



International Society  
for Traumatic Stress Studies  
30th Annual Meeting



## Healing Lives and Communities: Addressing the Effects of Childhood Trauma Across the Life Span

### Poster Abstracts

**November 6 – 8, 2014** | Pre-Meeting Institutes and Keynote Panel, November 5  
InterContinental Miami, Miami, Florida, USA

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dedicated to trauma treatment, education,  
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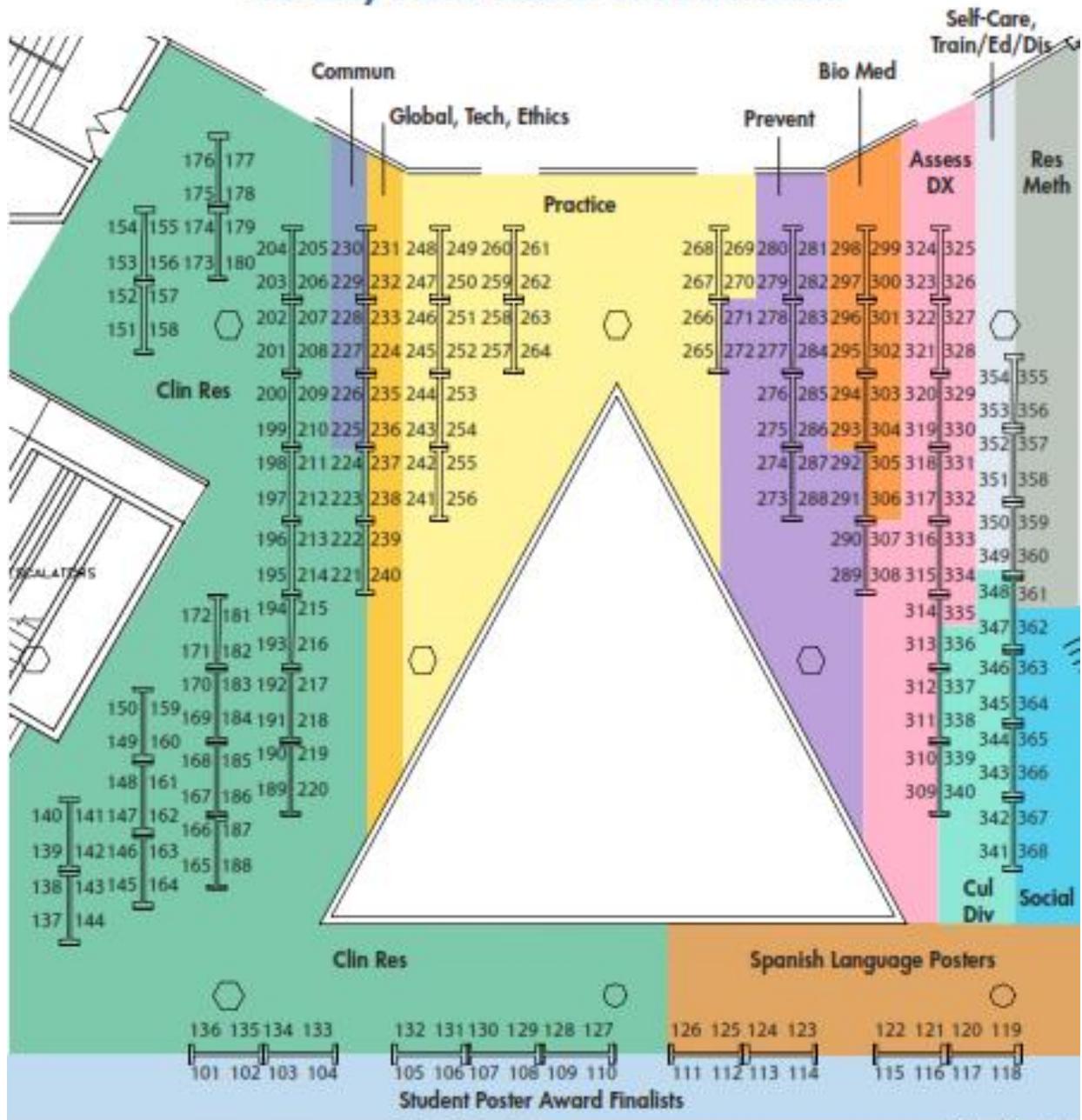
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# Poster Abstract Book

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**Poster Session One Author Attended Presentations**  
**Thursday, November 6**  
**06:00 PM to 07:00 PM**

## **STUDENT POSTER AWARD FINALISTS**

### **THU 101**

**DSM-IV, DSM-5, and ICD-11: How Well Do Diagnostic Criteria for PTSD Fit Children After Disasters?**  
(Abstract #182)

**Poster #THU 101 (Assess Dx, Assess Dx, Nat/Dis, Child/Adol) I - Industrialized Mezzanine East/West/South**

*Danzi, BreAnne, BA, La Greca, Annette, PhD*  
*University of Miami, Coral Gables, Florida, USA*

The DSM and ICD definitions of post-traumatic stress disorder (PTSD) have undergone major revision. DSM-5 added multiple symptoms; the ICD-11 definition is more streamlined. At present, little is known about how well these definitions extend to children (7–12 years), even though children are vulnerable to post-traumatic stress following major disasters. We report the prevalence of children's PTSD symptoms 8-9 months after Hurricanes Ike and Charley. Children affected by Hurricane Ike (n=328, 51% girls) or Charley (n=385, 54% girls) completed measures of post-disaster symptoms that included items from DSM-IV, DSM-5, and ICD-11 diagnoses. We calculated rates of "probable" PTSD for each definition. Rates of probable PTSD differed across the various definitions for Hurricanes Ike and Charley, respectively: DSM-IV = 14.7% and 9.9%, DSM-5 = 13.8% and 6.3%, and ICD-11 = 17.7% and 10.4%. In total (for Ike and Charley respectively), 22.7% and 14.6% of children met at least one definition of PTSD. Of these, most were identified using ICD-11 (78% and 71%) and the least were identified by DSM-5 (61% and 43%). Less than half (42% and 29%) were identified by all 3 definitions. 81% and 61% diagnosed by DSM-IV also met DSM-5 criteria. Different diagnostic systems are identifying different children, so caution is needed in identifying PTSD in children after disasters.

### **THU 102**

**Severity of Maltreatment and Personality Pathology in Adolescents of Jammu, India: A Latent Class Approach**  
(Abstract #1197)

**Poster #THU 102 (Assess Dx, CPA, CSA, Health, Neglect, Child/Adol) M - S Mezzanine East/West/South Asia**

*Charak, Ruby, MA PhD Student, Koot, Hans, PhD*  
*VU University, Amsterdam, North Holland, Netherlands*

This study identified distinct severity classes of adolescents' maltreatment experiences using the Childhood Trauma Questionnaire (cf. Berstein et al., 1998), and explored the association between class membership and aspects of personality pathology including emotional dysregulation, dissocial behavior, inhibition, and compulsivity using the Dimensional Assessment of Personality Pathology-Basic Questionnaire for Adolescents (DAPP-BQ-A; Tromp & Koot, 2008). Participants were 702 school-going adolescents from Jammu, India between 13 and 17 years of age (41.5 % females; 61% maltreated). The latent class analysis revealed four distinct classes of adolescents (BIC=6826.71, Entropy=0.71, LMRT=56.42,  $p < 0.01$ ) denoted as moderate-severe maltreatment (Class 1; 15.9%), moderate-severe physical/sexual abuse (Class 2; 30.1%) moderate-severe neglect (Class 3; 25.1%) and minimal maltreatment (Class 4; 28.9%). Significant differences were found on the four dimensions of personality pathology across the classes. Pair-wise post hoc comparisons indicated classes with higher severe abuse and neglect (Class1 and Class2) reported higher on personality pathology than classes with adolescent reporting higher on neglect only (Class3), and those with minimal abuse or neglect (Class 4). Implications of these findings are discussed.

**THU 103****Executive Functioning among Young Adults with History of Childhood Trauma**

(Abstract #1111)

**Poster #THU 103 (Assess Dx, CPA, CSA, Cog/Int, Adult) I - Industrialized****Mezzanine East/West/South**

*Hildenbrand, Aimee, Doctoral Student, Turner, Elise, BA, Gamber, Rhae, BS, Daly, Brian, PhD  
Drexel University, Philadelphia, Pennsylvania, USA*

Child abuse and neglect are associated with a range of negative emotional and behavioral consequences, yet little is known about potential long-term neurocognitive sequelae. A critical aspect of neurocognition, executive functions (EF) involve higher-order cognitive processes such as working memory, planning, organization, initiation, inhibition, and self-monitoring. This study compared EF among young adults (N = 125, M = 19.97 years) with and without history of childhood trauma. Assessments included the Childhood Trauma Questionnaire (CTQ), Delis-Kaplan Executive Function System (D-KEFS), Behavioral Rating Inventory of Executive Function (BRIEF-A), Wechsler Abbreviated Scale of Intelligence (WASI), Beck Anxiety Inventory (BAI), and Beck Depression Inventory (BDI). ANCOVAs revealed that those with history of childhood trauma had poorer inhibition and switching [ $F(1) = 3.977, p = .048$ ] as well as self-reported metacognition [ $F(1) = 7.548, p = .007$ ] and global EF skills [ $F(1) = 4.388, p = .038$ ] relative to those without history of trauma, controlling for IQ, depression, and anxiety. Given that EF are central to many developmental tasks that young adults face (e.g., learning and academic performance, peer relationships, behavioral control), findings from this study underline the importance of assessing and intervening on EF impairments among youth exposed to trauma.

**THU 104****Coping Strategies as a Mediator between Reactivity to Loud Tones and PTSD Severity in Female Interpersonal Violence Trauma Survivors**

(Abstract #1477)

**Poster #THU 104 (Bio Med, Assess Dx, DV, Rape, Adult) I - Industrialized****Mezzanine East/West/South**

*Delgado, Rebecca, MA Student, Griffin, Michael, PhD, Preston, Brittany, MA  
University of Missouri – St. Louis, St Louis, Missouri, USA*

Research has suggested that disengagement coping strategies may interfere with recovery from traumatic events in survivors with high physiological reactivity. PTSD severity is positively associated with both avoidant coping strategies and reactivity to loud tones measured by heart rate (HR). We examined disengagement measured from the Coping Strategies Inventory as a mediator of the relationship between loud tone reactivity and PTSD severity in female interpersonal violence survivors (N=37) six months post-trauma. HR reactivity was measured across 10 tone presentations. HR reactivity was a significant predictor of PTSD severity ( $p = .020$ ). After adding disengagement to the mediation model this relationship was no longer significant ( $p = .111$ ) and disengagement was a significant predictor ( $p = .004$ ). This indicates that disengagement-focused coping strategies mediated the relationship between heart rate reactivity and PTSD severity. Further analyses of disengagement subscales indicate that social-withdrawal also was a significant mediator of HR reactivity and PTSD severity ( $p=.038$ ). Results will be discussed in terms of the role of avoidant coping strategies in PTSD severity and physiological reactivity.

**THU 105****Negative Affect Instability among Individuals with Comorbid Borderline Personality Disorder and Post-Traumatic Stress Disorder**

(Abstract #1691)

**Poster #THU 105 (Clin Res, Affect/Int, Res Meth, Adult) M - Industrialized****Mezzanine East/West/South**

*Scheiderer, Emily, MA, Wang, Ting, BS, Tomko, Rachel, MA, Wood, Phillip, PhD, Trull, Timothy, PhD  
University of Missouri - Columbia, Columbia, Missouri, USA*

Empirical evidence suggests that comorbidity of borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) impacts course, severity, and prognosis. High prevalence of this comorbidity across inpatient and community samples and its public health burden underscore the need to refine treatment and research. We utilized ecological momentary assessment to examine affective instability (AI) in the daily lives of BPD outpatients (n=78) with and without PTSD. A psychiatric control group (n=50) of major depressive disorder/dysthymia (MDD/DYS) outpatients was employed to compare patterns of AI across subgroups: BPD-only, BPD+PTSD, MDD/DYS-only, and MDD/DYS+PTSD. Affect was assessed using items from the Positive and Negative Affect Schedule-Extended version (PANAS-X; Watson & Clark, 1999; Watson, Clark, & Tellegen, 1988) presented 6 times daily on an electronic diary over 28 days. Mean squared successive difference (MSSD) was used to index AI. Compared to the BPD-only group, the BPD+PTSD group showed significantly greater negative affect instability (overall, and in terms of fear and sadness, but not hostility). This pattern was not present—and for some affect types, was reversed—when comparing MDD/DYS-only versus MDD/DYS+PTSD. Results emphasize the importance of examining patterns of AI within the context of specific comorbidities and specific affect types.

#### **THU 106**

##### **Intimate Partner Violence and Mother-Infant Physiological Attunement**

(Abstract #1728)

**Poster #THU 106 (Clin Res, Chronic, DV, Fam/Int, Bio/Int, Lifespan) I - N/A** | **Mezzanine East/West/South**

*Bernard, Nicola, MA Student, Levendosky, Alytia, PhD, Bogat, G. Anne, PhD, Lonstein, Joseph, PhD  
Michigan State University, East Lansing, Michigan, USA*

Although mother-infant physiological attunement is associated with healthy infant social-emotional development in low-risk samples, this may not be true of high-risk samples. Women experiencing intimate partner violence (IPV), a common stressor in high-risk populations, may be more likely to have exaggerated or dysregulated responses to stress. Thus, mother-infant physiological attunement in the context of chronic stress may be maladaptive. We assessed IPV and sympathetic nervous system (SNS) reactivity (by measuring salivary alpha amylase: sAA) during a laboratory stress task in 182 mother-infant dyads, of which 73% had experienced IPV. IPV was assessed for both the pre- and postnatal periods in order to examine the effects of timing (pre- vs. postnatal) and chronicity of IPV on attunement. Dyads were considered to be attuned if there was correspondence in the slopes of their sAA responses. Preliminary results suggest that only dyads who experienced IPV both pre- and postnatally showed SNS attunement. Thus, the chronicity of IPV may have a unique effect on the attunement of mothers' and infants' physiological stress responses, and this may influence how an infant responds to future stress.

#### **THU 107**

##### **Substance Use among Low-Income Non-Hispanic Black Mothers in the Aftermath of Hurricane Katrina Magnifies the Effect of Exposure on Child Externalizing Behaviors**

(Abstract #1349)

**Poster #THU 107 (Clin Res, Nat/Dis, Sub/Abuse, Lifespan) I - Industrialized** | **Mezzanine East/West/South**

*Manove, Emily, JD<sup>1</sup>, Lowe, Sarah, PhD<sup>2</sup>, Rhodes, Jean, PhD<sup>1</sup>*

<sup>1</sup>*University of Massachusetts Boston, Boston, Massachusetts, USA*

<sup>2</sup>*Columbia University, Mailman School of Public Health, New York, New York, USA*

Research has linked maternal substance use and child externalizing behavior. However, few studies have explored such associations in the context of traumatic events, including natural disasters. This study examined the impact of maternal substance use on child behavior problems in the aftermath of Hurricane Katrina. Participants were low-income non-Hispanic Black mothers (N=242) who were exposed to Katrina and who reported on substance use and psychological distress in the year before Katrina (Time 1), and one and three years thereafter (Times 2 and 3). At Time 2, mothers reported on their hurricane exposure and, at Time 3, their children's behavior using the Behavior Problems Index. Hierarchical regression models found that, controlling for pre-disaster indices and hurricane exposure, there was a significant interaction between mothers' post-disaster substance use and hurricane exposure, such that post-disaster substance use magnified the impact of exposure on child externalizing behavior ( $p = .01$ ).

Based on these results, we suggest future research on the processes by which maternal substance use influences child externalizing behaviors in the aftermath of disasters, and interventions that attend to the broad impacts of disasters on families.

#### **THU 108**

##### **Attachment as a Mediator between Community Violence and Post-Traumatic Stress Symptoms among Adolescents with a History of Maltreatment**

(Abstract #679)

**Poster #THU 108 (Clin Res, CPA, Comm/Vio, Dev/Int, Child/Adol) M - Industrialized**

**Mezzanine  
East/West/South**

*London, Melissa, BA, Lim, Ban Hong (Phyllice), BA, Pittman, Laura, PhD, Lilly, Michelle, PhD  
Northern Illinois University, DeKalb, Illinois, USA*

Experiences that are detrimental to the attachment relationship, such as childhood maltreatment, may reduce feelings of safety and exacerbate the effects of exposure to subsequent violence. Though attachment style has been examined in regard to post-traumatic stress in adults with a history of childhood abuse, less is known about the influence of attachment on the relationship between exposure to violence and post-traumatic stress symptoms in children and adolescents. The current study aimed to explore the role of attachment in the link between exposure to community violence and post-traumatic stress symptoms. Participants included adolescents (aged 15-18 years) who had a history of maltreatment (N = 75) and a matched sample without this history (N = 78) from the National Data Archive on Child Abuse and Neglect (Salzinger, Feldman, Ng-Mak, 2008). A conditional process model using bootstrapping to estimate indirect effects showed a significant indirect effect of insecure attachment on the relationship between exposure to community violence and post-traumatic stress symptoms for adolescents with a history of childhood physical abuse, but not for adolescents without this history. Implications for a cumulative risk model for post-trauma pathology starting in adolescence will be discussed.

#### **THU 109**

##### **The Moderation of Family Obligation on the Relationship between Potentially Traumatizing Events and Symptoms of Post-Traumatic Stress Disorder in Adolescents**

(Abstract #1549)

**Poster #THU 109 (Clin Res, Cul Div, Depr, Dev/Int, Pub Health, Child/Adol) I - Industrialized**

**Mezzanine  
East/West/South**

*Wortel, Sanne, BA, Acker, Jenna, MA PhD Student, Milan, Stephanie, PhD  
University of Connecticut, Storrs, Connecticut, USA*

Among youth exposed to potentially traumatizing events (PTEs), rates of PTSD and other trauma symptoms vary by race and ethnicity. There may be culturally rooted risk and protective factors, such as family obligation, that influence the likelihood of developing trauma symptoms. Family obligation (FO) is an adolescents' sense of duty to support, respect, and provide future assistance to family members. Previous research has shown that adolescents of color report higher FO than White adolescents. FO has been associated with several indicators of positive family functioning, but may also contribute to a sense of burden and stress among some youth. We examined the moderating effects of FO on the relationship between PTEs and three types of trauma symptoms (PTSD, dissociation, and depression) among 194 low-income adolescent girls (58 % Latino, 22% African-American/Black, 20% White) using multivariate regression approaches. We found that FO moderates the association between PTEs and each of these three symptom domains. Adolescents who reported higher levels of FO and PTEs reported the most symptoms, suggesting that although FO is associated with positive family functioning it may increase adolescents' vulnerability to trauma symptoms. These results will be discussed in relation to culturally informed treatments.

**THU 110****Potential Mediators of Childhood Exposure to Violence and Health Problems in Young Adulthood**  
(Abstract #1215)**Poster #THU 110 (Clin Res, Bio Med, Chronic, Comm/Vio, Health, Adult) I - Industrialized****Mezzanine  
East/West/South***Moley, James, Undergraduate<sup>1</sup>, Barnes, Sarah, BA<sup>2</sup>, Howell, Kathryn, PhD<sup>2</sup>, Miller, Laura, PhD<sup>1</sup>*<sup>1</sup>*University of Notre Dame, Notre Dame, Indiana, USA*<sup>2</sup>*University of Memphis, Memphis, Tennessee, USA*

While some research has suggested that exposure to trauma during childhood impacts the physical health of young adults, few studies have examined the mechanistic underpinnings of this relationship. We hypothesized that in a sample of young adults, those exposed to childhood trauma would show higher levels of physical health concerns, and that this relationship would be mediated by higher levels of current stress. Participants included 385 students from a public regional university and a private national university with a mean age of 19.22 years. Using multiple regression and mediation analysis, we found that physical health issues were strongly related to experiences of childhood trauma. Moreover, current stress levels played a significant mediating role in this relationship. Health problems also varied by gender, but gender did not moderate the relationship between violence and health or between stress and health. That current stress levels mediate the link between childhood trauma and physical health in young adults suggests the potential for improved identification and treatment of college-aged students struggling with the physical effects of childhood trauma. These findings provide an opportunity for intervention development efforts that can work to enhance the health of college communities by targeting the stress experienced by this population.

**THU 111****Contributions of Self-Blame, PTSD Symptoms, and Alcohol Consumption on Women's Risk for Sexual Revictimization**  
(Abstract #715)**Poster #THU 111 (Clin Res, CSA, Chronic, Rape, Sub/Abuse, Adult) M - Industrialized****Mezzanine  
East/West/South***Eshelman, Lee, BA (Hons), Ross, Taylor, Undergraduate, Messman-Moore, Terri, PhD  
Miami University, Oxford, Ohio, USA*

Self-blame, PTSD symptoms, and alcohol use have been linked to both child sexual abuse (CSA) and adult sexual victimization (Filipas et al., 2006), but the relationship between these constructs as risk factors for specific types of sexual revictimization (i.e., substance-facilitated [SF] and forcible) is still unknown. However, research has demonstrated unique relationships between different types of rape and CSA, PTSD symptoms, and alcohol use (Littleton et al., 2013; Walsh et al., 2012). Self-blame, PTSD symptoms, and alcohol use were examined among 929 female college students as serial mediators of the relationship between CSA and sexual revictimization. In the model predicting SF rape, CSA indirectly predicted SF rape mediated through two separate paths, blame-PTSD and blame-alcohol, although the PTSD-alcohol path was not significant. In the model predicting forcible rape, CSA directly predicted forcible rape, and this relationship was mediated by the blame-PTSD path. Alcohol use was not a significant predictor of forcible rape. Results suggest there are unique pathways for types of sexual revictimization and these pathways are mediated by different outcomes of CSA. Implications for future research and intervention will be discussed.

## THU 112

### Childhood Interpersonal Trauma and Anxiety as Predictors of Subsequent Substance Use in Women (Abstract #1450)

Poster #THU 112 (Clin Res, Anx, CPA, CSA, Sub/Abuse, Adult) M - Industrialized

Mezzanine  
East/West/South

*Mirotchnick, Carolyn, BA (Hons), Rosen, Lianne, MSc, Runtz, Marsha, PhD, Eadie, Erin, PhD*  
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Interpersonal trauma in childhood (IPT; e.g., child sexual abuse, psychological maltreatment) is associated with a host of psychological difficulties across the lifespan (e.g., anxiety, PTSD). IPT is consistently linked to subsequent substance abuse, however research is limited on the underlying mechanisms of this relationship. One potential contributing factor is anxiety: women with a history of IPT are more likely to report greater levels of anxiety. In turn, substance use may serve as an avenue to relieve anxiety stemming from IPT experiences. Further research is needed to establish whether the link between anxiety and substance use explains patterns of substance use in female IPT survivors. We examined the relationship between cumulative IPT, anxiety, and substance use in 555 undergraduate women. Anxiety moderated the relationship between IPT and drug use,  $F(5, 536) = 11.8, p < .001, R^2 = .10$  and women with more severe IPT and anxiety engaged in heavier drug use. Greater anxiety also predicted increased alcohol use. Other symptoms associated with IPT (e.g., dissociation, intrusive experiences, defensive avoidance) predicted both drug and alcohol use. Increased knowledge of these risk factors may contribute to substance abuse prevention and intervention strategies among university women, particularly those with a history of IPT.

## THU 113

### Do Race or Ethnicity Moderate PTSD's Factor Structure? Findings from a National Clinic-Referred Sample of Traumatized Youth (Abstract #118)

Poster #THU 113 (CulDiv, Assess Dx, Ethnic, Child/Adol) M - Industrialized

Mezzanine East/West/South

*Contractor, Ateka, MA<sup>1</sup>, Claycomb, Meredith, MA<sup>1</sup>, Byllesby, Brianna, BA<sup>2</sup>, Layne, Christopher, PhD<sup>3</sup>, Kaplow, Julie, PhD, ABPP<sup>4</sup>, Elhai, Jon, PhD<sup>1</sup>*

<sup>1</sup>University of Toledo, Toledo, Ohio, USA

<sup>2</sup>University of Toledo, Department of Psychology, Toledo, Ohio, USA

<sup>3</sup>UCLA - National Center for Child Traumatic Stress, Los Angeles, California, USA

<sup>4</sup>University of Michigan Medical School, Ann Arbor, Michigan, USA

Post-Traumatic Stress Disorder (PTSD) relates to race and ethnicity (Pole, Gone, & Kulkarni, 2008). We examined race [Caucasian (3,767) versus non-Caucasian (2,824)] and ethnicity [Hispanic (2,395) versus non-Hispanic (3,853)] as moderators of PTSD's five-factor model structural parameters (Elhai et al., 2013) using the National Child Traumatic Stress Network's Core Data Set of clinic-referred traumatized children/adolescents. Confirmatory factor analysis tested multi-group invariance by contrasting Models A (all parameters estimates are varied), B (constrained factor loadings) and C (constrained item intercepts) (Gregorich, 2006) using comparative fit index (CFI) difference values (Cheung & Rensvold, 2002). For race, results comparing Models A with B ( $\Delta\text{diff} = 20.68, p = .15; \text{CFI diff} = 0.00$ ), and B with C ( $\Delta\text{diff} = 64.53, p < .001; \text{CFI diff} = 0.001$ ) indicated no robust moderating effect. For ethnicity, results comparing Model A with B ( $\Delta\text{diff} = 21.37, p = .13; \text{CFI diff} = 0.00$ ), and B with C ( $\Delta\text{diff} = 47.82, p < .001; \text{CFI diff} = 0.001$ ) indicated no robust moderating effect. Results suggest conceptual equivalence of PTSD's factor structure and equivalent item-level severity across racial and ethnic groups. Clinically, one can assume assessment of similar PTSD symptom clusters and equivalent meaning of item-level severity with minority groups.

#### THU 114

##### Effects of Recent Stressful Events on PTSD Symptoms in Adult Population Exposed to Abuse in Childhood (Abstract #1144)

Poster #THU 114 (Practice, CPA, Comm/Vio, QoL, Adult) M - Industrialized Mezzanine East/West/South

*Zelviene, Paulina, MA PhD Student, Kazlauskas, Evaldas, PhD  
Vilnius University, Vilnius, Lithuania*

It is well known that childhood abuse can have long-term psychological effects. However, there is a lack of studies how stressful events contribute to post-traumatic reactions of survivors of childhood abuse. Our main goal of this study was to examine the role of stressful life events as a risk factor for PTSD symptoms in a non-clinical sample of adults with reported experiences of childhood abuse.

Methods: A sample of 626 participants mean age about 39 ( $SD = 18.13$ ) from 18 to 89 years participated in our study. 59.9% were women, and 40.1% were men. Self-report measures were used to assess exposure to childhood abuse, and sixteen types of stressful events during last two years (e.g. divorce, serious illness). PTSD symptoms were measured using Lithuanian version of Impact of Event Scale – Revised (IES-R).

Results: Exposure of at least one life-time traumatic event was reported by 69.8% of participants. 87.2% of participants reported exposure of at least one stressful event. Abuse in childhood was reported by 22.5% of participants. Results indicated that stressful events significantly contributed to PTSD symptoms as a risk factor after physical abuse in childhood.

#### THU 115

##### Early Childhood Trauma Impact on Suicidality: A Relationship between Risk Factors and Suicidal Ideation (Abstract #1313)

Poster #THU 115 (Practice, Clin Res, Prevent, Adult) I - Industrialized Mezzanine East/West/South

*Zecevic, Ljiljana, MS, Ed, Szymanski, Kate, PhD  
Adelphi University, Derner Institute, Garden City, New York, USA*

Research shows that childhood trauma relates to insecure attachment and maladaptive ways of coping (Schore, 2001), thus influencing one's vulnerability to highly stressful experiences later in life, as well as one's risk of suicidal behavior. In the current study we compared and assessed relationships between attachment, meaning in life, and reasons for living to suicidal ideation in young adults with and without childhood trauma. 60 young adults completed questionnaires assessing for trauma history (THQ), attachment (IPPA), reasons for living (RFL), meaning in life (MLQ), and suicidal history (C-SSRS). Replicating previous findings, trauma group (T) had a higher prevalence of insecure attachment compared to non trauma group (NT) ( $U = 198, z = -2.319, p = .020$ ). Insecure attachment was found negatively correlated with suicidality across groups (T,  $p = .022$ ; NT,  $p = .021$ ). However, meaning in life and reasons for living were negatively correlated with suicidality only in trauma group ( $p = .038$ ;  $p = .007$ ). This findings suggest that childhood trauma might be a risk factor for one's sense of meaninglessness and less reasons for living, and a potential moderator of suicidality. Additionally, the findings suggest the importance of further investigation of protective/risks factors in suicidality in addition to pathology, especially in the context of childhood trauma.

#### THU 116

##### Maternal History of Different Forms of Maltreatment Predict Various Aspects of Parenting Behavior (Abstract #1841)

Poster #THU 116 (Prevent, CPA, Dev/Int, Fam/Int, Neglect, Adult) M - Industrialized Mezzanine East/West/South

*Khoury, Jennifer, MA PhD Student<sup>1</sup>, Gonzalez, Andrea, PhD<sup>2</sup>, Levitan, Robert, PhD<sup>3</sup>, Atkinson, Leslie, PhD<sup>1</sup>  
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Child maltreatment spans across generations— individuals with a history of maltreatment are at increased risk of abusing or neglecting their children (e.g., Noll et al., 2009). The negative affects of childhood maltreatment influence parenting (e.g., Cohen et al. 2008). The present study examined how various forms of abuse and neglect influence different outcomes associated with parenting (i.e., parenting stress, maternal sensitivity, maternal depressive symptoms). As part of a larger longitudinal study, 250 mothers participated in this study when infants were 16 months old. The Childhood Trauma Questionnaire (Bernstein & Fink, 1998) was used to assess maternal experiences of childhood maltreatment. Parenting stress was measured with the Parenting Stress Index-Short Form (Abidin, 1995). Maternal depressive symptoms were assessed using the Beck Depression Inventory (Beck et al., 1996). Maternal sensitivity was assessed during behavioral observations. Linear regression analyses were used to examine how different forms of abuse and neglect predict parenting-related outcomes. Results indicate that emotional neglect predicts greater parenting stress ( $p < .05$ ); physical abuse predicts lower maternal sensitivity ( $p < .01$ ); and emotional abuse predicts higher maternal depression ( $p < .01$ ). We discuss how variant forms of maltreatment may differentially influence facets of parenting.

#### THU 117

##### Evaluation of Barriers to the Reach of Mental Health Services: Familiarity with Telehealth Technology (Abstract #387)

Poster #THU 117 (Tech, Clin Res, Tech, Mil/Vets, Adult) I - Industrialized Mezzanine East/West/South

*Brennan, Sara, BA<sup>1</sup>, Price, Matthew, PhD<sup>1</sup>, Gros, Daniel, PhD<sup>2</sup>, Acierno, Ron, PhD<sup>3</sup>*

<sup>1</sup>University of Vermont, Burlington, Vermont, USA

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Telehealth offers a means to expanding the reach of mental health services. A barrier towards the broader use of telehealth is the perception that patients who are unfamiliar with technology will perform poorly in treatment. The current study examined the association between familiarity with televideo technology and treatment outcome in N=59 combat veterans. Mixed effects models indicated that PTSD symptoms and depression symptoms significantly decreased during the course of treatment (PTSD:  $b = -1.16$  SE = .21,  $p < 0.001$ ; depression:  $b = -0.79$ , SE = 0.16,  $p < 0.001$ ). Prior experience with televideo technology was not associated with treatment response for PTSD symptoms ( $b = 0.22$ , SE = 0.49,  $p = 0.64$ ) or for depression symptoms ( $b = 0.22$ , SE = 0.37,  $p = 0.55$ ). In addition, comfort with televideo technology was not associated with treatment response for PTSD symptoms ( $b = 0.06$ , SE = 0.16,  $p = 0.72$ ) or for depression symptoms ( $b = 0.19$ , SE = 0.12,  $p = 0.12$ ). These findings remained after controlling for age. These results suggest that clinicians should not hesitate to use telehealth with patients who are unfamiliar with the technology. Technology-based interventions reduce patient burden and are an effective way to reach populations in need across the lifespan. Such techniques are especially promising with younger populations who are more comfortable and familiar with technology.

#### THU 118

##### Longitudinal Predictors of Student Engagement in Youth Affected by Hurricane Katrina (Abstract #749)

Poster #THU 118 (Train/Ed/Dis, Comm/Vio, Fam/Int, Nat/Dis, Pub Health, Child/Adol) M - Industrialized Mezzanine East/West/South

*Thompson, Julia, PhD Candidate, Harbin, Shannon, MS PhD Student, Kelley, Mary Lou, PhD  
Louisiana State University, Baton Rouge, Louisiana, USA*

In the wake of Hurricane Katrina, youth faced significant disruption to their lives due to the storm damage and, for many, long-term evacuation. One domain of functioning that faced significant threat was student engagement. The

purpose of this study was to examine predictors of student engagement, as measured by the BASC-2-SRP School Problems scale, in youth affected by the Hurricane Katrina over four time points (3-7 months, 13-17 months, 19-22 months and 25-27 months post-Katrina). Participants included 426 youths living in New Orleans and the surrounding parishes at the time Hurricane Katrina made land-fall. Examined predictors included hurricane exposure, PTSD symptoms, peer and parent social support, violence exposure, internalizing problems, and externalizing problems. Analyses included repeated measures ANOVA and hierarchical regression. Results indicated stability in student engagement, internalizing problems, externalizing problems, and violence exposure across time. PTSD symptom severity decreased over time. Social support increased over time. Predictors at Time 1 showed decreasing influence and were no longer significant by Time 4. Most youth showed remarkable resiliency post-disaster; however, analyses showed an evolving picture of predictors of student engagement over time.

## SPANISH LANGUAGE POSTERS

### THU 119

#### **Después de la Lesión: Creation and Dissemination of a Spanish-language Website to Help Parents of Injured Children Promote Child Recovery and Reduce Traumatic Stress**

(Abstract #584)

**Poster #THU 119 (Prevent, Acc/Inj, Child/Adol) I - Industrialized**

**Mezzanine East/West/South**

*Kassam-Adams, Nancy, PhD<sup>1</sup>, Marsac, Meghan, PhD<sup>1</sup>, Kohser, Kristen, MSW<sup>2</sup>, Winston, Flaura, MD, PhD<sup>2</sup>*

<sup>1</sup>University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

<sup>2</sup>The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Después de la Lesión: Ayudando a Padres en Ayudar a Sus Hijos (“After The Injury: Helping Parents Help Their Children”), available at [www.AfterTheInjury.org/español](http://www.AfterTheInjury.org/español), is a new Spanish version of a successful English-language website for parents. Since 2009, AfterTheInjury.org (in English) has provided information and psychoeducation for parents of injured children, with the aim of promoting emotional and physical recovery and reducing the development of traumatic stress. Several published evaluation studies (Marsac et al, 2011, 2013) have indicated that after using the AfterTheInjury.org site, parents have more accurate and more specific knowledge about child traumatic stress reactions and how to promote adaptive coping. Social media and Google search ad strategies have the potential to directly reach parents of trauma-exposed children at a time when parents are seeking help or information. We are undertaking a focused dissemination campaign for the Spanish site, based on successful social media campaigns and sponsored search ads (via a GoogleGrant) which have resulted in more than 30,000 site visits per month since 2010 to AfterTheInjury.org in English. This poster will report on the development and dissemination of the website for Spanish-speaking parents. Poster content will be presented in both Spanish and English.

### THU 120

#### **Impacto del Trauma Temprano Sobre el Apego de Infantes Que Viven en Residencias de Menores o en Familias de Acogida en Chile: Resultados Preliminares**

(Abstract #1783)

**Poster #THU 120 (Prevent, Health, Prevent, Child/Adol) M - Latin Amer & Carib**

**Mezzanine East/West/South**

*Spencer Contreras, Rosario, PsyD, Fresno, Andres, PsyD, Espinoza Chaparro, Camila, Licenciada en Psicología Universidad de Talca, Talca, Región Del Maule, Chile*

El apego corresponde a un vínculo afectivo selectivo y estable que el bebé establece con un cuidador, vínculo que de interrumpirse tendría un impacto negativo en el desarrollo (Bowlby, 1969). La calidad del apego se ve afectada por experiencias traumáticas tempranas (Fresno, et al., 2014). Por otra parte, experiencias de relaciones con figuras cuidadoras responsivas, ayudan a que un niño que haya experimentado una situación traumática de abandono

temprano pueda construir un vínculo de apego seguro con padres adoptivos (Spencer et al., 2009). Ahora bien, ¿qué ocurre con la calidad del apego de infantes que han experimentado un trauma y luego son puestos al cuidado de un hogar de menores o de una familia de acogida? Así, el objetivo del estudio consiste en examinar la calidad del apego de infantes traumatizados que se encuentran viviendo bajo el sistema de protección a la infancia, o en hogares de menores o en familias de acogida. Se comparará la calidad del apego de los niños de ambos contextos. Nuestra hipótesis plantea que el tipo de contexto de cuidado permite explicar en parte la calidad del apego de niños que han experimentado traumas tempranos. Se evaluará la calidad del vínculo de apego de los niños con su cuidadora institucional, incluyendo la evaluación de comportamientos de apego socialmente indiscriminados. Se presentan resultados preliminares.

#### **THU 121**

#### **Investigación Desarrollada con Estudio De Campo: Crisis Familiares y Estrategias Para Enfrentarlas**

(Abstract #773)

**Poster #THU 121 (Commun, Comm/Int, Fam/Int, Pub Health, Lifespan) M - Latin Mezzanine  
Amer & Carib East/West/South**

*Dávila, Angélica, Licenciada en Psicología- Magister en Ciencias Sociales, Illanes, Mariana, Licenciada en Psicología, D'Ambrosio, Carolina, Licenciada en Psicología  
Universidad Nacional de Córdoba- Argentina, Córdoba, Argentina*

La familia es una institución social compleja, donde se articulan los procesos psíquicos de sus miembros y las relaciones sociales. El concepto de Ciclo Vital familiar proviene de los estudios de Erik Erikson (1962) y luego ha sido desarrollado por diversos autores. Las etapas sucesivas del desarrollo familiar producen crisis, pero también abren posibilidades de intervenciones psicosociales para promover la salud y prevenir la enfermedad. Además de las Crisis evolutivas, también pueden suceder Crisis Accidentales, que se relacionan con acontecimientos abruptos e inesperados. Por ejemplo una catástrofe natural, o un accidente de tránsito o una pérdida. Ante ello, las familias desarrollan estrategias de enfrentamiento, a través de mecanismos y recursos internos como externos. Desde un enfoque de Salud Positiva, estos conceptos nos permiten pensar los ejes organizadores de las acciones que deberíamos implementar para Promover la Salud en la comunidad, generando espacios y dispositivos que colaboren a la resolución de las crisis. Por lo cuál esta investigación entrevistó a familias de la ciudad de Córdoba para describir qué situaciones produjeron crisis en las mismas y que mecanismos utilizaron para resolverlas. Resaltaron como motivos los duelos, las crisis económicas, las enfermedades, el desempleo y la adolescencia de los hijos. La estrategia predominante : apoyo familia.

#### **THU 122**

#### **Efectos Persistentes y Herramientas de Sobrevivencia En LA 2ª. Y 3ª. Generación de Hijos de Sobrevivientes Del Holocausto**

(Abstract #1657)

**Poster #THU 122 (Train/Ed/Dis, Comm/Vio, Complex, Cul Div, Mil/Vets, Lifespan) Mezzanine  
I - Latin Amer & Carib East/West/South**

*Kurian-Fastlicht, Stephanie, PhD*

*Centro Mexicano para el Estudio del Trauma y la Violencia, S. C. (CETRAV), Lomas de Chapultepec, DF, Mexico*

Sobre la aproximación psicoanalítica de la mayor catástrofe social que fue el Holocausto, reflexionando sobre algunos efectos permanentes en los sobrevivientes y en las generaciones siguientes, exponiendo algunas hipótesis, apegándome a analizar la transmisión del Trauma transgeneracional.[1]

Intentare centrarme en especial en el Holocausto o Shoá por varias razones:

1.- Por ser este, la mayor catástrofe social e histórica ocurrida y la que puede servir también para entender otras terribles consecuencias de las guerras. Se sabe que muchas investigaciones y rigurosos protocolos científicos sobre los efectos del trauma salieron en los años posteriores al final de la II Guerra Mundial primordialmente por sobrevivientes del Holocausto y sus descendientes, acuñando el término desordenes de estrés postraumático. Autores como Niederland, Des Pres, Jucovy, Adorno.

- 2.- resultado de estas investigaciones beneficiaron a otras poblaciones a las que se les violaron sus derechos humanos tales como sobrevivientes de tortura, migración forzada, sobrevivientes de incesto, abuso sexual, veteranos de guerra
- 3.- basados en una incursión directa entrevistando a sobrevivientes que emigraron a México en los 40's y 50's años dentro del programa Historia Oral del Holocausto.

#### THU 123

### **Impacto del Trauma Parental en la Recuperación de Niños Traumatizados: Ejemplos de Casos en Una Clínica Comunitaria Usando Prácticas Basadas en la Evidencia** (Abstract #1845)

**Poster #THU 123 (Practice, Clinical Practice, Complex, Cul Div, Fam/Int, Lifespan) M - Industrialized**

**Mezzanine  
East/West/South**

*Chavez, Veronica, PsyD, Celada, Teresa, PhD, Miller, Hannah, PsyD  
Children's Hospital Los Angeles, Los Angeles, California, USA*

En Estados Unidos 60% de jóvenes menores de 17 años han sido expuestos a un crimen, violencia o abuso (Finkelhor et al., 2009). Incidencias de trauma infantil son una realidad tanto dentro y fuera de los E.E.U.U. Los padres y sus circunstancias juegan un papel importante en la recuperación del menor expuesto a un trauma. Experiencias de trauma en un padre puede afectar no solo su labor de crianza de sus hijos, sino también la respuesta de este ante una experiencia de trauma de su hijo. El estrés postraumático parental incrementa el riesgo a que un niño experimente un trauma y podría asociarse a prácticas de crianza disfuncionales y desarrollo de problemas psicológicos infantiles (Len-Felder et al., 2013; Yehuda et al., 2001). Por otro lado, el trauma intergeneracional podría llegar a afectar el apego del padre a su hijo tan pronto como desde la etapa prenatal (Schwerdtfeger & Goff, 2007). Por consiguiente es crucial que el tratamiento de trauma infantil evalúe experiencias de trauma en los padres de estos niños y su impacto en el tratamiento para así determinar cómo involucrar a padres y cuidadores en la recuperación del menor. Esta presentación compartirá estrategias culturalmente diversas para responder a las experiencias de padres que han sufrido violencia, abuso, y otros tipos de traumas en el contexto de terapia familiar e infantil usando modelos de TF-CBT, CPP y PCIT.

#### THU 124

### **Detección del Trauma en casos de Abuso Sexual en el ámbito jurídico-forense en Córdoba-Argentina: Tres etapas del proceso de investigación Penal-Psicológico que dan cuenta del trauma** (Abstract #1576)

**Poster #THU 124 (Assess Dx, Assess Dx, CSA, Rape, Child/Adol) - Latin Amer & Carib**

**Mezzanine  
East/West/South**

*Beltramino, Laura, Dipl Psych  
Poder Judicial de la Provincia de Córdoba, Córdoba, Argentina*

La recepción de testimonio de un niño víctima de Abuso Sexual, es la primer instancia de investigación en el proceso. Es aquí donde podemos relevar los indicios iniciales de la existencia de trauma, causado por la dicha victimización, que luego se corroborarán o no, en la pericia psicológica pertinente.

**THU 125****“Detección del trauma en casos de Abuso Sexual en el ámbito Jurídico Forense en Córdoba, Argentina: Tres etapas del proceso de investigación penal-psicológico que dan cuenta del trauma.”**

(Abstract #1575)

**Poster #THU 125 (Assess Dx, Assess Dx, CSA, Rape, Child/Adol) - Latin Amer & Mezzanine  
Carib East/West/South****Calvo Pesini, Rocio, Dipl Psych***Poder Judicial de la Provincia de Córdoba - Argentina, Córdoba, Argentina*

Después de haber obtenido el testimonio de un niño que ha sido víctima de abuso sexual es necesario explorar con más profundidad a fin de obtener más datos que nos permitan evaluar con más precisión la existencia o no de trauma y corroborar o descartar la hipótesis inicialmente planteada.

**THU 126****“Detección del trauma en casos de Abuso Sexual en el ámbito Jurídico Forense en Córdoba, Argentina: Tres etapas del proceso de investigación penal-psicológico que dan cuenta del trauma.”**

(Abstract #1574)

**Poster #THU 126 (Assess Dx, Assess Dx, CSA, Rape, Adult) - Latin Amer & Mezzanine  
Carib East/West/South****Scarafia, Marcela, MAGT***Poder Judicial de la Provincia de Córdoba - Argentina, Córdoba, Argentina*

En algunos imputados, las conductas de violencia sexual pueden a veces ser atribuibles a trauma infantil. En estos casos suponemos que estos sujetos identificados con el agresor, hacen a terceros lo que les fue hecho a ellos, reemplazando miedo y desamparo por un sentido de omnipotencia que les ayuda a manejar la ansiedad. A través de la Pericia Psicológica pueden detectarse, junto con los indicadores que los tornan proclives a ser abusadores sexuales, otros coincidentes con trauma, asociados a maltrato y/o abuso sexual. Se han relevado los casos en los que se encuentran ambos grupos de indicadores. La historia de estos sujetos muestra que desarrollaron patrones de comportamiento similares a las conductas de los que en su infancia fueron víctimas.

**CLINICAL/INTERVENTION RESEARCH POSTERS (CLIN/RES)****THU 127****Can Families Help Shape Veteran’s Opinions of and Response to Evidence Based Treatments for PTSD?**

(Abstract #435)

**Poster #THU 127 (Clin Res, Fam/Int, Mil/Vets, Adult) - Industrialized Mezzanine East/West/South****Meis, Laura, PhD LP<sup>1</sup>, Spont, Michele, PhD<sup>2</sup>, Erbes, Christopher, PhD LP<sup>3</sup>, Polusny, Melissa, PhD<sup>3</sup>, Noorbaloochi, Siamak, PhD<sup>4</sup>, Hagel Campbell, Emily, MS<sup>5</sup>, Bangerter, Ann, BA/BS<sup>6</sup>, Eftekhari, Afsoon, PhD<sup>7</sup>, Kattar, Karen, PsyD<sup>8</sup>, Tuerk, Peter, PhD<sup>9</sup>**<sup>1</sup>Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA<sup>2</sup>National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis, Minnesota, USA<sup>3</sup>Minneapolis VAHCS, Center for Chronic Disease Outcome Research, University of Minnesota Medical School, Minneapolis, Minnesota, USA<sup>4</sup>Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA<sup>5</sup>Minneapolis VA Medical Center, Minneapolis, Minnesota, USA<sup>6</sup>Minneapolis VA Health Care System, Minneapolis, Minnesota, USA<sup>7</sup>National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park,

California, USA

<sup>8</sup>Phoenix VA Healthcare System, Phoenix, Arizona, USA

<sup>9</sup>Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

We examined the role of family beliefs and family involvement in understanding Veteran's beliefs about and response to Prolonged Exposure (PE)/Cognitive Processing Therapy (CPT) for PTSD.

Data collection is ongoing. We surveyed 246 Veterans and 137 of their family members as they began PE/CPT and 4 months later (Projected N by conference=362 Veterans;190 family). We conducted preliminary multiple regressions with 72 Veterans who discussed treatment with family. Final analyses will include examine the larger sample, patient records, and Time 2 outcomes. Results: Veterans reporting any therapist-to-family contact experienced greater self-efficacy in completing PE/CPT ( $r = .23, p < .045$ ), perceived PE/CPT as more important ( $B = .41, p = .001$ ), and were more likely to attend an adequate dose of PE/CPT (OR: 4.20,  $p = .027$ ). Veterans whose family members felt PE/CPT was more important were more motivated for treatment ( $B = .43, p < .001$ ), expressed greater self-efficacy for PE/CPT completion ( $B = .29, p = .017$ ), and perceived treatment as more important ( $B = .41, p = .001$ ). Contrary to expectations, relationship strain was not uniquely associated with the outcomes examined. Conclusions: Preliminary results paint a complex picture of the role of family in predicting adherence to evidence based treatments for PTSD and in understanding the Veteran's own perceptions of EBTs for PTSD.

#### THU 128

##### Veterans' Perceptions of the Role of Relationships and Social Engagement in Recovery From PTSD

(Abstract #436)

Poster #THU 128 (Clin Res, Mil/Vets, Adult) - Industrialized

Mezzanine East/West/South

**Kehle-Forbes, Shannon, PhD<sup>1</sup>**, Gerould, Heather, MS<sup>1</sup>, Polusny, Melissa, PhD<sup>2</sup>, Partin, Melissa, PhD<sup>1</sup>, Slone, Laurie, PhD<sup>3</sup>, Sayer, Nina, PhD<sup>1</sup>

<sup>1</sup>Minneapolis VA Health Care System, Minneapolis, Minnesota, USA

<sup>2</sup>Minneapolis VAHCS, Center for Chronic Disease Outcome Research, University of Minnesota Medical School, Minneapolis, Minnesota, USA

<sup>3</sup>VA National Center for PTSD, Executive Division, White River Jct, Vermont, USA

Objective: Few veterans with PTSD receive evidence-based psychotherapies (EBPs). The low rate of engagement in EBPs may be due to veterans' perceptions that they don't address their priorities for treatment or don't fit their beliefs regarding recovering. The goal of this study was to gain a better understanding of veterans' views of recovery from PTSD with the long-term goal of increasing engagement in EBPs. Methods: We conducted semi-structured interviews with 31 VA users with PTSD who had not previously engaged in an EBP for PTSD; we recruited participants in three strata (male OEF/OIF, male Vietnam, and female veterans). We will report key themes by strata for the following questions: "What would 'getting better' or 'getting over' PTSD look like for you?" and "What do you think it takes to recover from PTSD?" Results: Male OEF/OIF and Vietnam veterans most often discussed positive changes to their social lives (improved relationships, greater engagement in social activities, and reduced anger/irritability) following recovery from PTSD. Female veterans placed a greater focus on non-social functioning. Despite veterans' emphasis on social factors post-recovery, they were infrequently mentioned as being necessary for recovery. Discussion: Implications related to engaging veterans in EBPs will be discussed.

#### THU 129

##### Findings from a Pilot Study of a Present-Focused Cognitive Behavioral Conjoint Therapy for PTSD

(Abstract #434)

Poster #THU 129 (Clin Res, Clin Res, Fam/Int, Adult) - Industrialized

Mezzanine East/West/South

**Pukay-Martin, Nicole, PhD<sup>1</sup>**, Torbit, Lindsey, MA PhD Student<sup>2</sup>, Landy, Meredith, Doctoral Student<sup>3</sup>, Wanklyn, Sonya, PhD Candidate<sup>2</sup>, Shnaider, Philippe, MA<sup>2</sup>, Lane, Jeanine, Doctoral Student<sup>3</sup>, Monson, Candice, PhD<sup>2</sup>

<sup>1</sup>Cincinnati VA Medical Center, Cincinnati, Ohio, USA

<sup>2</sup>Ryerson University, Toronto, Ontario, Canada

<sup>3</sup>Ryerson University, Department of Psychology, Toronto, Ontario, Canada

Cognitive-behavioral conjoint therapy for post-traumatic stress disorder (CBCT for PTSD) has been shown to be an efficacious trauma-focused treatment for PTSD (Monson et al., 2012). Since some clients may refuse to participate in a trauma-focused conjoint treatment, the efficacy of a present-focused version of CBCT for PTSD was examined in a small community sample. Previous research has shown that individual present-centered therapy (e.g., Schnurr et al., 2007) and general couple therapy (e.g., MacIntosh & Johnson, 2008) are each efficacious treatments for reducing PTSD symptoms. Present-focused CBCT for PTSD combines elements from each, consisting of psychoeducation about PTSD, communication skills and relationship enhancement strategies, in addition to a dyadic cognitive technique used to address here-and-now beliefs related to, but not focused on, the trauma. Seven couples received the intervention and completed pre- and post-treatment assessments, including measures of clinician-, self- and partner-rated PTSD symptoms, relationship satisfaction, depression, and anxiety. Results revealed significant decreases in PTSD symptoms associated with large effect sizes. Effect sizes for changes in relationship satisfaction, depression and anxiety were moderate, though non-significant in this pilot sample. Clinical implications and future research directions will be discussed.

#### **THU 130**

#### **Coping Self-Efficacy Mediates the Relationship between Avoidant Coping and Post-Traumatic Distress in Adults Seeking Follow-up Treatment from an Outpatient Trauma Surgery Clinic**

(Abstract #1297)

**Poster #THU 130 (Clin Res, Acc/Inj, Affect/Int, Clin Res, Cog/Int, Adult) M - Industrialized**

**Mezzanine  
East/West/South**

*Waldrep, Edward, MA PhD Student<sup>1</sup>, Smith, Brian, MA PhD Student<sup>1</sup>, Pacella, Maria, PhD<sup>2</sup>, Hruska, Bryce, MA<sup>1</sup>, Delahanty, Douglas, PhD<sup>1</sup>*

<sup>1</sup>*Kent State University, Kent, Ohio, USA*

<sup>2</sup>*Medical College of Wisconsin, Milwaukee, Wisconsin, USA*

Coping self-efficacy (CSE) beliefs are consistently negatively associated with post-traumatic stress symptoms (PTSS) following trauma. However, it is unknown whether specific types of coping are differentially associated with CSE. Identifying specific coping processes associated with CSE may guide secondary interventions. The current study examined the association between CSE, coping processes, and PTSS in a study of adult trauma survivors. Sixty-two participants completed the Coping Responses Inventory, a trauma coping self-efficacy scale, and the Post-traumatic Diagnostic Scale 2, 6, and 12 weeks after the trauma. Results indicated significant associations between acute Cognitive Avoidance (CA) ( $r = .31, p < .05$ ) and Emotional Discharge (ED) ( $r = .59, p < .01$ ) and PTSS at 12 weeks. There were significant indirect effects of CA on PTSS through 6 week CSE,  $b = 0.624$ , BCa CI 95% [0.239, 1.354] and of ED on PTSS through 6 week CSE,  $b = 0.915$ , BCa CI 95% [0.256, 1.974], representing medium effect sizes. Results were replicated cross-sectionally. These results highlight the importance of addressing and enhancing CSE in interventions designed to reduce/prevent the development of PTSS in adult trauma survivors seeking treatment in an outpatient trauma surgery follow-up clinic.

#### **THU 131**

#### **Examination of Attrition in the Toward Recovery with Understanding and Empowerment (TRUE) Program: A Brief Intensive Intervention to Prepare Women with Complex Trauma for Trauma Processing**

(Abstract #1458)

**Poster #THU 131 (Clin Res, Affect/Int, Chronic, Commun, Complex, Adult) - Industrialized**

**Mezzanine  
East/West/South**

*Shea, Amanda, PhD<sup>1</sup>, Lamoureux, Brittain, PhD<sup>2</sup>, Palmieri, Patrick, PhD<sup>1</sup>*

<sup>1</sup>*Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio, USA*

<sup>2</sup>*Summa Healthcare System - Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA*

The TRUE program is designed to facilitate skill building among women with complex trauma in preparation for trauma-focused therapy. Research has shown this brief, intensive, community-based intervention comprising

components of evidence-based practices to be effective in reducing symptoms of post-traumatic stress, depression, and increasing functioning in important domains. In order to improve retention, the objective of this research was to identify differences between completers and noncompleters, completers and those who only attended one day, and completers and those who did not attend any sessions. We examined possible predictors of attrition, including symptoms of post-traumatic stress, depressive symptoms, distress tolerance, emotion regulation, acceptance and action, mindfulness, coping styles, general functioning, and problematic post-traumatic cognitions. There were no significant differences in any of the comparisons. This research reveals that symptom severity, including trauma-related avoidance, does not explain attrition. We will explore other possible explanations for attrition found in previous intervention research, including current life stressors, social support, and practical barriers to attendance, in order to guide engagement efforts.

### THU 132

#### **Toward Recovery with Understanding and Empowerment (TRUE): A Brief Intensive Intervention to Prepare Women with Complex Trauma for Trauma Processing**

(Abstract #1456)

**Poster #THU 132 (Clin Res, Affect/Int, Chronic, Commun, Complex, Adult) - Industrialized**

**Mezzanine  
East/West/South**

*Lamoureux, Brittain, PhD<sup>1</sup>, Palmieri, Patrick, PhD<sup>2</sup>*

<sup>1</sup>*Summa Healthcare System - Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA*

<sup>2</sup>*Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio, USA*

Many individuals who have experienced chronic or complex trauma would benefit from trauma-focused therapy, yet are likely to engage in maladaptive attempts to cope with painful emotions related to trauma (such as self-harm, suicidal attempts, and substance use) which may contraindicate trauma processing. Coping skills-based interventions have demonstrated effectiveness in preparing these individuals to engage in trauma processing therapy, though the time and resources required may be prohibitive in some clinical settings. We have endeavored to develop a brief intensive outpatient program to prepare patients to engage in trauma processing in 4 to 8 weeks. The TRUE curriculum combines interventions from multiple evidence-based therapies for addressing trauma-related issues. We will present pre-treatment and posttreatment outcome data collected in the first year of the program. Analyses indicate statistically significant improvement in general functioning, post-traumatic stress symptoms, depressive symptoms, emotion regulation, distress tolerance, mindfulness, and acceptance and action. These results are consistent with participants' subjective self-report of improvements. These findings suggest that TRUE is targeting intended issues and is likely to be effective in helping patients prepare to engage in trauma processing therapy.

### THU 133

#### **Evaluation of DBT-related Skills Group as Preparation for Trauma-focused Therapy in a Veteran Sample**

(Abstract #174)

**Poster #THU 133 (Clin Res, Clinical Practice, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Pamp, Barbara, PhD<sup>1</sup>, Hannan, Susan, MA<sup>2</sup>, Basmenji, Maryam, LCSW<sup>1</sup>*

<sup>1</sup>*Hines VA Hospital, Hines, Illinois, USA*

<sup>2</sup>*Northern Illinois University, DeKalb, Illinois, USA*

Research has demonstrated the efficacy of using skill-building interventions (e.g., emotion regulation or other Dialectical Behavior Therapy [DBT]-related skills) to prepare individuals with chronic, severe PTSD for exposure therapy (e.g., Cloitre, Cohen, & Koenen, 2006; Levitt & Cloitre, 2005). The aim of the current project is to determine whether a DBT-based skills group is an effective preparatory treatment for trauma-focused therapy (cognitive processing or exposure) in a veteran sample. Data assessing emotion dysregulation, PTSD, and depression are currently being collected from three cohorts of veterans in a 12-week DBT-based skills group that includes mindfulness, distress tolerance, and emotion regulation modules. Additionally, we will collect assessment data on PTSD and depression symptoms for all individuals who continue on to trauma-focused treatment after engaging in the DBT-based skills group (n~30). We predict that veterans who complete both the DBT-based skills

group and individual trauma-focused therapy will score lower on post-treatment measures of depression and PTSD than a matched group of veterans who did not attend the group prior to engaging in individual trauma-focused therapy.

#### **THU 134**

### **Chronic Pain and Post-Traumatic Stress Disorder Re-Experiencing Symptoms as Predictors of Treatment Outcome in a Large Veteran Sample**

(Abstract #1207)

**Poster #THU 134 (Clin Res, Affect/Int, Clin Res, Clinical Practice, Mil/Vets, Adult) Mezzanine  
M - Industrialized East/West/South**

*Kamm, Janina, MA<sup>1</sup>, Hannan, Susan, MA<sup>2</sup>, Bartoszek, Greg, MA<sup>3</sup>, Pamp, Barbara, PhD<sup>4</sup>*

<sup>1</sup>*The Chicago School of Professional Psychology, Chicago, Illinois, USA*

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<sup>4</sup>*Hines VA Hospital, Hines, Illinois, USA*

Previous research has demonstrated a strong positive association between post-traumatic stress disorder (PTSD) symptoms and chronic pain in treatment settings (Sharp & Harvey, 2001). Despite this, research exploring the impact of co-occurring PTSD and chronic pain on treatment outcomes is sparse. Therefore, the aim of this project is to determine whether chronic pain predicts evidenced based trauma-focused therapy treatment outcome in a veteran sample. Archival data from 600 treatment seeking veterans with traumatic stress and differing levels of chronic pain (self-reported at admission) will be analyzed. It is hypothesized that veterans with lower levels of chronic pain will demonstrate better treatment outcomes than those with higher levels of chronic pain. Additionally, research suggests that re-experiencing symptoms (i.e., trauma reminders) may instigate symptoms of chronic pain (Beck & Clapp, 2011). Thus, the current project will also assess whether re-experiencing symptoms moderate the relationship between chronic pain and treatment outcome. Specifically, it is expected that veterans who endorse high levels of both chronic pain and re-experiencing symptoms will have worse treatment outcomes compared to those veterans who endorse both low levels of chronic pain and re-experiencing symptoms.

#### **THU 135**

### **Mechanisms of Treatment Change among Incarcerated Women with Histories of Childhood Victimization**

(Abstract #1429)

**Poster #THU 135 (Clin Res, Affect/Int, Clin Res, Adult) M - N/A Mezzanine East/West/South**

*Stimmel, Matthew, PhD<sup>1</sup>, Ford, Julian, PhD<sup>2</sup>, Cruise, Keith, PhD<sup>3</sup>, Levine, Joan, MPH<sup>4</sup>, Chang-Angulo, Rocio, PsyD<sup>2</sup>*

<sup>1</sup>*Palo Alto VA Medical Center, Palo Alto, California, USA*

<sup>2</sup>*University of Connecticut Health Center, Farmington, Connecticut, USA*

<sup>3</sup>*Fordham University, New York, New York, USA*

<sup>4</sup>*University of Connecticut, Storrs, Connecticut, USA*

There is limited research investigating both efficacy of trauma-informed treatment and potential mechanisms of change in these treatments in samples of incarcerated females despite high prevalence rates of PTSD stemming from childhood victimization in this population. Ford et al. (2013) tested the efficacy of Trauma Affect Regulation: Guide for Education and Therapy (TARGET) in a sample of incarcerated females with PTSD, the majority of whom experienced childhood victimization. Results indicated that both TARGET and a comparison treatment were effective at reducing PTSD and general psychiatric symptoms. This paper presents hierarchical linear models (HLM) indicating that affect regulation did not mediate improvement in PTSD symptoms, but partially mediated improvement in general psychiatric symptoms. The estimated average indirect effect of affect regulation on psychiatric symptoms was -0.35 (95% CI: -0.68, -0.02), accounting for 53% of the total effect in this model. Conversely, self-reported PTSD symptom severity partially mediated the effect of treatment on affect regulation. The estimated average indirect effect size of PTSD symptoms on affect regulation was 0.34 (95% CI: 0.10, 0.57,  $p =$

.005), accounting for 83% of the total effect in this model. Implications for working with women with childhood interpersonal violence victimization in forensic settings will be discussed.

#### **THU 136**

#### **Mothers with PTSD: Understanding the Role of Negative Mood State as a Mechanism of Treatment Change** (Abstract #1417)

**Poster #THU 136 (Clin Res, Affect/Int, Clin Res, Adult) M - N/A**

**Mezzanine East/West/South**

*Stimmel, Matthew, PhD<sup>1</sup>, Cruise, Keith, PhD<sup>2</sup>, Ford, Julian, PhD<sup>3</sup>*

<sup>1</sup>*Palo Alto VA Medical Center, Palo Alto, California, USA*

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There is limited research exploring the efficacy of evidence-based treatments for low income, ethno-racially diverse mothers with trauma histories, despite evidence supporting an intergenerational cycle of violence, PTSD and affect dysregulation in this population. Ford et al. (2011) tested the efficacy of Trauma Affect Regulation: Guide for Education and Therapy (TARGET) and found that it was more effective at treating PTSD and affect regulation symptoms than present-centered therapy (PCT) in this population. This paper presents hierarchical linear modeling (HLM) moderated mediation analyses indicating that negative mood state partially mediated therapeutic change in this RCT. The estimated average indirect effect size of negative mood state on PTSD symptoms was  $-0.94$  (95% CI:  $-1.51, -0.36$ ), accounting for 20.3% of the total effect of treatment on PTSD symptoms. The estimated average indirect effect size of negative mood state on affect regulation was  $0.58$  (95% CI:  $0.18, 0.98$ ), accounting for 25.7% of the total effect of treatment on affect regulation. Furthermore, these relationships were moderated by treatment condition with larger indirect effects of negative mood on both PTSD and affect regulation in the TARGET group. Implications of how these results can inform utilizing TARGET to help mothers address PTSD symptoms will be discussed.

#### **THU 137**

#### **Nightmares of US Iraq and Afghanistan War Veterans with PTSD: Content and Characteristics** (Abstract #38)

**Poster #THU 137 (Clin Res, Clin Res, Clinical Practice, Sleep, Mil/Vets, Adult) I - Mezzanine  
N/A**

**East/West/South**

*Harb, Gerlinde, PhD<sup>1</sup>, Cook, Joan, PhD<sup>2</sup>, Phelps, Andrea, PhD<sup>3</sup>, Ross, Richard, MD PhD<sup>1</sup>*

<sup>1</sup>*Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*Yale School of Medicine, West Haven, Connecticut, USA*

<sup>3</sup>*Australian Centre for Posttraumatic Mental Health, University of Melbourne, Carlton, Victoria, Australia*

OEF/OIF Veterans often suffer from post-traumatic sleep problems including nightmares. This study examined the nature of traumatic nightmares and their relationship to other psychiatric symptoms. The 25 Veterans with PTSD enrolled in a controlled trial and randomized to Imagery Rehearsal therapy included 12% women, had an average age of 35.7 (SD=10.5), and severe PTSD (mean CAPS=84.6, SD=12.6) and sleep disturbance (mean PSQI=14.8, SD=2.5) with an average of 5.8 (SD=4.9) nightmares per week. Veterans selected a recurrent combat-related nightmare and wrote it out in as much detail as possible. Two independent raters coded nightmare features, content, and themes. Most nightmares were set on deployment (84%) and were replays of traumatic events (52%) or a mixture of replay and symbolic dreams (44%). Life threat was present in the majority of nightmares (84%) and an average threat level of 3.0 (scale 0-4) showed the dreamer was usually in danger. Perpetrator content was absent from all 25 nightmares, and only one nightmare included an active act of inflicting severe injury to another person. However, most (68%) nightmares included scenes of death or severe injury, predominantly to fellow American soldiers (83%). The degree of life threat in the nightmare was not significantly related to nightmare distress. Additional results and clinical and research implications will be discussed.

#### THU 138

### Anger Management in Veterans with Post-Traumatic Stress Disorder after Completing a Mantram Program Intervention: A Randomized Trial

(Abstract #1085)

Poster #THU 138 (Clin Res, Mil/Vets, Adult) I - Industrialized

Mezzanine East/West/South

*Belding, Wendy, MS/MA<sup>1</sup>, Walter, Kristen, PhD<sup>1</sup>, Bormann, Jill, PhD, RN<sup>2</sup>*

<sup>1</sup>*Veterans Medical Research Foundation, San Diego, California, USA*

<sup>2</sup>*VA San Diego Healthcare System, San Diego, California, USA*

Anger is a significant symptom for Veterans with post-traumatic stress disorder (PTSD) and it is one of the primary reasons Veterans seek treatment (Rosen, Adler, & Tiet, 2013). Additionally, anger has been shown to be a barrier to successful trauma-focused PTSD treatment (Forbes et al., 2008; Rizvi, Vogt, & Resick, 2009). If anger could be managed prior to beginning trauma-focused treatment, Veterans may be better able to engage in and experience greater reduction of PTSD symptoms. The current study explored whether anger symptoms lessened among Veterans randomized six weeks of a Mantram Repetition Program plus case management compared to case management alone. Results demonstrated that Veterans experienced a significant reduction in State Anger ( $p < .05$ ) with a medium effect size ( $d = -.45$ ). Further, Anger Control ( $p = .09$ ) trended toward decreasing anger following Mantram compared to the control condition using the State-Trait Anger-Expression Inventory-version 2 (STAXI-2). Veterans who participated in the Mantram Program experienced a greater reduction in anger than Veterans in the case management condition. Study results suggest that reductions of anger following Mantram may allow Veterans to experience greater benefit from trauma-focused therapies.

#### THU 140

### A Randomized Controlled Trial (RCT) of Exposure, Relaxation, and Rescripting Therapy (ERRT) vs. Relaxation Training (RT) for Chronic Nightmares in Trauma-Exposed Adults

(Abstract #275)

Poster #THU 140 (Clin Res, Clin Res, Sleep, Adult) - Industrialized

Mezzanine East/West/South

*Pruiksma, Kristi, PhD<sup>1</sup>, Davis, Joanne, PhD<sup>2</sup>, Cranston, Christopher, MA PhD Student<sup>2</sup>, Rhudy, Jamie, PhD<sup>2</sup>*

<sup>1</sup>*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*

<sup>2</sup>*University of Tulsa, Tulsa, Oklahoma, USA*

Exposure, Relaxation, and Rescripting Therapy (ERRT) is a variation of Imagery Rehearsal Therapy that emphasizes exposure to the nightmare and incorporates trauma-related themes in the rescription. Previous trials found that ERRT significantly improves nightmares, PTSD, depression, and sleep quality compared to a waitlist control. This study represents the first RCT to compare ERRT ( $n = 37$ ) to an active treatment control group ( $n = 30$ ). Linear mixed models analyses revealed a significant main effect for time on nightmare frequency [ $F(1, 78.78) = 27.68, p < .001$ ], nightmare severity [ $F(1, 14.90) = 16.86, p = .001$ ], PTSD [ $F(1, 19.56) = 10.97, p = .004$ ] and depression [ $F(1, 36.91) = 12.80, p = .001$ ]. There were no between group differences on nightmare frequency [ $F < 1$ ], nightmare severity [ $F(1, 21.93) = 2.28, p = .146$ ], PTSD [ $F < 1$ ], or depression [ $F < 1$ ]. Both treatments yielded improvements across time points on all outcomes. Wilcox's percentile bootstrap split-plot analyses supported findings. This indicates both ERRT and relaxation training with psychoeducation about nightmares and sleep habit modification can significantly alleviate nightmares and related distress.

#### THU 141

##### **A Randomized Controlled Clinical Trial of a Gestalt Oriented Therapy vs. Cognitive Processing Therapy for PTSD**

(Abstract #610)

**Poster #THU 141 (Clin Res, Clin Res, Cog/Int, Adult) - Industrialized**

**Mezzanine East/West/South**

*Rosner, Rita, PhD(c)<sup>1</sup>, Butollo, Willi, PhD<sup>2</sup>, Karl, Regina, PhD<sup>2</sup>, König, Julia, PhD<sup>1</sup>*

<sup>1</sup>*Catholic University Eichstaett-Ingolstadt, Eichstaett, Bavaria, Germany*

<sup>2</sup>*Ludwig-Maximilians-University, Munich, Bavaria, Germany*

Background: Although there are effective treatments for post-traumatic stress disorder (PTSD), many studies report high rates of dropout and nonresponse. Up to now there is little research on treatments from non-cognitive behavioral backgrounds, such as Gestalt therapy. Therefore we tested a Gestalt derived intervention for its efficacy and differential effects in terms of drop-out rates. Methods: We randomized 141 treatment-seeking individuals with a diagnosis of PTSD to receive either dialogical exposure therapy (DET) or cognitive processing therapy (CPT). DET is a Gestalt oriented integrative treatment, and CPT is an established cognitive behavioral therapy, for which efficacy has been demonstrated. Therapy length in both treatments was flexible with up to 24 sessions. Results: Patients in both conditions achieved significant and large reductions in PTSD symptoms and general psychological distress. At post-treatment, CPT performed moderately better than DET in some measures. Dropout rates at post-treatment did not differ. At follow-up a small difference emerged in favor of CPT. Conclusions: Our results indicate that DET is a viable alternative to established cognitive-behavioral treatments for PTSD. It remains to be seen if DET confers advantages in areas of functioning beyond PTSD symptoms.

#### THU 142

##### **Comparing CPT to PCT in OEF/OIF Male Combat Veterans**

(Abstract #450)

**Poster #THU 142 (Clin Res, Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized**

**Mezzanine East/West/South**

*Chard, Kathleen, PhD<sup>1</sup>, Schumm, Jeremiah, PhD<sup>2</sup>, Resick, Patricia, PhD<sup>3</sup>, Monson, Candice, PhD<sup>4</sup>*

<sup>1</sup>*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

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<sup>3</sup>*Duke University Medical Center, Durham, North Carolina, USA*

<sup>4</sup>*Ryerson University, Toronto, Ontario, Canada*

This presentation will report on the findings of 79 Operation Enduring Freedom/Operation Iraqi Freedom male combat Veterans who were qualified and attended at least 1 study-based therapy session. Generalized estimating equation (GEE) models were used to compare CPT versus PCT on study outcomes at post-, 3-, and 12-month outcomes. Those assigned to PCT attended a significantly greater number of therapy sessions ( $M = 8.56$ ) versus those assigned to CPT ( $M = 6.44$ ). Due to this difference, number of sessions attended was included as a covariate in GEE models. Models also covaried for baseline outcomes. GEE models showed a small-to-medium effect size ( $d = .40$ ) favoring CPT over PCT on the Clinician Administered PTSD Scale and PTSD Checklist ( $d = .51$ ). A small-to-medium effect size ( $d = .40$ ) favored CPT over PCT on the Beck Depression Inventory, although this failed to reach statistical significance ( $p = .11$ ). GEE models showed no effects for time or a time by treatment interaction in explaining outcomes. Additional information on post-therapy treatment seeking, medication useage and gender differences will be discussed.

#### THU 143

##### **Group vs. Individual CPT-C in an Active Military Sample**

(Abstract #449)

**Poster #THU 143 (Clin Res, Clin Res, Depr, Mil/Vets, Adult) - Industrialized**

**Mezzanine East/West/South**

**Resick, Patricia, PhD<sup>1</sup>**, Wachen, Jennifer, PhD<sup>2</sup>, Mintz, Jim, PhD<sup>3</sup>, Dondanville, Katherine, PsyD<sup>3</sup>, Borah, Adam, MD<sup>4</sup>, Yarvis, Jeff, PhD MSW<sup>5</sup>, Peterson, Alan, PhD<sup>3</sup>

<sup>1</sup>Duke University Medical Center, Durham, North Carolina, USA

<sup>2</sup>National Center for PTSD / Boston University, Boston, Massachusetts, USA

<sup>3</sup>University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

<sup>4</sup>Darnell Army Medical Center, Ft. Hood, Texas, USA

<sup>5</sup>Ft. Belvoir Community Hospital, Fort Belvoir, Virginia, USA

Although Cognitive Processing Therapy was originally developed as a group treatment, until recently it was not possible to test in a randomized controlled trial (RCT), especially as a single-site study. Most research has examined CPT as an individual treatment. A dismantling study conducted by Resick et al. (2008) demonstrated that CPT-C, the version of CPT without written trauma accounts, was as effective as the version with the accounts. This RCT of CPT-C compares group and individual therapy. Over 200 active military (15 cohorts) from Ft. Hood, Texas have already been randomized to either group or individual CPT-C. There have been very few studies conducted with active military so it is unknown whether they fully participate and respond the same as civilian or veteran samples. Participants were assessed before and after treatment, once a week during treatment and at two follow-up points. The study is nearly complete at the time of submission but the follow-ups will not all be completed. Groups were conducted for 90 minutes and individual treatment was 60 minutes. Treatment was conducted with 12 sessions over a 6-week period. Findings on PTSD (using the PCL) and depression (BDI-II) will be presented at pretreatment, at each session and post-treatment.

#### **THU 144**

##### **Correlates of Body Dissatisfaction in Adult Burn Survivors**

(Abstract #985)

**Poster #THU 144 (Clin Res, Acc/Inj, Anx, Depr, Adult) M - Industrialized**

**Mezzanine East/West/South**

**Bond, Suzie, PhD<sup>1</sup>**, Aimé, Annie, PhD<sup>2</sup>

<sup>1</sup>University of Montreal, Montreal, Quebec, Canada

<sup>2</sup>Université du Québec en Outaouais, Saint-Jerome, Quebec, Canada

It is suggested that body changes occurring after a burn injury lead to body dissatisfaction, which in turn influences subsequent psychosocial functioning. This study examined the relationship among various indicators of burn severity, body satisfaction, and depressive and anxiety symptoms in burn survivors. Participants were 65 adults (52 men, 13 women) who have been admitted to University of Montreal Hospital burn center (Canada) between 2010 and 2012. They filled out an online questionnaire. Results show that 15.9% of the sample considered that their burn interfered with their social life, 25% with their love life and 14.5% with their work. Among the burn characteristics evaluated, only the number of body parts for which there is a loss in mobility predicted avoidant behaviors and appearance dissatisfaction. Both avoidance and appearance dissatisfaction predicted depressive and anxious symptoms, with appearance dissatisfaction being a stronger predictor. When gender was considered, the predictive model was applicable to men but not to women, in which no significant associations were found. These results suggest that the subsequent loss in bodily performance might be more difficult to process for burn-injured men and puts them at higher risk of being dissatisfied with their body, as well as more likely to feel anxious and depressed.

#### **THU 145**

##### **Portable Meditation-Based Mantram Repetition Decreases PTSD Symptom Severity in Veterans with PTSD: A Demonstration Project**

(Abstract #1320)

**Poster #THU 145 (Clin Res, Chronic, Clin Res, Mil/Vets, Adult) M - N/A**

**Mezzanine East/West/South**

**Bormann, Jill, PhD, RN<sup>1</sup>**, Beck, Danielle, MPH<sup>1</sup>, Andrews, Taylor, BA<sup>1</sup>, Heppner, Pia, PhD<sup>2</sup>, Repp, Andrea, MA<sup>3</sup>, Rodgers, Carrie, PhD, ABPP<sup>4</sup>

<sup>1</sup>VA San Diego Healthcare System, San Diego, California, USA

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<sup>3</sup>Naval Center for Combat and Operational Stress Control (NCCOSC), San Diego, California, USA

<sup>4</sup>Center of Excellence for Stress and Mental Health, VA San Diego Healthcare System; UC San Diego, San Diego, California, USA

Veterans Affairs (VA) Office of Mental Health requested studies to explore the acceptability and effectiveness of meditation-based therapies for PTSD. Mantram Repetition Program (MRP) was compared to a standard PTSD-101 orientation group. Ninety-five Veterans enrolled and chose one of two 8-week group PTSD interventions. Eighty-three (87%) selected MRP; 12 (13%) selected PTSD-101. Dropout for MRP was 22 (26%), leaving 61 completers. Dropout for PTSD-101 was 4 (33%) leaving 8 completers. Measures included the Clinician-Administered PTSD Scale (CAPS) and PTSD Checklist. Logistic regression analysis was used to predict post-treatment PTSD diagnostic status, controlling for CAPS baseline severity. Results revealed that the probability of having a posttreatment PTSD diagnosis with severe baseline PTSD symptoms was 57% for the MRP group versus 92% for the PTSD-101 group; for those with moderate baseline PTSD symptoms, probability of meeting diagnostic criteria was 48% for the MRP group versus 88% for the PTSD 101 group; and for those with lower severity baseline PTSD symptoms, probability was 38% for the MRP group versus 83% for the PTSD-101 group. Results suggest that MRP is an acceptable and beneficial option for PTSD treatment, though self-selection and other limitations should be addressed in future studies.

#### THU 146

##### Portable Meditation-Based Mantram Program Reduces PTSD Symptoms in Veterans: A Randomized Controlled Trial

(Abstract #1711)

Poster #THU 146 (Clin Res, Chronic, Clin Res, Clinical Practice, Mil/Vets, Adult) - Mezzanine Industrialized East/West/South

*Bormann, Jill, PhD, RN<sup>1</sup>, Plumb, Dorothy, MA<sup>2</sup>, Beck, Danielle, MPH<sup>1</sup>, Glickman, Mark, PhD<sup>3</sup>, Zhao, Shibe, MPH<sup>2</sup>, Osei-Bonsu, Princess, PhD, MPH<sup>2</sup>, Johnston, Jennifer, PhD<sup>2</sup>, Herz, Lawrence, MD<sup>2</sup>, Elwy, A. Rani, PhD<sup>2</sup>*

<sup>1</sup>VA San Diego Healthcare System, San Diego, California, USA

<sup>2</sup>VA Bedford Healthcare System, Bedford, Massachusetts, USA

<sup>3</sup>Boston University School of Public Health, Boston, Massachusetts, USA

Despite providing evidence-based treatments to Veterans with post-traumatic stress disorder (PTSD), a substantial minority does not engage in or benefit from treatment. The Department of Veterans Affairs (VA) has a growing interest in complementary therapies for PTSD, but findings have been mixed. The Mantram Repetition Program (MRP), when offered as an adjunct to case management, has improved PTSD symptoms and mindfulness awareness. This randomized trial compared eight individual sessions of MRP to Present-Centered Therapy (PCT). A prospective, two-site, three time-point (pre-treatment, 8-week post-treatment, and 16-week follow-up) design was performed to assess PTSD symptom improvement with the Clinician-Administered PTSD Scale (CAPS) and the PTSD Checklist (PCL). Intention-to-treat, mixed-effects models adjusting for socio-demographic factors demonstrated that Veterans completing the MRP (n=69) compared to PCT (n=71) had significantly lower CAPS scores from baseline to post-treatment (p<.05), as well as from baseline to 16-week follow-up (p<.05). Additionally, Veterans in MRP also reported significantly lower PCL scores from baseline to post-treatment (p<.05), but not from baseline to 16-week follow-up (p>.05). These data provide the strongest support for efficacy of MRP in the treatment of PTSD symptoms to date.

#### THU 147

##### Resiliency and Mindfulness

(Abstract #1713)

Poster #THU 147 (Clin Res, Clin Res, Mil/Vets, Adult) - Industrialized Mezzanine East/West/South

*Southwick, Steven, MD*

*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA*

Resiliency to stress is defined as the ability to cope with and adapt well to stress and adversity. Although there is no one universal definition of resiliency, it is generally understood as the ability to bounce back from hardship and trauma. This presentation will discuss the relationship between resiliency and mindfulness by focusing on a number of coping mechanisms, behaviors, and cognitive styles that have been associated with resiliency and that may be enhanced by mindfulness. These include optimism and positive emotions, capacity to face fear, learning to accept that which cannot be changed, rapid emotional and physical recovery from stress and in some cases, a focus on altruism and compassion. The clinical implications of mindfulness and factors of resiliency in the recovery of individuals following traumatic life events will be discussed.

