provided through the university's online research site. The MSE scale together these findings indicate that the MSE scale is performing in a manner for which it was intended. Further research is needed to investigate the scale's validity with a population experiencing hiports a high level of internal consistency with a Cronbach's alpha of .90. Factor analysis of the scale confirms that there is one factor that is accounting for 57 percent of the variance associate with the scale. The scale is positively related to factors associated with less posttraumatic distress (Coping Self-Efficacy, $r = .56, p < .01$; Social Support, $r = .32, p < .01$) and negatively related to posttraumatic distress (Posttraumatic Check List-C, $r = -.18, p < .01$). Togher levels of posttraumatic distress.

The Prevalence and Risk Factors of PTSD Among Rescue Workers: Meta-Analysis and Meta-Regression

(Abstract # 802)

Poster # S-212 (Mil Emer, Disaster) **Atlanta Ballroom**

Berger, William, MD¹; Figueira, Ivan, MD¹; Mendlowicz, Mauro, MD²; Portella, Carla, MD¹

¹University Federal Do Rio De Janeiro, Rio de Janeiro, Brazil

²Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil

Objectives: The world-wide PTSD prevalence among rescue workers are highly heterogeneous. The objectives of this study are: 1) estimate the world-wide pooled prevalence of PTSD among rescue workers, 2) determine the variables implicated in these prevalences. Method: A systematic review covering studies reporting PTSD prevalence in rescue teams published until September 2008 was conducted through searches in the ISI/Web of Science, PubMed and PLOTS databases. Prevalence data were pooled using random effects model. Multivariate meta-regression models were fitted to evaluate the contribution of each variables to the prevalences. Results: Sixty-three articles were selected. The pooled PTSD prevalence among rescue workers was 11.7%. Ambulance personnel presented the highest prevalence. The prevalence for studies using self-reported instruments was almost twice that of those employing interviews. When prevalences were stratified by the number of symptom clusters assessed, studies using instruments evaluating the three standard PTSD clusters showed lower estimates than those that didn't. Studies with rescuers who were exposed to natural disasters reported higher prevalence than those with rescuers deployed to human made disasters and those without an index event. Only number of PTSD clusters assessed by instrument, occupation and type of disaster were maintained in the final model.

Executive Function, Coping, and Childhood Trauma in Borderline Personality Disorder

(Abstract # 1004)

Poster # S-213 (Assess Dx, Clin Res) **Atlanta Ballroom**

Grassi-Oliveira, Rodrigo, MD, PhD; Dornelles, Vinicius, MS; Lima, Pedro, MD, PhD; Kristensen, Christian, MS, PhD

Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

We evaluated the association between executive function, coping strategies and childhood maltreatment in Borderline Personality Disorder (BPD) patients. We examined associations among several domains of executive function (working memory, behavioral inhibition, cognitive flexibility - including emotional Stroop test - and self-monitoring), coping, and self-report childhood abuse and neglect in 21 BPD patients (19-57 years-old). Preliminary data indicate a positive association between problem-solving coping strategies and executive functioning, supporting the hypothesis that performance on executive function measures is associated with strategies used to cope with stress. Childhood abuse and neglect seems to contribute to such executive dysfunction. Although preliminary, our data suggest that executive function impairment may be associated with difficulties in coping and emotion regulation in BPD.

The Influence of Childhood Trauma History on Perinatal Exposures and Pregnancy Outcomes

(Abstract # 962)

Poster # S-214 (Bio Med, Prev El) **Atlanta Ballroom**

Weiss, Tamara, MD; Newport, D. Jeffrey, MD; Bradley, Bekh, PhD¹; Ressler, Kerry, MD, PhD

Emory University, Atlanta, Georgia, USA

Adverse sequelae of child abuse can extend to offspring of traumatized individuals. Disrupted perinatal development may be one mechanism for intergenerational transmission of trauma related disorders. We examined the effects of maternal history of childhood sexual, physical, and emotional abuse on pregnancy exposures and outcome in 304 women with depressive disorder followed prospectively through pregnancy and delivery. Women with two or more types of abuse were more likely to have an unplanned pregnancy, be depressed during pregnancy, and take mood stabilizers. Exposure to alcohol, hypnotics, and anxiolytics was similar for the trauma cohort and the non-abused control group overall, but third trimester exposure was much greater for women with prior sexual abuse. After taking into account the possible confounding effects of depression, medication exposure, substance use, and other risk factors for poor pregnancy outcome, child abuse history was significantly associated with neonatal respiratory distress [OR 26.9 CI [2.5-292.0]], and severe abuse history was associated with increased risk of emergency c-section [OR 7.4, CI [1.4 - 38.6]]. Results suggest that maternal trauma history may impact prenatal development and pregnancy outcome through mechanisms other than common risk behaviors and exposures. Implications for perinatal management will be addressed.