#### **THU 148**

##### **Mindfulness Based Stress Reduction in the Treatment of Post-Traumatic Stress Disorder**

(Abstract #1712)

**Poster #THU 148 (Clin Res, Clin Res, QoL, Mil/Vets, Adult) - Industrialized Mezzanine East/West/South**

*Davis, Lori, MD*

*Tuscaloosa VA, Tuscaloosa, Alabama, USA*

Background: The principles of Mindfulness Based Stress Reduction (MBSR) meditation, the clinical implications of MBSR, and a current review of the evidence based research findings in the treatment of mood and anxiety disorders, specifically post-traumatic stress disorder (PTSD), will be presented. Methods: A multisite randomized controlled trial (RCT) of MBSR in the treatment of PTSD has recently concluded. Veterans with PTSD (n=184) were randomized into either 8 weeks of MBSR versus Present Centered Group Therapy (PCGT), followed by 8-week post-treatment follow-up. Results: The sample consisted of 85% males, average age of 51, 65.4% African Americans, 56% Army, 12% Navy, and 12% Marines, and 23% Gulf War, 37% Vietnam, and 16% OIF/OEF period of service. Baseline Structural Equation Modeling indicates that 1) mindfulness mediates the relation between PTSD symptoms and quality of life, and 2) mindfulness mediates the relation between PTSD symptoms and depression. Importantly, the relationship did not hold with the mediating variables reverse tested (i.e., PTSD does not mediate the relation between mindfulness and QOL, nor does PTSD mediate the relation between mindfulness and depression). Clinical outcomes (Clinician Administered PTSD Scale) from this RCT of MBSR for PTSD will be presented. Conclusion: The clinical applications and directions for future research will be discussed.

#### **THU 149**

##### **Mantram Repetition Improves Mindfulness Awareness in Military Veterans with Post-Traumatic Stress Disorder: A Randomized Trial**

(Abstract #1714)

**Poster #THU 149 (Clin Res, Mil/Vets, Adult) - Industrialized Mezzanine East/West/South**

*Walter, Kristen, PhD<sup>1</sup>, Bormann, Jill, PhD, RN<sup>2</sup>, Oman, Doug, PhD<sup>3</sup>, Johnson, Brian, PhD<sup>4</sup>*

<sup>1</sup>*Veterans Medical Research Foundation, San Diego, California, USA*

<sup>2</sup>*VA San Diego Healthcare System, San Diego, California, USA*

<sup>3</sup>*University of California, Berkeley, Berkeley, California, USA*

<sup>4</sup>*University of San Diego School of Medicine, San Diego, California, USA*

A number of evidence based treatments are available to veterans diagnosed with post-traumatic stress disorder (PTSD). However, not all veterans benefit from or wish to engage in these treatments. The current study explored whether a mantram repetition program (MRP) increased mindfulness attention awareness among veterans with PTSD, and whether improvement in mindfulness attention awareness mediated gains in symptom reduction and psychological well-being. Participants included 146 veterans with PTSD who were randomly assigned to MRP plus treatment as usual (MRP+TAU; n=71) or TAU alone (n=75), as part of a randomized controlled trial. Data from pre- and post-treatment assessments were analyzed and included the Clinician Administered PTSD Scale (CAPS); PTSD Checklist (PCL); the Brief Symptom Inventory-18 (BSI-18); Health Survey SF-12v2; and Mindfulness Attention Awareness Scale (MAAS). Intent-to-treat analyses indicated greater increases in mindfulness attention awareness

for veterans with PTSD in the MRP+TAU as compared to TAU ( $p<.01$ ). Mindfulness gains fully mediated previously reported treatment effects on decreased PTSD symptom severity (CAPS and PCL), reduced depression, and improved mental health. The MRP intervention improved mindfulness in veterans with PTSD, yielding improved psychological well-being. MRP may be a beneficial adjunct to usual care in veterans with PTSD.

#### **THU 150**

##### **Linking TBI with PTSD in Combat Veterans: Lessons Learned from the Predictors Study**

(Abstract #778)

**Poster #THU 150 (Clin Res, Acc/Inj, Anx, Mil/Vets, Adult) M - Industrialized Mezzanine East/West/South**

*Roy, Michael, MD MPH, Costanzo, Michelle, PhD*

*Uniformed Services University, Bethesda, Maryland, USA*

Background: TBI and PTSD are common in military service members (SMs) after deployment to Iraq or Afghanistan. PTSD and TBI-related symptoms can be difficult to distinguish in order to guide therapy, so we used novel imaging techniques to study the TBI-PTSD relationship. Methods: Nested case-control analysis within a prospective cohort study, comparing 11 SMs with mild combat TBI and 11 controls matched for age and sex. We compared resting functional magnetic resonance imaging (fMRI), diffusion tensor imaging (DTI), and PTSD symptoms on the Clinician-Administered PTSD Scale (CAPS). Results: SMs with mild TBI had reduced fractional anisotropy (FA) on DTI compared to controls in the white matter cingulum next to the left precuneus. We then found a significant correlation between functional connectivity from the left posterior cingulate cortex (PCC/precuneus to the left medial frontal cortex (MFC) on fMRI and the left cingulum FA on DTI, with 31% of the variance in connectivity explained by the FA. We then found a significant relationship between resting state connectivity and PTSD re-experiencing symptoms (e.g. flashbacks, nightmares), explaining 20% of symptom variance. Conclusions: Links between brain structure and function, and PTSD symptoms, provide a mechanism connecting TBI to PTSD. We will provide further evidence for this from our larger cohort study as well.

#### **THU 151**

##### **An Investigation of the Neural Correlates of Neuroticism within Interpersonal Violence Victims Suffering from PTSD**

(Abstract #483)

**Poster #THU 151 (Clin Res, Assess Dx, Bio/Int, Adult) I - N/A**

**Mezzanine East/West/South**

*Brown, Nicholas, BS<sup>1</sup>, Bruce, Steven, PhD<sup>1</sup>, Wojtalik, Jessica, BS<sup>2</sup>, Wilson, Brown, MA PhD Student<sup>1</sup>*

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Research demonstrates that high levels of trait neuroticism may serve as a diathesis in the development of PTSD. Thus, differences in neuroticism within individuals diagnosed with PTSD should be examined, as this may influence the presentation and maintenance of symptoms. This may be achieved through examining the influence of neuroticism on brain functioning. The aim of the current study was to examine the neural mechanisms associated with neuroticism scores in individuals with PTSD. Forty-eight women with a history of interpersonal trauma and a current PTSD diagnosis completed a baseline assessment and an fMRI scanning session. Participants engaged in an emotion conflict task allowing for the examination of attentional and emotional aspects of brain activity. Preliminary results revealed that neuroticism scores were associated with activation in brain areas such as the hippocampus, medial frontal gyrus, and the superior frontal gyrus. Research suggests that these areas are involved in the processes of fear learning and expression, as well as emotion regulation. Additional analyses examining the interaction between emotion and attention factors will also be conducted. Implications of the findings will be discussed.

**THU 152****Stigma, Mental Health, and Career Worry as Factors Influencing Treatment Seeking for Individuals Serving in Operation Enduring Freedom or Operation Iraqi Freedom**

(Abstract #189)

**Poster #THU 152 (Clin Res, Social, Mil/Vets, Adult) I - N/A****Mezzanine East/West/South***Brown, Nicholas, BS, Bruce, Steven, PhD**University of Missouri - St. Louis, St. Louis, Missouri, USA*

A substantial number of military members who served in OEF or OIF suffer from psychiatric disorders such as PTSD, depression, and substance abuse. However, a large gap exists between the number with a mental health condition and the number actually receiving mental health treatment. Previous research has established stigma towards mental illness as influencing soldiers' willingness to seek treatment, though no known study has examined whether fears of specific career-related consequences deter soldiers from seeking treatment. The current study examined "career worry" as a factor independent of stigma, as well as a factor influencing soldiers' willingness to seek treatment. A sample of 276 (83% male) military members completed an online survey measuring mental health symptoms and self/public stigma towards mental illness. A questionnaire was also created to measure career worry. Finally, participants rated their level of willingness to seek mental health treatment. Results of a confirmatory factor analysis revealed that career worry is a separate factor from self- and public stigma. Further, of the aforementioned factors, career worry was the only significant predictor of willingness to seek treatment. Finally, mental health symptomology was also negatively correlated with willingness to seek treatment. Implications of the findings will be discussed.

**THU 153****Enhancing the Public Health Impact of Cognitive-Behavioral Therapy: A Case Study of an Early Trauma-Focused Intervention Targeting Post-Traumatic Stress Disorder and Related Comorbidity**

(Abstract #943)

**Poster #THU 153 (Clin Res, Acc/Inj, Clin Res, Prevent, Pub Health, Adult) I - Industrialized****Mezzanine East/West/South***Darnell, Doyanne, PhD<sup>1</sup>, O'Connor, Stephen, PhD<sup>2</sup>, Russo, Joan, PhD<sup>3</sup>, Peterson, Roselyn, BA<sup>1</sup>, Wang, Jin, PhD<sup>1</sup>, Zatzick, Douglas, MD<sup>1</sup>*<sup>1</sup>*University of Washington/Harborview Medical Center, Seattle, Washington, USA*<sup>2</sup>*Western Kentucky University, Bowling Green, Kentucky, USA*<sup>3</sup>*University of Washington School of Medicine, Seattle, Washington, USA*

Cognitive behavioral therapy (CBT) interventions are efficacious in reducing Post-Traumatic Stress Disorder (PTSD) symptoms across civilian and Veteran patient populations. Emerging data suggests that CBT in full session-based form may be challenging to implement in acute care medical contexts. To meet the needs of acute care patients, the study team is exploring the delivery of CBT within care management interventions targeting medical disorders and injury. Given that across CBT modalities homework completion predicts symptom reduction, we examined the capacity for and role of homework completion in routine care management in a secondary analysis of data from a larger randomized controlled trial of stepped collaborative care targeting PTSD and related comorbidities. CBT elements, including homework, were delivered to intervention patients. Of 50 patients, 78% completed some amount of CBT homework during the 6-month intervention. A hierarchical regression model controlling for gender, race, total time spent with the interventionist, average level of treatment engagement, and baseline PTSD symptoms indicates that a greater amount of homework completion is associated with lower PTSD symptoms at the end of the intervention ( $R^2_{\text{change}}=.14, p<.01$ ). Findings indicate homework can successfully be delivered within care management and efforts to improve homework completion are warranted.

#### THU 154

##### **Acknowledged versus Unacknowledged Sexual Assault: Pre- and Post-Age 14** (Abstract #280)

Poster #THU 154 (Clin Res, Acute, CSA, Chronic, Rape, Adult) I - N/A

Mezzanine East/West/South

*Malaktaris, Anne, MS PhD Student, Lynn, Steven, PhD, ABPP, Lemons, Peter, BFA*  
*Binghamton University (SUNY), Binghamton, New York, USA*

Studies in our laboratory and elsewhere have determined that many women do not acknowledge the experience of unwanted sexual experiences as assaults. We compared the psychological adjustment of university women (N=177) with acknowledged, unacknowledged, and no histories of sexual assault (SA). We found significantly greater psychopathology and post-traumatic stress symptoms in SA victims vs. non-victims. Women reporting acknowledged SA evidenced higher post-traumatic stress symptoms compared with women who did not acknowledge their assaults. Acknowledged SA's were rated as involving more physical aggression, greater clarity of victim's refusal, lower levels of victim responsibility, greater intensity of victims' resistance, and higher levels of perpetrator responsibility than unacknowledged sexual assaults. Moreover, women assaulted before age 14 were more likely to classify their experiences as a sexual assault or some other crime, whereas women assaulted at or after age 14 were more likely to classify their experiences as a serious miscommunication or to not acknowledge being victimized at all. Our research elucidated situational factors surrounding sexual assault, the psychological sequelae associated with SA over time, and differences in how sexual assaults are described and labeled by victims. Research and clinical implications of our findings will be fully discussed.

#### THU 156

##### **Problems with Sexual Intimacy and Dysfunctional Sexual Behaviors following Sexual Trauma: Examining Trauma-Related Affective and Cognitive Predictors** (Abstract #162)

Poster #THU 156 (Clin Res, Affect/Int, Rape, Adult) M - Industrialized

Mezzanine East/West/South

*Badour, Christal, MA PhD Student<sup>1</sup>, Andrews, Arthur, MA PhD Student<sup>1</sup>, Feldner, Matthew, PhD<sup>2</sup>*  
*<sup>1</sup>Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA*  
*<sup>2</sup>University of Arkansas, Fayetteville, Arkansas, USA*

Sexual trauma increases risk for both problems with sexual intimacy (e.g., sexual dysfunction, sexual distress/dissatisfaction) and risky sexual behaviors (e.g., risky sexual activity, use of sex to accomplish non-sexual goals). The current study examined how peritraumatic emotions (i.e., fear, self-focused disgust, perpetrator-focused disgust) and maladaptive post-traumatic cognitions (i.e., negative beliefs about the self and the world, self blame) predict sexual intimacy problems and risky sexual behaviors. Participants included 67 adult women with a history of at least one sexual assault. Problems with sexual intimacy and problematic sexual behaviors were measured via the Sexual Concerns (TSI-SC) and Dysfunctional Sexual Behavior (TSI-DB) subscales of the Traumatic Symptom Inventory (TSI; Briere, 1995); respectively. Peritraumatic emotions were assessed via 0-100 ratings. Post-traumatic cognitions were assessed via the Post-Traumatic Cognitions Inventory (PCTI; Foa et al., 1999). Negative cognitions about the self predicted sexual concerns ( $r = .66$ ;  $t = 4.34$ ,  $p < .001$ ), while increased self-focused disgust ( $r = .44$ ;  $t = 3.29$ ,  $p < .01$ ), and lower levels of perpetrator-focused disgust ( $r = -.24$ ;  $t = -2.14$ ,  $p < .05$ ) predicted dysfunctional sexual behaviors. This study contributes to a growing body of research implicating disgust in the sequelae associated with sexual trauma.

**THU 157****Comparison of Prolonged Exposure Therapy Delivered via Iphone and VA Telemedicine Technology**  
(Abstract #451)**Poster #THU 157 (Clin Res, Tech, Adult) I - N/A****Mezzanine East/West/South***Franklin, C, PhD, Walton, Jessica, PhD, Cuccurullo, Lisa-Ann, PsyD, Stewart, Heather, MSW, LCSW, Arseneau, Julie, PhD**Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA*

Prolonged Exposure therapy has been shown as effective across samples, including delivery by standard VA telemedicine equipment (Tuerk et al., 2010). The current pilot project explored the viability of using smart phones to deliver PE therapy to rural patients and mental health clinics that might not have access to traditional telemedicine equipment. We randomized 30 veterans diagnosed with PTSD with the Clinician Administered PTSD Scale (CAPS) into either PE delivered via iPhone (n=13), PE delivered via VA teleconference (n= 9) and treatment as usual (TAU; n = 8). Participants were required to have stable housing, as delivery via Iphone was done in a quiet, secure room of the veteran's choosing (e.g., at home, in room at shelter, etc). Follow up data for symptoms of PTSD (measured by the CAPS) and depression (measured by the Beck Depression Inventory-2) immediately and one month post-treatment were collected, along with veteran treatment preference and satisfaction with treatment. Differences in symptom reduction between groups will be compared. The effect of treatment preference on symptom reduction and satisfaction with treatment will be examined. Suggestions regarding remote delivery of the PE protocol and successfully engaging patients in remote treatment will be discussed.

**THU 158****Examining the Self-Medication Hypothesis of Alcohol Misuse to Treat PTSD and Depression Symptoms**  
(Abstract #530)**Poster #THU 158 (Clin Res, Anx, Assess Dx, Mil/Vets, Adult) I - Industrialized Mezzanine East/West/South***Biehn, Tracey, Doctoral Student<sup>1</sup>, Erbes, Christopher, PhD LP<sup>2</sup>, Polusny, Melissa, PhD<sup>2</sup>, Arbisi, Paul, PhD, ABPP<sup>3</sup>*<sup>1</sup>*University of Toledo, Department of Psychology, Toledo, Ohio, USA*<sup>2</sup>*Minneapolis VAHCS, Center for Chronic Disease Outcome Research, University of Minnesota Medical School, Minneapolis, Minnesota, USA*<sup>3</sup>*Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA*

Studies have documented high comorbidity of alcohol use disorders (AUD) with post-traumatic stress disorder (PTSD) and depression. The self-medication model, which states that individuals experiencing distressing symptoms of PTSD use alcohol as a way to cope, is often cited as an explanation. Previous PTSD literature often suggests that alcohol is used to cope with PTSD-specific symptoms (e.g., reexperiencing). This study sought to determine if the self-medicating process of AUD is a response to general distress (i.e., dysphoria) or instead more specific PTSD symptoms. It was hypothesized that Time 1 dysphoria symptoms would predict change in AUD symptoms over 2 time points and that Time 1 depression symptoms would also predict change in AUD symptoms. In contrast, we did not expect Time 1 re-experiencing, avoidance, or arousal symptoms to predict change in AUD. Participants were 440 combat veterans who deployed to Iraq. Participants completed the PTSD Checklist, Beck Depression Inventory -2, and Alcohol Use Disorders Identification Test 3-6 months (Time 1) and 12-15 months (Time 2) post-deployment. A competitive regression of AUD, PTSD, and depression symptoms revealed that Time 1 dysphoria symptoms, but not other PTSD symptoms, predicted change in AUD.

## THU 159

### The Relationship between Trauma Exposure and Suicidal Behavior: A Moral Injury Perspective

(Abstract #283)

Poster #THU 159 (Clin Res, Anx, Clin Res, Adult) M - Industrialized

Mezzanine East/West/South

*Beristianos, Matthew, MA PhD Student<sup>1</sup>, Samuelson, Kristin, PhD<sup>1</sup>, Maguen, Shira, PhD<sup>2</sup>, Neylan, Thomas, MD<sup>3</sup>, Byers, Amy, PhD, MPH<sup>4</sup>*

<sup>1</sup>California School of Professional Psychology at Alliant International University, San Francisco, California, USA

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The present study aimed to examine specific traumatic experiences as risk factors for suicidal behavior, drawing from the theoretical perspective of Moral Injury (MI). We utilized the Collaborative Psychiatric Epidemiology Surveys data, a nationally representative survey of non-institutionalized Americans 18 years (n=16,423). Respondents were interviewed about exposure to trauma (27 events) and suicidal behaviors. Four of the 27 traumatic events were identified as potential MI experiences: 1) witnessing someone being badly injured or killed, or unexpectedly seeing a dead body; 2) doing something that accidentally led to the serious injury or death of another person; 3) seriously injuring, torturing, or killing another person on purpose; and 4) witnessing atrocities or carnage such as mutilated bodies or mass killings. Models adjusting for PTSD, depression, substance abuse, and demographics revealed that MI trauma exposure was significantly associated with a greater likelihood of suicidal ideation (OR= 1.24; 95% CI: 1.03-1.49), plans (OR=1.40; 95% CI: 1.15-1.69), and attempts (OR=1.81; 95% CI: 1.43-2.29) than non-MI trauma exposure. These findings support an emphasis on assessment and treatment for suicidal behavior among individuals exposed to traumatic experiences, particularly potentially morally injurious events—independent of meeting diagnostic criteria for PTSD.

## THU 160

### Adult Attachment Anxiety and Avoidance among Survivors of Child Abuse: Mediating and Moderating Roles of Emotion Dysregulation and Maternal Warmth

(Abstract #897)

Poster #THU 160 (Clin Res, Anx, CPA, CSA, Adult) M - Industrialized

Mezzanine East/West/South

*Espeleta, Hannah, Undergraduate<sup>1</sup>, Barton, Sarah, BBA<sup>1</sup>, Messman-Moore, Terri, PhD<sup>1</sup>, Cuellar, Raven, PhD<sup>2</sup>, Gaffey, Kathryn, PhD<sup>1</sup>*

<sup>1</sup>Miami University, Oxford, Ohio, USA

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Child abuse experiences have been linked to adult interpersonal difficulties including problems in intimate partnerships (DiLillo, 2001). However more research is needed to identify factors impacting these outcomes. The present study investigated whether emotion dysregulation (Ehring & Quak, 2010) mediates the relationship between three types of child abuse and attachment-related anxiety and avoidance in adult romantic relationships. The impact of maternal warmth (Oakley-Browne et al., 1995) on the relationship between each type of abuse and emotion dysregulation was examined as well. Data were collected utilizing self-report surveys from a group of 830 college women. Results indicated indirect effects via emotion dysregulation for child physical and sexual abuse models predicting adult attachment anxiety and avoidance. Additionally, both direct and indirect effects were found for child psychological abuse predicting adult attachment anxiety and avoidance. Maternal warmth did not interact with any form of child abuse when predicting adult attachment anxiety or avoidance. Findings suggest that emotion dysregulation difficulties have a significant impact on adult interpersonal attachments for child abuse survivors. As such, emotion dysregulation may be an important point of intervention within this population.

## THU 161

### Clarifying Correlations between Eating Pathology and Trauma Exposure

(Abstract #181)

Poster #THU 161 (Clin Res, Assess Dx, Clinical Practice, Health, Adult) I - Industrialized

Mezzanine  
East/West/South

*Crosby, Lindsay, MA PhD Student, Jacobson, Callie, Undergraduate, Borntrager, Cameo, PhD  
University of Montana, Missoula, Montana, USA*

Past research has revealed mixed results in the relationships between trauma exposure and eating disorder (ED) pathology. A majority of the research on trauma and eating pathology has focused on EDs and ED symptoms, with less emphasis on the more generalized concept of 'disordered eating' (DE), despite the fact that more individuals are likely to experience DE than threshold EDs. Objective: The goal of this study was to explore the influence of different trauma exposure types on EDs and DE. Method: Participants were recruited from a college population and administered questionnaires regarding trauma history and eating behavior (using both an eating attitudes and a ED symptom-based measure). Results: Linear regression analyses showed a significant relationship between ED and sexual abuse (SA) according to the symptom-based measure; though, SA was not significantly predictive of DE. Further, no other significant relationships between trauma and eating variables were found. Discussion: This project contributes important information to the field of psychology as clinicians and researchers seek to understand the varying effects of trauma exposure and the complexity of DE behaviors. Further this research highlights the importance of recognizing ED symptoms in addition to general eating attitudes throughout trauma assessment and treatment.

## THU 162

### Deliberate Self-Harm and Suicidal Ideation among Male Iraq/Afghanistan Era Veterans

(Abstract #1332)

Poster #THU 162 (Clin Res, Assess Dx, Mil/Vets, Adult) I - Industrialized

Mezzanine East/West/South

*Kimbrel, Nathan, PhD<sup>1</sup>, Johnson, Margaret, Doctoral Student<sup>2</sup>, Clancy, Carolina, PhD<sup>3</sup>, Hertzberg, Michael, MD<sup>3</sup>,  
Collie, Claire, PhD<sup>4</sup>, Van Voorhees, Elizabeth, PhD<sup>5</sup>*

<sup>1</sup>Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA

<sup>2</sup>Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA

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The objectives of the present research were to: (1) Examine the prevalence of deliberate self-harm (DSH) among male Iraq/Afghanistan-era veterans seeking treatment for post-traumatic stress disorder (PTSD); and (2) Evaluate the relationship between DSH and suicidal ideation within this population. Participants included 214 male Iraq/Afghanistan-era veterans. PTSD symptom severity was assessed with a diagnostic interview, whereas DSH and suicidal ideation were assessed with self-report. Approximately 57% of the sample reported engaging in DSH during their lifetime, and 45% reported engaging in DSH during the previous two weeks. As hypothesized, DSH was a significant predictor of suicidal ideation among male Iraq/Afghanistan-era veterans, odds ratio (OR) = 3.881,  $p < .0001$ , after accounting for age, race, combat exposure, and PTSD symptom severity. A follow-up analysis identified burning oneself, OR = 17.143,  $p = .017$ , and hitting oneself, OR = 7.926,  $p = .0007$ , as the specific DSH behaviors that were most strongly associated with suicidal ideation. Taken together, these findings suggest that: (1) DSH is highly prevalent among male Iraq/Afghanistan-era veterans seeking treatment for PTSD, and (2) DSH is associated with increased risk for suicidal ideation. Routine assessment and treatment of DSH is recommended when working with this population.

**THU 163****Sleep Outcomes in Massed Prolonged Exposure vs Minimal Contact**

(Abstract #1517)

**Poster #THU 163 (Clin Res, Sleep, Adult) I - Industrialized****Mezzanine East/West/South***Pruiksma, Kristi, PhD<sup>1</sup>, Taylor, Daniel, PhD<sup>2</sup>, Fina, Brooke, MSW<sup>1</sup>, McLean, Carmen, PhD<sup>3</sup>, Foa, Edna, PhD<sup>3</sup>, Borah, Adam, MD<sup>4</sup>*<sup>1</sup>*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*<sup>2</sup>*University of North Texas, Denton, Texas, USA*<sup>3</sup>*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*<sup>4</sup>*Carl R. Darnall Army Medical Center, Fort Hood, Texas, USA*

Sleep disturbances are among the most frequently reported symptoms of post-traumatic stress disorder (PTSD). Persistent sleep difficulties are associated with more severe PTSD, depression and poor health. Prior research indicates that sleep disturbances may not fully remit, even after successful PTSD treatment. The proposed study examines the efficacy of 10 sessions of PE delivered over two weeks (Massed PE-M; n = 62) compared to the minimal contact control group (n = 40) in reducing insomnia and nightmares in active duty service members. The study aims are to 1) describe the prevalence of insomnia and nightmares at baseline and at 2 week post-treatment in active duty service members who completed massed PE and who completed the 4-week minimal contact condition and 2) to determine if massed PE results in improved insomnia and nightmares compared to a minimal contact group at follow-up and 3) to examine if baseline insomnia and nightmares predict total PCL scores at follow-up. Analyses of the PTSD Checklist (PCL) and the PTSD Symptom Inventory (PSSI) at baseline and at follow-up will be presented. The results have implications regarding whether sleep disturbances in PTSD require specific intervention in active duty soldiers.

**THU 165****Evaluation of Acceptability and Symptom Severity in the Treatment of Post-Traumatic Stress Disorder (PTSD): A Comparison of a Meditation-Based Intervention (Mantram Repetition) and PTSD Coping Skills**

(Abstract #300)

**Poster #THU 165 (Clin Res, Clin Res, Adult) I - Industrialized****Mezzanine East/West/South***Krawczyk, Lois, PhD<sup>1</sup>, Le, Quoc, PhD<sup>2</sup>, Henson, Brandy, PhD<sup>3</sup>, Heppner, Pia, PhD<sup>4</sup>*<sup>1</sup>*VA Boston Healthcare System, Brockton, Massachusetts, USA*<sup>2</sup>*Veterans Administration West Los Angeles Health Center, Los Angeles, California, USA*<sup>3</sup>*Department of Veteran Affairs Medical Center, Spokane, Washington, USA*<sup>4</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

Given growing interest in complementary and alternative approaches to PTSD care, Veterans Affairs funded a demonstration project to explore the acceptability of these approaches in veterans with PTSD. Seven VA sites collected data on meditation-based interventions. This presentation reports results from one site's exploration of the acceptability of a meditation-based therapy, Mantram Repetition (MR; N=32), and measured symptom severity and mindfulness in participating veterans compared to veterans participating in traditional PTSD coping skills (PCS; N=29). The study was conducted in the natural clinic setting and veterans chose to engage in one of these two interventions. Participation consisted of a Clinician Administered PTSD Scale (CAPS) interview and self-report questionnaires. Assessments were completed before and after participation in 8 weeks of group treatment. Repeated measures (MANOVAs) revealed that: 1) MR has good acceptability (drop-out rates: MR=13% & PCS=19%), 2) PTSD symptom severity is significantly reduced in MR compared to PCS (CAPS p=.006; PCL p=.009), and 3) Mindfulness is enhanced in those choosing the meditation-based intervention (p=.003). Pros and cons of nonrandomized treatment studies will be discussed. Data will be shared exploring impact of trauma type (childhood versus combat) on acceptability of interventions and symptom severity.

**THU 166****Intrusion and Rumination: A Review of Studies Adopting Paradigm-Film Trauma**

(Abstract #546)

**Poster #THU 166 (Clin Res, Clin Res, Adult) I - Latin Amer & Carib****Mezzanine East/West/South**

*Pucci Santos, Luciana, Student for Pós-DSc<sup>1</sup>, Ventura, Paula, PhD<sup>1</sup>, Figueira, Ivan, MDiv, PhD<sup>1</sup>, Fernandes Pinho, Marcus, Sr Clin Psychologist<sup>2</sup>, Mendlowicz, Mauro, MD PhD<sup>3</sup>*

<sup>1</sup>*Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil*

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<sup>3</sup>*Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil*

Intrusion is an involuntary and spontaneous memory that arises in consciousness and is present in Post-traumatic Stress Disorder. In contrast, rumination is a deliberate recollection of events, usually in the form of unproductive circular thinking about the trauma and/or its consequences. Studies have adopted the trauma film paradigm (TFP) to investigate intrusions and ruminations. The aim of this study was to do a systematic review on studies using TFP. We searched for articles in the PILOTS, ISI, PubMed and PsycINFO electronic databases. Two groups of terms were used: about TFP and about intrusion/rumination. Were found 44 articles, from which 27 were selected according to the exclusion criteria. The analyses formed two categories: assessment of induction (7) and assessment of induction and intervention (20). The results of the first category, showed that intrusions were induced by TFP in experiments comparing changes produced by neutral and traumatic films. Regarding the second category, cognitive intervention, processes relating to attention suffer interference from content's film and directed informational processing is associated to intrusion in the same manner that TFP. Avoidance strategies maintain intrusions. It is concluded that the use of TFP in non-clinical samples is effective for inducing of intrusions and ruminations to study different types of interventions.

**THU 167****The Effectiveness of Cognitive Processing Therapy for Comorbid PTSD and TBI**

(Abstract #1318)

**Poster #THU 167 (Clin Res, Clin Res, Clinical Practice, Cog/Int, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South**

*Hearne, Catherine, PhD<sup>1</sup>, Fox, Katherine, PsyD<sup>2</sup>*

<sup>1</sup>*Albuquerque Veterans Affairs Hospital, Albuquerque, New Mexico, USA*

<sup>2</sup>*VA, Albuquerque, New Mexico, USA*

Post-Traumatic Stress Disorder (PTSD), depressive disorders, and history of Traumatic Brain Injury, (TBI), are increasingly prevalent comorbidities for veterans. TBI may complicate recovery from PTSD due to increased problems with executive function and attention during treatment, but there is limited research on the effectiveness of evidence-based PTSD treatments in the presence of TBI. This study used a clinical sample from an outpatient VA clinic (n = 46) to compare the effectiveness of Cognitive Processing Therapy (CPT) for PTSD in male veterans with and without comorbid mild to moderate TBI. Twenty-three veterans with comorbid presentations were match-paired with veterans without a history of TBI. Treatment completion and self-report measures of PTSD, depression, and alcohol use were compared between groups. There was no significant difference in treatment completion between groups, and the overall rate was 50%. Those with a history of TBI had higher depressive symptom scores at pretreatment but this difference was no longer significant at 6 weeks. There were no significant differences between groups in terms of treatment outcome; both groups showed significant reductions in pre/post treatment PTSD, depression, and alcohol use. Results suggest that CPT, even without protocol modifications, is equally effective for veterans with and without comorbid TBI.

**THU 168****Psychopathological Differences in a Diverse Sample of Female OIF/OEF Veterans with PTSD**

(Abstract #1137)

**Poster #THU 168 (Clin Res, Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized****Mezzanine  
East/West/South***Nason, Erica, MS PhD Student<sup>1</sup>, C' de Baca, Janet, PhD<sup>2</sup>, Keller, Jenna, BS<sup>3</sup>, Chee, Christine, PhD<sup>2</sup>, Castillo, Diane, PhD<sup>2</sup>*<sup>1</sup>*University of New Mexico, Albuquerque, New Mexico, USA*<sup>2</sup>*New Mexico VA Healthcare System, Albuquerque, New Mexico, USA*<sup>3</sup>*New England Research Institutes, Inc., Albuquerque, New Mexico, USA*

Women are five times more likely than men to experience PTSD (Hourani & Yuan, 1999) and comprise 14% of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom Veterans (OEF; DOD, 2008). However, research on female Veterans and ethnic minorities is limited. This study examined differences among Non-Hispanic White (NHW), Hispanic, and Native American (NA) OIF/OEF female Veterans with PTSD. Participants were 76 female Veterans (47% Hispanic, 34% NHW, and 19% NA) enrolled in a larger randomized control trial. Psychopathology was assessed at baseline with the SCID for DSM-IV, Axis I and II and CAPS. Despite few differences in demographics and trauma exposure, significant differences in psychopathology were found among the ethnic groups. Hispanics reported more severe PTSD than NHWs ( $p = .026$ ). Hispanics ( $p = .019$ ) and NAs ( $p = .043$ ) reported higher on avoidance/numbing symptoms than NHWs. Hispanics had higher rates of obsessive compulsive disorder (OCD) than NHWs ( $p = .003$ ) and NAs ( $p = .022$ ). Finally, Hispanics ( $p < .001$ ) and NAs ( $p < .001$ ) had higher rates of depressive personality disorder than NHWs. Hispanics showed greater PTSD severity and higher OCD rates. Additionally, the higher rates of depressive personality disorder in NAs and Hispanics may reflect alternative symptom expression from trauma exposure. Implications for these results will be discussed.

**THU 169****Examining PTSD Treatment Outcomes amidst mTBI and Alcohol Abuse Comorbidities**

(Abstract #1839)

**Poster #THU 169 (Clin Res, Clin Res, Clinical Practice, Mil/Vets, Adult) A - N/A Mezzanine East/West/South***Menefee, Deleene, PhD<sup>1</sup>, Wilde, Elisabeth, PhD<sup>2</sup>, Wanner, Jill, PhD<sup>3</sup>, Leopoulos, Wendy, MD<sup>1</sup>, Tran, Jana, PhD<sup>4</sup>, McCauley, Stephen, PhD<sup>4</sup>*<sup>1</sup>*Michael E. DeBaakey VA Medical Center / Baylor College of Medicine, The Menninger Department of Psychiatry and Behavioral Medicine / South Central Mental Illness Research Education and Clinical Center (MIRECC) / Traumatic Brain Injury Center of Excellence, Houston, Texas, USA*<sup>2</sup>*Baylor College of Medicine, Houston, Texas, USA*<sup>3</sup>*Michael E. DeBaakey VA Medical Center / Baylor College of Medicine, The Menninger Department of Psychiatry and Behavioral Medicine, Houston, Texas, USA*<sup>4</sup>*Michael E. DeBaakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA*

Combat-related comorbidities, namely PTSD, mTBI, and alcohol abuse (ETOH), significantly complicate the diagnosis and treatment of post-deployed veterans. Prevalence rates of PTSD in returning OEF/OIF veterans have ranged between 1.4 to 39%, and recent studies of these veterans highlight significant correlations between PTSD and hazardous drinking. In addition, recent statistics indicate that 60% of blast injuries result in TBI and approximately 20% of returning combat veterans have sustained a TBI, with the majority classified as mTBI, thereby, increasing the risk for developing a psychiatric disorder, with post-traumatic stress disorder (PTSD) most common. Prevalence rates of PTSD for OEF/OIF veterans are as high as 30-39% for those with a history of mTBI. Given the substantial prevalence of comorbidity between mTBI, PTSD, and alcohol abuse treatment outcomes may vary. The present study examined PTSD treatment outcomes and compare group differences among Veterans ( $n = 70$ ) on the CAPS for those with PTSD only, PTSD+ETOH, or PTSD+ETOH+mTBI. Findings from a repeated measures, mixed model examining change scores found significant PTSD symptom reduction for each group. However, the slope of change for the PTSD+ETOH+mTBI group was decreased less than the other two groups.

Implications for treatment of this trio of comorbidities will be discussed.

#### **THU 170**

##### **Can Nightmares Play a Role in the Efficiency of CBT for PTSD?**

(Abstract #963)

**Poster #THU 170 (Clin Res, Clin Res, Clinical Practice, QoL, Sleep, Adult) M - Industrialized**

**Mezzanine  
East/West/South**

*Levrier, Katia, PhD, MPH, MSc (Cand)<sup>1</sup>, Marchand, André, PhD<sup>2</sup>, Belleville, Geneviève, PhD<sup>3</sup>, Beaulieu-Prévost, Dominic, PhD<sup>4</sup>, Guay, Stéphane, PhD<sup>5</sup>*

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The cognitive and behavioral therapy (CBT) is the treatment of choice for post-traumatic stress disorder (PTSD). However, studies have revealed that sleep difficulties are not completely reduced after this treatment. After a traumatic event, 19% to 71 % of the victims with PTSD present frequent nightmares. We wonder if individuals who have more nightmares at the beginning of their treatment will less benefit from the therapy than those who present fewer or no nightmares. From 2008 to 2013, 71 participants with PTSD received a CBT of 20 sessions. The participants were evaluated at five measurement times: at the beginning of the treatment, after the third and ninth session, at post-treatment, and at 6 months follow-up. They fulfilled the Clinician-Administered PTSD Scale, and the Pittsburgh Sleep Quality Index and its addendum in French. The preliminary results demonstrate the presence of nightmares did not impact on the overall PTSD symptoms reduction. CBT was efficient in reducing PTSD symptoms but sleep difficulties remained with 82.80% (compared to 96.80% at pre-treatment) of the participants still having poor sleep quality at 6 months follow-up, with no differences between women (81.60%) and men (85%). Implications for prevention and treatment of sleep in PTSD are discussed.

#### **THU 171**

##### **Personalizing Outreach to Iraq/Afghanistan Veterans with Post-Traumatic Stress Disorder (PTSD) through a Certified Peer Support Specialist (CPS)**

(Abstract #1508)

**Poster #THU 171 (Clin Res, Clin Res, Comm/Int, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Joseph, Kaela, MS PhD Student<sup>1</sup>, Jain, Shaili, MD<sup>2</sup>, Lindley, Steven, PhD<sup>2</sup>*

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Novel advances in outreach and mental healthcare are needed for Veterans with PTSD, particularly in rural areas of the U.S. where about 28% of all Veterans reside (VHA, 2013). To address this need, we enacted an innovative project called the Peer Support Program at three rural, community based outpatient clinics of the VA Palo Alto Healthcare where there is often a shortage of mental health professionals. Two Certified Peer Specialists (CPS) were hired, trained and supervised to provide peer support. One implemented telephone outreach to encourage Veterans to utilize the program. Outreach was innovative for the following reasons 1) Outreach was done by a CPS with lived experience of PTSD 2) Outreach focused on a subpopulation of Veterans with PTSD identified, by the VA, as not receiving a sufficient amount of PTSD care (total: 150). Veterans were sent a personalized letter written by the CPS that focused on the CPS's experiences with PTSD. Letters were followed up by up to five phone calls from the CPS to gauge interest in attending the program. As needed, individual follow-up, referrals, and additional mailings occurred. We describe how this approach was designed and implemented, demographics of targeted Veterans, and outcomes of outreach. Preliminary data suggests outreach of this kind and scope reaches Veterans who otherwise

may not have followed up with PTSD services.

#### **THU 172**

### **PTSD Symptoms and Social Support in the Acute Period after a Trauma: A Preliminary Investigation of Competing Hypotheses**

(Abstract #3)

**Poster #THU 172 (Clin Res, Clin Res, Comm/Int, Fam/Int, Adult) M - Industrialized**

**Mezzanine  
East/West/South**

*Evans, Maggie, PhD Candidate, Bagrow, James, PhD, Price, Matthew, PhD  
University of Vermont, Burlington, Vermont, USA*

Community and family support is posited to protect against PTSD symptoms and disability after a trauma. However, most of this work has been cross-sectional and has not examined the relation between support and PTSD symptoms in the acute period after trauma. The current study tests two models of support and PTSD, (1) the conservation of resources model and (2) the social support deterioration model in the acute phase of a trauma with a prospective design. Participants recruited from a Level 1 Trauma Center (n=29) completed measures of PTSD symptoms, social support, and disability M=3.41 days after their injury, and at 1 and 3 months follow-up. Hierarchical linear regressions indicated that baseline PTSD symptoms were negatively associated with social support at 1- (b = -0.53, p = .033) and 3-months (b = -0.54, p = .033) and that 1-month disability ratings were negatively associated with subsequent social support (b = -0.29, p = .001). Conversely, there was not a significant relationship between baseline social support and subsequent PTSD symptoms (ps > .05). These results are consistent with the social support deterioration model, which suggests that increased distress shortly after a traumatic event reduces social support over time. The hypothesis that social support protects against PTSD symptoms was not supported.

#### **THU 173**

### **Cognitive-Behavioral Conjoint Therapy for PTSD: Does Pre-Treatment Relationship Adjustment Matter?**

(Abstract #63)

**Poster #THU 173 (Clin Res, Clin Res, Fam/Int, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Shnaider, Philippe, MA<sup>1</sup>, Sharma, Shankari, MA<sup>1</sup>, Jenzer, Tiffany, BA (Hons)<sup>1</sup>, Pukay-Martin, Nicole, PhD<sup>2</sup>,  
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<sup>2</sup>Cincinnati VA Medical Center, Cincinnati, Ohio, USA

Poor pre-treatment intimate relationship functioning is associated with less improvement in post-traumatic stress disorder (PTSD) and secondary outcomes in individual treatments. However, there is a paucity of research examining these associations among couple-based interventions for PTSD. The purpose of the present study was to examine whether pre-treatment relationship adjustment influenced PTSD and relationship outcomes in 27 couples who completed cognitive-behavioral conjoint therapy (CBCT) for PTSD. Results from multiple regression analyses indicated that patient and partner pre-treatment relationship adjustment did not predict PTSD outcomes. However, patient and partner pre-treatment relationship adjustment and their interaction predicted patient relationship adjustment outcomes. The interaction revealed that at high levels of partner relationship adjustment, there was no relationship between patient relationship adjustment at pre- and post-treatment. At low levels of partner relationship adjustment, there was a positive association between patient pre- and post-treatment relationship adjustment. Findings suggest that CBCT for PTSD may help overcome the deleterious effects of poor pre-treatment relationship functioning on treatment outcomes and that CBCT for PTSD can be effective with couples who report varying levels of pre-treatment PTSD and relationship adjustment.

#### THU 174

#### Comorbid Mental and Physical Health and Health Access in Cambodian Refugees in the US (Abstract #494)

Poster #THU 174 (Clin Res, Clin Res, Health, Refugee, Torture, Adult) M - N/A Mezzanine East/West/South

*Berthold, S. Megan, PhD, LCSW<sup>1</sup>, Kong, Sengly, PhD<sup>2</sup>, Mollica, Richard, MD, MAR<sup>3</sup>, Kuoch, Theanvy, MA, LPC<sup>2</sup>, Scully, Mary, APRN<sup>2</sup>, Franke, Todd, PhD MSW<sup>4</sup>*

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<sup>3</sup>Harvard Program in Refugee Trauma, Cambridge, Massachusetts, USA

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Objectives: (1) Identify the extent of physical and mental health problems in Cambodian refugee adults; (2) Explore the relationship between these conditions; (3) Examine whether age moderates the relationship; and (4) Identify barriers to healthcare access. Methods: Cross-sectional survey design. Snowball sample of 136 Cambodian refugee adults from CT and Western MA who survived the genocide in Cambodia. Results: 61% were diagnosed with 3 or more physical conditions and 73% with depression, PTSD or both. Despite readily accessible health care, most reported they were in poor health. Communication problems and lack of transportation were the biggest barriers to care. Participants with probable comorbid PTSD and depression had 1.850 times more physical health problems than those without either PTSD or depression ( $p > .001$ ; CI 1.334-2.566). Age moderated the relationship between mental health status and number of physical health conditions. Having comorbid PTSD and depression puts Cambodian refugees at risk for physical health problems no matter their age. Conclusions: The complex comorbid health status of Cambodian genocide survivors put them at high risk, particularly when they cannot effectively communicate with their providers. Providers should treat the complex healthcare needs of Cambodian survivors in a language they are able to speak and understand.

#### THU 175

#### The Influence of Variable Length Cognitive Processing Therapy on Perceived Health and Sleep Impairment (Abstract #587)

Poster #THU 175 (Clin Res, Clin Res, Health, Sleep, Adult) I - Industrialized Mezzanine East/West/South

*Wilkinson, Brian, Undergraduate, Chappuis, Courtney, Doctoral Student, Galovski, Tara, PhD  
University of Missouri - St. Louis, St. Louis, Missouri, USA*

Post-traumatic stress disorder is associated with impairment in a number of secondary health related outcomes including sleep disturbances and overall physical health functioning (Ohayon & Shapiro, 2000; Zayfert et al., 2002). These clinical correlates appear to improve significantly during a traditional 12-session course of Cognitive Processing Therapy (CPT), with continued remediation at 9 months post-treatment (Galovski et al., 2009). The current study aims to examine the impact of variable lengths of CPT (4-18 sessions) on perceived health and sleep impairment in a sample of interpersonal violence survivors. Additionally, we aimed to determine whether gains are maintained in the long-term (2 years post-treatment). Preliminary analyses of the ITT sample ( $N = 69$ ) revealed a significant main effect of time, such that improvements in perceived health ( $p < .001$ ;  $2p = .33$ ) and sleep impairment ( $p < .001$ ;  $2p = .33$ ) were observed following a course of CPT, with gains maintained at 2 years post-treatment. No significant interactions between completer status (early completers vs. long completers vs. dropouts) and time were found. These results suggest trauma survivors can experience and maintain significant gains in both perceived health and sleep impairment following a successful course of CPT, regardless of the duration of treatment.

#### THU 176

#### Maintenance of Treatment Outcomes following Structured Approach Therapy for PTSD: An Examination at Three Month Follow Up

(Abstract #1351)

Poster #THU 176 (Clin Res, Clin Res, Train/Ed/Dis, Mil/Vets, Adult) M - Global Mezzanine East/West/South

*Cretu, Julia, PsyD<sup>1</sup>, Sautter, Frederic, PhD<sup>1</sup>, Glynn, Shirley, PhD<sup>2</sup>, Yufik, Tomas, PhD<sup>3</sup>*

<sup>1</sup>*Tulane University Health Sciences Center, New Orleans, Louisiana, USA*

<sup>2</sup>*VA Office of Mental Health Services and VA Greater Los Angeles Healthcare System, Los Angeles, California, USA*

<sup>3</sup>*SUNY Buffalo, Austin, Texas, USA*

Returning Veterans show high rates of PTSD and depression, TBI, substance abuse, and high rates of relationship distress. Structured Approach Therapy (SAT), a couple-based PTSD treatment, is designed to reduce post-traumatic stress, while promoting the long-term wellness of returning Veterans and their loved ones. This study examines if treatment outcomes were maintained three months following treatment completion as part of a recent RCT comparing SAT to a couple-based educational intervention. OEF/OIF Veterans and their cohabiting partners were recruited into a RCT comparing twelve sessions of SAT and twelve sessions of PFE. Clinical outcomes included PTSD, relationship distress, and emotion-regulation measured at pre-treatment, post-treatment, and three month follow-up. Study findings from forty-one couples revealed that Veterans receiving SAT showed significantly greater reductions in self-rated (PCL-M) ( $F= 14.09$ ;  $p<0.004$ ) and clinician-rated (CAPS) PTSD ( $F=20.40$ ;  $p<.001$ ) as 16 of 21 Veterans with PTSD no longer meeting PTSD criteria, with CAPS < 45. SAT was associated with improvements in relationship functioning (DAS & ECR-R) and emotion regulation (CES-D, ACS & DERS). Treatment gains were sustained over the three month follow-up for SAT participants.

#### **THU 177**

##### **Predictors of Client Homework Effort: The Role of Daily Stressors**

(Abstract #758)

**Poster #THU 177 (Clin Res, Clinical Practice, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Gloth, Chelsea, Doctoral Student, Chappuis, Courtney, Doctoral Student, Galovski, Tara, PhD*

*University of Missouri - St. Louis, St. Louis, Missouri, USA*

Homework compliance has only recently received substantial attention in the literature (Fehm, 2008). Several studies have found that PTSD severity predicts homework compliance, such that those with more severe pre-treatment PTSD severity are less compliant with practice assignments (Scott & Stradling, 1998). While, clinically, clients often cite minor daily stressors as reasons for not attempting or completing assignments, the role of more minor stressors in homework compliance is unknown. The current study aims to assess the role of PTSD severity, depression severity, and minor daily stressors on clients' average effort on homework assignments (rated by the therapist). Participants were 54 clients who participated in Cognitive Processing Therapy. Results showed that two types of daily stressors along with depression were significantly related to average effort on homework ( $p<.05$ ), but PTSD severity was not. When entered into a multiple regression, the average impact of daily stressors significantly predicted average effort on homework ( $p<.05$ ) and accounted for 23% of the variance ( $R^2$ ) in the model. This suggests that it is important for clinicians to assess for minor daily stressors as well as resolve them so that clients can more fully engage in the treatment protocol within and outside of the session.

#### **THU 178**

##### **Changes in Partners' Accommodation with a Present-Centered Cognitive-Behavioral Conjoint Therapy for PTSD**

(Abstract #981)

**Poster #THU 178 (Clin Res, Clinical Practice, Fam/Int, Adult) I - N/A**

**Mezzanine East/West/South**

*Taillefer, Stephanie, MA PhD Student<sup>1</sup>, Pukay-Martin, Nicole, PhD<sup>2</sup>, Shnaider, Philippe, MA<sup>1</sup>, Monson, Candice, PhD<sup>1</sup>*

<sup>1</sup>*Ryerson University, Toronto, Ontario, Canada*

<sup>2</sup>*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

Interpersonal factors have been shown to significantly influence individual post-traumatic stress disorder (PTSD) treatment outcomes (e.g., Price et al., 2013; Tarrier et al., 1999). One such factor is "accommodation", which refers

to behaviors that partners engage in to alleviate patients' distress, such as taking over responsibilities or facilitating avoidance. Couple-based cognitive-behavioral interventions for PTSD target avoidance, which includes addressing partners' accommodating behaviors. However, the need to explicitly target behavioral avoidance to reduce accommodation has yet to be demonstrated. The current study examined changes in partners' accommodation following a present-focused cognitive-behavioral conjoint therapy for PTSD. In this approach, the trauma-focused elements targeting avoidance were removed, making the therapy a mix of present-centered and general couple therapy for PTSD. Six couples participated in the treatment and completed pre- and post-treatment assessments. Results revealed statistically significant, medium effect size decreases in the frequency and distress associated with partners' accommodation following treatment. These findings provide preliminary evidence that a present-focused conjoint therapy for PTSD may reduce partner accommodation without having to explicitly target avoidance. The implications of these results will be discussed.

#### **THU 179**

#### **Cognitive-Behavioral Conjoint Therapy for Post-Traumatic Stress Disorder in Non-Romantic Dyads: Results of a Case Study**

(Abstract #1642)

**Poster #THU 179 (Clin Res, Clinical Practice, Fam/Int, Pub Health, Adult) I - Industrialized**

**Mezzanine  
East/West/South**

*Sharma, Shankari, MA<sup>1</sup>, Pukay-Martin, Nicole, PhD<sup>2</sup>, Landy, Meredith, Doctoral Student<sup>3</sup>, Lane, Jeanine, Doctoral Student<sup>3</sup>, Wagner, Anne, PhD<sup>1</sup>, Monson, Candice, PhD<sup>1</sup>*

<sup>1</sup>Ryerson University, Toronto, Ontario, Canada

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<sup>3</sup>Ryerson University, Department of Psychology, Toronto, Ontario, Canada

Cognitive-Behavioral Conjoint Therapy for Post-Traumatic Stress Disorder (CBCT for PTSD) has been shown to simultaneously improve PTSD symptoms and enhance relationship adjustment (e.g., Monson et al., 2004; 2011). Although this therapy has initially been tested with romantic dyads, we investigated its efficacy when the PTSD-identified partner attended sessions with a non-romantic significant other, in an effort to make CBCT for PTSD accessible to individuals who are not currently in romantic relationships but are suffering PTSD symptoms and relational distress. The goals of the therapy are identical to standard CBCT for PTSD, with the non-romantic dyad encouraged to share session content and practice skills between therapy sessions. It was hypothesized that CBCT for PTSD delivered to non-romantic dyads would decrease PTSD symptoms and improve interpersonal functioning. An initial test was conducted in a non-romantic dyad, in which the son had suffered childhood physical abuse from his father. Now an adult, he and his mother completed the 15-session protocol and pre-treatment, post-treatment, and 3-month follow-up assessments. Preliminary results show that there were clinically significant improvements in PTSD symptoms and relationship adjustment. Results will be discussed with respect to mental health and relationship functioning, as well as treatment implications.

#### **THU 180**

#### **Trauma Exposure Severity and Distress Tolerance among Substance-Dependent Adults: Relations with HIV Worry and Testing**

(Abstract #1193)

**Poster #THU 180 (Clin Res, Cog/Int, Health, Sub/Abuse, Adult) I - Industrialized**

**Mezzanine  
East/West/South**

*Atkinson, Dean, Doctoral Student<sup>1</sup>, Vujanovic, Anka, PhD<sup>1</sup>, Suchting, Robert, PhD<sup>1</sup>, Abrams, Jocelyn, Doctoral Student<sup>2</sup>, Schmitz, Joy, PhD<sup>1</sup>*

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<sup>2</sup>University of Houston, Houston, Texas, USA

Trauma exposure severity and distress tolerance (DT), defined here as the perceived ability to tolerate negative emotional states, are pertinent factors for better understanding HIV worry and testing behavior and informing the

development of effective intervention and prevention programs. This study examined the main and interactive effects of trauma exposure severity and DT with regard to self-reported worry about contracting HIV and number of past HIV tests. Participants were 79 (11 women;  $M_{age} = 44.3$ ,  $SD = 11.2$ ) trauma-exposed, cocaine dependent, predominantly African American adults presenting to an addictions research center; data collection is ongoing. Participants were administered diagnostic interviews, provided urine samples to confirm active substance use, and completed self-report questionnaires. Trauma exposure severity was significantly related to HIV worry and number of HIV blood tests ( $p$ 's  $< .05$ ), such that higher number of trauma exposure types was related to greater worry and history of testing. The interactive effect of trauma exposure severity and DT was significantly associated with number of past HIV tests ( $p < .01$ ), suggesting that lower levels of DT among cocaine-dependent adults exposed to a greater variety of trauma types was related to greater tendency to seek HIV testing. Clinical implications and future research directions will be discussed.

#### **THU 181**

#### **Post-Traumatic Stress Disorder Severity and Symptomology as Predictors of Neuropsychological Functioning in Victims of Interpersonal Trauma**

(Abstract #190)

**Poster #THU 181 (Clin Res, Cog/Int, Bio/Int, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Turkel, Melissa, BA, Buchholz, Katherine, MA, Bruce, Steven, PhD*  
*University of Missouri - St. Louis, St. Louis, Missouri, USA*

Previous literature has demonstrated that post-traumatic stress disorder (PTSD) can negatively impact neuropsychological functioning. Less is known about the ways in which individual PTSD symptom clusters (re-experiencing, avoidance, and hyperarousal) contribute to cognitive deficits. The current study examined 32 adult women who had experienced interpersonal trauma, and met DSM-IV-TR criteria for PTSD. Participants completed both clinician administered and self-report measures of PTSD. Neuropsychological measures were also administered, including Wisconsin Card Sort Task (WCST), the Stroop Color and Word Test, and the Trails Making Test. Preliminary results indicate that self-reported PTSD symptoms, in particular re-experiencing symptoms, were significantly related to WCST perseverative responses ( $p = .023$ ), and perseverative errors ( $p = .032$ ). In addition, self-reported avoidance symptoms were significantly related to WCST trials administered ( $p = .039$ ). In contrast, clinician-administered re-experiencing and hyperarousal scores were significantly related to Stroop color and color word scores. Findings are consistent with prior research that PTSD may affect executive functioning. Moreover, differential findings based on assessment methods (self-report vs. clinician administered) raise important clinical and assessment concerns. Clinical implications will be discussed.

#### **THU 182**

#### **Dimensions of Interpersonal Functioning Predict Treatment Choice among Survivors of Dating Violence**

(Abstract #270)

**Poster #THU 182 (Clin Res, Cog/Int, Complex, DV, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Yalch, Matthew, MA PhD Student<sup>1</sup>, Schroder, Hans, BA<sup>1</sup>, Dawood, Sindes, BA<sup>2</sup>, Moser, Jason, PhD<sup>1</sup>*  
*<sup>1</sup>Michigan State University, East Lansing, Michigan, USA*  
*<sup>2</sup>Penn State University, University Park, Pennsylvania, USA*

Dating violence (DV) is pervasive problem among young adult women that is associated with a number of psychological problems. However, not all women who experience DV seek treatment following their experiences and research is unclear about what factors may influence the kind of treatment (if any) survivors of DV are likely to prefer. Given evidence suggesting that dimensions of interpersonal functioning (warmth and dominance) influence women's psychological response to DV, it stands to reason that they might also influence treatment choice. In this study, we examined the association between interpersonal dimensions and hypothetical treatment choice (psychotherapy with and without medication, medication only, and no treatment) in a sample of women exposed to DV ( $N = 117$ ) using a Bayesian approach to logistic regression. Results indicated that lower warmth and higher dominance were each associated with a preference for medication relative to psychotherapy. These results

underscore the relevance of interpersonal factors for discussing treatment options with DV survivors, although future research should examine whether such factors also influence treatment response.

#### THU 183

##### Changes in Trauma-Related Cognitions with Cognitive-Behavioral Conjoint Therapy for PTSD

(Abstract #961)

Poster #THU 183 (Clin Res, Cog/Int, Fam/Int, Adult) I - Industrialized

Mezzanine East/West/South

*Macdonald, Alexandra, PhD<sup>1</sup>, Wagner, Anne, PhD<sup>2</sup>, Pukay-Martin, Nicole, PhD<sup>3</sup>, Fredman, Steffany, PhD<sup>4</sup>, Monson, Candice, PhD<sup>2</sup>*

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Cognitive-Behavioral Conjoint Therapy for post-traumatic stress disorder (CBCT for PTSD) reduces PTSD symptoms and improves relationship functioning (Monson & Fredman, 2012). A putative mechanism of change in CBCT for PTSD are beliefs postulated to maintain PTSD and relationship distress. Although CBCT for PTSD has been shown to improve PTSD (Monson et al., 2012), it is unknown whether corresponding changes in trauma-related cognitions occur. This study investigated whether CBCT for PTSD improved trauma-related cognitions relative to waitlist (WL) in a randomized controlled trial of 40 patients who had experienced various traumatic events, including childhood trauma, and their 40 partners. Hierarchical linear models predicted measures of affect control (Affective Control Scale; ACS), trauma beliefs (Personal Beliefs and Reactions Scale-Modified; PBRs-M), guilt (Trauma-Related Guilt Inventory; TRGI), and world-views (World Assumptions Scale; WAS). Patients in CBCT for PTSD, compared with WL, improved on the positive affect scale of the ACS, all subscales of the TRGI (except hindsight bias/responsibility) and the PBRs-M. Between-group effect sizes were moderate to large for CBCT for PTSD over WL for most outcomes. The success of CBCT for PTSD in improving these cognitions is encouraging and provides support for the use of cognitive interventions in the dyadic treatment of PTSD.

#### THU 184

##### Distress Tolerance: Associations with Post-Traumatic Stress, Depressive Symptoms, and Substance Use Treatment History among Trauma-Exposed, Cocaine-Dependent Adults

(Abstract #1123)

Poster #THU 184 (Clin Res, Cog/Int, Health, Sub/Abuse, Adult) I - Industrialized

Mezzanine East/West/South

*Abrams, Jocelyn, Doctoral Student<sup>1</sup>, Vujanovic, Anka, PhD<sup>2</sup>, Suchting, Robert, PhD<sup>2</sup>, Amador, Christy, MA Student<sup>1</sup>, Atkinson, Dean, Doctoral Student<sup>2</sup>, Schmitz, Joy, PhD<sup>2</sup>*

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<sup>2</sup>University of Texas Health Science Center, Houston, Texas, USA

Emerging research has begun to suggest meaningful associations between distress tolerance (DT), defined as the perceived capacity to tolerate negative emotional states, and post-traumatic stress, depressive symptoms, and negative substance use treatment outcomes. Few studies have examined DT in the context of trauma, and no studies have examined its associations with psychological symptoms and treatment history among trauma-exposed, substance-dependent adults. The present investigation examined incremental associations between DT and post-traumatic stress symptom severity, depressive symptom severity, and self-reported substance use treatment history. Participants were comprised of 79 (11 women; Mage = 44.3, SD = 11.2) trauma-exposed, cocaine dependent, predominantly African American adults presenting to an addictions research center; data collection is ongoing. Participants were administered diagnostic interviews, provided urine samples to confirm active substance use, and completed self-report questionnaires. Trauma exposure severity and substance use severity were included as covariates. Overall, DT was significantly, incrementally (inversely) associated with post-traumatic stress symptom

severity ( $p < .001$ ), depressive symptom severity ( $p < .001$ ), and number of past substance abuse treatments ( $p < .05$ ). Clinical implications and future research directions will be discussed.

#### **THU 185**

### **Utilizing the Impact Statements in Cognitive Processing Therapy as a Novel Measure of Idiosyncratic Change in Psychosocial Functioning**

(Abstract #1201)

**Poster #THU 185 (Clin Res, Cog/Int, QoL, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Boeck, Renee, Doctoral Student, Gloth, Chelsea, Doctoral Student, Galovski, Tara, PhD  
University of Missouri St. Louis, St. Louis, Missouri, USA*

Psychosocial functioning issues related to PTSD have profound impacts on individuals' lives in occupational, interpersonal, social/leisure, and sexual domains (Galovski et al., 2005). Cognitive Processing Therapy (CPT) reduces PTSD symptoms and enhances quality of life over the course of treatment (Galovski, et al., 2012). This study attempted to replicate those findings using a sample of 53 completers of CPT from two NIH-funded efficacy trials. As expected, PTSD symptoms decreased as measured by the CAPS ( $t = 14.902, p < .001$ ) and quality of life estimations improved over the course of treatment as measured by the QOLI ( $t = -4.271, p < .001$ ). The second, larger aim of this study is to assess changes in psychosocial functioning by examining 53 pairs of impact statements (IS) written at the beginning and end of CPT treatment. Since a significant portion of ISs are related to psychosocial functioning (Sobel, Resick, & Rabalais, 2009), it is hypothesized that significantly more positive and fewer negative statements regarding participants' idiosyncratic views on psychosocial functioning will emerge in post-IS as compared to pre-IS. Relative change across the major domains of functioning will also be assessed.

#### **THU 186**

### **Sleep Disturbance and Neurocognitive Function in OEF/OIF Veterans with PTSD**

(Abstract #1622)

**Poster #THU 186 (Clin Res, Cog/Int, Sleep, Mil/Vets, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Brownlow, Janeese, PhD<sup>1</sup>, Harb, Gerlinde, PhD<sup>2</sup>, Gehrman, Philip, PhD<sup>1</sup>, Gur, Ruben, PhD<sup>1</sup>, Ross, Richard, MD PhD<sup>2</sup>*

<sup>1</sup>University of Pennsylvania, Philadelphia, Pennsylvania, USA

<sup>2</sup>Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA

Insomnia and recurrent nightmares are prominent symptoms of post-traumatic stress disorder (PTSD). Both sleep disturbance and PTSD are associated with neurocognitive impairments. This study examined the associations of sleep disturbance and PTSD severity with neurocognitive function. Seventy-five OEF/OIF Veterans (14.9% female; mean age 37.34,  $SD = 9.84$ ) were recruited from the Philadelphia VA Medical Center and its community clinics. Participants' symptomatology was assessed using the CAPS, the Nightmare Frequency Questionnaire, the Nightmare Distress Questionnaire, and the Pittsburgh Sleep Quality Index (PSQI). The Penn Computerized Neurocognitive Battery was utilized to assess neurocognitive functions including executive function (abstraction, attention, working memory), episodic memory, complex cognition, social cognition, and sensorimotor speed. Nightmare frequency was significantly associated with poorer attention ( $r = -.29, p = .014$ ) and abstraction ( $r = -.26, p = .030$ ), and nightmare distress was associated with poorer spatial memory ( $r = -.27, p = .019$ ). PSQI score and PTSD severity were not associated with any neurocognitive measures. Findings suggest that nightmare frequency and distress may have important implications for functional outcomes.

**THU 187****Association of Childhood Neglect with Self-Regulation and PTSD**

(Abstract #811)

**Poster #THU 187 (Clin Res, Complex, Neglect, Rape, Adult) M - N/A****Mezzanine East/West/South**

*Feiszli, Kevin, BS, BA, Domino, Jessica, MS PhD Student, Lee, Daniel, BA, Weathers, Frank, PhD  
Auburn University, Auburn, Alabama, USA*

Child maltreatment has long been associated with post-traumatic stress disorder (PTSD). However, this literature has focused primarily on physical and sexual abuse, overlooking the long-term effects of neglect. The present study examined the association between emotional and physical neglect, self-regulatory capacities, and PTSD in trauma-exposed undergraduates. Participants (N=146) completed the Inventory of Altered Self-Capacities (IASC), the Childhood Trauma Questionnaire (CTQ), and the PTSD Checklist-5 (PCL-5). CTQ emotional and physical neglect scales were positively associated with most IASC subscales ( $r_s = .20-.30$ ). A two-way (Emotional Neglect X Trauma Type) ANOVA for total PCL-5 score yielded a main effect for trauma type, with sexual abuse victims reporting significantly higher PCL-5 scores than motor vehicle accident victims. The main effect of emotional neglect was non-significant, as was the interaction effect. A second two-way ANOVA, replacing emotional neglect with physical neglect, yielded similar results. The same main effect was found for trauma type, but the main effect of physical neglect and the interaction effect were both non-significant. Results suggest that trauma type has the greater impact on PTSD severity. Although associated with self-regulation, childhood neglect does not predict development of PTSD following traumatic events later in life.

**THU 188****Childhood Trauma as a Predictor of Hardiness in Later Adulthood**

(Abstract #1672)

**Poster #THU 188 (Clin Res, CPA, Adult) M - Industrialized****Mezzanine East/West/South**

*McMenamin, Francis, BA<sup>1</sup>, Wachen, Jennifer, PhD<sup>2</sup>, Smith, Brian, PhD<sup>3</sup>, Shipherd, Jillian, PhD<sup>4</sup>*

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<sup>4</sup>National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA

Studies have shown childhood trauma to have detrimental mental health consequences in later adulthood (e.g., Chapman et al., 2004; Grote et al., 2012). This is especially true when subsequent stressors are experienced, as posited by the conservation of resources theory (Hobfoll, 1989). Further, stressful life events have been shown to reduce hardiness for those with low social support (Vogt, Rizvi, Shipherd, & Resick, 2008). To date, little or no research has compared the effects of childhood trauma versus adult life stressors on hardiness. This study examines the effects of childhood and adult trauma on hardiness, and the role of social support in these relationships. Data were obtained from a larger longitudinal study of 1,571 Marine recruits. Childhood trauma was assessed at the beginning of boot camp; hardiness and social support were assessed 10 years after training. A regression-based path analysis framework was applied for estimating direct and indirect effects of trauma exposure on hardiness via social support. Results support a direct effect of childhood trauma on hardiness, while adult life stressors showed no direct effect. There was an indirect effect of social support on hardiness for both trauma types. Findings indicate that childhood trauma may undermine later social support and resilience.

**THU 189****Current Symptomatic Distress as a Function of Proximal and Distal Factors Associated with Child Maltreatment**

(Abstract #1689)

**Poster #THU 189 (Clin Res, CPA, Chronic, Fam/Int, Adult) I - Industrialized Mezzanine East/West/South***Calvert, Maegan, MS PhD Student, Petretic, Patricia, PhD, Karlsson, Marie, MA PhD Student  
University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA*

Childhood maltreatment and problematic parenting (distal factors) affect an individual's adult functioning. However, proximal factors also affect levels of distress. These mechanisms have implications for risk and resilience research, as well as clinical work. Participants (N = 217) were female undergraduates from a southern university. They were age 17 - 60 (M=19) and primarily Caucasian (80%). Participants completed the CIC, MFPS, ECR, and TSI. Emotional and physical abuse were related to lower perceived parental encouragement and acceptance, as well as, increased levels of perceived parental rejection. Additionally, these distal factors were related to current functioning such as trauma symptoms, dysphoria, problematic self-perceptions, and perceptions of attachment functioning (i.e. fear of abandonment, uncertainty about the relationship, and anger). While distal factors of problematic parenting were related to distress, a more proximal factor mediated this relationship. The perception of attachment functioning in current romantic relationships mediates the relationship between problematic parenting and symptomatic distress. These data suggest continued negative perceptions regarding relationships in adulthood have a large impact on the current functioning of the adult survivor of child abuse and maltreatment.

**THU 190****Childhood Trauma Exposure and PTSD Symptoms in 9-1-1 Telecommunicators: The Role of Emotion-focused Coping**

(Abstract #198)

**Poster #THU 190 (Clin Res, CPA, Cog/Int, Adult) M - Industrialized Mezzanine East/West/South***Allen, Christy, BA, Mercer, Mary Catherine, BA, Lilly, Michelle, PhD  
Northern Illinois University, DeKalb, Illinois, USA*

The objective of the present study was to examine the effects of childhood trauma exposure on duty-related coping strategies and post-traumatic stress symptoms (PTSS) in 9-1-1 telecommunicators. Telecommunicators experience a high rate of exposure to potentially traumatizing events, placing them at enhanced risk for adverse psychological health. The development of unhealthy coping behaviors may be one pathway through which early exposure to trauma leads to later psychological issues. In the present study, strategies of coping with work-related distress were hypothesized to mediate the relationship between a history of childhood trauma exposure and duty-related PTSS. As part of a larger study on telecommunicator health, 676 telecommunicators were assessed on childhood trauma exposure, duty-related PTSS, and coping style. Multiple mediation models showed that only emotion-focused coping strategies, and not problem-focused strategies, significantly mediated the relationship between childhood exposure and duty-related PTSS, accounting for 25% of the variance in PTSS. Pairwise comparisons showed that self-controlling and escape avoidance strategies were the strongest mediators of this relationship. The results support a cumulative risk model in which early exposure to trauma may enhance susceptibility to adverse outcomes in adulthood via problematic coping strategies.

**THU 191****Perceptions of Positive and Negative Change: Mothers with Histories of Childhood Maltreatment**

(Abstract #1666)

**Poster #THU 191 (Clin Res, CPA, CSA, Chronic, Complex, Adult) I - Industrialized****Mezzanine  
East/West/South***Kovacevic, Merdijana, BS<sup>1</sup>, Khan, Maria, BA<sup>1</sup>, Fava, Nicole, PhD MSW<sup>1</sup>, Smith, Erin, MA<sup>1</sup>, Simon, Valerie, PhD<sup>1</sup>, Muzik, Maria, MD<sup>2</sup>*<sup>1</sup>Wayne State University, Detroit, Michigan, USA<sup>2</sup>University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

Research indicates that survivors of maltreatment can experience resilience and growth, as trauma may encourage re-evaluation of perceptions of the self, relationships, and life philosophies. Investigation of co-occurring positive and negative changes may provide a comprehensive understanding of the impact of childhood maltreatment (CM) during important life transition periods, like motherhood. The present study examines positive and negative post-traumatic changes (PTC) among mothers with histories of CM. During semi-structured interviews, mothers ( $N = 100$ ;  $M = 29.6$  years;  $SD = 5.9$ ) expressed thoughts and feelings regarding a childhood sexual, emotional, or physical abuse experience. Verbatim transcriptions were coded for personal, interpersonal, worldview, and sexuality PTC. The majority of women reported both positive (92%) and negative (83%) changes, with personal and interpersonal changes being most prevalent. Married, older, and/or Caucasian mothers reported stronger positive changes, while mothers with histories of frequent and varied types of CM reported stronger negative changes. These findings imply that mothers have a complex understanding of their abuse experiences, which may impact self-worth and quality of relationships. While child maltreatment is linked to negative outcomes, our findings suggest that mothers with histories of CM can also find positive meaning.

**THU 192****Revictimization: Do Different Forms of Child Maltreatment Relate Differentially to Trauma Exposure in Adulthood?**

(Abstract #911)

**Poster #THU 192 (Clin Res, CPA, CSA, Chronic, Neglect, Adult) I - Industrialized****Mezzanine  
East/West/South***Lim, Ban Hong (Phyllice), BA<sup>1</sup>, London, Melissa, BA<sup>1</sup>, Bell, Kathryn, PhD<sup>2</sup>, Lilly, Michelle, PhD<sup>1</sup>*<sup>1</sup>Northern Illinois University, DeKalb, Illinois, USA<sup>2</sup>Capital University, Columbus, Ohio, USA

Child maltreatment (CM), particularly sexual abuse (CSA) and physical abuse (CPA), is a robust vulnerability factor for revictimization in adulthood. Less is known about how other CM experiences (i.e., emotional abuse, emotional and physical neglect) relate to revictimization. This study investigates whether type of CM leads to differential adulthood revictimization patterns in a sample of 211 female community CM survivors. Emotional neglect was the most prevalent CM reported, followed by emotional abuse, physical abuse, physical neglect, and sexual abuse. CPA emerged as the only significant predictor for physical revictimization ( $p = .005$ ); women with CPA histories were 2.5 times more likely to experience physical revictimization in adulthood than women without such history. Conversely, sexual revictimization was predicted by CSA ( $p = .038$ ) and CPA ( $p = .040$ ). Women with a history of CSA or CPA were twice more likely to experience sexual revictimization in adulthood than women without such history. Emotional abuse was only marginally significant ( $p = .066$ ) in predicting sexual revictimization; neglect was not predictive of any revictimization. Further, binary logistic regression revealed that with each additional type of CM exposure, one's risks for sexual and physical revictimization increased by 1.6 and 1.4, respectively. Implications of findings will be discussed.

**THU 193****Childhood Maltreatment as a Predictor of Subsequent Interpersonal Problems in Young Adult Relationships: The Mediating Role of Maladaptive Schemas**

(Abstract #1536)

**Poster #THU 193 (Clin Res, CPA, CSA, Clin Res, Cog/Int, Adult) M - Industrialized****Mezzanine  
East/West/South***Holt, Samantha, MA Student, Dubow, Eric, PhD  
Bowling Green State University, Bowling Green, Ohio, USA*

Childhood maltreatment has been linked to subsequent interpersonal problems in young adulthood, but the mechanisms through which this occurs are unclear. The current study examined maladaptive schemas (Young, Klosko, & Weissnar, 2003) as a mediator of the relations of childhood maltreatment and exposure to family violence with perpetration of aggression, victimization, and social avoidance and distress in young adulthood. Data were collected using retrospective online surveys from 563 undergraduate students, 76 Facebook users, and 76 members of online support groups. Higher levels of childhood maltreatment and family violence were related to higher levels of perpetration, victimization, and social avoidance and distress. Maladaptive schemas in the Impaired Limits domain mediated the effect of childhood maltreatment on perpetration of aggression, including sexual perpetration. Maladaptive schemas in the Disconnection/Rejection and Other-Directedness domains mediated the effect of childhood maltreatment on revictimization, but not sexual revictimization. Maladaptive schemas in the Disconnection/Rejection domain also mediated the effect of childhood maltreatment on social avoidance and distress. Results suggest that maladaptive schemas may be an important focus for interventions assisting individuals with a history of childhood maltreatment and/or exposure to family violence.

**THU 194****The Impact of Childhood Abuse on Treatment Effectiveness in a Sample with Comorbid PTSD and Alcohol Misuse**

(Abstract #1138)

**Poster #THU 194 (Clin Res, CPA, CSA, Clin Res, Sub/Abuse, Adult) I - Industrialized****Mezzanine  
East/West/South***Eidlitz, Laura, MA PhD Student<sup>1</sup>, Szymanski, Kate, PhD<sup>1</sup>, Paul, Elise, MA PhD Student<sup>2</sup>, Hien, Denise, PhD, ABPP<sup>3</sup>*<sup>1</sup>*Adelphi University, Derner Institute, Garden City, New York, USA*<sup>2</sup>*Cornell University, Ithaca, New York, USA*<sup>3</sup>*City College of the City University of New York, New York, New York, USA*

This study addresses the question of how the age of physical/sexual assault onset impacts the integrated CBT treatment effectiveness in adult outpatients with comorbid Post-Traumatic Stress Disorder (PTSD) and alcohol misuse. The treatment (Seeking Safety) is a manualized CBT intervention aimed to concurrently address trauma and substance abuse. Based on the existing research, we predicted that childhood exposure to physical/sexual assault would be associated with a higher pathology and smaller social network pre-treatment than an adult onset. However the question remained of how effective the intervention was based on the post-treatment assessment. In this secondary analysis of a randomized clinical trial sixty-nine participants completed self-report measures of trauma exposure, PTSD, alcohol use and social network size pre- and post- 12 weeks of treatment. Linear regression revealed that childhood onset of sexual abuse was predictive of smaller social network size ( $\beta = .31, p < .05$ ) at baseline thus partially supporting our prediction. Post-treatment analysis demonstrated that early onset of physical abuse was associated with more self-reported PTSD symptoms ( $\beta = -.41, p < .001$ ) thus suggesting that short-term integrated CBT treatment is less effective for patients with childhood onset of physical abuse. They may require more specialized or extensive intervention.

## THU 195

### Adverse Childhood Experiences, Emotional Support, and the Perception of Ability to Work in Adults with Disability

(Abstract #713)

Poster #THU 195 (Clin Res, CPA, CSA, Clinical Practice, Pub Health, Adult) I - Industrialized

Mezzanine  
East/West/South

*Schüssler-Fiorenza Rose, Sophia Miryam, MD PhD<sup>1</sup>, Eslinger, Jessica, PhD, LCSW<sup>2</sup>, Scaccia, Jaime, PsyD<sup>3</sup>, Zimmerman, Lindsey, PhD<sup>4</sup>, Lai, Betty, PhD<sup>5</sup>, Alisic, Eva, PhD<sup>6</sup>*

<sup>1</sup>Stanford University School of Medicine/VA Palo Alto Health Care System, USA, California, USA

<sup>2</sup>University of Kentucky Center for the Study of Violence Against Children, Lexington, Kentucky, USA

<sup>3</sup>Adler School of Psychology, Chicago, Illinois, USA

<sup>4</sup>University of Washington School of Medicine, Seattle, Washington, USA

<sup>5</sup>Georgia State University, Atlanta, Georgia, USA

<sup>6</sup>Monash University, Melbourne, Australia, Australia

We examined the impact of adverse childhood experiences (ACEs) and emotional/social support on self-reported work inability in 13,000 adults with self-reported disability who completed the Behavioral Risk Factor Surveillance System survey in 2009 or 2010. We conducted logistic regression analyses to predict odds of work inability using ACEs, perceived emotional/social support, and structural support (another adult in home) as primary predictors. We then tested the following potential moderators: education, days of poor physical and mental health. All analyses controlled for age, sex, and race. Experiencing more ACE categories (1.10 [1.05-1.15]) increased the odds of work inability whereas perceived emotional/social support (0.56 [0.47-0.68]) and another adult in home (0.51 [0.43-0.61]) were protective. In models examining potential moderators, higher education was highly protective, whereas more days of poor physical and mental health increased the odds of work inability. Adding poor mental health days to the model attenuated the effects of ACEs and emotional/social support, but the protective effect of living with another adult remained statistically significant. Health care providers are encouraged to screen for ACEs and emotional support, particularly when patients live alone. Referrals to increase such support (e.g. group services) may increase ability to work.

## THU 196

### Childhood Trauma Exposure, Adult Attachment, and Youth Workers' Social Network Structure

(Abstract #940)

Poster #THU 196 (Clin Res, CPA, CSA, Comm/Int, Dev/Int, Adult) I - Industrialized

Mezzanine  
East/West/South

*Wilkins, Ashley, MA<sup>1</sup>, Pickett, Candace, MA<sup>1</sup>, Barrett, Justin, PhD<sup>1</sup>, Eriksson, Cynthia, PhD<sup>2</sup>*

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<sup>2</sup>Fuller Graduate School of Psychology, Pasadena, California, USA

People live embedded in social structures that range in size and function. Evolutionary psychology literature has used neocortex size to predict social network size and has discovered that it is structured with four concentric rings (Dunbar, 2008). The innermost "support" ring represents the 5 most intimate relationships. Outer rings include greater numbers of relationships with decreasing intimacy and contact frequency. Youth support service workers' jobs require building relationships with youth, families, and communities; therefore, interpersonal and social network health is crucial. Attachment related anxiety and avoidance have been used to measure interpersonal health (Fraleigh & Shaver, 2000). However, adverse childhood experiences (ACEs), specifically abuse and neglect, negatively impact attachment functioning, and critical levels of ACEs (4 or more) have predicted poor health and emotional outcomes (Felitti et al., 1998). In our study 14 % of youth worker participants (N=84) reported between 4 and 8 ACEs. Contrary to hypotheses, adult attachment style was not related to reported childhood abuse and neglect or to support network size. Yet, participants' experience of 4 or more ACEs significantly contributed to increased support network size, implying an effect of abuse and neglect on adult social network structure that may decrease necessary social or emotional resources.

## THU 197

### A Community in Crisis: Trauma and Dissociation in Detroit

(Abstract #1570)

Poster #THU 197 (Clin Res, Assess Dx, Comm/Vio, Complex, Child/Adol) I - Industrialized

Mezzanine  
East/West/South

**Barrett-Becker, Ellen, PhD<sup>1</sup>**, Burnside, Amanda, BA<sup>2</sup>, Calhoun, Karen, BA<sup>3</sup>, Marbury, Daphne, BA<sup>4</sup>, Porter-Howard, LaTanya, BA<sup>5</sup>, Kaplow, Julie, PhD, ABPP<sup>6</sup>

<sup>1</sup>Department of Psychiatry, University of Michigan Medical School, Ann Arbor, Michigan, USA

<sup>2</sup>University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

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<sup>4</sup>School-Based Health Centers Program, St. John-Providence Health System, Detroit, Michigan, USA

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<sup>6</sup>University of Michigan Medical School, Ann Arbor, Michigan, USA

The city of Detroit has long been identified as a dangerous city to call home. Exposure to community violence and bereavement, particularly deaths involving traumatic circumstances, are common experiences for residents. Despite the media attention Detroit has received, little is known about the rates of trauma exposure or trauma-specific reactions of Detroit's youngest residents, such as PTSD and dissociation. Research examining the impact of such adversity suggests that dissociation is both common in chronically traumatized youth and detrimental to mental health. The current study evaluated rates of exposure to traumatic events, trauma symptoms, and dissociative symptoms in a sample of eighty-four adolescents, ranging in age from 10-18. Results suggest that participants in this sample have experienced a high level of trauma and evidenced elevated levels of post-traumatic symptoms. More than 35% of the sample reported dissociating at least some of the time in the last month. According to the new DSM-V criteria, 23.5% of the sample met criteria for the dissociative subtype of PTSD. Specific types of traumatic experiences were also associated with dissociation. Implications for assessment, diagnosis, and intervention are discussed.

## THU 198

### Psychological Resilience as a Protective Factor for PTSD and Depression in Survivors of Childhood Maltreatment

(Abstract #750)

Poster #THU 198 (Clin Res, CPA, CSA, Depr, Ethnic, Adult) I - Industrialized Mezzanine East/West/South

**Robinson, Gabriella, BS**, Mandavia, Amar, BS, Powers Lott, Abigail, PhD, Ressler, Kerry, MD PhD  
Emory University School of Medicine, Atlanta, Georgia, USA

This study examined how individual differences in psychological resilience predict depression and PTSD symptoms within an ethnic minority, civilian traumatized population that has suffered childhood maltreatment (i.e. sexual, emotional, and physical abuse, and emotional and physical neglect). Our data (N= 1143) was drawn from predominantly African American adults, from a large urban hospital primarily serving a low-income population. Participants were interviewed regarding childhood trauma, current symptoms of PTSD and depression, and resilience. Hierarchical linear regression analyses were used to test the differential effects of childhood trauma and resilience on depression and PTSD symptoms. Results showed that sexual and emotional abuse were significantly predictive of higher depressive symptoms ( $p < .001$ ). Physical, sexual, and emotional abuse were all predictive of higher PTSD symptoms ( $p < .001$ ). Higher resilience scores were associated with lower symptoms of both depression and PTSD ( $p < .001$ ), independent of the effects of childhood trauma. We found that childhood trauma remains an important predictor of adult psychopathology; emotional abuse may be particularly important for understanding risk in the development of adult psychiatric disorders. Additionally, individual differences in resilience may be protective against symptoms of depression and PTSD among traumatized adults.

**THU 199****Efficacy of Treatment of Danish Incest Survivors in a Multisite Study**

(Abstract #1637)

**Poster #THU 199 (Clin Res, CPA, CSA, Neglect, Rape, Adult) M - Industrialized Mezzanine East/West/South***Elklit, Ask, MSc**University of Southern Denmark, Odense, Odense, Denmark*

One hundred and ninety incest survivors entered treatment and filled out an assessment battery that was used for treatment planning. After six months, 108 survivors answered the same battery and so did 64 after one year. The effect sizes were large (Cohen's  $d$  about 1.00), meaning a significant reduction in trauma symptoms, negative affectivity, somatization, emotional coping and an increase in self-worth. An analysis of predictors of length of treatment participation and of symptom reduction will be presented.

**THU 200****Impact of Childhood Maltreatment on Physical Health-Related Quality of Life in U.S. Active Duty Servicemen and Veterans**

(Abstract #1836)

**Poster #THU 200 (Clin Res, CPA, Health, QoL, Mil/Vets, Adult) M - N/A Mezzanine East/West/South***Aversa, Laura, PhD<sup>1</sup>, Lemmer, Jennifer, PhD MPH<sup>1</sup>, Nunnink, Sarah, PhD<sup>2</sup>, McLay, Robert, MD, PhD<sup>3</sup>, Baker, Dewleen, MD<sup>4</sup>*<sup>1</sup>*Veterans Affairs Healthcare System, San Diego, California, USA*<sup>2</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*<sup>3</sup>*Naval Medical Center San Diego, San Diego, California, USA*<sup>4</sup>*University of California San Diego, San Diego, California, USA*

Previous studies have found an association between childhood maltreatment (CM) and health-related quality of life (HRQoL), and have considered to a lesser extent whether psychiatric symptoms may explain the relationship. This study aimed to further our understanding of the link between CM and HRQoL by testing whether post-traumatic stress disorder (PTSD) or depressive symptoms mediate the relationship between childhood maltreatment and physical HRQoL. Mediation models were examined in a sample of male Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) active duty and combat veterans ( $n=249$ ). PTSD and depressive symptoms mediated the relationship between CM and overall physical HRQoL, as well as participation in daily activities due to physical health, bodily pain, and social functioning. Mediation of the relationship between childhood maltreatment and physical and social functioning by depression and PTSD symptoms may lend support to neurobiological hypotheses that childhood maltreatment sensitizes the nervous system and after repeated trauma may lead to the development of psychiatric symptoms, which have a major impact on morbidity and mortality.

**THU 201****Effects of Perpetrator Characteristics on Adult Interpersonal Relationship Quality in Victims of Childhood Sexual Abuse**

(Abstract #1191)

**Poster #THU 201 (Clin Res, CSA, Fam/Int, Social, Surv/Hist, Adult) I - Industrialized****Mezzanine East/West/South***Jackson, Kiera, Undergraduate<sup>1</sup>, Montez, Fatima, Undergraduate<sup>1</sup>, Tull, Mary, Undergraduate<sup>1</sup>, Howell, Kathryn, PhD<sup>2</sup>, Miller, Laura, PhD<sup>1</sup>*<sup>1</sup>*University of Notre Dame, Notre Dame, Indiana, USA*<sup>2</sup>*University of Memphis, Memphis, Tennessee, USA*

Childhood sexual abuse (CSA) has lasting consequences including poor social adjustment and trouble managing interpersonal relationships. Fewer studies have considered how outcomes of CSA vary by the victim's relationship with the perpetrator and by the total number of perpetrators. The current study examined how patterns of perpetration related to adulthood relationship quality. It was hypothesized that victims abused by perpetrators within the family would endorse more maladaptive characteristics in their current interpersonal relationships as compared to victims abused by non-family perpetrators. It was also hypothesized that those who had a history of multiple perpetrators would experience lower relationship quality than those with single-perpetrator histories. Of 600 college students from three regions, 146 participants endorsed experiencing CSA and were included in the current analyses. ANOVAs revealed that there were no significant differences in interpersonal relationship quality between those experiencing perpetration by a family member and by a non-family member. Those with multiple perpetrator histories reported lower quality in their interpersonal relationships compared to other groups. Results suggest those who have experienced CSA by multiple perpetrators may need specialized services oriented toward addressing interpersonal difficulties.

#### THU 202

##### **The Invisible Plight of Sexual Abuse: Vietnam Veterans' Propensity toward Risk Taking Behaviors** (Abstract #936)

Poster #THU 202 (Clin Res, CSA, Mil/Vets, Adult) M - N/A

Mezzanine East/West/South

*Tadrous, Sandy, MA<sup>1</sup>, Blackburn, Meredith, MA<sup>1</sup>, Nolty, Anne, PhD, ABPP<sup>2</sup>*

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A propensity toward risk-taking behaviors, often attributed to PTSD symptoms in response to trauma, can culminate in residential treatment for some veterans. However, childhood sexual abuse can also lead to risky behaviors such as sexual promiscuity, alcohol consumption, illicit drug use, and aggressive actions. In this study, the 543 participants were male Vietnam veterans with a mean age of 52.0 years (SD = 8.1), who were admitted to a PTSD residential veteran treatment program between 2003 and 2007. Their levels of PTSD symptomatology upon admission correlated with the reported number of different types of risk-taking behaviors of the previous four months,  $r(585) = .13$ ,  $p = .002$ . Further, those with a history of childhood sexual abuse reported significantly more risk taking behaviors than those without,  $F(1, 541) = 4.66$ ,  $p = .03$ , which was especially apparent when the severity of PTSD was statistically controlled,  $p = .008$ . These findings suggest that childhood sexual abuse may exacerbate behavioral sequel of PTSD, or that with the advent of PTSD, some previously curbed or absent behaviors emerge. It is therefore critical for psychologists working in PTSD treatment centers to consider the possibility of deeper root causes of risky behaviors in order to maximize treatment effectiveness.

#### THU 203

##### **Distress Tolerance as a Mediator between PTSD Symptom Clusters and Depression** (Abstract #488)

Poster #THU 203 (Clin Res, Depr, Adult) M - N/A

Mezzanine East/West/South

*Byllesby, Brianna, BA<sup>1</sup>, Durham, Tory, PhD<sup>2</sup>, Elhai, Jon, PhD<sup>2</sup>*

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Post-traumatic stress disorder (PTSD) and depression have high rates of comorbidity, and the construct of distress tolerance has been related to both diagnoses (Tull et al., 2013; Vujanovic et al., 2010). 188 trauma-exposed undergraduate students were administered the PTSD Checklist for DSM-5 and PHQ-9 for depression, as well as the Distress Tolerance Scale, to determine if distress tolerance mediated the relationship between PTSD symptom clusters and depression. Using bootstrapping to estimate standard errors for the indirect effect, distress tolerance was found to significantly mediate the relationship between PTSD's re-experiencing and depression ( $\beta = .07$ ,  $SE = .03$ ,  $p = .03$ ). Results indicated significant direct effects of re-experiencing on distress tolerance ( $B = -.76$ ,  $SE = .18$ ,  $\beta = -.33$ ,  $p < .001$ ), distress tolerance on depression ( $B = -.10$ ,  $SE = .04$ ,  $\beta = -.20$ ,  $p < .01$ ), and re-experiencing on

depression ( $B = .46$ ,  $SE = .08$ ,  $\beta = .41$ ,  $p < .001$ ). Results suggest that distress tolerance acts as a mediator between PTSD and depression, but only for the re-experiencing symptoms of PTSD.

#### THU 204

##### Health Risks and Barriers to Care of Women Seeking Protection Orders

(Abstract #180)

Poster #THU 204 (Clin Res, DV, Health, Adult) I - N/A

Mezzanine East/West/South

*Johnson, Dawn, PhD, Baker, Brittany, Doctoral Student, Shteynberg, Yuliya, BA  
University of Akron, Akron, Ohio, USA*

Intimate Partner Violence (IPV) is a significant problem associated with numerous health concerns. However, research demonstrates that many IPV victims face multiple barriers to health care and often do not seek services. The aim of this study was to determine the primary healthcare concerns and treatment needs of IPV victims seeking civil protection orders (CPOs). Participants were 99 women seeking a CPOs for IPV. Compared to the general population, participants endorsed higher rates of probable post-traumatic stress disorder (PTSD; 81.8%), alcohol use disorder (21.2%), and drug use disorder (9.1%). Additionally, participants reported higher rates of trichomoniasis (6.1%), Chlamydia (11.1%), gonorrhea (6.1%), and syphilis (2.0%) than adult women in the general U.S. population. Despite the high rates of psychological distress and health risk, participants were not being connected to resources that could help reduce their risk. Only 40% of the sample had health insurance, and only 21.2% attended individual or group counseling in the past 6 months. However, 70.8% of participants said that they were willing to see a counselor for IPV concerns, suggesting that mental and physical health providers need to make more of an effort to reach this underserved yet willing population. Implications for intervention development will be discussed.

#### THU 205

##### Intimate Partner Violence, PTSD, and Disordered Eating among Male and Female Veterans

(Abstract #765)

Poster #THU 205 (Clin Res, DV, Health, Mil/Vets, Adult) I - N/A

Mezzanine East/West/South

*Bartlett, Brooke, MA<sup>1</sup>, Iverson, Katherine, PhD<sup>2</sup>, Wolf, Erika, PhD<sup>3</sup>, Mitchell, Karen, PhD<sup>1</sup>*

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Intimate partner violence (IPV) is associated with mental and physical health problems, including post-traumatic stress disorder (PTSD; Iverson et al., 2013) and disordered eating (DE; Mitchell et al., 2012). Existing research focuses primarily on women who have suffered from IPV. Little is known about prevalence and consequences of IPV among men. In addition, associations among PTSD and DE remain understudied among men. Using a nationally representative sample of male ( $n=787$ ) and female ( $n=73$ ) veterans, we examined associations between IPV and DE with PTSD as a mediator. Participants were primarily Caucasian (83.8%) and male (91.5%), and were administered a web-based survey. In total, 16.1% of men and 26.8% of women reported current IPV. Men with IPV had significantly higher levels of DE than men without IPV ( $p < .001$ ). Women with IPV had higher DE scores than did women without IPV, but this was not significant ( $p = .10$ ), possibly due to low power. Current PTSD symptoms mediated the IPV—DE association for men ( $B = 2.64$ , 95% CI: 1.36, 4.35), although the indirect association was not significant for women ( $B = 0.47$ , 95% CI: -1.05, 3.50). These results underscore the potential negative consequences of IPV and the need for further research among male as well as female veterans.

**THU 206****Reconsolidation Blockade for PTSD: A Dismantling Study**

(Abstract #941)

**Poster #THU 206 (Clin Res, Global, Bio/Int, Adult) M - Industrialized****Mezzanine East/West/South**

*Descamps, Melanie, Doctoral Student<sup>1</sup>, Ashbough, Andrea, PhD<sup>2</sup>, Thomas, Emilie, Doctoral Student<sup>1</sup>, Alvarez, Indira, MA<sup>1</sup>, Saumier, Daniel, PhD<sup>1</sup>, Bisson Desrochers, Alexandra, BS Hons Psychology<sup>1</sup>, Brunet, Alain, PhD<sup>1</sup>*  
*<sup>1</sup>Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada*  
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Pre- and post-reactivation propranolol can block the reconsolidation of a traumatic memory, as shown in a script-driven imagery task conducted one week after the treatment. In a dismantling study, we used a 2(reactivation : yes/no) x 2(propranolol : yes/no) factorial design to explore whether propranolol or reactivation used alone could yield results similar to the combination of trauma reactivation + propranolol. Thirty-four men and women with PTSD received a single reconsolidation treatment and underwent script-driven imagery one week later to measure the remaining strength of their traumatic memories. Two-way ANOVAs revealed no main effect for drug or for reactivation condition on any of the DVs: heart rate (HR), skin conductance (SC), and electromyogram (EMG) of the corrugator and frontalis muscles. As predicted, a propranolol by reactivation interaction was obtained for HR,  $F(1, 30) = 5.28, p = .029, \eta^2 = 0.15$ ; for corrugator EMG,  $F(1, 30) = 6.60, p = 0.015, \eta^2 = 0.18$ ; and for frontalis EMG,  $F(1, 30) = 4.37, p = 0.045, \eta^2 = 0.13$ ; no interaction was found for skin conductance. These results suggest that propranolol and trauma reactivation taken separately do not have the same therapeutic effect than when they are juxtaposed, a result that is congruent with reconsolidation theory. Reconsolidation blockade holds promise as a novel treatment for PTSD.

**THU 207****A Comparative Meta-Analysis of Large Scale Group Events and Individual PTSD: Differences in Trauma Focused Treatment Outcomes**

(Abstract #195)

**Poster #THU 207 (Clin Res, Nat/Dis, Rape, Refugee, Mil/Vets, Adult) A - Global Mezzanine East/West/South***Straud, Casey, MS PhD Student**Nova Southeastern University, Davie, Florida, USA*

PTSD confers a significant burden of illness on individuals and society. Recent reviews of PTSD treatment outcomes have found that trauma focused treatments (TFT) were effective in reducing PTSD symptoms in adult populations compared to non-TFT and waitlist. A less studied area of PTSD treatment outcomes is the comparison of TFT efficacy between Large Scale Group Events, LSGE, (i.e., natural disasters, war, terrorism) and Individual Events, IND, (i.e., physical/sexual assault, motor vehicle accidents). The following study conducted a systematic review of the scientific databases PsycInfo, PubMed, and PILOTS. Preliminary data included randomized controlled trials (RCT) of TFT outcome studies ( $k = 35; n = 2080$ ). Mixed, random effects analyses were conducted to compute Hedges'  $g$  effect sizes at pre and post treatment compared to control (treatment as usual or waitlist). Results indicated that: 1) there were no significant differences between IND, LSGE, and control at pre-treatment, and 2) IND and LSGE demonstrated significant reductions in PTSD symptoms compared to control at post-treatment (LSGE  $g = -0.72$ ; IND  $g = -1.20$ ). However, IND exhibited a significantly greater reduction in PTSD symptoms compared to LSGE at post-treatment. The interpretation of these findings will be discussed within the context of clinical practice and assessment.

**THU 208****The Effect of Borderline Personality Disorder on Treatment Outcome in Female Veterans Treated for Post-Traumatic Stress Disorder**

(Abstract #1551)

**Poster #THU 208 (Clin Res, QoL, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***Lunney, Carole, MA, Schnurr, Paula, PhD**VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) often co-occur, and comorbidity of these two disorders is associated with higher symptomatology and poorer functioning. Consequently, BPD may be seen as a contraindication to participation in evidence-based treatments. The purpose of the current study was to examine PTSD treatment outcomes in women with and without BPD. Participants were female veterans ( $n = 277$ ) and active-duty personnel ( $n = 7$ ) with PTSD enrolled in a clinical trial of treatment for PTSD. Participants were randomly assigned to receive 10 weeks of either Prolonged Exposure therapy or Present-Centered Therapy. Prior to the start of treatment, BPD diagnosis was established using the Structured Clinical Interview for DSM-IV. About 24% of participants were diagnosed with BPD. Before treatment, participants with BPD had higher severity of PTSD and depression and lower self-reported quality of life than those without BPD. However, BPD did not moderate treatment outcome. There were no differences in the likelihood of remission or in the amount of symptom change as a function of BPD diagnosis. These results are consistent with past research suggesting that cognitive behavioral therapies such as Prolonged Exposure are effective in reducing PTSD symptoms among individuals with comorbid PTSD.

**THU 209****Contingency Management Tobacco Treatment for Trauma Exposed Smokers with and without PTSD: A Pilot Study**

(Abstract #1155)

**Poster #THU 209 (Clin Res, Sub/Abuse, Adult) I - N/A****Mezzanine East/West/South***Japuntich, Sandra, PhD<sup>1</sup>, Pineles, Suzanne, PhD<sup>1</sup>, Gregor, Kristin, PhD<sup>2</sup>, Krishnan-Sarin, Suchitra, PhD<sup>3</sup>, Joos, Celina, BA<sup>4</sup>, Rasmussen, Ann, MD<sup>5</sup>**<sup>1</sup>National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA**<sup>2</sup>National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA**<sup>3</sup>Yale School of Medicine, New Haven, Connecticut, USA**<sup>4</sup>National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA**<sup>5</sup>VA, Boston, Massachusetts, USA*

Individuals with post-traumatic stress disorder (PTSD) have a high prevalence of tobacco use and are less likely to quit. Contingency management (CM; payment for abstinence) has been effective for difficult to treat smokers. This pilot evaluates CM for trauma exposed smokers ( $N=39$ ; 61% male, 47% White, 47% Black; M age 44.41 [SD=12.01]; 40% current PTSD). The treatment included 5 weeks (2 sessions pre-quit, 11 post) of quit smoking cognitive behavioral therapy and CM for the first 8 days post-quit. 82% ( $n=32/39$ ; 80% PTSD; 87% control) started the CM, 56% ( $n=22/39$ ; 53% PTSD, 61% control) completed CM. 7 day biochemically confirmed point prevalence abstinence (drop outs coded as smoking) for those who started CM were: PTSD: 1 week 50%, 2 weeks 33%; Control: 1 week 45%, 2 weeks 30%. In those with PTSD, past week Clinician Administered PTSD scores were: CM abstainers: pre-quit:  $M=76.33$  ( $SD= 17.24$ ), 1 week:  $M=66.67$  ( $SD= 23.98$ ), 2 weeks:  $M=61.40$  ( $SD= 19.36$ ); CM lapsed: pre-quit:  $M=69.14$  ( $SD= 21.53$ ), 1 week:  $M=72.67$  ( $SD= 27.21$ ), 2 weeks:  $M=58.25$  ( $SD= 17.71$ ). CM produced high abstinence rates (higher than non-medication cessation treatments and population quit rates) with little increase in PTSD symptoms. As in other CM studies, relapse was common when contingencies were removed; attrition was common in non-abstinent participants.

**THU 210****Sudden Gains during Psychotherapy of Adolescents with Sexual Abuse-Related PTSD**

(Abstract #1324)

**Poster #THU 210 (Clin Res, CSA, Clin Res, Clinical Practice, Child/Adol) M - Industrialized****Mezzanine  
East/West/South***Su, Yi-Jen, PhD<sup>1</sup>, McLean, Carmen, PhD<sup>2</sup>, Foa, Edna, PhD<sup>2</sup>*<sup>1</sup>*Ministry of Science and Technology of Taiwan, Taipei, Taiwan, Republic of Taiwan*<sup>2</sup>*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*

Objective: This study investigated sudden gains (i.e., rapid and stable improvement that occur between consecutive sessions) during psychotherapy for post-traumatic stress disorder (PTSD) among adolescents. Based on the previous findings (e.g., Aderka et al., 2011), we predicted that sudden gains would be common and significantly associated with outcomes at post-treatment. Method: Participants were 55 female adolescents with sexual assault-related PTSD randomized to fourteen prolonged exposure (PE; n = 29) or client-centered therapy (CCT; n = 26). All attended at least 7 sessions. The Child PTSD Symptoms Scale was administered at pretreatment, post-treatment, and before each session. Results: Twenty-six participants (47.3%) experienced at least one sudden gain. Three had two sudden gains. Sixteen (55.2%) in PE and 10 in CCT (38.5%) exhibited a sudden gain, showing no significant difference. In general, sudden gains were distributed throughout the whole treatment course. Sudden gains in self-rated PTSD symptom were significantly correlated with greater reductions in clinician-rated total PTSD symptoms ( $r = .34, p = .015$ ) and avoidance/numbing clusters ( $r = .40, p = .005$ ) at post-treatment. Conclusions: Our findings replicated Aderka et al's results that sudden gains are common during pediatric prolonged exposure treatment and are significantly associated with treatment outcome.

**THU 211****Longitudinal Associations between Early Abuse-Specific Disruptions and Subsequent Strategies for Processing Sexual Abuse Experiences**

(Abstract #1255)

**Poster #THU 211 (Clin Res, CPA, CSA, Cog/Int, Dev/Int, Child/Adol) A - Industrialized****Mezzanine  
East/West/South***Simon, Valerie, PhD<sup>1</sup>, Feiring, Candice, PhD<sup>2</sup>, Cleland, Charles, PhD<sup>3</sup>*<sup>1</sup>*Wayne State University, Detroit, Michigan, USA*<sup>2</sup>*The College of New Jersey, Ewing, New Jersey, USA*<sup>3</sup>*New York University, New York, New York, USA*

Trauma processing is central to recovery but few studies examine how youth process experiences of child sexual abuse (CSA). Building upon prior work identifying individual differences in CSA processing strategies (Constructive, Absorbed, Avoidant), we examine whether abuse stigmatization, PTSD, and others' negative reactions experienced during the year following abuse discovery were associated with subsequent CSA processing strategies. Participants were 160 ethnically diverse youth (8-15 years, 73% female) with confirmed CSA. Predictors were measured at abuse discovery (T1) and one year later (T2). Individual differences in processing strategies were assessed from abuse narratives six years post-discovery (T3). The persistence of abuse stigmatization significantly increased the odds of using an Avoidant or Absorbed (versus Constructive) strategy at T3. More PTSD symptoms at T1 as well as symptom persistence from T1-T2 each significantly increased the odds of an Absorbed versus Constructive strategy. The persistence of negative reactions from others from T1 to T2 increased the odds of an Absorbed versus Avoidant strategy. Effect sizes were medium to large. Results validate prior work identifying distinct CSA processing strategies and suggest that persistent abuse-specific disruptions over the post-discovery year are associated with subsequent problems processing CSA experiences.

**THU 212****Psychosocial Adjustment Shows Direct and Indirect Longitudinal Relationships with Post-Traumatic Change in a Sample of Sexually Abused Youth**

(Abstract #1188)

**Poster #THU 212 (Clin Res, Affect/Int, CSA, Cog/Int, Dev/Int, Child/Adol) M - Industrialized****Mezzanine  
East/West/South***Smith, Erin, MA<sup>1</sup>, Simon, Valerie, PhD<sup>1</sup>, Feiring, Candice, PhD<sup>2</sup>*<sup>1</sup>*Wayne State University, Detroit, Michigan, USA*<sup>2</sup>*The College of New Jersey, Ewing, New Jersey, USA*

Individual differences in meanings ascribed to child sexual abuse (CSA) are viewed as important to recovery. These meanings reflect the internalization of CSA experiences into representations of self, relationships, and world views. We know little about positive and negative meanings youth construct from their CSA experiences or factors that shape meanings. Building on prior work linking perceptions of positive and negative post-traumatic changes (PTC) to concurrent psychosocial adjustment, the current study examines prospective predictors of positive and negative PTC's. Of particular interest was the extent to which early abuse-specific reactions, such as stigmatization, versus more general self-processes (e.g., self-esteem, self-blaming attribution style) were associated with later PTC's. Abuse stigmatization and general self-processes were assessed at abuse discovery (T1) and one year later (T2). Post-traumatic changes (PTC) were assessed 6 years post-discovery (T3) from a semi-structured trauma interview and coded for valence (positive, negative) and strength. Results of path models showed direct and indirect associations between greater abuse stigmatization at T1 and T2 with stronger negative PTC's at T3. General self-blaming attribution style at T1 and T2 also showed direct and indirect relations with stronger negative PTC's. Self-worth was not associated with PTC at T3.

**THU 213****Emotion Regulation is a Mechanism Linking Community Violence Exposure to Internalizing Problems in Adolescents**

(Abstract #288)

**Poster #THU 213 (Clin Res, Affect/Int, Anx, Comm/Vio, Depr, Child/Adol) M - Industrialized****Mezzanine  
East/West/South***Heleniak, Charlotte, MS<sup>1</sup>, McLaughlin, Katie, PhD<sup>1</sup>, King, Kevin, PhD<sup>1</sup>, Monahan, Kathryn, PhD<sup>2</sup>*<sup>1</sup>*University of Washington, Seattle, Washington, USA*<sup>2</sup>*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*

Background: Recent estimates suggest that almost two thirds of American adolescents have been exposed to community violence (CV), defined here as violence experienced or observed in the confines of a child's neighborhood. The role of CV as a risk factor in the development of aggression in children and adolescents has been widely studied. However the relation between CV and internalizing psychopathology remains inadequately understood. Objective: This study examined the effect of CV exposure on adolescent depression and anxiety, and the role of emotion dysregulation as a mechanism underlying this relationship. Methods: Community violence exposure, emotion dysregulation, and internalizing symptoms were assessed via self-report in a diverse community-based sample of 282 adolescents. Emotion dysregulation was further assessed by examining physiological responses and self-reported affect during a peer rejection task. Results: Exposure to CV significantly predicted depressive symptoms and higher levels of rumination, and emotional reactivity. CV was also associated with greater self-reported negative affect and blunted vagal withdrawal to the peer evaluation task. These indices of emotion regulation were positively associated with depressive and anxious symptoms. Conclusions: Emotion dysregulation may be a mechanism linking community violence exposure to depression in adolescents.

**THU 214****Interrupting the Intergenerational Transmission of Violence**

(Abstract #1864)

**Poster #THU 214 (Clin Res, Aggress, Clin Res, Dev/Int, DV, Child/Adol) M - Industrialized****Mezzanine  
East/West/South*****Pinna, Keri, PhD****University of Minnesota, Minneapolis, Minnesota, USA*

Children who are exposed to domestic violence are at increased risk for a wide range of emotional and behavioral disorders (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). Conduct Disorder, in particular, may be a path through which domestic violence is transmitted intergenerationally (Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003). The extent to which parental characteristics may mitigate the risk for intergenerational transmission of violence was examined in 61 children, ages 8 to 17. Children completed self-report questionnaires of disruptive behaviors, while their parents completed self-report measures of parental warmth and behavioral attributions. It was predicted that parental warmth and positive attributions would be related to fewer disruptive behaviors. Results supported these predictions  $r = .35$ ,  $p = .04$  and  $r = .32$ ,  $p = .05$ , respectively. Developmental variation and gender differences will be explored. Implications for interrupting the intergenerational transmission of domestic violence will be discussed.

**THU 215****The Relationship between Trauma Symptomatology, Motives for Marijuana Use, and Outcomes among Heavy-Using Adolescents Receiving Motivational Enhancement Therapy**

(Abstract #1192)

**Poster #THU 215 (Clin Res, Clin Res, Cog/Int, Sub/Abuse, Child/Adol) M - Industrialized****Mezzanine  
East/West/South*****Blevins, Claire, MS PhD Student<sup>1</sup>, Banes, Kelsey, MS PhD Student<sup>1</sup>, Stephens, Robert, PhD<sup>1</sup>, Walker, Denise, PhD<sup>2</sup>, Roffman, Roger, DSW<sup>2</sup>****<sup>1</sup>Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA**<sup>2</sup>University of Washington, Seattle, Washington, USA*

Motives for substance use are associated with distinct antecedents and consequences. Individuals who use substances for the motive of coping with negative affect have more problematic outcomes than those endorsing other motives (Cooper, 1994). Among trauma-exposed individuals, using to cope is more common (e.g., Boden et al., 2013). The present paper uses data from an ongoing randomized controlled treatment study to investigate if anxiety and trauma symptomatology predicts using to cope and if using to cope predicts more negative outcomes. The Teen Marijuana Check-Up recruited 252 heavy-using teens interested in receiving feedback on their use. Both experimental (MET) and comparison conditions (COMP) received two Motivational Enhancement Therapy sessions. MET participants received Motivational Enhancement-based Check-Ins at 4-, 7-, and 10-months while COMP participants received assessment-only sessions. Participants were assessed at Baseline and 6, 9, 12, and 15 months post-intake. Participants were primarily Caucasian (58.7%), male (68.3%), and 69.8% met criteria for marijuana use disorder at Baseline. Path analyses indicated that anxiety and trauma symptomatology predicted using to cope, which predicted marijuana-related problems and marijuana use disorder symptomatology, but not use rates. Additional analyses will examine these outcomes at later follow-ups.

**THU 216****Residential Placement as a Mediator of Psychopathology in Maltreated Children and Adolescents**  
(Abstract #14)**Poster #THU 216 (Clin Res, CPA, CSA, Commun, Child/Adol) M - Industrialized****Mezzanine  
East/West/South***Faust, Jan, PhD, Nelson, Sarah, MS PhD Student*  
*Nova Southeastern University, Ft. Lauderdale, Florida, USA*

Introduction: As evidenced in the literature, when maltreated children are admitted into state care, they are frequently not provided sufficient mental health treatment. Concomitantly, foster parents are often not given proper training in providing complex care for these children. As such, the current study aimed to examine the role that foster care has in the development of psychopathology in this population. Methods: Participants included 358 maltreated youths (ages 8 to 17) presenting for treatment at a community mental health center specializing in childhood trauma. Children and adolescents currently residing in foster care as well as in their biological homes were included. Results: Simple linear regression revealed that sexually abused children with a history of foster care were more likely to develop depressive symptoms ( $F=6.391$ ,  $R^2=.104$ ,  $\beta=.323$ ,  $p<.014$ ) and suicidal ideation ( $F=6.794$ ,  $R^2=.091$ ,  $\beta=-.301$ ,  $p<.011$ ), whereas sexually abused children without a history of foster care were more likely to develop anxiety symptoms ( $F=15.274$ ,  $R^2=.058$ ,  $\beta=.242$ ,  $p<.001$ ). Discussion: Results from this study revealed that sexually abused children are at greatest risk for the development of psychopathology, regardless of their living situation. Future research needs to further explicate the specific roles that a child's living situation can play in future psychological impairment.

**THU 217****The Role of Parenting in the Relationship between Childhood Trauma and Borderline Personality Disorder**  
(Abstract #631)**Poster #THU 217 (Clin Res, CPA, CSA, Chronic, Clin Res, Lifespan) M - N/A Mezzanine East/West/South***Yehudai, Nicole, MS, PsyD Student*  
*Nova Southeastern University, Davie, Florida, USA*

Childhood trauma has been strongly linked to the development of Borderline Personality Disorder (BPD) in adulthood. Psychodynamic theories pertaining to the origin and development of BPD have suggested that parenting and attachment play an integral role in the relationship between childhood trauma and BPD. Despite theoretical proposition, little research has been conducted to assess the role of parenting in the relationship between childhood trauma and the development of BPD in adulthood. The current paper reviews the literature examining the relationship between childhood trauma and BPD and integrates theories of BPD and its etiology. The purpose of the current literature review is to explore the relationship between Childhood Trauma and the development of BPD in adulthood and to examine the role of parenting as a moderator in this relationship. This review provides new insights into the etiology and development of Borderline Personality Disorder. The review also provides directions for future research necessary to better understand the etiology, development and course of BPD. Clinical implications regarding the prevention and treatment of BPD are discussed at length.

**THU 218****Associations between Negative Home Environment and Post-Traumatic Stress Symptomology for Returning Veterans**  
(Abstract #1299)**Poster #THU 218 (Clin Res, Acute, Chronic, Dev/Int, Prevent, Lifespan) I - N/A Mezzanine East/West/South***Ashtiani Raveau, Hasti, MA<sup>1</sup>, Lim, Colin, MA, MSW<sup>2</sup>, Bocknek, Erika, PhD<sup>1</sup>, Muzik, Maria, MD<sup>3</sup>, Rosenblum, Katherine, PhD<sup>3</sup>*  
*<sup>1</sup>Wayne State University, Detroit, Michigan, USA*

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<sup>3</sup>University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

**Background:** Research has shown that returning veterans have increased risks of developing post-traumatic stress symptomology (Milliken, Auchterlonie, & Hoge, 2007; Vasterling et al., 2010). Literature suggests that secondary traumatization may occur within returning veterans' families, exacerbating the presence of symptoms (Galovski & Lyons, 2004). Unfortunately, research has not examined factors in the home environment that may affect PTSD symptomology. **Objective:** This study examines the impact of chaos in the family environment on returning veterans' PTSD symptomology. **Methods:** Linear regression was conducted on pilot data of a parenting intervention study to examine associations between PTSD symptomology and the home environment, specifically, self-reports of familial chaos. **Results:** Family environment significantly predicted a significant proportion of variance in scores of PTSD symptomology, controlling for family income levels  $R^2 = .76$ ,  $F(2, 9) = 11.11$ ,  $p < .01$ . **Conclusion:** These results suggested that problems in the home environment may impact greater psychopathology in the long term for returning veterans. Interventions focusing on strengthening family relationships and parenting skills are strongly indicated to help reduce the severity of traumatic stress and symptoms of psychopathology among returning veterans.

#### THU 219

##### **Mother's Dissociation with Victims of Intimate Partner Violence has Negative Relationships on Child's Cognitive Functioning: A Prospective Longitudinal Study**

(Abstract #1592)

Poster #THU 219 (Clin Res, Clin Res, DV, Lifespan) M - Industrialized

Mezzanine East/West/South

*Ito, Madoka, MA<sup>1</sup>, Kamo, Toshiko, MD, PhD<sup>1</sup>, Kim, Yoshiharu, MD, PhD<sup>2</sup>, Yonemoto, Naohiro, MPH<sup>3</sup>, Ujiie, Yuri, MD, PhD<sup>1</sup>, Nakayama, Michi, MA<sup>1</sup>*

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<sup>3</sup>National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan

The purpose of this study was to examine the relationship between psychiatric symptoms of female victims with intimate partner violence (IPV) and their children's cognitive functioning. Thirty-six mother-and-child dyads were assessed at the baseline, 3, 6, 9, and 12 months after the utilization of a shelter for IPV victims. Every 3 months mother's post-traumatic symptoms, dissociation and psychiatric symptoms were assessed using IES-R, DES-II, and SCR-90-R respectively, while children's cognitive performance levels were examined using the Continuous Performance Test "MOGRAZ" simultaneously. In the MOGRAZ test, child's omission error was defined as the levels of inattention. Child's commission error was defined as the levels of impulsivity. The result of multiple regression analysis showed that the severity of mother's dissociation at baseline was significantly related to the child's omission error at baseline ( $\beta = -0.52$ , 95%CI = -0.17 to 0.86,  $p = .005$ ). Multivariate linear mixed effect model with potential confounders showed that the severity of mother's dissociation at baseline significantly predicted the child's commission error during 12 months ( $\beta = -0.32$ , 95%CI = -0.07 to 0.57,  $p = .013$ ). The results from this study indicate that existence of mother's dissociation could affect adversely on child's inattention in short time and impulsivity in long-term span.

#### THU 220

##### **Systematic Review of the Efficacy of CBT on Victims of Natural Disasters: A Worldwide Problem**

(Abstract #37)

Poster #THU 220 (Clin Res, Cog/Int, Nat/Dis, Lifespan) I - Global

Mezzanine East/West/South

*Lopes, Alessandra, MS, PsyD Student<sup>1</sup>, Macedo, Tânia,<sup>1</sup> Gonçalves, Raquel, MA PhD Student<sup>1</sup>, Berger, William, MD, PhD<sup>2</sup>, Ventura, Paula, PhD<sup>2</sup>*

<sup>1</sup>Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

<sup>2</sup>Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

Every year, around 225 million people worldwide are exposed to natural disasters. Of those, 5-60% develop Post-Traumatic Stress Disorder (PTSD) in the first or second years after the trauma. The aim of this study is to evaluate the efficacy of cognitive behavior therapy (CBT) based treatments for natural disasters victims who developed PTSD. A systematic review was conducted in ISI/Web of Science, PsychINFO, PubMed, Scopus and Pilots databases, including all languages and all years. We included studies which used CBT techniques, were randomized, controlled or open studies and included full criteria PTSD patients who developed PTSD after a natural disaster. Of the 820 identified studies, 11 were selected. Ten studies were on PTSD related to earthquakes and one in hurricane. All studies showed significant reductions in PTSD symptoms after the use of CBT techniques. These results suggest that CBT was effective in natural disasters such as earthquakes. More randomized-controlled studies should be conducted especially on other types of natural disasters.

#### **THU 221**

#### **Consequences of Childhood Abuse on Non-Suicidal Self-Injury Behaviors in Adolescence and Young Adulthood: A Meta-Analysis**

(Abstract #595)

**Poster #THU 221 (Clin Res, CPA, CSA, Health, Lifespan) I - N/A**

**Mezzanine East/West/South**

*García Nieto, Rebeca, PhD<sup>1</sup>, Bakker, Anne, PhD<sup>2</sup>, van Zuiden, Mirjam, PhD<sup>2</sup>, Baca-García, Enrique, MD PhD<sup>1</sup>, Olff, Miranda, PhD<sup>3</sup>*

<sup>1</sup>*Jiménez Díaz Foundation - Autónoma University, Madrid, Spain*

<sup>2</sup>*Academic Medical Center, Amsterdam, Noord-Holland, Netherlands*

<sup>3</sup>*Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, Netherlands*

Background: Childhood abuse, in particular sexual abuse, has been suggested to play a central role in the development of later non-suicidal self-injury (NSSI) behaviors, but the empirical evidence is not univocal. The current study systematically quantifies empirical research on the association between childhood sexual and physical abuse and NSSI in adolescence and young adulthood. Method: A systematic literature search yielded 28 studies examining the association between childhood abuse and NSSI. Effect sizes indicating the strength of the association were extracted and meta-analyses were performed to synthesize the data. Results: The association between childhood abuse and NSSI was significant, but relatively small (mean weighted effect size 0.207,  $p < .001$ ). Age, gender, and the type of abuse (i.e., sexual vs. physical) did not significantly moderate this relationship. Qualitative analysis of psychological factors pointed at the potential importance of, for instance, post-traumatic stress disorder (PTSD) and emotion dysregulation in the development of NSSI after childhood abuse. Conclusions: Childhood abuse appears to explain a modest proportion of variance in the development of NSSI in later life. Notably, the influence of other psychological factors, such as PTSD, on the abuse-NSSI association may be considerable and requires more attention.

#### **THU 222**

#### **An Examination of Treatment Options for Schizophrenia Spectrum Disorders with a History of Childhood Sexual Abuse**

(Abstract #1866)

**Poster #THU 222 (Clin Res, CSA, Lifespan) I - N/A**

**Mezzanine East/West/South**

*Jourdain, Melissa, MS, PsyD Student, Herman, Lara, MS, PsyD Student, Emmons, Erik, BS, BA  
Nova Southeastern University, Fort Lauderdale, Florida, USA*

This poster will examine the correlation between prolonged childhood sexual abuse and adult schizophrenia spectrum disorders. This review of current literature is an attempt to increase clinical awareness of the importance of treatment of childhood sexual trauma in the overall treatment of adult schizophrenia spectrum disorders. This study will review literature on the treatment of childhood sexual abuse in an attempt to decrease psychotic symptoms in adults with schizophrenia spectrum disorders. Research suggests that there is a correlation between childhood sexual abuse and the manifestation of schizophrenia spectrum disorders in adulthood. This poster will demonstrate a

compilation of possible interventions that may be used effectively with patients suffering from a schizophrenia spectrum disorder and past history of childhood sexual abuse.

#### THU 223

### **Survivors of Institutional Abuse Committed by the Austrian Catholic Church – A Study on the Post-Traumatic Outcome and Prevalence of Abusive Acts**

(Abstract #955)

**Poster #THU 223 (Clin Res, Assess Dx, CPA, CSA, Chronic, Older) M - Industrialized**

**Mezzanine East/West/South**

*Weindl, Dina, MS PhD Student, Kantor, Viktoria, MS PhD Student, Knefel, Matthias, MS PhD Student, Jagsch, Reinhold, PhD, Glueck, Tobias, MS PhD Student, Lueger-Schuster, Brigitte, PhD*  
*University of Vienna, Vienna, Austria*

Since the 1990ies Austrian survivors of Institutional Abuse (IA) have been demanding acknowledgment and criminal investigations. In April 2010 an Independent Survivors' Protection Commission was established to redress and support the survivors. This study analyzed the data of 450 survivors of IA, who disclosed to the commission. The prevalence of IA committed by clerical professional workers and the abuse related disorders were analyzed. Different kinds of data collection were used. 450 (age M=55 years, Range 25-80) survivors gave written informed consent to scientifically analyze their clearing documents. Of these 450 survivors, 185 completed self-report questionnaires (BSI, PCL-C, and instruments measuring resilience). IA was experienced with an average age of 10 years. 75% of the sample were men. From the 185 who filled in the questionnaires almost 50% suffered from PTSD. More boys suffered from childhood sexual abuse, whereas girls were more exposed to acts of violence. However, the prevalence of PTSD is higher in the females. No differences were found in demographic factors, and the numbers and types of exposure. IA always leaves a mark on the survivors. The results shed light on the complex dynamics of IA and its consequences on psychopathological outcome

#### THU 224

### **Clinician Knowledge, Attitudes, and Concerns about Concurrently Treating Veterans with PTSD in a Substance Abuse Residential Rehabilitation Treatment Program**

(Abstract #1604)

**Poster #THU 224 (Clin Res, Dev/Int, Sub/Abuse, Mil/Vets, Prof) A - N/A**

**Mezzanine East/West/South**

*Colvonen, Peter, PhD<sup>1</sup>, Rebecca Bogner, BS<sup>1</sup>, Brittney Steele, BS<sup>1</sup>, Myers, Ursula, MS PhD Student<sup>2</sup>, Davis, Brittany, PhD<sup>2</sup>, Robinson, Shannon, MD<sup>1</sup>, Norman, Sonya, PhD<sup>3</sup>*

<sup>1</sup>University of California, San Diego and VA San Diego Healthcare System, San Diego, California, USA

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<sup>3</sup>National Center for PTSD, San Diego, California, USA

Although evidence is building for the effectiveness of concurrent treatment for substance use disorders (SUDs) and post-traumatic stress disorder (PTSD), there have been few efforts to integrate evidence-based treatment (EBT) for PTSD into substance use residential rehabilitation treatment programs (SARRTPs). One potential barrier is SUD provider beliefs about treating PTSD concurrently with SUDs. We examined clinician attitudes about offering EBTS for PTSD on a new PTSD track of a VA SARRTP unit. Eight non-mental health staff (e.g., nurses, addiction counselors) completed an interview about their perceptions of treating PTSD in the addiction program and differences between PTSD and non-PTSD SUD Veterans. Verbatim de-identified transcripts were independently reviewed, condensed, and converted into themes identified through team consensus. The following themes emerged: SARRTP staff were positive about integrating PTSD/SUD treatment but often believed SUD should be treated first; Veterans with PTSD were considered more fragile (e.g., groups were missed due to PTSD symptoms, were easily angered) and more likely to be seeking compensation. Many staff stated they would like more training on PTSD and PTSD treatments and would like to have a clinician who focuses on PTSD on the unit. Assessing provider attitudes provides unique insights that can help guide integrated SUD/PTSD programs.

## COMMUNITY-BASED PROGRAMS POSTERS (COMMUN)

### THU 225

#### Partnering with the WKU Mobile Units to Identify Individuals in Rural Communities with PTSD and Related Concerns

(Abstract #1246)

**Poster #THU 225 (Commun, Commun, Depr, Pub Health, Adult) M - N/A Mezzanine East/West/South**

*Wilson, Sarah, Undergraduate, O'Connor, Stephen, PhD, Ellis-Griffith, Gregory, PhD MPH, Carter, Daniel, DMD, Hunt, Matthew, MA, Shake, Mathew, PhD*  
*Western Kentucky University, Bowling Green, Kentucky, USA*

Introduction: Individuals with post-traumatic stress disorder (PTSD) are likely undertreated in rural communities (Colon-Gonzalez et al., 2014). The current study represents efforts to integrate mental health services into usual care practices of the Institute for Rural Health at Western Kentucky University, which operates two mobile units providing free health services throughout the region. We sought to examine associations between the PRIME-MD mental health items in the universal screening instrument and validated screeners for PTSD and related concerns. Methods: Consented participants complete a structured assessment consisting of the PCL-C, PHQ-9, AUDIT, Scale for Suicidal Ideation, McGill Pain Questionnaire, and SF-12. Seven days after the interview, follow-up calls are conducted asking open-ended questions regarding barriers and preferences for mental health services. We have recruited 14 participants and intend to recruit a sample of N=60. By recruiting 12 participants per visit, we will complete recruitment with four additional site visits. Analysis: Preliminary descriptive data suggests elevated PTSD symptoms (PCL > 34) in our sample (Mean =44.92, SD =17.91; Median=41). We will conduct a series of regression models to examine the associations between the PRIME-MD items and the instruments in the battery. We will also conduct a thematic analysis of the qualitative data.

### THU 226

#### Childhood Sexual Abuse, Obesity, and PTSD in Low-Income Women

(Abstract #1534)

**Poster #THU 226 (Commun, CSA, Adult) I - Industrialized Mezzanine East/West/South**

*Acker, Jennifer, MA PhD Student, Wortel, Sanne, BA, Milan, Stephanie, PhD*  
*University of Connecticut, Storrs, Connecticut, USA*

Obesity and PTSD often co-occur, particularly among women who have experienced childhood sexual abuse (CSA). The current study explored the relation between CSA, obesity, and PTSD in a sample of 186 low-income women (54% Latina, 28% African-American, 18% White). Women reported on exposure to potentially traumatizing events (PTEs). Weight and height were measured. 36% experienced CSA; 18% met clinical cutoffs on the PCL-C; 83% were overweight/obese. CSA was not related to BMI. Results indicated BMI and CSA predicted PTSD symptoms, as did the interaction between them. Post hoc probing indicated that obesity predicted PTSD symptoms, but only among women who reported CSA. Follow-up analyses showed that women who were both obese and experienced CSA reported more recent PTEs; however, the interaction between obesity and CSA remained a significant predictor of PTSD after controlling for recent PTEs. Thus, women who are overweight/obese and experienced CSA may be at greater risk for PTSD through two paths: first, they may experience more PTEs (i.e., differential exposure) and second, they may be more likely to develop symptoms following exposure (i.e., differential responsivity). Findings demonstrate the vulnerability of women who are both obese and have experienced childhood trauma, and highlight the potential benefit of PTSD interventions that address mind-body connections.

**THU 227**

**The Influence of Forgiveness, Gratitude and Religious Involvement in Positive Mental and Physical Health Outcomes among Adult Survivors of Childhood Trauma**

(Abstract #1832)

**Poster #THU 227 (Commun, CPA, Cul Div, Health, Surv/Hist, Adult) I - Industrialized**

**Mezzanine  
East/West/South**

**Reinert, Katia, PhD Candidate**

*Johns Hopkins University, Baltimore, Maryland, USA*

Purpose: This presentation describes research data determining the influence of forgiveness, gratitude, religious coping, and intrinsic religiosity as protective factors reducing the negative impact of childhood trauma on the health of adult survivors. Methods: The study is a secondary analysis of cross sectional data from the Biopsychosocial Religion and Health Study (BRHS). Multiple linear regressions were used to analyze self-reported data of 10, 283 racially diverse Seventh-day Adventist men and women ages 30-106 across North America. Results: Higher scores of childhood trauma were associated with decreased mental health ( $b=-1.93$ ,  $p<0.0001$ , CI -2.30, -1.56) and physical health ( $b=-1.53$ ,  $p<0.0001$ , CI -1.97, -1.08). The negative effect of trauma on mental health was reduced by higher levels of intrinsic religiosity ( $b=.52$ ,  $p=.011$ , CI 0.12, 0.09), positive religious coping ( $b=.61$ ,  $p=0.025$ , CI 0.08, 1.13), forgiveness ( $b=.32$ ,  $p=.025$ , CI .04, .48) and gratitude ( $b=.87$ ;  $p=0.001$ , CI 0.36, 1.38). A trend for statistical significance was noted for forgiveness as protective in the case of physical health ( $b=.33$ ,  $p=0.051$ , CI -.01, .67). Conclusion: Interventions to reduce the negative health effects of childhood trauma across the life span must include holistic approaches using protective factors such as forgiveness, gratitude, positive religious coping, and intrinsic religiosity.

**THU 228**

**Trauma-Informed Child Welfare Community: Disseminating the Child Welfare Worker Trauma Toolkit**

(Abstract #1680)

**Poster #THU 228 (Commun, Clinical Practice, Complex, Fam/Int, Train/Ed/Dis, Child/Adol) - Industrialized**

**Mezzanine  
East/West/South**

**Dean, Kristin, PhD**

*Cherokee Health Systems, Knoxville, Tennessee, USA*

After educating mental health treatment providers and resource families in trauma-informed interventions and practices, the COEs recognized that child welfare workers, while being introduced to the concept of trauma, often struggled with using a trauma lens in the conceptualization of how trauma impacted the youth they were working with. As behavioral health providers started using TF-CBT and ARC, the child welfare workers heard the language but were not yet educated themselves about how to identify children and youth who were appropriate to refer for trauma-informed assessment and treatment. Partnering with a local foster care continuum agency that provides therapeutic foster care, case management, in-home services, and therapy, and with support from the National Child Traumatic Stress Network, the COEs implemented the Child Welfare Worker Trauma Toolkit. The course is a 16-hour education and practice seminar, during which workers learn how to define trauma, the implications for growth and development, and how to apply this knowledge to case management and treatment planning. Workers learn the importance of considering trauma when developing permanency plans and referring youth for mental health services. We will review highlights of the curriculum and share feedback from the child welfare system on the implementation model and impact on case planning and case management.

**THU 229****Child and Youth Intervention: Disseminating and Sustaining Evidence-Based Treatment for Youth Impacted by the Child Welfare System**

(Abstract #1678)

**Poster #THU 229 (Commun, Clinical Practice, Complex, Fam/Int, Train/Ed/Dis, Child/Adol) - Industrialized****Mezzanine  
East/West/South*****Ebert, Jon, PsyD****Vanderbilt University Medical Center, Nashville, Tennessee, USA*

Among community agencies providing behavioral health services to youth and families involved in the child welfare system, there was a dearth of trauma-informed providers that were using evidence-based practices. Our first initiative was to increase the number of therapists that could provide trauma-informed services. After consulting with national experts, our team chose to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). In a dissemination effort that spanned three large geographic regions, the COEs adopted adult learning principles to teach provider agencies the TF-CBT intervention while attending to the organizational changes needed to successfully adopt and sustain TF-CBT. After three years the model was well-accepted in the community. However, with broad implementation of TF-CBT the COEs observed the need to further clinicians' trauma case conceptualization abilities and disseminated a second intervention that focused more on youth with complex trauma histories and attachment difficulties, the Attachment, Self-Regulation, and Competency (ARC) model. Clinicians from 10 agencies across the state improved their skills in developmental, trauma-informed case conceptualization driven intervention. We will discuss issues related to implementing two different trauma treatment models within agencies, dissemination and sustainability challenges, and lessons learned.

**THU 230****Trauma-Informed Caregivers: Implementing the Resource Parent Curriculum to Strengthen Foster Families**

(Abstract #1679)

**Poster #THU 230 (Commun, Clinical Practice, Complex, Fam/Int, Train/Ed/Dis, Lifespan) - Industrialized****Mezzanine  
East/West/South*****Hoffmann, Melissa, PhD****University of Tennessee, Memphis, Tennessee, USA*

As consultants to the child welfare system, the COEs often hear from families that they are unprepared to handle the challenging behaviors of children and youth who come into their homes. Resource families often feel ill-equipped to meet the child's complex needs since they do not know the child's full history or the impact of that history on their puzzling, atypical, and sometimes scary behaviors. To answer that need, the COEs, in concert with the National Child Traumatic Stress Network and partnering with a local foster care continuum agency, developed a plan for statewide implementation of the Resource Parent Curriculum (RPC). The RPC is a 16-hour curriculum that provides basic psychoeducation about trauma, its impact on the brain and development, implications for relationships and parenting, and how resource parents can advocate for youth in their home to receive trauma-informed care from professionals and other child-serving agencies in their communities. The COEs have been implementing the program with our partners across Tennessee and will share family feedback on the curriculum and implementation as well as lessons learned.

## GLOBAL ISSUES, TECHNOLOGY & ETHICS POSTERS (GLOBAL, TECH, ETHICS)

### THU 231

#### Age at Exposure to the 1994 Rwandan Genocide and Post-Traumatic Stress Symptoms (PTSS) across the Life Span

(Abstract #420)

Poster #THU 231 (Global, Chronic, Comm/Vio, Surv/Hist, Adult) M - E & S  
Africa

Mezzanine  
East/West/South

*Fodor, Kinga, MA PhD Student<sup>1</sup>, Pozen, Joanna, JD<sup>2</sup>, Ntaganira, Joseph, MD PhD<sup>3</sup>, Sezibera, Vincent, PhD<sup>3</sup>, Neugebauer, Richard, PhD, MPH<sup>4</sup>*

<sup>1</sup>Semmelweis University, Budapest, Pest, Hungary

<sup>2</sup>Columbia University, New York, New York, USA

<sup>3</sup>National University Of Rwanda, Butare, Southern Province, Rwanda

<sup>4</sup>Columbia University and New York State Psychiatric Institute, New York, New York, USA

In 2011 we conducted a cluster random survey of 500 Rwandan adults, aged 1-67 in 1994, employing the 17 item Post-Traumatic Stress Disorder Checklist-Civilian version (PCL-C), score range 0-68. Exposure ages were based on standard chronological and developmental categories. Mean age at exposure was 23.6 years (SD = 15.0). Among persons aged 1-5, 6-13, 14-21, 22-30, 31-40, 41+ in 1994 the mean PCL-C scores (SD) were 25.7 (12.4), 26.5 (11.7), 28.9 (12.9), 36.0 (15.7), 34.4 (17.2) and 29.8 (15.3), respectively. (The corresponding rates of “probable PTSD”, using a 44 cut-point on the PCL-C, were 11.1%, 10.9%, 17.8%, 35.2%, 30.6% and 18.5%, respectively.) Adjusted linear regression analyses disclosed that, except for the 31-40 year group, symptom levels in the 22-30 year age group were significantly higher than all other groups, thereby implicating the first decade of adulthood, not childhood, as one of greatest vulnerability. However, these findings apply only to the second decade after exposure and not to child abuse. PTSS may not arise directly from childhood trauma but traumatized children may prove especially vulnerable to later traumatic experiences. The association of age at exposure with risk for initial and subsequent PTSS, duration of PTSS and likelihood and timing of delayed onset awaits further study.

### THU 232

#### Jordanian and Iraqi Refugee Aid Workers' Feedback to Organizations: Major Themes and Response Likelihood's Relationship with Post-Traumatic Distress, Organizational Support, and Demographic Variables

(Abstract #486)

Poster #THU 232 (Global, Cul Div, Refugee, Self-Care, Adult) M - M East & N  
Africa

Mezzanine  
East/West/South

*Huston, Melissa, MA<sup>1</sup>, Rommen, Julie, BS<sup>1</sup>, Sorenson, Morgan, BS<sup>1</sup>, Wilkins, Ashley, MA<sup>2</sup>, Rensberger, Jared, BS<sup>1</sup>, Eriksson, Cynthia, PhD<sup>1</sup>*

<sup>1</sup>Fuller Graduate School of Psychology, Pasadena, California, USA

<sup>2</sup>Fuller Theological Seminary, Graduate School of Psychology, Pasadena, California, USA

The present study examined the qualitative responses from locally recruited aid workers in Amman, Jordan and explored their self-identified support needs to overcome the stressors of their jobs and the risks associated with traumatic exposure. Participants included 258 aid workers (90 Iraqis, 165 Jordanians, and 3 Jewish and Lebanese nationals) who came from nine aid organizations that served Iraqi refugees. The study used a content analysis to examine desired organizational support and other feedback the workers gave the aid organizations. Also, using a logistical regression, this study examined whether likelihood of giving feedback was associated with levels of post-traumatic distress, organizational support, or demographic factors. None of these variables demonstrated a significant association with response versus nonresponse despite the fact that 19.2% reported clinically significant levels of PTSD distress (Eriksson et al., 2013). Common themes regarding support needs were consistent with

previous research regarding the woefully insufficient organizational support given in humanitarian aid work. Frequent themes included such categories as Concrete Worker Support (e.g. Salary) and Equality, Justice, and Accuracy (e.g. Fair Treatment of “Volunteers”). The themes give direction for how to improve organizational support for locally recruited aid workers.

#### THU 233

##### **A History of Political Violence in Families as a Resilience Factor in Lithuania**

(Abstract #1126)

**Poster #THU 233 (Global, Cul Div, Rights, Refugee, Surv/Hist, Adult) M - Industrialized**

**Mezzanine  
East/West/South**

*Kazlauskas, Evaldas, PhD, Zelviene, Paulina, MA PhD Student  
Vilnius University, Vilnius, Lithuania*

Lithuania is EU country with a population of about 3 million that restored its independence about 20 years ago. The aim of this study was to evaluate the relationship between psychological well-being, exposure to traumatic events, and exposure of political violence by family members during Soviet regime in Lithuanian sample. Non-clinical sample of 626 participants (59.9% women, 40.1% men) with mean age 39.00 ( $SD = 18.13$ ) from 18 to 89 years participated in present study. Self-report measures were used to assess trauma exposure, and psychological well-being. Life-time trauma exposure was measured using the Brief Trauma Questionnaire (BTQ). Psychological well-being was measured using 10 item Psychological Well-Being Questionnaire (WBQ) developed by the authors of the study. The study revealed that 69.8 % of our sample experienced at least one traumatic event. 55.4 % participants reported experiences of political violence in their families during the Soviet Regime. Study participants from families with a history of political violence reported higher psychological well-being. Family history of political violence was more significant factor in predicting psychological well-being than personal life-time trauma exposure.

#### THU 234

##### **Associations between Country Level Indicators of Violence and Conflict and the Global Prevalence of Common Mental Disorder: A Systematic Review and Ecological Analysis**

(Abstract #731)

**Poster #THU 234 (Global, Cul Div, Rights, Torture, Civil/War, Adult) A - Global**

**Mezzanine  
East/West/South**

*Steel, Zachary, PhD, Cpsych<sup>1</sup>, Silove, Derrick, MD PhD<sup>2</sup>, Patel, Vikram, PhD, MRCPsych<sup>3</sup>*

<sup>1</sup>*University of New South Wales, Liverpool, NSW, Australia*

<sup>2</sup>*University of New South Wales, Sydney, NSW, Australia*

<sup>3</sup>*London School of Hygiene and Tropical Medicine, London, United Kingdom*

Recent reviews of psychiatric epidemiological studies undertaken amongst populations exposed to mass conflict and forced displacement have identified a strong link between exposure to mass conflict and risk to mental disorder most notably PTSD and depression. It remains unclear, however, if the impact of conflict and population level violence translates to increases in the prevalence of mental disorders at the general population level. We undertake a systematic review and meta-regression analysis of regional or national population surveys applying an optimised search strategy within Medline, PsycINFO, EMBASE and PubMed databases to identify 155 surveys reporting point or 12-month period estimates of the combined prevalence of common mental disorder from 59 countries including 23 High Income Countries and 36 Low and Middle Income Countries. In addition surveys also recorded the period prevalence of mood (n=148), anxiety (n=122) and substance use disorders (n=104). We apply meta-regression analysis to examine the level of association between the period prevalence of common mental disorder (combined and disaggregated for mood, anxiety and substance use disorders) and global indicators of country level conflict and organized violence at the time of the survey adjusting for population and sample characteristics.

**THU 235****PTSD and Suicide Risk in a Representative Active Military Sample: A Reanalysis**

(Abstract #306)

**Poster #THU 235 (Global, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Bisson Desrochers, Alexandra, BSc Hons Psychology, Alvarez, Indira, MA, Descamps, Melanie, MSc, Brunet, Alain, PhD**Douglas Mental Health University Research Institute/McGill University, Montréal, Quebec, Canada*

Several recent reports conducted with convenience and cohort samples suggest that the suicide rate is high among active military samples, and that the association with PTSD is strong. We reanalysed the data from the CCHS-MS (N = 8441; Canadian Community Health Survey – Military Supplement) to explore this possibility in a representative sample. Rates of suicide were found to be low in relation to trauma exposure and deployment. However, the odds of reporting current or lifetime suicidal thoughts or gestures were high among individuals with a lifetime or current diagnosis of PTSD. PTSD therefore represents an important risk factor for suicide ideation or gesture. This data should be interpreted in light of the usual limits related to retrospective cross-sectional study, including memory bias.

**THU 236****OSITA: Outreach, Screening, and Intervention for Trauma for Internally Displaced Women in Bogota, Colombia**

(Abstract #1394)

**Poster #THU 236 (Global, Chronic, Comm/Vio, Global, Refugee, Lifespan) I - Latin Amer & Carib****Mezzanine East/West/South***Gomez-Ceballos, Angela, MS<sup>1</sup>, Espinel, Zelde, MD, MA, MPH<sup>2</sup>, Shultz, James, PhD<sup>2</sup>, Hernandez-Florez, Luis, MD, PhD<sup>1</sup>*<sup>1</sup>*Universidad de Los Andes, Bogota, Distrito Capital, Colombia*<sup>2</sup>*University of Miami Miller School of Medicine, Miami, Florida, USA*

Introduction: Colombia has the world's largest population of internally displaced persons (IDPs) due to armed conflict (5.7 million IDPs: 1-in-8 Colombians, 19% of IDPs globally, and 95% of Western Hemisphere IDPs). IDPs – 70% women and children - have been exposed to trauma and loss throughout their trajectory from expulsion to resettlement. Methods: OSITA is a pilot project to test a 3-tiered, stepped-care mental health intervention for women IDPs in Bogota. The intervention consists of household outreach/screening/psycho-education using mobile teams (Step 1), referral as needed to primary care/psychologist consultation (Step 2), and when warranted, referral to psychiatric consultation (Step 3). Referral decisions are based on responses to validated screening instruments for depression, anxiety, and PTSD. OSITA uses innovative tablet-based technology and adds a component of vocational outreach to facilitate job opportunities. Results: Results will be presented from qualitative phase focus groups with women IDPs and healthcare stakeholders. Challenges for OSITA include seamless integration with services provided by the Ministry of Health's new outreach programs for IDPs and impact evaluation of OSITA-specific outcomes. Conclusions: The OSITA intervention is being adapted and assessed for efficacy with a sample of the world's largest population of trauma-exposed women IDPs.

**THU 238****Post-Genocide Mental Health Surveillance: Decline of PTSD Symptoms in Rwanda: 2002 to 2011**

(Abstract #1753)

**Poster #THU 238 (Global, Complex, Death, Health, Civil/War, Lifespan) M - E & S Africa****Mezzanine East/West/South***Pozen, Joanna, JD<sup>1</sup>, Ntaganira, Joseph, MD PhD<sup>2</sup>, Sezibera, Vincent, PhD<sup>2</sup>, Neugebauer, Richard, PhD, MPH<sup>3</sup>*<sup>1</sup>*Columbia University, New York, New York, USA*

<sup>2</sup>National University Of Rwanda, Butare, Southern Province, Rwanda

<sup>3</sup>Columbia University and New York State Psychiatric Institute, New York, New York, USA

Investigations of mental health recovery from massive trauma often study exposed cohorts longitudinally to map participants' symptom trajectories. By contrast, we adopt a public health focus and examine community level variations in mental health outcomes over time. In February 2002, Pham and colleagues (in the only prior investigation of psychiatric outcomes in post-genocide Rwanda using rigorous epidemiological methods) conducted a cluster random survey in Ngoma commune, Rwanda (n=544). They reported a 33.8% point prevalence rate of "probable PTSD" (39.6% among women, 21.4% among men) using a 44 cut-point on the Post-Traumatic Symptom Checklist-Civilian version (PCL\_C). In February-March 2011, we conducted a second cluster random survey in Ngoma (n=504), employing the 2002 translation of the PCL-C. The overall rate of "probable PTSD" was 19.8%; among women, 24.3%; among men, 6.4%. Each 2011 rate differs significantly from the corresponding 2002 rate and did not change appreciably when the 2011 sample was restricted to persons who were over age 17 in 2002. This study documents a major decline in rates of "probable PTSD" over a 9 year period post-genocide; a decline especially marked among men. The possible contribution of societal level factors, e.g., transitional justice trials, to the decline requires study.

#### THU 239

#### E-mental Health Preferences in Ethno-racially Diverse Veterans Based on PTSD symptoms

(Abstract #777)

Poster #THU 239 (Tech, Clin Res, Mil/Vets, Adult) I - Industrialized

Mezzanine East/West/South

*Whealin, Julia, PhD<sup>1</sup>, Seibert-Hatalsky, L. Alana, PhD<sup>2</sup>, Howell, Jennifer, PhD<sup>2</sup>*

<sup>1</sup>National Center for PTSD/University of Hawaii, Honolulu, Hawaii, USA

<sup>2</sup>VA Pacific Islands Health Care System, Honolulu, Hawaii, USA

The Veterans Health Administration has invested substantial resources into increasing access to mental health treatment for Veterans. In recent years, novel electronic mental health interventions (e-mental health), which include clinical video-teleconferencing, the internet, social networking, and telephones, have emerged as viable, cost-effective methods to augment traditional treatment delivery. This study examined willingness to utilize e-mental health in ethno-racially diverse Veterans. Mailed surveys were completed by 623 OEF/OIF-era Veterans. Results suggest that willingness to use e-mental health ranged from 31.0% to 54.5% depending on modality type. Importantly, Veterans who screened positive for PTSD were significantly less likely to report willingness to use each e-mental health modality than their peers, despite their greater perceived need for mental health services. Results of a multivariate linear regression analysis indicated that PTSD correlated negatively with willingness to use e-mental health even when controlling for other variables (e.g., perceived need for mental health services and pertinent demographic variables;  $R^2 = .11$ ,  $F [8, 482] = 6.93$ ,  $p < .001$ ). Results of this study suggest that, despite solutions to logistical barriers afforded e-mental health services, other barriers still exist, especially among Veterans who screen positive for PTSD.

## CLINICAL PRACTICE POSTERS (PRACTICE)

#### THU 241

#### 4 years later - Successful Implementation of a Client-Reported Outcomes Management Information System (CROMIS) for VAC's Operational Stress Injury Clinic Network

(Abstract #974)

Poster #THU 241 (Practice, Assess Dx, Clinical Practice, Train/Ed/Dis, Adult) - Industrialized

Mezzanine East/West/South

*Ross, David, PhD*

*Veterans Affairs Canada, Ste-Anne-de-Bellevue, Quebec, Canada*

Veteran Affairs Canada (VAC) funds 10 clinics across Canada to provide evidence-informed mental health services to eligible Canadian Armed Forces and Royal Canadian Mounted Police members challenged with Operational

Stress Injuries. VACs Operational Stress Injury Clinics (OSICs) are obligated to directly monitor client self-reported mental health outcomes. A previous attempt to implement a national system had not met with success. Lessons learned during the first implementation attempt lead to fundamental changes in implementation strategy. The revised, client-reported outcomes management information system (CROMIS) is now fully implemented. Measures are taken before each session, submitted by clients using the platform of their choice (Smartphone, tablet, PC etc). Reports are immediately available, and are routinely reviewed as a 'check-in' in the first 5 minutes of each session. As of submission date, it has been used with 1288 clients receiving 10,965 assessments. Discussion: Lessons learned about 'what works': Realities of implementing measurement-based care in an established clinic network. Pertinence of Dissemination Best Practices recommendations. Preliminary outcomes data.

#### **THU 242**

#### **Making PTSD Outcomes Measurement Valuable to Mental Health Providers**

(Abstract #972)

**Poster #THU 242 (Practice, Assess Dx, Prof) - Industrialized**

**Mezzanine East/West/South**

**Ruzek, Josef, PhD<sup>1</sup>, Welch, Lisa, PhD<sup>2</sup>, Rosen, Raymond, PhD<sup>2</sup>, Gates, Margaret, ScD<sup>2</sup>**

<sup>1</sup>National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

<sup>2</sup>New England Research Institutes, Inc., Watertown, Massachusetts, USA

To encourage evidence-based decision-making among mental health clinicians and managers, outcomes measurement must be perceived as valuable by clinicians and clients. In order to explore clinician perspectives on outcomes monitoring, a qualitative interview study of 76 PTSD treatment providers was conducted. The majority of clinicians endorsed the importance of observing changes in client treatment progress over time. They stressed the importance of measuring social, community, and occupational functioning, in addition to PTSD symptoms. A major challenge verbalized by clinicians was that outcomes assessment required too much time, which took away from treatment. They indicated that clients should complete measures in advance of their treatment sessions in order to save time during the session, and talked about the need for user-friendly computer administration of measures that would enhance their ability to track outcomes. Many clinicians expressed a concern that results from regular monitoring of outcomes could be used to judge their effectiveness as clinicians. Finally, they identified training needs focused on information about research on the tools, their validity, interpretation, current acceptable norms, and best treatment processes based on outcome scores. Implications for the development and implementation of outcomes monitoring systems are discussed.

#### **THU 243**

#### **Compassion Satisfaction as a Protective Factor against Secondary Traumatic Stress on Job Outcomes in Pediatric Nurses**

(Abstract #1848)

**Poster #THU 243 (Practice, Health, Self-Care, Adult) M - N/A**

**Mezzanine East/West/South**

**Gold, Jeffrey, PhD<sup>1</sup>, Meyer, Rika, PhD<sup>2</sup>**

<sup>1</sup>Children's Hospital Los Angeles - University of Southern California, Los Angeles, California, USA

<sup>2</sup>Academic Medical Center, Los Angeles, California, USA

Novice nurses are vulnerable to job stress due to potentially traumatic events on the job. Compassion satisfaction, the pleasure felt from being able to do well in the work of helping others (Figley & Stamm, 1996), has been shown to be positively correlated with active coping, whereas compassion fatigue, also referred to as Secondary Traumatic Stress (STS) are negative feelings associated with working in care giving, has been shown to be positively correlated with dysfunctional coping (Cicognani et al., 2009). We examined whether compassion satisfaction was protective against STS on burnout and job satisfaction. New licensed nurses (N=251) in a residency program at an academic pediatric hospital participated. The Compassion Satisfaction and Fatigue Test was administered after 3 months of bedside experience. Job satisfaction was assessed after 6 months. Linear regression analyses were conducted. Compassion satisfaction (B=-0.17, SE=0.05, p<.01) predicted lower burnout and STS (B=0.53, SE=0.05, p<.001)

significantly predicted higher burnout. Compassion satisfaction protected against STS on burnout ( $B=0.01$ ,  $SE=0.004$ ,  $p<.05$ ). Significant results were not found for job satisfaction. Interventions for novice nurses should highlight the role of compassion satisfaction in order to buffer the effects of stress.

#### **THU 244**

#### **The Moderating Role of Pain in the Development of PTSD in Adult Patients with Medical Trauma** (Abstract #1740)

**Poster #THU 244 (Practice, Assess Dx, Bio Med, Health, QoL, Adult) M - N/A Mezzanine East/West/South**

*Amariglio, Nelly, PhD<sup>1</sup>, Gold, Jeffrey, PhD<sup>1</sup>, Meyer, Rika, PhD<sup>2</sup>*

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<sup>2</sup>*Academic Medical Center, Los Angeles, California, USA*

This study examined whether pain acted as a risk factor against developing PTSD on quality of life (QOL). Although previous studies have investigated the co-occurrence of post-traumatic pain and PTSD following medical and civilian trauma, little is known in regards to the moderating role of pain in PTSD and QOL in general. More specifically, the role of pain among those who are undergoing active medical treatment. Adult oncology patients ( $N = 285$ ;  $Mage = 61.3$ ,  $SD = 11.6$ ) who were undergoing medical treatment for various types of cancer were recruited through a primary care facility. The PCL-C, FACT-G, and Brief Pain Inventory were used to measure PTSD symptoms, QOL, and pain, respectively. Linear regression analyses were conducted to examine whether pain moderated the association between PTSD and QOL. PTSD predicted lower QOL ( $B=-9.20$ ,  $SE=1.07$ ,  $p<.001$ ) and pain predicted lower QOL ( $B=-1.01$ ,  $SE=0.43$ ,  $p=.02$ ). Higher pain and having full PTSD predicted the lowest QOL ( $B=-0.84$ ,  $SE=0.42$ ,  $p=.04$ ). These findings demonstrate the important role of pain in the diagnosis of PTSD in adults with medical trauma and the impact on their QOL. Additionally, results reflect the need for implementation of pain screenings and pain management in order to prevent and/or reduce psychological distress and increase overall QOL.

#### **THU 245**

#### **Social Information Processing in Adolescent Sexual Offenders** (Abstract #383)

**Poster #THU 245 (Practice, CPA, CSA, Rape, Child/Adol) I - Industrialized Mezzanine East/West/South**

*Davis, Brittany, PhD<sup>1</sup>, Alexander, Kristi, PhD<sup>2</sup>*

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The Social Information Processing (SIP) model was developed to examine the relationship between social cognition and dysfunctional behaviors (i.e., aggression). The current study assessed social information processing in adolescent sexual offenders by comparing 26 male adolescent sexual offenders in outpatient treatment to 26 male adolescent non-offenders. In addition to SIP, the adolescents, parents, teachers, and treatment providers completed measures assessing anger, anxiety, and history of abuse. No differences between groups were found on the self-report measures for SIP, anger/aggressiveness, or anxiety. However, adolescent sexual offenders reported significantly more physical abuse ( $F(1, 49) = 6.10$ ,  $p = .017$ ) and sexual abuse ( $F(1, 50) = 6.56$ ,  $p = .013$ ) than non-offenders. Treatment providers and teachers perceived sexual offenders to have significantly greater anxiety ( $F(1, 50) = 7.93$ ,  $p < .01$ ) and anger ( $F(1, 49) = 11.36$ ,  $p < .01$ ) than the non-offenders. The results suggest that adolescent sexual offenders may not experience social skill deficits, calling into question the relationship of SIP to sexual offending. The current study suggests that social skills interventions may not be necessary in the treatment of adolescent sexual offenders. However, more focus on the mechanisms by which previous abuse impacts maladaptive behavior is warranted.

**THU 246****The Associations between Social Support/Stress and PTSD Symptoms among Veterans in a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)**

(Abstract #452)

**Poster #THU 246 (Practice, QoL, Sub/Abuse, Mil/Vets, Adult) I - Industrialized Mezzanine East/West/South***Davis, Brittany, PhD<sup>1</sup>, Norman, Sonya, PhD<sup>2</sup>, Robinson, Shannon, MD<sup>3</sup>, Trim, Ryan, PhD<sup>3</sup>, Colvonen, Peter, PhD<sup>3</sup>, Haller, Moira, MA<sup>1</sup>*<sup>1</sup>*VA San Diego Healthcare System, San Diego, California, USA*<sup>2</sup>*National Center for PTSD, San Diego, California, USA*<sup>3</sup>*University of California, San Diego and VA San Diego Healthcare System, San Diego, California, USA*

Inadequate social support and interpersonal stress is significantly associated with both post-traumatic stress disorder (PTSD) and substance use disorders (SUDs). However, few studies have examined the roles of specific sources of social support and interpersonal stress in comorbid PTSD/SUD treatment samples. Thus, the present study evaluated the relations between interpersonal support and stress across different sources (spouse, family, veteran peers, non-veteran peers) and PTSD symptoms in 34 Veterans (mean age = 37.7 years). Veterans were diagnosed with both PTSD and SUD and were in a 4-6 week substance abuse residential rehabilitation treatment program (SARRTP). Veteran peers were the source of the highest levels of interpersonal support and lowest levels of interpersonal stress, however this was not found to be associated with PTSD symptoms at pre or post treatment. Consistent with previous studies, higher levels of spousal stress were associated with greater PTSD symptoms at pre- and post-treatment. Interpersonal stress from family members was associated with greater PTSD symptoms at pre-treatment, but not at post-treatment. These preliminary analyses highlight the need to examine how social support and stress across specific sources on the maintenance and remittance of PTSD symptoms.

**THU 247****The Cognitive Effects of Three Brief Trauma Treatments and Use of the PTCI**

(Abstract #1581)

**Poster #THU 247 (Practice, Acute, Chronic, Cog/Int, Commun, Adult) I - N/A Mezzanine East/West/South***Freund, Blanche, PhD, Ironson, Gail, MD PhD, Bira, Lindsay, PhD  
University of Miami, Coral Gables, Florida, USA*

The purpose of this study was to determine whether (and which) of three brief (4 session) interventions would reduce trauma related cognitions: EMDR individually administered, stress management (conducted in groups) with a trauma focus (SMT), or four sessions of expanded Psychological First Aid (PFA). We recruited people who had experienced a recent trauma (within 6 months) from a low SES area. Seventy five percent of the sample met criteria for PTSD. This diverse group of 106 men and women were randomized into 4 sessions of one of two experimental groups (EMDR or SMT) or PFA, our standard of care control group. Post-traumatic cognitions were measured by the Post Traumatic Cognitions Inventory (PTCI) at Baseline, 1 month after treatment, and at 3 month and 6 month follow-ups. Results indicated a significant group interaction by time ( $F(3,75)=2.90$   $p=.04$ ) such as those in the EMDR or SMT treatments and had a significantly greater reduction in post-traumatic cognitions as compared to the PFA. Post hoc tests revealed that the three subscales of the PTCI results were driven by significant decrease in the world scale ( $p=.001$ ) and a trend with negative cognitions about self ( $p=.096$ ) and no change with self blame. These findings indicate that brief interventions are effective in reducing PTSD cognitions.

**THU 248****Predicting Suicide Attempt Lethality: The Roles of Experiencing and Perpetrating Violence**

(Abstract #871)

**Poster #THU 248 (Practice, Aggress, Chronic, Mil/Vets, Adult) I - N/A****Mezzanine East/West/South***Jordan, Josh, BA<sup>1</sup>, Samuelson, Kristin, PhD<sup>2</sup>*<sup>1</sup>*Alliant International University, San Francisco, California, USA*<sup>2</sup>*California School of Professional Psychology at Alliant International University, San Francisco, California, USA*

There is evidence that trauma exposure, particularly repetitive exposure to trauma, is associated with a greater risk for suicide attempts (Stein et al., 2010). It is less clear, however, what specific trauma experiences put individuals at greatest risk for completed suicide. Prior research has focused on predicting suicidal ideation and attempts but not the lethality of the attempt, which is more effective in predicting suicide completion (Harris, Hawton, & Zahl, 2005). Using the Collaborative Psychiatric Epidemiological Surveys, we examined the associations between single and repeated exposures to a variety of traumas and suicide attempt lethality among 341 individuals who made a lethal attempt (defined as “I made a serious attempt to kill myself and it was only luck that I did not succeed”), and 349 individuals who made a nonlethal attempt (defined as “My attempt was a cry for help, I did not intend to die”). Only repeated perpetrator violence predicted lethality (OR = 3.68,  $p < .001$ ), which suggests that individuals might develop the capacity for lethal self-harm by engaging in violent acts. This finding indicates that a history of perpetrating violence is an important factor in assessing suicide risk.

**THU 249****Characteristics of Sexual Trauma that Occurs in Military Settings: Qualitative Data from Military Sexual Trauma Survivors**

(Abstract #925)

**Poster #THU 249 (Practice, Rape, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Street, Amy, PhD<sup>1</sup>, Reinhardt, Kristen, MS<sup>2</sup>, Ming Foynes, Melissa, PhD<sup>1</sup>, Luciano, Matthew, BA<sup>3</sup>, Matza, Alexis, PhD<sup>3</sup>, Freyd, Jennifer, PhD<sup>2</sup>*<sup>1</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*<sup>2</sup>*University of Oregon, Eugene, Oregon, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

Some evidence suggests that experiences of sexual trauma in military settings may be more prevalent and more strongly associated with mental health symptoms than sexual trauma in civilian settings. This suggests that aspects of the military setting may facilitate the occurrence of sexual trauma and/or impede recovery from these experiences. Using qualitative methods, we conducted, transcribed and coded semi-structured interviews with 15 women veterans who reported unwanted sexual experiences during military service. The mean age was 51 (SD=8.8) with 35.7% (n=5) identifying as non-white and 13.3% (n=2) identifying as lesbian. Data coding is ongoing but preliminary constructs of interest identified include disconnects between expectations of military service and experiences of military service; the difficulty of a culture in which gender-based harassment is prevalent; perceptions of institutional betrayal, including negative experiences with formal reporting processes; and beliefs that women were targeted due to their status as a racial/ethnic or sexual minorities. This investigation is the first to explore survivors' beliefs about aspects of the military setting that contributed to unwanted sexual experiences or distress following these experiences, and, as such, is critical to information for providers providing mental health care to these veterans.

**THU 250****Psychiatric and Functioning Characteristics of MST Survivors**

(Abstract #923)

**Poster #THU 250 (Clin Res, CPA, Complex, Rape, Mil/Vets, Adult) - Industrialized****Mezzanine  
East/West/South****Keith, Jessica, PhD***Bay Pines Veteran Affairs Healthcare System, Bay Pines, Florida, USA*

Multiple studies indicate that MST survivors show substantial rates of impairment. This study evaluated self-report data collected from 221 male and female Veterans seeking treatment for the impact of MST at the Bay Pines VA PTSD Program to further understand the characteristics of this population. These survivors reported a low level of life stability: less than one quarter were married, over half had legal histories, less than one quarter were employed, and most reported they lacked adequate financial resources. They also reported significant psychiatric histories, with nearly two thirds endorsing a history of psychiatric hospitalization, over half reporting a history of suicide attempt, and one fourth reporting histories of other self-harm. Veterans with sexual trauma were significantly more likely to have each of these markers of impairment compared to 453 Veterans with combat trauma seeking treatment at the program in the same time frame. MST survivors were also more likely to report growing up in a dysfunctional childhood environment. The discussion will present the findings of this research, explore reasons why MST survivors may suffer more than other trauma survivors including the potential impact of childhood abuse, and discuss implications for treatment and future research. Differences between male and female MST survivors will also be discussed.

**THU 251****Exploring Revictimization among Veterans with a History of Childhood Abuse and Military Sexual Trauma**

(Abstract #924)

**Poster #THU 251 (Practice, CSA, Complex, Rape, Adult) - N/A****Mezzanine East/West/South****Ebony, Butler, PhD<sup>1</sup>, Nunnink, Sarah, PhD<sup>2</sup>, McCulloch, Robert, PhD<sup>1</sup>, Allard, Carolyn, PhD<sup>3</sup>**<sup>1</sup>*VA San Diego Healthcare System, La Jolla, California, USA*<sup>2</sup>*VA San Diego Healthcare System / UCSD, La Jolla, California, USA*<sup>3</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

Multiple research studies exploring the impact of revictimization on adult psychological functioning indicate that individuals who experience childhood abuse and adult assault experience significantly more distress, including PTSD, than those who experience assault only in adulthood. However, little to no empirical data has been published exploring such sequelae among veterans with a history of military sexual trauma (MST). Therefore, this study explores post-traumatic distress at pre- and post-treatment between veterans who have experienced childhood abuse (CA) and MST and veterans who have experienced MST only. Pre- and post-treatment data for 93 veterans (15 men and 78 women) with a history of CA and MST and 88 veterans (19 men and 69 women) with a history of MST only will be presented. Contrary to literature indicating that individuals who experience revictimization experience significantly greater psychological distress, analyses indicate no difference in PTSD symptom severity between both groups at pre-treatment ( $t(84) = .16, n.s.$ ) and post-treatment ( $t(48) = .06, n.s.$ ). Although there were significant reductions in post-traumatic symptoms within the groups, experiencing childhood abuse does not seem to significantly increase psychological distress among veterans who have experienced MST. There is no funding source for this project.