PTSD and Chronic Pain: Support for the Mutual Maintenance Theory

(Abstract # 926)

Poster # S-215 (Clin Res, Practice) **Atlanta Ballroom**

Liedl, Alexandra^{1,2}; O'Donnell, Meaghan, PhD^{3,4,5}; Creamer, Mark, PhD^{3,4}; Silove, Derrick, PhD⁶; McFarlane, Alexander, PhD, MBBS,FRANZCP⁷; Knaevelsrud, Christine, PhD¹; Bryant, Richard, PhD⁶

¹Treatment Center for Torture Victims, Berlin, Germany

²Technical University of Dresden, Dresden, Germany

³Australian Centre Posttraumatic Mental Health, Melbourne, Australia

⁴University of Melbourne, Melbourne, Australia

⁵National Trauma Research Institute, Melbourne, Australia

⁶University of New South Wales, Sydney, Australia

⁷The Centre of Military and Veterans' Health, Adelaide, Australia

⁸Free University of Berlin, Berlin, Germany

Objective There are several theoretical models that provide hypotheses about the relationship between posttraumatic stress disorder (PTSD) and chronic pain, which are often comorbid. But many mechanisms underpinning the relationship remain untested. The aim of this study was to investigate the mutual maintenance mechanisms between PTSD symptom clusters and chronic pain. Method In a longitudinal study, 824 injury patients were assessed within one week, at 3 months and 12 months post injury. Pain was measured with a 100mm Visual Analogue Scale. The PTSD symptoms were assessed with the Clinical Administered PTSD Scale. Structural Equation Modelling was

used to identify causal relationships between pain and PTSD. Results Two sets of pathways supported the mutual maintenance theory. We found that arousal played a key causal role in the development and persistence of pain over time. Furthermore pain mediated the relationship between acute PTSD symptom clusters and 12-month PTSD symptom clusters. The final model showed a good fit (Chi Square = 16.97, $p > .05$, CFI = .999, RMSEA = .022). Conclusion Our findings provide evidence of mutual maintenance between pain and PTSD. We will discuss the results in the context of implications for clinical work and for future research.

Child Abuse, Post Traumatic Stress Disorder, and Suicidality in an Urban Population

(Abstract # 974)

Poster # S-217 (Child, Cul Div)

Atlanta Ballroom

Crowe, Betsy, BS; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD; Keifer, Orion, MS

Emory University, Atlanta, Georgia, USA

Research examining the relationship between Post Traumatic Stress Disorder (PTSD) and suicidality, and PTSD and childhood abuse, has found positive correlations. However, past research on the PTSD-suicide link has largely examined non-civilian PTSD, and that with civilians has not included child abuse as trauma. This study examined the interaction between child abuse, suicide, and PTSD. Participants were recruited from the primary care and OB-GYN waiting rooms at Grady Memorial Hospital in Atlanta, which serves predominantly impoverished African-Americans, as part of an NIH-funded study examining risk factors for PTSD. Participants (N=1817) were queried about childhood traumas (Childhood Trauma Questionnaire), PTSD symptoms (Modified PTSD Symptom Scale), and suicidality (Suicide and Self Harm Scale, Beck Depression Inventory, and Emotional Dysregulation Scale). PTSD diagnosis was found to significantly predict ($p < .001$) suicidality. Additionally, presence of childhood abuse significantly predicted ($p < .001$) suicidality. Linear regression demonstrated that child abuse and diagnosis of PTSD independently ($p < .001$) and additively ($p < .001$) predicted risk for suicidal thoughts and history of attempts. These findings reiterate the relationship between childhood abuse, PTSD, and suicidality, and suggest that suicidality among African Americans is similar to other populations.

Implementation of a Training Plan for Clinicians Learning TF-CBT

(Abstract # 867)

Poster # S-218 (Practice, Child)

Atlanta Ballroom

Blacklaw, Cynthia, MS¹; Stone, Kelly, PhD¹; Vergon, Keren, PhD²

¹*Childrens Home Society of Florida, Pensacola, Florida, USA*

²*University of South Florida, Tampa, Florida, USA*

This poster presentation describes the development and implementation of a training plan for new clinicians for ensuring the sustainability and fidelity of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) at Children's Home Society of Florida. Children's Home Society of Florida, partnered with the University of South Florida, is a member of the National Child Traumatic Stress Network. This partnership created the Trauma Recovery Initiative (TRI) Center, which provides TF-CBT to youth ages 10-14 in or at-risk of entering the child welfare system in the four counties of northwest Florida. The project will

provide TF-CBT to at least 105 youth over the life of the current demonstration grant, and will extend this treatment to other children for whom it is assessed to be appropriate. This poster reviews the components of TF-CBT, and outlines an orientation and training model for clinicians that encompasses multiple elements including on-line instruction, reading assignments, classroom presentations, individual and group supervision, and shadowing an experienced peer. This poster also presents a multi-dimensional plan for training clinical supervisors to ensure that the TF-CBT model is implemented with fidelity. The plan includes instruction, expert consultation, shadowing, and use of a fidelity checklist in clinical supervision.

Addressing Traumatic Stress Among Native American Youth: A Focus on Historical Trauma and Healing

(Abstract # 963)

Poster # S-219 (Cul Div, Clin Res)

Atlanta Ballroom

Goodkind, Jessica, PhD; Gorman, Beverly, MSW; Hess, Julia, PhD; LaNoue, Marianna, PhD; Freeland, Lance, BS; Lee, Christopher, BS; Freund, Rachel, MA

University of New Mexico, Albuquerque, New Mexico, USA

Research indicates that trauma experienced by American Indian and Alaska Native (AI/AN) youth is widespread and not limited to single events and that PTSD does not fully represent the impact of the multigenerational trauma experienced by AI/AN communities. Although there is variability across AI/AN tribes and nations, historical trauma and healing are frequently emphasized concepts within many AI/AN communities. Rather than centering on the individual, these collective and multi-layered concepts seek to recognize the root sociopolitical causes of suffering while also focusing on strengths and potential for transformation. THRIVE (Teen Health Resiliency Intervention for Violence Exposure) is a community-based participatory research study designed to promote the mental health and well-being of AI youth by understanding the impact of historical trauma, promoting healing, addressing traumatic stress, and preventing violence exposure. THRIVE involves two components: 1) adaptation of the evidence-based Cognitive Behavioral Intervention for Trauma in Schools for AI youth; and 2) development of a community-based prevention intervention with AI families to address chronic and historical trauma. We will present the intervention models and implementation processes and results, as well as discuss implications for conceptualizing, preventing, and treating traumatic stress among AI/AN youth.

Recognizing the Risk: Substance Abuse and Sexual Assault Among Ethnic Minority Women

(Abstract # 997)

Poster # S-220 (Cul Div, Practice) **Atlanta Ballroom**

Smith, Kimberly, MPH, MA; Tillman, Shaquita; Bryant-Davis, Thema, PhD; Marks, Allison, PhD

Pepperdine University, Los Angeles, California, USA

Female ethnic minority survivors of sexual assault consistently report higher rates of use and abuse of substances, including marijuana, crack cocaine and alcohol as compared to women without a trauma history. A history of repeated sexual assaults potentiates post trauma symptoms and increases the likelihood of substance abuse. Specifically, substance use may be an effort to impede recollections of sexual assault; additionally substance abuse may be an attempt to reduce generalized anxiety, depression, Post Traumatic Stress Disorder and other mental health disorders. The purpose of this critical review of the literature is to expand knowledge about the role of sexual assault in ethnic minority women’s mental health by describing the risk factors for substance abuse and co-morbid mental health disorders resulting from sexual assault. Sociocultural considerations, policy implications, and psychotherapeutic indicators are provided to give voice to this population of women confronting the aftermath of sexual assault.

Latina/o Survivors of Domestic Violence: Reconceptualizing Post-Traumatic Adjustment

(Abstract # 1096)

Poster # S-222 (Commun, Cul Div) **Atlanta Ballroom**

Perilla, Julia, PhD

Georgia State University, Atlanta, Georgia, USA

Current literature suggests that Latino families experience domestic violence at approximately the same rates as other groups in the United States and that this violence may have both universal and culture-specific elements. As a result, conceptualizations and interventions with Latina survivors and their children must use frameworks that take an ecological approach that encompasses the complex reality of their everyday lives. This paper will give an overview of the philosophical, theoretical, and applied strategies used by Caminar Latino, a community-based, culture-specific comprehensive intervention for immigrant Latino families affected by domestic violence in Atlanta, Georgia. Specifically, the presentation will discuss innovative approaches such as the use of *concientizacion* (critical consciousness) as an intervention strategy with Latina survivors and participatory action research with youth as a means to access resilience among adolescent witnesses. The presentation will conclude with a discussion of the effects of multiple traumas in the lives of Latina survivors of domestic violence and potential strategies for addressing their mental health needs in a culturally appropriate manner.