**THU 252****Exploring Treatment Utilization and Outcomes among Heterosexual and Lesbian/Gay/Bisexual (LGB) Veteran Survivors of Military Sexual Trauma (MST)**

(Abstract #1601)

**Poster #THU 252 (Practice, Complex, Rape, Orient, Adult) I - N/A****Mezzanine East/West/South***Ebony, Butler, PhD<sup>1</sup>, Nunnink, Sarah, PhD<sup>2</sup>, McCulloch, Robert, PhD<sup>1</sup>, Allard, Carolyn, PhD<sup>3</sup>*<sup>1</sup>*VA San Diego Healthcare System, La Jolla, California, USA*<sup>2</sup>*VA San Diego Healthcare System / UCSD, La Jolla, California, USA*<sup>3</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

Research studies have explored the unique impact of sexual trauma on factors such as sexual behavior, sexual orientation, and sex roles. However, little to no research has explored treatment outcomes by sexual orientation groups among Veterans with a history of military sexual trauma (MST). This study explored empirically supported treatment outcomes among Veterans who self-identified as heterosexual (n = 27) and those who self-identified as lesbian, gay or bisexual (LGB; n = 6). There were no significant differences between heterosexual and LGB veterans on PTSD symptom severity (PCL-S) at pre-treatment ( $t(31) = 1.65$ , n.s.) or on depressive symptoms (PHQ-9), ( $t(25) = .85$ ,  $p = n.s.$ ). Self-identified heterosexual Veterans experienced a significant reduction in PTSD symptom severity pre-to post-treatment, ( $t(19) = .3.99$ ,  $p < .05$ ). LGB-identified Veterans did not experience a significant reduction in symptom severity from pre- to post-treatment. Further study of treatment outcomes for post-traumatic distress related to MST in different sexual orientation groups is warranted. There is no funding source for this project.

**THU 253****Exploring Veterans' Perceptions and Experiences Related to Military Sexual Trauma in the Context of Gender: A Qualitative Analysis**

(Abstract #1058)

**Poster #THU 253 (Practice, Aggress, Cul Div, Rape, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***McBain, Sacha, BS<sup>1</sup>, Dubois, Russell, BS<sup>2</sup>, Garneau-Fournier, Jade, BS, MS<sup>2</sup>, Turchik, Jessica, PhD<sup>3</sup>*<sup>1</sup>*Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA*<sup>2</sup>*VA Palo Alto Health Care System, Menlo Park, California, USA*<sup>3</sup>*Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA*

Previous research has explored potential barriers to utilizing military sexual trauma (MST)-related care for male and female veterans; these potential barriers include knowledge, stigma, and gender-related barriers. Given the gendered nature of sexual trauma and differences in utilization of MST-related care between genders, the goal of the current research was to explore veterans' conceptualization of how gender impacts the experience, disclosure, and treatment of MST. Semi-structured interviews were conducted with 20 male and 9 female veterans enrolled in VHA care who had screened positive for MST. A number of gender-related themes emerged in qualitatively analyzing veterans' interviews regarding MST including, 1) perceived gender differences, 2) impact of gender stereotypes, sexuality, and cultural beliefs, 3) gender barriers related to disclosing and seeking treatment, 4) importance of gender inclusiveness, 5) perceived unique gender factors, and 6) importance of provider sensitivity to gender issues. Among the findings, many veterans discussed how traditional male gender roles (i.e. strong and tough) and female gender roles (i.e. weak and helpless) may discourage disclosing or seeking MST-related care. This preliminary data enhances our knowledge about veterans' perceptions and experiences related to MST in the context of gender.

**THU 254****Impulsivity Pattern of College Students of the Brazilian Northeast: a Census Study**

(Abstract #1914)

**Poster #THU 254 (Practice, Anx, Assess Dx, Adult) A - Latin Amer & Carib Mezzanine East/West/South***Netto, Liana, Doctoral Student<sup>1</sup>, Cavalcanti-Ribeiro, Patrícia, MD<sup>1</sup>, Pereira, Juliana, MSc<sup>2</sup>, Mundim, Deivson, MD<sup>1</sup>, Santana, Rejane, MA<sup>3</sup>, Quarantini, Lucas, MD, PhD<sup>4</sup>*<sup>1</sup>*Universidade Federal da Bahia, Salvador, Bahia, Brazil*<sup>2</sup>*Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Feira de Santana, Bahia, Brazil*<sup>3</sup>*Federal University of Bahia, Salvador, Bahia, Brazil*<sup>4</sup>*Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Salvador, Bahia, Brazil*

Background: Impulsivity is a relevant construct to explaining both normal individual differences in personality and more extreme personality pathology, and is usually investigated among clinical population. This study aims to explore the impulsivity pattern and to investigate the association between levels of impulsivity with trauma exposure and subsequent PTSD development in a non-clinical population. Methods: census study; 2213 subjects from 7 college institutions of 3 metropolitan Northeastern Brazilian regions. Instruments used: Socio-demographic questionnaire; THQ; PCL-C; BIS-11. Results: 308 (14%) individuals presented lower level of impulsivity (BIS-11 < 52), 348 (15.9%) presented higher impulsivity (BIS-11 > 71), and 1531 (70.1%) presented normal limit for impulsivity (BIS-11 total scores between 52-71). The median for frequency of trauma exposure was 4 events for low and normal impulsive people, and 6 for high impulsive ones. Individuals with higher impulsivity presented earlier exposition, and worst outcome (12.4% with PTSD, against 8.4% and 2.3% for normal and low impulsive ones). Individuals with lower impulsivity presented high frequency of non-sexual violence. Conclusion: Results suggest that impulsivity is a relevant trait also in a non-clinical population and is associated with trauma exposure and PTSD. Strategies aiming to manage impulsivity are a crucial need.

**THU 255****Stress Inoculation Training in Group Format for Combat Veterans with PTSD**

(Abstract #1102)

**Poster #THU 255 (Practice, Clin Res, Clinical Practice, Cog/Int, Mil/Vets, Adult) M - Industrialized Mezzanine East/West/South***Selvig-Leiner, Amy, PhD<sup>1</sup>, Astin, Millie, PhD<sup>2</sup>, Potts, Amy, PhD<sup>1</sup>, Pittman, Paige, PsyD<sup>1</sup>, Kincade, Shannon-Elizabeth, BA<sup>1</sup>, Bradley, Bekh, PhD<sup>2</sup>*<sup>1</sup>*Atlanta VA Medical Center, Decatur, Georgia, USA*<sup>2</sup>*Atlanta VAMC/Emory University, Decatur, Georgia, USA*

Stress inoculation training (SIT) is an anxiety management technique and evidenced based treatment (EBT) for PTSD. Research suggests SIT delivered individually reduces trauma symptoms in sexual assault and mixed trauma samples (Foa et al., 1999; Lee et al., 2002). SIT has also been delivered successfully in group format with rape survivors (Resick et al., 1988). With an increased need for EBTS in US Veteran Health Administration (VHA; Watkins & Pincus, 2011) and limited staff resources, more research for group treatment is warranted (Sloan et al., 2012). This poster reports a pilot study of SIT group therapy for veterans with combat-related PTSD. Ten veterans initiated a 10-session course of group SIT. Two licensed psychologists and 1 peer support specialist facilitated SIT group weekly for 90-minute sessions. Therapy included PTSD education, stress monitoring, and coping strategies. PTSD Checklist scores (Weathers et al., 1993) after 5 sessions suggest clinically significant change in PTSD severity for 50% of veterans and indicate that SIT group had a large effect (Cohen's  $d=0.88$ ). Three completed cohorts are anticipated by Nov 2014. Current data suggest that group SIT may be a viable treatment option for combat veterans with PTSD and may provide an alternative to prolonged exposure therapy and cognitive processing therapy, 2 widely disseminated PTSD EBTS in VHA (Karlin et al., 2010).

**THU 256****Etiological Attributions for Post-Deployment Distress Relate to Stigma Perceived from Others**

(Abstract #535)

**Poster #THU 256 (Practice, Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized Mezzanine East/West/South***Blais, Rebecca, PhD<sup>1</sup>, Renshaw, Keith, PhD<sup>2</sup>, Stevens, Natalie, PhD<sup>3</sup>*<sup>1</sup>*Department of Veterans Affairs, Puget Sound Health Care System, Seattle, Washington, USA*<sup>2</sup>*George Mason University, Fairfax, Virginia, USA*<sup>3</sup>*Rush University Medical Center, Chicago, Illinois, USA*

Biological attributions for non-psychotic disorders are linked with lower perceived stigma and psychological attributions for non-psychotic disorders are linked with higher perceived stigma in civilians. The association of biological and psychological attributions for post-deployment disorders such as PTSD, depression, or generalized anxiety with stigma has not been studied in Iraq/Afghanistan Veterans. In 165 Veterans, the association of personal (Veterans' own beliefs about distress) and perceived (Veterans' beliefs about how others explain distress) biological and psychological attributions for post-deployment distress with stigma perceived from military and non-military sources was explored. Personal biological and psychological attributions were unrelated to self-stigma. Perceived psychological attributions from unit leaders, particularly perceived inadequacies, were positively associated with stigma perceived from unit leaders (partial  $r=34, p<.001$ ). Perceived biological attributions from family and friends, specifically chemical imbalances, were positively associated with perceived stigma from family and friends (partial  $r=24, p<.001$ ). These findings suggest that etiological models for distress are differentially associated with stigma perceived from others but not self-stigma. Stigma reduction interventions will need to differ depending on source of stigma.

**THU 257****Understanding the Daily Lives of Trauma-Exposed Clients: Stress, Coping, and Emotion Regulation**

(Abstract #1933)

**Poster #THU 257 (Practice, Clinical Practice, Adult) M - Industrialized Mezzanine East/West/South***Kia-Keating, Maryam, PhD, Capous, Diana, BA**University of California, Santa Barbara, Santa Barbara, California, USA*

This study examines the interconnections between daily stress, emotion regulation, and coping efforts among trauma-exposed clients starting treatment at a community clinic. Many researchers underscore the importance of coping in the daily lives of therapy clients, yet very few studies measure this and related constructs at a daily level. End of day daily diaries were gathered capturing real-time experiences, such as daily stress and coping (Almeida, 2005; Gadassi et al., 2011; Grzywacz, 2008; Parrish et al., 2011; Massey, 2010), across a 14-day time period during the first two weeks of individual therapy at a community mental health clinic. Data collection is ongoing, but thus far, 17 participants completed daily diaries, as well as 1-, 3-, and 6-month follow-ups assessing longitudinal trajectories of mental health. Findings suggest that baseline symptoms are predictive of long-term psychopathology, and that daily emotion regulation and coping strategies in response to stress mediate the relationship between trauma symptom severity upon entering treatment and follow-up functioning. Qualitative experiences of daily stress are related to emotion regulation and coping responses. Implications and future directions related to the intervening processes that help trauma-exposed individuals to manage dysregulated affect and alleviate their symptoms will be discussed.

**THU 258****Spirituality, Religion and Mental Health of Women Leaving the Sex Industry**

(Abstract #495)

**Poster #THU 258 (Practice, Clinical Practice, Commun, Rape, Adult) M - Industrialized****Mezzanine  
East/West/South***Su, Jennifer, PsyD**Regent University, Virginia Beach, Virginia, USA*

This exploratory online survey of 32 former prostitute women and exotic dancers investigated the associations between religious factors, psychological adjustment and duration of exit from the sex industry. Religious coping style was hypothesized to predict mental health and exiting outcomes, with religious commitment enhancing those effects. Significant relationships emerged offering partial support for these hypotheses: (1) positive religious coping was negatively correlated with post-traumatic stress disorder (PTSD), positively correlated with post-traumatic growth, and not significantly correlated with depression, (2) negative religious coping was positively correlated with depression but not significantly correlated with PTSD or post-traumatic growth, (3) and Religious Commitment was strongly and positively associated with duration of exit, suggesting an important role for general religiosity in preventing relapse and sustaining long-term exiting success. Religious factors were reported as one the top three motivators for exiting the sex industry, with nearly nine out of 10 women stating that their belief in God or a Higher Power was "extremely helpful" to their exit process. Implications for providers of secular and faith-based care are discussed. Keywords: Exit Process, Sex Work; Religion, Spirituality, Religious Coping; PTSD; Post-traumatic Growth

**THU 259****Does Type of Trauma Make a Difference? An Exploration of Shame, Guilt, and Symptom Severity after Military or Civilian Trauma**

(Abstract #1696)

**Poster #THU 259 (Practice, Clinical Practice, Depr, DV, Mil/Vets, Adult) M - N/A****Mezzanine  
East/West/South***Vaught, Amanda, PsyD<sup>1</sup>, Dwyer, Meagan, PhD<sup>2</sup>**<sup>1</sup>Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA**<sup>2</sup>University of Kansas School of Medicine, Kansas City, Kansas, USA*

Guilt and shame are important in understanding reactions to trauma (Hundt & Holohan, 2012). Studies examining trauma have found shame, but not guilt, to be significantly related to PTSD and depressive symptomatology in a civilian sample (Hagenaars, Fisch, & van Minnen, 2011; Sippel & Marshal, 2011). Similar findings have been reported in a military sample (Leskela et al., 2002). No studies have examined differences in shame and guilt based on type of trauma. OBJECTIVE: This exploratory study sought to understand differences in shame and guilt and their relationship to PTSD and depressive symptom severity between military and civilian trauma. METHODS: Data was collected on 50 outpatient combat Veterans from a PTSD clinic and 156 women from a domestic violence shelter. Participants were administered self-report questionnaires that assessed demographics, depression (CES-D; Radloff, 1997), PTSD (PDS; Foa, Cashman, Joycox, & Perry, 1997), guilt (TRGI; Kubany, et al., 1996) and shame (ESS; Andrews, Qian, & Valentine, 2002). SUMMARY: Differences will be examined between shame and guilt on participants' reported severity of PTSD and depression symptoms. Findings will be discussed in light of the trauma and gender of the samples studied.

**THU 260****Influence of BDNF and Corpus Callosum Genu Integrity on Community Reintegration Satisfaction Ratings**  
(Abstract #281)**Poster #THU 260 (Practice, Comm/Int, Gen/Int, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South****Graham, David, MD<sup>1</sup>, Nielsen, David, PhD<sup>1</sup>, Faber, Jessica, BA<sup>2</sup>, Wilde, Elisabeth, PhD<sup>3</sup>**<sup>1</sup>Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA<sup>2</sup>Baylor Medical College, Houston, Texas, USA<sup>3</sup>Baylor College of Medicine, Houston, Texas, USA

Background: In this study we examined the association among diffusion tensor imaging-derived fractional anisotropy (FA) in the corpus callosum (CC) genu, BDNF polymorphism, and community reintegration satisfaction in OEF/OIF Veterans. Methods: This was a pilot cross-sectional study of 23 OEF/OIF veterans. Measures included the Community Reintegration for Injured Service Members (CRIS) satisfaction subscale, genetic evaluation for BDNF (GG versus A-allele carrier genotypes), and whether the CC genu FA value was above or below the sample mean; controlling for depression severity (CES-D total score). Results: Preliminary ANCOVA analysis showed a significant corrected model for satisfaction ( $P < 0.001$ ). After controlling for depression ( $P < 0.001$ ), BDNF A carrier genotypes were associated with higher satisfaction than GG genotype subjects ( $P = 0.015$ ) and higher CC genu FA values were associated with greater satisfaction ( $P = 0.047$ ). BDNF A carrier genotype subjects were correlated with higher CC genu FA values ( $P = 0.026$ ). PTSD severity and TBI status were not associated with community reintegration satisfaction ratings. Conclusions: Veterans with either the BDNF A-allele carrier genotypes or with higher CC genu FA values report higher social reintegration satisfaction ratings than do Veterans with either BDNF GG genotypes or with lower CC genu FA values.

**THU 261****Efficacious Treatments for PTSD Following Exposure to Community Violence: A Meta-Analysis**  
(Abstract #1561)**Poster #THU 261 (Practice, Comm/Vio, Adult) M - Global****Mezzanine East/West/South****Sprang, Kelsey, Doctoral Student**

Nova Southeastern University, Ft. Lauderdale, Florida, USA

Objective: Community violence is a form of trauma exposure that disproportionately affects males, minority groups, and occurs chronically (Overstreet, 2000) within the context of neighborhoods and villages, often at the hands of known perpetrators (Rennison, 2000). These event-specific features can impact the way traumatic stress manifests, and how treatment is received and delivered (Jaycox, Marshall & Orlando, 2003). This study uses meta-analytic techniques to examine the efficacy of trauma treatments to address the effects of community violence on survivors. Methods: A systematic review of the literature, searching PsychInfo and PubMed databases yielded 13 studies representing 1720 individuals that were used as the basis of this analysis. Randomized controlled studies were included in the meta-analysis if the treatments were identified as targeting PTSD resulting from an index trauma that included acts of violence that occurred within groups that share a common geography, interest or that are otherwise socially interdependent. Results: EMDR, NET, CBT, CBT-PD, and culturally sensitive CBT were identified as efficacious at reducing Post-traumatic Stress Disorder symptoms. Conclusions: Future research directions are identified as are the clinical implications for community-based treatment settings.

**THU 262****Childhood Abuse and Risky Sexual Behaviours in Adulthood: Investigating the Influence of Gender and Abuse Type**

(Abstract #1754)

**Poster #THU 262 (Practice, CPA, CSA, Adult) M - Industrialized****Mezzanine East/West/South***Rosen, Lianne, MSc, Mirotchnick, Carolyn, BA (Hons), Eadie, Erin, PhD, Runtz, Marsha, PhD  
University of Victoria, Victoria, British Columbia, Canada*

Research has consistently shown that survivors of childhood abuse (CA) are more likely to engage in sexual risk behaviours later in life (e.g., Arriola et al., 2005, Raj et al., 2000). However, the majority of studies are conducted with survivors of child sexual abuse and are largely comprised of women. Some evidence suggests that both gender and other forms of abuse are similarly associated with risky sexual behaviours (Medrano & Hatch, 2005; Holmes et al., 2005). More research is needed to disentangle the differential effects of multiple forms of abuse as well as the possible moderating role of gender in the association with later sexual risk-taking (Senn et al., 2008). This study investigated the influence of multiple abuse types and gender on sexual risk behaviour. Participants were 751 individuals recruited from a Canadian university (27% men). ANOVA revealed a significant main effect of the cumulative forms of abuse experienced on later sexual risk ( $F[4,741] = 4.38, p = .002$ ) as well as for gender, ( $F[1,741] = 9.59, p = .002$ ); the interaction of abuse and gender was non-significant. Findings suggest that both multi-type CA and gender influence sexual risk behaviours through different pathways.

**THU 263****Balancing Care: Examining Parents' Experiences of Supporting Veteran Children Post-Deployment**

(Abstract #1056)

**Poster #THU 263 (Practice, Fam/Int, Health, QoL, Mil/Vets, Adult) I - N/A****Mezzanine East/West/South***Bauer, Brian, BA, Jennings, Saige, BA/BS, Luetmer, Eloise, BA/BS, Wu, Yuwei, BA/BS, Best, Suzanne, PhD, Doyle, Carol, PhD  
Lewis and Clark College, Graduate School of Education and Counseling, Portland, Oregon, USA*

Research on post-deployment experiences of military service members and their families has thus far neglected the perspective and needs of veterans' parents. Results are presented from a survey (N=55) that explored parents' experiences providing support for their veteran children who had returned from service in Iraq/Afghanistan. Selected findings focus on differences between parents of service members who were injured during deployment and those who returned uninjured. Qualitative findings indicate that the parents of injured service members provide more care in a greater variety of ways, including financial support for their child. Parents of injured service members were more likely to report their children having attempted suicide ( $t(19)=2.18, p<.04$ ) and exhibited anger problems ( $t(39)=3.17, p<.05$ ). Parents were asked about strategies used to cope with their child's situation and reported using positive/adaptive ways of coping more often than less adaptive coping strategies as measured by scales from the Brief COPE (Carver, 1997). One coping strategy, acceptance, was used more often by the parents of injured service members ( $t(39)=2.04, p < .05$ ). Findings highlight both the struggles and resilience of parents- particularly parents of injured service members- as they support their children's reintegration after warzone deployment.

**THU 264****How does OEF/OIF Deployment Affect Servicewomen's Children and Marriages?**

(Abstract #1838)

**Poster #THU 264 (Practice, Fam/Int, Social, Mil/Vets, Adult) M - Global****Mezzanine East/West/South***Sadler, Anne, PhD<sup>1</sup>, Torner, James, PhD<sup>2</sup>, Mengeling, Michelle, PhD<sup>3</sup>, Booth, Brenda, PhD<sup>4</sup>*<sup>1</sup>Iowa City VAMC--CADRE, Iowa City, Iowa, USA<sup>2</sup>University of Iowa, Iowa City, Iowa, USA

<sup>3</sup>CADRE, Iowa City VA Health Care System, Iowa City, Iowa, USA

<sup>4</sup>University of Arkansas, Little Rock, Arkansas, USA

**Objective:** To describe the impact of deployment on children and couples. **Methods:** A retrospective cross-sectional study design used computer-assisted telephone interviews assessing socio-demographic, military, trauma and health characteristics. Defense Manpower Data Center provided a Midwestern sample of OEF/OIF servicewomen. Participants included currently serving (79%) and veteran (21%) servicewomen; with three quarters (74%) ever deployed. **Results:** 41% of the 1337 participants were parents. Half (52%) believed their deployment negatively impacted their child's emotional well-being and school performance (45%). One-third (36%) of parents had to move their child from the family home for care while deployed, of which 55% of these children had to change schools as a result. One-third were single-parents when deployed. 76% of participants had a current or former spouse who was also military. Half of military spouses had ever deployed to Iraq/Afghanistan with 46% of participants believing that the spouse's deployment was a major reason for their divorce. Similarly, 57% of deployed women believed their own deployment was a major reason for their divorce. **Implications:** Deployments disrupt the lives of children and couples with consequent problems that could have life-long consequences. Couples and families with both partners in military careers may be vulnerable populations.

#### **THU 265**

#### **Psychological Trauma History in Individuals with Chronic Hepatitis C: Associations with Mental Health and Substance Abuse**

(Abstract #272)

**Poster #THU 265 (Practice, Health, Illness, Adult) M - N/A**

**Mezzanine East/West/South**

*Ruffin, Rachel, PhD<sup>1</sup>, Evon, Donna, PhD<sup>1</sup>, Ebnetter, Daria, PhD<sup>1</sup>, Galanko, Joseph, PhD<sup>1</sup>, Stephens, Joseph, BS<sup>2</sup>*

<sup>1</sup>University of North Carolina at Chapel-Hill, Chapel Hill, North Carolina, USA

<sup>2</sup>Yeshiva University, Bronx, New York, USA

High rates of trauma history (TH) have been reported in Veterans with hepatitis C virus (HCV) but have not been examined in a non-Veteran population. TH is a known risk factor for mental health (MH) and substance abuse (SA) symptoms, which can be related to lower rates of HCV treatment initiation and completion. Objectives were to 1) examine rates of TH in HCV patients and 2) evaluate the association between TH and MH/SA symptoms. This is a retrospective chart review of 555 pre-treatment psychological evaluations of patients referred to a tertiary care hepatology clinic from 2005-2011. Descriptive statistics, chi-square tests, and logistic regressions examined rates of TH and relationship to MH/SA. Of 555 patients, 220 (39.6%) indicated lifetime TH, with higher rates in women (48.6%) versus men (32.7%;  $p < .0001$ ). Primary trauma types were traumatic death of a loved one (40.5%), physical assault (30.5%), and childhood neglect/dysfunction (29.5%). TH was associated with higher rates of past and current MH/SA symptoms including psychological symptoms, psychiatric medications, suicidal ideation/attempts, psychiatric hospitalizations, illicit drug abuse, and injection drug use, but was unrelated to alcohol abuse. Trauma history is common in non-Veteran patients with HCV, related to higher rates of MH/SA symptoms, and may be related to risk factors for HCV transmission.

#### **THU 266**

#### **A Population Based Study of the Prevalence and Correlates of Help-Seeking and Self-Medication among Individuals Exposed to Potentially Traumatic Events**

(Abstract #399)

**Poster #THU 266 (Practice, Sub/Abuse, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Sheerin, Christina, PhD<sup>1</sup>, Berenz, Erin, PhD<sup>2</sup>, Knudson, Gun Peggy, PhD<sup>3</sup>, Reichborn-Kjennerud, Ted, PhD<sup>3</sup>, Kendler, Kenneth, MD<sup>2</sup>, Amstadter, Ananda, PhD<sup>2</sup>*

<sup>1</sup>Richmond VA Medical Center, Richmond, Virginia, USA

<sup>2</sup>Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

<sup>3</sup>Norwegian Institute of Public Health, Oslo, Norway

Epidemiologic studies on traumatic stress in the US highlight the imbalance between the prevalence of mental health diagnoses and help-seeking (Amstadter et al., 2008). Use of alcohol or substances to cope (self-medication; Cooper et al., 1995) is also common. As research is limited outside of the US, we investigated the prevalence and correlates of help-seeking and self-medication in an epidemiologic twin sample of Norwegian young adults. Demographics, potentially traumatic events (PTE), and post-traumatic stress disorder (PTSD) were assessed. Those who completed the PTSD module (n=307) were asked if they told a doctor or another professional (help-seeking) or took medication or used drugs/alcohol (self-medication) for problems subsequent to PTE exposure. Help-seeking and self-medication were endorsed by 37.13% and 10.4% of those exposed to a PTE, respectively, and 52.1% and 26.4% of those with PTSD, respectively. Age (OR=.93, 95% C.I.=.88-.99) and PTSD (OR=2.03, 95% C.I.=1.15-3.56) were associated with likelihood of help-seeking. Only PTSD increased risk of self-medication (OR=4.75, 95% C.I.=2.11-10.67). PTSD was associated with a two-fold increased likelihood of help-seeking, and a four-fold increased risk for self-medication. Given that self-medication is a risk factor for substance use disorders, this finding has implications for secondary prevention and treatment efforts.

#### **THU 267**

#### **Moving from Trauma-Naive to Trauma-Informed: One Psychiatric Hospital's Experience**

(Abstract #894)

**Poster #THU 267 (Practice, Assess Dx, Clin Res, Child/Adol) I - Industrialized**

**Mezzanine  
East/West/South**

*Kimball Franck, Leslie, PhD, Morelen Brand, Diana, MS PhD Student  
Virginia Commonwealth University, Richmond, Virginia, USA*

Established in 1962, The Virginia Treatment Center for Children (VTCC) is the child & adolescent psychiatric program of the Department of Psychiatry at the VCU Medical Center and VCU Medical School. VTCC provides inpatient Acute Care and a full spectrum of outpatient mental health services for children and adolescents ages 3 through 17, and strives to be the flagship psychiatric hospital for children and adolescents in the state of Virginia. This poster shares the process, beginning in 2007 and still ongoing, of moving from a treatment model that generally lacked awareness of the relevance of trauma to the psychiatric problems we were seeing on the Acute Care units, to a treatment model that includes assessments and interventions based on an understanding of the impact of trauma. The effect of this transition on the number of patient restraints and seclusions, and staff injuries on the Acute Care units, will be presented. In addition, this poster will explore considerations for further integrating trauma-informed and trauma-focused interventions more comprehensively, and at all levels of care, as we prepare to move into a state-of-the-art building about to be constructed and slated for completion in 2015-2016.

#### **THU 268**

#### **Screening for PTSD in a Child and Adolescent Mental Health Service**

(Abstract #1088)

**Poster #THU 268 (Practice, Assess Dx, Clinical Practice, Prevent, Child/Adol) M - Industrialized**

**Mezzanine  
East/West/South**

*Münzer, Annika, MS PhD Student<sup>1</sup>, Witt, Andreas, MS PhD Student<sup>1</sup>, Ganser, Helene, MS PhD Student<sup>1</sup>, Loos, Sabine, DPhil<sup>2</sup>, Plener, Paul, MD<sup>1</sup>, Goldbeck, Lutz, PhD<sup>3</sup>*

*<sup>1</sup>University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Baden-Wuerttemberg, Germany*

*<sup>2</sup>University Hospital Ulm, Ulm, Baden-Württemberg, Germany*

*<sup>3</sup>University Ulm, Ulm, Baden-Wuerttemberg, Germany*

The prevalence of clinically relevant post-traumatic stress symptoms (PTSS) in minors being referred to child and adolescent mental health services (CAMHS) is considered high, however empirical studies are scarce. We determined the trauma history, the types of traumatic events, and the prevalence of PTSS in a large consecutive clinical sample. N > 1500 patients were assessed with the UCLA PTSD DSM IV Reaction Index at admission to a CAMHS at a German University Hospital, using a cutoff score of >20 on the total symptom score. About 47% of the

patients reported at least one potentially traumatic event. Adolescents reported significantly more types of events compared to children and caregivers. Sudden death or serious injury of a loved one, violent attacks, and medical trauma were the most frequently reported events. About 48% of those patients reporting at least one traumatic event had either self-reported or caregiver-reported relevant PTSS. Symptom severity was significantly associated with the number of reported types of traumatic events. About every fourth patient referred to child and adolescent psychiatry/psychotherapy has clinically relevant PTSS and should receive a full clinical assessment for PTSD. Detection rates of PTSD and referrals to trauma-focused psychotherapy can be increased by the implementation of a systematic trauma screening.

**THU 269**

**Trauma Art Narrative Therapy™ (TANT™) Training in Clinical Doctoral Students and the Effect of Prior Experiences on Training Efficacy**

(Abstract #1526)

**Poster #THU 269 (Practice, Chronic, Clin Res, Comm/Int, Death, Child/Adol) I - Mezzanine East/West/South**  
**N/A**

*Smith, Amanda, PsyD Candidate<sup>1</sup>, Greenblatt, Samuel, PsyD Candidate<sup>1</sup>, Mercurio, Alexandra, PsyD Candidate<sup>1</sup>, Wysocki, Melody, MS<sup>1</sup>, Demaria, Thomas, PhD<sup>1</sup>, Bills, Lyndra, MD<sup>2</sup>*

<sup>1</sup>LIU CW Post, Brookville, New York, USA

<sup>2</sup>Community Care, Marysville, Pennsylvania, USA

Post-traumatic growth (PTG) refers to the positive psychological change one experiences after enduring extreme challenge (Tedeschi & Calhoun, 1996). The recent revolution in Cairo, Egypt represents one such challenge, affecting the entire region of Northern Africa. Egypt has become a safe haven for refugees that are fleeing from hostile territories. Unfortunately, for many refugees, the revolution reflects a challenge in addition to the stress occurring in their everyday lives such as violence and turmoil. Existing in the Middle East is a program that provides psychosocial services to African refugees residing in Cairo. At the request of this program, the Trauma Response Team of a Doctoral Program in Clinical Psychology in New York was asked to provide psychological training via SKYPE to its International and Egyptian staff. In addition to measures of PTG, participants in Egypt involved in the program training completed the TABS (Trauma and Attachment Belief Scale) to measure their own trauma beliefs and the beliefs they had of others' traumas. This archival study of participants investigated the hypothesis that prior beliefs regarding personal and others' trauma impacted their own level of post-traumatic growth following the traumatic experiences that they had suffered as refugees. Implications for working with refugees affected by various trauma will be discussed.

**THU 270**

**The Effects of Previous Experience on Developing Competency with a New Model**

(Abstract #1648)

**Poster #THU 270 (Practice, Clin Res, Clinical Practice, Complex, Prof) I - Mezzanine East/West/South**  
**Industrialized**

*Greenblatt, Samuel, PsyD Candidate<sup>1</sup>, Mercurio, Alexandra, PsyD Candidate<sup>1</sup>, Smith, Amanda, PsyD Candidate<sup>1</sup>, Wysocki, Melody, MS<sup>1</sup>, Bills, Lyndra, MD<sup>2</sup>, Demaria, Thomas, PhD<sup>1</sup>*

<sup>1</sup>LIU CW Post, Brookville, New York, USA

<sup>2</sup>Community Care, Marysville, Pennsylvania, USA

Trauma Art Narrative Therapy (TANT) is a non-interpretive art therapy technique based on the principle of Trauma Processing Theory (Bills, 1995). TANT is used within the context of trauma therapy for the purpose of narrating traumatic events, thereby providing symptom resolution. Dr. Lyndra Bills, creator of TANT, offers instructional trainings to both licensed psychologists as well as doctoral students to educate clinicians on how to properly treat trauma in children through utilizing this modality. Prior to receiving TANT training, participants indicated their prior experience in treating trauma. Past experiences have been shown to alter how we perceive things in the present (Duncker, 1939). Additionally, certain types of previous experience may have negative effects on productive

thinking (Birch & Rabinowitz, 1951). After the training, participants completed a competency exam to measure how well they had recalled the course material as well as their potential efficacy in delivering the TANT intervention. By comparing the scores of participants with prior experience in treating trauma to those without, investigators observed the effects of prior experience on the efficacy of the training for TANT and other trauma treatment models.

## PREVENTION/EARLY INTERVENTION POSTERS (PREVENT)

### THU 271

#### Conceptualizing and Treating Complex Comorbid Presentations in PTSD

(Abstract #1735)

Poster #THU 271 (Practice, Anx, Clin Res, Clinical Practice, N/A) M - N/A

Mezzanine East/West/South

*Van Kirk, Nathaniel, MS<sup>1</sup>, Teng, Ellen, PhD<sup>1</sup>, Schwartz Moravec, Margaret, PhD<sup>2</sup>, Plasencia, M. Leili, MS PhD Student<sup>1</sup>*

<sup>1</sup>Michael E. DeBakey VA Medical Center, Houston, Texas, USA

<sup>2</sup>Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA

PTSD has evidenced significant comorbidity with anxiety disorders, demonstrating rates between 30% and 62%. The diagnostic overlap between PTSD and anxiety disorders such as generalized anxiety disorder, social phobia, and obsessive compulsive disorder make case conceptualization and providing targeted interventions challenging. In some cases, symptoms of the comorbid disorders become highly interconnected or “dynamic” (Rachman, 1991), in which symptoms of each disorder interact, thereby altering the clinical presentation of the primary PTSD diagnosis. For example, OCD based rituals may function as a sophisticated method for avoiding trauma-related thoughts and coping with distressing emotions that result from PTSD triggers. Research indicates that traditional treatment strategies may not be effective and need to be adjusted to account for the dynamic interplay between disorders. Yet, there is a paucity of information available about how to effectively diagnose and treat various PTSD and anxiety comorbidities. This study provides a systematic review of the extant literature evaluating the impact of dynamic comorbidity between PTSD and anxiety disorders. This will be followed with a discussion on the etiology and maintenance of PTSD comorbidity. The presenters will also provide recommendations for assessing and adapting empirically based treatments to address comorbidity.

### THU 272

#### Prevalence of Post-Traumatic Stress Disorder in a College Student Population in Different Academic Areas of Study, in Northeastern Brazil

(Abstract #1072)

Poster #THU 272 (Prevent, Acc/Inj, Nat/Dis, Surv/Hist, Adult) A - Latin Amer & Mezzanine  
Carib East/West/South

*Pereira, Juliana, MSc<sup>1</sup>, Netto, Liana, Doctoral Student<sup>2</sup>, Nogueira, Jose Romulo, PhD<sup>3</sup>, Lima, Lene, Sr Clin Psychologist<sup>3</sup>, Koenen, Karestan, PhD<sup>4</sup>, Quarantini, Lucas, PhD<sup>2</sup>*

<sup>1</sup>Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Feira de Santana, Bahia, Brazil

<sup>2</sup>Universidade Federal da Bahia, Salvador, Bahia, Brazil

<sup>3</sup>Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Salvador, Bahia, Brazil

<sup>4</sup>Columbia University School of Public Health, New York, New York, USA

Several studies showed a higher prevalence of PTSD among college students from Human Sciences/Arts courses. Objective: To identify types of trauma and PTSD prevalence in a university student population in different fields of study (Exact Sciences/Technology; Biology/Health; Human Sciences/Arts) in Northeastern Brazil. Method: A census study was conducted in three metropolitan areas in Northeastern Brazil, with students aged 18 or older from seven universities. The students were registered in college courses, in the first and last semesters, and attended lecture halls. The instruments used were: Socio-demographic questionnaire; Trauma History Questionnaire (THQ)

and; a PTSD symptoms scale (PCL-C). The data were entered in the SPSS, version 17.0. The total number of protocols filled out was 2213. About 14% of the students presented PTSD diagnosis (PCL > 45): Exact Sciences/Technology 14.9%, Human Sciences/Arts (14.5%), and Biology/Health (12%). These data showed that PTSD prevalence was quite similar among students from different academic areas in Northeastern Brazil, the most violent place of this country. Consequently, mental health professionals must be vigilant to detect PTSD in all college students.

#### **THU 273**

#### **Recent Sexual Assault Perpetration and Social Influence in Predicting Risk Recognition for Sexual Assault among Men**

(Abstract #1730)

**Poster #THU 273 (Prevent, Aggress, Rape, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Mercer, Mary Catherine, BA, Allen, Christy, BA, Lilly, Michelle, PhD  
Northern Illinois University, DeKalb, Illinois, USA*

One of the proposed mechanisms for understanding sexual assault (SA) is risk recognition, or an individual's ability to recognize risk for SA perpetration or victimization. Prior research has focused on examining individual risk recognition for SA perpetration. However, SA does not occur in solitude; it occurs in a social context. Understanding this social context is important given the research regarding social influence (e.g., Deutsch & Gerard, 1955). The current study examines the impact of social influence in risk recognition by having a female confederate present while men completed the Marx and Gross (1995) audiotaped risk recognition task. There was a significant interaction between recent (12 month) perpetration of SA and social influence on response latency (i.e., risk recognition) ( $p = .03$ ). The data showed that social influence works differently for men with different SA perpetration histories. Men who have recently perpetrated seem to be more willing to let the assault continue when they are alone. When these men are with a woman, however, they tend to recognize, and are more willing to indicate, that the situation is inappropriate. This is startling because it may indicate that these men are aware of the inappropriateness of the situation yet are willing to persist in their behaviors. Implications for bystander interventions are discussed.

#### **THU 274**

#### **Current Mental Health Conditions Perceived Attitude of Personnel Handling Judicial Autopsies among the Bereaved**

(Abstract #1381)

**Poster #THU 274 (Prevent, Acute, Health, Prevent, Grief, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Narisawa, Tomomi, MA<sup>1</sup>, Nakajima, Satomi, MD PhD<sup>2</sup>, Yoshida, Ken-ichi, MD, PhD<sup>3</sup>, Tsujimura-Ito, Takako, PhD<sup>4</sup>, Kim, Yoshiharu, MD, PhD<sup>5</sup>*

<sup>1</sup>National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan

<sup>2</sup>National Center of Neurology and Psychiatry, National Institute of Mental Health, Kodaira, Tokyo, Japan

<sup>3</sup>Tokyo Medical University, Shinjuku-ku, Tokyo, Japan

<sup>4</sup>Tokyo Womens Medical University, Shinjuku-ku, Tokyo, Japan

<sup>5</sup>National Institute of Mental Health, National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan

[Background] Bereaved family members of crime victims often suffer from mental disorders, such as PTSD and complicated grief. Their mental health is affected in part by the attitudes of individuals interact with them. We examine the relationship between mental health conditions of the bereaved and perceived attitudes of personnel handling judicial autopsies. [Methods] Twenty-seven bereaved individuals (men = 55.6%, mean age = 57.5 years) whose family members were autopsied completed a self-administered questionnaire included K6, IES-R, and Brief Grief Questionnaire (BGQ), in addition to items on perceived attitudes of autopsy personnel. [Results] Half of the respondents had poor mental health (K6 = 13, 52.2%). The degrees to which they perceived receiving sufficient explanation and that their wishes were respected were negatively correlated with IES-R scores (Pearson's  $r = -.531$ ,

- .440,  $p < .05$ ). The extent to which they felt they had received in-depth explanation of judicial autopsy results was negatively correlated with BGQ ( $r = -.975$ ,  $p = .05$ ) and K6 ( $r = -.910$ ,  $p = .05$ ) scores. [Conclusion] The provision of in-depth explanations of judicial autopsy results and sufficient information regarding its process by forensic doctors and police officers, respectively, could improve the mental health conditions of bereaved families of crime victims.

#### THU 275

##### The Nature of Adverse Outcomes after Sexual Assault Predicted from Personality Prior to the Assault

(Abstract #1965)

Poster #THU 275 (Prevent, Anx, Depr, Rape, Sub/Abuse, Adult) I - Industrialized

Mezzanine  
East/West/South

*Combs, Jessica, MS<sup>1</sup>, Jordan, Carol, MS<sup>2</sup>, Smith, Gregory, PhD<sup>2</sup>*

<sup>1</sup>Michael E. DeBakey VA Medical Center, Houston, Texas, USA

<sup>2</sup>University of Kentucky, Lexington, Kentucky, USA

Exposure to sexual assault results in ongoing harms for women. After an assault, some women engage in higher levels of externalizing behaviors, such as drinking problems and drug use, and others experience higher levels of internalizing dysfunction, such as clinical anxiety and clinical depression. In a longitudinal sample of 1929 women assessed prior to and at the end of the first year of college, pre-assault negative urgency (the tendency to act rashly when distressed) interacted with assault exposure to predict increased subsequent drinking and initiation of drug use. Pre-assault trait anxiety/depression interacted with assault exposure to predict increased subsequent clinical anxiety and depression. An unanticipated finding was that the interaction between assault and trait anxiety/ depression was a protective factor against drinking and drug use. Women with different personalities tend to experience different forms of post-assault distress. These results support the development of targeted treatment protocols for trauma specific to personality types.

#### THU 276

##### Suicide Risk in Veterans of All Eras: Impact of Childhood Trauma, Stigma, and Perceived Barriers to Treatment

(Abstract #527)

Poster #THU 276 (Prevent, Chronic, Depr, Prevent, Mil/Vets, Adult) A - Industrialized

Mezzanine  
East/West/South

*Scotti, Joseph, PhD<sup>1</sup>, Heady, Hilda, MSW<sup>2</sup>, Udhayanang, Nuttha, MA<sup>1</sup>, Jacoby, Vanessa, MS PhD Student<sup>3</sup>, Potts, James, BA<sup>3</sup>, Neely, Claudia, MA<sup>1</sup>*

<sup>1</sup>WHOLE Veterans, PLLC, Morgantown, West Virginia, USA

<sup>2</sup>Atlas Research, Washington, District of Columbia, USA

<sup>3</sup>West Virginia University, Morgantown, West Virginia, USA

About 22 veterans and 1 active duty member commit suicide each day (VA, 2012). We surveyed 1,134 West Virginia Veterans (age 18-97) from multiple eras (WWII: 4% Female to OEF/OIF: 15% female), evaluating civilian trauma (child, adult), combat exposure, PTSD, depression, and suicide risk. Analyses revealed nearly 50% of respondents met criteria for PTSD and/or Depression. Overall, 20% of the veterans met the cut-off for significant suicide risk; however, 38% of those with PTSD/Depression were at significant risk. Suicide risk was high even in veterans over age 65. Regression analyses revealed depression, PTSD, and age were the best predictors of suicide risk. Notably, combat exposure was not a direct predictor of risk; however, childhood trauma (a conference theme) was an important predictor. We also examined facilitators and barriers to seeking treatment, including stigma (“no one will understand”), travel (distance, weather, vehicle access), and treatment expectations (“they will only drug me”). Veterans with PTSD/Depression at high risk of suicide were less likely to seek treatment and reported more barriers and stigma related to treatment than those with PTSD/Depression at low suicide risk and those without PTSD/Depression. Findings are discussed in the context of the need to raise awareness of veterans’ mental health issues and programs to reduce stigma and prevent suicide.

**THU 277****Resistance Self-Efficacy as a Predictor of Re-Victimization among Sexual Assault Victims**

(Abstract #1208)

**Poster #THU 277 (Prevent, CSA, Prevent, Rape, Adult) M - Industrialized****Mezzanine East/West/South***Dodd, Julia, MA PhD Student, Decker, Melissa, MA PhD Student, Littleton, Heather, PhD  
East Carolina University, Greenville, North Carolina, USA*

Previous literature has shown that engaging in resistance to sexual assault can be effective in preventing completed assault (Gidycz, Wynsberghe, & Edwards, 2008). However, multiple factors can interfere with enacting resistance, including past victimization (Gidycz, Wynsberghe, & Edwards, 2008) and alcohol consumption (Harrington & Leitenberg, 1994). The role of self-efficacy to engage in resistance tactics, including as a re-victimization predictor, has yet to be examined. Thus, in the current study we evaluated predictors of less assertive and highly assertive resistance self-efficacy, as well as examined resistance self-efficacy as a predictor of re-victimization. Participants were sexual assault victims ( $N = 366$ ) drawn from a sample of 1,955 college women who completed an online study of unwanted sex and health behaviors. Participants were primarily freshmen and sophomores, and 28% were ethnic minorities. At time one, history of childhood sexual abuse, PTSD symptomology, and engaging in physical resistance during the index sexual assault predicted less assertive resistance self-efficacy. At two month follow-up ( $N = 206$ ), less assertive resistance self-efficacy (but not highly assertive resistance self-efficacy) predicted experiencing a new attempted rape,  $X^2(1, N = 206) = 4.947, p < .05$ . Implications for interventions targeting re-victimization risk are discussed.

**THU 278****Early Disaster Evacuation and Long-Term Post-Traumatic Stress**

(Abstract #1897)

**Poster #THU 278 (Prevent, Nat/Dis, Pub Health, Adult) M - Global****Mezzanine East/West/South***Gudmundsdottir, Ragnhildur, MSc<sup>1</sup>, Hultman, Christina, PhD<sup>2</sup>, Valdimarsdottir, Unnur, PhD<sup>3</sup>*<sup>1</sup>*Center of Public Health Sciences, University of Iceland, Reykjavik, Reykjavik, Iceland*<sup>2</sup>*Karolinska Institutet, Stockholm, Stockholm, Sweden*<sup>3</sup>*University of Iceland, Reykjavik, NA, Iceland*

Disasters leave survivors at risk for morbidity; it is unknown whether timing of evacuation modifies this risk. The aim was to investigate contentment with evacuation time and whether duration at disaster site following the 2004 Asian tsunami was associated with long-term morbidity. In this population-based follow-up of 10,116 Swedish tsunami survivors who returned to Sweden in the first three weeks post tsunami, 4,932 (49%) answered a questionnaire 14 months later. More than half of survivors (53%) were content with evacuation time while 33% wanted later evacuation and 13% earlier evacuation. Compared with those evacuated 14-21 days post tsunami, individuals evacuated at day 1-4 presented with increased risk of post-traumatic stress symptoms (adjusted odds ratio (aOR) 2.0, 95% confidence interval (CI) [1.3, 3.0]), and impaired mental health (aOR = 1.4, 95% CI [1.0, 2.0]). In total, 2,134 survivors had children with them on the trip whom they still lived with or were in close contact with 14 months post-disaster, and 1,506 survivors were responsible for supervision of children when the tsunami hit. With possible implications for future rescue work, our findings indicate that early evacuation from natural disaster sites may be associated with long-term post-traumatic stress symptoms in survivors.

**THU 279**

**Evaluating the Utility of a Single-item Screener in Identifying Recently Injured Children with Symptoms of PTS or Depression and Reduced Health-Related Quality of Life**

(Abstract #1047)

**Poster #THU 279 (Prevent, Acc/Inj, Acute, Depr, QoL, Child/Adol) I - Industrialized**

**Mezzanine East/West/South**

*Morrison, Melissa, BA<sup>1</sup>, Kohser, Kristen, MSW<sup>2</sup>, Marsac, Meghan, PhD<sup>3</sup>, Kassam-Adams, Nancy, PhD<sup>3</sup>*

<sup>1</sup>*Shriners Hospital for Children, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*

<sup>3</sup>*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*

**Background** Brief, practical screening measures could be useful for health care providers to identify children who are experiencing poorer psychological or functional recovery post-injury **Objective** To examine the utility of a single-item screener to identify children with greater traumatic stress or depression, and poorer health-related quality of life (HRQOL). **Methods** 142 children (age 8-17) hospitalized for acute injury were contacted 6 weeks post-injury as part of a larger study. A single item "Would you say you are all the way back to normal from the injuries you had?" (Response options = Yes, completely; Partway or Somewhat; Not at all) assessed the child's global perception of his/her recovery. PTS symptoms (CPSS), depression symptoms (CES-D) and HRQOL (PedsQL) were assessed concurrently. We compared children who rated themselves as completely recovered to those who reported partial or no recovery. **Results** Significant mean differences emerged for HRQOL (physical, emotional and social functioning) and PTS symptoms of arousal. A non-significant difference in the predicted direction emerged for overall PTS and depression symptoms. **Conclusion** There may be value in a single-item easily administered by pediatric health care providers during post-injury care. Future investigations should examine the utility of brief triage tools for psychosocial follow-up after trauma.

**THU 280**

**Child Maltreatment and Emotional Awareness: Correspondence between Self-Reports of Emotion and Physiological Reactivity**

(Abstract #1225)

**Poster #THU 280 (Prevent, Affect/Int, CPA, Child/Adol) M - Industrialized**

**Mezzanine East/West/South**

*Duys, Andrea, BA, DiCocco, Julianne, MA, McLaughlin, Katie, PhD*

*University of Washington, Seattle, Washington, USA*

**Objective:** Child maltreatment (CM) is associated with atypical emotional development, specifically emotional awareness. To test this prediction, we examined the association between self-report of negative affect and physiological reactivity to a stressor. **Methods:** Data were collected from a community-based sample of adolescents (13-17 years; n=169) exposed to physical, sexual, or emotional abuse. After exposure to a social stressor (Trier Social Stress Test [TSST]), subjective ratings of emotions (Positive and Negative Affect Scale), self-reported emotional reactivity (Emotional Reactivity Scale), and continuous sympathetic (pre-ejection period [PEP]) and parasympathetic (respiratory sinus arrhythmia [RSA]) nervous system reactivity were acquired. **Results:** In typically developing adolescents, high PEP reactivity was associated with high self-reported emotional reactivity and high RSA reactivity was associated with self-reported changes in positive affect during the TSST. In adolescents exposed to CM, there were no associations of PEP and RSA reactivity with self-reported emotional reactivity or changes in affect during the TSST. **Conclusions:** CM is associated with poor emotional awareness, characterized by low correspondence between self-reported emotion and physiological reactivity. Non-self-report measures of emotional reactivity should be incorporated when studying CM.

**THU 281****Identifying Resiliency Factors that Protect Against Peer Mistreatment: Preliminary Findings**

(Abstract #1941)

**Poster #THU 281 (Prevent, Aggress, Comm/Vio, Child/Adol) M - Industrialized Mezzanine East/West/South***Nixon, Charisse, PhD, Shoenberger, Nicole, PhD, Hetzel-Riggin, Melanie, PhD, Rosen, Nicole, MA PhD Student Penn State Erie, The Behrend College, Erie, Pennsylvania, USA*

Previous research on peer mistreatment (bullying) prevention has shown that zero-tolerance policies, teaching assertiveness to victims, and group conflict resolution are not effective ways to decrease peer mistreatment (Davis & Nixon, 2013). In a large cross-sectional survey of 5th-8th graders, Davis and Nixon found that feeling connected to adult and peers in the school, as well as feeling valued and respected by those school connections led to better outcomes in later years. However, most of the previous research has focused on reducing peer mistreatment behaviors, rather than developing resiliency or examining protective factors. The present study will report developmental and clinical research findings from a sample of 7th-8th graders related to reducing adolescents' peer mistreatment and its associated trauma. Particular emphasis will be directed towards identifying those moderating/mediating variables that help to mitigate the distress associated with peer mistreatment, and instead build resiliency. The role of forgiveness, empathy, connection and normative beliefs will be empirically tested as they relate to reducing the harm associated with adolescents' mistreatment. Study findings will be discussed using a contextual framework.

**THU 282****The Clinical Utility of the CBCL PTSP Scale as a Screener for PTSD in Diverse, Urban, Low-Income Children and Adolescents**

(Abstract #1353)

**Poster #THU 282 (Prevent, Assess Dx, Chronic, Child/Adol) I - Industrialized Mezzanine East/West/South***Cahill, Eleonora, PhD<sup>1</sup>, Dorado, Joyce, PhD<sup>1</sup>, Stevenson, Howard C., PhD<sup>2</sup>, Collins, Zoe, PhD<sup>3</sup>*<sup>1</sup>*University of California, San Francisco, San Francisco, California, USA*<sup>2</sup>*University of Pennsylvania, Philadelphia, Pennsylvania, USA*<sup>3</sup>*Private Practice, Oakland, California, USA*

This investigation evaluated the Child Behavior Checklist (CBCL) Post-Traumatic Stress Problems (PTSP) scale as a PTSD screener. Participants (N=112) were diverse, chronically traumatized, low-income children and adolescents receiving mental health treatment at two outpatient mental health clinics within a level one trauma hospital in San Francisco, CA. The PTSP scale was found to have adequate internal consistency and criterion validity with this population, yet more accurately classified those with PTSD than those without. Results indicated that the PTSP scale clearly measures PTSD symptomatology, yet is a multidimensional instrument with two clear constructs: Anxiety and Increased Arousal. This presentation examines the advantage of the PTSP scale in situations where thorough trauma assessment may not be taking place, such as a public school. In a school, problem behaviors may stem from underlying issues of trauma yet it is difficult to tease apart a child who disruptive from a child who has been traumatized, as behaviors may appear the same. Detailed results of the study will be reported. Further the presentation will address ways in which a positive screening on the PTSP scale may reframe a child's disruptive behavior as one with a possible etiology in trauma within a school-based setting.

**THU 283****Hearing the Voices of African American Rural Teens to Inform an Intervention that Saves Lives**

(Abstract #1944)

**Poster #THU 283 (Prevent, Commun, Comm/Vio, Cul Div, DV, Child/Adol) I - Industrialized****Mezzanine  
East/West/South***Haileab, Lisa, Doctoral Student<sup>1</sup>, Coker-Appiah, Dionne, PhD<sup>2</sup>, Wynn, Mysha, MEd<sup>3</sup>*<sup>1</sup>*Howard University, Washington, District of Columbia, USA*<sup>2</sup>*Georgetown University School of Medicine, Washington, District of Columbia, USA*<sup>3</sup>*Project Momentum, Inc., Rocky Mount, North Carolina, USA*

The increase in the occurrence of teen dating violence (TDV) continues to remain as an ill that challenges stakeholders invested in protecting the lives of youth. Rural communities rarely receive the necessary research and attention in order to fully understand as well as resolve TDV. The macro and micro causal factors of TDV in rural communities remain unknown. Teen's lives are further threatened by the new ways of perpetuating violence with the use of various forms of media that transcend traditional settings. Teens can remain controlled by and in contact with violent and abusive partners through the use of social media platforms and other types of technology. This places rural youth in potentially life threatening circumstances. Project LOVE is a Community-Based Research Participatory Project that has given a voice to rural teens impacted by TDV. The use of focus groups involving semi-structured interviews with African American youth, ages 12-21 not only serves as a way to empower adolescents effected by TDV, but also serves as an invaluable tool in examining TDV. Project LOVE utilized a grounded theory approach to inform an intervention, using intervention mapping. Intervention mapping serves as an evidence informed health promotion tool that can potentially serve to not only reduce TDV, but moreover protect the lives of African American teens in rural communities.

**THU 284****African American Rural Youth Speak Out about Teen Dating Violence: Mental and Sexual Health****Implications**

(Abstract #1913)

**Poster #THU 284 (Prevent, Commun, DV, Ethnic, Prevent, Child/Adol) I - Industrialized****Mezzanine  
East/West/South***Coker-Appiah, Dionne, PhD<sup>1</sup>, Wynn, Mysha, MEd<sup>2</sup>, Haileab, Lisa, Doctoral Student<sup>3</sup>*<sup>1</sup>*Georgetown University School of Medicine, Washington, District of Columbia, USA*<sup>2</sup>*Project Momentum, Inc., Rocky Mount, North Carolina, USA*<sup>3</sup>*Howard University, Washington, District of Columbia, USA*

Adolescence is a distinctly sensitive point in development at which youth deal with many psychological, physical, emotional, and social challenges for the first time. As adolescents attempt to develop their personal identities during this period of emotional sensitivity, a violation of self, such as the trauma caused by teen dating violence (TDV), can have a negative impact on both their mental and sexual health. According to the Centers for Disease Control and Prevention, TDV is defined as the threat or use of physical, sexual, or psychological/emotional violence within a dating relationship that can also include stalking. TDV is a public health problem that continues to impact the lives of adolescents, especially rural African-Americans, who experience unique challenges. Project LOVE is a Community-Based Participatory Research project that explored knowledge, perceptions, and beliefs about TDV among rural African American youth. We completed both semi-structured individual interviews and focus groups with rural African American youth between the ages of 12-21 years. The data was analyzed using a grounded theory approach. This presentation will focus specifically on relevant findings related to youth perceptions of TDV and the associated mental and sexual health implications.

**THU 285****Shame and Guilt in Adolescents Exposed to Violence and Sexual Abuse**

(Abstract #885)

**Poster #THU 285 (Prevent, CPA, CSA, Health, Neglect, Child/Adol) M - Industrialized****Mezzanine  
East/West/South**

*Thoresen, Siri, PhD, Myhre, Mia, MD PhD, Hjemdal, Ole, MA  
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

Victims of violence and sexual abuse often experience shame and guilt. These emotions may be triggered by stigmatization and secrecy, and are associated with mental health problems. The aim of the current study was to investigate how shame and guilt related to various types of violence in adolescence, and how violence exposure, shame and guilt related to mental health. We conducted a telephone interview study with a random population sample of adolescents aged 16 – 18 years (N = 2062). Overall response rate was 61.7% among those we were able to contact. Measures included exposure to violence as well as mental health, shame and guilt. Both shame and guilt were highest for sexual abuse, but were also substantial for physical and psychological violence and emotional neglect. All shame and guilt items showed a considerable increase with number of violence categories the child had experienced. Linear multiple regression analyses showed that shame and guilt were both uniquely associated with mental health, and the associations between exposure to abuse and mental health were substantially attenuated when shame and guilt were entered into the model. As shame may be related to hiding behavior and guilt to self-blame, these emotions may increase reluctance to seek help. Findings suggest that adult helpers should be proactive, and that societal change is necessary to reduce secrecy.

**THU 286****Children's Experiences during the Peri-trauma Period after Injury**

(Abstract #345)

**Poster #THU 286 (Prevent, Acc/Inj, Acute, Prevent, Child/Adol) I - Industrialized****Mezzanine  
East/West/South**

*Donlon, Katharine, MS PhD Student<sup>1</sup>, Morrison, Melissa, BA<sup>2</sup>, Kassam-Adams, Nancy, PhD<sup>3</sup>, Marsac, Meghan, PhD<sup>3</sup>*

<sup>1</sup>Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

<sup>2</sup>Shriners Hospital for Children, Philadelphia, Pennsylvania, USA

<sup>3</sup>University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Each year, a significant number of children incur physical injuries requiring medical attention, placing them at-risk for traumatic stress reactions. Little is known about how children's experiences during the peri-trauma period after injury influence subsequent distress. Ten child-parent dyads participated in semi-structured interviews while hospitalized after pediatric injury. The purpose of the interview was to extract information from children and parents regarding their post-injury experiences including stressors, thoughts, and feelings. All interviews were transcribed and coded using NVivo. Children's hospital-related experiences included procedural concerns, uncertainty, sleep and nutrition challenges, being confined to the hospital, and concerns related to home preparation. Children and parents tended to discuss stressors in terms of feelings rather than thoughts, despite being asked specifically about both. Medical professionals should pay attention to distress surrounding medical treatment, in addition to the injury event itself. Gathering information from children during the peri-trauma period can help guide intervention development. The findings from this study suggest that children and parents had difficulty identifying cognitions using this method of assessment, which has implications for communicating with medical personnel and for psychological recovery.

**THU 287****Influence of Parental Distress and Parenting Style on Child Fears after Residential Fire**

(Abstract #344)

**Poster #THU 287 (Prevent, Anx, Fam/Int, Nat/Dis, Tech/Dis, Lifespan) M - Industrialized****Mezzanine  
East/West/South***Donlon, Katharine, MS PhD Student<sup>1</sup>, Smith, Andrew, MA<sup>2</sup>, Jones, Russell, PhD<sup>1</sup>*<sup>1</sup>*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*<sup>2</sup>*Virginia Tech, Blacksburg, Virginia, USA*

Mental health consequences after natural and technological disasters, such as residential fire, are unfortunately common. Significant evidence exists for the roles of parental anxiety and parenting style on child anxiety. There is a dearth of literature supporting the association between parental factors and children's fears following disasters. This study examines the role of parental distress and parenting style on children's fears. Data was obtained as part of an NIMH funded grant assessing the impact of residential fire on children and families. Parents and children were assessed four months (N = 165) after the fire. Standard regression analyses revealed that parental worry about possible harm significantly predicted children's fears of failure and criticism (R<sup>2</sup> = .218, p < 0.5) and danger/death (R<sup>2</sup> = .210, p < 0.5). Also predictive of children's danger/death fears were parental somatization (R<sup>2</sup> = .215, p < 0.5) and depression (R<sup>2</sup> = .188, p < 0.5). The findings suggest that parents may instill certain beliefs in children about the world based on their own distress. Parenting style, which influences how children's environments are structured, can also affect their fears. This study offers more insight into factors to consider when targeting families with secondary prevention strategies after disasters.

**THU 288****The Long-term Effect of Early Childhood Adversity on Adult Cardiometabolic Risk: Does Childhood Psychological Functioning Mediate the Relationship?**

(Abstract #1277)

**Poster #THU 288 (Prevent, Bio Med, Health, Pub Health, Res Meth, Lifespan) M - Industrialized****Mezzanine  
East/West/South***Winning, Ashley, ScD Candidate, MPH<sup>1</sup>, Glymour, Maria, ScD, MS<sup>2</sup>, McCormick, Marie, MD, ScD<sup>1</sup>, Kubzansky, Laura, PhD MPH<sup>1</sup>*<sup>1</sup>*Harvard School of Public Health, Boston, Massachusetts, USA*<sup>2</sup>*University of California, San Francisco, San Francisco, California, USA*

Prior research on the relationship between early adversity and adult chronic disease has largely relied on retrospective reports of a narrow range of childhood exposures, and has not considered child psychological functioning as a potential mediator. We used data from a longitudinal cohort study (N=6071) to investigate if a prospective measure of childhood social disadvantage (comprising a range of adverse socioeconomic and family environment exposures, from birth to age 7y) was associated with cardiometabolic risk (identified from 9 biomarkers across major regulatory systems, at age 45y), and whether this relationship was mediated by child psychological functioning (captured by internalizing and externalizing symptoms at ages 7, 11, and 16y). Mediation analyses revealed a significant direct (path *c'*; =0.03, SE=0.01, p=0.003) and indirect (path *ab*; =0.02, 95% CI: 0.02-0.03) effect of childhood social disadvantage on Z-standardized cardiometabolic risk, adjusting for potential confounders. Child psychological functioning accounted for 40% of the observed association. Directing policy and intervention efforts at children (and families) experiencing adversity and poor psychological functioning could mitigate long-term vulnerability to cardiometabolic disease by impeding the translation of psychosocial to biological risk during a potentially sensitive developmental window.

**THU 289****Relationship between Maternal Childhood Maltreatment and Perinatal Mental Disorders: A Systematic Review to Inform Prevention of Intergenerational Trauma Processes**

(Abstract #589)

**Poster #THU 289 (Prevent, CPA, CSA, Depr, Dev/Int, Lifespan) M - Global Mezzanine East/West/South***Choi, Karmel, MA, Sikkema, Kathleen, PhD  
Duke University, Durham, North Carolina, USA*

Childhood maltreatment is not only a potent source of early trauma, but also increases risk of maltreatment in the next generation. Perinatal mental disorders are proposed to play a key role in this intergenerational pathway. This systematic review examined the relationship between maternal history of childhood maltreatment and perinatal mental disorders. Search of MEDLINE, PsychINFO, Embase and CINAHL databases yielded 876 citations, of which 37 studies with 37,112 women met inclusion criteria. Robust associations were observed between childhood maltreatment and perinatal depression, as well as PTSD, but less so for anxiety. Evidence also supported a preliminary link between childhood maltreatment and perinatal substance and eating disorders. Examination of multivariate data found childhood maltreatment predicted perinatal mental disorders above and beyond demographic, psychiatric, perinatal and relational factors, with potential mediators and moderators at the social, cognitive and biological level. In this presentation, findings are synthesized into a life-course conceptual model to inform clinical intervention and future research in diverse settings. The perinatal period presents unique risks for women with histories of childhood maltreatment, and treatment and prevention of perinatal mental disorders may be a key opportunity to interrupt intergenerational trauma processes.

**THU 290****Building Resilience for Future Adversity: A Systematic Review of Interventions in Non-Clinical Samples of Adults**

(Abstract #1017)

**Poster #THU 290 (Prevent, QoL, Prevent, N/A) M - Latin Amer & Carib Mezzanine East/West/South***Macedo, Tânia<sup>1</sup>, Wilhelm, Livia<sup>1</sup>, Gonçalves, Raquel, MA PhD Student<sup>1</sup>, Vilete, Liliane, PhD, MD<sup>1</sup>, Figueira, Ivan, MDiv, PhD<sup>2</sup>, Ventura, Paula, PhD<sup>2</sup>*<sup>1</sup>*Federal University of Rio de Janeiro, Rio de Janeiro, Brazil*<sup>2</sup>*Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil*

Potentially traumatic events happen leading to the risk of the development of post-traumatic stress disorder. Resilience is an individual's ability to maintain or regain the mental health in the face of adversity. The aim of this study was to conduct a systematic review of studies evaluating the effectiveness of resilience promotion interventions in adults. Electronic searches were conducted in databases ISI, PsycINFO and PubMed, including every language and every year until January, 2013. We selected studies with nonclinical samples that evaluated the effectiveness of the intervention. Among 2.337 studies, 13 were selected for the review. Of these, 7 are randomized controlled trials, 5 non-randomized controlled trials, and one an open-ended trial. The analysis of the methodological quality of the selected studies was hampered by the poor quality of reporting. There were faults in reporting in most studies on almost all items, except for the item "selective reporting". There is evidence pointing towards some degree of effectiveness of resilience promotion programs, despite the poor operationalization of the construct and great heterogeneity in the study designs. Additional efforts should be made to determine the actual effect size of the interventions since this is crucial for calculating the cost-effectiveness of resilience promotion strategies.

## THU 291

### Mental Health of Aid Workers: Toward a Better Identification of Risk Factors

(Abstract #1164)

Poster #THU 291 (Prevent, Assess Dx, Global, Other) M - Global

Mezzanine East/West/South

*St-Laurent, Julie, PhD Candidate<sup>1</sup>, Guay, Stéphane, PhD<sup>2</sup>*

<sup>1</sup>*Montreal University, Montréal, Quebec, Canada*

<sup>2</sup>*Université de Montréal & Centre d'Étude du Trauma, Montreal, Quebec, Canada*

Aid workers are facing many challenges throughout an assignment and are at risk of developing negative psychological reactions. The purpose of this study is to identify factors associated with distress in a sample of humanitarian workers. Aid workers (N=160) representing 13 nongovernmental organizations (NGOs) completed an electronic survey upon a year after their return from mission, including measures of post-traumatic distress and risk factors (perceived stress, exposure to potentially traumatic events (PTE) social and organisational support, personality characteristics, dissociation and work wellbeing). Correlation analyses showed **no significant association** between post-traumatic distress and organisational support, social inhibition or the number of close friends. **Multiple regression analysis indicated that high indirect exposure to PTE, dissociation, lack of support from an important person and lower work wellbeing were significantly related to a higher level of post-traumatic distress.** After controlling for age, sex and number of past missions, the total variance explained by the model as a whole was 39.7 %,  $F(4, 100) = 18.38$ ,  $p < .001$ , with the *most predictive factor being indirect exposure to PTE*, accounting for 18.5% of total variance. Our results suggest that NGOs could play an important role in preventing and reducing the distress experienced by workers.

## THU 292

### Downtime: An Effective Workplace Strategy after Critical Incidents in Emergency Medical Technicians (EMT)/Paramedics

(Abstract #25)

Poster #THU 292 (Prevent, Acute, Depr, Prevent, Self-Care, Other) I - Industrialized

Mezzanine East/West/South

*Halpern, Janice, MD<sup>1</sup>, Maunder, Robert, MD<sup>1</sup>, Schwartz, Brian, MD<sup>1</sup>, Gurevich, Maria, PhD<sup>2</sup>*

<sup>1</sup>*University of Toronto, Toronto, Ontario, Canada*

<sup>2</sup>*Ryerson University, Toronto, Ontario, Canada*

EMT/paramedics desperately need effective workplace-based interventions after critical incidents (CIs). There is some evidence that time spent out of service ("downtime") is effective in preventing PTSD and burnout in the short-term. We hypothesized that downtime post-CI is inversely associated with symptoms of four long-term emotional sequelae: depression, PTSD, burnout, and somatization (high scores defined using accepted cutoffs). We also tested mediators of these associations. Two hundred and one EMT/paramedics recruited from a large urban EMS completed questionnaires concerning an index CI, including downtime experience, recovery from acute distress post-CI, and current emotional symptoms. Nearly 75% received downtime, 59% found it helpful, 84% spent it with peers. Downtime was inversely associated with depression symptoms, but not with other outcomes. The optimal period for downtime was <30 minutes to end of shift, with > 1 day being less effective. Neither faster recovery from acute post-CI distress nor perceived social support mediated the relationship between downtime and depression symptoms. These findings suggest that outcomes of CIs follow different pathways and may require different interventions. A brief downtime is a relatively simple, effective, acceptable, and potentially cost-effective prevention strategy against later depression symptoms.

## BIOLOGICAL/MEDICAL POSTERS (BIO MED)

### THU 293

#### Integrative Exercise for Combat Related PTSD: Trial Design and Preliminary Results

(Abstract #930)

Poster #THU 293 (Clin Res, Bio Med, Clin Res, Bio/Int, Sleep, Adult) - Industrialized

Mezzanine  
East/West/South

*Neylan, Thomas, MD<sup>1</sup>, Talbot, Lisa, PhD<sup>2</sup>, Silver, Aliza, MA<sup>3</sup>, Cohen, Beth, MD, MAS<sup>2</sup>, Seal, Karen, MD MPH<sup>2</sup>*

<sup>1</sup>San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA

<sup>2</sup>San Francisco VA Medical Center and UCSF, San Francisco, California, USA

<sup>3</sup>Academic Medical Center, San Francisco, California, USA

There is large body of evidence demonstrating that aerobic exercise effectively improves Post-Traumatic Stress Disorder (PTSD)-related outcomes including: anxiety, depression, insomnia, and cognition as well as stimulates neurogenesis and growth in hippocampal volume. Despite the high acceptance of exercise therapy for PTSD found in one study, and the considerable advantage of a primary care-based treatment that lacks stigma, to date, there are no reported controlled trials of exercise in any population with PTSD. This presentation will focus on trial design and preliminary results from an ongoing controlled clinical trial in combat veterans with chronic PTSD. We will report on the efficacy of Integrated Exercise (Aerobic exercise and Breath Training 3x/ week for 12 weeks) versus a waitlist control condition to improve PTSD symptoms, objective sleep quality, and daytime vigor, and to produce structural changes in the hippocampus. In addition, given concerns about obesity and poor fitness in veterans with PTSD, subjects will undergo exercise treadmill testing to determine if there is concomitant improvement in aerobic capacity. At the time of this submission, 26 patients have been randomized. The presentation will focus on lessons learned during the implementation of the Integrated Exercise intervention and preliminary results.

### THU 295

#### The Interactive Role of Exercise and Sleep on Veteran Recovery from Symptoms of PTSD

(Abstract #572)

Poster #THU 295 (Clin Res, Clin Res, Clinical Practice, Sleep, Mil/Vets, Adult) - N/A

Mezzanine  
East/West/South

*Babson, Kimberly, PhD<sup>1</sup>, Heinz, Adrienne, PhD<sup>2</sup>, Ramirez, Gil, BS, MS<sup>3</sup>, Puckett, Melissa, BS, MS<sup>3</sup>, Irons, Jessica, PhD<sup>4</sup>, Bonn-Miller, Marcel, PhD<sup>1</sup>, Woodward, Steven, PhD<sup>5</sup>*

<sup>1</sup>VA, Menlo Park, California, USA

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<sup>3</sup>VA Palo Alto Health Care System, Menlo Park, California, USA

<sup>4</sup>James Madison University, Harrisonburg, Virginia, USA

<sup>5</sup>National Center for PTSD-Dissemination and Training Division, Palo Alto, California, USA

Post-Traumatic Stress Disorder (PTSD) is highly prevalent among veterans and is associated with a number of negative outcomes. Despite available treatments, rates of recovery are poor and many symptoms persist post-treatment. Previous research suggests that physical exercise functions to reduce symptoms of anxiety and improve sleep quality, though its effects are understudied among those with PTSD. We sought to assess the extent to which exercise and sleep interactively impact changes in PTSD severity. Participants were 217 veterans in residential PTSD treatment who were offered the opportunity to participate in a bike-exercise program. Data were collected at treatment intake and discharge. Greater reductions in PTSD hyperarousal symptoms at discharge were observed only among veterans with poor intake sleep quality who engaged in moderate and high levels of exercise during treatment. Overall, exercise may be a beneficial adjunctive treatment for reducing hyperarousal symptoms among individuals with PTSD and poor sleep.

**THU 296****Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD**

(Abstract #410)

**Poster #THU 296 (Bio Med, Clin Res, Health, Illness, Bio/Int, Adult) - Industrialized****Mezzanine  
East/West/South***Scioli-Salter, Erica, PhD<sup>1</sup>, Forman, Daniel, MD<sup>1</sup>, Keane, Terence, PhD<sup>1</sup>, Otis, John, PhD<sup>1</sup>, Allsup, Kelly, BS<sup>2</sup>, Rasmussen, Ann, MD<sup>1</sup>*<sup>1</sup>VA, Boston, Massachusetts, USA<sup>2</sup>VA Boston Healthcare System, Boston, Massachusetts, USA

Health behavior changes may be important for the prevention and treatment of complex medical and psychiatric conditions, such as comorbid chronic pain (CP) and PTSD. This study used a maximum load exercise challenge to investigate the possible role of stress responsive antinociceptive neurobiological factors in comorbid CP/PTSD. The release of neuropeptide Y (NPY) and the GABAergic neuroactive steroids allopregnanolone and pregnanolone (ALLO) in response to maximum load exercise testing was measured in trauma-exposed participants who were either healthy (TC) or had CP/PTSD. Previous studies have found low NPY and ALLO levels in PTSD. Across all participants, peak VO<sub>2</sub> correlated with change from baseline in ALLO ( $r=0.77$ ,  $p<.01$ ), NPY at the anaerobic threshold ( $r=.61$ ,  $p<.05$ ), and NPY 5' post-exercise ( $r=.81$ ,  $p<.01$ ). Pain threshold measured by cold pressor test after exercise also correlated with changes in ALLO ( $r=.61$ ,  $p<.05$ ) and NPY ( $r=.81$ ,  $p<.01$ ), but not cortisol or DHEA—and a regression model in which NPY and ALLO changes predicted post exercise pain threshold was significant:  $F(2,9) = 13.38$ ,  $p<.01$ . Exercise induced changes in NPY and pain tolerance were also correlated ( $r=.64$ ,  $p<.05$ ). As exercise training increases VO<sub>2</sub>max, we are now investigating whether it increases the capacity for release of these antinociceptive molecules—with resultant reductions in pain in CP/PTSD.

**THU 297****The MAOA Gene, PTSD, and Sex and Alcohol Use in HIV+ Adults Reporting Recent Binge Drinking**

(Abstract #1096)

**Poster #THU 297 (Bio Med, Bio Med, Illness, Sub/Abuse, Adult) M - Industrialized****Mezzanine  
East/West/South***Nugent, Nicole, PhD<sup>1</sup>, Lally, Michelle, MD, MsC<sup>2</sup>, Knopik, Valerie, PhD<sup>3</sup>, Larry, Brown, MD<sup>3</sup>, McGeary, John, PhD<sup>2</sup>*<sup>1</sup>Brown Medical School, Providence, Rhode Island, USA<sup>2</sup>VA, Providence, Rhode Island, USA<sup>3</sup>Rhode Island Hospital & Brown University, Providence, Rhode Island, USA

Post-traumatic stress disorder (PTSD) has been linked to numerous negative outcomes in persons living with HIV (PLH), including problematic alcohol use and decreased likelihood of engaging in safe sex behaviors. The monoamine oxidase A (MAOA) gene, which encodes for the enzyme that breaks down serotonin, norepinephrine, and dopamine, has been implicated in substance use and substance abuse comorbidities. To better understand these associations, and their potential genetic underpinnings, we assessed self-reported PTSD and sex and alcohol use behaviors in a sample of 201 PLH reporting recent binge drinking; participants also provided genetic samples and a common MAOA length polymorphism was genotyped. After adjusting for covariates (age, education, gender, and self reported race), findings supported significant associations between PTSD and: drinking at last sex, occasions of sex while drinking in past three months, and total score on the Alcohol Use Disorders Identification Test (all  $ps < .01$ ). After adjusting for covariates, MAOA was significantly associated with PTSD ( $Z = 2.38$ ,  $p < .05$ ) but was not significantly associated with any of the alcohol outcomes. These findings extend the literature related to associations between PTSD and alcohol-related behaviors among PLH. This is the first study to identify an association between PTSD and MAOA.

**THU 298****The Role of PTSD in the Relationship between Deployment Stressors and Physical Health**

(Abstract #366)

**Poster #THU 298 (Bio Med, Health, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Nillni, Yael, PhD<sup>1</sup>, Gradus, Jaimie, ScD<sup>1</sup>, Gutner, Cassidy, PhD<sup>1</sup>, Luciano, Matthew, BA<sup>2</sup>, Shipherd, Jillian, PhD<sup>1</sup>, Street, Amy, PhD<sup>3</sup>*<sup>1</sup>*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA*<sup>2</sup>*Boston VA Healthcare System, Boston, Massachusetts, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

Post-traumatic stress disorder (PTSD) symptoms have been proposed to explain the relationship between traumatic stress and deleterious health outcomes. However, previous research has produced inconsistent results when moderating variables such as gender or type of traumatic stressor are considered. The current study examined if deployment stressors (i.e., combat stress, harassment stress) contributed unique variance to the prediction of physical health symptoms (i.e., pain, non-pain) beyond the effects of PTSD symptoms. A total of 2,332 OEF/OIF Veterans completed a series of self-report measures assessing deployment stressors, PTSD symptoms, and physical health symptoms. Results revealed that harassment, but not combat stress, added unique variance in the prediction of pain and non-pain symptoms after accounting for PTSD symptoms. This study extends the existing literature by demonstrating the unique influence of harassment stress on physical health outcomes. Specifically, the relationship between combat stress and physical health symptoms appears to be explained mainly by an individual's experience of PTSD symptoms, whereas the relationship between harassment stress and physical health symptoms is not fully explained by PTSD symptoms, suggesting that other variables may be involved in the pathway from harassment stress to physical health symptoms.

**THU 299****The Alteration of Plasma Concentrations of Endocannabinoids Correlated with the Development of Post-Traumatic Stress Disorder in Motor Vehicle Accident Survivors**

(Abstract #975)

**Poster #THU 299 (Bio Med, Acc/Inj, Acute, Clin Res, Adult) M - E Asia & Pac Mezzanine East/West/South***Wang, Zhen, MD PhD**Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, Shanghai, China*

**OBJECTIVE:** Recent studies in animals and humans indicated that endocannabinoids (ECs) play an essential role in regulating stress reactions. However, it is unclear if the development of PTSD is correlated with the peripheral concentrations of the ECs, which is easy to measure. The aim of this study was to investigate the alteration of plasma ECs after trauma among motor vehicle accidents (MVA) survivors, and its relationship with PTSD.

**METHODS:** Forty-five MVA survivors and 52 healthy volunteer were recruited. The plasma concentrations of the ECs anandamide (AEA) and 2-arachidonoylglycerol (2-AG) were determined by HPLC-MS in 24 hours following accident and after six months. The Clinician-Administered PTSD Scale was used to evaluate PTSD symptoms.

**RESULTS:** All traumatized individuals showed significantly lower plasma concentrations of 2-AG than health controls ( $4.08 \pm 2.05$  vs.  $6.78 \pm 4.47$  ng/ml,  $p=0.01$ ) at the baseline while no significant difference at the follow-up. The difference of 2-AG level was not significant between PTSD and non-PTSD survivors. The PTSD survivors showed significantly higher level of AEA than non-PTSD survivors and health controls ( $1.03 \pm 0.55$  vs.  $0.69 \pm 0.28$  vs.  $0.63 \pm 0.18$ ,  $p < 0.01$ ) at baseline, while no significant difference at follow-up.

**CONCLUSIONS:** Traumatized individuals who show higher plasma level of AEA after trauma may be more likely to develop PTSD.

**THU 300****Increased Sensitivity to Ambiguous Expressions of Anger in PTSD**

(Abstract #1649)

**Poster #THU 300 (Bio Med, Affect/Int, Cog/Int, Adult) M - N/A****Mezzanine East/West/South***Fichtenholtz, Harlan, PhD<sup>1</sup>, Christensen, Alicia, BA<sup>1</sup>, Southwick, Steven, MD<sup>2</sup>, Krystal, John, MD<sup>3</sup>*<sup>1</sup>*VA Connecticut Healthcare System and Yale University, West Haven, Connecticut, USA*<sup>2</sup>*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA*<sup>3</sup>*Yale School of Medicine, New Haven, Connecticut, USA*

Emotional functioning disturbances are at the center of post-traumatic stress disorder (PTSD), a disorder that can severely disrupt patients and psychosocial functioning. Despite the growing research interest in PTSD, currently there is little empirical evidence that addresses the subjective interpretation of facial expressions. Previous studies have been inconsistent in both methodology and findings. The goal of the current study is to assess how individuals with PTSD differ from healthy and trauma exposed controls on interpreting facial expressions of various intensities. Using a 2-Alternative Forced Choice paradigm, participants were asked to categorize faces as either Neutral or Fearful/Angry (in separate blocks). The faces presented to the participants varied in emotional intensity from 0-99%. Individuals with PTSD were more sensitive to anger at intermediate levels (44-55%) than trauma exposed controls. There was no difference in the sensitivity to the intensity of fearful expressions. In contrast to healthy controls, an individual with bilateral amygdala lesions has decreased sensitivity to expression intensity on this task (Graham, Devinsky, & LaBar, 2007). In contrast to that finding, the increased sensitivity to anger in PTSD suggests hyperactivity in the amygdala while evaluating faces.

**THU 301****Insular Functional Connectivity in Combat Related PTSD**

(Abstract #325)

**Poster #THU 301 (Bio Med, Anx, Bio Med, Mil/Vets, Adult) A - Industrialized****Mezzanine East/West/South***Yan, Xiaodan, PhD, Marmar, Charles, MD**New York University School of Medicine, New York, New York, USA*

The insular cortex has been shown to play an important role in processing negative emotions and the anterior insula has been implicated in anxiety, depression as well as PTSD. Our previous study has shown increased spontaneous activity at the right anterior insula among combat veterans with PTSD compared to veterans without PTSD. The present study aimed to investigate the functional connectivity of the right anterior among combat veterans with and without PTSD. Functional connectivity analyses were conducted on resting state fMRI data obtained from combat veterans with and without PTSD with 52 in each group. Results showed that the right anterior insula showed reduced functional connectivity with the precuneus and medial frontal cortex in the PTSD group compared to the control group ( $p < 0.05$ , corrected). In the PTSD group, but not in the control group, insular-precuneal functional connectivity showed a significant positive correlation with degrees of depression and a significant negative correlation with amount of early trauma ( $p < 0.01$ ). Such findings provide important knowledge about the interaction between the insula and the default mode network with respect to PTSD pathology.

**THU 302****Amygdala Volumetric Change following Psychotherapy for Post-Traumatic Stress Disorder**

(Abstract #588)

**Poster #THU 302 (Bio Med, Clin Res, Bio/Int, Adult) M - Industrialized****Mezzanine East/West/South***Laugharne, Jonathan, MBBS(Hons)MDFRANZCP<sup>1</sup>, Kullack, Claire, BSC, RN<sup>2</sup>*<sup>1</sup>*University of Western Australia, Fremantle, Western Australia, Australia*<sup>2</sup>*University of Western Australia, Perth, Western Australia, Australia*

Eye Movement Desensitisation and Reprocessing (EMDR) and Prolonged Exposure (PE) therapy are well established first line psychological treatments for Post-Traumatic Stress Disorder (PTSD). We report on a pilot investigation into the effect of these treatments on the volume of the amygdala, a brain structure shown to be of particular relevance to fear conditioning. Method: 20 adult patients with PTSD (CAPS diagnosis) were randomly assigned 12 sessions of either EMDR or PE therapy. Clinical ratings (CAPS, PCL, Ham A, Ham D) were administered before and after treatment and there was a six week waitlist period for each patient prior to therapy. MRI scans were administered before and after treatment. Results: Both treatment groups improved significantly on all major clinical measures. Structural analysis indicates a significant increase in the left amygdala volume ( $p < 0.05$ ) following EMDR but not following PE. No correlation was found between the improvement in PTSD symptoms and increase in left amygdala. However a correlation was found between number of discrete traumas addressed in therapy and changes in amygdala volume (Pearson's  $r = 0.534$ ,  $p < 0.05$ ) Conclusions: These findings indicate the possibility of different biological mechanisms underpinning these two established therapies. The number of traumas processed in therapy may be related to amygdala plastic change.

**THU 303****Emotional Face Processing in Post-Traumatic Stress Disorder after Reconsolidation Blockade using Propranolol: a Pilot fMRI Study**

(Abstract #986)

**Poster #THU 303 (Bio Med, Clin Res, Bio/Int, Adult) M - N/A****Mezzanine East/West/South***Mahabir, Megan, MS PhD Student<sup>1</sup>, Tucholka, Alan, PhD<sup>2</sup>, Shin, Lisa, PhD<sup>3</sup>, Etienne, Pierre, MD<sup>1</sup>, Brunet, Alain, PhD<sup>1</sup>*<sup>1</sup>*Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada*<sup>2</sup>*Centre hospitalier de l'Universite de Montreal, Montreal, Quebec, Canada*<sup>3</sup>*Tufts University, Medford, Massachusetts, USA*

Individuals with post-traumatic stress disorder (PTSD) exhibit exaggerated emotional reactions to threatening stimuli, which may represent deregulated fear-conditioning, associated with long-term adaptations in the sympathetic nervous system. Within a repeated measures design, functional magnetic resonance imaging (f-MRI) was employed to investigate the neural correlates of threat reactivity in PTSD participants ( $n = 7$ ), during the overt presentation of emotional facial expressions. Scan sessions were separated by a six-week intervention period, in which participants performed traumatic memory reactivation, under the influence of the reconsolidation blocker, propranolol. Before treatment, participants exhibited significantly greater activations in the thalamus, amygdala, hippocampus, and insula in response to fearful, relative to neutral faces. Post-treatment, PTSD symptoms significantly improved ( $d = 1.75$ ); and neural activation increased in the medial prefrontal and rostral anterior cingulate cortices during the fearful condition. These results suggest that aberrant emotional responding is modulated by noradrenergic plasticity within the amygdala-prefrontal cortex circuit; a neural substrate for the pharmacological treatment of PTSD.

**THU 305****The Effects of Youth Aggression Exposure on Adulthood ODD: Moderating Roles of the Autonomic Nervous System**

(Abstract #693)

**Poster #THU 305 (Bio Med, Aggress, Bio Med, CPA, Lifespan) M - Industrialized****Mezzanine  
East/West/South**

*Barry, Samantha, BA, Lehrbach, Melissa, BA, Szczypinski, Bridget, MA, Rivers, Alison, BA, Rabkin, Ari, MA, Gordis, Elana, PhD  
SUNY-Albany, Albany, New York, USA*

Literature suggests that harsh parenting exposure during youth is associated with externalizing psychopathology (e.g. higher levels of aggression) into adulthood (Springer et al., 2007). However, some individuals may be more affected than others due to autonomic nervous system (ANS) activity (Lorber, 2004). In the present study, a diverse sample of 75 young adults retrospectively reported psychological and physical HP exposure during adolescence and reported current oppositional defiant disorder (ODD) symptoms. Resting respiratory sinus arrhythmia (RSA), an indicator of Parasympathetic Nervous System activity, and resting skin conductance (SCL), an indicator of Sympathetic Nervous System activity, were also measured. Among females, SCL significantly moderated the relation between adolescent HP and adulthood ODD symptoms, such that at high values of SCL the relation between HP and ODD symptoms was significant and positive, whereas at low values of SCL this relation was null. Additionally, RSA significantly moderated the relation between adolescent HP and adulthood ODD symptoms, such that at low values of RSA the relation between HP and ODD symptoms was significant and positive and at high values of RSA the relation was null. Results expand gender-specific knowledge of the long-term risk and protective factors of ANS activity.

**THU 306****The Impact of Parental Distress on the Recovery of Adolescent Survivors of Terrorism: A Longitudinal Study of Survivors of the Utøya 2011 Attack and their Parents**

(Abstract #1814)

**Poster #THU 306 (Bio Med, Health, Pub Health, Terror, Lifespan) M - Industrialized****Mezzanine  
East/West/South**

*Stene, Lise, MD PhD, Dyb, Grete, MD PhD  
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

The psychosocial follow-up of adolescent survivors of disasters requires attention to their family context. Yet little is known about how parental reactions impact on the recovery of young survivors of terrorism. The proposed study will provide longitudinal data on the relationship between parents' post-traumatic distress and the development of psychopathology in survivors of the Utøya massacre. In total, 495 persons survived; the majority were 18 years old or younger and lived with their parents. Individual face-to-face interviews with survivors and their parents were performed at two waves from 4 to 18 months after the attack. Altogether 304 (61%) survivors participated in the study together with at least one of their parental caregivers (n= 495). The presented results may increase our understanding of the bilateral influence of post-traumatic distress in adolescent disaster survivors and their parents. This knowledge may improve our delivery of health care to both young trauma survivors and their parents.

## ASSESSMENT/DIAGNOSIS POSTERS (ASSESS DX)

### THU 307

**Psychological Consequences among Workers Experiencing Severe Violence: Are there Sex Differences?**  
(Abstract #1796)

Poster #THU 307 (Assess Dx, Aggress, Other) M - Industrialized

Mezzanine East/West/South

*Guay, Stéphane, PhD<sup>1</sup>, Boyer, Richard, PhD<sup>1</sup>, Marchand, André, PhD<sup>2</sup>*

<sup>1</sup>Université de Montreal & Centre d'Etude du Trauma, Montreal, Quebec, Canada

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Workers from the health sector are at a particularly high risk of being exposed to « severe violent acts » (SVA; e.g., being a direct victim or a witness of physical or sexual assault, death or injury threats, etc.). A web survey was carried out among 602 workers from the health sector within the province of Quebec in Canada. The questions asked were related to acts of violence they might have been victims of or witnessed during the past 12 months and their repercussions. This study focused particularly on the 162 respondents (27%) who reported to have been exposed to SVAs. The most frequently reported SVA were those in which workers were victims of (31%) or witnesses to (36%) physical violence, followed by death threats (victims 7%, witness 6%). Victims of and witnesses to SVA at work reported to suffer from similar repercussions. Men and women reported the same types of repercussions but in different proportions. Thus, while irritability affected both men and women (50%), more women than men reported having experienced hypervigilance (56% vs. 37%), avoidance (45% vs. 28%) and difficulty concentrating (41% vs. 25%). Contrary to popular belief, this violence does not only affect victims, but also witnesses, as indicated by the various repercussions reported in the results of this survey. Proportionally, more women than men exposed to SVA are negatively affected.

### THU 308

**ASD Diagnosis, Clusters and Symptoms as Predictors of PTSD in Women and Men Victims of Violent Crime**  
(Abstract #1729)

Poster #THU 308 (Assess Dx, Aggress, Prevent, Adult) M - Industrialized

Mezzanine East/West/South

*Guay, Stéphane, PhD<sup>1</sup>, Crevier, Myra, PhD Candidate<sup>2</sup>, Boyer, Richard, PhD<sup>1</sup>, Marchand, André, PhD<sup>2</sup>*

<sup>1</sup>Université de Montreal & Centre d'Etude du Trauma, Montreal, Quebec, Canada

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Victims of violent crime often experience stress reactions such as acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). Previous studies confirmed ASD as a predictor of PTSD. However, it remained unclear which cluster, combination or symptom has a better predictive power, and the impact of gender is unknown. Thus, the aim of the present study was to determine the positive and negative predictive power of ASD diagnosis, symptoms and clusters according to gender within 30 days after the violent crime, relative to PTSD two months later. To do so, 39 women and 36 men were evaluated using validated semi-structured clinical interviews. Fifty two percent had full ASD and 20% partial ASD, and two months later, 40 % had full PTSD and 17% partial PTSD. Results showed that both clinical and subclinical ASD diagnoses as well as most symptoms were good predictors of PTSD. ASD diagnosis, re-experiencing, avoidance and arousal clusters were better predictors of PTSD than dissociation. No gender differences were observed. The role of dissociation in ASD diagnosis, clinical implications and future directions are discussed.

**THU 309****Stressful Life Events across the Life Span and Insecure Attachment following Combat Trauma**  
(Abstract #1801)**Poster #THU 309 (Assess Dx, Acute, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Horesh, Danny, PhD<sup>1</sup>, Ein-Dor, Tsachi, PhD<sup>2</sup>, Solomon, Zahava, PhD<sup>3</sup>*<sup>1</sup>*Bar-Ilan University, Ramat Gan, Israel*<sup>2</sup>*Interdisciplinary Center (IDC), Herzliya, Israel*<sup>3</sup>*Tel Aviv University, Tel Aviv, Israel*

Objective: A growing body of literature shows changes in attachment orientations following stressful and traumatic events. This study examined the implications of stressful life events (SLEs) throughout the life cycle in insecure attachment orientations (anxious and avoidant attachment) among war veterans. Methods: 664 Israeli war veterans from the 1982 Lebanon War were prospectively examined 1, 2, 3, and 20 years after the war. Of those veterans, 363 suffered from acute combat stress reaction (CSR) on the battlefield, and 301 comprised a matched control group without antecedent CSR. They were administered self-report questionnaires tapping PTSD, attachment, SLEs, and combat exposure. Results: A positive association was found between insecure attachment and both CSR and PTSD. In addition, post-war SLEs were more powerful predictors of insecure attachment than other types of SLEs. Combat exposure, as well as pre-war SLEs in childhood and adulthood, made differential contributions to both types of insecure attachment orientations. Conclusions: Both acute and chronic reactions to war trauma are associated with insecure attachment. SLEs occurring at various stages of life differentially contribute to anxious and avoidant attachment. Thus, stress experienced throughout life may exert its effect through multiple pathways, according to both the timing and type of the SLE.

**THU 310****Post-Traumatic Stress Disorder and Suicidal Ideation among Israeli War Veterans: A 20-year Longitudinal Study**

(Abstract #1757)

**Poster #THU 310 (Assess Dx, Depr, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Horesh, Danny, PhD<sup>1</sup>, Brown, Adam, PhD<sup>2</sup>, Qian, Meng, PhD<sup>3</sup>, Solomon, Zahava, PhD<sup>4</sup>*<sup>1</sup>*Bar-Ilan University, Ramat Gan, Israel*<sup>2</sup>*New York University School of Medicine, New York, New York, USA*<sup>3</sup>*New York University Langone Medical Center, Department of Psychiatry, New York, New York, USA*<sup>4</sup>*Tel Aviv University, Tel Aviv, Israel*

Objective: PTSD and suicidal ideation have been previously found to be associated among war veterans. However, studies examining this association longitudinally are scarce. The present study aims to fill this gap in research, by capitalizing on a 20-year follow up of war veterans. Methods: 675 Israeli veterans of the 1982 Lebanon War were examined at 4 points in time: 1, 2, 3, and 20 years after the war. Of these veterans, 369 have been identified by military clinicians as suffering from acute Combat Stress Reaction (CSR) on the battlefield. The remaining 306 veterans served in the same combat units, but did not suffer from CSR. Participants were administered self-report questionnaires tapping PTSD, suicidal ideation, and depression. Results: A linear mixed effects model was used to assess the long-term association between PTSD symptoms and suicidal ideation. For both the CSR and non-CSR groups, PTSD and suicidal ideation were positively associated over time. However, this association was stronger among the CSR group. For both groups, the association was no longer significant once depression was controlled for. Conclusion: PTSD and suicidal ideation are positively associated, even decades after the war. This association is particularly strong among veterans with antecedent CSR. Depression seems to play an important role in the association between PTSD and suicidal ideation.

**THU 311****An Integrated Model of Post-Traumatic Stress and Growth**

(Abstract #246)

**Poster #THU 311 (Assess Dx, Cog/Int, Adult) M - Industrialized****Mezzanine East/West/South***Lancaster, Steven, PhD<sup>1</sup>, Klein, Keith, BS<sup>2</sup>*<sup>1</sup>*Drake University, Des Moines, Iowa, USA*<sup>2</sup>*Loma Linda University, Loma Linda, California, USA*

A number of recent models have examined cognitive predictors of post-traumatic stress and post-traumatic growth (Barton et al., 2013; Groleau et al., 2013; Triplett et al., 2012). Given the mixed findings on the relationship between distress and growth, it is important to develop models which can account for both of these phenomena. The current study examined an integrated model of predictors of distress and growth in late adolescents. Domains covered include the roles of core belief challenge, event centrality, post-trauma cognitions, and event-related rumination. Negative cognitions about the self and the centrality of the event directly predicted both growth and distress, while intrusive rumination predicted only PTSD symptoms, and deliberate rumination predicted only post-traumatic growth. This research is notable as previous work has failed to identify research for the somewhat expected finding that negative cognitions about self are related to self-reported growth. A number of notable indirect paths also reached significance. Of note, change in core beliefs directly predicted growth, but only indirectly predicted symptoms of PTSD. Implications for future research as well as clinical applications are discussed.

**THU 312****Initial Validation of Self-Reported Trajectories in Military Veterans**

(Abstract #234)

**Poster #THU 312 (Assess Dx, Assess Dx, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***Lancaster, Steven, PhD<sup>1</sup>, Hart, Roland, BS<sup>2</sup>*<sup>1</sup>*Drake University, Des Moines, Iowa, USA*<sup>2</sup>*New York University School of Medicine, New York, New York, USA*

A recent study of military members (Bonanno et al., 2012) added to the growing literature that suggests functioning after potentially traumatic events tends to follow one of a number of discrete trajectories. While this trajectory research has greatly benefited the field, it is limited in that longitudinal data are often difficult or not feasible to collect. The aim of the current study was to empirically examine self-reported trajectories in military veterans. Military veterans from a range of conflicts completed an online survey in which they were asked to retrospectively report their functioning when they first returned home as well as current functioning. Consistent with longitudinal work, those who reported consistent "struggling" (struggle then, struggle now) reported high symptoms of PTSD and Depression, higher negative affect, lower support and satisfaction with life than those who reported being "OK" at both time points. Two change trajectories (OK then, struggle now; struggle then, OK now) demonstrated intermediate scores on relevant measures; with generally poorer functioning in those who reported current "struggle." These preliminary results provide support for a retrospective and more readily available method to assess trajectories of post-trauma functioning. Future directions and applications of this method will be discussed.

**THU 313****The Impact of Acute Stress Disorders among Victims of Violent Crimes on Health Care and Work-Related Costs**

(Abstract #1807)

**Poster #THU 313 (Assess Dx, Acc/Inj, Acute, Pub Health, Social, Adult) M - Industrialized****Mezzanine  
East/West/South****Fortin, Christophe, PhD<sup>1</sup>, Félin-Germain, Alix, Undergraduate<sup>2</sup>, Guay, Stéphane, PhD<sup>1</sup>**<sup>1</sup>*Université de Montreal & Centre d'Etude du Trauma, Montreal, Quebec, Canada*<sup>2</sup>*Faber Group Synergy, Montreal, Quebec, Canada*

Background: Acute stress disorder (ASD) is a frequent psychological aftermath for the victims of violent crime, especially for women. However, the specific impact of ASD on the induce economic burden for the victims and the society is yet to determined. Objective: Determine the impact of ASD symptomatology on the health care and work-related cost among victims of violent crime. Sex, gender, type of aggression and number of ASD symptoms differences are to be tested. Methods: 240 adults (109 men, 131 women, Mage = 39) completed the Acute Stress Disorder Interview, BEM Sex-Role Inventory and Health Care Cost Inventory. About 46% met full criteria for ASD diagnosis and 34% were subclinical. T-tests and ANOVAs were conducted. Results: The amount for patients with clinical and subclinical ASD diagnosis is significantly greater compare to non-clinical patient on every cost measures. Conclusions: This research demonstrates the magnitude of the damage cause by the acute stress disorder. Knowledge of the cost consequent to ASD should raise awareness regarding the prevention of violence

**THU 314****Interpersonal Violence in Veterans with PTSD: Assessing the Role of Childhood Abuse**

(Abstract #36)

**Poster #THU 314 (Assess Dx, Aggress, CPA, CSA, Mil/Vets, Adult) M - N/A****Mezzanine East/West/South****Blackburn, Meredith, MA<sup>1</sup>, Tadrous, Sandy, MA<sup>1</sup>, Currier, Joseph, PhD<sup>2</sup>**<sup>1</sup>*Fuller Graduate School of Psychology, Pasadena, California, USA*<sup>2</sup>*University of South Alabama, Mobile, Alabama, USA*

Interpersonal violence among Veterans with PTSD has become a significant concern. Research indicates that the accumulation of trauma exposures can contribute to the dysregulation of anger and increase the risk of interpersonal violence in adulthood (Beckham, Moore, & Reynolds, 2000). However, there is limited research on the role of childhood abuse in predicting these types of concerns in military samples. As such, the purpose of this study was to test the potentially unique effects of childhood sexual and physical abuse on rates of interpersonal violence in a treatment-seeking sample of 740 Veterans with PTSD. The Sexual Abuse Exposure Questionnaire (SAEQ), Adverse Environments III (AE3), and Conflict With Others (CWO) measures were used to assess the relationship between childhood abuse and adult interpersonal violence in this study sample. Whether analyzed in combination or separately, childhood physical and sexual abuse were not significantly associated with adult interpersonal violence in this sample of Veterans in the presence of severity of their exposures to war-zone activities/circumstances. These findings highlight the devastating nature of combat exposure and have important implications for clinical work and future research on the life-span traumas of Veterans.

### THU 315

#### Bayesian Analysis of Current and Lifetime Comorbidity Rates of Mood and Anxiety Disorders in Individuals with Post-Traumatic Stress Disorder

(Abstract #301)

Poster #THU 315 (Assess Dx, Anx, Assess Dx, Depr, Adult) M - Industrialized Mezzanine East/West/South

Gallagher, Matthew, PhD<sup>1</sup>, Brown, Timothy, PsyD<sup>2</sup>

<sup>1</sup>National Center for PTSD at VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

<sup>2</sup>Boston University, Boston, Massachusetts, USA

The goal of the present study was to build upon previous examinations of diagnostic comorbidity in PTSD by using Bayesian methods of estimating current and lifetime comorbidity rates to determine more precise estimates of the proportion of individuals with PTSD that also meet criteria for various emotional disorders. 253 individuals with a current or lifetime diagnosis of PTSD underwent a comprehensive assessment of current and lifetime emotional disorders. Bayesian statistical techniques with informative priors were then used to calculate credibility intervals for the current and lifetime comorbidity rates of emotional disorders. The median number of current emotional disorders was two and the median number of lifetime comorbid emotional disorders was three. Credibility intervals indicated that social phobia and major depressive disorder were the most common current and lifetime comorbid emotional disorders. The proportion of individuals with lifetime comorbidity rates were very high for both any lifetime anxiety disorder (.91, 95% CI .88: .94) and any lifetime depressive disorder (.90, 95% CI .86: .93). Together these results indicate that despite the separation from the anxiety disorders in DSM-5, the vast majority of individuals with PTSD will present with one or more emotional disorders, which has important implications for the treatment of PTSD.

### THU 316

#### The Effects of Interpersonal Trauma on Intimacy, Relationships and Social Competence

(Abstract #1775)

Poster #THU 316 (Assess Dx, Anx, Chronic, Depr, QoL, Adult) I - Industrialized Mezzanine East/West/South

Osegueda, Adriana, BS<sup>1</sup>, David, Candace, BS<sup>1</sup>, Bistricky, Steven, PhD<sup>1</sup>, Wetterneck, Chad, PhD<sup>2</sup>

<sup>1</sup>University of Houston-Clear Lake, Houston, Texas, USA

<sup>2</sup>Rogers Memorial Hospital, Oconomowoc, Wisconsin, USA

Research examining the relationships between traumatic experiences and interpersonal functioning suggests that post-traumatic symptoms may have detrimental effects on intimacy and communication, which are key elements in maintaining healthy interpersonal relationships (McFarlane & Bookless, 2001). The present study examined relationships among traumatic experiences, PTSD symptoms, and interpersonal intimacy. Participants (n = 197) completed the Trauma History Questionnaire, PTSD Checklist, Functional Analytical Psychotherapy Intimacy Scale, and Experiences in Close Relationship Scale online. Traumatic experiences were dichotomized into interpersonal and non-interpersonal. We used ANCOVA and correlational analyses. Individuals that experienced multiple types of interpersonal traumas endorsed lower intimacy levels ( $F[1,157] = 9.02, p = .003$ ) and higher levels of anxiety and avoidance ( $F[1,135] = 4.16, p = .043$ ), when compared to those that experienced fewer types of interpersonal traumas, controlling for non-interpersonal trauma experiences. A bivariate correlation displayed a negative relationship between PTSD symptom severity and intimacy, ( $r[158] = -.49, p < .001$ ). The current study corroborates the negative effects that past interpersonal traumatic events and current PTSD symptoms appear to have on intimacy and relationships. Additional implications are discussed.

**THU 317****Does DSM-IV Versus DSM-5 Trauma Differentially Predict PTSD Symptoms?**

(Abstract #1559)

**Poster #THU 317 (Assess Dx, Assess Dx, Adult) M - Industrialized****Mezzanine East/West/South***Larsen, Sadie, PhD<sup>1</sup>, Berenbaum, Howard, PhD<sup>2</sup>*<sup>1</sup>*Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin, USA*<sup>2</sup>*University of Illinois, Champaign, Illinois, USA*

Background: The DSM-5 contributed to a continuing debate about trauma definition by narrowing Criterion A. Few studies have compared how stressors versus traumas predict PTSD symptoms, and none have compared DSM-IV to DSM-5 Criterion A. Objective: We compared the association of PTSD symptoms with stressors vs. Criterion A traumas (DSM-IV versus DSM-5). Method: Participants were 107 women (age M = 38) recovering from traumatic or stressful events within the past 3 years. Each event was coded for whether it would meet DSM-IV and DSM-5 Criterion A. The PCL-C assessed PTSD symptoms. Results: 54 events were coded as DSM-IV trauma; only 28 were coded as DSM-5 trauma. Of events no longer coded as traumas in DSM-5, 13 were sudden unexpected death of a loved one, 6 life-threatening illness (self), 4 life-threatening illness (loved one), and 3 miscellaneous or multiple events. Comparing current PTSD symptoms using a t-test, there were no significant differences in PTSD symptoms for DSM-IV trauma vs. stressor ( $d = .06$ ) or for DSM-5 trauma vs. stressor ( $d = .06$ ). An ANOVA showed no significant PCL differences among three groups: events categorized as trauma by both DSM's, as stressors by both DSM's, or as trauma by DSM-IV and stressor by DSM-5. Conclusion: Although DSM-5 criteria led to a stricter coding of Criterion A, DSM-5 trauma was no more predictive of PTSD symptoms in this sample.

**THU 318****Relations among Emotion Regulation and DSM-5 Symptom Clusters of PTSD**

(Abstract #928)

**Poster #THU 318 (Assess Dx, Assess Dx, Adult) M - N/A****Mezzanine East/West/South***Seligowski, Antonia, BA, Rogers, Arielle, BA, Hansen, Allison, Undergraduate, Orcutt, Holly, PhD  
Northern Illinois University, DeKalb, Illinois, USA*

Difficulty regulating emotions has been implicated as a risk and maintaining factor for PTSD (Bardeen et al., 2013; Marx & Sloan, 2005). However, few studies have examined these relations using the symptom clusters of PTSD. The current study sought to examine relations among three emotion regulation strategies and DSM-5 symptom clusters of PTSD. Method: Participants were 164 adults with trauma exposure. Measures included the AAQ-II (experiential avoidance), the PANAS (negative affect; NA), the PCL-5 (PTSD), the RRS (rumination), and the WBSI (thought suppression). A path analysis model was created with emotion regulation variables as predictors and PCL-5 subscales as criterion variables (NA was entered as a control). Results: Experiential avoidance was significantly related to the Intrusion, Negative Alterations in Cognition and Mood, and Alterations in Arousal and Reactivity symptom clusters of PTSD. Rumination was significantly related to the Negative Alterations in Cognition and Mood, and Alterations in Arousal and Reactivity clusters. Thought suppression was significantly related to the Avoidance and Alterations in Arousal and Reactivity clusters. Conclusion: Results of the current study help to inform which emotion regulation strategies may be most salient for different PTSD symptom presentations. Additional implications related to DSM-5 PTSD symptoms will be discussed.

**THU 319****4D-Model of Trauma-Related Dissociation: An Internet Survey of Undergraduates**

(Abstract #1924)

**Poster #THU 319 (Assess Dx, Assess Dx, Complex, Adult) M - N/A****Mezzanine East/West/South***Brown, Matthew, BA (Hons), Frewen, Paul, PhD  
University of Western Ontario, London, Ontario, Canada*

~~A recent neurophenomenological framework known as the 4D-model of Trauma-related Dissociation (Frewen & Lanius, in press) differentiates between symptoms of clinically significant distress based on whether the symptoms do or do not intrinsically exemplify trauma-related altered states of consciousness (TRASC). Undergraduate students (n = 342) participated in an online survey and completed the Juvenile Victimization Questionnaire (JVQ), and the Traumatic Dissociation Scale (TDS), in addition to items measuring PTSD symptoms and those of TRASC. Analyses supported the structure and hypotheses of the 4D-model. On average PTSD symptoms were endorsed as occurring more frequently (M = 1.15, SD = 1.42) than TRASC symptoms (M = .65, SD = 1.30). Any two symptoms of PTSD were more highly correlated (Range: .51 r .83, Mr = .64, SDr = .12) than were any two symptoms of TRASC (Range: .25 r .69, Mr = .49, SDr = .17). In addition, symptoms of TRASC incremented over PTSD symptoms in the concurrent prediction of TDS scores ( R2 = .11, total R2 = .32, p < .001). Finally, symptoms of TRASC were more strongly correlated, on average, with the JVQ (Mr = .33, SDr = .07) than were symptoms of PTSD (Mr = .25, SDr = .06). Future research directions are discussed.

### **THU 320**

#### **Childbirth as a Traumatic Event: Understanding Risk Factors**

(Abstract #1098)

**Poster #THU 320 (Assess Dx, Acute, Clinical Practice, Adult) I - Industrialized Mezzanine East/West/South**

*Rojas, Elsa, MEd*

*University of Akron, Akron, Ohio, USA*

Childbirth, though generally viewed as a joyous occasion, can be a difficult time for women whose experiences are marred by both physical and psychological trauma. A growing body of research has found that 1/3 of women will describe their birth experiences as traumatic and 2- 7% will meet diagnostic criteria for PTSD (Ayers, 2008). To date, risk factors including a history of physical or sexual abuse, treatment by medical staff, and instrumentation in labor have been linked to both PTSD and subclinical symptoms in women following childbirth. Additionally, though much of the focus in research has been on the impact of subjectively traumatic events such as an emergency cesarean, researchers note that the majority of women who develop symptoms have normal vaginal births (Soderquiet et al., 2002). Based on the available literature, it seems likely that a non-linear relationship exists between risk factors and the development of trauma symptoms. The poster will discuss a proposed mediation model, considering past mental health concerns, a history of sexual trauma, treatment by staff, and instrumentation in birth. This model is designed to better understand the risk factors associated with traumatic stress reactions following childbirth, and will report on results of the author's ongoing research to test this model.

### **THU 321**

#### **Accuracy of an Intimate Partner Violence Screening Tool For Female Veterans Health Administration Patients: A Replication and Extension**

(Abstract #602)

**Poster #THU 321 (Assess Dx, Assess Dx, DV, Rape, Adult) M - Industrialized Mezzanine East/West/South**

*Iverson, Katherine, PhD<sup>1</sup>, King, Matthew, PhD<sup>2</sup>, Resick, Patricia, PhD<sup>3</sup>, Kimerling, Rachel, PhD<sup>4</sup>, Street, Amy, PhD<sup>5</sup>, Vogt, Dawne, PhD<sup>6</sup>*

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Veterans Health Administration (VHA) is moving toward routine screening of women for experiences of intimate partner violence (IPV). The 4-item Hurt/Insult/Threaten/Scream (HITS) tool shows good accuracy in detecting past-year IPV among female VHA patients; however, it lacks a sexual IPV item. We evaluated the accuracy of an extended HITS (E-HITS), which includes a sexual IPV item, for use with female VHA patients. Eighty female VHA patients in New England completed a mail survey that included the 5-item E-HITS (index text) and the Revised Conflict Tactics Scales (CTS-2; reference standard). Women were included if they reported being in an intimate relationship in the past year. One in four women reported past-year IPV. The HITS (AUC=.86, 95% CI [.77, .96]) and E-HITS (AUC=.86, CI [.76, .96]) performed nearly identically at their optimal cut-scores of 6 and 7, respectively. At these cut-scores, the sensitivity of both tools was .75 (CI [.55, .90]) with similar specificities (HITS: .83, CI [.73, .93]; E-HITS: .82, CI [.72, .90]). The E-HITS can be used in VHA to detect past-year IPV. For a low level of additional administration burden, the increased comprehensiveness of the tool sends the message to patients that sexual IPV is an important health issue.

#### **THU 322**

#### **Psychometric Properties of the PTSD Checklist for DSM-5 (PCL-5): Convergent Validity in a Community Sample**

(Abstract #1736)

**Poster #THU 322 (Assess Dx, Clin Res, Adult) M - Industrialized**

**Mezzanine East/West/South**

*DePierro, Jonathan, PhD Candidate<sup>1</sup>, Herzog, Sarah, BA<sup>2</sup>, Shiffler, Stephanie, BA<sup>2</sup>, D'Andrea, Wendy, PhD<sup>1</sup>*

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<sup>2</sup>*The New School, New York, New York, USA*

Little research to date has examined the psychometrics of the PTSD Checklist for DSM-5 (PCL-5). The present project investigated symptom and trait affect correlates of the PCL-5, including new negative mood and cognition (NMC) items. Participants were 303 community-dwelling adults (Mean age = 32.0, SD = 10.5). They endorsed exposure to an average of 3.6 (SD = 3.1) traumatic events; 74% (n = 233) endorsed at least one form of early maltreatment. Using criteria-based scoring, 26% (n = 82) had probable PTSD. PTSD+ participants were more likely to report co-morbid depression and substance abuse diagnoses. Across the sample, PCL-5 score was related to depression ( $r = .67$ ), anxiety ( $r = .62$ ), and borderline features ( $r = .78$ ) ( $ps < .001$ ). The NMC subscale was highly related to negative automatic thoughts ( $r = .80$ ); and, of all the PCL-5 subscales, was most related to depression ( $r = .72$ ), borderline features ( $r = .80$ ), and negative affect ( $r = .74$ ) ( $ps < .001$ ). The NMC subscale showed modest convergence with negative ( $r = .26, p < .001$ ) and positive self-schemas ( $r = -.37, p < .001$ ). Findings suggest that the PCL-5 fits within the expected nomological net, and that the NMC cluster converges fairly well with related measures. Inclusion of this new cluster, which had significant overlap with depression and borderline personality features, may increase detection of co-morbidity.

#### **THU 323**

#### **Predicting Attentional Impairment in PTSD using Subjective and Objective Measures of Sleep**

(Abstract #654)

**Poster #THU 323 (Assess Dx, Cog/Int, Sleep, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Werner, Kimberly, PhD, Galovski, Tara, PhD, Griffin, Michael, PhD, Preston, Brittany, MA*

*University of Missouri St. Louis, St. Louis, Missouri, USA*

There is growing evidence to support the theory that sleep impairment is a core feature of post-traumatic stress disorder (PTSD) and should be considered a primary focus of treatment. In fact, of the criteria for PTSD, sleep impairment may be the most often reported symptom and has been associated with severe distress. This study investigates the relationship between trauma related sleep impairment and attentional impairment in 50 treatment-seeking, female, interpersonal violence (IPV) survivors who suffered from PTSD. Sleep was measured over the course of 7 nights, both subjectively (daily sleep diaries and Pittsburgh Sleep Quality Inventory) and objectively through the use of actigraphy. Attentional performance during daytime was measured by the psychomotor vigilance task (PVT). Measures of subjective and objective sleep impairment were used to predict objectively measured

attentional performance. Results indicated that self-reported daily estimation of sleep, but not objective or global sleep measures, best predicted attentional deficits as indicated by lapses on the PVT. Daily sleep logs predicted 19% of the variance in attention ( $p = .002$ ) above and beyond overall PTSD symptom severity and sleep medication use. Results indicate subjective reports of daily sleep disturbance predict objective deficits in concurrently measured attention and daily functioning.

#### THU 324

##### **Malingered PTSD: Utility of the Emotional Stroop Task**

(Abstract #1397)

Poster #THU 324 (Assess Dx, Cog/Int, Social, Adult) I - Industrialized

Mezzanine East/West/South

*Wanklyn, Sonya, PhD Candidate<sup>1</sup>, Landy, Meredith, Doctoral Student<sup>2</sup>, Jenzer, Tiffany, BA (Hons)<sup>1</sup>, Brankley, Andrew, BA (Hons)<sup>1</sup>, Monson, Candice, PhD<sup>1</sup>*

<sup>1</sup>Ryerson University, Toronto, Ontario, Canada

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Malingering, the intentional production of false or exaggerated symptoms motivated by external incentive, of post-traumatic stress disorder (PTSD) is a national concern because PTSD is one of the highest compensated disabilities. Despite the financial impact of malingered PTSD, no gold standard currently exists for detecting malingering. This study extends previous research suggesting the emotional Stroop task (EST) could be resistant to feigned PTSD. Participants in this study included 108 undergraduate students from a Canadian university randomly assigned to one of three EST conditions: (1) asked to feign PTSD after receiving education on the symptoms of PTSD, (2) asked to feign PTSD after receiving education on the psychosocial impact of PTSD, and (3) no feigning of PTSD. The EST comprised four word categories (general threat, PTSD symptom, deception, and neutral). Mean response time for naming the color of each EST word category was calculated to determine differences in response latencies. Preliminary results show main effects of word category and participant condition. Additional analyses will be conducted to control for variables such as PTSD symptoms and participant rating of emotional valence of EST words. Results will be discussed in terms of applying the EST to detect malingered PTSD.

#### THU 325

##### **Effects of Trauma Types and Frequency on PTSD Severity and Levels of Distress**

(Abstract #1707)

Poster #THU 325 (Assess Dx, Anx, Chronic, Depr, Adult) I - Industrialized

Mezzanine East/West/South

*Osegueda, Adriana, BS<sup>1</sup>, David, Candace, BS<sup>1</sup>, Bistricky, Steven, PhD<sup>1</sup>, Wetterneck, Chad, PhD<sup>2</sup>*

<sup>1</sup>University of Houston-Clear Lake, Houston, Texas, USA

<sup>2</sup>Rogers Memorial Hospital, Oconomowoc, Wisconsin, USA

Research suggests that those experiencing multiple interpersonal traumatic events are at a heightened risk of developing PTSD (e.g., Lilly & Valdez, 2012). The present study examined associations between frequency of different types of past traumatic experiences and current symptom severity. Participants ( $n = 197$ ) completed an online survey, including the Trauma History Questionnaire, PTSD Checklist, and Depression and Anxiety Stress Scales. Traumatic experiences were dichotomized into interpersonal and non-interpersonal. Groups with multiple versus fewer interpersonal traumas were compared on outcome measures. Among individuals that experienced interpersonal and non-interpersonal traumas, those that endured two or more types of interpersonal traumas endorsed higher PTSD symptom severity scores ( $M = 55.33$ ,  $SD = 15.79$ ), in comparison to those that experienced fewer trauma types ( $M = 41.61$ ,  $p = 14.42$ ), ( $t(137) = -3.48$ ,  $p = .001$ ). Also comparatively, individuals reporting multiple types of interpersonal trauma reported higher levels of depressive ( $t(138) = -2.17$ ,  $p < .05$ ), anxious ( $t(138) = -2.27$ ,  $p < .05$ ), and stress symptoms ( $t(138) = -2.13$ ,  $p < .05$ ). Increased occurrence of past interpersonal trauma was associated with greater, clinically significant PTSD symptoms and distress in multiple domains. We discuss additional results and implications.

**THU 326****Consistency of Reporting for Stressful Life Events among Non-Deployed Soldiers**

(Abstract #1103)

**Poster #THU 326 (Assess Dx, Complex, Res Meth, Adult) I - Industrialized****Mezzanine East/West/South***Pless Kaiser, Anica, PhD<sup>1</sup>, Proctor, Susan, Dsc<sup>2</sup>, Vasterling, Jennifer, PhD<sup>3</sup>*<sup>1</sup>*VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA*<sup>2</sup>*U.S. Army Research Institute of Environmental Medicine, VA Boston Healthcare System, and Boston University, Boston, Massachusetts, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

This study examined change in reporting of stressful life events over two time points, and the relationship of change to post-traumatic stress disorder (PTSD) symptoms. Stressful life events were reported before and after a one year interval among 466 non-deployed Active Duty Army soldiers. There was a significant mean decrease in the number of events reported, Time 1:  $M = 5.02$ , Time 2:  $M = 1.97$ ;  $t(460) = 23.06$ ,  $p < .001$ . Reporting of events was often inconsistent ( $r = .53$ ). Concordance was moderate for experiences of combat ( $r = .47$ ), divorce/separation ( $r = .47$ ), and unwanted sexual experiences ( $r = .52$ ). Reporting of sickness/death of someone close ( $r = .16$ ) and emotional mistreatment ( $r = .13$ ) were more discordant. Inconsistent responding was not explained by invalid responses or associated with scale reliability or cognitive performance. Reporting fewer events over time was unrelated to change in PTSD symptoms,  $F(3,438) = 1.89$ , ns, but reporting more events over time was associated with increased PTSD symptoms,  $F(3,436) = 3.64$ ,  $p < .05$ . Findings suggest that inconsistent reporting of stressful life events over time occurs frequently but that its relationship with emotional distress is complex.

**THU 327****Associations between Child Maltreatment Type, Post-Traumatic Stress Disorder and Major Depressive Episode among Persons with and without Opioid Dependence**

(Abstract #1475)

**Poster #THU 327 (Assess Dx, CPA, CSA, Depr, Sub/Abuse, Adult) I - Industrialized****Mezzanine East/West/South***Conroy, Elizabeth, PhD<sup>1</sup>, Degenhardt, Louisa, PhD<sup>2</sup>, Slade, Tim, PhD<sup>2</sup>, Nelson, Elliot, MD<sup>3</sup>*<sup>1</sup>*University of Western Sydney, Penrith, NSW, Australia*<sup>2</sup>*University of New South Wales, Sydney, NSW, Australia*<sup>3</sup>*Washington University in Saint Louis School of Medicine, St. Louis, Missouri, USA*

Opioid-dependent persons have high rates of psychiatric comorbidity, including mood and anxiety disorders. It is conceivable that the high rate of comorbidity in this population might be related to higher rates of trauma exposure, particularly traumatic events that occur early in life. The present study was conducted in Sydney, Australia and used structural equation modeling to: 1) examine associations between four types of child maltreatment, post-traumatic stress disorder (PTSD) and major depressive episode (MDE); and 2) compare this for individuals with and without opioid dependence. A total of 1394 opioid-dependent participants and 384 non-opioid-dependent participants completed a structured clinical interview that assessed for a range of DSM-IV mental disorders, including substance dependence, PTSD and MDE. The four types of child maltreatment were not uniformly associated with PTSD/MDE and this pattern differed for males and females. Although opioid-dependent individuals had higher rates of each mental disorder relative to the comparison group, the pattern of association was similar for the two groups. The findings indicate that there are important differences in the types of maltreatment that create vulnerability for mental disorder among males and females however the mechanism for this association is similar for people with and without opioid dependence.

**THU 328****Guilt and its Relationship to PTSD Rates and Symptomatology in World Trade Center Non-Rescue Disaster Workers**

(Abstract #1106)

**Poster #THU 328 (Assess Dx, Depr, Terror, Adult) M - Industrialized****Mezzanine East/West/South***Olden, Megan, PhD<sup>1</sup>, Cukor, Judith, PhD<sup>1</sup>, Wyka, Katarzyna, PhD<sup>2</sup>, Peskin, Melissa, PhD<sup>1</sup>, Jayasinghe, Nimali, PhD<sup>1</sup>, Difede, JoAnn, PhD<sup>1</sup>*<sup>1</sup>New York Presbyterian Hospital/Weill Medical College of Cornell University, New York, New York, USA<sup>2</sup>Hunter College, CUNY, New York, New York, USA

The association of guilt to psychological trauma is an important yet understudied phenomenon affecting disaster workers following large-scale terror attacks, such as the World Trade Center disaster. This presentation will describe the relationships between guilt and post-traumatic stress and depressive symptomatology in a sample of approx. 3500 non-rescue disaster workers deployed to Ground Zero following the WTC attacks. Individuals who reported experiencing guilt (omission/commission and/or survival guilt) (n=252) as measured on the Clinician Administered PTSD Scale (CAPS) were significantly more likely to meet criteria for PTSD or subthreshold PTSD (p<0.001). Severity of PTSD symptomatology among those with full or subthreshold PTSD who reported guilt symptoms was significantly higher, in particular re-experiencing and numbing symptoms (p<0.005). In individuals with full or subthreshold PTSD, there was also a strong relationship between the report of guilt symptoms on the CAPS and Major Depressive Disorder (MDD), as measured by the SCID (p<.05). In addition, rates of PTSD and MDD one year later were significantly higher in those who had reported guilt symptoms at their initial assessment (p<0.05). Sleep disturbance and anger in those with full or subthreshold PTSD were not associated with reports of guilt.

**THU 329****Development and Preliminary Psychometric Properties for a Structured Clinical Interview for Complicated Grief**

(Abstract #1077)

**Poster #THU 329 (Assess Dx, Grief, Adult) - Industrialized****Mezzanine East/West/South***Bui, Eric, MD PhD<sup>1</sup>, Robinaugh, Don, PhD<sup>2</sup>, Mauro, Christine, PhD Candidate<sup>3</sup>, Wang, Yuanjia, PhD<sup>3</sup>, Duan, Naihua, PhD<sup>4</sup>, Reynolds, Charles, MD<sup>5</sup>, Zisook, Sidney, MD<sup>6</sup>, Lebowitz, Barry, PhD<sup>7</sup>, Simon, Naomi, MD<sup>1</sup>, Shear, M Katherine, MD<sup>8</sup>*<sup>1</sup>Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA<sup>2</sup>Massachusetts General Hospital, Boston, Massachusetts, USA<sup>3</sup>Columbia University, Mailman School of Public Health, New York, New York, USA<sup>4</sup>Columbia University, New York, New York, USA<sup>5</sup>University of Pittsburgh, Pittsburgh, Pennsylvania, USA<sup>6</sup>University of California, San Diego, San Diego, California, USA<sup>7</sup>University of California, San Francisco, San Diego, California, USA<sup>8</sup>Columbia University School of Social Work, New York, New York, USA

Although complicated grief (CG) has been recently included in the DSM-5, under the term “Persistent Complex Bereavement Disorder”, as a condition requiring further study, to date, no clinician administered structured interview for assessing CG is available. The Structured Clinical Interview for CG (SCI-CG) has been introduced as a 33-item “SCID-like” clinician administered instrument to assess the presence of CG symptoms. Each item is rated on a 3-point likert-type scale (1=not present, 2=uncertain, 3=present). A total score reflects overall CG symptom severity. Trained clinicians administered the SCI-CG on two occasions one week apart to treatment seeking individuals with CG. Preliminary data showed a satisfactory internal consistency (n=297) with a Cronbach’s alpha of 0.78, a good test-retest and inter-rater reliability (n=232) with an ICC=0.70, and an excellent inter-rater reliability (n=24), with an ICC=0.95. Exploratory factor analyses (n=382) revealed that either a four-factor or a five-factor structure were the best fit for the data. Findings will be compared to current diagnostic criteria sets. Further item refinement will help improve psychometric properties of the SCI-CG, and inform the diagnostic criteria structure of

CG. The SCI-CG exhibited satisfactory psychometric properties, and may be used by clinicians and researchers to assess symptoms of CG.

#### **THU 330**

### **Understanding Longitudinal Trajectories of Post-Traumatic Stress Disorder and Pain In U.S. Military Service Members and Veterans Following Combat-Related Blast Exposure**

(Abstract #416)

**Poster #THU 330 (Assess Dx, Mil/Vets, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Stratton, Kelcey, PhD<sup>1</sup>, Hawn, Sage, BS<sup>2</sup>, Clark, Shaunna, PhD<sup>3</sup>, Amstadter, Ananda, PhD<sup>4</sup>, Cifu, David, MD<sup>3</sup>, Walker, William, MD<sup>3</sup>*

<sup>1</sup>*Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA*

<sup>2</sup>*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA*

<sup>3</sup>*Virginia Commonwealth University, Richmond, Virginia, USA*

<sup>4</sup>*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA*

Many military personnel returning from combat operations in Iraq and Afghanistan endorse symptoms of post-traumatic stress disorder (PTSD) and pain. Associations between PTSD and pain are further complicated by exposure to blasts, thereby underscoring the importance of understanding complex injuries in this population. The present study identified factors associated with current pain symptoms and examined the temporal relationship between PTSD and pain in a sample of 209 U.S. military personnel exposed to combat-related blasts (M=27.4 years, SD=7.63). First, hierarchical regression models determined that older age, mild traumatic brain injury indicators, depression symptoms, and PTSD re-experiencing symptoms were associated with current pain symptoms. Next, autoregressive cross-lagged analysis examined longitudinal associations between PTSD and pain symptoms by determining the extent to which pain influences PTSD, and vice versa, over the course of one year. The final model indicated that PTSD and pain symptoms were associated and predicted each other across time. Results identify specific patient characteristics and comorbidity patterns related to PTSD and pain, and highlight the need for comprehensive rehabilitation efforts that address the interdependence of pain and co-occurring mental and physical health conditions, as symptoms of one disorder may maintain the other.

#### **THU 331**

### **Enhancing Self-Screening for Trauma Related Symptoms through a Mobile Application: The Rationale and Design of a Validation Study**

(Abstract #1694)

**Poster #THU 331 (Assess Dx, Prevent, Tech, Adult) M - Industrialized**

**Mezzanine East/West/South**

*van der Meer, Christianne, PhD Candidate<sup>1</sup>, Bakker, Anne, PhD<sup>1</sup>, Broeksteeg, Janneke, Certified Psychologist<sup>2</sup>, Schrieken, Bart, Psychologist<sup>2</sup>, Olff, Miranda, PhD<sup>3</sup>*

<sup>1</sup>*Academic Medical Center, University of Amsterdam, Amsterdam, Noord-Holland, Netherlands*

<sup>2</sup>*Interapy, Amsterdam, Noord-Holland, Netherlands*

<sup>3</sup>*Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, Netherlands*

Trauma-exposed individuals are at risk to develop PTSD symptoms and other psychological problems. Valid, tailor-made, easily accessible, and low-cost screening instruments may contribute to early detection and appropriate and timely referral of individuals with mental health needs, in particular in the aftermath of trauma. Mobile (m)Health is a promising and useful agent to enhance the process of early detection of PTSD symptoms. For the purpose of facilitating screening for mental health problems after trauma, we designed a mobile application, Smart Assessment on your Mobile (SAM). Besides measuring trauma-related symptoms, SAM gathers information on risk and protective factors, such as previous traumatic events, peritraumatic reactions, psychological resilience and social support to generate a complete risk profile for developing psychological complaints. SAM is based on validated and non-commercially available questionnaires to prevent copyright issues. The trauma questionnaires are all based on the latest DSM-5 instruments. We have initiated a validation study in a cross-sectional observational design to

investigate if SAM accurately detects PTSD symptoms in terms of sensitivity, specificity, and the diagnostic odds ratio. In this presentation, the rationale and development of SAM will be presented and the first results of the validation study will be shown.

#### **THU 332**

##### **Model Comparison of Post-Traumatic Stress Disorder in DSM-5**

(Abstract #1781)

**Poster #THU 332 (Assess Dx, Res Meth, Adult) M - N/A**

**Mezzanine East/West/South**

*Durham, Tory, PhD<sup>1</sup>, Byllesby, Brianna, BA<sup>2</sup>, Elhai, Jon, PhD<sup>1</sup>*

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<sup>2</sup>*University of Toledo, Department of Psychology, Toledo, Ohio, USA*

The latent factor structure of PTSD has been under debate, with three models currently having empirical support in the literature. Little research has been conducted on model fit for the newly published DSM-5. 211 trauma-exposed undergraduate students were recruited for the study and administered the Stressful Life Events Screening Questionnaire (SLESQ) for history of trauma and Post-Traumatic Stress Disorder Checklist-5 (PCL5) for PTSD symptoms using DSM-5 diagnostic criteria. Confirmatory factor analysis with weighted least squares estimation was used to test model fit for the four-factor DSM-5 model, four-factor dysphoria model, and five-factor dysphoric arousal model. BIC values were calculated using maximum likelihood estimation to compare fit across the non-nested models. Results suggest that the five-factor model fit the data best,  $\chi^2(160, N = 211) = 481.65, p < .001, CFI = .97, TLI = .96, RMSEA = .09, BIC = 11612.69$ . Additionally, the BIC values indicated the five-factor model fit significantly better than the DSM-5 model ( $BIC = 11637.55$ ), which fit better than the dysphoria model ( $BIC = 11678.09$ ). Given the new DSM-5 PTSD criteria, the dysphoric arousal model best accounts for the latent structure of PTSD.

#### **THU 333**

##### **Empirical Support for the Definition of a Complex Trauma Event Using Youths' Self-Reports**

(Abstract #633)

**Poster #THU 333 (Assess Dx, Chronic, Clinical Practice, Complex, Child/Adol) I - Mezzanine Industrialized**

**East/West/South**

*Wamser-Nanney, Rachel, PhD*

*University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA*

A complex trauma event has been defined as a chronic, interpersonal trauma that begins early in life (Cook et al., 2003). While this definition has been empirically examined using caregiver-reported trauma symptoms (Wamser-Nanney & Vandenberg, 2013), it has not been studied utilizing youths' own symptom reports. The support for the complex trauma definition using youths' reports was investigated by contrasting the symptom reports of complexly traumatized youth to those exposed to other, less severe trauma ecologies ( $n = 212, \text{ages } 8-18; M = 11.94; SD = 2.87$ ). Specifically, complexly traumatized youths' symptom reports were compared to those who experienced: an acute non-interpersonal trauma, an acute interpersonal trauma, a trauma that began early in life, or a chronic interpersonal trauma that began later in life. Profile analysis revealed that the level of complexly traumatized youths' self-reports was generally similar to those who experienced non-complex trauma events. Significant differences were observed only between the complex trauma and acute non-interpersonal trauma groups. Thus, youth exposed to complex trauma are not actually experiencing higher levels of trauma symptoms, or they may be failing to make or report distinctions in their internal experiences. The implications of these results for research and assessment will be discussed.

**THU 334****Comparisons of PTSD Symptomatology in Children across Multiple Ethno-racial Groups**

(Abstract #652)

**Poster #THU 334 (Assess Dx, Clin Res, Cul Div, DV, Health, Child/Adol) I - Industrialized****Mezzanine  
East/West/South**

*Koolick, Jessica, Undergraduate, Grogan-Kaylor, Andrew, PhD, Galano, Maria, Doctoral Student, Durbin, Hannah, Doctoral Student, Graham-Bermann, Sandra, PhD  
University of Michigan, Ann Arbor, Michigan, USA*

Background: Approximately 15.5 children are eyewitnesses to intimate partner violence (IPV) each year (McDonald et al., 2006). This exposure is associated with higher levels of both externalizing and internalizing problems, and puts children at a higher risk of developing posttraumatic stress disorder (PTSD) than non-exposed children. Objective: This study examined how children in four different ethno-racial groups experienced PTSD symptomatology following IPV exposure. Method: A total of 136 children, ages 4-6 ( $M=4.91$ ,  $SD=0.81$ ) and their mothers were interviewed. Participants identified as part of four different ethno-racial groups: White (35%), Black (33%), Latina/o (14%), and Biracial (18%). Mothers and children both reported on the child's PTSD symptoms using standardized, age-appropriate measures. Results: 41% of children received a PTSD diagnosis. There was no significant difference in the prevalence of PTSD diagnosis across the four ethno-racial groups. There were also no significant differences across groups in the expression of re-experiencing, physiological arousal, or avoidance/numbing symptoms. Conclusions: This information implies that existing and future treatment programs for young children exhibiting traumatic stress can be used to target diverse ethno-racial groups of young children, which could help aid recovery from exposure to IPV and PTSD symptoms.

**THU 335****Comparing the Effect of Criterion A Traumas vs. Stressors on PTSD and PTSD Symptoms: A Meta-Analytic Review**

(Abstract #839)

**Poster #THU 335 (Assess Dx, Assess Dx, Lifespan) M - Industrialized****Mezzanine East/West/South**

*Larsen, Sadie, PhD<sup>1</sup>, Pacella, Maria, PhD<sup>2</sup>*

<sup>1</sup>*Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin, USA*

<sup>2</sup>*Medical College of Wisconsin, Milwaukee, Wisconsin, USA*

Since the development of the PTSD diagnosis in DSM-III, there has been ongoing debate about the best way to define what constitutes a trauma. The present meta-analysis was conducted to systematically examine whether rates of PTSD or severity of PTSD symptoms (PTSS) differ for DSM-congruent criterion A1 traumas vs. DSM-incongruent stressors. Although literature searches yielded 23 studies examining the differential effect of trauma vs. stressor on PTSS, only 11 provided full useable data. We will query authors for full results and continue to incorporate further studies as received. Given the small sample size, the following moderators were examined in a preliminary, exploratory fashion: DSM version, sample gender composition, sample type (college/clinical/community), PTSD and event assessment type (self-report vs. interview), and rating scale (continuous vs. dichotomous). Although the overall effect was not significant (Cohen's  $d = .07$ ,  $p = .32$ ), suggesting that rates of PTSD/PTSS were similar across event type, heterogeneity analyses were significant ( $Q = 63.61$ ,  $p < .001$ ). Gender and assessment type emerged as significant moderators. Despite the changing definitions of criterion A traumatic events, results indicate that PTSD/PTSS develop similarly following DSM-incongruent stressors. Theoretical, clinical, and measurement implications will be discussed.

**THU 336****Dissociative Experiences in Acute Psychiatric Inpatients**

(Abstract #48)

**Poster #THU 336 (Assess Dx, Assess Dx, Prevent, Pub Health, Prof) I - Industrialized****Mezzanine  
East/West/South***Masuda, Ryota, PhD<sup>1</sup>, Oe, Misari, MD PhD<sup>1</sup>, Maeda, Masaharu, MD PhD<sup>2</sup>, Uchimura, Naohisa, MD PhD<sup>1</sup>*<sup>1</sup>*Department of Neuropsychiatry, Kurume University School of Medicine, Kurume, Fukuoka-ken, Japan*<sup>2</sup>*Fukushima Medical University, Fukushima, Fukushima-ken, Japan*

Objective: The purpose of this study was to determine the extent of dissociative experiences in a series of acute psychiatric inpatients at a university hospital in Kurume city, Japan. We hypothesized that the patients with trauma history show higher severity of dissociation than other patients. Method: A total of one hundred thirty consecutively admitted psychiatric inpatients completed the Dissociative Experiences Scale (DES). Sociodemographic and diagnostic data was referred from the medical chart. This study was approved by the Institutional Research Board of Kurume University. Results: Dissociative disorder was diagnosed in 17 patients. Thirteen patients reported a trauma history and eight patients met the DSM-IV diagnostic criteria of post-traumatic stress disorder. The mean score of DES was 20.1(±19.1) and 37.2 % of patients scored greater than 20 on the DES. DES score of the patients with dissociative disorders (31.2±27.8) was significantly higher than that of other patients (17.6±16.4). The mean DES score of the patients with trauma history was 26.3 (SD was 20.9). Conclusions: Traumatized experiences might predict dissociative experiences, regardless of the diagnosis of PTSD.

**CULTURE/DIVERSITY POSTERS (CUL DIV)****THU 337****Veteran Race/Ethnicity and Variation in Adjunctive Pharmacotherapy for PTSD**

(Abstract #444)

**Poster #THU 337 (CulDiv, Clin Res, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Spoont, Michele, PhD<sup>1</sup>, Nelson, Dave, PhD<sup>2</sup>, Kehle-Forbes, Shannon, PhD<sup>3</sup>, Meis, Laura, PhD LP<sup>4</sup>, Bass, Deanna, MD<sup>5</sup>*<sup>1</sup>*National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis, Minnesota, USA*<sup>2</sup>*Department of Veteran Affairs, Minneapolis, Minnesota, USA*<sup>3</sup>*Minneapolis VA Health Care System, Minneapolis, Minnesota, USA*<sup>4</sup>*Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA*<sup>5</sup>*University of Minnesota-Twin Cities Campus, Minneapolis, Minnesota, USA*

Objective: Lower rates of retention in PTSD clinical practice guideline (CPG) recommended pharmacotherapy among African Americans and Latinos relative to White Veterans have been found. This study examined racial/ethnic variation in adjunctive psychiatric medication receipt and the association of that variation with retention in CPG pharmacotherapy for PTSD. Methods: Adjunctive medication prescriptions were determined in a national sample of Veterans with PTSD who initiated CPG recommended pharmacotherapy (n=2,329). Medication rates, treatment need, treatment beliefs, access and demographic factors were ascertained by surveys and VA administrative databases. Results: Examples of racial/ethnic variation in adjunctive medication receipt include lower rates of adjunctive benzodiazepines among Latino (OR=0.68, CI=0.49, 0.95) and African American (OR=0.49, CI=0.35, 0.69) Veterans relative to Whites, and higher rates of neuroleptics among African American (OR=1.6, CI=1.11, 2.29) and Native American Veterans (OR=2.06, CI=1.32, 3.20). Interactions between race/ethnicity and adjunctive medication receipt were associated with retention in CPG recommended pharmacotherapy. Conclusions: There is racial/ethnic variation in adjunctive medications received by Veterans with PTSD, and some of this variation may affect whether Veterans persist in CPG recommended pharmacotherapy.

**THU 338****Sociocultural Differences in Prescribing among Veterans with PTSD in the Veterans Health Administration (VA)**

(Abstract #443)

**Poster #THU 338 (CulDiv, Clin Res, Cul Div, Adult) - Industrialized****Mezzanine East/West/South***Bernardy, Nancy, PhD<sup>1</sup>, Lund, Brian, MS, PhD<sup>2</sup>, Alexander, Bruce, MPH, PhD<sup>2</sup>, Friedman, Matthew, MD, PhD<sup>3</sup>*<sup>1</sup>*National Center for PTSD, White River Junction, Vermont, USA*<sup>2</sup>*Department of Veterans Affairs Medical Center, Iowa City, Iowa, USA*<sup>3</sup>*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Initial work among Veterans with PTSD noted declines in benzodiazepine prescribing from 36.7% in 1999 to 30.6% in 2009. While encouraging, additional work was needed to inform intervention strategies for further reductions, including assessment of patients with high rates of inappropriate prescribing practices. This study examined sociocultural differences in prescribing to inform intervention development. VA data for fiscal years 1999-2011 were used to characterize outpatient medications among Veterans with PTSD. Veterans were identified using diagnostic codes from inpatient and outpatient encounter data. Medication prevalence for selected classes was determined for each year. Benzodiazepine prescribing was significantly more frequent among female Veterans (38.3%) than among males (29.8%) (odds ratio [OR] = 1.47). Polysedative prescribing noted higher rates among women (20.8% vs. 11.4% for 3 or more) and among rural Veterans (38.3%) compared to urban (35.7%). Polysedative variation was observed across racial groups, with the highest rates among Native Americans (41%), lowest among Blacks (31.5%). It is not clear if differences reflect varying medication attitudes or disparities in health care access. As VA works to improve PTSD practices, sociocultural factors should be considered in interventions that encourage guideline concordant care.

**THU 339****Client Characteristics and Treatment Factors Influencing Treatment Response among Veterans Receiving Cognitive Processing Therapy**

(Abstract #445)

**Poster #THU 339 (Clin Res, Cog/Int, Cul Div, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Mackintosh, Margaret-Anne, PhD<sup>1</sup>, Morland, Leslie, PsyD<sup>1</sup>, Thorp, Steven, PhD<sup>2</sup>, Raab, Phillip, MA<sup>1</sup>, Zia, Agha, MD<sup>2</sup>*<sup>1</sup>*National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA*<sup>2</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

While we have evidence based treatments for PTSD, little is known about factors that influence treatment response, especially in diverse populations. This study assessed the impact of client characteristics and treatment factors on changes in PTSD symptoms during Cognitive Processing Therapy (CPT) among Veterans. Data were drawn (N = 332) from two VA-funded CPT trials. Latent growth curve models tested direct and indirect effects of predictors on Clinician Administered PTSD Scale (CAPS) severity scores. Predictors were ethnicity, age, gender, trauma-related cognitions (as measured by the Post-Traumatic Cognition Inventory, PTCI), MDD, treatment group size and treatment modality. No study-related variable predicted CAPS outcomes. Being Black ( $\beta = .16$ ), MDD diagnosis ( $\beta = .32$ ), and higher PTCI scores ( $\beta = .54$ ) predicted higher baseline CAPS. Also, being female ( $\beta = -.60$ ) predicted larger symptom reductions, while higher PTCI scores ( $\beta = .25$ ) predicted worse outcomes ( $p < .05$ ). For CAPS change scores, indirect effects approached significance ( $p < .08$ ) with being Hispanic or Asian predicting worse outcomes via higher PTCI scores. Results suggest that for many racial minorities PTSD treatment may not bring them to the same overall PTSD symptom status as Whites. Gaining a better understanding of how client factors impact treatment response can assist clinicians in tailoring therapy.

**THU 340****Personal Values and Mental Health in Veterans: Influence of Patriotism, Spirituality, Individualism, and Collectivism**

(Abstract #1226)

**Poster #THU 340 (CulDiv, Chronic, Cul Div, Depr, Mil/Vets, Adult) A - Industrialized****Mezzanine  
East/West/South***Scotti, Joseph, PhD<sup>1</sup>, Heady, Hilda, MSW<sup>2</sup>, Reed, Bruce, Doctor of Ministry<sup>3</sup>, Neely, Claudia, MA<sup>1</sup>, Udhayanang, Nuttha, MA<sup>1</sup>, Smith, Shakira, BA<sup>4</sup>*<sup>1</sup>*WHOLE Veterans, PLLC, Morgantown, West Virginia, USA*<sup>2</sup>*Atlas Research, Washington, District of Columbia, USA*<sup>3</sup>*West Virginia National Guard, Charleston, West Virginia, USA*<sup>4</sup>*Indiana University, Bloomington, Indiana, USA*

In a prior survey of West Virginia OEF/OIF veterans (Scotti & Heady, 2007), we found that veterans living in more rural areas of WV had higher rates of PTSD and depression as compared to those from urban areas, despite equivalent combat exposure. In the present study, we investigated whether personal values associated with rural culture may have accounted for these differences. A total of 1,134 West Virginia veterans (age 18-97) from multiple eras (WWII: 7% Female to OEF/OIF: 15% female) responded to an online survey. Approximately 50% of the veterans met criteria for PTSD and/or depression. As in the prior survey, those from more rural WV counties were more likely to have PTSD and depression, but not more combat exposure. Higher scores on vertical collectivism were associated with living in more rural counties. Those with PTSD/Depression had higher scores (than those without PTSD/Depression) on suicide risk, child and adult trauma, combat exposure, and horizontal individualism; and had lower scores on patriotism, spirituality, and values associated with "societal good" (security, conformity, tradition). The results of regression analyses illustrate the mediating role of these various measures of personal values (some of which are associated with rural culture) between civilian (child and adult) and military trauma and resulting PTSD, depression, and suicide risk.

**THU 341****A Comparison of Resilience Capacity between American and Chinese Trauma Survivors**

(Abstract #1673)

**Poster #THU 341 (CulDiv, Clin Res, Cul Div, Health, QoL, Adult) M - E Asia & Pac****Mezzanine  
East/West/South***Zheng, Ping, PhD Candidate, Gray, Matt, PhD  
University of Wyoming, Laramie, Wyoming, USA*

Currently, adequate research on how cultural differences impact resilience capacity and post-traumatic stress disorder (PTSD) does not yet exist. The present study focused on whether and how American and Chinese cultural differences may moderate and culture-related factors (self-construal, dialectical thinking, familism) may mediate the relationships between resilience capacity and levels of post-traumatic distress. The participants included three hundred and thirty-three Chinese and American trauma survivors. Multiple regression analyses indicated that resilience capacity [ $F_{(1,362)}=7.73, p<.01$ ] and culture [ $F_{(1,361)}=24.29, p<.01$ ] were both significant predictors of severity of PTSD symptoms. Higher level of resilience capacity was significantly associated with lower level of PTSD symptoms ( $b=-.30, SE_b=.11, \beta=-.15, p<.01$ ). Chinese culture was associated with higher level of PTSD symptoms, whereas American culture was associated with lower level of PTSD symptoms ( $b=10.25, SE_b=1.62, \beta=.37, p<.01$ ). However, the interaction between culture and levels of resilience capacity was not significant. In addition, levels of tendency towards familism were found to mediate the effect of culture on levels of resilience capacity (Sobel=3.57,  $p<.001$ ). The present study provided evidence on culturally understanding of the mechanisms of PTSD and culturally competent suggestions for treatment.

**THU 342****The Effects of Bias Crimes on Sexual Minority Individuals: Identity, Discrimination, and the Threat Response**

(Abstract #1719)

**Poster #THU 342 (CulDiv, Comm/Int, Comm/Vio, Cul Div, Orient, Adult) M - Industrialized****Mezzanine  
East/West/South***Lannert, Brittany, MA PhD Student, Levendosky, Alytia, PhD, Moser, Jason, PhD  
Michigan State University, East Lansing, Michigan, USA*

Bias-motivated violence against lesbian, gay, and bisexual (LGB) persons have constituted approximately 20% of all such crimes reported to the FBI in recent years. Although under examined in the empirical literature, there exists a popular belief that these crimes impact a broader community of like-identified individuals by evoking fear, helplessness, anger, and shock, and suggests that like-identified individuals may experience these events as potential threats to the self, with negative consequences for mental health (Sullaway, 2004). This quasi-experimental study examined how heterosexual and LGB young adults (N = 60) respond to information about bias crimes with regard to subjective affect, physiological response (startle reflex EMG and galvanic skin response), and pre- and post-exposure negative beliefs about the world/traumatogenic cognitions (PTCI; Foa et al., 1999). LGB individuals reported experiencing bias crime information as more arousing, aversive, and uncontrollable than did heterosexual participants, and demonstrated changes in beliefs about the benevolence and controllability of the world. Patterns of physiological response also varied across groups. Results suggest bias crimes can serve as a unique source of minority stress for LGB adults that may constitute a form of traumatogenic stress. Future directions and clinical implications are also discussed.

**THU 343****The Role of Ethnicity in Mental Health, Functioning, and Healthcare Utilization in Clinic Veterans**

(Abstract #1376)

**Poster #THU 343 (CulDiv, Cul Div, Ethnic, Illness, Mil/Vets, Adult) I - Industrialized****Mezzanine  
East/West/South***Spira, James, PhD MPH<sup>1</sup>, Onoye, Jane, PhD BSc KIN<sup>2</sup>, Marx, Brian, PhD<sup>3</sup>*<sup>1</sup>*National Center for PTSD (NC-PTSD) VA Pacific Islands Health Care System, Honolulu, Hawaii, USA*<sup>2</sup>*University of Hawaii, Honolulu, Hawaii, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

Racial/ethnic differences in the general population have been found to account for differences in trauma incidence and associated mental health disorders, healthcare utilization, and general functioning. Yet racial/ethnic differences may be less of a factor in veterans due to a immersion into a strong military culture. To better understand areas where race/ethnicity play a role in veterans, we studied 391 veterans presenting to clinics at either the VA Boston or VA Honolulu. Participants were administered three hours of testing for cognitive functioning, Q of L, disability, healthcare utilization, and mental health conditions. Other than expected differences for race x location, there were no differences between these sites on any demographic variable. Pacific Islanders were found to have more Alcohol Use ( $F(4,218)=3.213, p<.05$ ) and Somatic Complaints ( $F(4,343)=3.736, p<.01$ ) than other races. Pacific Islanders, and to a less extent Asian-Americans, had higher suicidal ideation ( $X^2=9.997, p<.05$ ) and psychotic experiences ( $X^2=9.858, p<.05$ ) than did others. No other differences were found due to race. Results were interpreted to suggest that, except for a few areas specific to Pacific Islanders, Veteran culture seems to compensate for differences in mental health, functioning, and healthcare utilization typically expected to be seen due to racial/ethnic differences.

**THU 344****The Impact of Parental Educational Level on Development of Post-Traumatic Stress Disorder (PTSD) in Offspring: A Census Study in College Students of the Brazilian Northeast**

(Abstract #1885)

<b>Poster #THU 344 (CulDiv, Cul Div, Pub Health, Social, Adult) A - Latin Amer &amp; Carib</b>	<b>Mezzanine East/West/South</b>
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*Netto, Liana, Doctoral Student<sup>1</sup>, Pereira, Juliana, MSc<sup>2</sup>, Cavalcanti-Ribeiro, Patrícia, MD<sup>1</sup>, Nogueira, Jose Romulo, PhD<sup>3</sup>, Santos, Lene, MA<sup>4</sup>, Quarantini, Lucas, PhD<sup>1</sup>*

<sup>1</sup>*Universidade Federal da Bahia, Salvador, Bahia, Brazil*

<sup>2</sup>*Programa de Pós-graduação em Medicina e Saude, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Feira de Santana, Bahia, Brazil*

<sup>3</sup>*Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Salvador, Bahia, Brazil*

<sup>4</sup>*Federal University of Bahia, Brazil, Salvador, Bahia, Brazil*

Background: There is consistent evidence regarding the role that parents have on the mental health of their offspring; however, little has been studied about the relationship between parental educational level and its effect on their children's exposure to traumatic situations and subsequent development of PTSD. This study intends to investigate the impact of parental educational level on PTSD development in their offspring. Methods: cross-sectional population-based study; 2213 subjects from 7 college institutions of 3 metropolitan Northeastern Brazilian regions completed the protocol. All students aged 18 or older, attending the first and last semesters were eligible, and assessed through a self-applied protocol. Data were entered into SPSS 17.0. Prevalence was determined using crosstabulation. Results: The educational level of the students' parents was predominantly basic elementary, directly proportional to the experiencing of traumatic events by their offspring, and inversely proportional to the probability of their offspring having PTSD. Mothers presented a higher level of education, but a lower education level of the father was associated with higher prevalence of PTSD. Conclusion: The study highlights the importance of effective public health actions in relation to primary prevention of PTSD, with parent inclusion for increasing of parentification resources.

**THU 345****Racial/Ethnic Differences in Post-Traumatic Symptom Profiles and their Trajectories in WTC Disaster Workers- Findings from Latent Transition Analysis**

(Abstract #1219)

<b>Poster #THU 345 (CulDiv, Ethnic, Prevent, Pub Health, Terror, Adult) M - Industrialized</b>	<b>Mezzanine East/West/South</b>
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*Wyka, Katarzyna, PhD<sup>1</sup>, Verkuilen, Jay, PhD<sup>2</sup>, Difede, JoAnn, PhD<sup>3</sup>*

<sup>1</sup>*Hunter College, CUNY, New York, New York, USA*

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<sup>3</sup>*New York Presbyterian Hospital/Weill Medical College of Cornell University, New York, New York, USA*

Racial/ethnic differences in prevalence and persistence of PTSD after trauma have been documented (Alcantra et al. 2012) but are still not well understood. For example, although information is available about overall disorder prevalence and marginal symptom endorsement, little is known about racial/ethnic differences in symptom profiles, trajectories, or risk factors, such as exposure level or childhood trauma. The present study evaluated these differences in a sample of WTC disaster workers over a two-year period using multiple-group Latent Transition Analysis (LTA). The results showed that symptom profiles (characterized as Non-symptomatic, Intermediate-Avoidance, Intermediate-Numbing, and Symptomatic classes) were similar across White, Hispanic and Black workers. Differences emerged, however, in terms of profile prevalence, stability and paths to recovery (LTA and parameters). For example, at the one-year follow-up, the probability of remaining in the Symptomatic class was highest for Blacks, followed by Hispanics and Whites ( $=.59$ ,  $=.49$  and  $=.43$ ). For Whites, the most likely transition out of the Symptomatic Class was into the Intermediate-Numbing class, whereas Blacks and Hispanics

were most likely to transition into the Intermediate-Avoidance class. These findings offer insight into the location of racial/ethnic differences not typically investigated.

#### THU 347

### Coping with Toxic Stress in Colombia: A Qualitative Investigation of Coping and Avoidance among Colombian Children and Adolescents Exposed to Chronic Community Violence

(Abstract #917)

Poster #THU 347 (CulDiv, Chronic, Comm/Vio, Dev/Int, Global, Child/Adol) M - Mezzanine  
Latin Amer & Carib East/West/South

*Kennedy, Traci, PhD<sup>1</sup>, Alers Rojas, Francheska, JD<sup>2</sup>, Jocson, Maria Rosanne, MA<sup>2</sup>*

<sup>1</sup>*Johns Hopkins University School of Medicine, Baltimore, Maryland, USA*

<sup>2</sup>*University of Michigan, Ann Arbor, Michigan, USA*

The impacts of toxic stress, such as community violence exposure (CVE), on youths' well-being are wide-ranging (Fowler et al., 2009). Given the inordinate levels of CVE among Colombian youth (Kliwer et al., 2001), the current study investigated factors that differentiate their subjective reactions to various forms of CVE, including characteristics of CVE, coping strategies, and age. Drawing on qualitative data from 30 semi-structured interviews and drawings, this study further explored patterns of coping and avoidance among children versus adolescents. Participants were 15 fifth graders and 15 tenth graders in an impoverished neighborhood in Bogotá, Colombia. Themes were extracted through qualitative coding procedures. Youth described differential reactions to distinct forms of CVE, endorsing more fear and anger in response to direct and vicarious victimization, but more sadness and confusion when witnessing violence against others. Most children relied on family to help process and cope with CVE. Many adolescents described desensitization to chronic CVE alongside avoidance behaviors, suggesting a potentially maladaptive response to toxic stress. Quotations and drawings will be shared to illustrate the principal findings. Findings highlight the need for distinct, targeted interventions following youths' exposure to various forms of community violence, even amidst chronic CVE.

#### THU 348

### Between Power and Powerlessness: Sources of Resilience in Young Refugees

(Abstract #1067)

Poster #THU 348 (CulDiv, Prevent, Refugee, Res Meth, Social, Child/Adol) M - Mezzanine  
Industrialized East/West/South

*Sleijpen, Marieke, PhD Candidate<sup>1</sup>, Mooren, Trudy, PhD<sup>2</sup>, Boeije, Hennie, PhD<sup>1</sup>, Kleber, Rolf, PhD<sup>1</sup>*

<sup>1</sup>*Utrecht University, Utrecht, Netherlands*

<sup>2</sup>*Centrum 45, Arq Research, Oegstgeest, Netherlands*

Children and adolescents who have fled their country because of war or persecution and who resettle in Western countries need to adapt to constantly changing societal conditions. After their flight they encounter complex legal immigration processes as well as social and cultural differences between their region of origin and their new setting. In Western models of illness, it is common to frame young refugees' responses to these stressors in terms of psychopathology. Nowadays, we see a shift in focus, from negative aspects towards resilience in the face of adversity. Nevertheless, only a few studies focused on resilience in refugees and research that exists has been criticized for lacking cultural and social contextual sensitivity. Qualitative methods can be useful to examine young refugees' own perspective on resilience and to discover unnamed sources of resilience. Expressing young refugees' needs and sources of resilience can offer guidance for preventive and therapeutic interventions. Therefore, in this contribution, we present the findings of our meta-ethnography and interview study about young refugees' sources of resilience. Our results stressed the interplay between risk and protective processes in the mental health of young refugees from an ecological developmental perspective and emphasized the variability as well as the universality of resilience-promoting processes.

## VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE & TRAINING/EDUCATION/DISSEMINATION POSTERS (SELF-CARE & TRAIN/ED/DIS)

### THU 349

#### Effects of Sexual Assault History on the Relationship between Secondary Traumatic Stress, Job Burnout Self-Efficacy, and Burnout for Military Mental Health Providers

(Abstract #882)

Poster #THU 349 (Self-Care, Clinical Practice, Rape, Self-Care, Adult) I - Industrialized

Mezzanine  
East/West/South

*Boesdorfer, Gina, MA<sup>1</sup>, Nichols, Crystal, PhD<sup>1</sup>, Shoji, Kotaro, PhD<sup>2</sup>, Benight, Charles, PhD<sup>3</sup>, Gibson, Frederick, PhD<sup>1</sup>*

<sup>1</sup>University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

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<sup>3</sup>UCCS, Colorado Springs, Colorado, USA

Mental health providers with a sexual assault (SA) history are at greater risk for secondary traumatic stress (STS) and job burnout (JB). Job burnout self-efficacy (JBSE) may serve as a mediating mechanism between STS and JB. These variables were examined for military mental health providers with a SA history. It was predicted that (a) STS would predict lower levels of JBSE, (b) higher levels of JBSE would predict lower levels of JB, and (c) that SA status would moderate whether JBSE mediates the relationship between STS and JB. These data come from the baseline assessment part of an on-going longitudinal study. All on-post Army mental health/behavioral health providers and select western region Tricare providers were sent an email describing the focus of the study and the study link. Participants' age ranged from 29 to 80 years old, 65% were female, and 50% had a doctorate degree. A moderated-mediation analysis found a statistically significant negative relationship between STS and JBSE, as was the relationship between JBSE and JB. SA was a statistically significant moderator of the relationship between STS and JB where JBSE was the mediator, suggesting that JBSE serves a self-regulatory role by which STS relates to JB in providers with a SA history. These providers may have unique challenges and self-regulatory processes related to STS and JB that should be explored further.

### THU 350

#### The Lived Experience of Lay Counselors in Low Income Countries: Delivering TF-CBT to Orphaned Children in Kenya and Tanzania

(Abstract #932)

Poster #THU 350 (Self-Care, Clin Res, Cog/Int, Train/Ed/Dis, Grief, Adult) I - E & S Africa

Mezzanine  
East/West/South

*Akiba, Christopher, MPH<sup>1</sup>, Lucid, Leah, BA<sup>1</sup>, Dorsey, Shannon, PhD<sup>1</sup>, Woods-Jaeger, Briana, PhD<sup>2</sup>, Segell, Eliza, BA<sup>1</sup>*

<sup>1</sup>University of Washington, Seattle, Washington, USA

<sup>2</sup>Children's Mercy, Kansas City, Missouri, USA

We are conducting the first RCT of Trauma-focused CBT for traumatic grief with orphaned children in low-income countries (Kenya & Tanzania). We use the task-sharing approach, which involves training non-mental health professionals ("lay counselors") to deliver the intervention. Few studies to date have examined the impact on the counselors themselves. We examine how being a counselor providing TF-CBT affected life satisfaction (LS), a construct that measures one's conscious evaluative judgment of their life. LS was assessed using the Satisfaction with Life Scale before and after the counselors delivered the intervention. Constructs like compassion fatigue (CF), secondary trauma (ST), and job burnout (JB) were assessed at the post-intervention time point using the Compassion Fatigue Scale. Results suggested a trend in which the experience of being a TF-CBT counselor decreased one's LS ( $t=1.85, p<.10$ ). LS scores at the post-intervention time point were significantly correlated with CF ( $r=-.674, p<.05$ )

and JB (-.677,  $p < .05$ ), with a trend for association with ST (-.562,  $p < .10$ ) These findings are important given existing research linking CF, JB, and ST with factors like job turnover and diminished program fidelity. Our results represent an important addition to the small body of literature examining task-sharing approaches to mental health care delivery in low-income countries.

#### **THU 351**

##### **The Psychometric Validation of a Readiness Scale for Participants in an Online Intervention for Burnout and Secondary Traumatic Stress**

(Abstract #318)

**Poster #THU 351 (Self-Care, Assess Dx, Clin Res, Tech, Prof) I - Industrialized Mezzanine East/West/South**

*Bhalla, Arjun, MA Student, Durham, Robert, PhD, Yeager, Carolyn, MS, Luther, Emily, PhD Candidate, Gibson, Frederick, PhD, Benight, Charles, PhD*  
*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

With the rise of internet-mediated interventions for physical and mental health, barriers to care (e.g., busy schedules and privacy) can be overcome. However, participant adherence and attrition are still issues for eHealth interventions (e.g., Christensen, Griffiths, & Farrer, 2009; Donkin et al., 2011). Research has yet to determine individual factors that contribute to usage adherence and positive outcomes in internet-mediated interventions. An initial validation with a sample of 189 undergraduate psychology students (Aged 18-51,  $M = 21.61$ ,  $SD = 5.22$ ), recruited through an online program for extra credit, indicated the 7-item scale showed good internal consistency ( $\alpha = .81$ ). A principal components analysis (PCA) indicated a one-factor solution accounting for 47.32% of variance. Pearson product-moment correlation analyses were used to establish convergent, discriminant, and divergent validity. Results showed the scale to have good convergent, discriminant, and divergent validity. The current study will focus on establishing the predictive validity of a scale assessing participant readiness to engage in eHealth interventions. Participants were military behavioral health providers ( $N = 58$ ) in a randomized controlled trial for an eHealth intervention. Predictive validity results with internet usage measures are presented.