Ground Zero Latino Immigrant Clean Up Workers: The Impact of Trauma on Families and Children

(Abstract # 1097)

Poster # S-223 (Cul Div, Child) **Atlanta Ballroom**

Poehnitzch, Katzka; Rodriguez, Raymond, LMSW; Weed, Rosa, LCSW, CASAC

Integral Enrichment Servi, Woodside, New York, USA

A focus group of mental health providers formed to explore the unique treatment needs Latino immigrant workers and volunteers that performed clean up work at Ground Zero/World Trade Center. Workers were exposed to environmental toxins, chaos, physical danger, and in many cases, they witnessed, or they themselves recovered human remains. The result of these experiences has been PTSD-like symptomatology that for many immigrants has gone undetected until recently when their lives became impaired. Studies demonstrate children exposed to the events of 9/11, suffered chronic nightmares, anxiety and behavioral health problems. Many children of WTC clean up workers witnessed their parents denied assistance, fear deportation, developed their own trauma and a lack of safety in their environment. Psychosocial stressors impacting treatment are multiple layers of financial, housing and legal difficulties as a result of the primary caretaker’s loss of ability to work. Clinical case study demonstrates the impact of PTSD on Latino workers families, increase isolation, and how their children have, developed emotionally-based behavioral symptoms as a result of the environmental disruption. Culturally sensitive family interventions effectively addresses multiple familial losses that are essential in order to facilitate a process of rebuilding a narrative of hope in their future.

Sudanese Refugees in Cairo, Egypt: A Randomized Controlled Trial of Interpersonal Psychotherapy for Trauma, Depression and Interpersonal Violence

(Abstract # 1108)

Poster # S-225 (Missing Keywords) **Atlanta Ballroom**

Meffert, Susan, MD²; Marmar, Charles, MD²; Metzler, Thomas, MA¹

¹*San Francisco VA Medical Center, San Carlos, California, USA*

²*University of California San Francisco Dept of Psychiatry, San Francisco, California, USA*

Although approximately one quarter to one third of a population exposed to extreme stressors such as ethnic conflict develops chronic symptoms of Posttraumatic Stress Disorder (PTSD) causing significant disability, the research and application of psychological trauma and other mood treatment modalities in this context is currently in its infancy. One of the most neglected aspects of mental health care in post-conflict settings is the impact of psychological trauma on interpersonal relationships. We conducted a randomized controlled trial (RCT), with a wait list control group, of Interpersonal Therapy (IPT) for Sudanese refugees living in Cairo, Egypt. Two hypotheses were tested in twenty two subjects: (1) After IPT intervention, Sudanese refugees will have lower levels of depression and PTSD symptoms compared to wait list controls; (2) After IPT intervention, Sudanese refugees will have lower levels of

interpersonal violence compared to wait list controls. Community members were trained in IPT for one week and supervised during delivery of six sessions of twice weekly IPT. Data was analyzed using linear regression with bootstrapped standard errors. Controlling for baseline symptoms, IPT treatment, compared to wait list controls, predicted a significant decrease in symptoms of PTSD, Depression and State Anger. The first hypothesis was confirmed. IPT treatment, compared.

Shared Traumatic Stress and the Long-Term Impact of 9/11 on Manhattan Mental Health Professionals

(Abstract # 1115)

Poster # S-226 (Practice, Disaster) **Atlanta Ballroom**

Tosone, Carol, PhD; Naturale, April, ACSW, PhD

NYU, New York, New York, USA

Increasingly more clinicians find themselves exposed to and practicing in environments that could be characterized as traumatological. This paper presents the results of a survey exploring the long-term impact of 9/11 (N=81) clinicians practicing and/or residing in Manhattan. Shared traumatic stress is a composite of primary and secondary traumatic responses and was measured by the product of scores for the PTSD Checklist-Civilian Version and Professional Quality of Life compassion fatigue/secondary traumatic stress subscale. Shared traumatic stress was positively correlated with ambivalent and avoidant attachment, traumatic life events, being currently affected by the events of 9/11 (all $p < .0001$), and perception of the likelihood of another 9/11 event within two years ($p = .0004$). It was negatively associated with resiliency, life change due to 9/11 (both $p < .0001$), institute training ($p = .0041$), compassion satisfaction ($p = .0166$), and years in the field ($p = .0344$). On a multivariate level, only ambivalent attachment ($p = .0078$), avoidant attachment ($p < .0001$), traumatic life events ($p = .0011$), resiliency ($p = .0168$), and institute training ($p = .0274$) were significant predictors of shared traumatic stress. In contrast to secondary trauma constructs, shared traumatic stress has the potential to better capture the responses of clinicians directly exposed to and practicing in traumatological

Differences in Crisis Support Between Survivors of Interpersonal and Non-Interpersonal Traumas

(Abstract # 859)

Poster # S-227 (Practice, Prev EI) **Atlanta Ballroom**

Talbert, Christy, BS; Pruneau, Genevieve, MS; Carter, Benjamin, BS; Lyle, Sarah, BA; Weathers, Frank, PhD

Auburn University, Auburn, Alabama, USA

This study compared differences in crisis-specific social support between survivors of interpersonal and non-interpersonal trauma. Participants were 209 undergraduates who reported experiencing a traumatic event that was either of an interpersonal ($n = 64$) or non-interpersonal nature ($n = 145$). Participants were administered the Life Events Checklist (LEC) and the Crisis Support Scale (CSS), a self-report measure of crisis-specific social support for the three months immediately following the event and for the past three months. A profile analysis (Trauma Type X CSS Item repeated measures MANOVA) revealed that interpersonal trauma is associated with lower

ratings of crisis-related social support than non-interpersonal trauma ($F(1,207) = 26.128, p < .001$). Additionally, a significant interaction was found for CSS item by trauma type ($F(13, 195) = 2.760, p = .001$), signifying a departure from parallelism in the social support profiles of those who experienced interpersonal vs. non-interpersonal trauma. This suggests that an item-level examination of trauma type differences in social support is warranted. Differences of particular note included improvements from past to current crisis-specific support reported by the interpersonal trauma group versus decreases from past to current crisis-specific support reported by the non-interpersonal trauma group.

Reconceptualizing Interventions for Refugee Traumatic Stress: A Community-Based Approach

(Abstract # 761)

Poster # S-228 (Civil Ref, Commun) **Atlanta Ballroom**

Isakson, Brian, PhD; Goodkind, Jessica, PhD

University of New Mexico, Albuquerque, New Mexico, USA

To address the posttraumatic adjustment challenges faced by refugees, it is important to broaden traditional western conceptualizations of traumatic stress and treatment. A holistic perspective on refugee well-being that takes into account post-migration challenges, attends to refugees' cultural beliefs about mental health, builds upon strengths, and engages refugees in non-stigmatized settings is essential. The Refugee Well-being Project (RWP) employs such a perspective to address the multiple traumas experienced by refugees during war, flight from their countries, and stressful conditions of refugee camps, as well as resettlement-related stressors. RWP brings together refugees and undergraduate students to engage in mutual learning and advocacy. RWP prevents further psychological distress and promotes well-being by: 1) increasing access to resources to address unmet needs and transferring advocacy skills to families; 2) creating a safe environment where refugees share common experiences with others; 3) reducing resettlement stressors through learning and advocacy; and 4) encouraging refugees to recognize their strengths and abilities to handle challenges with both new and acquired skills. We will present the intervention model, results from 4 years of implementation, and implications for conceptualizing and treating trauma and related stressors experienced by refugees.

Escape-Avoidance Coping Predicts PTSD and Depression Symptoms in a Prospective Study of Police

(Abstract # 975)

Poster # S-229 (Mil Emer, Prev EI) **Atlanta Ballroom**

Richards, Anne³; Metzler, Thomas, MA²; Marmar, Charles, MD²; Neylan, Thomas, MD²; Henn-Haase, Clare, PsyD¹

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²*University of California San Francisco, San Francisco, California, USA*

³*UCSF/San Francisco VA Medical Center, San Francisco, California, USA*

Escape-Avoidance coping has been associated with stressful events that are appraised as particularly threatening and with poorer mental health outcomes. Prior research has not prospectively examined the role of exposure severity (criterion A1) and peritraumatic fear, helplessness and horror (criterion

A2) in predicting coping. The relationship between coping with stressors and subsequent depression has also not been prospectively examined. This study examines coping strategies, exposure severity, peritraumatic reactions, PTSD and depression in a prospective study of police. Healthy police academy recruits (N=237) were evaluated with the Symptom Checklist-90 at baseline. At 12 and 24 months they completed assessments on critical incident exposure, A1 and A2 in relation to exposure, the Peritraumatic Dissociative Experiences Scale, the Ways of Coping scale, the PTSD Checklist, and the Beck Depression Inventory. Analyses showed that distancing coping was positively correlated with A1 at both 12 and 24 months, and that distancing coping, escape-avoidance coping, self-control coping, and positive reappraisal were associated with A2 at 12 and 24 months. Regression analyses demonstrated that escape-avoidance coping predicts PTSD and depression symptoms at both time points, even when controlling for baseline psychopathology, exposure severity and peritraumatic reactions.