#### **THU 352**

##### **Associations of Nightmare Frequency, Nightmare Distress, PTSD, and Quality of Life in Trauma Exposed Adolescents**

(Abstract #1038)

**Poster #THU 352 (Train/Ed/Dis, Chronic, Health, QoL, Sleep, Child/Adol) M - Mezzanine Industrialized East/West/South**

*Peterson, Barbara, PhD*

*University of Minnesota-Twin Cities Campus, Minneapolis, Minnesota, USA*

Exposure to trauma in youth is pervasive particularly among urban African American teens. Nightmares, a distressing consequence of trauma exposure, are a hallmark symptom of PTSD. The relationship between nightmares and quality of life (QOL) is not well understood in adolescents. Associations among nightmare frequency, nightmare distress, PTSD severity, sleep quality and QOL in teens were examined. A cross-sectional, predictive design with model testing was used. The sample ( $N=151$ ) included African American teens, age 14 to 17, who were patients in an adolescent primary health clinic in Detroit, Michigan. Data were analyzed using correlational and regression analysis. Structural Equation Modeling was performed to examine direct and indirect paths of trauma exposure and nightmare frequency and distress, and to test mediating influences of sleep quality and PTSD symptoms on the relationships between trauma, nightmares and QOL. All study teens reported at least one trauma exposure, and 52% had at least one nightmare in the prior month. Trauma, nightmare frequency and nightmare distress predicted lower QOL. Structural Equation Modeling confirmed sleep quality mediated the relationship between nightmare frequency and QOL, and that PTSD symptoms mediated the relationship between nightmare distress and QOL. Age-specific, trauma-focused treatment for nightmares is needed.

**THU 353**

**CPT Versus CPT-C: Cognitive Processing Therapy Implementation Program Evaluation in the VA Healthcare System**

(Abstract #1288)

**Poster #THU 353 (Train/Ed/Dis, Train/Ed/Dis, Mil/Vets, Adult) I - Industrialized**

**Mezzanine  
East/West/South**

*Cogan, Chelsea, MA<sup>1</sup>, Hansel, Joe, PhD<sup>2</sup>, Healy, Ellen, PhD<sup>1</sup>, Chard, Kathleen, PhD<sup>2</sup>, Ashton, Scot, Assistant<sup>2</sup>*  
*<sup>1</sup>VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA*  
*<sup>2</sup>Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

Cognitive Processing Therapy (CPT) is a manualized 12-session therapy for post-traumatic stress disorder (PTSD) that has been part of a VA-wide Evidence-Based Psychotherapy (EBP) dissemination initiative since 2007. This initiative is a nationwide program designed to train VA mental health clinicians in EBPs through in-person workshops and consultation. Research has shown the clinical effectiveness of CPT-C, a variant of CPT without a written trauma narrative, which is included in the initiative training. Differences in treatment outcomes were examined for veterans receiving CPT and CPT-C. Mixed methods ANOVAs showed that veterans receiving CPT had significantly larger PCL decreases, as measured by the PTSD Checklist- Specific trauma version (PCL-S), than those receiving CPT-C. Additionally, further analysis showed females benefitting more from treatment compared to males, but no interaction with treatment modality was noted. Overall dropout rates were similar across modalities, but a 2x2 ANOVA showed significant effects for those dropping out (smaller decreases on the PCL). The interaction of dropout and modality showed veterans completing CPT had PCL scores drop 19.4 points, versus 8.4 for dropouts. Veterans completing CPT-C showed a 15.1 point drop in PCL scores, while dropout scores dropped 11.8 points. Further exploration of possible explanatory effects will be offered.

**THU 354**

**Preliminary Examination of Index Trauma and Treatment Outcomes: Cognitive Processing Therapy Implementation Program in the VA Healthcare System**

(Abstract #1271)

**Poster #THU 354 (Train/Ed/Dis, Train/Ed/Dis, Mil/Vets, Adult) I - Industrialized**

**Mezzanine  
East/West/South**

*Cogan, Chelsea, MA<sup>1</sup>, Hansel, Joe, PhD<sup>2</sup>, Healy, Ellen, PhD<sup>1</sup>, Chard, Kathleen, PhD<sup>2</sup>, Ashton, Scot, Assistant<sup>2</sup>*  
*<sup>1</sup>VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA*  
*<sup>2</sup>Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

Cognitive Processing Therapy (CPT) is a manualized 12-session therapy for post-traumatic stress disorder (PTSD) that has been part of a VA-wide Evidence-Based Psychotherapy (EBP) dissemination initiative since 2007. This initiative is a nationwide program designed to train VA mental health clinicians in empirically-supported treatments through in-person workshops and case consultation. Pre-post change scores on the PTSD Checklist- Specific trauma version (PCL-S) were examined for four types of index traumas (combat, other military trauma, military sexual trauma, and non-military sexual trauma) via mixed methods ANOVAs. Further, pretest depression scores (Beck Depression Inventory II- BDII) were added as a covariate. Consistent with previous research, PCL-S scores were significantly lower at posttest for all groups. A main effect for index trauma was significant, with non-sexual traumas (combat and other military) having higher pretest and posttest scores than sexual traumas (MST and non-military sexual trauma). The lack of interaction effects suggests veterans benefit roughly equivalently from CPT regardless of index trauma. Models without BDI-II scores were not significant, suggesting knowledge of pretest depression helps clarify between groups differences.

## RESEARCH METHODOLOGY (RES METH)

### THU 355

#### Dissemination of Prazosin use for PTSD in the Veterans Health System

(Abstract #82)

Poster #THU 355 (Res Meth, Clinical Practice, Adult) I - N/A

Mezzanine East/West/South

*Abrams, Thad, MD, MS<sup>1</sup>, Lund, Brian, MS, PhD<sup>2</sup>, Alexander, Bruce, MPH, PhD<sup>2</sup>, Bernardy, Nancy, PhD<sup>3</sup>, Friedman, Matthew, MD, PhD<sup>4</sup>*

<sup>1</sup>University of Iowa Carver College of Medicine, Iowa city, Iowa, USA

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<sup>4</sup>National Center for PTSD, Executive Division, White River Junction, Vermont, USA

Post-traumatic stress disorder (PTSD) is a high priority area of study and analyses on the spread of prazosin use could identify areas to target educational efforts. A cross-sectional design was conducted spaced over three fiscal years examined prazosin use among Veterans with PTSD. Analyses described: 1) prazosin prescribing frequency, and 2) prazosin daily maximum levels as a function of prescribing facilities distance from Puget Sound. Numbers of Veterans with PTSD grew substantially between FY 2006 to 2012, from n=330,583 to 640,036. While, the overall receipt of prazosin increased from 5.5% to 14.8%, there remains a persistent geographic disparity in prazosin prescribing frequency associated with PTSD outside of Puget Sound. The overall national frequency of maximum daily dosing of prazosin meeting the threshold of 6 mg/day ranged from 25% in 2006 to 21% in 2012. Puget Sound recorded the greatest decline in maximal dosing from 42.6% in 2006 to 34.6% in 2012; sites outside Puget Sound retained stable dosing levels. Disparities in prazosin use and maximal daily dosing persisted across the VHA as a function of distance from the Puget Sound. While gains were recorded in the uptake of prazosin, the daily maximal amounts are inconsistent with the recommended dosing. Further research is needed to identify barriers preventing prazosin dosing more in alignment with the RCT data.

### THU 356

#### The Epidemiology of Co-Occurring Alcohol Use and Psychiatric Disorders among Army National Guard Soldiers

(Abstract #1550)

Poster #THU 356 (Res Meth, Pub Health, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Mezzanine East/West/South

*Fink, David, MPH<sup>1</sup>, Liberzon, Israel, MD<sup>2</sup>, Tamburrino, Marijo, MD<sup>3</sup>, Chan, Philip, MS<sup>4</sup>, Galea, Sandro, MD, DrPH<sup>5</sup>, Calabrese, Joseph, MD<sup>4</sup>*

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<sup>2</sup>University of Michigan, Ann Arbor, Michigan, USA

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Alcohol misuse represents a significant public health concern among US military service members. There is a paucity of research on alcohol use disorders (AUD) among the reserve component and little is known about the temporality of co-occurring DSM-IV alcohol use and psychiatric disorders in this population. Period and lifetime prevalence of co-occurring DSM-IV alcohol use and psychiatric disorders and the temporality of onset were assessed in a representative sample of Ohio Army National Guard soldiers aged 17 to 60 years. Participants were assessed annually for four years using structured clinical interviews between 2008 and 2012. An annualized rate of 13.5% persons per-year were diagnosed with any AUD. Persons with AUD frequently had co-occurring mood and anxiety disorders. The large majority of AUD initiated during a narrow age interval (16-23), irrespective of co-occurring mood or anxiety disorders and their age-of-onset. Our observation that initiation for most AUD occurred within a narrow period of time, and the knowledge that AUD development can only occur in the presence of

exposure to an external factor (i.e., alcohol), suggests that focused primary prevention during and after enlistment may have the greatest potential to positively affect population mental health burden.

#### **THU 357**

##### **Victimization History and Its Effect on Women's Use of Rape Avoidance Behaviors**

(Abstract #456)

**Poster #THU 357 (Res Meth, CSA, Rape, Res Meth, Adult) M - Industrialized Mezzanine East/West/South**

*Teutscher, Jennifer, MA Student, Mechanic, Mindy, PhD, Goetz, Aaron, PhD, Preston, Kathleen, PhD  
California State University, Fullerton, Fullerton, California, USA*

Childhood sexual abuse (CSA) is a traumatizing experience that increases the likelihood of becoming sexually revictimized in adulthood. College aged women are at especially high risk for rape. This study explored the relationship between women's victimization history and their deployment of rape avoidance behaviors in adulthood. Participants were 270 females recruited through a psychology department's research participant pool and social networking sites. Measures assessing CSA history, adult sexual assault (ASA) history, use of rape avoidance behaviors as well as PTSD symptomology, alcohol abuse, and risk recognition abilities were administered in an online format. Results indicated that women with no abuse history deployed rape avoidance behaviors more frequently than women with both ASA-only and CSA histories. Results also found that 1) women with CSA history deployed less rape avoidance behaviors associated with defensive preparedness than women with no abuse and ASA-only histories; and 2) women with ASA-only history deployed rape avoidance behaviors associated with avoiding appearing sexually receptive less frequently than women with no abuse and CSA histories. Sexual assault history impacted women's use of rape avoidance behaviors in ways that increased their risk for sexual revictimization. Implications for research, intervention, and prevention will be addressed.

#### **THU 358**

##### **A Meta-Analysis of Psychological Treatments for Post-Traumatic Stress Disorder in War-Affected Populations**

(Abstract #1048)

**Poster #THU 358 (Res Meth, Clin Res, Commun, Refugee, Adult) M - Global Mezzanine East/West/South**

*Kartal, Dzenana, PhD Candidate, Varker, Tracey, PhD, Lau, Winnie, PhD, O'Donnell, Meaghan, PhD, Forbes, David, PhD, Wade, Darryl, PhD  
Australian Centre for Posttraumatic Mental Health, University of Melbourne, Carlton, Victoria, Australia*

This study is a systematic review and meta-analysis of psychological treatments for PTSD among refugees, asylum-seekers, internally displaced and other war-affected persons. The Cochrane Collaboration systematic review methodology was used. Medline, PubMed, Embase and PsychINFO databases and grey literature were searched to identify randomized controlled trials comparing any type of psychological intervention for PTSD with a comparison condition. Studies were limited to war-affected populations aged 15 years and over with primary or subclinical PTSD. The primary outcome was change in severity of PTSD symptoms assessed by clinician-rated or self-report measure. Secondary outcomes included changes in depression symptoms or functioning. Two independent reviewers assessed the eligibility of studies against inclusion criteria. Seventeen trials from 908 publication records met the inclusion criteria and were included in meta-analytic and sensitivity analyses. Results to be reported include any differences on treatment outcomes for those receiving psychological interventions versus treatment/waitlist, treatment as usual, pharmacotherapy, and attention/placebo control.

#### **THU 361**

##### **The Beliefs about Rape Victims Scale (BRV): Development of a Measure of Perceptions of Rape Victims**

(Abstract #747)

**Poster #THU 361 (Res Meth, Chronic, Rape, Res Meth, Adult) I - Industrialized Mezzanine East/West/South**

**Paul, Lisa, PhD<sup>1</sup>, Sasson, Sapir, BA<sup>1</sup>, Santuzzi, Alecia, PhD<sup>1</sup>, Milliken, Jennifer, BA<sup>1</sup>, Kehn, Andre, PhD<sup>2</sup>, Clapp, Joshua, PhD<sup>3</sup>**

<sup>1</sup>Northern Illinois University, DeKalb, Illinois, USA

<sup>2</sup>University of North Dakota, Grand Forks, North Dakota, USA

<sup>3</sup>University of Wyoming, Laramie, Wyoming, USA

Rape-related attitudes and behaviors are closely related. More negative beliefs about victims are associated with actual sexual aggression, as well as negative and unsupportive environments for victims. Common measures of this domain include rape myth acceptance and attitudes towards victims (e.g., empathy). However, no measures to date assess beliefs about the victim as a person, outside of the context of her victimization. To that end, the authors developed a measure of these beliefs, the Beliefs about Rape Victims scale, which focuses on perceptions of victims outside of the context of their assault (e.g., personality traits, lifestyle choices). Forty-five items were developed by the authors and refined through discussion with colleagues and professionals in the field. These items were pilot tested among a group of 678 college students at three universities. Initial factor analysis revealed six factors: personal traits, emotional lability, deviant behavior, romantic relationships, work interference and victim recovery. Feedback from these participants was used to further refine the item pool and validation data is currently being collected at two universities, (current N = 200). The final measure, as well as its psychometric characteristics and intended use and implications for research in the field will be presented.

## **SOCIAL ISSUES – PUBLIC POLICY POSTERS (SOCIAL)**

### **THU 362**

#### **Correlates of Sexual Assault Perpetration among Male College Students**

(Abstract #746)

**Poster #THU 362 (Social, Aggress, Rape, Adult) I - N/A**

**Mezzanine East/West/South**

**Massa, Andrea, BA<sup>1</sup>, Flack, William, PhD<sup>2</sup>, Taft, Casey, PhD<sup>3</sup>**

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<sup>2</sup>Bucknell University, Mifflinberg, Pennsylvania, USA

<sup>3</sup>National Center for PTSD at VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

*Background.* Sexual assault is a highly prevalent crime on college campuses that continues to threaten student safety. The existing literature focuses heavily on female victims, but underemphasizes assailants. The purpose of this study was to examine potential correlates of sexual assault perpetration in a sample of male college students. Specifically, correlates examined included alcohol consumption, hooking up, male peer support for woman abuse (MPS), and rape myth acceptance (RMA). *Method.* A web-based survey was distributed to 900 male students from a small liberal arts university in 2011. The survey, which measured social behaviors, including sexual assault and its potential risk factors, was completed by 176 students. *Results.* Perpetrators reported significantly greater rates of alcohol use ( $t(171) = 4.42, p < .001$ ) and hooking up ( $t(174) = 4.11, p < .001$ ), and scored more highly on MPS ( $t(171) = 3.78, p < .001$ ) than did non-perpetrators. There was no association between perpetration and RMA,  $t(164) = .89, p = .38$ . *Implications.* This investigation provides evidence that several common behaviors among college men may increase the risk of sexual assault perpetration. New prevention efforts should target heavy alcohol use, hooking up, and MPS behaviors, the latter two of which are not commonly recognized as risk factors for sexual assault.

### **THU 363**

#### **Associations between Disaster Exposures, Peritraumatic Distress, and Post-Traumatic Stress Responses in Fukushima Nuclear Plant Workers Following the 2011 Nuclear Accident**

(Abstract #253)

**Poster #THU 363 (Social, Cog/Int, Nat/Dis, Social, Tech/Dis, Adult) M - Industrialized**

**Mezzanine East/West/South**

**Shigemura, Jun, MD PhD<sup>1</sup>, Tanigawa, Takeshi, MD PhD<sup>2</sup>, Nishi, Daisuke, MD PhD<sup>3</sup>, Matsuoka, Yutaka, MD PhD<sup>4</sup>, Nomura, Soichiro, MD, PhD<sup>1</sup>, Yoshino, Aihide, MD, PhD<sup>1</sup>**

<sup>1</sup>National Defense Medical College, Tokorozawa, Saitama, Japan

<sup>2</sup>Juntendo University, Tokyo, Tokyo, Japan

<sup>3</sup>National Institute of Mental Health, National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan

<sup>4</sup>National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan

Background: The Fukushima Daiichi nuclear accident was the worst nuclear disaster since Chernobyl. The nearby Daini plant also experienced tsunami but remained intact. Both plants' workers were exposed to multiple traumatic exposures, as well as public criticism due to their company's post-disaster management. Little is known about the psychological pathway mechanism from nuclear disaster exposures, peritraumatic distress (PD), to post-traumatic stress responses (PTSR). Methods: We used a self-report questionnaire to 1411 workers (Daiichi,  $n=831$ ; Daini,  $n=580$ ) 2–3 months post-disaster. PD and PTSR were measured by the Peritraumatic Distress Inventory and the Impact of Event Scale-Revised, respectively. Multiple regression analyses were performed to explore the pathway for development of PTSR. Results: For both groups, PTSR highly associated with PD (Daiichi: adjusted  $b$ , .66; vs. Daini: adjusted  $b$ , .67). PTSR also associated with discrimination/slurs experience (Daiichi: adjusted  $b$ , .11; Daini: .09) and presence of preexisting illness(es) (Daiichi: adjusted  $b$ , .07; Daini: 0.15). Other disaster-related variables were likely to be associated with PD than PTSR. ( $p<.01$ ) Conclusion: Among the Fukushima plant workers, disaster exposures associated directly with PD. Discrimination/slurs experience, however, affected not only PD but also PTSR.

#### THU 364

#### Traumatic Stress among Japanese Psychiatric Task Forces who were Dispatched to Areas Devastated by the Great East Japan Earthquake

(Abstract #1603)

Poster #THU 364 (Social, Health, Nat/Dis, Prof) I - Industrialized

Mezzanine East/West/South

*Hatanaka, Miho, PhD<sup>1</sup>, Hirasawa, Katsumi, MD<sup>2</sup>*

<sup>1</sup>Meijo University, Nagoya, Aichi, Japan

<sup>2</sup>Aichi Shiroiyama Hospital, Nagoya, Aichi, Japan

Following the Great East Japan Earthquake, Mental Health Care Teams were formed and dispatched from all over Japan to the disaster area to provide psychiatric care services. Traumatic stress experienced by the Mental Health Care Teams was investigated. Participants were Japanese psychiatric care service workers in the Mental Health Care Teams from the Aichi prefecture ( $N = 86$ ). They responded to a questionnaire package that assessed on site acute stress reactions, the Impact of Events Scale-Revised (IES-R) and the General Health Questionnaire 12 items (GHQ-12). The results showed that over 80% of the participants had at least one stress symptom when providing psychiatric care services on site. Among the participants, 1.2% ( $n=1$ ) met the IES-R criterion for potential post-traumatic stress disorder. The level of mental health measured by the GHQ-12 indicated that 25 % met the criterion ( $>4$ ) for an "unhealthy" status. Approximately 80 to 90 % of the participants had a desire to take administrative measures for coping with their stress, such as taking leave after working on site, however, approximately 50% of the staff also required mental health care. These findings suggest the need for developing a support program for mental health providers after working in disaster areas.

#### THU 365

#### The Role of Workplace Interpersonal Support among Workers of the Fukushima Nuclear Power Plants Following the 2011 Accident

(Abstract #166)

Poster #THU 365 (Social, Comm/Int, Nat/Dis, Social, Tech/Dis, Adult) M - Industrialized

Mezzanine East/West/South

*Takahashi, Sho, MD, PhD<sup>1</sup>, Shigemura, Jun, MD PhD<sup>2</sup>, Takahashi, Yoshitomo, MD PhD<sup>1</sup>, Nomura, Soichiro, MD, PhD<sup>2</sup>, Yoshino, Aihide, MD, PhD<sup>2</sup>, Tanigawa, Takeshi, MD PhD<sup>3</sup>*

<sup>1</sup>University of Tsukuba, Tsukuba, Ibaraki, Japan

<sup>2</sup>National Defense Medical College, Tokorozawa, Saitama, Japan

<sup>3</sup>Juntendo University, Tokyo, Tokyo, Japan

**Introduction:** The Fukushima Daiichi nuclear accident was the worst nuclear disaster since Chernobyl. The nearby Daini plant remained intact. These workers experienced multiple stressors, such as workplace trauma, victim experience, line-of-duty deaths, and public criticism due to their company's post-disaster management. To elucidate the role of their workplace interpersonal support, we examined their perceived workplace support and its correlates. **Methods:** A questionnaire among 1,495 workers (Daiichi, n=885; Daini, n=610) 2-3 months post-disaster. For dependent variables, we asked them whether or not they had perceived workplace interpersonal support from their colleagues, supervisors, or subordinates helpful. Logistic regression analyses were performed to examine these variables' correlates. **Results:** For Daiichi, support in the three domains associated with younger age, supervisory work status, and discrimination/slurs experience. For Daini, support in the three domains associated with younger age and colleague death experience ( $p < .05$ ). **Conclusion:** For both groups, interpersonal support associated with younger age. For Daiichi, support associated with supervisory work status and discrimination/slurs experience; for Daini, those with colleague death experience. These findings might be essential to highlight vulnerable groups among post-nuclear disaster workers.

#### **THU 366**

**Domestic Violence in Childhood and Adolescence in Northeastern Brazil and its Relation with Family Income**  
(Abstract #1811)

**Poster #THU 366 (Social, CPA, CSA, DV, Prevent, Adult) I - Latin Amer & Carib**

**Mezzanine  
East/West/South**

*Braga, Carolina, MD<sup>1</sup>, Sampaio, Aline S., PhD<sup>2</sup>, Nogueira, Jose Romulo, PhD<sup>3</sup>, Koenen, Karestan, MD, PhD<sup>4</sup>, Cavalcanti-Ribeiro, Patricia, MD<sup>1</sup>, Quarantini, Lucas, PhD<sup>1</sup>*

<sup>1</sup>Universidade Federal da Bahia, Salvador, Bahia, Brazil

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<sup>3</sup>Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Salvador, Bahia, Brazil

<sup>4</sup>Department of Epidemiology Mailman School of Public Health Columbia University, New York, New York, USA

**Introduction:** Brazil is among the worst countries in the world in terms of social unevenness. Although well established in the literature that poverty is a risk factor for domestic violence in childhood and adolescence (DVCA), no previous study addressed the specific effect of family income in DVCA in Brazil. **Objective:** To estimate the prevalence of DVCA among a sample of students in the Northeast of Brazil, and measure the relation between these events and family income. **Method:** A census study was conducted in three metropolitan areas in Northeastern Brazil, with students aged 18 or older and registered in college courses from seven universities. The instruments used were: Socio-demographic questionnaire; Trauma History Questionnaire (THQ) and; a PTSD symptoms scale (PCL-C). **Results:** From 1853 evaluated students, 232 (10.5 %) were victims of DVCA. Fifty-four to 56% of students who had experienced DVCA were from families with monthly income of less than 5 Brazilian minimum wages (about US\$1,000.00/month). **Conclusion:** Low family income could be a relevant risk factor for DVCA. Effective programs in health, education and social services should aim not only to identify and restrain cases of domestic violence against minors, but also to improve their families' quality of life.

#### **THU 367**

**Barriers and Facilitators of VA Mental Health Service Use: Understanding the Role of Attitudes for Female and Male Veterans**

(Abstract #1662)

**Poster #THU 367 (Social, Comm/Int, Mil/Vets, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Fox, Annie, PhD<sup>1</sup>, Meyer, Eric, PhD<sup>2</sup>, Vogt, Dawne, PhD<sup>3</sup>*

<sup>1</sup>VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA

<sup>2</sup>VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA

<sup>3</sup>National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

We explored gender differences in attitudinal barriers and facilitators of care for OEF/OIF veterans, and determined the relative contribution of those factors to VA mental health service use among women and men with probable mental health conditions. Data were collected as part of a national survey of OEF/OIF veterans; the current sample was limited to participants with probable mental health diagnoses (N=278). Results indicate that men endorsed more negative beliefs about mental health treatment, treatment seeking, and mental illness, as well as greater concern about stigma from loved ones compared to women. Logistic regressions revealed gender differences in predictors of VA mental health service use. For women, positive perceptions of VA care, perceived entitlement to VA care, and concern about stigma from loved ones predicted greater likelihood of service use while negative beliefs about treatment seeking was a negative predictor. For men, entitlement to VA services, perceived similarity to other VA care users, and negative beliefs about mental health treatment were positively related to service use, while negative beliefs about mental illness and treatment seeking predicted lower likelihood of service use. Results suggest the need for tailored interventions to reduce barriers to mental health treatment for female and male veterans.

### THU 368

#### **Holding on to Hope: Mothers Involvement in the Child Welfare System within an Intergenerational Perspective**

(Abstract #1819)

**Poster #THU 368 (Social, CPA, Comm/Int, Cul Div, Pub Health, Adult) I - Industrialized**

**Mezzanine  
East/West/South**

*Green, Julii, PhD<sup>1</sup>, Lavi, Iris, PhD<sup>2</sup>, Chen, Stephen, PhD<sup>3</sup>, Glowacki, Elizabeth, Undergraduate<sup>2</sup>, Van Horn, Patricia, PhD<sup>3</sup>, Lieberman, Alicia, PhD<sup>4</sup>*

<sup>1</sup>Alliant International University, San Diego, California, USA

<sup>2</sup>University of California, Berkeley, Berkeley, California, USA

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<sup>4</sup>University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA

Children raised in foster care (FC) function less well than their non-FC peers on a number of life-span domains including lower rates of graduation, higher rates of delinquency, and higher rates of homelessness as adults. As child maltreatment and resulting FC placement are likely to occur in multiple generations, it is crucial to locate factors that may account for intergenerational transmission of FC placement. Prior research highlights the need to better understand interactions between traumatic experiences, distress, attachment and their sequelae. The current study examines factors related to multi-generational entry into welfare system. Fifty four ethnically diverse women (age range of 25 to 54 years) with childhood histories of maltreatment and child welfare involvement took part. Comparing women with children in FC (intergenerational FC) to women whose children stayed in their own care (one-generation FC) revealed that the former have higher levels of maltreatment as children and higher levels of substance abuse. No group differences were found in number of mothers' FC placements as children, nor were there differences in distress related to women's traumatic events. This study stresses the need for close examination of trajectories of distress and FC placement. Substance abuse and maltreatment emerge as crucially important in the transference of welfare involvement.

## Welcome Reception Poster Distribution

### Grand Ballroom

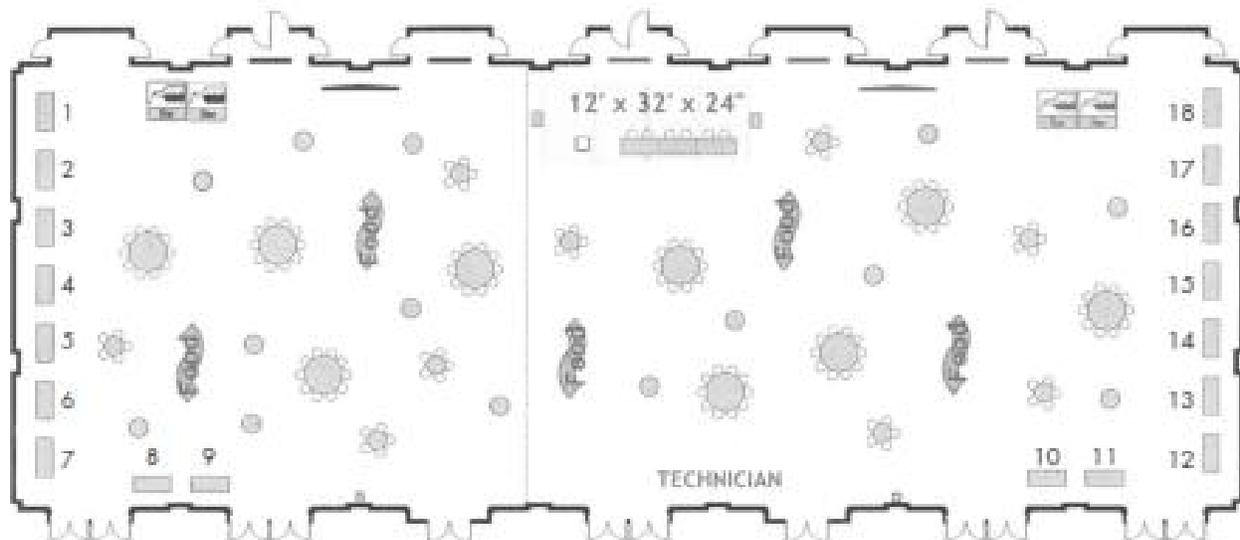


Table 1 – Child Trauma SIG	WR 101, WR 102
Table 2 – Complex Trauma SIG	WR 103, WR 104
Table 3 – Dissemination and Implementation SIG	WR 105, WR 106
Table 4 – Diversity and Cultural Competence SIG	WR 107, WR 108
Table 5 – Early Interventions SIG	WR 109, WR 110
Table 6 – Family Systems SIG	WR 111, WR 112
Table 7 – Gender and Trauma SIG	WR 113, WR 114
Table 8 – Internet & Technology SIG	WR 115, WR 116
Table 9 – Lesbian, Gay, Bisexual and Transgendered Issues SIG	WR 117, WR 118
Table 10 – Military SIG	WR 119
Table 11 – Aging, Trauma and the Life Course SIG, Psychodynamic Research and Practice SIG	WR 121, WR 122
Table 12 – Research Methodology SIG	WR 123, WR 124
Table 13 – Terrorism and Bioterrorism Related Trauma SIG	WR 125
Table 14 – Theory and Traumatic Stress SIG	WR 126, WR 127
Table 15 – Trauma and Substance Use Disorders SIG	WR 128, WR 129
Table 16 – Trauma Assessment and Diagnosis SIG	WR 130, WR 131
Table 17 – Trauma, Health and Primary Care SIG	WR 132, WR 133
Table 18 – Traumatic Loss and Grief SIG	WR 134, WR 135

**Welcome Reception with Featured Posters**  
**Thursday, November 6**  
**08:00 PM to 09:30 PM**

**WR 101 CHILD TRAUMA SIG**  
**Transmitting Trauma across Generations: Defining a Construct and Multiple Mechanisms**  
(Abstract #141)

**Poster #WR 101 (Clin Res, Assess Dx, Child/Adol) M - N/A**

**Grand Ballroom**

*Vasquez, Ludivina, BA<sup>1</sup>, Ocean, Susan, BS<sup>2</sup>, Cromer, Lisa, PhD<sup>1</sup>, Borntrager, Cameo, PhD<sup>2</sup>*

<sup>1</sup>*The University of Tulsa, Tulsa, Oklahoma, USA*

<sup>2</sup>*University of Montana, Missoula, Montana, USA*

Trauma that appears to be passed from one generation to the next has been described by varying terminology: intergenerational transmission, trauma transmission, secondary traumatization, secondary traumatic stress, co-victimization, historical trauma, secondary survivor, traumatic countertransference, historical trauma, and vicarious trauma. There is overlap amongst these terms and there is inconsistent verbiage across studies. Inconsistent definitions and use of terms can impede identifying causal mechanisms and the etiology that underlies the transmission of trauma. The current study reviews the literature on each of these terms. We present definitions and purported mechanisms of trauma transmission that have been suggested by researchers. We suggest that different terms only be used when transmission occurs through distinct mechanisms. We then examine two cases from a randomized controlled clinical trial of a traumatic nightmare intervention for children. These two cases evidence trauma transmission from parent to child that does not fit the current definitions of intergenerational trauma. Finally, we discuss a possible unique construct and mechanism for this phenomenon.

**WR 102 CHILD TRAUMA SIG**  
**Do Children's Symptoms Fit the Diagnosis of PTSD as Defined by DSM-IV, DSM-5, and ICD-11? Findings from a Natural Disaster**  
(Abstract #1307)

**Poster #WR 102 (Assess Dx, Assess Dx, Nat/Dis, Child/Adol) I - Industrialized**

**Grand Ballroom**

*La Greca, Annette, PhD, Danzi, BreAnne, BA, Chan, Sherilynn, MS*  
*University of Miami, Coral Gables, Florida, USA*

Major revisions have been made to the definition of post-traumatic stress disorder (PTSD) in the DSM and ICD classification systems (i.e., DSM-5 and ICD-11). However, little is known about how well these revised definitions fit children's post-disaster responses. Yet, more than 66.5 million children worldwide are affected by disasters annually, and many report significant symptoms of PTSD. Thus, we examined children's symptoms of PTSD 8 months after a natural disaster and evaluated the factor structure of children's responses. 328 children (51% girls; 72% minorities; ages 7 – 11 years) directly affected by Hurricane Ike completed measures of post-disaster symptoms. Factor analysis included all the PTSD symptoms from the DSM-IV, DSM-5, and ICD-11 diagnoses. Findings revealed that the best-fitting model was most consistent with the ICD-11 diagnosis and least consistent with DSM-5. Almost all the symptoms that did not load, or loaded poorly, on a PTSD factor were symptoms new to DSM-5, such as recklessness, irritability, blame, and negative beliefs. In general, findings support the use of DSM-IV and ICD-11, but call into question the DSM-5 definition of PTSD for children. Further research on the diagnostic utility of PTSD diagnoses with child samples will be important and desirable.

**WR 103                    COMPLEX TRAUMA SIG**  
**Cross-disorder Effects of Childhood Trauma on Brain Function and Functional Connectivity during Cognitive Control in Schizophrenia and Bipolar Disorder**  
(Abstract #1476)

**Poster #WR 103 (Bio Med, CPA, CSA, Cog/Int, Bio/Int, Adult) M - N/A**

**Grand Ballroom**

*Quidé, Yann, PhD<sup>1</sup>, Gould, Ian, PhD<sup>2</sup>, O'Reilly, Nicole, BSc Hons Psychology<sup>2</sup>, Carr, Vaughan, MBBS(Hons)MDFRANZCP<sup>3</sup>, Elzinga, Bernet, PhD<sup>4</sup>, Green, Melissa, PhD<sup>2</sup>*

<sup>1</sup>*Schizophrenia Research Institute, Sydney, NSW, Australia*

<sup>2</sup>*University of New South Wales, Sydney, NSW, Australia*

<sup>3</sup>*University of New South Wales, Darlinghurst, NSW, Australia*

<sup>4</sup>*Leiden University, Leiden, Netherlands*

Childhood trauma (CT) is a significant risk factor for the development of schizophrenia (SCZ) and bipolar I disorder (BD), and may influence brain function. Using fMRI, we examined effects of CT on brain function and functional connectivity while performing a cognitive control task (modified flanker task) that evaluates conflict monitoring and suppression, and inhibition (NoGo) processes. Participants were 57 cases diagnosed within SCZ (n=19), schizoaffective disorder (n=9) or BD (n=29) who experienced high levels of CT (i.e., n=33), or cases with low levels of CT (n=24) comparable to that of healthy controls (HC; n=34). While there was no behavioral difference between these experimental groups, cases with high levels of CT history showed aberrant brain activation in right inferior temporal and fusiform gyrus, as well as the cerebellum during conflict monitoring and suppression; and, in bilateral middle and superior occipital gyri/cuneus during inhibition, relative to cases without CT history who showed deactivation of these regions. Aberrant functional connectivity of these regions with the 1) dorsal anterior cingulate cortex and 2) the posterior cingulate cortex/precuneus was also evident during both in high trauma cases (relative to HCs). CT appears to affect brain functioning and functional connectivity of cognitive control networks in cross-disorder cases with SCZ or BD.

**WR 104                    COMPLEX TRAUMA SIG**  
**Childhood Maltreatment and Developmental Delay: The Effects of Abuse and Neglect on Young Children in Foster Care**  
(Abstract #1795)

**Poster #WR 104 (Prevent, CPA, Clin Res, Dev/Int, Neglect, Child/Adol) I - Industrialized**

**Grand Ballroom**

*Kurtz, Stacy, PsyD Candidate, Dickson, Amy, PsyD*  
*LSU Health Sciences Center, New Orleans, Louisiana, USA*

Research consistently suggests higher rates of developmental delay in young children entering the child welfare system than in the general population. This study examined the impact of various types of abuse and neglect on the incidence of developmental delay in children ages 0-5 in foster care. Data collected between 1998 and 2013 from approximately 285 children served through the Orleans Parish Permanency Infant and Preschool Program will be presented. Children were classified as developmentally delayed if they were receiving early intervention services or scored in the delayed range on standardized evaluations. Findings indicate that children who have been exposed to multiple types of abuse and neglect are more likely to demonstrate developmental delays than children who experienced one type of maltreatment. However, no differences were noted in the incidence of developmental delay between children who experienced only physical abuse or neglect. Additionally, there were no significant differences in permanency outcomes, meaning reunification or adoption, for children with and without developmental delays. These results suggest that children entering foster care who have experienced multiple types of maltreatment are at greatest risk for developmental delays and have the most need for early intervention services. Policy implications of these findings will be presented.

**WR 105                    DISSEMINATION AND IMPLEMENTATION SIG**  
**A Nationwide Examination of VA Residential PTSD Treatment Providers Self-Reported Use of PE and CPT:**  
**Global Endorsement versus Use of Specific Components**  
(Abstract #223)

**Poster #WR 105 (Clin Res, Clin Res, Mil/Vets, Prof) I - Industrialized**

**Grand Ballroom**

**Thompson, Richard, PhD<sup>1</sup>, Simiola, Vanessa, Doctoral Student<sup>2</sup>, Cook, Joan, PhD<sup>2</sup>, Schnurr, Paula, PhD<sup>3</sup>**

<sup>1</sup>*Independent Practice, Houston, Texas, USA*

<sup>2</sup>*Yale School of Medicine, West Haven, Connecticut, USA*

<sup>3</sup>*VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Failure to use evidence-based treatments (EBTs) for post-traumatic stress disorder (PTSD) as they were designed may limit their effectiveness in real-world settings. We examined the extent to which self-reported use of two EBTs for PTSD—Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT)—in Department of Veterans Affairs (VA) residential treatment providers corresponded to use of each treatment's components (e.g., in vivo and imaginal exposure, worksheets). Two hundred and one providers from 38 programs completed an online questionnaire concerning implementation of PE and CPT; 192 provided complete data. Twenty-six providers (13.5%) reported frequently using PE; 38 (19.8%) reported frequently using individual CPT; and 70 (36.5%) reported frequently using group CPT. There were strong associations between overall use and use of specific components. Findings suggested significant variability in use of specific components: 53.8% to 100% for PE, 81.6% to 94.7% for individual CPT, 58.6% to 90.0% for group CPT. The highest rates of use were for techniques that reflect "common factors" in CBT such as homework and psychoeducation. The least frequently used components could be the focus of interventions to either improve adherence or modify treatments to make them more widely applicable.

**WR 106                    DISSEMINATION AND IMPLEMENTATION SIG**  
**Dissemination of Evidence Based Treatments for PTSD: A Qualitative Analysis**  
(Abstract #459)

**Poster #WR 106 (Train/Ed/Dis, Commun, Train/Ed/Dis, Prof) I - N/A**

**Grand Ballroom**

**Rodgers, Carie, PhD, ABPP<sup>1</sup>, Hurst, Samantha, PhD<sup>1</sup>, Vu, Alyssa, BA<sup>2</sup>, Lang, Ariel, PhD<sup>3</sup>, Lindamer, Laurie, PhD<sup>1</sup>**

<sup>1</sup>*Center of Excellence for Stress and Mental Health, VA San Diego Healthcare System; UC San Diego, San Diego, California, USA*

<sup>2</sup>*University of California, San Diego, San Diego, California, USA*

<sup>3</sup>*UC San Diego / VA San Diego Health Care System, San Diego, California, USA*

Community-based providers face many barriers to implementing evidence-based treatments (EBT) for PTSD. System-level barriers include lack of training opportunities (Harned, et al., 2011) and follow-up consultation (Varra et al., 2008). Provider level factors can also impede the adoption of EBTs. Clinicians' perceptions of the time required to provide the treatment and their belief that patients are unwilling or unable to participate in EBTs may make them less likely to use these therapies (Becker et al., 2004; Forbes et al., 2012). As part of a larger study, training in Cognitive Processing therapy (CPT) for PTSD and intensive follow-up consultation were offered free-of-charge to community-based providers who treat patients with PTSD. Four months following training completion focus groups were conducted with 30 participants to learn about their experiences with the CPT training, implementation of the protocol, and utilization of consultation. Three themes related to provider-level characteristics emerged: "Warmth" (i.e., perception of lack of "warmth" in EBTs); "Match" (i.e., concern about matching patients to EBT); and "Skill" (i.e., worry about competence in implementation). Results suggest that, in addition to increasing the availability of training opportunities, provider-level barriers should be addressed during trainings when disseminating EBT in the community.

**WR 107                      DIVERSITY AND CULTURAL COMPETENCE SIG**  
**Family Influences on the Relationship between Hurricane Exposure and Ataques de Nervios**  
(Abstract #687)

**Poster #WR 107 (CulDiv, Cul Div, Fam/Int, Nat/Dis, Child/Adol) M - N/A**

**Grand Ballroom**

*Felix, Erika, PhD<sup>1</sup>, You, Suk-kyung, PhD<sup>2</sup>, Canino, Glorisa, PhD<sup>3</sup>*

<sup>1</sup>*University of California, Santa Barbara, Santa Barbara, California, USA*

<sup>2</sup>*Hankuk University of Foreign Studies, Seoul, Dongdaemun-gu, Korea, South*

<sup>3</sup>*University of Puerto Rico, San Juan, Puerto Rico, USA*

This study focused on characteristics of the family environment that may influence the relationship between hurricane exposure and ataques de nervios in Puerto Rican children and youth. Approximately 18 months after Hurricane Georges hit Puerto Rico in 1998, participants were randomly selected based on a probability household sample using 1990 US Census block groups. Caregivers and children (11-17 years old, N=569) were interviewed about past-year and lifetime experience of ataques de nervios, hurricane exposure, and the family environment in Spanish. Areas of the family environment assessed include parent-child relationship quality, parent-child involvement, parental monitoring, discipline, and parents' relationship quality. Structural equation models were estimated for parents and youth. Per youth report, positive discipline mediated the hurricane exposure to ataques relationship; hurricane exposure decreased positive discipline, and positive discipline increased risk for ataques. Although not mediating, hurricane exposure was negatively related to parents' relationship quality per youth report, but not per parent report. Per parent report, parent-child involvement decreased risk for lifetime ataques. Implications for post-disaster mental health recovery efforts are discussed.

**WR 108                      DIVERSITY AND CULTURAL COMPETENCE SIG**  
**Socio-Cultural Pressures Associated with Leaving Abusive Relationships: Comparing Spanish and English Speaking DV Victims**  
(Abstract #1121)

**Poster #WR 108 (CulDiv, DV, Adult) M - Industrialized**

**Grand Ballroom**

*Karlsson, Marie, MA PhD Student, Jackson, Jennifer, Undergraduate, Villalobos, Bianca, MA PhD Student, Bridges, Ana, PhD*

*University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA*

Domestic violence (DV) rates and barriers to leaving an abusive relationship (Caetano et al., 2008, Lacey et al., 2011) differ by ethnicity. The current study of women (36 Spanish speakers, 57 English speakers) receiving services from a DV shelter utilized logistic regression to classify English and Spanish speaking DV victims based on their psychological symptoms (Brief Symptom Inventory; Derogatis, 2001; Post-Traumatic Diagnostic Scale; Foa et al., 1997) and socio-cultural pressures associated with remaining in an abusive relationship (Decision to Leave Scale; Hendy et al., 2003). Psychological symptoms did not significantly differentiate the Spanish and English speaking DV victims,  $\chi^2(3) = 2.57, p = .46$ . However, socio-cultural pressures significantly differentiated the two groups,  $\chi^2(7) = 31.64, p < .001$ , Nagelkerke  $R^2 = 49.7\%$ , and accurately classified 84.4% of the participants. Spanish speaking DV victims were four times more likely to report childcare needs as a socio-cultural pressure preventing them from leaving an abusive relationship (odds ratio = 4.08) while English speaking victims were twice as likely to report social support as a barrier to leaving (odds ratio = 2.20). Implications for culturally sensitive prevention and intervention of DV will be discussed.

**WR 109 EARLY INTERVENTIONS SIG**  
**Post-Traumatic Stress Symptom Trajectories are Separable from Four Months after a Mass Trauma Exposure among Adolescents and Young Adults**  
(Abstract #980)

**Poster #WR 109 (Clin Res, Acute, Assess Dx, Comm/Vio, Lifespan) M - Industrialized Grand Ballroom**

*Haravuori, Henna, MD PhD, Pankakoski, Maiju, MSocSc, Marttunen, Mauri, MD PhD*  
*National Institute for Health and Welfare, Finland, Helsinki, Finland*

Objective: Two school shooting incidents occurred in Finland years 2007 and 2008. We aim to evaluate long-term effects of the incidents on the survived students. Factors associated with good and poor outcomes of post-traumatic stress symptoms (PTSS) were analyzed. Methods: A combined sample of the students ( $N = 441$ , 12-30 years,  $M_{age} = 17.2$ ) answered a questionnaire at four, 16 and 28 months after the exposure. The Impact of Event Scale (IES) was used to assess PTSS and latent class growth analysis was used to estimate symptom trajectories. Results: Analyses suggested four different trajectories best described as low ( $n = 289$ ), chronic high ( $n = 41$ ), recovering ( $n = 101$ ), and late-onset ( $n = 5$ ) PTSS. Low trajectory was separable from four months on. Recovering trajectory could be separated from chronic high at 16 month (95 % CI). However, recovering trajectory symptoms were significantly lower already at four months. Chronic high trajectory was associated with two or more previous traumatic experiences. Chronic high and recovering trajectories were associated with a more severe exposure. Low trajectory associated with a higher perceived social support from family and older age. Conclusions: Information on previous trauma experiences, trauma severity, and assessing of the PTSS are of value when screening for those in risk for chronic symptoms after a mass trauma incident.

**WR 110 EARLY INTERVENTIONS SIG**  
**Identification of Patients at Risk for PTSD and Depression up to Six Months Post Trauma Using the Predicting PTSD Questionnaire**  
(Abstract #1120)

**Poster #WR 110 (Clin Res, Bio Med, Depr, Prevent, Adult) M - Industrialized Grand Ballroom**

*Rothbaum, Alex, BS, Michopoulos, Vasiliiki, PhD, MSc, Crow, Thomas, MA, Houry, Debra, MD MPH, Ressler, Kerry, MD PhD, Rothbaum, Barbara, PhD, ABPP*  
*Emory University School of Medicine, Atlanta, Georgia, USA*

A majority of the population will experience a traumatic event in their lifetime, but only 10% will develop Post-Traumatic Stress Disorder (PTSD), which is highly comorbid with depression. While risk factors for developing PTSD and depression have been found in retrospective studies, the current study investigates the accuracy of a five-question measure administered immediately following trauma exposure for prospectively predicting which individuals will develop PTSD. Emergency Department patients being treated in a level-1 trauma center (82 men and 70 women) were assessed bedside within hours of trauma and at 1, 3, and 6 months post-trauma using the predicting PTSD Questionnaire (PPQ), the PTSD Symptom Scale (PSS), and the Beck Depression Inventory (BDI). Those patients with predicated risk showed significantly more symptoms of PTSD 3 ( $F(1,61) = 12.24, p = .001$ ) and 6 ( $F(1,34) = 4.65, p = .038$ ) months post-trauma with a trend at 1 month ( $F(1,83) = 3.55, p = .063$ ), as well as significant increases in depressive symptoms at 1 ( $F(1,83) = 5.09, p = .027$ ), 3 ( $F(1,61) = 8.34, p = .005$ ), and 6 ( $F(1,34) = 4.99, p = .032$ ). The PPQ is a very simple tool, and shows promise in identifying patients who would benefit from psychological intervention post-trauma, especially by non-clinicians. As patients continue to be enrolled and are evaluated at 1, 3, and 6-month follow-ups, we will expand our sample size.

**WR 111 FAMILY SYSTEMS SIG**  
**Parental Post-Traumatic Stress Disorder and Offspring Clinical Symptomatology: An Examination of Parental Symptom Clusters and Adolescent Internalizing**  
(Abstract #634)

**Poster #WR 111 (Clin Res, Dev/Int, Fam/Int, Lifespan) M - Industrialized**

**Grand Ballroom**

*Mischel, Emily, BS, Leen-Feldner, Ellen, PhD, Bilsky, Sarah, MA, Knapp, Ashley, BS, Pawlewicz, Sophia, Undergraduate*  
*University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA*

Extant literature suggests offspring of parents with PTSD may be at increased risk for psychological problems (Leen-Feldner et al., 2013), but research to date has employed "broad-band" internalizing and externalizing measures, leaving offspring vulnerability to specific disorders and effects of specific PTSD clusters on offspring functioning unclear. To begin to address these gaps, 94 parent-adolescent dyads, oversampling for trauma-exposed parents, completed a questionnaire battery, including the *Post-Traumatic Disorder Scale* (Foa et al., 1997) and the *Revised Child Anxiety and Depression Symptoms Scale* (Chorpita et al., 2000). Compared to parents without PTSD, offspring of parents with PTSD ( $n = 21$ ) evidenced significantly greater symptoms of generalized anxiety disorder ([GAD];  $M_{PTSD+} = 6.05$ ;  $M_{PTSD-} = 3.62$ ) and social anxiety ( $M_{PTSD+} = 10.64$ ;  $M_{PTSD-} = 7.63$ ). Means were in the expected direction but  $p$  values did not reach significance for depressive and panic symptoms. Examining linkages between PTSD symptom clusters and offspring symptoms, GAD and depression were associated only with parent avoidance symptoms ( $r_s = .33, .25$ ), whereas offspring panic symptoms were linked with parental avoidance, hyperarousal, and re-experiencing ( $r_s = .27, .31, .25$ ). Findings will be discussed in terms of our understanding of adolescent functioning within families where a parent has PTSD.

**WR 112 FAMILY SYSTEMS SIG**  
**Mother Support Predictive of Future Distress in Victims of Childhood Sexual Abuse**  
(Abstract #1358)

**Poster #WR 112 (Practice, CSA, Adult) I - N/A**

**Grand Ballroom**

*Sciarrino, Nicole, MA, Dycus, James, BS, Gold, Steven, PhD*  
*Nova Southeastern University, Fort Lauderdale, Florida, USA*

This study aims to investigate the impact of perceived mother support on childhood sexual abuse (CSA) and how the relationship of the child to the perpetrator affects experienced distress in adulthood. We predict that among survivors with intra-familial CSA, perceived family support would not significantly impact experienced distress, whereas in survivors with extra-familial CSA, perceived family support would contribute to less distress. Participants responded to a structured interview of CSA history with established reliability in which they identified their relationship to their perpetrator. The Behavior and Symptom Identification Scale (BASIS-32), was utilized to assess distress in areas of daily functioning; and the Exposure to Abusive and Supportive Environments-Parenting Inventory (EASE-PI), was utilized to assess the quality of parenting received from each parent during childhood. Preliminary results resulted in a flat correlation for individuals with extra-familial CSA ( $N=28$ ), suggesting a lack of protective function of mother support ( $r_s^2 = .001, p = .795$ ). The association was negative and significant for individuals for whom abuse was intra-familial ( $N=35$ ), suggesting a protective role ( $r_s^2 = .07, p = .033$ ). Our hypothesis was not supported; however, we did find that maternal support did play a small but significant protective role in intra-familial CSA.

**WR 113 GENDER AND TRAUMA SIG**  
**Importance of Type and Timing of Maltreatment on Risk for Psychopathology in Males and Females**  
(Abstract #398)

**Poster #WR 113 (Prevent, CPA, Complex, Depr, Health, Lifespan) A - Industrialized Grand Ballroom**

*Khan, Alaptagin, MD<sup>1</sup>, McCormack, Hannah, BA<sup>2</sup>, Bolger, Elizabeth, MA<sup>1</sup>, McGreenery, Cynthia, Assistant<sup>2</sup>, Polcari, Ann, PhD<sup>2</sup>, Teicher, Martin, MD, PhD<sup>1</sup>*

<sup>1</sup>McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA

<sup>2</sup>McLean Hospital, Belmont, Massachusetts, USA

Introduction: Childhood maltreatment increases risk for a wide array of psychiatric disorders. Although some studies suggest that exposure to one type of abuse is associated with greater risk than another form of abuse, no studies have established whether the relative impact of different types of abuse changes across developmental sensitive periods or differs by gender during development. Methods: Type and timing of exposure were assessed using the Maltreatment and Abuse Chronology of Exposure (MACE) scale in 496 (194M/302F) 18-25 year old unmedicated subjects. Past and current history of psychopathology was assessed using SCID and current symptoms assessed with Kellner's Symptom Questionnaire. Data were analyzed using boosted regression and classification trees and assessed for significance using cross-validation. Results: Recollected exposure to maltreatment at 15, 12, and 6 years of age (in order of importance), to non-verbal emotional abuse, emotional neglect and parental and peer verbal abuse were most important 'predictors' of developing major depression. In contrast, most important 'predictors' for social anxiety disorder was exposure at ages 5, 9 and 16 to emotional neglect, witnessing interparental violence and physical neglect. Sensitive periods for males and females tended to be quite similar, but genders differed in types of maltreatment with maximal impact.

**WR 114 GENDER AND TRAUMA SIG**  
**Sex Differences in Neurosteroid and Hormonal Responses to Metyrapone in Post-Traumatic Stress Disorder**  
(Abstract #1321)

**Poster #WR 114 (Bio Med, Bio Med, Illness, Adult) M - Industrialized Grand Ballroom**

*Inslicht, Sabra, PhD<sup>1</sup>, Richards, Anne, MD MPH<sup>2</sup>, Madden, Erin, MPH<sup>3</sup>, Rao, Madhu, MD<sup>1</sup>, O'Donovan, Aoife, PhD<sup>2</sup>, Neylan, Thomas, MD<sup>3</sup>*

<sup>1</sup>San Francisco VA Medical Center and UCSF, San Francisco, California, USA

<sup>2</sup>University of California, San Francisco and San Francisco VAMC, San Francisco, California, USA

<sup>3</sup>San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA

Rationale: Sex differences in the regulation of acute stress reactivity and effects on the increased incidence of PTSD in women are poorly understood. The reproductive hormone, progesterone, through conversion to allopregnanolone (ALLO), suppresses the hypothalamic-pituitary-adrenal (HPA) axis and has potent anxiolytic effects. Objective: We examined the effects of sex and PTSD on adrenocorticotrophic hormone (ACTH), progesterone and ALLO responses to metyrapone and whether progesterone and ALLO reactivity could affect the ACTH response. Methods: Men and pre-menopausal follicular phase women with PTSD (n=43; 49% female) and controls (n=42; 50% female) had repeated overnight blood sampling for ACTH, progesterone, and ALLO pre- and post-metyrapone challenge. Results: The increase in ACTH response to metyrapone was greater in PTSD subjects compared to controls and in women compared to men,  $p$ 's <.05. Contrary to our hypotheses, progesterone and ALLO responses were positively associated with ACTH,  $p$ 's <.001. Progesterone and ALLO partially mediated the relationship between PTSD and ACTH,  $p$ 's <.05. Conclusions: Progesterone and ALLO may regulate the HPA axis in PTSD. Further characterizing sex differences in the HPA axis and the regulatory actions of progesterone and ALLO may advance our understanding of the pathophysiology of PTSD and lead to more effective treatment.

**WR 115 INTERNET & TECHNOLOGY (I&T) SIG**  
**Online Guided Self Help for Post-Traumatic Stress Disorder: A Randomised Controlled Trial**  
(Abstract #1544)

**Poster #WR 115 (Clin Res, Clin Res, Adult) I - Industrialized**

**Grand Ballroom**

*Lewis, Catrin, PhD<sup>1</sup>, Roberts, Neil, DPsych(Clin)<sup>2</sup>, Kitchiner, Neil, PhD<sup>1</sup>, Bisson, Jonathan, MD<sup>3</sup>*

*<sup>1</sup>Cardiff University, Cardiff, Wales, United Kingdom*

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*<sup>3</sup>Cardiff University School of Medicine & Cardiff and Vale University Health Board, Cardiff, Wales, United Kingdom*

Trauma-focused psychological therapies have been found to be effective for the treatment of Post-Traumatic Stress Disorder (PTSD). Unfortunately, there exists a shortage of suitably qualified therapists able to deliver these interventions. Guided Self Help (GSH) is an alternative method of delivering psychological therapy for PTSD, which has not been adequately explored to date. We will present the results of a Randomised Controlled Trial (RCT) of a newly developed online GSH programme for the treatment of PTSD. Spring – a Step by Step Treatment for PTSD, is an eight step programme designed for delivery over 8 weeks with up to three hours of therapist guidance. It is based on trauma-focused cognitive behavioural therapy and includes steps based on psychoeducation, grounding, relaxation, in-vivo and imaginal exposure, behavioural activation, cognitive therapy, and relapse prevention. The RCT included a sample of 42 adults with DSM-V PTSD after a single traumatic event experienced in adulthood. Participants were randomly allocated to receive immediate GSH or to a 14-week waiting list. The primary outcome measure was change in clinician rated traumatic stress symptoms measured by the Clinician Administered PTSD Scale (CAPS). Secondary outcome measures were self-reported symptoms of PTSD, depression, anxiety, alcohol use, perceived social support and functioning.

**WR 116 INTERNET & TECHNOLOGY (I&T) SIG**  
**Childhood Traumas and Emotion Dysregulation: A Transdiagnostic Approach to Prediction of Long Term Negative Outcomes**  
(Abstract #1833)

**Poster #WR 116 (Assess Dx, Assess Dx, CPA, Complex, DV, Adult) I - Industrialized**

**Grand Ballroom**

*Amatya, Kaushalendra, MS PhD Student, Jones, Russell, PhD*

*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

Childhood traumatic experiences such as physical and emotional abuse and neglect, sexual abuse, interparental violence, accidental injuries, and environmental trauma can lead to a number of long-term negative outcomes. However, the existing research tends to focus on one or few of these traumas and a variety of outcomes that makes comparison of the impact of these different types of exposures on a particular outcome difficult. The current study sought to understand the influence different types of traumas can have on emotion dysregulation, a trans-diagnostic outcome measured using the Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004), when other traumas are accounted for. Revised Conflict Tactics Scale- Adult Recall (Straus, 1999), Childhood Trauma Questionnaire-Short Form (Bernstein et al., 2003), and Stressful Life Events Screening Questionnaire, Revised (Goodman et al., 1998) were used to assess for childhood and lifetime trauma exposure in 1040 college students using an online survey. Hierarchical regressions revealed that childhood abuse and neglect were the most salient predictors of emotion dysregulation when controlling for other types of exposures and demographic variables. Interparental violence also predicted certain types of emotion dysregulation. Details of the findings and their implications are further discussed.

**WR 117 LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) SIG**  
**Longitudinal Impact of Trauma Exposure on Drinking Behavior among Emerging Adult Lesbian and Bisexual Women**  
(Abstract #490)

**Poster #WR 117 (CulDiv, Chronic, Orient, Sub/Abuse, Adult) - Industrialized**

**Grand Ballroom**

*Kaysen, Debra, PhD<sup>1</sup>, Rhew, Issac, PhD<sup>2</sup>, Kirk, Jennifer, BS<sup>1</sup>, Bedard-Gilligan, Michele, PhD<sup>1</sup>, Hughes, Tonda, RN, PhD<sup>3</sup>*

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*University of Washington School of Medicine, Seattle, Washington, USA*

<sup>3</sup>*University of Illinois Chicago, Chicago, Illinois, USA*

Sexual minority women are at elevated risk of trauma exposure and problematic drinking as compared to heterosexual women. However, we know little how trauma impacts the course of drinking among sexual minority women over emerging adulthood. Women ages 18-25 who identify as lesbian or bisexual on social networking sites were invited to participate in a longitudinal study of women's health (n = 1067, 59% bisexual). Women completed online baseline, 12- (n = 862) and 24-month (n = 749) assessments. We used negative binomial generalized estimating equations (GEE) models to estimate rate ratios (RRs) for the proportional increase in alcohol behaviors associated with a 1 standard deviation (SD) increase in trauma exposure at the prior visit. There was no association between trauma and drinks per week one year later after adjusting for covariates. However, a 1 standard deviation increase in trauma exposure was associated with later alcohol consequences (RR = 1.10 for a 1 SD increase in trauma exposure, p = .039). Overall results highlight the impact that elevated rates of trauma exposure may have on negative consequences of drinking over time and may help explain risky drinking in this population. Findings suggest the need for alcohol prevention services for trauma exposed sexual minority women.

**WR 118 LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) SIG**  
**Bias-Motivated Victimization and Responses to Bias Crime Information among Lesbian, Gay, Bisexual, and Heterosexual Young Adults**  
(Abstract #1720)

**Poster #WR 118 (CulDiv, Comm/Int, Comm/Vio, Cul Div, Orient, Adult) M - Industrialized Grand Ballroom**

*Lannert, Brittany, MA PhD Student, Levendosky, Alytia, PhD, Moser, Jason, PhD*  
*Michigan State University, East Lansing, Michigan, USA*

Lesbian, gay, and bisexual (LGB) individuals are disproportionately exposed to bias-motivated forms of victimization (House et al., 2011). Whether individuals who have directly experienced such victimization are differentially impacted by news information about bias-motivated crimes against sexual minorities is unclear. The present quasi-experimental study examined these relations within a sample of heterosexual and LGB young adults (N = 60). Participants listened to a series of auditory news clips about bias, nonbias, and neutral events, and reported on their affective responses, past victimization experiences, and negative world beliefs. LGB individuals endorsed a higher rate of past bias-motivated victimization and reported experiencing audio clips of bias-motivated crimes as more aversive than did heterosexual individuals. Regardless of sexual orientation, past victimization experience predicted participants' feeling less control over the situation when exposed to bias crime information. Victimization did not predict more negative world beliefs pre-task, but was related to more negative world beliefs after news exposure. Results suggest that bias crime events may serve as salient trauma cues for those with a victimization history, and this cuing may be more likely among LGB individuals given higher rates of victimization. Research and clinical implications are discussed.



**WR 122 PSYCHODYNAMIC RESEARCH AND PRACTICE SIG**  
**Attachment as a Mediator between Childhood Maltreatment and Self-Reported Precipitants of Aggressive Behaviors in Romantic Relationships**  
(Abstract #709)

Poster #WR 122 (Clin Res, Aggress, CPA, Adult) I - N/A

Grand Ballroom

*Baker, Brittany, Doctoral Student*  
*University of Akron, Akron, Ohio, USA*

Research suggests that individuals who have experienced childhood maltreatment are at a greater risk for experiencing intimate partner violence (IPV). Attachment has emerged as an important variable in understanding this association. Aggressive acts can also be prompted by certain partner behaviors in the relationship, which are identified as proximal antecedents to violence. In the current study, the relationship between childhood maltreatment and proximal antecedents to violence with attachment as a mediator will be examined. Participants were 423, predominantly White men from a large southeastern university who were currently in a relationship or had been in a relationship within the past year. Results of a structural path model suggested that anxious attachment was associated with participants' greater likelihood of becoming aggressive in reaction to verbal abuse or as a means to control ( $\beta = 0.27, p < .01$ ) or as a reaction to feelings of jealousy ( $\beta = 0.27, p < .01$ ). The avoidance attachment scale was not a significant predictor of possible IPV perpetration. The results suggest that while childhood maltreatment can lead to insecure attachments, the dimension of attachment corresponding to anxiety about the relationship may be most relevant in the study of IPV.

**WR 123 RESEARCH METHODOLOGY SIG**  
**Obstetric Outcomes among Women Previously Exposed to Sexual Violence**  
(Abstract #743)

Poster #WR 123 (Res Meth, CSA, Rape, Lifespan) M - N/A

Grand Ballroom

*Gisladottir, Agnes, MPH<sup>1</sup>, Harlow, Bernard, PhD<sup>2</sup>, Gudmundsdottir, Berglind, PhD<sup>3</sup>, Bjarnadottir, Ragnheidur, MD<sup>3</sup>, Cnattingius, Sven, MD, PhD<sup>4</sup>, Valdimarsdottir, Unnur, PhD<sup>1</sup>*

<sup>1</sup>University of Iceland, Reykjavik, Iceland

<sup>2</sup>University of Minnesota, Minneapolis, Minnesota, USA

<sup>3</sup>Landspítali - the National University Hospital of Iceland, Reykjavik, Iceland

<sup>4</sup>Karolinska Institutet, Stockholm, Sweden

**Objective:** To explore whether women exposed to sexual violence in adolescence or early adulthood are at risk of adverse obstetric outcomes compared with women with no record of such violence. **Methods:** Data from a Rape Trauma Service (RTS) were linked with data from the Icelandic Birth Register (IBR). Women who attended the RTS in 1993-2008 and subsequently delivered a baby to April, 2011, formed our exposed cohort (n=915). Women who had not attended the RTS and delivered in the same calendar months were randomly selected from the IBR for our unexposed cohort (n=1633). Poisson regression was used to obtain Relative Risks (RR) with 95% confidence intervals (CI), adjusting for maternal age and parity. **Results:** Compared with unexposed women, exposed women presented with increased risks of operative vaginal delivery (RR 1.33, CI 1.02-1.74), emergency cesarean section (RR 1.28, CI 1.00-1.65), having infants with Apgar score  $\leq 7$  (RR 1.78, CI 1.08-2.92) and infants admitted to the neonatal intensive care unit (RR 1.54, CI 1.13-2.10). Somewhat stronger effects were seen for women assaulted before 20 years of age. We found no difference regarding elective cesarean section. **Conclusion:** The findings from this population based study indicate that women exposed to sexual violence in adolescence or adulthood are at increased risks of some obstetrical interventions and adverse neonatal outcomes.

**WR 124 RESEARCH METHODOLOGY SIG**  
**Trauma-Onset and Diagnostic Symptom Contributors of Behavioral Dysregulation among Incarcerated Youth**  
(Abstract #1766)

**Poster #WR 124 (Res Meth, Aggress, CPA, Cog/Int, Complex, Child/Adol) I - Industrialized Grand Ballroom**

*Plante, Wendy, BS, Good, Raquel, BA, Perez, Michael, BS, Pickwith, Kristine, BA, Anderson, Alisha, Undergraduate, Lansing, Amy, PhD*  
*University of California, San Diego Psychiatry, La Jolla, California, USA*

Objective: Multidimensional dysregulation is commonly reported among delinquents. We aim to evaluate predictors of self-reported behavioral regulation deficits in incarcerated youth. Method: Regulation was assessed among incarcerated youth (N=126; ages 13-18; 66% girls) using the Delis Rating of Executive Function [DREF] Behavior [BF] Index. We assessed early (age 10) and current DSM-based disruptive behaviors, and trauma-related predictors (Achenbach Youth Self-Report [YSR]; UCLA PTSD Reaction Index) using gender-separate general linear regression models. Results: YSR scores of attention, affective and conduct symptoms were each individually significant predictors of DREF-BF. The best fit model indicates: 1) earlier trauma-onset ( $p < .05$ ) and more attention problems ( $p < .01$ ) predict more behavior dysregulation in girls when controlling for early-onset aggression ( $F(3,83)=16.21$ ;  $p=.00$ ) and 2) more attention problems ( $p < .01$ ) and early-onset aggression ( $p < .05$ ) predict more behavioral dysregulation in boys ( $F(3,43)=12.08$ ;  $p=.00$ ), with a trend for later trauma-onset ( $p=0.06$ ) associations with more dysregulation. Conclusion: Data suggest both attention problems and trauma-onset drive behavioral dysregulation. Gender differences emerged in the role of early-onset aggression and the direction of the trauma-onset effect. Early intervention and service implications are addressed.

**WR 125 TERRORISM AND BIOTERRORISM RELATED TRAUMA SIG**  
**Comorbidity of 9/11-Related Post-Traumatic Stress Disorder and Depression in the World Trade Center Health Registry 10 to 11 Years Post-Disaster**  
(Abstract #411)

**Poster #WR 125 (Assess Dx, Anx, Depr, QoL, Terror, Adult) M - N/A Grand Ballroom**

*Caramanica, Kimberly, MPH, Brackbill, Robert, PhD, Liao, Tim, MPH, Stellman, Steven, PhD, MPH*  
*New York City Department of Health and Mental Hygiene, Queens, New York, USA*

Many studies report elevated prevalence of post-traumatic stress disorder (PTSD) and depression among persons exposed to the September 11, 2001 (9/11) disaster; few have evaluated long-term PTSD and comorbid depression. We examined prevalence and risk factors for PTSD, depression, and both conditions 10-11 years post-9/11 among 29,486 World Trade Center Health Registry enrollees who completed surveys at Wave 1 (2003-4), Wave 2 (2006-7), and Wave 3 (2011-12); enrollees reporting physician diagnosed pre-9/11 PTSD or depression were excluded. PTSD was defined as scoring  $\geq 44$  on the PTSD Checklist and depression as scoring  $\geq 10$  on the 8-item Patient Health Questionnaire. We examined 4 groups: comorbid PTSD and depression, PTSD only, depression only, and neither. Among enrollees, 15.2% screened positive for PTSD at Wave 3, 14.9% for depression, and 10.1% for both. Comorbid PTSD and depression was associated with high 9/11 exposures, low social integration, health-related unemployment, and experiencing  $\geq 1$  traumatic life event post-9/11. Comorbid persons experienced poorer outcomes on all PTSD-related impairment measures, life satisfaction, overall health, and unmet mental healthcare need compared to those with only one condition. These findings highlight the importance of ongoing screening and treatment for both conditions, particularly among those at risk for mental health comorbidity.

**WR 126            THEORY AND TRAUMATIC STRESS STUDIES SIG**  
**The Role of Post-Traumatic Stress Disorder Symptom Clusters in the Prediction of Suicidal Ideation**  
(Abstract #496)

**Poster #WR 126 (Train/Ed/Dis, Clin Res, Adult) M - Industrialized**

**Grand Ballroom**

*Davis, Margaret, MS, Witte, Tracy, PhD, Lee, Daniel, MS PhD Student, Blevins, Christy, MS PhD Student, Weathers, Frank, PhD*  
*Auburn University, Auburn, Alabama, USA*

**OBJECTIVE:** These studies used the interpersonal-psychological theory of suicide (IPTS; Joiner, 2005) as a framework to examine relationships between PTSD symptom clusters and suicidal ideation (SI) in a trauma-exposed population, using both DSM-IV (Study 1) and DSM-5 (Study 2) criteria. Consistent with prior research and theory it was hypothesized that emotional numbing would be uniquely associated with SI and that this relationship would be mediated by relevant IPTS constructs. **METHOD:** Participants for both Study 1 (N = 334) and Study 2 (current N = 51) were trauma-exposed college students who completed measures of SI, PTSD, IPTS constructs, and depression. **RESULTS/CONCLUSIONS:** In Study 1, using the best-fitting five-factor dysphoric arousal model of DSM-IV PTSD symptoms (Elhai & Palmieri, 2011), all clusters had indirect relationships with SI, partially mediated by IPTS constructs. Further, the numbing cluster had the strongest bivariate relationship with SI, and both numbing and reexperiencing were directly related to SI in structural models. Preliminary results from Study 2, which is still in progress, are consistent with Study 1 results. Implications of these findings for assessing and reducing risk for suicidal behavior in patients with PTSD -- and the utility of the IPTS in this context -- will be discussed.

**WR 127            THEORY AND TRAUMATIC STRESS STUDIES SIG**  
**Childhood Emotional Abuse and Stress Reactivity in Adulthood**  
(Abstract #1212)

**Poster #WR 127 (Clin Res, Anx, Neglect, Adult) M - Industrialized**

**Grand Ballroom**

*Lambert, Jessica, PhD*  
*Alliant International University, San Diego, California, USA*

Emotional abuse during developmental years may result in the formation of maladaptive schemas (Wright et al., 2009) which, in turn, influence the ability to effectively regulate emotions in adulthood (Mikulincer & Shaver, 2012). In this study, we evaluated retrospective reports of childhood emotional abuse as a predictor of stress reactivity using data from two waves of the Midlife in the United States national longitudinal study. We operationalized stress reactivity as the linear association between daily ratings of number of stressors and negative affect over the course of an 8-day diary study. Multilevel modeling of the nested data showed that severity of emotional abuse in childhood was positively associated with self-reported negative affect over time. Further, there was a significant interaction between emotional abuse and number of stressors. Probing of the interaction term showed that participants who reported moderate to severe abuse in childhood, on average, reported a more daily stressors and had a slightly stronger association between stressors and negative affect than participants who reported no or mild emotional abuse. In the poster presentation, we will expand on theoretical underpinnings of our model, discuss clinical implications and limitations of the study.

**WR 128            TRAUMA AND SUBSTANCE USE DISORDERS SIG**  
**Exploring the Differential Impact of Childhood, Military, and Civilian Traumas on Women Veterans' Past-Year Substance Use**  
(Abstract #848)

**Poster #WR 128 (Clin Res, Chronic, Sub/Abuse, Mil/Vets, Adult) M - Industrialized            Grand Ballroom**

*Browne, Kendall, PhD<sup>1</sup>, Lehavot, Keren, PhD<sup>1</sup>, Wells, Deva, BS<sup>2</sup>, Simpson, Tracy, PhD, Cpsych<sup>1</sup>*  
*<sup>1</sup>VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA*  
*<sup>2</sup>University of Washington, Seattle, Washington, USA*

Women Veterans report high rates of trauma across the lifespan, yet little is known about the impact of trauma type on health risk behaviors such as substance use. We examined whether childhood trauma predicts substance use above and beyond adult trauma (i.e., military, civilian) and PTSD symptoms. Women Veterans were recruited via a national online survey ( $N = 647$ ). Self-report items assessed trauma types, PTSD symptoms, and past-year alcohol, marijuana, and other drug use (i.e., opioids, stimulants). Relationships were examined using hierarchical logistic regressions. Trauma variables and PTSD symptoms failed to predict hazardous alcohol use. Childhood trauma significantly predicted marijuana use ( $p = .03$ ), but failed to remain significant once adult trauma variables were included. Adult civilian sexual and physical victimization were associated with a 1.8 and 2.9 increase in odds of marijuana use, respectively ( $p < .05$ ). Childhood trauma failed to predict other drug use, though adult civilian sexual victimization was associated with a 3.6 increase in the odds of other drug use and a one-point increase in PTSD severity was associated with a one-point increase in odds of other drug use ( $p < .01$ ). Findings highlight the prominent role that recent victimization may play in women Veterans' substance use.

**WR 129            TRAUMA AND SUBSTANCE USE DISORDERS SIG**  
**The Incidence of Substance Use, PTSD Symptoms, and Longitudinal Avoidance among Adolescents Exposed to a Fire Trauma in Childhood**  
(Abstract #1341)

**Poster #WR 129 (Clin Res, Acute, Anx, Sub/Abuse, Child/Adol) I - Industrialized            Grand Ballroom**

*Sullivan, Connor, BA, Blevins, Claire, MS PhD Student, Jones, Russell, PhD, Ollendick, Thomas, PhD*  
*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

A wealth of research has examined the association between trauma exposure and various maladaptive coping responses, which led to the inclusion of reckless behavior as a new DSM-5 symptom for PTSD. One common manifestation of reckless behavior – substance use – is particularly problematic and common response to trauma, which has far-reaching implications for health and functioning. A review of PTSD and alcohol use (Stewart, 1996) posits that substances serve to alleviate distressing symptoms. The current study utilizes longitudinal data from a larger project funded via NIMH. Children ages 8-18 ( $N = 165$ ) were recruited as part of a study assessing the impact of residential fire. The current study examines avoidance over 3 time points, within subjects as a function of PTSD symptomatology and substance use. Results indicate that drug use was associated with decreased avoidance ( $b = -.358, p = .019$ ). Thus, drug use may represent an effective, albeit maladaptive coping technique. Numbing ( $b = .012, p = .009$ ) and hyperarousal symptom severity ( $b = .01, p = .015$ ) were related to increased avoidance over time. The findings highlight the impact of drug use on the maintenance of PTSD. Future directions of the complex nature of reckless behavior are discussed.

**WR 130            TRAUMA ASSESSMENT AND DIAGNOSIS SIG**  
**Confidence in Memory as a Predictor of Post-Traumatic Stress Disorder Symptom Clusters**  
(Abstract #1003)

**Poster #WR 130 (Assess Dx, Anx, Assess Dx, Cog/Int, Adult) I - N/A**

**Grand Ballroom**

*Rogers, Arielle, BA, Seligowski, Antonia, BA, Wu, Kevin, PhD*  
*Northern Illinois University, DeKalb, Illinois, USA*

Background: Memory deficits have been implicated in the development and maintenance of PTSD (Ehlers & Clark, 2000). Specifically, metamemory, or perceived memory fragmentation, has been linked with dissociation following stressful events (Kindt & van den Hout, 2003). To date, no study has examined the relevance of metamemory to DSM-5 PTSD symptom clusters. The current study aims to clarify relations among one facet of metamemory, confidence in memory, and PTSD symptom clusters. Method: Targeted participants are 200 students (current N = 50). Measures include the PTSD Checklist-5 (PCL-5; Weathers et al., 2013), Memory and Cognitive Confidence Scale-Confidence in General Memory subscale (Nedeljkovic & Kyrios, 2007), and the Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988). Results: Based on the current sample, memory confidence is significantly negatively correlated with overall PTSD symptoms, negative alterations in cognitions and mood, and alterations in arousal and reactivity ( $r_s = -.35 - -.44, p_s < .05$ ). After controlling for negative affect, memory confidence remains a significant predictor of alterations in arousal and reactivity ( $\beta = -.28, t = -1.82, p = .05$ ). Conclusion: Results will explicate how metamemory may contribute to specific PTSD symptom presentations. Implications for the refinement of treatments for PTSD will be discussed.

**WR 131            TRAUMA ASSESSMENT AND DIAGNOSIS SIG**  
**Does Trauma Dose or Type Impact Clinical Outcomes? Combat and Non-Combat Trauma among Veterans Referred to a VA PTSD Clinic**  
(Abstract #1934)

**Poster #WR 131 (Assess Dx, Anx, Chronic, Depr, Mil/Vets, Adult) I - Industrialized**

**Grand Ballroom**

*Duax, Jeanne, PhD, ABPP<sup>1</sup>, Lamp, Kristen, PhD<sup>2</sup>, Rauch, Sheila, PhD, ABPP<sup>1</sup>, Smith, Erin, PhD<sup>1</sup>*  
*<sup>1</sup>University of Michigan / VA Healthcare System, Ann Arbor, Michigan, USA*  
*<sup>2</sup>VA Ann Arbor Health Care System, Ann Arbor, Michigan, USA*

Data has consistently suggested that higher combat exposure is associated with more severe PTSD among military veterans. The data is mixed, however, with regard to the relationship between levels of non-combat trauma and severity of PTSD among military veterans. Moreover, less is known about how exposure to non-combat trauma relates to diagnostic outcomes. This study will report demographic and diagnostic data on 2540 veterans (89.6% and 8.0% female) referred for PTSD evaluation at a major Midwest VA medical center between the years 2006 and 2013. Clinical measures administered included the MINI, Life Events Checklist (LEC), Combat Exposure Scale (CES), and CAPS. Approximately 90% of the sample reported experiencing 3 or more traumatic events during their lifetimes (mean = 7.28, median = 7.00, mode = 6.00), with combat exposure being the most frequently endorsed trauma type (52.6%). A subset of the sample (n=1496) were assessed via the CAPS. Regression analyses showed that the total number of traumatic events ( $\beta = .186, t = 6.66, p < .001$ ) and CES severity ( $\beta = .163, t = 4.55, p < .001$ ) were predictive of PTSD severity as indicated by CAPS total scores. Additional analyses will explore how trauma type and number relate to comorbidity within PTSD as well as non-PTSD outcomes in this military sample.

**WR 132                    TRAUMA, HEALTH AND PRIMARY CARE SIG**  
**Post-Traumatic Stress Disorder, Chronic Pain and Opioid Use Disorder- Can Buprenorphine Be Used to Treat All Three?**  
(Abstract #931)

**Poster #WR 132 (Clin Res, Clin Res, Clinical Practice, Bio/Int, Adult) - Industrialized                    Grand Ballroom**

*Seal, Karen, MD MPH<sup>1</sup>, Maguen, Shira, PhD<sup>1</sup>, Bertenthal, Daniel, MPH<sup>2</sup>, Neylan, Thomas, MD<sup>2</sup>*  
<sup>1</sup>San Francisco VA Medical Center and UCSF, San Francisco, California, USA  
<sup>2</sup>San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA

The triad of post-traumatic stress disorder (PTSD), chronic pain and substance use disorders are common co-occurring conditions in primary care, yet there are no evidence-based treatments for all three conditions. We sought to determine whether sublingual buprenorphine, a partial mu and nociception opioid (NOP) receptor agonist, prescribed to veterans for opioid use disorder, incidentally improved PTSD symptoms compared to a group of veterans with PTSD maintained on moderately high dose opioid therapy (OT) for chronic pain. Of 392 Iraq and Afghanistan veterans in VA healthcare, general estimating equation models compared the buprenorphine treatment group to the OT control group with regard to change in PTSD symptom and pain scores over time. Veterans receiving buprenorphine showed significant improvement in PTSD symptoms after 6 months, with increasing improvement up to 24 months compared to the OT group that showed non-significant worsening of PTSD symptoms, [Incidence Rate Ratio= 2.03, 95% CI=1.09-3.80, (p =0.03)]. In addition, buprenorphine patients had significantly less pain than the OT group at baseline and during follow-up, (p-values<0.001). Given the challenges of caring for patients with PTSD, chronic pain and substance use disorders, the incidental finding that buprenorphine improves PTSD symptoms suggests that a prospective controlled trial is needed.