Ethnic Differences in Trauma Response and Help-Seeking Behavior Among Rural OEF/OIF Veterans

(Abstract # 1028)

Poster # S-230 (Mil Emer, Cul Div) **Atlanta Ballroom**

Jones, Andrea, BA; Stacom, Elizabeth, BS; McLaughlin, Katherine, BA; Quintin, Ashlee; Scotti, Joseph, PhD

West Virginia University, Morgantown, West Virginia, USA

A mail survey of West Virginia Veterans who had recently returned from service in Operation Enduring Freedom or Operation Iraqi Freedom was conducted. A total of 5,000 surveys were sent to WV Veterans; 1060 were returned completed (20%). Consistent with WV demographics, only 7% (n = 75) of the Veterans identified themselves as other than White (e.g., Black, Hispanic, Bi-Racial). We analyze the relations between ethnicity and levels of exposure to war-zone stressors, psychosocial impacts (PTSD, depression, family stress), and help-seeking behavior, giving consideration to the high number of WV Veterans who reside in rural counties. Two methods of analysis will be presented: (a) comparing the 75 Veterans of Color to a random sample of 75 White Veterans, and (b) comparing the 75 Veterans of Color to 75 White Veterans who match the Veterans of Color on multiple demographic and military characteristics. The first analysis will demonstrate differences between White Veterans and Veterans of Color on exposure to war-zone stressors and related outcome. The second analysis allows for tight control by matching of variables other than ethnicity (e.g., income, education, rurality, exposure) to show that ethnicity continues to be a factor in psychosocial impact and help-seeking behavior. The discussion will focus on factors related to ethnicity that may explain these differences.

Laughing Matters

(Abstract # 62)

Poster # S-231 (Commun, Prev EI) **Atlanta Ballroom**

Wallach, Eileen, PhD

The purpose of this session is to affirm, sustain and inspire individuals in the practice of humor and laughter, not only as a personal tool to optimize a healthy lifestyle, but to maximize the benefits of humor in everyday life. These benefits include current research-based data on the use of humor to nurture creativity, to increase memory and build trusted relationships. Participants will have the opportunity to play, laugh and learn in an experiential setting with the use of power point, props and group cohesion.

Complexity of Psycho-Social Needs and Treatments Among Foreign Born WTC Clean Up Workers

(Abstract # 1098)

Poster # S-233 (Disaster, Cul Div) **Atlanta Ballroom**

Garcia-Arcement, Nerina, PhD; Bonaccorso, Candela, Psy.D; Bravo-Gogny, Carlos, MSLCSW

Bellevue Hospital, Bronx, New York, USA

The Bellevue WTC EHC is an integrated medical/mental health program providing services to those affected by the events of 9/11 in NYC. One subgroup presenting unique treatment needs are workers and volunteers who performed clean-up and recovery duties following the event. These patients are mostly foreign born, 50% female, and predominately limited English. A focus group of mental health providers from Bellevue and Mt. Sinai Hospitals found these patients have cross cultural issues, extensive psychosocial needs and complex traumas that exacerbate psychiatric symptoms and impact psychotherapy interventions. Psychosocial issues can include medical illnesses developed as a consequence of exposure to the WTC dust, immigration status, access to resources, acculturation, education and training, limited social supports and limited awareness of the availability of mental health care services. These complex psychosocial and symptom presentations have challenged the use of standard, evidence-based, manualized treatments, such as Prolonged Exposure and Cognitive Processing Therapy. Manualized PTSD treatments had to be adapted or extended when administered to this primarily monolingual non-English speaking foreign born population. This presentation focuses on these issues through case studies as they relate to treatment of this vulnerable and underserved population.

Diagnostic Dilemmas of Post Disaster WTC Foreign Born Clean Up Workers

(Abstract # 941)

Poster # S-216 (Disaster, Assess Dx) Atlanta Ballroom

Garcia-Arcement, Nerina, PhD¹; Manetti-Cusa, Julian, PsyD¹;
Bonacorso, Candela, PsyD¹; Bravo-Gogny, Carlos, MS, LCSW²

¹Bellevue Hospital Center WTC Environmental Health Center, New York, New York, USA