**WR 133                    TRAUMA, HEALTH AND PRIMARY CARE SIG**  
**Does Pain Associated with Medical Trauma have a Role in PTSD According to the DSM-V Criteria?**  
(Abstract #1282)

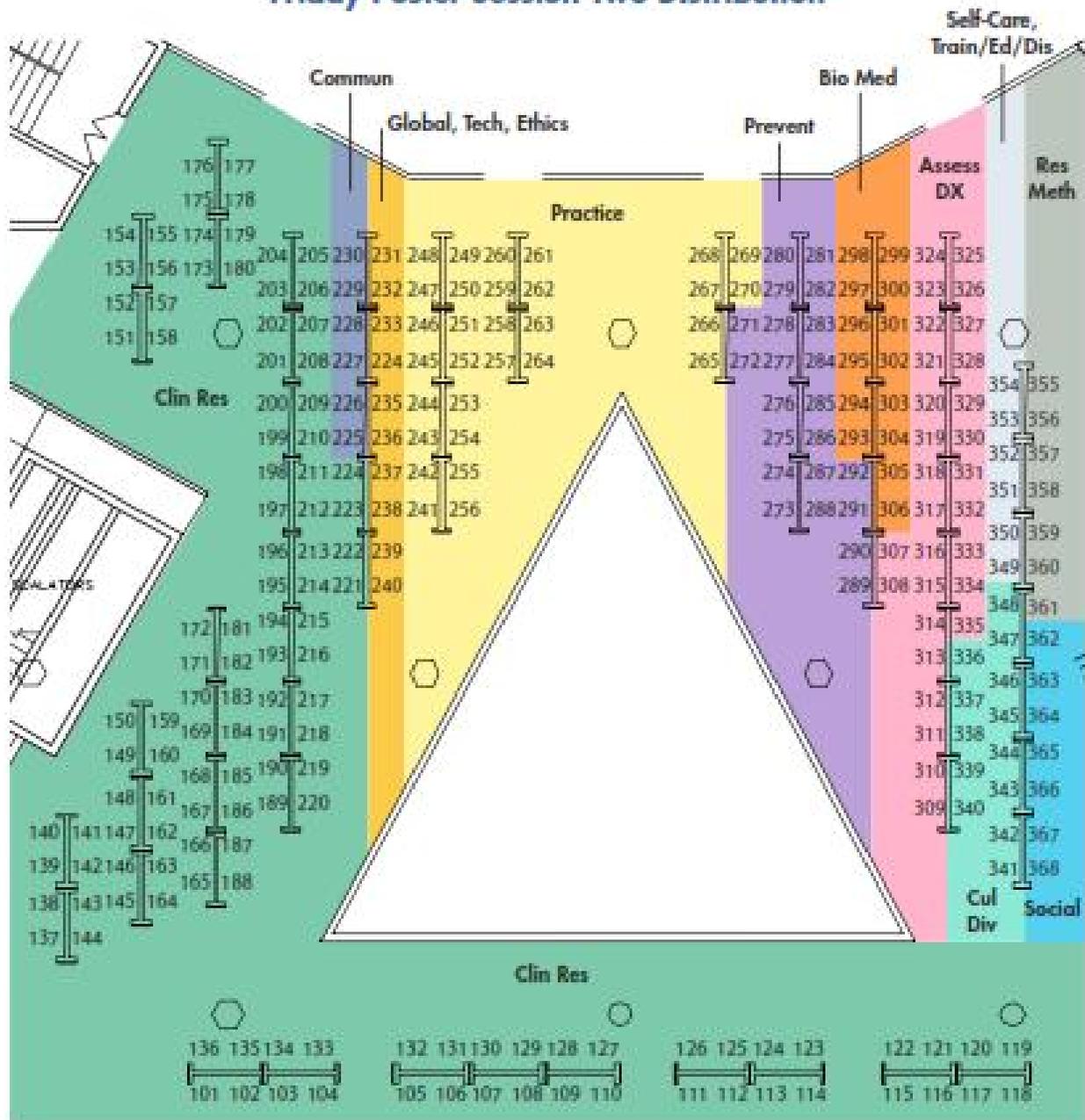
**Poster #WR 133 (Bio Med, Assess Dx, Bio Med, Health, Illness, Adult) M - Global                    Grand Ballroom**

*Amariglio, Nelly, PhD<sup>1</sup>, Meyer, Rika, PhD<sup>2</sup>, Gold, Jeffrey, PhD<sup>1</sup>*  
<sup>1</sup>Children's Hospital Los Angeles - University of Southern California, Los Angeles, California, USA  
<sup>2</sup>Academic Medical Center, Los Angeles, California, USA

This study examined whether pain predicted PTSD criteria as presented in the DSM-V. While the co-occurrence of PTSD and pain has been investigated, little is known about the role of pain in predicting PTSD, especially in regards to alterations in cognitions and mood. Adult oncology patients (N=285) completed the PCL-C, POMS, and the Functional Health Status measure. Pain was significantly positively correlated with re-experiencing, avoidance, hyper-arousal, and total mood disturbance. More specifically, the POMS sub-scales revealed that bodily pain and whether pain interfered with normal work were related to more tension/anxiety, depression/dejection/, anger/hostility, and confusion/bewilderment. Additionally, significant differences between no PTSD, partial PTSD, and full PTSD were found for 'pain interfering with normal work' (F(2,280)=6.64, p=.002), where those with full PTSD had significantly more pain than those with no PTSD. Linear regressions were also conducted to determine whether pain predicted PTSD criteria, such that pain that interfered with work significantly predicted more mood disturbance, hyper-arousal, avoidance, and re-experiencing. Pain is evidently a strong predictor of PTSD according to the DSM-V criteria. Further exploration of the impact of pain on cognition and mood may assist in screening for psychological distress and in providing early intervention.



## Friday Poster Session Two Distribution



	Poster Board #		Poster Board #
Clinical/Intervention Research (Clin Res)	101 – 224	Assessment/Diagnosis (Assess DX)	307 – 336
Community-Based Programs (Commun)	225 – 230	Culture/Diversity (Cul Div)	337 – 348
Global Issues (Global), Technology (Tech), & Ethics (Ethics)	231 – 240	Vicarious Traumatization and Therapist Self-Care (Self-Care), Training/Education/Dissemination (Train/Ed/Dis)	349 – 354
Clinical Practice (Practice)	241 – 270	Research Methodology (Res Meth)	355 – 361
Prevention/Early Intervention (Prevent)	271 – 292	Social Issues – Public Policy (Social)	362 – 368
Biological/Medical (Bio Med)	293 – 306		

**Poster Session Two Author Attended Presentations**  
**Friday, November 7**  
**06:00 PM to 07:00 PM**

**CLINICAL/INTERVENTION RESEARCH POSTERS (CLIN/RES)**

**FRI 101**

**The Importance of Women-Specific PTSD and Trauma-Related Services among Veteran Women Receiving VA Health Care**  
(Abstract #1499)

**Poster #FRI 101 (Clin Res, Clinical Practice, Rape, Mil/Vets, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Hebenstreit, Claire, PhD<sup>1</sup>, Turchik, Jessica, PhD<sup>2</sup>, Kimerling, Rachel, PhD<sup>3</sup>*

<sup>1</sup>*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

<sup>2</sup>*Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA*

<sup>3</sup>*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Palo Alto, California, USA*

Studies indicate that female Veterans may be interested in being seen in a designated women's clinic or being able to choose a female provider. Women-specific care may be especially important for women who have been exposed to trauma, and particularly those who have experienced military sexual trauma (MST). Chart review and survey data were collected from 245 female Veterans in primary care settings who reported a perceived need for trauma-related services. Binomial logistic regressions were used to examine several predictors of importance ratings for female provider and a designated women's clinic. Results demonstrated that many women preferred to receive trauma-related services in a designated women's clinic and/or to choose a provider of the same gender. Several factors increased the likelihood of reporting preferences for having access to a female provider, including Black racial identity, having at least one mental health visit in the past year, combined MST exposure and PTSD diagnosis, and using only VHA facilities for health services in the past year. Black racial identity increased the likelihood of a preference for a designated women's clinic. The current study highlights future directions that may aid further research of female Veterans' service needs within VHA, and may have several key implications for practitioners.

**FRI 102**

**PTSD Symptom Presentation and Service Utilization in Female Iraq and Afghanistan Veterans**  
(Abstract #183)

**Poster #FRI 102 (Clin Res, Clin Res, Mil/Vets, Adult) - Industrialized**

**Mezzanine East/West/South**

*Hebenstreit, Claire, PhD<sup>1</sup>, Madden, Erin, MPH<sup>2</sup>, Maguen, Shira, PhD<sup>1</sup>*

<sup>1</sup>*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

<sup>2</sup>*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*

Recent studies have used latent class analysis (LCA) to identify subgroups of individuals who share similar patterns of PTSD symptom endorsement; however, further study is needed among women veterans, whose PTSD symptom expression may vary from that of their male counterparts. The primary aim of this study was to examine latent PTSD symptom classes in female veterans who returned from recent military service in Iraq and Afghanistan (N = 2,545). A retrospective analysis was conducted using existing medical records from Iraq and Afghanistan women veterans who were new users of VA mental health outpatient (MHO) care, and had received a PTSD diagnosis anytime during the post-deployment period. Latent class analyses identified four classes of PTSD symptom profiles, with the following profiles emerging: High symptom (50% of participants), Intermediate symptom (20.6%), Intermediate symptom with High Emotional Numbing (EN, 20.8%), and Low symptom (8.6%). Female Veterans were more likely to be in the PTSD symptom class characterized by reexperiencing and avoidance coupled with

lower emotional numbing; this PTSD class was also associated with a lower likelihood of engaging in minimally adequate care (MAC) within VHA for PTSD. These findings enhance our understanding of service utilization by female veterans with PTSD.

### **FRI 103**

#### **Military Sexual Trauma Related VA Outpatient Mental Health Care: Which Veterans Utilize this Free Care?** (Abstract #819)

**Poster #FRI 103 (Practice, Aggress, Pub Health, Rape, Mil/Vets, Adult) - Industrialized**

**Mezzanine  
East/West/South**

*Turchik, Jessica, PhD<sup>1</sup>, Rosen, Craig, PhD<sup>2</sup>, Timko, Christine, PhD<sup>3</sup>, Whooley, Mary, MD<sup>4</sup>, Kimerling, Rachel, PhD<sup>5</sup>*

<sup>1</sup>*Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA*

<sup>2</sup>*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA*

<sup>3</sup>*Center for Innovation to Implementation, VA Palo Alto Health Care System & Stanford University, Menlo Park, California, USA*

<sup>4</sup>*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

<sup>5</sup>*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Palo Alto, California, USA*

The Veterans Health Administration (VHA) provides free sexual trauma-related outpatient treatment services to Veterans who report military sexual trauma (MST); this system provides a unique opportunity to examine factors related to the utilization of services by patients with sexual trauma. Prior research suggests that male Veterans are less likely to receive MST-related care than female Veterans and that there may be potential gender-related barriers to care; however, no research has examined this issue in a national sample of VHA users from all service eras. The current study examined sociodemographic, military service factors, and primary diagnoses related to the use and utilization intensity of MST-related mental health (MH) outpatient care among 7,831 Veterans in a one-year period following the report of an MST experience during VHA screening. Logistic regression models demonstrated that MST-related MH care service utilization and intensity differed by sociodemographic, military service, and diagnostic variables. Among the significant findings, men who reported MST were less likely to receive MST-related MH care and utilized less MST-related care than women with MST. MST-related care utilization was further examined by the five most common MH diagnoses. This study has important treatment implications for the treatment of both Veteran and civilian sexual trauma survivors.

### **FRI 104**

#### **Interventions Online to Facilitate Post-War Access of Reserve and National Guard Servicewomen** (Abstract #1494)

**Poster #FRI 104 (Clin Res, Clin Res, Tech, Mil/Vets, Adult) - Industrialized**

**Mezzanine East/West/South**

*Sadler, Anne, PhD, RN<sup>1</sup>, Mengeling, Michelle, PhD<sup>2</sup>, Torner, James, PhD<sup>3</sup>, Franciscus, Carrie, MA<sup>4</sup>, Erschens, Holly, BA<sup>4</sup>, Cook, Brian, DO<sup>5</sup>, Booth, Brenda, PhD<sup>6</sup>*

<sup>1</sup>*Iowa City VA Health Care System & The University of Iowa, Iowa City, Iowa, USA*

<sup>2</sup>*CADRE, Iowa City VA Health Care System, Iowa City, Iowa, USA*

<sup>3</sup>*University of Iowa, Iowa City, Iowa, USA*

<sup>4</sup>*Iowa City VAMC--CADRE, Iowa City, Iowa, USA*

<sup>5</sup>*University of Iowa Carver College of Medicine, Iowa City, Iowa, USA*

<sup>6</sup>*University of Arkansas, Little Rock, Arkansas, USA*

Our recent mixed methods study found that Web-based interventions were effective in engaging and activating high risk Reserve/National Guard (RNG) female populations to seek needed post-deployment mental health (MH) care that they otherwise reported substantial barriers to. In Phase 1, servicewomen completed online screens for common post-deployment MH and readjustment concerns (e.g. PTSD, family-readjustment) and were provided tailored

educational information (Web-Ed). Participants acknowledged substantial trauma exposures (combat, assault) and post-deployment readjustment and MH concerns. Many were currently serving in RNG, officers, and/or had career and confidentiality concerns about seeking treatment. In Phase 2 telephone interviews, participants reported that they liked the confidentiality and accessibility of Web-Ed and many had sought care as a direct result of this information. Most wanted to be able to access their MH screens prior to their VA appointments and/or for their screening results to be linked to a VA secure network (such as My HealthVet) so that a health care provider could access them. Women reported that they would be more likely to ask questions or send a secure message to a VA provider about their symptoms and concerns if this was possible. This work has substantial implications for VA post-deployment health services delivery.

#### **FRI 105**

#### **Remote Exercises for Learning Anger and Excitation Management (RELAX): A Pilot Evaluation of Mobile Applications for Anger Management**

(Abstract #1319)

**Poster #FRI 105 (Clin Res, Aggress, Tech, Mil/Vets, Adult) I - Industrialized Mezzanine East/West/South**

*Morland, Leslie, PsyD<sup>1</sup>, Niehaus, James, PhD<sup>2</sup>, Marx, Brian, PhD<sup>3</sup>, Taft, Casey, PhD<sup>3</sup>, Morgan, Lucas, MA<sup>1</sup>, Mackintosh, Margaret-Anne, PhD<sup>1</sup>*

<sup>1</sup>National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA

<sup>2</sup>Charles River Analytics, Cambridge, Massachusetts, USA

<sup>3</sup>National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

A substantial number of Veterans experience significant difficulties managing anger as well as associated aggressive behaviors. Although evidence-based treatments have been developed to help Veterans address these concerns, practical issues such as availability and distance from care providers prevent many Veterans from taking full advantage of treatment. To address these obstacles, we are evaluating a remote, technology-enabled, anger treatment and management system, Remote Exercises for Learning Anger and Excitation Management (RELAX), based on current CBT interventions for Anger management. We completed a pilot cognitive behavioral therapy (CBT) anger management treatment group with Veterans using the RELAX application (app) and assessed its initial efficacy, feasibility, utility and safety. Quantitative data included clinical and process outcomes and technical feasibility of the RELAX app while qualitative data included focus group interviews. Descriptive and graphical methods will be used to describe relationships among mobile app use and outcomes. Change Point tests will be used to identify presence and significance of changes in weekly clinical outcomes for each user. Results will highlight how use of the RELAX mobile app enhances efficacy or efficiency of an anger intervention.

#### **FRI 106**

#### **Impact of Patient Engagement in Weekly Homework Assignments on Symptom Change in Cognitive Processing Therapy**

(Abstract #755)

**Poster #FRI 106 (Clin Res, Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized Mezzanine East/West/South**

*Morland, Leslie, PsyD, Powell, Allison, BA, Willis, Emy, BA, Mackintosh, Margaret-Anne, PhD*

*National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA*

Cognitive behavioral theory requires active patient participation in skill acquisition and skill application for treatment gains to be realized as compared to more insight-oriented treatment methods. The goal of this study is to investigate how homework engagement affected treatment outcomes in Cognitive Processing Therapy (CPT) for PTSD. Participants are 125 male veterans and 126 female veterans and civilians enrolled in two VA-funded randomized control trials of CPT. Homework engagement will be measured as a latent variable consisting of three indicators (number of homework pages completed as well as patients' ratings of time spent on and helpfulness of homework assignments). Homework variables and PTSD severity ratings (as measured by the 17-item PTSD Checklist, PCL) were collected weekly for 11 of the 12 CPT sessions. We will use autoregressive cross-lagged models to assess (1) effects of homework engagement on PTSD symptoms at the subsequent treatment sessions and

(2) effects of PTSD symptom levels on treatment engagement at subsequent sessions. Study findings may have important implications regarding patients' homework engagement through skill building on treatment efficacy as well as how fluctuations in symptoms during treatment may trigger therapists to pay particular attention to patient participation.

#### **FRI 107**

#### **Gender Roles and Perspective-Taking Affect Post-Traumatic Growth**

(Abstract #1104)

**Poster #FRI 107 (Clin Res, Affect/Int, CSA, Complex, Rape, Lifespan) I - Industrialized**

**Mezzanine East/West/South**

*Barlow, M. Rose, PhD<sup>1</sup>, Hetzel-Riggin, Melanie, PhD<sup>2</sup>*

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<sup>2</sup>*Penn State Erie, The Behrend College, Erie, Pennsylvania, USA*

Post-traumatic growth (PG; Tedeschi & Calhoun, 1996) describes how people make meaning in response to trauma. Women may report higher PG than men (Vishnevsky et al., 2010); however, Vishnevsky did not study gender role adherence, and most reported traumas were non-interpersonal. Interpersonal traumas (rape, physical attacks) may have different outcomes than non-interpersonal traumas (natural disasters) (Hetzel-Riggin & Roby, 2013). Easton and colleagues (2013) found that among men who reported a history of child sexual abuse, those with less endorsement of masculine norms had higher PG. Perspective-taking may also influence PG. Our objective was to examine these interactions. College students ( $n = 311$ ) completed measures of adherence to gender role norms (Bem, 1977), empathy (Davis, 1980), and PG (Cann et al., 2010), and a trauma checklist. In women, femininity and perspective-taking predicted PG. PG was not related to overall trauma, and was negatively correlated with interpersonal trauma. A combination of interpersonal trauma and femininity predicted perspective-taking. In men, femininity predicted PG and perspective-taking better than did overall trauma score. Masculinity did not significantly relate to PG. Overall, femininity and perspective-taking may be important to positive meaning-making after trauma, and therefore may need to be addressed in interventions.

#### **FRI 108**

#### **Using CPT in Clinical Practice: Does Training Matter?**

(Abstract #753)

**Poster #FRI 108 (Train/Ed/Dis, Clin Res, Adult) - Industrialized**

**Mezzanine East/West/South**

*Pukay-Martin, Nicole, PhD, Wierwille, Jena, Doctoral Student, Chard, Kathleen, PhD  
Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

Therapist effects have been found to account for 12% of the variability in treatment outcome for Cognitive Processing Therapy (CPT) (Laska, Smith, Wislocki, Minami, & Wampold, 2013). There is also evidence to suggest that therapist effects may moderate patient outcome disparities (Larrison & Schoppelrey, 2011). The present study sought to examine therapist effects as well as the interaction between patient and therapist demographics in predicting treatment outcome. The sample consisted of 838 veterans who completed CPT seen by 70 therapists at a specialized outpatient PTSD treatment facility. Using 3-level multilevel modeling, results demonstrated no significant differences in patient PTSD outcomes across therapist. Additionally, patient and therapist demographics did not interact to predict patient PTSD outcomes. The lack of difference in clinicians may be attributable to the design of the clinic including ongoing opportunities for case consultation with certified national CPT trainers. Additional implications regarding systems design will be discussed.

**FRI 109****The Dog Ate My Homework and Other Sordid Tales**

(Abstract #752)

**Poster #FRI 109 (Clin Res, Clinical Practice, Adult) - Industrialized****Mezzanine East/West/South**

*Galovski, Tara, PhD, Gloth, Chelsea, Doctoral Student, Chappuis, Courtney, Doctoral Student  
University of Missouri St. Louis, St. Louis, Missouri, USA*

Homework is considered to be an integral part of cognitive-behavioral therapy. Logically, the more effort one puts into an endeavor, the more reward one gets out. The extent to which this logic has been empirically tested is less clear. This study seeks to assess client engagement with homework assignments in approximately 100 PTSD-positive survivors of interpersonal violence who participated in a course of Cognitive Processing Therapy (CPT) in one of two clinical trials. First, we will assess the relationship between the amount of reported effort (minutes spent completing homework) by the patient, the amount of patient effort estimated by the therapist (based on therapist impression of work produced in session), and the actual amount of homework produced. Second, we will assess the contribution of overall amount of homework to change in PTSD and depression. Finally, we will identify overall patterns of compliance to determine if specific session assignments tend to yield more or less compliance, if compliance tends to increase as therapy progresses, or if compliance tends to decrease as symptoms improve. The clinical implications of grappling with homework compliance issues will be discussed. All data (N=100) has been collected and will be cleaned and analyzed by August, 2014.

**FRI 110****Gender Differences in Peritraumatic Dissociation and Distress among Victims of Violent Crimes**

(Abstract #846)

**Poster #FRI 110 (Clin Res, Acute, Aggress, Comm/Vio, Rape, Adult) M - Industrialized****Mezzanine East/West/South**

*Demarble, Julie, Doctoral Student<sup>1</sup>, Fortin, Christophe, PhD<sup>1</sup>, D'Antono, Bianca, PhD<sup>2</sup>, Guay, Stéphane, PhD<sup>1</sup>  
<sup>1</sup>Université de Montreal & Centre d'Etude du Trauma, Montréal, Quebec, Canada  
<sup>2</sup>Montreal Heart Institute, Montreal, Quebec, Canada*

Background: Peritraumatic dissociation and distress are strong predictors of PTSD onset, development. However, research findings considering peritraumatic and gender-related factors remain scarce and are yet to be determined for victims of violent crimes. Objective: Determine whether men and women victims of violent crimes differ in their peritraumatic stress reactions, namely dissociation and distress. Associations between gender type and peritraumatic variables are also to be tested. Methods: 158 adults (65 men, 93 women, Mage = 39): 77.1% physical assaults, completed the Acute Stress Disorder Interview, the Peritraumatic Dissociative Experience Questionnaire, the Peritraumatic Distress Inventory and the BEM Sex-Role Inventory. T-tests and Pearson correlations were conducted. Results: Women experienced significantly greater peritraumatic distress, ( $t(156) = 7.003, p < .001$ ), more negative emotions ( $t(156) = 1.568, p = .001$ ), and perceived life threat ( $t(156) = 1.567, p = .004$ ), compared to men. Feminine gender type was significantly associated with dissociation ( $r = 0.238, p = 0.032$ ) and distress ( $r = 0.274, p = 0.013$ ). Conclusions: The present study highlights the importance of gender related factors in acute stress reactions. Peritraumatic distress may be particularly detrimental to women and could shed light on possible reasons for women's higher PTSD risk.

**FRI 111****Veteran Decision-Making around Evidence-Based PTSD Treatment**

(Abstract #702)

**Poster #FRI 111 (Clin Res, Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South**

*Osei-Bonsu, Princess, PhD, MPH<sup>1</sup>, Bolton, Rendelle, MSW<sup>2</sup>, Wiltsey Stirman, Shannon, PhD<sup>3</sup>, Eisen, Susan, PhD<sup>2</sup>, Pellowe, Maura, PhD<sup>2</sup>, Herz, Lawrence, MD<sup>1</sup>*

<sup>1</sup>VA Bedford Healthcare System, Bedford, Massachusetts, USA

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<sup>3</sup>Boston VA Healthcare System, Boston, Massachusetts, USA

Comparable to other studies, our previous study estimated that <20% of VA patients with post-traumatic stress disorder (PTSD) have engaged in the two recommended evidence-based psychotherapies for PTSD—cognitive processing therapy (CPT) and prolonged exposure (PE). Given the low rate, we conducted an in-depth exploration of patient decision-making around CPT and PE engagement. We interviewed 13 Veterans with two PTSD-related encounters in FY11 at a VISN 1 medical center. Veterans had either completed (n=4), partially-completed (n=4), or never engaged in CPT or PE (n=5). Completers and partial-completers reported that “being tired” of their PTSD symptoms, their provider’s recommendation for CPT or PE, and the nature of the treatment (e.g., its effect on one’s emotional state) fed into their decision to begin these treatments. A few noted that these treatments were difficult but self-reassurance and believing that they were not “quitters” facilitated treatment continuation. Interestingly, CPT/PE non-engagers were generally unsure about whether they had had a discussion about CPT or PE with their mental health provider. While thematic saturation was not reached in this study, these early findings point to areas for further exploration and may have implications for marketing strategies that can boost engagement in CPT and PE.

### **FRI 112**

#### **Veterans’ Attitudes towards Prolonged Exposure and Cognitive Processing Therapy**

(Abstract #701)

**Poster #FRI 112 (Clin Res, Mil/Vets, Adult) - Industrialized**

**Mezzanine East/West/South**

*Kehle-Forbes, Shannon, PhD<sup>1</sup>, Partin, Melissa, PhD<sup>1</sup>, Slone, Laurie, PhD<sup>2</sup>, Polusny, Melissa, PhD<sup>3</sup>, Sayer, Nina, PhD<sup>1</sup>, Gerould, Heather, MS<sup>1</sup>*

<sup>1</sup>Minneapolis VA Health Care System, Minneapolis, Minnesota, USA

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Low levels of veteran engagement in evidence-based psychotherapies (EBPs) for PTSD may be due to veterans’ lack of knowledge or negative attitudes regarding the treatments. The goal of this project was to understand veterans’ existing knowledge of prolonged exposure (PE) and cognitive processing therapy (CPT) and to elicit their opinions regarding the treatments. We conducted semi-structured interviews with 31 VA users with PTSD; we recruited participants in three strata (male OEF/OIF, male Vietnam, and female veterans). Participants were first asked about their knowledge of EBPs and were subsequently shown a video explaining either PE or CPT. Using a modified grounded theory approach, we analyzed responses to the following questions: “What got your attention in the video?” and “Would you feel comfortable trying the treatment?” Few veterans were aware of PE or CPT. Veterans in all three strata reported that the effectiveness of the treatments stood out to them and made them feel as though positive change was possible. Veterans perceived the treatments as challenging and had concerns about whether the treatments would work specifically for them. Most veterans expressed a willingness to try the treatments, although many desired more details regarding the session content. We will discuss how the results are being used to develop materials to increase veteran demand for EBPs.

### **FRI 113**

#### **Patients’ Perceptions of their Providers and Retention in PTSD Pharmacotherapy**

(Abstract #700)

**Poster #FRI 113 (CulDiv, Clin Res, Mil/Vets, Adult) - Industrialized**

**Mezzanine East/West/South**

*Spoont, Michele, PhD<sup>1</sup>, Nelson, Dave, PhD<sup>2</sup>, Alegria, Margarita, PhD<sup>3</sup>, van Ryn, Michelle, PhD MPH<sup>4</sup>*

<sup>1</sup>National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis, Minnesota, USA

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<sup>4</sup>Mayo Clinic, Rochester, Minnesota, USA

**Objective:** African American and Latino Veterans have lower retention rates in PTSD clinical practice guideline (CPG) recommended pharmacotherapy than White Veterans. This study examined whether ratings Veterans made of their pharmacotherapy providers differed across racial/ethnic groups and if any variation was associated with CPG pharmacotherapy retention. **Methods:** Providers ratings of medication were made six months after PTSD was diagnosed by a national sample of Veterans who initiated CPG recommended pharmacotherapy (n=1,613). Treatment need, treatment beliefs, treatment retention rates, patient demographics and provider ratings were determined by self-administered surveys and VA administrative databases. **Results:** African American Veterans who perceived their provider as helping them with side effects were more likely to be retained in PTSD pharmacotherapy than those whose providers did not help them. Side effect management had no impact on White Veterans' treatment retention. Retention in PTSD pharmacotherapy for Latino Veterans, in contrast, was associated with provider availability. **Conclusions:** Ratings of providers were associated with retention in PTSD pharmacotherapy, suggesting that patient-provider communication contributes to treatment retention disparities among Veterans with PTSD.

#### FRI 114

#### The Role of Individual Beliefs and Family Involvement in Understanding Veterans' Commitment to Evidence Based Treatments for PTSD

(Abstract #699)

Poster #FRI 114 (Clin Res, Fam/Int, Mil/Vets, Adult) - Industrialized

Mezzanine East/West/South

*Meis, Laura, PhD LP<sup>1</sup>, Spoot, Michele, PhD<sup>2</sup>, Erbes, Christopher, PhD LP<sup>3</sup>, Polusny, Melissa, PhD<sup>3</sup>, Noorbaloohi, Siamak, PhD<sup>4</sup>, Hagel Campbell, Emily, MS<sup>5</sup>, Bangerter, Ann, BA/BS<sup>6</sup>, Eftekhari, Afsoon, PhD<sup>7</sup>, Kattar, Karen, PsyD<sup>8</sup>, Tuerk, Peter, PhD<sup>9</sup>*

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<sup>9</sup>Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

**Objective:** We examined if beliefs about Prolonged Exposure (PE)/Cognitive Processing Therapy (CPT), therapeutic alliance, and family involvement in care predicted Veterans' adherence to and perceived importance of PE/CPT. **Methods:** Data collection is ongoing. We surveyed 246 Veterans and 137 of their family members as they began PE/CPT, coded patient records, and surveyed them again 4 months later (Projected N by conference=362 Veterans;190 family). **Results:** We conducted preliminary multiple regressions with 131 Veterans, controlling for baseline PTSD. Homework compliance was greater among those with stronger therapeutic alliances (  $\beta = .38; p = .004$ ) and family who were unaware of PE/CPT engagement (  $\beta = -.23; p = .031$ ); associations with self-efficacy (  $\beta = .26; p = .098$ ) and treatment fit (  $\beta = .33; p < .075$ ) approached significance. Veterans felt CPT/PE was more important when they had greater self-efficacy to complete it (  $\beta = .71; p < .001$ ); associations with family awareness of PE/CPT approached significance (  $\beta = .08; p = .098$ ). No predictors uniquely predicted CPT/PE completion. Final analyses will examine the larger sample through multilevel modeling. **Conclusions:** Preliminary analyses suggest that self-efficacy to complete an CPT/PE, therapeutic alliance, and disclosure of CPT/PE engagement are important predictors of commitment to evidence based treatments for PTSD.

**FRI 115****Correlates of Physical Activity Differ for Veterans With and Without Post-Traumatic Stress Disorder**  
(Abstract #641)**Poster #FRI 115 (Prevent, Health, Pub Health, Social, Adult) - Industrialized Mezzanine East/West/South***Hoerster, Katherine, PhD, MPH<sup>1</sup>, Millstein, Rachel, MPH<sup>1</sup>, Hall, Katherine, PhD<sup>2</sup>, Reiber, Gayle, PhD MPH<sup>1</sup>, Nelson, Karin, MD<sup>1</sup>, Saelens, Brian, PhD<sup>3</sup>*<sup>1</sup>*VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA*<sup>2</sup>*Durham VA Medical Center/Duke University, Durham, North Carolina, USA*<sup>3</sup>*University of Washington, Seattle, Washington, USA*

PTSD is associated with inactivity; reasons for this are unclear. To identify physical activity barriers, we mailed a survey to 1,997 randomly selected Veterans who had 1 VA medical center visit in 2011, oversampling for those with PTSD. Correlates of activity, measured with the International Physical Activity Questionnaire, were identified ( $p < .05$ ) in analyses stratified by those with PTSD (PCL-M  $\geq 50$ ) and without ( $N=717$ ). Most were male (85%), Caucasian (72%), and had a household income of  $\leq \$40,000$  (60%). Nearly half had PTSD (45%). Average age and minutes of weekly activity were 60 ( $SD=13$ ) and 271 ( $SD=428$ ), respectively. In bivariate tests, pain, functional impairment, poor neighborhood aesthetics, depression, and low social support for activity were associated with inactivity among those with/without PTSD. Among Veterans without PTSD, low general support and high medical co-morbidities were associated with inactivity in bivariate tests, but none were associated in multivariate tests. Among Veterans with PTSD, neighborhood crime, bad neighborhood traffic, poor neighborhood cohesion, income, and marital status were associated with inactivity in bivariate tests; positive perceived neighborhood aesthetics and activity encouragement from others were positively associated in multivariate tests. These correlates should be considered in promoting activity among Veterans with PTSD.

**FRI 116****Pain Catastrophizing Mediates the Relationship between PTSD Symptoms and Pain Tolerance**  
(Abstract #640)**Poster #FRI 116 (Clin Res, Health, Illness, Adult) - Industrialized Mezzanine East/West/South***Zalta, Alyson, PhD<sup>1</sup>, Blais, Rebecca, PhD<sup>2</sup>, Hobfoll, Stevan, PhD<sup>3</sup>, Burns, John, PhD<sup>1</sup>*<sup>1</sup>*Rush University Medical Center, Chicago, Illinois, USA*<sup>2</sup>*Department of Veterans Affairs, Puget Sound Health Care System, Seattle, Washington, USA*<sup>3</sup>*Rush Medical College, Chicago, Illinois, USA*

PTSD is linked with pain disorders in adulthood; yet, the mechanisms by which PTSD is associated with pain are not well understood. We recruited urban women ages 18-40 ( $N=44$ ) who recently sought care at the Emergency Department at Rush University Medical Center. Participants completed a series of questionnaires and an ischemic pain task. The pain task included two minutes of dominant forearm muscle exercises using a hand dynamometer, then participants had a blood pressure cuff inflated on the dominant bicep and remain inflated until the subject asked to stop the task or a maximum of eight minutes. The outcome variables include pain threshold (when participants first noticed pain) and pain tolerance (when participants asked to stop the task). PTSD symptom severity was not directly associated with pain threshold or tolerance, but was strongly associated with pain catastrophizing ( $r = .42$ ,  $p < .01$ ; i.e., negative cognitive-affective responses to anticipated or actual pain). Moreover, pain catastrophizing mediated the relationship between PTSD symptoms and pain tolerance. Our findings suggest that pain catastrophizing may be an important mechanism by which individuals with PTSD experience greater acute pain and ultimately develop chronic pain.

**FRI 117****Combination of Moderate-Severe Depressive Symptoms and PTSD is Associated with Higher Disease Burden in Older Urban Adults: Findings from the BRIGHTEN Heart Study**

(Abstract #639)

**Poster #FRI 117 (Clin Res, Anx, Bio Med, Chronic, Clinical Practice, Older) - Industrialized****Mezzanine East/West/South***Blais, Rebecca, PhD<sup>1</sup>, Buehler, Susan, PhD<sup>2</sup>, Hobfoll, Stevan, PhD<sup>3</sup>, Powell, Lynda, PhD<sup>2</sup>, Emery, Erin, PhD<sup>2</sup>, Rothschild, Steven, MD<sup>2</sup>*<sup>1</sup>*Department of Veterans Affairs, Puget Sound Health Care System, Seattle, Washington, USA*<sup>2</sup>*Rush University Medical Center, Chicago, Illinois, USA*<sup>3</sup>*Rush Medical College, Chicago, Illinois, USA*

Depression is linked to medical morbidity and mortality. PTSD is also linked to poorer health, and some research suggests that this relationship may be driven by depression. The present study examined depression severity and probable PTSD diagnosis on disease burden in a primary care-based sample of depressed older adults (n=236; mean age 68 ± 5.7 years). Participants completed questionnaires assessing depression, PTSD, and their medical history. Disease burden was characterized as the sum number of chronic diseases endorsed by each participant (e.g., diabetes, cancer). Analysis of covariance showed that depression severity was associated with higher disease burden (SS = 23.2, df = 1, p < 0.01), but PTSD (present/absent) was not (SS = 1.9, df = 1, p = 0.36). A significant depression severity-by-PTSD interaction (SS = 9.3, df = 1, p = 0.05) suggested that PTSD was a predictor of disease burden for individuals with more severe depression (t = 2.76, p < 0.01), but not for those with less severe depression (t = -0.64, p = 0.52). Results indicate that it is critical to screen for PTSD in the primary care setting, particularly in older adults with higher levels of depression.

**FRI 118****What Promotes Positive Relationships with Others Following Trauma and the Shattering of Core Beliefs? A Moderated Mediation Analysis**

(Abstract #453)

**Poster #FRI 118 (Clin Res, Acute, Chronic, Death, QoL, Adult) M - Industrialized****Mezzanine East/West/South***Kaufman, Julia, Doctoral Student, Wright, Margaret, PhD, Allbaugh, Lucy, MS PhD Student  
Miami University, Oxford, Ohio, USA*

Traumatic life experiences can violate core assumptions about the self in the world that result in heightened difficulty in later interpersonal relationships (Liang et al., 2006; Lilly et al., 2011). However, not all individuals exposed to these traumatic events will go on to develop relational problems. The aim of this study was to explore mechanisms by which the shattering of core beliefs predicted relationships with others in young adults following experiences of interpersonal violence (N =155) or loss (N =274). A moderated mediation model examined the relation between core beliefs and positive relationships through negative cognitions about the world and depressive symptoms. Psychological resilience was considered as a moderator of this mediated model and type of trauma was included as a covariate. The overall model was significant (R<sup>2</sup> = .44). Negative cognitions and depressive symptoms were significant mediators, above and beyond the effects of trauma type. High psychological resilience served as a buffer against depressive symptoms following the shattering of core beliefs. Findings revealed the adverse impact of both negative cognitions about the world and depressive symptoms on interpersonal outcomes following the shattering of core beliefs and highlighted that individuals who are high in trait resilience may be more protected from the impact of these adverse sequelae.

**FRI 119****The Relationship between Childhood Physical Abuse and Heart Rate Variability in a Traumatized Civilian Sample**

(Abstract #1012)

**Poster #FRI 119 (Clin Res, Bio Med, CPA, Adult) I - Industrialized****Mezzanine East/West/South***Crow, Thomas, MA<sup>1</sup>, Powers Lott, Abigail, PhD<sup>1</sup>, Ressler, Kerry, MD PhD<sup>1</sup>, Bradley, Bekh, PhD<sup>2</sup>, Jovanovic, Tanja, PhD<sup>1</sup>*<sup>1</sup>*Emory University School of Medicine, Atlanta, Georgia, USA*<sup>2</sup>*Atlanta VAMC/Emory University, Decatur, Georgia, USA*

A growing literature suggests that heart rate variability (HRV) is a robust measure of autonomic regulation and emotional responding. While many studies have examined heart rate variability in relation to PTSD symptoms, there is less research on the relationship between HRV and childhood trauma. The current study examines the relationship between HRV and three types of childhood abuse (i.e. physical, sexual, and emotional) in a sample (n=301) of mostly low-income African American participants recruited in a public hospital. Bivariate analyses indicate that of the three childhood abuse types, only physical abuse was significantly related to HRV during a dark-enhanced startle task ( $p < .01$ ). Regression analyses indicate that this relationship remained significant even when controlling for symptoms of depression, PTSD, and emotional dysregulation ( $p < .01$ ). These findings suggest that childhood physical abuse may be associated with a particular alteration in autonomic activity in stressful situations. Further research is needed to assess causality and identify possible mechanisms through which this physiology may be altered.

**FRI 120****Peritraumatic Dissociation Mediates the Relationship between Childhood Trauma and PTSD Symptoms in a Prospective Study of Emergency Room Trauma Patients**

(Abstract #1001)

**Poster #FRI 120 (Clin Res, Acute, CPA, Adult) I - Industrialized****Mezzanine East/West/South***Crow, Thomas, MA, Rothbaum, Alex, BS, Michopoulos, Vasiliiki, PhD, MSc, Ressler, Kerry, MD PhD, Houry, Debra, MD MPH, Rothbaum, Barbara, PhD, ABPP**Emory University School of Medicine, Atlanta, Georgia, USA*

Previous research suggests that the development of PTSD in adulthood is associated with both peritraumatic dissociation and history of childhood trauma. Research also suggests that individuals with a history of childhood trauma are more prone to dissociation than those without traumatic childhoods. The current ongoing study prospectively examined the relationships among childhood trauma history, peritraumatic dissociation, and later PTSD symptoms in a sample recruited in the level-1 trauma center at a large, urban hospital's emergency department. Preliminary regression analyses (n=84) indicated that both peritraumatic dissociation and childhood trauma history are predictive of PTSD symptoms measured using the PTSD Symptom Scale at both one and three months post-trauma ( $p < .001$ ). Furthermore, at the 3-month follow up, these two predictors together accounted for 42% of the variance in PTSD symptoms ( $p < .001$ ). Using bootstrapping analyses, a partial mediation by peritraumatic dissociation was found on the relationship between childhood trauma and PTSD symptoms. These results highlight the importance of screening for childhood trauma history and peritraumatic dissociation in assessing risk for PTSD. Early intervention efforts might benefit from assessing and clinically targeting these issues for prevention and treatment alike.

**FRI 121****The Impact of Childhood Trauma on Treatment Outcomes among Individuals with Complex Trauma Histories**

(Abstract #1043)

**Poster #FRI 121 (Clin Res, Chronic, Clin Res, Complex, Sleep, Adult) I - Industrialized****Mezzanine  
East/West/South***Miller, Katherine, MA PhD Student<sup>1</sup>, Cranston, Christopher, MA PhD Student<sup>1</sup>, Davis, Joanne, PhD<sup>1</sup>, Pruiksma, Kristi, PhD<sup>2</sup>*<sup>1</sup>*University of Tulsa, Tulsa, Oklahoma, USA*<sup>2</sup>*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*

Early childhood trauma has been linked to post-traumatic stress (PTSD) symptoms. Literature suggests that childhood cumulative trauma but not adulthood trauma predicts increased symptom complexity in adults and may be more resistant to treatment. We hypothesized that among adults with complex trauma, those endorsing childhood trauma will be significantly more treatment resistant than those without childhood trauma. Data were drawn from a larger RCT comparing two treatments for chronic, trauma-related nightmares and sleep disturbances in a community sample of adults. A total of 66 participants, either endorsing childhood trauma (prior to age 10) or not, were included in analyses to examine the difference in treatment outcome variables (nightmare frequency, number of nights with nightmares, nightmare severity, PTSD symptoms and severity, sleep quality, and depression) at one-week posttreatment. Due to violations in ANCOVA assumptions, while controlling for baseline levels, Wilcoxon's robust methods were chosen as suitable robust alternatives. Results revealed both groups significantly improved following treatment for trauma-related nightmares and there were no significant group differences. In the face of complex trauma history, having experienced childhood trauma does not appear to have an impact on nightmare treatment outcome. Implications and limitations are discussed.

**FRI 122****Are Disclosures of Childhood Traumatic Events Less Believable than Medical Problems?**

(Abstract #1039)

**Poster #FRI 122 (Clin Res, CPA, CSA, Illness, Res Meth, Adult) I - Industrialized****Mezzanine  
East/West/South***Miller, Katherine, MA PhD Student, Cromer, Lisa, PhD  
University of Tulsa, Tulsa, Oklahoma, USA*

Childhood interpersonal traumas (IPT) have been labeled invisible wounds, and survivors may remain silent due to fear of not being believed. Research supports the notion that IPT disclosures can meet skepticism. The current study evaluated whether disbelief was unique to trauma disclosures, or if veracity of disclosures regarding other personal issues, such as health problems, might be doubted. To examine this question, the present study examined whether people would believe disclosures of health problems more than childhood trauma experiences. College students ( $N = 1119$ ) were randomized to read one of four vignettes of an adult female disclosing a childhood IPTs (child sexual abuse or witnessing domestic violence) or a past medical problem (chronic migraine or sexually transmitted illness) and rated disclosure veracity. There were no differences in believability regarding type of childhood trauma. Contrary to expectations, individuals believed disclosures regarding childhood traumas more than each of the disclosures about medical problems, with disclosures of sexually transmitted illness being believed the least. Perhaps these results reflect the similarities among the vignettes—invisible attributes that carry stigmatization. These findings highlight a need in future research to delineate differences in disclosure believability between visible and invisible traumas.

**FRI 123****A Pilot Randomized Clinical Trial of a Brief Primary Care-Based Mindfulness Intervention for Veterans with PTSD**

(Abstract #550)

**Poster #FRI 123 (Clin Res, Depr, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Possemato, Kyle, PhD<sup>1</sup>, Pigeon, Wilfred, PhD<sup>2</sup>, Bergen-Cico, Dessa, PhD<sup>3</sup>, Treatman, Scott, DO<sup>4</sup>, Wade, Michael, MS<sup>1</sup>*<sup>1</sup>*Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA*<sup>2</sup>*Department of Veteran Affairs, Syracuse, New York, USA*<sup>3</sup>*Syracuse University, Syracuse, New York, USA*<sup>4</sup>*Crouse Hospital, Syracuse, New York, USA*

Although evidence-based treatment approaches for PTSD exist and are available within the Veterans Health Administration (VHA); not all Veterans are willing to engage in or respond optimally to these interventions. Briefer, non-exposure based treatments, offered in the primary care setting may increase patient engagement. Therefore, we sought to test the efficacy of a brief, primary care-based Mindfulness Based Stress Reduction (PC-MBSR) intervention. VHA primary care patients with PTSD (N=62) were enrolled in a randomized clinical trial comparing PC-MBSR to primary care-treatment as usual (PC-TAU). PC-MBSR adapts core components of MBSR into four 90-minute weekly group sessions. Veterans in the PC-MBSR condition demonstrated significantly greater decreases in PTSD ( $p=.033$ ) and depressive ( $p=.036$ ) symptoms from pre-treatment to post-treatment compared to veterans in the PC-TAU group. These gains were maintained at 8 and 12 week follow-up. Decreases in PTSD symptoms were also clinically significant with PC-MBSR participants reporting an average of a 15 point decrease in Clinician Administered PTSD Scale at post-treatment. Our data support the preliminary efficacy of a brief mindfulness intervention for Veterans with PTSD. Further research is needed to investigate how PC-MBSR may help facilitate treatment entry into full length empirically-supported treatment for PTSD.

**FRI 124****Primary Care Veterans Barriers, Facilitators, and Preferences for PTSD Treatment**

(Abstract #1156)

**Poster #FRI 124 (Clin Res, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***Possemato, Kyle, PhD<sup>1</sup>, Greg, Beehler, PhD<sup>2</sup>, Wray, Laura, PhD<sup>2</sup>, Brooks, Emily, PhD<sup>1</sup>*<sup>1</sup>*Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA*<sup>2</sup>*Veterans Health Care System, Buffalo, New York, USA*

PTSD is common among Veterans Affairs primary care patients and is associated with barriers to engaging in treatment. This study investigated patient preferences for primary care-based PTSD services. Veteran primary care patients with PTSD who were not engaged in PTSD treatment (N=27) provided focus group data and quantitative self-report data on perceived barriers and facilitators for PTSD treatment and treatment preferences. Participants were purposefully recruited to ensure diversity in age (range 26-71), gender (15% female), service era (30% Gulf Wars), and geographic setting (50% rural). A mixed-methods approach including conventional content analysis and concurrent triangulation was used. Qualitative themes regarding barriers included beliefs that PTSD is not treatable and that some staff did not understand their problems with PTSD. Themes on facilitators to treatment included incorporating family members, and increasing accessibility by offering technology-based resources and walk-in clinics. Quantitatively, the most common treatment barriers were avoiding reminders of past traumas (56%) and concerns about being labeled (41%). Participants with more severe PTSD reported more treatment barriers ( $r=.57$ ,  $p=.01$ ). Primary care-based treatment approaches should seek to overcome trauma-related treatment avoidance and boost patient confidence in treatment.

**FRI 125****Acceptance and Commitment Therapy for OEF/OIF/OND Female Veterans with Histories of Interpersonal Trauma: A Preliminary Investigation**

(Abstract #620)

**Poster #FRI 125 (Clin Res, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South****Gobin, Robyn, PhD<sup>1</sup>, Jain, Sonia, PhD<sup>2</sup>, Ernstrom, Karin, PhD<sup>2</sup>, Reman, Rema, PhD<sup>2</sup>, Schnurr, Paula, PhD<sup>3</sup>, Lang, Ariel, PhD<sup>4</sup>**<sup>1</sup>San Diego VA/University of San Diego, San Diego, California, USA<sup>2</sup>UC San Diego / VA San Diego Health Care System, La Jolla, California, USA<sup>3</sup>VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA<sup>4</sup>UC San Diego / VA San Diego Health Care System, San Diego, California, USA

Despite strong existing interventions for PTSD, research suggests survivors of interpersonal trauma (IPT), particularly military sexual trauma (MST), may benefit from additional treatment options. Given the high levels of comorbidity among female Veterans, acceptance and commitment therapy (ACT), a transdiagnostic treatment, may be an effective approach. The current study examined the efficacy of ACT as compared to present centered therapy (PCT) in reducing distress in a sample of 29 female Veterans with histories of IPT and MST who participated in a larger randomized clinical trial (N=160). Wilcoxon rank sum tests were used to compare outcomes by treatment group. Women in the ACT condition reported greater improvements in general distress BSI-18 (Mdn= -10.5 [IQR= -15.5 to -6.75] vs. Mdn= -1 [IQR= -4 to -6.75],  $z=-2.65$ ,  $p=.009$ ), PTSD symptom severity PCL-M (Mdn=-17 [IQR=-25 to -13] vs. Mdn=3 [IQR=-1.25 to 5],  $z=-2.539$ ,  $p=.013$ ), and WHOQOL-BREF psychological quality of life (Mdn=22.92 [IQR= 7.292 to 27.081] vs. Mdn=2.08 [IQR= -3.13 to 11.46],  $z=2.047$ ,  $p=.045$ ) than the PCT condition from baseline to post-treatment. Although preliminary, these results suggest that ACT may be efficacious in addressing post-traumatic distress among female Veterans who have experienced IPT and/or MST. Future research should examine the efficacy of ACT for interpersonal trauma using larger samples.

**FRI 126****Baseline Associations between Mindfulness and Post-Traumatic Stress Disorder Symptoms among Treatment Seeking Veterans**

(Abstract #1329)

**Poster #FRI 126 (Clin Res, Affect/Int, Clinical Practice, QoL, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South****Gobin, Robyn, PhD<sup>1</sup>, Walter, Kristen, PhD<sup>2</sup>, Liu, Lin, PhD<sup>3</sup>, Zia, Agha, MD<sup>4</sup>, Thorp, Steven, PhD<sup>4</sup>**<sup>1</sup>San Diego VA/University of San Diego, San Diego, California, USA<sup>2</sup>Veterans Medical Research Foundation, San Diego, California, USA<sup>3</sup>UC San Diego / VA San Diego Health Care System, San Diego, California, USA<sup>4</sup>VA San Diego Healthcare System / UCSD, San Diego, California, USA

Mindfulness-based interventions have been receiving increased attention for the treatment of post-traumatic stress disorder (PTSD). However, there is a paucity of research establishing an empirical association between PTSD and mindfulness. We assessed the relationship between two facets of mindfulness (mindful awareness and mindful non-judging), overall PTSD symptom severity, and PTSD symptom cluster severity among 170 Veterans who participated in a randomized controlled trial. All participants met diagnostic criteria for PTSD as assessed with the Clinician-Administered PTSD Scale. The Mindfulness Awareness Attention Scale (MAAS) and the Accepting without judgment subscale of the Kentucky Inventory of Mindfulness (KIMS) were used to examine mindfulness. Mindful awareness and mindful non-judging were each independently associated with overall PTSD symptom severity and reexperiencing, hyperarousal, avoidance, and numbing symptom clusters (all  $p's < .01$ ). In a multivariate regression analysis, mindful awareness accounted for significant variance in PTSD symptom severity ( $p=.003$ ), re-experiencing ( $p=.001$ ), and avoidance ( $p=.022$ ), even after controlling for the effects of age, gender, and depression. Mindful non-judging accounted for significant variance in avoidance ( $p=.028$ ). Our findings suggest that Veterans with PTSD may benefit from interventions that increase mindful awareness.

**FRI 127****The Role of Moral Injury, Guilt, and Self-Worth in the Association between PTSD and Suicidal Ideation**  
(Abstract #1411)**Poster #FRI 127 (Assess Dx, Assess Dx, Clin Res, Mil/Vets, Adult) - Industrialized****Mezzanine  
East/West/South***Harrington, Kelly, PhD<sup>1</sup>, Boasso, Alyssa, PhD Candidate<sup>2</sup>, Nash, William, MD<sup>3</sup>, Litz, Brett, PhD<sup>4</sup>*<sup>1</sup>*VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA*<sup>2</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>3</sup>*Boston VA Research Institute, Boston, Massachusetts, USA*<sup>4</sup>*VA Boston Health Care System/Boston University, Boston, Massachusetts, USA*

Post-traumatic stress has been linked to suicidality, but the exact nature of this relationship remains unclear. This presentation focuses on types of traumatic events and the course of PTSD as factors that may account for inconsistent findings in this association. Specific types of traumatic stressors have been shown to preferentially confer increased risk for suicidality such as morally injurious experiences including betrayal, perpetrating immoral acts, and bearing witness to others' immoral acts. During the post-traumatic period, the PTSD-suicidality relationship likely changes over time such that PTSD gives way to decreased self-worth and increased guilt, which in turn, increases suicidal ideation. To test these proposed models, this study uses a cohort of deployed U.S. Marines (N=621) who were assessed 1 month prior to a 7-month deployment to Afghanistan, and again at 5- and 8-months post-deployment. Regression analyses revealed that the association between PTSD and suicidal ideation was moderated by all types of morally injurious experiences; however, these associations were not consistently demonstrated across the deployment cycle. Similarly, self-worth and guilt mediated the PTSD-suicidality relationship, but not at all time points. These findings suggest morally injurious experiences and guilt may especially predispose individuals to suicidal ideation at certain times.

**FRI 129****Post-Traumatic Stress Disorder, Depression, and Intentional Self-Harm in Massachusetts Veterans**  
(Abstract #1408)**Poster #FRI 129 (Clin Res, Pub Health, Adult) - Industrialized****Mezzanine East/West/South***Gradus, Jaimie, ScD<sup>1</sup>, Leatherman, Sarah, MA<sup>2</sup>, Raju, Sanjay, MPH<sup>2</sup>, Ferguson, Ryan, ScD<sup>3</sup>, Miller, Matthew, MD<sup>4</sup>*<sup>1</sup>*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA*<sup>2</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>3</sup>*VA Boston Health Care System/Boston University, Boston, Massachusetts, USA*<sup>4</sup>*Harvard School of Public Health, Boston, Massachusetts, USA*

The literature on Post-Traumatic Stress Disorder (PTSD) and fatal and non-fatal intentional self-harm (ISH) among Veterans Health Administration (VHA) patients is limited in scope and contradictory. Some studies have found an association between PTSD and ISH or death from suicide among VHA patients, while others have shown that PTSD is protective suicide death in VHA patients with depression. The goals of the current study are to assess (1) the gender-stratified incidence rate ratio for the association between PTSD and subsequent ISH among a large, longitudinal sample of Massachusetts VHA patients and (2) the interaction between PTSD and depression in predicting the ISH in a gender-stratified sample. VHA electronic medical record data were obtained for patients who received a PTSD diagnosis at a Massachusetts treatment facility (n = 16,004) and a gender/age matched comparison group (n = 52,506). Results revealed an adjusted incidence rate ratio (aIRR) among men of 3.2 (95% CI: 2.3, 4.4). Among women, the aIRR was 20 (95% CI: 6.8, 59.4). Evidence of an interaction between PTSD and depression diagnoses in predicting ISH was found for both genders, but was more marked among women. Our results suggest that suicide prevention approaches in the VHA should integrate treatment for PTSD and depression.

**FRI 130****Moral Injury, Suicidal Thoughts, and Suicide Attempts in a Military Clinical Sample**

(Abstract #1407)

**Poster #FRI 130 (Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Bryan, AnnaBelle, BS, BA<sup>1</sup>, Bryan, Craig, PsyD<sup>1</sup>, Anestis, Mike, PhD<sup>2</sup>, Green, Bradley, PhD<sup>2</sup>*<sup>1</sup>*National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA*<sup>2</sup>*University of Southern Mississippi, Hattiesburg, Mississippi, USA*

Research has linked post-traumatic stress and guilt with greater risk for self-injurious thoughts and behaviors (SITB) among military personnel (Bryan et al., 2013). "Moral injury" may be an underlying mechanism. 151 Air Force personnel in mental health treatment and 278 Army personnel completed the Moral Injury Event Scale and self-report measures of SITB and relevant covariates. In sample 1 (Air Force), MIES scores significantly differentiated between groups according to history of suicidality ( $p=.006$ ) even when controlling for relevant covariates. The suicide attempt group scored significantly higher on Transgress-Self and Transgress-Other than the suicidal ideation and control groups, but the suicide ideation and control groups did not significantly differ from each other. Betrayal scores did not significantly differ between groups. Regression analyses indicated that Transgress-Self ( $p=.040$ ) and Transgress-Other ( $p=.041$ ) were associated with significantly more severe current suicidal ideation. In Sample 2 (Army), Transgress-Self was significantly higher among those with a history of suicide attempt ( $p=.016$ ). Transgress-Self was not significantly associated with severity of suicidal ideation ( $p=.757$ ). The perception that one has acted in ways that are "wrong" or morally questionable may be an important risk factor for suicidal behavior in military personnel.

**FRI 131****Relative Influence of Event and Cognitive Factors in PTSD Symptoms in Survivors of Childhood Trauma**

(Abstract #418)

**Poster #FRI 131 (Clin Res, Affect/Int, CSA, Clin Res, Rape, Adult) M - Industrialized****Mezzanine East/West/South***Reiland, Sarah, PhD, Nichols, Brady, Undergraduate Winthrop University, Rock Hill, South Carolina, USA*

Risk and resilience factors have been identified that predict differential responses to stressful events, but the relative importance of these factors is not well understood. Social-cognitive theories (e.g., Foa, Steketee, & Rothbaum, 1989) emphasize the role of cognitions in the development and maintenance of post-traumatic stress (PTS) symptoms. This study examined the relationships among PTS symptoms, event characteristics (e.g., type, injury) and cognitive factors (e.g., attributions, beliefs about the importance of the event to one's identity, and cognitive flexibility) in a sample of 153 college students who reported a childhood trauma. Consistent with predictions, although events involving child abuse and greater injury were positively associated with PTSD symptoms ( $\beta = .171$  and  $.181$ ,  $p < .05$ ) and explained 7.7% of variation in symptoms, these factors were no longer significant when cognitive factors were added to the model. Cognitive variables alone explained 32% of variability in symptoms, with perceived importance to identity and cognitive inflexibility associated with higher symptoms ( $\beta = .365$  and  $.254$ ,  $p < .01$ ). The findings support social cognitive theories of PTSD and suggest that cognitive factors are associated with risk and resilience following stressful life events.

**FRI 132****Support for the Hopelessness Model of Depression: Relationships among Attributions, Perceived Importance of Events, and PTSD and Depression Symptoms**

(Abstract #409)

**Poster #FRI 132 (Clin Res, Affect/Int, Clin Res, Depr, Adult) M - Industrialized Mezzanine East/West/South***Reiland, Sarah, PhD, Carner, Brittany, Undergraduate  
Winthrop University, Rock Hill, South Carolina, USA*

Consistent with the Reformulated Model of Learned Helplessness (RMLH; Abramson et al., 1978), attributions that are more internal, stable, and global have been shown to be associated with greater PTSD and depression symptoms. Even though the RMLH has been revised to clarify that maladaptive attributions are most likely to lead to adverse outcomes when the event is considered to be important to the person and the outcomes very negative (Hopelessness Model of Depression; Abramson et al., 1989), most attribution studies do not account for the importance of the event to the individual. The current study examined whether perceptions of event importance mediated the relationship between attributions and PTSD and depression symptoms in a sample of 214 college students who reported about their worst life event. Consistent with the Hopelessness Model of Depression, results supported the mediational role of event significance. When analyzed separately, age at worst event (child versus adult) did not change the results of the mediation analyses. Findings suggest that maladaptive attributions may contribute to symptoms of PTSD and depression through the event's importance to a person's sense of identity.

**FRI 133****The Relationship between Self-Compassion and PTSD in a Sample of Homeless Veterans**

(Abstract #247)

**Poster #FRI 133 (Clin Res, Chronic, Clinical Practice, QoL, Mil/Vets, Adult) I - Mezzanine Industrialized East/West/South***Held, Philip, PhD Candidate, Owens, Gina, PhD  
University of Tennessee - Knoxville, Knoxville, Tennessee, USA*

The present study examined the relationship between self-compassion and post-traumatic stress disorder (PTSD) in a sample of homeless veterans. Forty-one homeless veterans in transitional housing facilities completed paper-and-pencil questionnaires as part of an initial assessment for a larger intervention study. Results from the present study suggested that higher levels of self-compassion are associated with reduced PTSD severity ( $r = -.465, p = .002$ ). Specifically, the self-compassion subscales of self-kindness ( $r = -.356, p = .022$ ), self-judgment ( $r = -.456, p = .003$ ), and isolation ( $r = -.506, p = .001$ ) were strongly correlated with PTSD severity in this sample. These findings suggest the importance of the relationships between self-compassion and PTSD severity. Consequently, self-compassion may be considered as a possible intervention for individuals affected by PTSD. Directions for future research on self-compassion and PTSD are discussed.

**FRI 134****The Effect of Self-Compassion Training on Trauma-Related Guilt in a Sample of Homeless Veterans**

(Abstract #424)

**Poster #FRI 134 (Clin Res, Chronic, Clinical Practice, QoL, Mil/Vets, Adult) - Mezzanine Industrialized East/West/South***Held, Philip, PhD Candidate, Owens, Gina, PhD, Piercy, Herb, MS PhD Student  
University of Tennessee - Knoxville, Knoxville, Tennessee, USA*

The present study compared the effects of two four-week bibliotherapy interventions on trauma-related guilt: self-compassion training and stress inoculation training. Twenty-seven homeless male veterans who were living in transitional housing facilities participated in this study. Participants were randomly assigned to either a self-

compassion (N = 13) or a stress inoculation (N = 14) group and were asked to complete pre-, mid-, and post-intervention assessments measuring changes in self-compassion, trauma-related guilt, and PTSD severity. Participants in both intervention groups reported increased levels of self-compassion and equal reductions in trauma-related guilt. Those in the stress inoculation group noted significant reductions in PTSD. The results from this study provide preliminary evidence for the use of self-compassion and stress inoculation trainings as effective treatments for trauma-related guilt. The findings also suggest that self-administered trainings in the form of workbooks may be a viable, cost-effective form of intervention for disadvantaged populations, such as homeless veterans, who may lack resources or access to professionals or paraprofessionals. We will discuss the effects of self-compassion training and stress inoculation training on the study variables, as well as directions for future research on self-compassion and trauma-related guilt.

#### **FRI 136**

#### **Evaluating a Compassion-Based Therapy for Trauma-Related Shame and Post-Traumatic Stress**

(Abstract #350)

**Poster #FRI 136 (Clin Res, Affect/Int, Clin Res, Adult) - Industrialized**

**Mezzanine East/West/South**

*Au, Teresa, PhD Candidate<sup>1</sup>, Litz, Brett, PhD<sup>2</sup>*

<sup>1</sup>*Boston University, Boston, Massachusetts, USA*

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PTSD has been primarily conceptualized as a fear-based disorder, but accumulating research indicates that shame can also strongly contribute to the development and maintenance of PTSD. However, current evidence-based treatments for PTSD typically focus on dysregulated fear responding and do not directly target the affective experience of shame. Interventions that promote self-compassion have shown promise for reducing shame in clinical populations, but this approach has not been systematically evaluated in traumatized individuals. We have developed a brief compassion-based therapy for reducing trauma-related shame and PTSD symptoms. We will describe the intervention, which consists of six weekly individual therapy sessions focused on promoting a self-compassionate response to shame-inducing trauma memories and flashbacks. Using a multiple baseline design, we are evaluating this therapy in a community sample of adults (N=9) with elevated shame and post-traumatic stress symptoms after a potentially traumatic event. Participants complete weekly assessments before, during, and after the treatment. We will present data on the efficacy, feasibility, and acceptability of the intervention. We will also discuss future research directions and the potential for this treatment to be used as a cost-effective and non-invasive supplement or alternative to existing treatments.

#### **FRI 137**

#### **Fidelity to CPT after Training and Consultation: A Comparison of Three Post-Workshop Support Strategies**

(Abstract #739)

**Poster #FRI 137 (Train/Ed/Dis, Clinical Practice, Cog/Int, Train/Ed/Dis, Prof) - Industrialized**

**Mezzanine East/West/South**

*Wiltsey Stirman, Shannon, PhD<sup>1</sup>, Shields, Norman, PhD<sup>2</sup>, Landy, Meredith, Doctoral Student<sup>3</sup>, Lane, Jeanine, Doctoral Student<sup>3</sup>, Monson, Candice, PhD<sup>4</sup>*

<sup>1</sup>*Boston VA Healthcare System, Boston, Massachusetts, USA*

<sup>2</sup>*Veteran Affairs Canada, Toronto, Quebec, Canada*

<sup>3</sup>*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*

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Despite known benefits of cognitive behavioral therapies, only a minority of individuals with PTSD receive these treatments in routine care settings (Shiner et al., 2013). Studies have demonstrated that workshops alone do not lead to skilled delivery of evidence-based treatments, and that follow-up support is necessary (Herschell et al., 2010). However, there has been little research to identify the most effective strategies for providing this support. This study investigated the impact of post-workshop follow-up conditions on Cognitive Processing Therapy (CPT) fidelity. Clinicians from VA Canada's Operational Stress Injury National Network and from community settings (n=134)

were randomized into one of three conditions. Two consultation strategies (with and without review of session recordings and work samples) were compared to a strategy that did not include post-workshop consultation. Differences in fidelity and adaptations made to CPT by clinicians in the three conditions will be examined. Ratings of client skill and engagement, and their impact on fidelity, will also be explored. Although the blind to consultation condition is not yet broken (will be broken by ISTSS annual meeting), interim analyses indicate that, overall, about 80% of clinicians have been deemed to meet the minimal criteria for CPT adherence. Implications for broad dissemination efforts will be discussed.

**FRI 138**

**Fidelity to the Four Cornerstones of CPT: The Ability of Therapist Skill to Predict Outcomes**

(Abstract #737)

**Poster #FRI 138 (Clin Res, Clinical Practice, Train/Ed/Dis, Adult) - Industrialized**

**Mezzanine  
East/West/South**

*Chappuis, Courtney, Doctoral Student, Gloth, Chelsea, Doctoral Student, Galovski, Tara, PhD  
University of Missouri St. Louis, St. Louis, Missouri, USA*

Throughout the Cognitive Processing Therapy (CPT) manual (Resick et al., 2010), four therapist components are consistently cited as cornerstones of the intervention (1. reliance on Socratic Dialogue, 2. prioritizing assimilated stuck points before over-accommodated, 3. using practice assignments as session content, and 4. encouragement of expression of natural affect). This study seeks to build on the existing adherence and competence manual used in previous CPT trials by specifically assessing therapist fidelity to these four cornerstones across sessions. We aim to compare overall ratings of adherence and competence when the extended criteria are evaluated as compared to the overall ratings via the original manual. Next we seek to assess the extent to which adherence and competence in each of these theorized important elements predicts therapeutic outcomes. Our sample consists of 359 taped CPT sessions from 50 interpersonal violence survivors who participated in one of two randomized controlled treatment outcome trials. With 100 tapes coded to date, preliminary data suggests that competence in implementing these four components accounted for 66% of the variance (R<sup>2</sup>) in change in PTSD symptoms over the course of treatment ( $p < .05$ ). All tapes will be coded including outside expert rater feedback by July, 2014.

**FRI 139**

**Toward Further Understanding of Cognitive Processing Therapy Critical Components: An Examination of Specific and Nonspecific Intervention Elements**

(Abstract #761)

**Poster #FRI 139 (Clin Res, Train/Ed/Dis, Adult) M - Industrialized**

**Mezzanine East/West/South**

*Chappuis, Courtney, Doctoral Student, Gloth, Chelsea, Doctoral Student, Galovski, Tara, PhD  
University of Missouri St. Louis, St. Louis, Missouri, USA*

Several trauma-focused treatments have been shown to effectively reduce PTSD symptomatology for a majority of treatment completers (Friedman et al., 2007). In an effort to continually increase effectiveness, researchers are now attempting to better understand the specific factors involved in the efficacy of these interventions. Only limited research exists examining the influence of both intervention specific components (e.g., identifying and addressing client avoidance) and nonspecific therapeutic elements (e.g., therapeutic alliance) on treatment outcome (Laska et al., 2013). This study aims to increase the understanding of factors that contribute to successful treatment outcome for trauma survivors by assessing therapist fidelity to theorized critical intervention components and by examining the hypothesis that nonspecific factors will moderate the relationship between implementation of Cognitive Processing Therapy (CPT) specific components and treatment outcome. The sample includes 359 video-recorded CPT session tapes gathered from 50 interpersonal violence survivors who participated in two completed randomized controlled treatment outcome trials. Thus far, 100 tapes have been coded by two independent raters. We anticipate all 359 tapes will be coded and feedback from one outside expert rater will be received by July 2014.

**FRI 140****Changes in Trauma Narratives Following Narrative Reconstruction Therapy and Their Relationship with PTSD Symptoms**

(Abstract #1206)

**Poster #FRI 140 (Clin Res, Affect/Int, Clin Res, Cog/Int, Adult) M - Industrialized****Mezzanine East/West/South***Peri, Tuvia, PhD, Vidan, Zohar, Doctoral Student, Tuval-Mashiach, Rivka, PhD Bar-Ilan University, Ramat Gan, Israel*

Traumatic memories of PTSD patients communicated in trauma narratives are fragmented, unorganized and incoherent and not integrated into the autobiographical memory system. Traumatic memories are also characterized by vivid negative sensorial and intense emotional content and accompanied by negative attributions to the self (Brewin, 2011). Previous studies were inconclusive regarding the impact of exposure based interventions on trauma narratives (Jelinek et al., 2009). This study explored the changes in traumatic narratives following Narrative Reconstruction Therapy (Peri & Gofman, 2013) and their relationships with symptomatic outcome. Spontaneous traumatic narratives of 20 patients before and after treatment with NR were analyzed employing structural analysis of narrative disorganization and fragmentation and an integration index of the trauma memory in the autobiographical memory. A significant increase in narrative organization and a decrease in fragmentation level together with an increase in integration level of the trauma memory within the autobiographical memory were found. These changes were significantly correlated with the reduction in PTSD symptoms evaluated by the BDI, STAI and CAPS. These results demonstrate the relationship between changes in traumatic memory encoding and PTSD symptom improvement following exposure based treatment.

**FRI 141****An Observational Study of Pre-Post Treatment Outcomes for Male and Female Veterans Seeking Services in a VA Military Sexual Trauma Clinic**

(Abstract #922)

**Poster #FRI 141 (Clin Res, Rape, Adult) - Industrialized****Mezzanine East/West/South***Allard, Carolyn, PhD, Butler, Ebony, PhD, Nunnink, Sarah, PhD, McCulloch, Robert, PhD VA San Diego Healthcare System / UCSD, San Diego, California, USA*

It has become clear that Military Sexual Trauma (MST) is an altogether too frequent and harmful experience for both men and women. MST is associated with increased risk for PTSD and comorbid disorders compared to other trauma experiences, including combat trauma and other sexual traumas experienced in a civilian environment. Research on MST has increased exponentially over the past decade, yet treatment outcome research in this population is still in its infancy. This presentation will report on pre-post treatment outcomes observed in a convenience sample of 25 Veterans with PTSD secondary to MST receiving empirically supported treatment in a VA MST Clinic. The 18 women in this sample experienced significant reductions in PTSD symptom severity (PCL-S) from pre- to post-treatment ( $t(17) = 2.98, p < .01, d = 0.53$ ), whereas the 7 men did not ( $t(6) = 1.62, n.s., d = 0.45$ ). There were no significant differences in depression symptom severity (PHQ-9) from pre- to post-treatment for either gender. A substantial proportion of both men (54%) and women (39%) had symptom measure ratings suggestive of PTSD diagnosis at post-treatment. These findings suggest that there remains much room for improvement of treatment outcomes for MST survivors receiving treatment outside of a clinical trial, and that this may be especially the case for men.

**FRI 142****Cognitive Processing Therapy for Men with Military Sexual Trauma**  
(Abstract #921)**Poster #FRI 142 (Clin Res, Clin Res, Rape, Adult) - Industrialized****Mezzanine East/West/South***Suris, Alina, PhD, ABPP<sup>1</sup>, Mullen, Kacy, PhD<sup>2</sup>, Williams, Rush, Doctoral Student<sup>3</sup>, Holliday, Ryan, MS, PhD Student<sup>2</sup>*<sup>1</sup>*Veterans Affairs North Texas Health Care System, Dallas, Texas, USA*<sup>2</sup>*VA, Dallas, Texas, USA*<sup>3</sup>*University of Texas Southwestern, Dallas, Texas, USA*

Over the last two decades, Military Sexual Trauma has received increased attention, with prevalence rates as high as 21.5% of women and 12% of men (Hoyt, Rielage, & Williams, 2011). To date, however, the majority of research on MST has focused on female survivors, while few studies have examined the unique sequelae of MST in men. This is especially concerning, given that civilian men are more likely than their female counterparts to endorse symptoms of psychiatric disorders (Ratner, et. al, 2003), and report greater levels of distress (Elliott, Mok, & Briere, 2004; Tewksbury, 2007). The present study examined 11 male Veterans with MST-related Post-traumatic Stress Disorder (PTSD) who participated in a larger randomized control trial comparing Cognitive Processing Therapy (CPT) to a well-established control treatment (Present-Centered Therapy; PCT). Participants completed a 12-session protocol of CPT. The PTSD Checklist (PCL) and Quick Inventory of Depressive Symptoms (QIDS) were assessed at pre- and post-treatment, as well as every 2 sessions during treatment, and at three follow-up sessions (2, 4, and 6 months). Piecewise growth curve analyses revealed that CPT effectively reduced self-reported symptoms of PTSD as well as depressive symptoms for men with MST-related PTSD. Participants maintained the gains they made during treatment over a 6-month follow-up period.

**FRI 143****Treatment Outcomes in Veterans with PTSD Following Military Sexual Trauma**  
(Abstract #920)**Poster #FRI 143 (Clin Res, Rape, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Rauch, Sheila, PhD, ABPP<sup>1</sup>, Porter, Katherine, PhD<sup>2</sup>, Venners, Margaret, MPH, MSW<sup>3</sup>, Sexton, Minden, PhD<sup>3</sup>, Knowles, Kelly, Undergraduate<sup>3</sup>*<sup>1</sup>*University of Michigan / VA Healthcare System, Ann Arbor, Michigan, USA*<sup>2</sup>*VA Ann Arbor Health Care System, Ann Arbor, Michigan, USA*<sup>3</sup>*US Department of Veteran Affairs, Ann Arbor, Michigan, USA*

Recent data suggests that 22% of women and 1% of men in the military report experiencing Military Sexual Trauma (MST; Suris & Lind, 2008). Post-traumatic stress disorder (PTSD) is one possible negative mental health issue that may occur following MST. For Veterans diagnosed with PTSD, the VA/DoD Guidelines recommend trauma-focused treatments such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) as first-line interventions. Further research specific examining effectiveness in MST-related PTSD is warranted. The proposed symposium will examine treatment response in this population. An initial clinical sample of 79 Veterans (55.8% female, 44.2% male) presenting for a PTSD evaluation related to MST has been examined. Of those cases, 88.1% were diagnosed with PTSD or subthreshold PTSD, and 38 of those diagnosed engaged in two or more sessions of therapy in which the PTSD Checklist (PCL) was administered. Paired sample t-tests examining pre- to post-treatment changes across all treatments showed a significant reduction in symptoms ( $t = 3.37, p < .01$ ); however, the effect size was small to moderate ( $d = .49$ ). Additional data will be cleaned and analyzed. Differences in response to PE, CPT, and medication alone along with demographic factors that may influence treatment outcomes will be presented.

**FRI 144****The Moderating Role of Post-Traumatic Stress on the Relationship between Post-Traumatic Deterioration and Persistent Functional Impairment**

(Abstract #204)

**Poster #FRI 144 (Clin Res, Affect/Int, Comm/Vio, Adult) I - Industrialized****Mezzanine East/West/South**

*Wusik, Michael, MS PhD Student, Blevins, Claire, MS PhD Student, Jones, Russell, PhD, Hughes, Michael, PhD Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

The shootings at Virginia Tech on April 16th, 2007 exposed an entire community to trauma and stress. Evidence suggests that trauma exposure (e.g., knowing someone killed) and other stressful circumstances (e.g., not being able to contact friends) was related to elevated levels of post-traumatic stress symptoms (Hughes, et al, 2011). A large body of research has detailed the role of growth (from pre-trauma baseline) following traumatic events in improved functioning and decreased stress. However, there is a dearth of research examining post-traumatic deterioration (PTD) – maladaptive changes in perception following a trauma. A cross-sectional survey was administered four months following April 16th. A significant interaction between PTD and post-traumatic stress (PTS) was found ( $B = .10$ ,  $SE = .03$ ,  $t = 3.11$ ,  $p < .01$ ), such that the relationship between PTD and impairment increased as a function of PTS. The relationship between PTD and impairment was significant at the mean of PTS ( $M = 2.93$ ;  $B = .54$ ,  $SE = .15$ ,  $t = 3.72$ ,  $p < .01$ ) and 1SD above the mean ( $M = 6.31$ ;  $B = .88$ ,  $SE = .15$ ,  $t = 5.78$ ,  $p < .01$ ), indicating that those with higher PTS were more at risk for persistent functional impairment. Implications for intervention will be discussed.

**FRI 145****Do Social Support and Resilience Buffer the Effects of Personal Trauma on Depressive Symptoms in a College Population?**

(Abstract #1568)

**Poster #FRI 145 (Clin Res, Depr, Dev/Int, Prevent, Adult) I - Industrialized****Mezzanine East/West/South**

*Kurtz, Erin, Doctoral Student*

*Old Dominion University, Norfolk, Virginia, USA*

This study examined whether social support and resilience would moderate the association between personal trauma exposure and depressive symptoms among college students. Many college-attending individuals experience some form of personal trauma before or during college, including physical or sexual abuse or assault. Studies have shown that, in addition to PTSD, trauma exposure is linked to other forms of psychopathology, such as depression. Research on social support and resilience has shown that these factors may serve a protective function by buffering the effects of stress on the development of depression. Contrary to the buffering theory, regression analyses demonstrated no significant interactions between trauma history and social support or resilience in their effects on depressive symptoms. Adding measures of resilience and social support to the model increased the variability accounted for in depressive symptoms from 24.5% to 56.6%, suggesting that mediational analyses may be helpful in determining pathways of development of depressive symptoms following personal trauma. Understanding the roles of social support and resilience on the development of depressive symptoms after experiences of personal trauma may better inform interventions for college students seeking mental health care.

**FRI 146****Are There Racial Differences in Outcomes of Cognitive Behavioral Therapy Combined with Antidepressant Medications for PTSD and Alcohol Use Disorders?**

(Abstract #1580)

**Poster #FRI 146 (Clin Res, Clin Res, Adult) - Industrialized****Mezzanine East/West/South***Hien, Denise, PhD, ABPP<sup>1</sup>, Ruglass, Lesia, PhD<sup>2</sup>*<sup>1</sup>*City College of the City University of New York, New York, New York, USA*<sup>2</sup>*Columbia University, Brooklyn, New York, USA*

This was a double-blind, RCT of 69 participants (subsample: 41 non-Hispanic blacks/16 non-Hispanic whites) who met DSM-IV TR criteria for PTSD and AUD. Participants were randomly assigned to Seeking Safety+sertraline or Seeking Safety+pill placebo. This version of Seeking Safety consisted of 12 weekly individual sessions of 60-minute duration. Clinician Administered PTSD Scale (CAPS) and the Modified PTSD Symptom Scale-Self Report (MPSSR) were used to assess PTSD diagnosis and severity. Drinking patterns and rates were assessed using the Time Line Follow-Back Interview. Evaluations blind to treatment assignment were conducted prior to treatment and at 1-week and 6-months post-treatment. Combined Seeking Safety+sertraline treatment was more effective for PTSD than Seeking Safety+placebo. Interactions between race and treatment on PTSD outcomes approached significance suggesting Blacks may benefit more from Seeking Safety+Sertraline compared with Seeking Safety+Placebo. No other differences in attendance or outcomes by race. Implications for treatment will be discussed. This study was supported by grant R01AA014341 from the National Institute on Alcohol Abuse and Alcoholism (PI: Denise A. Hien, PhD).

**FRI 147****Ready to COPE: An Integrated Treatment for PTSD and Substance Use Disorders and its Applicability to Adult Survivors of Childhood Trauma**

(Abstract #1920)

**Poster #FRI 147 (Clin Res, Chronic, Sub/Abuse, Adult) - Industrialized****Mezzanine East/West/South***Hien, Denise, PhD, ABPP<sup>1</sup>, Lopez-Castro, Teresa, PhD<sup>2</sup>*<sup>1</sup>*City College of the City University of New York, New York, New York, USA*<sup>2</sup>*City College of New York, New York, New York, USA*

Early and chronic traumatic stress is associated with more severe post-traumatic stress disorder (PTSD) symptoms as well as higher rates of comorbidity with substance use disorders (SUD) (Ouimette et al., 2003). Integrative treatments that address the interplay of symptoms across these two disorders have garnered support in the past decade (McCauley et al., 2012). Concurrent Treatment of PTSD and SUD using Prolonged Exposure (COPE; Brady et al., 2001) is notable for being the first intervention to integrate elements of prolonged exposure (Foa et al., 2007) with cognitive-behavioral skills for SUD (Carroll et al., 1998). This presentation will report late-breaking findings from the first randomized clinical trial of COPE in the U. S. with a civilian population. To date a sample of 115 men and women diagnosed with co-occurring PTSD and SUD have been randomized into COPE, Relapse Prevention, or a delayed treatment control group and followed weekly through the 12-week intervention period. One-week, one-month, two-month and three-month follow up data have also been collected. Sample is notable for its high rate of childhood (under 13) exposure to trauma. In light of this, the presentation will focus on 1.) the applicability of this novel treatment integration to early and chronic trauma, 2.) specific issues related to this population and 3.) main outcome findings for PTSD and SUD.

**FRI 148****Alexithymia and the Intergenerational Transmission of Trauma**

(Abstract #1928)

**Poster #FRI 148 (Clin Res, Affect/Int, Chronic, Complex, Lifespan) - Industrialized****Mezzanine  
East/West/South***Nemeth, Amber, PhD Candidate**City College of New York, New York, New York, USA*

The impact of traumatic violence extends beyond its victims, through complex psychological processes with intergenerational consequences. This study is a secondary analysis of a sample of 176 mothers and pre- to early adolescent children who participated in a larger cross-sectional and cross-generational study designed to examine associations among maternal psychopathology, substance abuse, neuropsychological functioning, child-rearing deficits, and adverse child outcomes. Participants were recruited through the OB/ GYN clinic at a large urban hospital serving a primarily poor, minority population. This study assessed the relative impact of maternal exposure to childhood interpersonal violence and current levels of alexithymia on her child's well being. Hierarchical multiple regression models indicated that a mother's exposure to childhood interpersonal violence and her current level of alexithymia are significantly associated with her child's elevated CBCL scores ( $R^2 = .13, p < .001$ ), and ERC scores ( $R^2 = .10, p < .001$ ), even after controlling for socio-economic status. The presence of higher levels of alexithymia most significantly impacted her child's behavioral and emotional functioning, beyond demographic variables and early trauma history. Combined, these findings highlight the complexity of the long term impact of early trauma exposure on families.