²Mount Sinai Medical Center WTC Monitoring Program, New York, New York, USA

This presentation focuses on one subgroup: workers and volunteers who performed clean up and recovery duties immediately following the event, presents unique diagnostic and treatment challenges. Most are foreign born, 50% female, predominately limited English, many with prior trauma experiences and significant psychosocial impediments. A focus group of mental health providers from Bellevue and Mt. Sinai Hospitals observed that many patients report no contact with mental health providers or significant psychiatric symptoms prior to the development of medical symptoms related to 9/11 exposure, despite pre-morbid traumas and psychosocial stresses. WTC mental health providers have struggled to “fit” patients into preexisting categories. For many, their “traumatic event” does not meet the standard trauma exposure criteria for a DSM-IV PTSD diagnosis although reported symptoms reflect PTSD symptoms and high levels of anxiety and depression. Another diagnostic problem is the high rates of co-morbidity of multiple mood and anxiety disorders or sub-clinical presentation of symptoms from a broad range of disorders. This presentation explores these issues as they relate to diagnosis and treatment of this vulnerable and underserved population.

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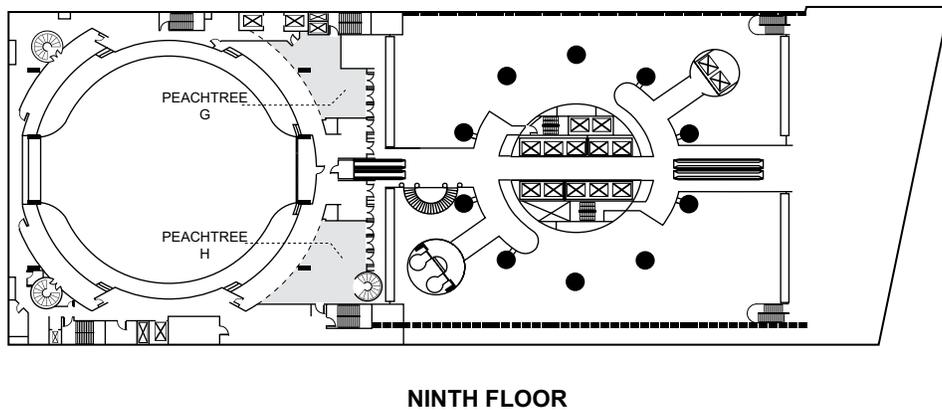
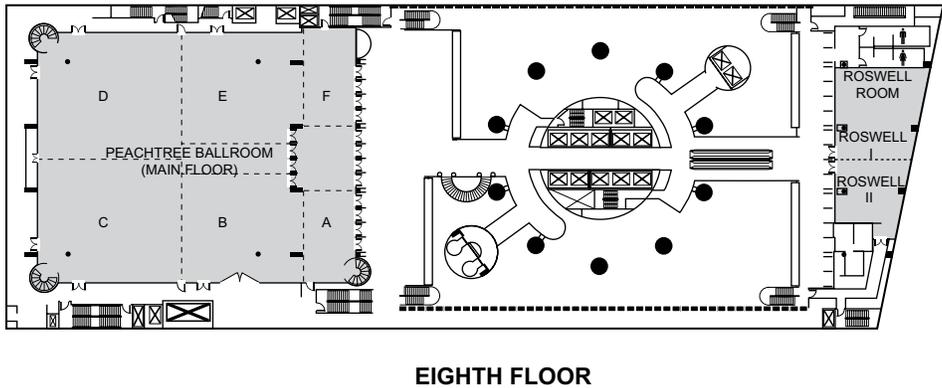
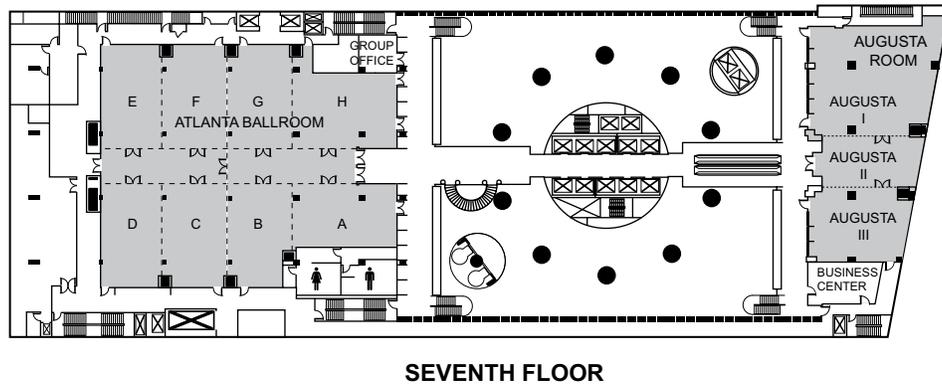
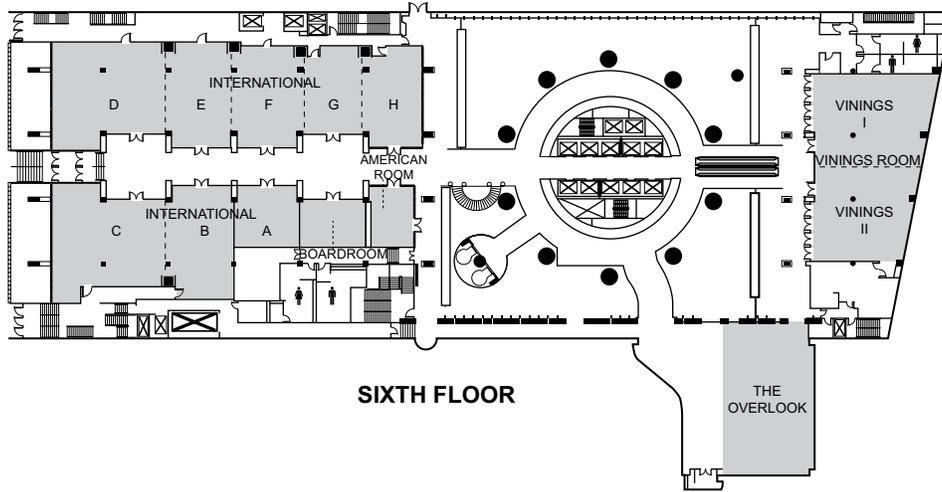
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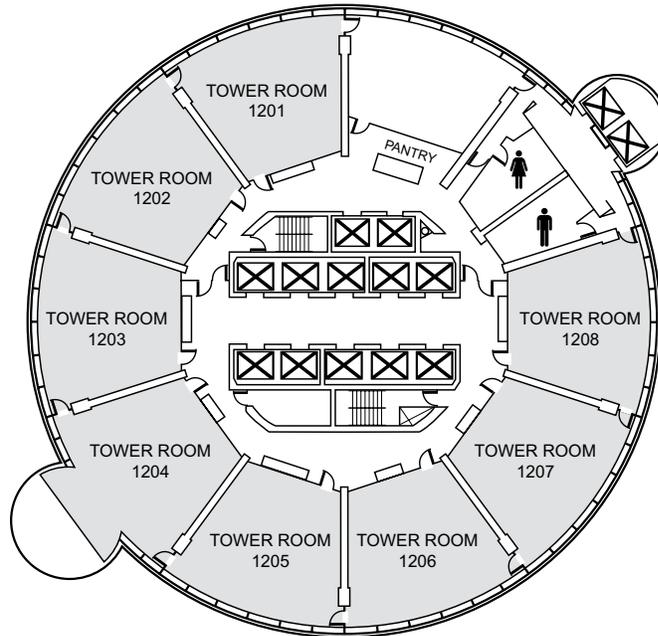
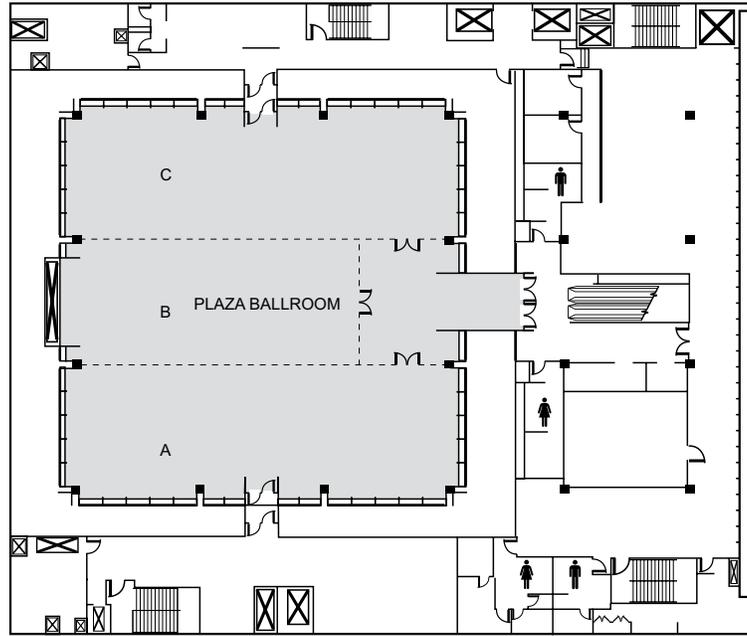
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The Westin Peachtree Plaza Floor Plans

TENTH FLOOR



TWELFTH FLOOR