**FRI 149****Flexibility, Defense, and Physiology: A Close Look at Language Use after Trauma**

(Abstract #1918)

**Poster #FRI 149 (Clin Res, Clin Res, Bio/Int, Lifespan) - Industrialized****Mezzanine East/West/South***Papini, Santiago, MA MSc, Yoon, Patricia, Doctoral Candidate**City College of New York, New York, New York, USA*

The way individuals talk about their trauma may be predictive of their symptom development (D'Andrea et al., 2012) and of their treatment outcome (Alvarez-Conrad et al., 2001). The current study extends this line of research to other contexts by exploring associations between language use in a story-telling task, physiological arousal during the task, and post-traumatic stress disorder (PTSD) symptomatology. An interdisciplinary analysis of narratives included the use of Pennebaker's (2007) Linguistic Inquiry and Word Count program to measure specific word usage and Cramer's Defense Mechanism Manual (2000) to score psychological defense use in an adult sample ( $N = 17$ ) with traumatic exposure. Preliminary results indicate greater use of cognitive flexibility words and projective defenses were associated with fewer fluctuations in arousal, measured by skin conductance response (SCR) rate ( $R = -.59, p = .02$  and  $R = -.70, p < .01$ , respectively). Average strength (i.e., amplitude) of the SCRs was a strong predictor of variability in overall PTSD symptom severity ( $R = .65, p < .01$ ) and greater use of cognitive flexibility words was associated with lower severity of re-experiencing symptoms ( $R = -.56, p = .02$ ). Implications for language-based interventions will be discussed with special attention to childhood trauma, which was prevalent in this sample.

**FRI 150****Accelerated Intimacy in Victims and Perpetrators of Intimate Partner Sexual Abuse**

(Abstract #1171)

**Poster #FRI 150 (Clin Res, Aggress, Rape, Adult) I - Industrialized****Mezzanine East/West/South***Dutton, Courtney, MA PhD Student, Karlsson, Marie, MA PhD Student, Zielinski, Melissa, MA PhD Student, Bridges, Ana, PhD**University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA*

Expectations for how quickly to engage in intimate behavior in recently developed romantic relationships (i.e., accelerated intimacy) differ for perpetrators (Rosenbaum et al., 2004) and victims (Zielinski et al., 2014) of intimate partner violence (IPV), but have not been examined in perpetrator-victims, although reciprocity in violence is more common than single status (Straus, 2008). We asked if accelerated intimacy was related to sexual IPV status in college students, a group at high risk for sexual IPV (Black et al., 2011). This study assessed sexual coercion experiences and accelerated intimacy in three domains (sexual, relationship commitment, and sense of ownership) among 236 undergraduate students ( $M_{age} = 19.42$ ; 44.5% male; 69.3% white). Overall, reciprocal IPV was the norm rather than the exception: 77.5% of past-year sexual IPV victims were also perpetrators and 81.6% of perpetrators were also victims. Two-way between groups ANOVAs (IPV status, gender) revealed perpetrators and reciprocal victim/perpetrators of sexual IPV reported accelerated expectations for sexual and ownership behaviors compared to non-victims; gender did not moderate most relations. Results suggest non-victims have a somewhat slower internal “timeline” for expectations regarding how quickly intimacy develops in a romantic relationship, pointing to a potential modifiable risk factor for IPV.

**FRI 151****Post-Trauma Ruminative Processing and Implications for Third-Wave CBT Approaches for PTSD**

(Abstract #880)

**Poster #FRI 151 (Clin Res, DV, Rape, Adult) I - Industrialized****Mezzanine East/West/South***Valdez, Christine, MA, Lilly, Michelle, PhD**Northern Illinois University, DeKalb, Illinois, USA*

Rumination is a trans-diagnostic process that involves disorder-specific content. Both helpful and harmful rumination styles have been identified. We examined effects of ruminative processing on analogue PTSD symptoms. Victimized community women (N=63) were randomly assigned to a “concrete” rumination (mindful experiencing), “analytic” rumination (brooding), or a control condition. Baseline symptoms were assessed with measures of anxiety and affectivity, and a thought listing procedure. After, women underwent a rumination induction, then participated in a trauma-specific perseverative thinking interview to process their trauma and identify trauma beliefs. Finally, women completed post-processing symptom assessments. Accommodated beliefs were higher among concrete ruminators than analytic ruminators, and problematic beliefs were positively associated with T2 anxiety in analytic ruminators only. Additionally, in analytic ruminators, anxiety increased and positive affectivity (PA) decreased post-trauma processing. In concrete ruminators, trauma intrusions increased, but anxiety and affectivity did not change. In controls, trauma intrusions increased and PA decreased. Results suggest concrete rumination may produce non-evaluative experiential awareness of trauma-related thoughts that facilitate trauma processing. Implications for research, theory, and practice will be discussed.

**FRI 152****Self-Compassion and Ruminative Processing Outcomes among Victims of Violence**

(Abstract #879)

**Poster #FRI 152 (Clin Res, DV, Rape, Adult) I - Industrialized****Mezzanine East/West/South***Valdez, Christine, MA, Lilly, Michelle, PhD**Northern Illinois University, DeKalb, Illinois, USA*

Self-compassion (SC) entails being kind toward oneself when in pain and holding painful experiences in mindful awareness, and has been associated with positive mental health. We examined effects of SC on ruminative processing outcomes. One week after completing the SC Scale, 63 victimized community women were randomly assigned to 1 of 3 conditions and underwent a rumination induction: “analytic” (brooding), “concrete” (mindful experiencing), or control. Following induction, women completed a trauma-specific perseverative-thinking interview to process their trauma and identify trauma beliefs. Before induction (T1) and after the interview (T2), women completed measures of anxiety and affectivity. In controls, greater self-kindness and mindfulness predicted less T2 anxiety and negative affectivity. In concrete ruminators, greater self-kindness predicted more T2 anxiety and positive affectivity. In analytic ruminators, greater self-kindness and mindfulness predicted less T2 negative affectivity, while mindfulness predicted less problematic trauma beliefs, which in turn predicted a significant decrease in anxiety from T1 to T2. Results suggest self-kindness may increase anxiety tolerance during mindful experiencing, whereas mindfulness may decrease anxiety during brooding by reducing perseveration on trauma beliefs. Implications for research, theory, and practice will be discussed.

### **FRI 153**

#### **Neither Here nor There: Cerebellar Function, Dysmetria of Affect, and Autonomic Activity in Trauma Survivors**

(Abstract #470)

**Poster #FRI 153 (Clin Res, Affect/Int, CPA, Complex, Bio/Int, Adult) I - Industrialized**

**Mezzanine  
East/West/South**

*Minshew, Reese, MA PhD Student, D'Andrea, Wendy, PhD(c)  
New School for Social Research, New York, New York, USA*

Traumatic stress is related to an array of cognitive, affective, and physiological symptoms, ranging from transient changes in mood to lifelong changes in cortical activation. Studies that focus on the sequelae of traumatic stress can be difficult to interpret as a cohesive literature. This is, at least in part, due to the complex and often contradictory findings uncovered by experimental protocols. This study outlines a potential theoretical model that incorporates elements of physiological and behavioral hyper-activation and hypo-activation to reconcile the discrepancies described above. This model of over- and under-activation, termed dysmetria of affect, is predicated on the theory that an understudied region of the brain, the cerebellum, contributes to both hyper- and hypo-arousal. This study evaluates the proposed model using self-report, affective prosody, heart rate, and cerebellar volume and function to describe variance on the Childhood Trauma Questionnaire (CTQ), a measure of childhood trauma. While the construct of intersubjective dysmetria of affect is not supported by the evidence, regression models reveal that the variables under consideration describe upwards of 70% of the variance in the CTQ. These data suggest the possibility of an intrasubjective dysmetria of affect, in which each individual maltreatment survivor fluctuates between hypo- and hyper-arousal.

### **FRI 154**

#### **An Examination of Distress Tolerance and Emotion Regulation Processes among Veterans Seeking PTSD Treatment**

(Abstract #655)

**Poster #FRI 154 (Clin Res, Affect/Int, Mil/Vets, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Stratton, Kelcey, PhD  
Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA*

This study examined distress tolerance (DT) and other emotion regulation (ER) processes among Veterans seeking treatment for post-traumatic stress disorder (PTSD). Despite some evidence linking DT to PTSD symptom severity, the relationships between PTSD and specific ER processes are not well explored; these processes may represent important targets for clinical service delivery planning. Data were collected as part of a clinical program evaluation in a VA Medical Center PTSD clinic. Veterans (N=55) completed self-report measures of DT, discomfort

intolerance, and negative urgency, and reported on demographics, psychiatric symptoms, and medical concerns. Several ER difficulties were associated with PTSD and depression symptoms; specifically, DT had moderate-to-strong associations with PTSD and depression. Differential relationships between DT, discomfort intolerance, and PTSD symptom severity suggest that affective and physical distress may represent separate yet potentially related mechanisms. Depression symptoms were associated with high discomfort intolerance and greater negative urgency, indicating that depressive affect may be particularly aversive to patients and associated with significant ER difficulties. Further work will assess whether DT and other ER constructs are altered following treatment. The clinical implications of ER-focused interventions will be discussed.

#### **FRI 155**

#### **Predictors of Length of Stay among OEF/OIF/OND Veteran Inpatient PTSD Treatment Noncompleters** (Abstract #1251)

**Poster #FRI 155 (Clin Res, Anx, Clin Res, Clinical Practice, Mil/Vets, Adult) M - Mezzanine  
Industrialized East/West/South**

*Szafranski, Derek, MA PhD Student<sup>1</sup>, Gros, Daniel, PhD<sup>2</sup>, Menefee, Deleene, PhD<sup>3</sup>, Wanner, Jill, PhD<sup>4</sup>, Norton, Peter, PhD<sup>1</sup>*

<sup>1</sup>University of Houston, Houston, Texas, USA

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<sup>3</sup>Michael E. DeBakey VA Medical Center / Baylor College of Medicine, The Menninger Department of Psychiatry and Behavioral Medicine / South Central Mental Illness Research Education and Clinical Center (MIRECC) / Traumatic Brain Injury Center of Excellence, Houston, Texas, USA

<sup>4</sup>Michael E. DeBakey VA Medical Center / Baylor College of Medicine, The Menninger Department of Psychiatry and Behavioral Medicine, Houston, Texas, USA

High rates of attrition occur in outpatient and inpatient evidence based treatments (EBTs) targeting returning Veterans from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) with post-traumatic stress disorder (PTSD). Traditionally, research has examined attrition as a dichotomous variable (noncompleters vs. completers) and focused almost exclusively on outpatient EBTs for PTSD. These studies have provided little information to inpatient psychiatric providers about timing related predictors of treatment discontinuation. The present study attempted to mend these gaps, by examining attrition as a continuous variable and investigated predictors of length of stay (LOS) among 282 OEF/OIF/OND male Veterans, 69 of which did not complete the full 25-day intensive, multimodal inpatient PTSD EBT program. At admission, participants completed a series of clinician-rated, biological and self-report assessments. Linear regression analyses were used to identify predictors of shorter LOS. The results demonstrated that less improvement in symptom reduction, overall functioning and greater number of drugs used at admission were significant and unique predictors of shorter LOS. Overall, these findings reveal clinically relevant, timing related predictors of attrition and provide generalizable clinical information to inpatient psychiatric providers.

#### **FRI 157**

#### **Psychological Symptoms among Significant Others of Individuals with PTSD: Associations with Overt Social Support Behaviors, Gender and Relationship Status** (Abstract #123)

**Poster #FRI 157 (Clin Res, Anx, Clinical Practice, Depr, Self-Care, Adult) I - Mezzanine  
N/A East/West/South**

*Crevier, Myra, PhD Candidate<sup>1</sup>, Marchand, André, PhD<sup>1</sup>, Nachar, Nadim, PhD Candidate<sup>2</sup>, Guay, Stéphane, PhD<sup>2</sup>*

<sup>1</sup>Université du Québec à Montréal, Centre d'Étude sur le Trauma & Laboratoire d'Étude du Trauma, Montréal, Québec, Canada

<sup>2</sup>Université de Montréal & Centre d'Étude du Trauma, Montréal, Québec, Canada

Significant others as caregivers have to face several stressors and are at risk of burden and develop psychological symptoms, which could consecutively affect their ability to offer support. This study examined the associations between individuals with PTSD mental health and functioning, and significant others' symptoms and their social support behaviors according to two variables; relationship status and gender. Observed supportive and counter-supportive behaviors of 65 dyads composed of an individual with PTSD and a significant other in a trauma-oriented discussion were coded. Dyads also filled questionnaires. Results revealed no association between individuals with PTSD mental health and functioning and symptoms of significant others that could have indicated burden. Symptoms of significant others were negatively associated with their social support behaviors. Thus, reporting symptoms was related to poorer social support. Moreover, relationship status and gender were significant moderators indicating a stronger association for men and partner. Considering gender stereotypes, men could feel more pressure than women to provide support no matter their difficulties and partners may have less emotional distance compared with family and friends. Future directions and clinical implications are discussed.

#### **FRI 158**

#### **Trauma-Related Guilt: Conceptual Development and Relationship with Post-Trauma Psychopathology** (Abstract #850)

**Poster #FRI 158 (Clin Res, Anx, Depr, Res Meth, Mil/Vets, Adult) M - Industrialized**

**Mezzanine  
East/West/South**

*Browne, Kendall, PhD<sup>1</sup>, Trim, Ryan, PhD<sup>2</sup>, Myers, Ursula, MS PhD Student<sup>3</sup>, Norman, Sonya, PhD<sup>4</sup>*

<sup>1</sup>VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA

<sup>2</sup>University of California, San Diego and VA San Diego Healthcare System, San Diego, California, USA

<sup>3</sup>VA San Diego Healthcare System, San Diego, California, USA

<sup>4</sup>National Center for PTSD, San Diego, California, USA

Despite high prevalence and concerning associated problems, little effort has been made to conceptualize the construct of post-traumatic guilt. This study examined the theoretical model of trauma-related guilt proposed by Kubany and Watson (2003). This model hypothesizes that emotional and physical distress related to trauma memories partially mediates the relationship between guilt cognitions and post-traumatic guilt. Using path analysis, this investigation aimed to 1) empirically evaluate Kubany and Watson's model and 2) extend this conceptualization by evaluating models whereby guilt cognitions, distress, and post-traumatic guilt were related to post-traumatic stress disorder (PTSD) and depression symptom severity. Participants were male Iraq and Afghanistan Veterans ( $N = 149$ ). Results detected a significant indirect effect from guilt cognitions to post-traumatic guilt via distress, providing support for Kubany and Watson's model. Findings also suggest that of the components in Kubany and Watson's model, distress may be the strongest predictor of PTSD and depression symptoms and that guilt cognitions may serve to intensify the relationship between distress and post-traumatic psychopathology. Future research is needed to determine whether the distress component included in Kubany and Watson's model is capturing guilt-related distress or distress more broadly related to trauma.

#### **FRI 159**

#### **Medical Misdiagnosis Exacerbates Post-Traumatic Symptoms** (Abstract #219)

**Poster #FRI 159 (Clin Res, Assess Dx, Chronic, Illness, Adult) I - Industrialized Mezzanine East/West/South**

*Tamaian, Andreea, BSc, Klest, Bridget, PhD*

*University of Regina, Regina, Saskatchewan, Canada*

Individuals who have experienced extensive trauma tend to utilize the health care system more frequently (Bonomi et al., 2009), and feelings of betrayal have been shown to further intensify the deleterious effects of trauma (Martin et al., 2013). Medical errors are quite common (Kallberg et al., 2013), and a patient faced with a diagnostic error may experience feelings of mistrust with his physician and the medical system, which could ultimately lead the patient to experience increased psychological harm. Preliminary responses from 180 individuals diagnosed with a specific neurological disease called cavernous malformation were analyzed. Multiple regression analyses indicated

that post-traumatic symptoms were predicted by past traumatic events that included a high degree of betrayal, and by having been misdiagnosed before receiving a correct diagnosis of cavernous malformation. Low-betrayal traumatic events did not significantly predict post-traumatic symptoms when controlling for high-betrayal events. However, when controlling for trauma, misdiagnosis still significantly predicted post-traumatic symptoms. Therefore, experiencing one or more misdiagnoses before receiving a correct medical diagnosis predicts post-traumatic symptoms above and beyond the effects of previous betrayal trauma. Results are discussed in terms of the potential harm of institutional betrayal.

#### **FRI 160**

#### **Barrier to Mental Health Service Use among Veterans with PTSD**

(Abstract #1082)

**Poster #FRI 160 (Clin Res, Assess Dx, Clin Res, Adult) M - Industrialized Mezzanine East/West/South**

*Chandler, Helena, PhD, Pasupuleti, Radhika, PhD, McAndrew, Lisa, PhD  
VA, East Orange, New Jersey, USA*

Veterans with PTSD in the Veterans Affairs have access to high quality affordable mental health treatment. Despite this, some Veterans known to have PTSD do not receive an adequate level of care. Our study had two aims: 1) to identify barriers to mental health service use among Veterans with PTSD and 2) to determine whether there were gender differences in barriers to care. We recruited 100 Veterans (50 men, 50 women) who had PTSD diagnoses in their VA electronic health record (CPRS). Telephone interviews included questions about current PTSD symptoms (PCL), comorbid depression (PHQ-2), history of treatment, and barriers to care. Use of VA services was abstracted from CPRS. We found that about half the sample attended a mental health appointment at least once per month ("adequate care") and there were no gender differences in this rate. Married Veterans and those who were not working were more likely to receive adequate care. The most commonly endorsed barriers were avoidance, fear of losing control, and stigma. Barriers that predicted decreased utilization ("inadequate care"), however, were negative outcome expectations and attribution of symptoms to physical, rather than psychological, causes. The findings reinforce the importance of understanding patients' perception of their symptoms and the treatments.

#### **FRI 161**

#### **Self-Compassion and Responses to Trauma**

(Abstract #632)

**Poster #FRI 161 (Clin Res, Chronic, Clin Res, Complex, Health, Adult) I - N/A Mezzanine East/West/South**

*Scoglio, Arielle, BA<sup>1</sup>, Rudat, Deirdre, MA<sup>2</sup>, Cloitre, Marylene, PhD<sup>3</sup>*

<sup>1</sup>Cambridge Health Alliance | Harvard Medical School, Somerville, Massachusetts, USA

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<sup>3</sup>National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA

Self-compassion has been used as a key element in recent treatments to help individuals cope with anxiety, depression, negative life events and PTSD (Neff, 2012; Tesh, Learman & Pulliam, 2013; Briere, 2012). In this study, we looked at 168 women with PTSD in 4 public health clinics in North America. We found that traumatized women who are more self-compassionate have less severe PTSD, better emotion regulation, have better interpersonal functioning, and are more resilient at baseline than those who are less self-compassionate. This supports the minimal research in this area and adds to the importance of fostering self-compassion in the treatment of traumatized women to bolster against long-term health consequences.

**FRI 162****Childhood Trauma, PTSD, and Depression: Effectiveness of a Prison Diversion Program Using a Sample of Substance Abusing Women**

(Abstract #1443)

**Poster #FRI 162 (Clin Res, Chronic, Clin Res, Complex, Social, Adult) I - N/A Mezzanine East/West/South***Shotwell Tabke, Chelsea, MA PhD Student<sup>1</sup>, Cook, Nigel, Undergraduate<sup>1</sup>, Drevo, Susan, MA PhD Student<sup>1</sup>, Liles, Brandi, PhD<sup>1</sup>, Delcour, Rachel, PhD Candidate<sup>1</sup>, Tarrasch, Mimi, MS<sup>2</sup>*<sup>1</sup>*University of Tulsa, Tulsa, Oklahoma, USA*<sup>2</sup>*Family and Children's Services, Tulsa, Oklahoma, USA*

Oklahoma imprisons more women than any other US state, largely due to drug-related offenses. Most of these substance-abusing women have additional trauma-related mental health difficulties. Given the need, Women in Recovery (WIR) was created as an alternative to incarceration. WIR provides intensive trauma-focused substance abuse, mental health, and family focused interventions paired with supervision, drug testing, and judicial accountability. This poster depicts the effectiveness of this program on measures of PTSD, depression, and drug refusal confidence. Frequencies showed that 95% (N = 304) were exposed to at least one traumatic event, of which 68% were a childhood trauma. Upon program entry 36% and 61%, respectively, met probable diagnosis for PTSD and depression. Paired samples t-tests showed these percentages had significantly reduced by 12-months after entering the program (3% and 8% respectively; N = 239). Furthermore, participants showed significant improvements in drug refusal confidence 12 months after beginning the program. Results will be updated as forthcoming data becomes available. These analyses suggest that participation in a trauma-focused diversion program results in symptom reduction and bolsters drug refusal confidence among substance abusing women. Trauma-focused programming for substance abusing women may be a promising alternative to incarceration.

**FRI 163****Lifetime Trauma Exposure, Healthcare Relationships, and Health**

(Abstract #994)

**Poster #FRI 163 (Clin Res, Chronic, Clin Res, Health, Adult) M - Industrialized Mezzanine East/West/South***Klest, Bridget, PhD**University of Regina, Regina, Saskatchewan, Canada*

History of exposure to trauma is associated with poorer health and less trust of individuals and institutions. Trust in physicians is associated with better adherence to care, and health behavior is one mechanism explaining the link between trauma exposure and poor health. However, a direct link between trauma exposure and perceptions of healthcare providers/systems has not been established. An international web-based survey of 200 adults revealed significant associations between lifetime trauma exposure, perceptions of healthcare relationships, and self-rated health. Zero-order correlations revealed significant associations among all variables of interest. Subsequent multiple regression analyses revealed that exposure to trauma in childhood predicted further trauma exposure in adulthood, and history of high-betrayal trauma in childhood predicted lower current income and elevated PTSD symptoms. Controlling for income, lifetime trauma exposure but not PTSD symptoms predicted poorer perceptions of healthcare relationships, and perceptions of healthcare relationships but not lifetime trauma exposure or PTSD symptoms predicted current self-rated health. Results suggest that childhood trauma predicts further trauma exposure, lower income, and PTSD symptoms, which in turn are associated with poorer health, partially through negative perceptions of healthcare providers and systems.

**FRI 164****Crossing Borders with PTSD and DESNOS: Assessing the Internationalization of Trauma**  
(Abstract #1422)**Poster #FRI 164 (Clin Res, Chronic, Complex, Res Meth, Civil/War, Adult) I - E Mezzanine  
& S Africa East/West/South****LaRow, Julie, Doctoral Student***The Chicago School of Professional Psychology, Chicago, Illinois, USA*

Death, injury, witnessing violence, loss of family friends, homes, employment, resources, etc. are a number of the devastating effects of armed conflict affecting mental health. Post-Traumatic Stress Disorder is widely known as the diagnostic descriptor of choice to define the psychological symptom picture of survivors of trauma. In recent years Disorders of Extreme Stress Not Otherwise Specified has come into the discussion. Consequently both disorders demonstrate poor construct validity in non-western settings. Limited research and lack of consideration for culture bound symptoms may contribute to this weakness. De Jong, Komproe, and Van Ommeren (2005) suggest a new model constructed of three areas, biological symptoms, culture bound symptoms and culture informed symptoms (those that are subject to cultural beliefs). The goal of the study is to gather a greater understanding of the symptoms picture of survivors. The study will capture the lived experiences of childhood survivors of the 1994 genocide in Rwanda against the Tutsi. A mixed method study is conducted in a post conflict region, Rwanda, exploring the accuracy of PTSD, DESNOS and the de Jong's model. Ten participants are interviewed utilizing the CIDI, SIDES and an unstructured opened ended interview constructed to identify culture bound symptoms.

**FRI 165****Increased Polysedative Use in Veterans with Post-Traumatic Stress Disorder**  
(Abstract #1300)**Poster #FRI 165 (Clin Res, Clin Res, Adult) M - Industrialized Mezzanine East/West/South****Bernardy, Nancy, PhD<sup>1</sup>, Lund, Brian, MS, PhD<sup>2</sup>, Alexander, Bruce, MPH, PhD<sup>2</sup>, Friedman, Matthew, MD, PhD<sup>3</sup>**<sup>1</sup>*National Center for PTSD, White River Junction, Vermont, USA*<sup>2</sup>*Department of Veterans Affairs Medical Center, Iowa City, Iowa, USA*<sup>3</sup>*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

PTSD treatment is often complicated in veterans by co-occurring conditions including pain, insomnia, brain injury, and other mental disorders. Pharmacologic approaches to these conditions can produce an accumulation of sedating medications with potential for safety concerns. The objective of this study was to characterize polysedative prescribing among veterans with PTSD over an 8 year period. National VA data were used to identify veterans with PTSD using ICD-9 codes among regular medication users. Prescribing of benzodiazepines, hypnotics, atypical antipsychotics, opioids and muscle relaxants was determined annually. Prevalence and incidence rates were determined for each medication class from 2004 through 2011. In 2004, 9.8% of veterans with PTSD concurrently received medications from three or more sedative classes. By 2011 the prevalence of concurrent use involving three or more classes increased to 12.1%. Polysedative use varied across demographic subgroups. The most common combination was an opioid plus a benzodiazepine, taken concurrently by 15.9% of veterans with PTSD. Important trends in polysedative use among veterans with PTSD illustrate the complexity of treating an intersecting cluster of symptoms managed by sedative medications.

**FRI 166****Changes across Sessions in a Present-Focused Cognitive Behavioral Conjoint Therapy for PTSD**  
(Abstract #988)**Poster #FRI 166 (Clin Res, Clin Res, Clinical Practice, Adult) I - Industrialized Mezzanine East/West/South**

*Torbitt, Lindsey, MA PhD Student<sup>1</sup>, Pukay-Martin, Nicole, PhD<sup>2</sup>, Shnaider, Philippe, MA<sup>1</sup>, Monson, Candice, PhD<sup>1</sup>*  
<sup>1</sup>Ryerson University, Toronto, Ontario, Canada  
<sup>2</sup>Cincinnati VA Medical Center, Cincinnati, Ohio, USA

It has been well documented that post-traumatic stress disorder (PTSD) is associated with a multitude of interpersonal difficulties. A growing body of research suggests that involving partners and close family members in treatment for PTSD is beneficial. Cognitive-behavioral conjoint therapy (CBCT) for PTSD was developed to concurrently address individual PTSD symptoms and enhance relationship functioning and has been demonstrated to be efficacious toward this end. However, it remains unclear as to whether an historical trauma focus is a necessary component for improvement in these domains. The current study evaluated the efficacy of a modified version of CBCT for PTSD focused on improving relationship satisfaction and addressing here-and-now trauma-related beliefs. Seven couples completed 15 weekly sessions of the therapy and completed assessments of PTSD symptoms and relationship satisfaction bi-weekly. Three-level hierarchical linear models examined time, nested within participant, and nested within couple; relationship satisfaction and PTSD symptoms were outcomes. Results revealed that PTSD symptoms significantly decreased and relationship satisfaction significantly improved over time. The findings are discussed in terms of their clinical implications for couples unwilling to discuss trauma-related appraisals and future research directions for clinical work and research.

**FRI 167****Treatment Motivation and Therapeutic Alliance in the Context of Trauma: A Longitudinal Study**  
(Abstract #1936)**Poster #FRI 167 (Clin Res, Clin Res, Clinical Practice, Adult) I - N/A Mezzanine East/West/South**

*Capous, Diana, BA, Kia-Keating, Maryam, PhD*  
*University of California, Santa Barbara, Santa Barbara, California, USA*

The current longitudinal study examines treatment motivation and the therapeutic relationship among trauma-exposed clients entering treatment at community clinic. The beginning of treatment is an important time period, in part because it reflects the development of the therapeutic relationship, a critical factor in predicting positive therapeutic outcomes (Martin, Garske & Davis, 2000). Alliance may be especially important for clients with PTSD who experienced trauma within interpersonal relationships (Cloitre, et al., 2004). Client factors, including motivational readiness to change and coping styles are associated with changes in the working alliance (Taft, et al., 2004; Diuso, et al., 2009). The current study used mixed method daily diaries with outpatient clients to examine daily stress, coping, and treatment motivation (Bolger, et al, 2003). In this ongoing study, 17 participants completed a 14-day daily diary at the outset of therapy, as well as 1-, 3-, and 6-month follow-ups examining alliance and mental health. Findings suggest that early therapeutic alliance is associated with clients' treatment motivation and subsequent symptom severity. This study underscores the importance of understanding early influences on motivation for treatment for trauma-exposed clients. Implications for practitioners and researchers working with trauma-exposed clients will be discussed.

**FRI 168****The Relation of Childhood Family Environment to Post-Deployment Social Support after Trauma Exposure**  
(Abstract #314)**Poster #FRI 168 (Clin Res, Clin Res, Clinical Practice, Fam/Int, Mil/Vets, Adult) Mezzanine East/West/South**  
**M - Industrialized**

Ramkumar, Neeta, PhD<sup>1</sup>, Schwartz Moravec, Margaret, PhD<sup>1</sup>, **Graham, David, MD<sup>1</sup>**, Teng, Ellen, PhD<sup>2</sup>  
<sup>1</sup>Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA  
<sup>2</sup>Michael E. DeBakey VA Medical Center, Houston, Texas, USA

Childhood family environment (CFE) is known to be a significant predictor of mental health outcomes and overall functioning. Among Veterans and military personnel, evidence suggests that high levels of social support are associated with fewer mental health concerns. However, little is understood about the role of childhood family experiences on social functioning following deployment. The objective of this study was to investigate the relationship between CFE and post-deployment social support in a large sample of active duty military and OEF/OIF combat Veterans, who were administered the Deployment Risk and Resilience Inventory. It was hypothesized that positive CFE would be related to increased social support in adulthood after controlling for child/adult trauma exposure, unit social support, family concerns during deployment, and mental health diagnoses. The hierarchical multiple regression model revealed that childhood family was a unique predictor of adult social support, even after considering variance accounted for by other pre- and post-deployment variables (N=859; R<sup>2</sup> = .39, R<sup>2</sup> = .06,  $\beta$  = .26, F(1, 846) = 45.57, p = .000). Findings indicate that military personnel who reported negative CFEs also tended to have lower social support in adulthood and that the reverse was true for those with positive CFEs. The clinical implications of this finding will be discussed.

### **FRI 169**

#### **Identifying the Active Ingredients of Present-Centered Therapy for PTSD**

(Abstract #1293)

**Poster #FRI 169 (Clin Res, Clin Res, Clinical Practice, Res Meth, Adult) - Industrialized**

**Mezzanine  
East/West/South**

Litwack, Scott, PhD<sup>1</sup>, Niles, **Barbara, PhD<sup>2</sup>**, Polizzi, Craig, BA<sup>3</sup>

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Present-centered therapy (PCT) for PTSD has frequently been utilized as a comparison or control condition in recent randomized control trials examining trauma focused treatments for PTSD. In these trials the number and often the length of sessions for both treatments were matched. PCT manuals were developed to ensure that PCT would not contain elements thought to be critical ingredients in trauma focused therapies, such as talking or writing about the traumatic events, using cognitive-behavioral worksheets, or generating hierarchies for exposure to feared stimuli. Relatively less attention has been given to identification of the active ingredients of PCT. This presentation will provide a review of the treatment manuals and adherence measures for current published randomized trials using PCT and will identify those elements that are similar and different across trials. Adherence measures frequently focused on key elements of the target treatment rather than PCT. Group process and mutual support were major components of PCT sessions for the group trials, calling into question whether group PCT can be considered the same treatment as individual PCT. Problem-solving was included with varying degrees of structure in most PCT manuals. Education about symptoms of PTSD in the early sessions and discussion of current relationships were consistently included in PCT manuals.

**FRI 170****Childhood Placement History Factors as Predictors of Trauma-Related Symptoms and Diagnoses**

(Abstract #1500)

**Poster #FRI 170 (Clin Res, Clin Res, Complex, Fam/Int, Social, Adult) I - Industrialized****Mezzanine East/West/South***Smith, Stefanie, PhD<sup>1</sup>, Padron, Elena, PhD<sup>2</sup>*<sup>1</sup>*Alliant International University, San Francisco, California, USA*<sup>2</sup>*California School of Professional Psychology at Alliant International University, San Francisco, California, USA*

There has been increased attention to considering placement history when addressing trauma (Briere & Lanktree, 2011), even conceptualizing foster care placement as traumatic (Mitchell & Kuczynski, 2010; Portland State University, Center for Improvement of Child and Family Services, 2009). There is little known about the features of placement history that may be related to trauma responses. There is some preliminary evidence that number of out-of-home placements is associated with worse outcomes (Ford et al, 2009). The present study examined the relationship of child placement factors, including number of placements, type of placements, ages of placement, presence of biological family, and adult trauma-related symptoms, including dissociation, depression, aggression, somatization, and interpersonal sensitivity, and trauma-related diagnoses, including PTSD, complex PTSD, and estimation of PTSD dissociative subtype, after controlling for other types of trauma history. Population included 33 female young women who were former foster youth. These women were predominantly African-American, multi-racial, or Latina of SES level below \$30,000 and mixed educational attainment. Patterns of relationships between placement variables and trauma-related symptoms and diagnoses will be reported, including identifying risk and resiliency factors within the placement history factors.

**FRI 171****The Effects of Pre-Military Personal Characteristics, Deployment Experiences, and Post-Deployment Social Support on the Development of PTSD in Combat Veterans: An Examination of Interactions**

(Abstract #122)

**Poster #FRI 171 (Clin Res, Clin Res, Mil/Vets, Adult) M - N/A****Mezzanine East/West/South***Abrigo, Erin, PhD, Vanderploeg, Rodney, PhD, ABPP, Scott, Steven, DO**James A. Haley VA Medical Center, Tampa, Florida, USA*

We examined interactions among pre-deployment characteristics, deployment experiences, and post-deployment social support on the development of PTSD in combat Veterans (n=1443). Multiple regression analyses were run to identify factors associated with post-deployment PTSD, as well as to identify interaction effects resulting in differential PTSD outcome. Deployment factors associated with the development of PTSD were: physical injury, perception of combat threat, experienced loss, harm perpetrated on others, mild TBI, and two interactions. A significant interaction between gender and post-deployment social support revealed that amongst Veterans who report poor post-deployment social support, a higher proportion of females developed PTSD compared to males. Females showed no greater vulnerability to PTSD when social support was moderate or good. Additionally, there was a significant interaction between history of pre-deployment trauma and the perception of combat threat. Under conditions of low perceived threat, but not under conditions of moderate or severe perceived threat, previous trauma was associated with increased frequency of PTSD. Results contribute to the understanding of risk factors and protective factors for the development of PTSD in combat Veterans.

**FRI 172****Descriptive versus Injunctive Norms in Reducing Rape Myths**

(Abstract #389)

**Poster #FRI 172 (Clin Res, Clin Res, Orient, Adult) I - N/A****Mezzanine East/West/South***Jaconis, Maryanne, MS PhD Student<sup>1</sup>, Steinmetz, Sarah, MS PhD Student<sup>1</sup>, Paul, Lisa, PhD<sup>2</sup>, Gray, Matt, PhD<sup>1</sup>*<sup>1</sup>*University of Wyoming, Laramie, Wyoming, USA*<sup>2</sup>*Northern Illinois University, DeKalb, Illinois, USA*

Sexual assault is a prevalent crime particularly on college campuses with an estimated one-third of female college students experiencing sexual assault by their senior year (Finley & Corty, 1993). The interventions universities have implemented are typically not guided by a theoretical framework (Anderson & Whiston, 2005), which may contribute to suboptimal outcomes. One approach which has not been used extensively in sexual assault programming, is to provision corrective social norms regarding rape myths (Cialdini, Kallgren, & Reno, 1991). A community sample was screened for rape myth acceptance (RMA) and recruited for a subsequent study which manipulated the presentation RMA norms. Preliminary results demonstrate that the group receiving injunctive and descriptive norms as well as those only receiving descriptive norms exhibited a decrease in RMA,  $F(2, 88) = 14.3, p < .001$ , which was not true of the no-intervention control group. These findings suggest that providing accurate information about the degree to which rape myths are disavowed by peers and with information about how their rape supportive beliefs are atypical appears to be helpful in reducing beliefs known to be associated with sexual assault perpetration.

**FRI 173****Assessing Fidelity to Cognitive Behavioral Aspects of a Suicide Prevention Safety Plan Intervention**

(Abstract #637)

**Poster #FRI 173 (Clin Res, Clin Res, Pub Health, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***Gamarra, Jennifer, BA<sup>1</sup>, Luciano, Matthew, BA<sup>1</sup>, Gradus, Jaimie, ScD<sup>2</sup>, Bossarte, Robert, PhD<sup>3</sup>, Wiltsey Stirman, Shannon, PhD<sup>1</sup>*<sup>1</sup>*Boston VA Healthcare System, Boston, Massachusetts, USA*<sup>2</sup>*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA*<sup>3</sup>*Veterans Affairs Medical Center, Canandaigua, New York, USA*

Suicidal behavior is a potential sequelae of trauma and PTSD diagnoses, both of which are common in military and Veteran populations. The VA has implemented a policy that requires completion of a suicide prevention safety plan for Veterans at high-risk for suicide, however little is known about the quality of completed plans, use as a therapeutic tool, and impact on outcomes. This project examined the implementation fidelity of safety plans for over 200 high-risk Veterans in VA Boston. Chart reviews were conducted to rate plan fidelity and collect additional data (e.g., demographics, diagnoses including PTSD, previous and subsequent suicide attempts). Fidelity was measured by assessing the completeness and quality of the plan. Preliminary results show variability in both completeness and quality. Our review found that 4.1% of charts included mention of a general discussion of how to use the plan and 39.6% indicated possible discussion. Evidence of general or specific ongoing review was found in 54.5% of charts. These findings will be used to examine whether varying levels of fidelity are associated with treatment engagement, suicide attempts, or hospitalizations. Analyses examining our results stratified by PTSD diagnostic status will be presented and implications for clinical practice with Veterans at high-risk for suicide will be discussed.

**FRI 174****Evaluating Dropout in a Randomized Controlled Trial of Veterans Receiving Cognitive Processing Therapy In-Person and via Video-Teleconferencing**

(Abstract #358)

**Poster #FRI 174 (Clin Res, Clin Res, Tech, Mil/Vets, Adult) - Industrialized Mezzanine East/West/South***Wells, Stephanie, BA<sup>1</sup>, Walter, Kristen, PhD<sup>2</sup>, Howard, Ian, BA<sup>2</sup>, Liu, Lin, PhD<sup>3</sup>, Zia, Agha, MD<sup>4</sup>, Thorp, Steven, PhD<sup>4</sup>*<sup>1</sup>*UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA*<sup>2</sup>*Veterans Medical Research Foundation, San Diego, California, USA*<sup>3</sup>*UC San Diego / VA San Diego Health Care System, San Diego, California, USA*<sup>4</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

Efficacious treatments for post-traumatic stress disorder (PTSD) are available. However, meta-analyses have reported mean dropout rates in clinical trials for PTSD ranging from 18-26%. Group treatment modality and greater number of sessions have been found to be significantly related to dropout. However, less is known about how other issues may impact dropout rates. The current study aimed to identify predictors of treatment attrition and self-reported reasons for dropping out of treatment. Participants were 207 male and female Veterans with a diagnosis of PTSD who received cognitive processing therapy (CPT) either in-person in-office (IP) or via VTC. The overall dropout rate for this study was 29.5%. Chi-square analyses did not reveal a significant difference ( $p = .16$ ) in dropout rates between the modes of treatment (IP or VTC). Moreover, neither demographic variables nor baseline clinician-assessed PTSD severity, self-reported PTSD, depression, or therapeutic alliance predicted dropout ( $p = .12-.88$ ). Qualitative data revealed that patients dropped out of treatment for several reasons including, treatment modality and delivery, homework assignments, and personal reasons (e.g., relocation, scheduling conflicts). Results suggest further investigation into the role of treatment modality in treatment dropout.

**FRI 175****Evaluating Treatment of Post-Traumatic Stress Disorder with Cognitive Processing Therapy and Prolonged Exposure Therapy in a VHA Specialty Clinic**

(Abstract #155)

**Poster #FRI 175 (Clin Res, Clinical Practice, Cog/Int, Cul Div, Mil/Vets, Adult) M Mezzanine East/West/South - Industrialized***Jeffreys, Matthew, MD<sup>1</sup>, Reinfeld, Courtney, PsyD<sup>2</sup>, Nair, Prakash, MS<sup>3</sup>, Garcia, Hector, PsyD<sup>4</sup>, Mata-Galan, Emma, PsyD<sup>1</sup>, Rentz, Timothy, PhD<sup>1</sup>*<sup>1</sup>*Department of Veteran Affairs Medical Center, San Antonio, Texas, USA*<sup>2</sup>*Department of Veteran Affairs Medical Center, Cheyenne, Wyoming, USA*<sup>3</sup>*UT Health Science Center at San Antonio, San Antonio, Texas, USA*<sup>4</sup>*South Texas Veterans Healthcare System, San Antonio, Texas, USA*

This retrospective chart review evaluates the effectiveness of manualized cognitive processing therapy (CPT) and prolonged exposure (PE) therapy on veterans' post-traumatic stress disorder (PTSD) symptoms in one Veterans Healthcare Administration (VHA) specialty clinic. A total of 517 charts were reviewed, and analyses included 178 charts for CPT and 85 charts for PE. Results demonstrated CPT and PE to significantly reduce PTSD Checklist (PCL) scores. However, PE was significantly more effective than CPT after controlling for age, service era, and ethnicity. Additional findings include decreased treatment dropouts for older veterans and no significant differences in outcomes between Hispanic and White veterans. Study limitations and future research directions will be discussed.

**FRI 176****Effects of Changes in Post-Traumatic Cognitions on PTSD Outcomes following Cognitive Processing Therapy in Rural Veterans**

(Abstract #240)

**Poster #FRI 176 (Clin Res, Clinical Practice, Cog/Int, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***Mackintosh, Margaret-Anne, PhD, Willis, Emy, BA, Menez, Ursula, PsyD, Wong, Marissa, PsyD, Cha, Nancy, PhD, Morland, Leslie, PsyD**National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA*

While research shows Cognitive Processing Therapy (CPT) to be effective across a range of trauma types, its impact on post-traumatic cognitions and how such changes affect treatment outcomes have not been reported among Veterans. Also, few studies have used a group therapy format, despite its increasing importance given the need to improve efficiency of care for Veterans. This study investigated the impact of group CPT on changes in post-traumatic cognitions and on PTSD outcomes in 125 male Veterans. Latent growth curve models assessed the impact of changes in post-traumatic cognitions (Post-Traumatic Cognitions Inventory, PTCI) on changes in PTSD severity ratings (Clinician Administered PTSD Scale; CAPS) across four time points (pre- and post-treatment, 3- and 6-month follow ups) as well as on how client characteristics affected these variables. Results showed that larger reductions in PTCI scores predicted larger reductions in CAPS scores with a standardized effect size (ES) of .96 and 95% CI (.76, 1.17),  $p < .05$ . Also, while level of traumatic exposure (Life Events Checklist) did not predict CAPS scores directly, traumatic exposure had an indirect effect,  $ES = -.27$  (-.51, -.03), on CAPS scores via PTCI scores. Higher trauma load predicted higher PTCI scores, which predicted poor outcomes. Results support use of group-based in expanding care using a cognitive-based therapy.

**FRI 177****Effectiveness of Cognitive Processing Therapy (CPT) for Veterans with and without Military Sexual Trauma (MST)**

(Abstract #991)

**Poster #FRI 177 (Clin Res, Clinical Practice, Rape, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***Voelkel, Emily, MA PhD Student<sup>1</sup>, Pukay-Martin, Nicole, PhD<sup>1</sup>, Walter, Kristen, PhD<sup>2</sup>, Chard, Kathleen, PhD<sup>1</sup>*<sup>1</sup>*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*<sup>2</sup>*Veterans Medical Research Foundation, San Diego, California, USA*

Military Sexual Trauma (MST) affects approximately 35.8% and 2.4% of female and male Veterans, respectively (Valdez et al., 2011), though actual prevalence may be much higher (e.g., Allard et al., 2011). Due to the complex nature of MST and evidence suggesting MST victims present as more severe than peers without MST (e.g., Maguen et al., 2012), the most appropriate treatment has been questioned (Suris et al., 2007). Therefore, this study's purpose was to explore Cognitive Processing Therapy's (CPT) effectiveness for those with and without MST. Participants ( $N = 481$ ) presented for residential PTSD treatment at a Midwestern VA. Of the sample, 40.7% endorsed an MST index trauma. Data analyses compared individuals with and without MST on baseline demographic variables. Mixed ANOVAs were conducted to test CPT's effectiveness for those with and without MST on outcome variables (CAPS, PCL, and BDI) over time. Results indicated that scores significantly decreased on all outcomes for both groups across time ( $p < .001$ ). Moreover, those with MST demonstrated greater symptom reduction on the PCL ( $p = .006$ ) and BDI ( $p = .029$ ) across time. Lastly, analyses revealed that men scored higher than women post-treatment on all outcome variables. Conclusions will be discussed with regard to clinical care.

**FRI 178****The Impact of Interpersonal Trauma on Hope**

(Abstract #260)

**Poster #FRI 178 (Clin Res, Cog/Int, Depr, Mil/Vets, Adult) I - Industrialized Mezzanine East/West/South***Good, Raquel, BA<sup>1</sup>, Gobin, Robyn, PhD<sup>2</sup>, Jain, Sonia, PhD<sup>3</sup>, Ernstrom, Karin, PhD<sup>3</sup>, Raman, Rema, PhD<sup>4</sup>, Lang, Ariel, PhD<sup>4</sup>*<sup>1</sup>*University of California, San Diego Psychiatry, La Jolla, California, USA*<sup>2</sup>*San Diego VA/University of San Diego, San Diego, California, USA*<sup>3</sup>*UC San Diego / VA San Diego Health Care System, La Jolla, California, USA*<sup>4</sup>*UC San Diego / VA San Diego Health Care System, San Diego, California, USA*

Interpersonal trauma (IPT) is associated with feelings of betrayal and negative beliefs about the self, others and the world. Not yet studied is the impact of IPT on hope. Hope is an important concept as it predicts treatment and psychiatric outcomes, including suicidality. We have examined the relationship between IPT and two facets of hope as measured by the Adult Hope Scale: agency (motivation to achieve a goal), and pathway (cognitive strategies to meet a goal). Data for these analyses were drawn from a randomized clinical trial (n = 160) of two psychotherapies for Veterans of Operations Enduring Freedom, Iraqi Freedom or New Dawn. Regression analyses were used to examine the association between hope and (a) IPT and (b) total trauma burden after controlling for depression. As predicted, depression was significantly negatively associated with hope in all models (all p's <.001). IPT was associated with the pathway domain (B = 5.24, SE = 2.22, p = .02) but not the agency domain (B = 1.87, SE = 2.47, p = .45). Number of traumas was not associated with either domain. This suggests that survivors of IPT who are not depressed may develop some sense of their own strength or resilience in confronting adversity. These findings should be replicated in a larger sample, and the developmental period during which the trauma occurred should be considered.

**FRI 179****Identifying Targets of Intervention in the Treatment of Comorbid Chronic Pain and PTSD**

(Abstract #1774)

**Poster #FRI 179 (Clin Res, Cog/Int, Health, Illness, Adult) M - Industrialized Mezzanine East/West/South***Outcalt, Samantha, PhD, McCalley, Stephanie, AS, Bair, Matthew, MD, MS**Roudebush VA Medical Center, Indianapolis, Indiana, USA*

Chronic pain and PTSD co-occur at high rates and exacerbate symptom severity, disability, and health care utilization. Cognitive behavioral interventions are warranted to treat both simultaneously; this study aimed to identify key cognitions in treating comorbid pain and PTSD. We conducted interviews with 150 Veterans with chronic pain and PTSD. Demographic and disability/treatment history data were collected; administered instruments included Centrality of Pain, Centrality of Events, Graded Chronic Pain, Brief Pain Inventory, Pain Catastrophizing, PTSD Checklist, and Post-Traumatic Cognitions Inventory. Pearson coefficient correlations assessed associations and t-tests examined group differences by PTSD severity. Average age was 53.4 (sd=13.4), most were men (91.3%), white (74.0%), on VA disability (86.0%), and reported pain for 5+ years (92.7%) and PTSD for 5+ years (94.7%). Correlations of PTSD severity and pain cognitions were moderately strong (centrality:  $r=.55, p<.01$ ; catastrophizing:  $r=.66, p<.01$ ). Veterans with PCL 50 yielded significantly higher pain centrality ( $t=-6.7, p<.001$ ), trauma centrality ( $t=-4.2, p<.001$ ), pain severity ( $t=-5.3, p<.001$ ), pain interference ( $t=-6.4, p<.001$ ), catastrophizing ( $t=-7.0, p<.001$ ), and trauma cognitions ( $t=-7.1, p<.001$ ). This study identifies key cognitions in pain-PTSD comorbidity and highlights links between trauma and chronic pain.

**FRI 180****Immune-Spectrum Disease and Repetitive Thought in Female Veterans**

(Abstract #320)

**Poster #FRI 180 (Clin Res, Cog/Int, Health, Illness, Prevent, Adult) I - Industrialized****Mezzanine  
East/West/South**

*Mullen-Houser, Elizabeth, PhD<sup>1</sup>, Lutgendorf, Susan, PhD<sup>2</sup>, Mengeling, Michelle, PhD<sup>3</sup>, Torner, James, PhD<sup>2</sup>, Booth, Brenda, PhD<sup>4</sup>, Sadler, Anne, PhD<sup>5</sup>*

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Female veterans are at risk for stress-related physical disorders given high rates of trauma exposure (Street et al., 2009), including childhood trauma (Sadler, Booth, Mengeling & Doebbeling, 2004), and a heightened physiologic stress response (Becker et al., 2007). Identification of modifiable risk factors for stress disorders is necessary to develop evidence-based interventions to minimize the emergence and impact of veteran illness. The present study used structural equation modeling to investigate the contributions of maladaptive repetitive thought (RT), post-traumatic stress symptoms, depression, childhood trauma and health behaviors to immune-spectrum disease and functional disability. Female Reserve or National Guard veterans (N = 643) completed a computer-assisted telephone interview through the Iowa City VA. Results indicated that physical disease was associated with greater depression and childhood trauma after accounting for covariates. Unexpectedly, maladaptive RT was associated with less physical disease, although only when depression was included as a covariate. Maladaptive RT parsed for negative affect associated with depression may conceptually resemble adaptive RT. Adaptive RT has previously been found to be protective of physiologic disease response (Segerstrom et al., 2008). Interventions which promote adaptive RT may protect female veteran health.

**FRI 181****Treatment Type as a Predictor of Post-Treatment Quality of Life in Veterans with PTSD**

(Abstract #1084)

**Poster #FRI 181 (Clin Res, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South**

*Nelson, Summer, PhD, Voss Horrell, Sarah, PhD*

*Salem VA Medical Center, Salem, Virginia, USA*

Treatment for PTSD often focuses on symptom reduction as a primary outcome; however, with the growing popularity of recovery focused care, quality of life outcomes are of growing clinical interest. The limited literature in this area suggests that quality of life improves with PTSD treatment; however, no known studies have examined differential effectiveness on quality of life outcomes by treatment type. The goal of this study is to examine quality of life improvement for veterans in treatment for PTSD, with particular emphasis on determining if Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) yield different rates of improvement. Existing research suggests that patients completing CPT or PE show equivalent improvements on most symptom outcomes; as such, we hypothesize that changes in post-treatment quality of life will also be equivalent. To test this hypothesis, multiple linear regression analysis will be conducted using data from approximately one-hundred veterans of all eras who completed either CPT or PE in an outpatient VA PTSD clinic. In addition to examining the relationship between treatment type and quality of life, other previously recognized correlates of quality of life, including pre-treatment depression and PTSD symptom scores, age, and ethnicity, will be included as covariates.

**FRI 182****A Randomised Controlled Clinical Trial Evaluating the Effect of Treatment of Traumatized Refugees with Trauma-Focused Cognitive Behavioral Therapy and Antidepressants**

(Abstract #263)

**Poster #FRI 182 (Clin Res, Complex, Cul Div, Torture, Civil/War, Adult) M - Industrialized****Mezzanine  
East/West/South*****Buhmann, Caecilie, MD PhD****Department of Psychiatry, Copenhagen, Denmark*

**Aims:** To estimate the treatment effect of TFCBT and antidepressants (Sertraline and Mianserin) in traumatized refugees. **Methods:** Randomized controlled clinical trial with 2x2 factorial design. Patients included were immigrants and refugees with war-related traumatic experiences from their country of origin, PTSD and without a psychotic disorder. The manualized treatment consisted of weekly sessions with a physician and/or psychologist over a period of 6 months. The treatment effect was evaluated with a combination of blinded and un-blinded observer ratings and self-ratings. Outcome measures included symptoms of PTSD, depression, anxiety, pain and somatization and quality of life and level of functioning (HTQ, HSCL-25, SCL-90, WHO-5, SDS, VAS, Hamilton, GAF). **Results:** 280 patients were included and 217 patients completed treatment (78% completion rate). A small but significant effect of treatment with antidepressants was found on depression and anxiety symptoms, headache and self-rated level of functioning. A large significant effect was found on level of functioning after treatment with medicine compared to waiting list controls. No effect of psychotherapy was detected and there was no interaction between psychotherapy and medicine. **Conclusion:** Treatment with antidepressants and psycho-education has a small to moderate effect on the condition of traumatized refugees.

**FRI 183****Making Meaning of Military Traumas: A Qualitative Analysis in Returning Veterans with PTSD**

(Abstract #1874)

**Poster #FRI 183 (Clin Res, Complex, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South*****McCormick, Wesley, MA Student<sup>1</sup>, Jordan, Bratina, Undergraduate<sup>1</sup>, Currier, Joseph, PhD<sup>1</sup>, Drescher, Kent, PhD<sup>2</sup>***<sup>1</sup>*University of South Alabama, Mobile, Alabama, USA*<sup>2</sup>*VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California, USA*

Meaning making can be an integral part of recovering from PTSD (e.g., Currier et al., 2011; Park, 2010; Owens et al., 2009). However, research on this topic is quite limited in military samples (Schok et al., 2008). As such, we conducted in depth qualitative interviews with fourteen Iraq/Afghanistan Veterans upon their completion of an intensive residential treatment program for post-traumatic stress disorder (PTSD). Participants responded to open-ended questions assessing their search for meaning since war-zone deployment(s), ability to make sense of their traumas, and strategies and/or barriers to finding meaning in these experiences. Content analysis revealed three supra-ordinate categories- (1) Absence of meaning or maladaptive meaning (28.5%), (2) Neutral meaning or still processing meaning (21.5%), and (3) Adaptive integration of traumas (50%). Among the half of the sample who indicated adaptive integration, primary themes closely converged with research on post-traumatic growth (e.g., Tedeschi & Calhoun, 2004); improved interpersonal relationships (e.g., children, family), greater appreciation for life, new priorities, personal development, and enhanced spirituality. These results suggest the primacy of meaning-oriented concerns in recovering from PTSD while also highlighting that post-traumatic growth might accompany successful responses to treatment in this population.

**FRI 184****The Role of Executive Function in Childhood and Adulthood Trauma and Post-Traumatic Stress Disorder Symptom Severity**

(Abstract #1263)

**Poster #FRI 184 (Clin Res, CPA, Cog/Int, Dev/Int, DV, Adult) I - Industrialized | Mezzanine East/West/South**

*Lee, Michelle, Doctoral Student, DePrince, Anne, PhD  
University of Denver, Denver, Colorado, USA*

Research indicates that betrayal trauma (BT; i.e., trauma that is perpetrated by a close and trusted other) is associated with more severe PTSD symptoms and greater executive function (EF) disruption compared to trauma low in betrayal. Research also indicates that greater EF impairments are linked with more severe PTSD symptoms. In women who experience intimate partner violence (IPV), EF deficits and PTSD symptoms may be solely the result of the IPV or a cumulative effect resulting from both childhood BT and current trauma. Limited research has examined the unique effects of childhood BT and current IPV on EF and PTSD symptom severity. Childhood BT may result in lasting EF deficits that pose as risk factors for adulthood psychopathology while adulthood BT influences current EF that relate to psychological outcomes. The present study examined EF as a possible mediator in the relationship between BT in childhood and adulthood and later PTSD symptom severity. Participants were 236 ethnically diverse women (mean age = 33.4) who were recruited following a police-reported IPV incident as part of a larger study on community response programs. Participants completed BT, EF, and PTSD measures across three time points. Mediation models were assessed using PROCESS (Hayes, 2013). Results and the implications of EF's mediating role in the relationship between BT and PTSD will be discussed.

**FRI 185****Childhood Trauma and Suicide: Emotional Abuse and Physical Abuse Differentially Predict the Desire and Capability for Suicide**

(Abstract #405)

**Poster #FRI 185 (Clin Res, CPA, CSA, Adult) M - N/A | Mezzanine East/West/South**

*Smith, Noelle, MA PhD Student<sup>1</sup>, Averill, Lynnette, Doctoral Student<sup>2</sup>, Trueba, Ana, MA PhD Student<sup>1</sup>, Meuret, Alicia, PhD<sup>1</sup>*

<sup>1</sup>*Southern Methodist University, Dallas, Texas, USA*

<sup>2</sup>*Michael E. DeBakey VA Medical Center / University of Utah, Houston, Texas, USA*

Joiner's (2005) interpersonal-psychological theory of suicide proposes that to complete suicide an individual must have both a desire to die (which involves thwarted belongingness and perceived burdensomeness) and an acquired capability for lethal self-harm. Childhood trauma is known to be associated with increased risk of suicide across one's lifespan (Dube et al., 2001). This study investigates how early life trauma predicts the capability and desire for suicide in adults. The sample consisted of 66 participants who completed the Childhood Trauma Questionnaire, Interpersonal Needs Questionnaire, and Acquired Capability for Suicide Scale. Linear regression analyses were used to examine whether different types of trauma (physical, sexual, emotional abuse) differentially predicted perceived burdensomeness, thwarted belongingness, and acquired capability for suicide. Results indicated emotional abuse significantly predicted thwarted belongingness ( $B = .22, p = .002$ ), and a trend for perceived burdensomeness ( $B = .14, p = .059$ ), over and above physical and sexual abuse. Physical abuse significantly predicted acquired capability for suicide ( $B = 4.80, p = .028$ ), over and above sexual and emotional abuse. The findings contribute to growing body of literature on trauma and suicide and suggest that specific types of abuse differentially predict components of suicide.

**FRI 186****The Impact of Childhood Maltreatment on Parenting: Mother's Perspectives**

(Abstract #1777)

**Poster #FRI 186 (Clin Res, CPA, CSA, Chronic, Complex, Adult) I - Industrialized****Mezzanine  
East/West/South***Kovacevic, Merdijana, BS<sup>1</sup>, Fava, Nicole, PhD MSW<sup>1</sup>, Khan, Maria, BA<sup>1</sup>, Smith, Erin, MA<sup>1</sup>, Simon, Valerie, PhD<sup>1</sup>, Muzik, Maria, MD<sup>2</sup>*<sup>1</sup>Wayne State University, Detroit, Michigan, USA<sup>2</sup>University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

Research links mothers' experiences of childhood maltreatment (CM) with negative long-term outcomes, including difficulties in parent-child relationships and maladaptive parenting practices. However, scant literature addresses the various ways mothers may adapt. In this study, we examine the frequency of parenting post-traumatic changes (PTC) among mothers with CM histories and associations between PTC and individual and abuse characteristics. At 6-months postpartum, 100 mothers (M = 29.6 years) were interviewed regarding their experiences of sexual (36.3%), physical (23.5%), and/or emotional (40.2%) abuse. Interviews were coded for the parental competency, parent/child relationship quality, and global parenting views. Results indicated more mothers reported positive changes (81%) than negative changes (21%). More specifically, the majority of mothers only reported positive changes (62%), while just 2% reported only negative changes. There were no significant relations between individual characteristics and PTC. Individuals abused by a parent reported stronger positive changes, and those with more maltreatment experiences reported stronger negative changes. Findings suggest mothers with CM histories hold more positive than negative parenting perceptions at 6-months postpartum. Future research should examine this as a critical time period to implement parenting interventions.

**FRI 187****Child Maltreatment and Sexual Motivation: The Role of Attachment Insecurity and Difficulties in Emotion Regulation**

(Abstract #261)

**Poster #FRI 187 (Clin Res, CPA, CSA, Clin Res, Dev/Int, Adult) M - Industrialized****Mezzanine  
East/West/South***Kaplinska, Julia, MA PhD Student, Eshelman, Lee, BA (Hons), Messman-Moore, Terri, PhD  
Miami University, Oxford, Ohio, USA*

Anxious and avoidant attachment (i.e., attachment insecurity) is linked to distinct patterns of sexual motivation (SM; Davis et al., 2004), as well as linked to emotion regulation difficulties (Pepping et al., 2013) and child maltreatment (CM; Cloitre et al., 2008). Individuals may use sex to regulate distress (DeWitte, 2012) and SM may reflect attachment-related emotion regulation difficulties. Female college students (N=744) completed surveys on CM, attachment anxiety and avoidance, emotion regulation difficulties, and five SM subscales: having sex to increase intimacy, to enhance pleasure, to cope with distress, to increase self-affirmation, and for partner approval. CM did not directly predict SM, but did predict attachment insecurity and emotion regulation difficulties. Attachment avoidance operated in serial to mediate CM and the five SM subscales. Avoidance was negatively related to intimacy and enhancement SM. Similarly, attachment anxiety and emotion regulation difficulties operated in serial to mediate CM and coping, affirmation, and partner SM. Anxious attachment mediated CM and intimacy and enhancement SM. The pattern of results suggests there are unique pathways between CM and SM depending on attachment avoidance and anxiety, and some indirect paths operate through emotion regulation difficulties. Implications for future research and intervention will be discussed.

**FRI 188****Understanding the Relationship between Child Maltreatment and Intimate Partner Violence Revictimization: Contributions of Impaired Self-Reference**

(Abstract #896)

**Poster #FRI 188 (Clin Res, CPA, CSA, Cog/Int, DV, Adult) I - Industrialized Mezzanine East/West/South***Barton, Sarah, BBA, Messman-Moore, Terri, PhD, Kuhnash, Kali, Undergraduate  
Miami University, Oxford, Ohio, USA*

The relationship between child maltreatment (CM) and intimate partner violence (IPV) revictimization has been examined (Valdez, Lim, & Lilly, 2013). However, additional research is needed to identify factors that increase risk for revictimization among CM survivors. Impaired self-reference may be one factor that increases such vulnerability (Myers, 2009). The present study investigated whether impaired self-reference amplified the impact of CM (five types) on minor and severe forms of physical, psychological, and sexual IPV. Data were collected utilizing self-report surveys from a group of 546 women. Results indicated the presence of IPV revictimization, and that impaired self-reference predicted minor and severe psychological IPV and severe sexual coercion IPV. Differential patterns for significant main effects of CM variables on various forms of IPV were also found. In addition, among survivors of child physical abuse, greater endorsement of impaired self-reference was associated with increased risk for minor physical IPV. Findings suggest that impaired self-reference has a significant impact on IPV revictimization. As such, interventions targeting impairments in the self may be an important point for intervention.

**FRI 189****Effects of Intimate Partner Violence and Child Maltreatment on the Three-Year Longitudinal Trajectory of Women's Depressive Symptoms**

(Abstract #353)

**Poster #FRI 189 (Clin Res, CPA, CSA, Depr, DV, Adult) I - Industrialized Mezzanine East/West/South***Smagur, Kathryn, MA PhD Student, Yalch, Matthew, MA PhD Student, Bogat, G. Anne, PhD, Levendosky, Alytia, PhD  
Michigan State University, East Lansing, Michigan, USA*

Women experiencing intimate partner violence (IPV) are at an increased risk for depressive symptoms. Furthermore, a history of child maltreatment (CM) is associated with both IPV victimization and depressive symptoms. Cross-sectional studies have demonstrated that CM and IPV exert unique effects on women's depressive symptoms, but it is unclear how these experiences of violence uniquely contribute to the trajectory of women's depressive symptoms over time. Some research indicates that CM is associated with more stable depressive symptoms over time, but findings are mixed regarding the association between IPV and depressive symptom stability. In a longitudinal study of women (N = 206) selected for IPV exposure, we used latent growth curve modeling to examine the unique effects of IPV (assessed across three years) and CM on the three-year trajectory of depressive symptoms. Our results indicated strong positive associations between the means and trajectories of IPV and depressive symptoms. CM was associated with overall depressive symptoms, but did not exert a unique effect on the trajectory of depressive symptoms. This study indicates that CM and IPV may influence women's depressive symptoms in different ways: both IPV and CM predict more severe depressive symptoms overall, whereas IPV maintains depressive symptoms over time.

**FRI 190****Obesity and Childhood Maltreatment – A Comparison of Extremely Obese Females and Males with a Representative Sample**

(Abstract #601)

**Poster #FRI 190 (Clin Res, CPA, CSA, Health, Adult) M - N/A****Mezzanine East/West/South***Kersting, Anette, PhD<sup>1</sup>, Wagner, Birgit, PhD<sup>2</sup>, Petroff, David, PhD<sup>3</sup>, Peterhänsel, Carolin, Dipl Psych<sup>1</sup>, Brähler, Elmar, PhD<sup>1</sup>, Klinitzke, Grit, PhD, PsyD<sup>1</sup>*<sup>1</sup>*University of Leipzig, Leipzig, Sachsen, Germany*<sup>2</sup>*MSB Medical School, Berlin, Germany*<sup>3</sup>*Leipzig University Medical Center, Leipzig, Sachsen, Germany*

Objective Most studies investigated the association between sexual or physical abuse in obese women. Results about childhood neglect and about severity of different maltreatment forms in studies including females and males with different obesity grades are quite rare. Methods: In a cross-sectional study, support-seeking obese males and females (n=354) and a representative sample of the German population (n=2426) were compared regarding their self-reported childhood abuse and neglect experiences. Results: The obese group reported significantly more childhood maltreatment in each category and showed more severe forms of maltreatment compared to the general population with the exception of physical neglect. Overall, obese women had the highest maltreatment scores and young women tend to have more overall maltreatment than older women. Emotional and sexual abuse is more prevalent in obese women compared to obese men. There is only little evidence suggesting a connection between severity of childhood trauma and severity of obesity. Conclusion: Obese support-seeking women are a special risk group. Regarding the treatment of physical and mental health problems in obese women, a history of childhood maltreatment and especially of sexual and emotional abuse has to be considered.

**FRI 191****Dissecting the Female Experience of the College Hookup Culture: The Importance of Sexual Victimization, Self-Affirmation Sex Motives, and Impulsivity**

(Abstract #474)

**Poster #FRI 191 (Clin Res, CSA, Health, Rape, Adult) I - Industrialized****Mezzanine East/West/South***Messman-Moore, Terri, PhD, Withrow, Amanda, BA, Eshelman, Lee, BA (Hons), Barton, Sarah, BBA  
Miami University, Oxford, Ohio, USA*

This study investigated lifetime history of sexual victimization and motivations underlying sexual behavior with hookup partners and dating relationship partners among 522 college women, focusing on self-esteem, sexual control, self-affirmation sex motives, and impulsivity when distressed. Predictors differed based upon women's lifetime sexual victimization and relationship context. Previously victimized women reported more sexual partners in hookups and relationships than women without a history of victimization. High levels of self-affirmation sex motives predicted a greater number of sex partners among women regardless of sexual victimization history, but were more relevant to the sexual behavior of non-victims (regardless of relationship context), with impulsivity being less relevant. Among victims, high levels of impulsivity when distressed in addition to self-affirmation sex motives predicted a greater number of relationship partners and hookup partners (for particular sex acts). Sexual control was generally associated with more partners for nonvictims rather than victims, particularly in the dating context. Findings suggest that interventions to reduce risky behavior, particularly number of hookup partners, may require a tailored approach based upon women's lifetime sexual victimization history.

**FRI 192****Understanding the Temporal Sequence of Childhood Sexual Abuse and Non-Suicidal Self-Injury**

(Abstract #475)

**Poster #FRI 192 (Clin Res, CSA, Rape, Adult) I - Industrialized****Mezzanine East/West/South***DeCou, Christopher, BA, Hill, Stephanie, BA, Lynch, Shannon, PhD  
Idaho State University, Pocatello, Idaho, USA*

Background: Survivors of childhood sexual abuse (CSA) experience disproportionate non-suicidal self-injury (NSSI). Incarcerated women report high rates of CSA and NSSI, but this association is understudied in this population. The present study evaluated, retrospectively, the temporal relationship between CSA and subsequent NSSI among a sample of incarcerated women. Method: Survey data were collected from 224 treatment-seeking incarcerated women. A subsample of 57 women reported forced/unwanted sexual intercourse prior to age 18 (Trauma History Questionnaire, Green et al., 2005) prior to their first self-reported incident of self-harm (Self-Harm Behavior Questionnaire, Gutierrez and Osman, 2008). Findings: Average age of onset for forced/unwanted sexual intercourse was 8.63 years (SD=4.95), and average age of first NSSI was 15.51 (SD=6.16) years. Age of first forced/unwanted sexual intercourse significantly predicted age of first NSSI ( $\beta = -0.415, p=0.01$ ). Discussion: Age of onset for forced/unwanted sexual intercourse emerged as significant predictor of subsequent self-harm. These findings highlight the importance of assessing the concomitance of self-harm and CSA among trauma survivors, including incarcerated women. Although these findings are limited by the nature of retrospective self-report, they evidence the temporal precedence of CSA and NSSI in this vulnerable population.

**FRI 193****Health Outcomes of Traumatic Brain Injury among Refugee Survivors of Torture**

(Abstract #1706)

**Poster #FRI 193 (Clin Res, Cul Div, Health, Adult) I - Industrialized****Mezzanine East/West/South***Keatley, Eva, BS<sup>1</sup>, D'Alfonso, Alana, BA<sup>2</sup>, Abeare, Christopher, PhD<sup>1</sup>, Keller, Allen, MD<sup>2</sup>, Bertelsen, Nathan, MD<sup>2</sup>  
<sup>1</sup>University of Windsor, Windsor, Ontario, Canada  
<sup>2</sup>New York University School of Medicine, New York, New York, USA*

High rates of head trauma and traumatic brain injury (TBI) have been found among refugees who experience torture, war trauma, or mass violence. Although one study found that 69% of treatment seeking survivors of torture in New York City incurred a head injury as a result of abuse (Keatley et al., 2013), no studies to date have explored the consequences of such injuries in this high-needs population. The purpose of this study is to examine if survivors of torture with a history of moderate/severe TBI (n=85), report more severe post-traumatic stress disorder (PTSD) symptoms, spontaneously report more persistent health complaints (including PCS-like symptoms), have more medical visits, and report worse general health than survivors of torture without TBI (n=72). PTSD and TBI were independently associated with greater number of health complaints and an interaction between TBI and PTSD suggests that the relationship between moderate/severe TBI and number of health complaints strengthened with increased PTSD symptom severity. Service providers should take caution for attributing health complaints to neurological damage in patients with moderate/severe TBI and co-morbid PTSD. Keatley E, Ashman T, Im B, Rasmussen A. Self-reported head injury among refugee survivors of torture. *J Head Trauma Rehabil.* 2013;28(6):E8–E13.

**FRI 194****Coping Flexibility Moderates the Relationship between Interpersonal Trauma Exposure and Symptoms of Depression**

(Abstract #69)

**Poster #FRI 194 (Clin Res, Depr, Adult) M - N/A****Mezzanine East/West/South***Orcutt, Holly, PhD, Hannan, Susan, MA  
Northern Illinois University, DeKalb, Illinois, USA*

Extant literature has demonstrated a consistent link between interpersonal trauma exposure (e.g., childhood abuse, sexual assault, rape, intimate partner violence) and subsequent symptoms of depression. The purpose of this study was to test whether coping flexibility moderates the relationship between interpersonal trauma exposure and symptoms of depression. Coping flexibility (as measured by the Perceived Ability to Cope with Trauma [PACT] Scale; Bonanno, Pat-Horenczyk, & Noll, 2011) assesses one's perceived ability to focus on processing the trauma (trauma focus) and moving beyond the trauma (forward focus). A higher total score on the PACT scale indicates greater overall coping flexibility. Data were collected from undergraduate students at a large midwestern university. Participants ( $N=151$ ) completed an online battery of self-report measures at one time point. A hierarchical multiple regression demonstrated that coping flexibility moderates the relationship between interpersonal trauma exposure and subsequent symptoms of depression ( $\beta = -.221, t(3) = -2.17, p < .05$ ). Simple effects revealed that participants who reported interpersonal trauma exposure and low overall coping flexibility endorsed higher depression symptoms, compared to participants who reported interpersonal trauma exposure and high overall coping flexibility.

**FRI 195****Deployment-Related Benefit Finding in Military Service Members and their Partners: Associations with Relationship Satisfaction**

(Abstract #1044)

**Poster #FRI 195 (Clin Res, Fam/Int, Mil/Vets, Adult) I - Industrialized****Mezzanine East/West/South***Campbell, Sarah, MA PhD Student<sup>1</sup>, Maurin, Elana, PhD MPH<sup>2</sup>, Renshaw, Keith, PhD<sup>1</sup>  
<sup>1</sup>George Mason University, Fairfax, Virginia, USA  
<sup>2</sup>Argosy University, Arlington, Virginia, USA*

Benefit finding (BF), or the experience of positive changes in the context of a stressful experience, can buffer against negative effects of stressors for individuals, but no research has explored effects of deployment-related BF on relationship functioning. In 61 Iraq/Afghanistan-era service members (SMs) and their spouses/partners (S/Ps), we measured SMs' post-traumatic stress symptoms (PTSS) at baseline. Then, 4-6 months later, SMs and S/Ps reported on deployment-related BF and relationship satisfaction. Dyadic path analyses (with SM and S/P satisfaction as covarying endogenous variables) explored (1) actor and partner effects of SM and S/P BF on SM and S/P relationship satisfaction, controlling for SM PTSS; (2) interactions of SM and S/P BF in predicting relationship satisfaction; and (3) moderation of links between SM PTSS and relationship satisfaction by both partners' BF. For SM satisfaction, S/P BF had a positive partner effect, but the actor effect of SM BF was significant (positive) only when S/P BF was low (SM PTSS was significantly negative with no moderation). For S/P satisfaction, the partner effect of SM BF was significant (positive) and the effect of SM PTSS was significant (negative) only when S/P BF was low, with no significant actor effect of S/P BF. Overall, S/Ps' deployment-related BF may be a strong relationship buffer for military couples.

**FRI 196****The Benefits of Guilt during the Chronic Stress of Illness**

(Abstract #1070)

**Poster #FRI 196 (Clin Res, Illness, Adult) I - N/A****Mezzanine East/West/South***Almahmoud, Shaima, MA, Coifman, Karin, PhD  
Kent State University, Kent, Ohio, USA*

Theories of emotion suggest that when contextually relevant, negative emotions can lead to better adaptation (Ekman, 1992). However, most research examining emotion during stress employ measures indexing generalized responses, rather than emotion in context. In this investigation we sought to examine the link between guilt and adaptive behavior during the stress of chronic illness. Considerable theory suggests that guilt is a negative emotion that may motivate people to make adaptive changes (e.g., to repair failures: Izard, 1991). N=38 adults with transfusion-dependent Thalassemias were recruited for a study on emotion and health. We indexed emotion (facial behavior) during an interview about coping with illness. We hypothesized that higher treatment adherence would be associated with more guilt. Thalassemia is a rare congenital blood disorder associated with shortened lifespan, rigorous treatment demands, and patients often experience multiple traumatic events (e.g., serious cardiac events). Treatment adherence was indexed over 6 months after the interview, via weekly diaries. A MANCOVA, controlling for age, gender and distress was used to examine the following emotions by high v. low adherence: guilt, fear, anger, and sadness. Consistent with our hypothesis, high adherence was associated with more guilt,  $F(1,26)=9.16, p=.006$ .

**FRI 197****Alcohol Dependence Predicts Incident Suicidal Ideation among Ohio Army National Guard Soldiers**

(Abstract #1484)

**Poster #FRI 197 (Clin Res, Pub Health, Sub/Abuse, Civil/War, Mil/Vets, Adult) M - Industrialized****Mezzanine  
East/West/South***Cohen, Gregory, MSW<sup>1</sup>, Fink, David, MPH<sup>2</sup>, Tamburrino, Marijo, MD<sup>3</sup>, Liberzon, Israel, MD<sup>4</sup>, Calabrese, Joseph, MD<sup>5</sup>, Galea, Sandro, MD PhD<sup>2</sup>*<sup>1</sup>*Columbia University, New York, New York, USA*<sup>2</sup>*Columbia University, Mailman School of Public Health, New York, New York, USA*<sup>3</sup>*University of Toledo, Toledo, Ohio, USA*<sup>4</sup>*University of Michigan, Ann Arbor, Michigan, USA*<sup>5</sup>*Case Western Reserve University, Cleveland, Ohio, USA*

Suicide rates among military service members have risen dramatically, while population-level drivers remain poorly understood. The aim of this study is to examine the relationship between alcohol dependence and subsequent risk of suicidal ideation among National Guard forces. We performed a longitudinal analysis using a representative sample of Ohio Army National Guard soldiers. Telephone surveys of 1584 soldiers who participated in both wave 1 (2008-2009) and wave 2 (2009-2010) were analyzed to determine the relationship between DSM IV alcohol dependence and new-onset suicidal ideation, accounting for depression. Incident suicidal ideation was present among 2.7% of soldiers at follow-up. In a fully adjusted model, soldiers with alcohol dependence at baseline had 2.7 (95% CI, 1.1-6.6) times the odds of suicidal ideation at follow-up, and soldiers with depression at baseline had 3.5 (95% CI, 1.7-7.2) times the odds of suicidal ideation. Alcohol dependence is a risk factor for new onset suicidal ideation among Army National Guard Soldiers and may represent a pathway separate from depression. Future work is needed to better understand the mechanisms through which alcohol dependence leads to suicidal thoughts among this population. Population based screening for suicidality among patients with alcohol dependence may be warranted in military populations.

**FRI 198****Quality of Life Outcomes among Workplace Trauma Victims after Treatment of Post-Traumatic Stress Disorder**

(Abstract #1787)

**Poster #FRI 198 (Clin Res, QoL, Adult) M - Industrialized****Mezzanine East/West/South***Lacerte, Sophie, PhD Candidate<sup>1</sup>, Marchand, André, PhD<sup>2</sup>, Belleville, Geneviève, PhD<sup>3</sup>, Beaulieu-Prévost, Dominic, PhD<sup>1</sup>, Guay, Stéphane, PhD<sup>4</sup>*<sup>1</sup>*Université du Québec à Montréal (UQAM), Montreal, Quebec, Canada*<sup>2</sup>*Université du Québec à Montréal, Centre d'Etude sur le Trauma & Laboratoire d'Etude du Trauma, Montreal, Quebec, Canada*<sup>3</sup>*Laval University, Québec, Quebec, Canada*<sup>4</sup>*Université de Montréal & Centre d'Etude du Trauma, Montreal, Quebec, Canada*

Post-Traumatic Stress Disorder (PTSD) is the most prevalent mental disease developed after experiencing a traumatic event in the workplace and can have a significant impact on a victim's quality of life (QOL). Cognitive-behavioral therapy (CBT) is known to be effective in decreasing PTSD symptoms, but mixed results are obtained on QOL outcomes. The aim of the present paper is to evaluate QOL in workplace trauma victims treated for PTSD. The sample includes 45 participants (4 abandoned). Pre- and post-treatment evaluations included the use of Clinician Administered PTSD Scale and the World Health Organisation Quality of Life – BREF. Treatments were offered by trained CBT psychologist. Intent-to-treat analyses were applied. Pre-post improvements were analyzed with a dependent t-test and effect size calculated by Cohen's d. The sample was 41 years old in average (SD = 12) and included 22 women. Significant improvements were found on PTSD symptomatology, and among the fourth scales of WHOQOL-BREF: physical, psychological, social, and environmental scale. Effects sizes of QOL outcomes were large for each scale. In conclusion, CBT for PTSD seems to have a significant impact on post-traumatic symptoms and QOL, so it is not necessary to add components of QOL therapy into standard treatment.

**FRI 199****Using Person-Centered Methods to Examine the Prevalence and Impact of Attempted Rape and other Forms of Sexual Assault**

(Abstract #629)

**Poster #FRI 199 (Clin Res, Rape, Adult) M - Industrialized****Mezzanine East/West/South***Cook, Natalie, BA, Eshelman, Lee, BA (Hons), Palmer, Katelyn, Undergraduate, Messman-Moore, Terri, PhD, Kaplinska, Julia, MA PhD Student  
Miami University, Oxford, Ohio, USA*

Using a hierarchical taxonomy, previous research on sexual violence assumed attempted rape was more severe than other unwanted sexual acts, although effects of attempted rape have not been widely examined. The present study uses an emic approach, examining 901 college women and clustering groups based upon types of unwanted sexual experiences. Eight clusters emerged characterized by sex act (contact or penetration), coercion (incapacitated, forcible, verbal), perpetrator (stranger or acquaintance), and completed or attempted acts. One non-victim group emerged (45%). Among the victimized groups, 17% reported acquaintance verbal coercion, 10% had predominantly acquaintance rape, 6% were raped by acquaintances and assaulted by strangers, 5% had predominantly stranger rape, 2% had rape by both perpetrators, 3% reported unwanted, completed sex acts and attempted rape, and 12% reported attempted rape only. Clusters were compared on self-blame, depression, post-traumatic stress (PTS), and drinking. Clusters characterized by completed rape or sexual contact reported significantly higher distress and higher rates of PTS, with varied levels of self-blame and drinking. Women who reported only attempted rape had less self-blame and PTS than rape victims, and more numbing (but not other PTS symptoms) than non-victims. Implications for future research and intervention will be discussed.

**FRI 200****An Examination of Disclosure, Mental Health Treatment Use, and Post-Traumatic Growth among College Women who Experienced Sexual Victimization**

(Abstract #893)

**Poster #FRI 200 (Clin Res, Rape, Adult) M - Industrialized****Mezzanine East/West/South***Hassija, Christina, PhD<sup>1</sup>, Turchik, Jessica, PhD<sup>2</sup>*<sup>1</sup>*California State University, San Bernardino, California, USA*<sup>2</sup>*Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA*

Research of post-trauma outcomes have revealed that positive changes (e.g., enhanced quality of life, spiritual growth) can occur following exposure to traumatic life experiences, referred to as post-traumatic growth (PTG). Few investigations have examined the influences of informal and formal sources of support on PTG among survivors of sexual victimization. The aim of the present study was to examine the relationship between PTG, disclosure of trauma, and mental health treatment use following a sexual assault experience. Undergraduate female psychology students (N = 85), reporting a prior history of sexual victimization, completed measures assessing trauma exposure, PTG, disclosure, and mental health treatment use. Potential covariates, including demographic variables and PTSD and depression symptoms were controlled for in the hierarchical linear regression analyses, although none of these predictors were significantly associated with PTG (all  $p$ 's > .05). Results revealed that both degree of disclosure of the assault to support sources and mental health treatment use following sexual assault was related to increased PTG ( $\beta$ 's = .22 and .27, respectively,  $p$ 's < .05). Disclosure to support sources and mental health treatment use following sexual assault appear to be associated with increased positive outcomes following trauma. Treatment implications will be discussed.

**FRI 201****Initial Treatment Variation in Previously Veterans with PTSD**

(Abstract #760)

**Poster #FRI 201 (Clin Res, Res Meth, Adult) M - N/A****Mezzanine East/West/South***Abrams, Thad, MD, MS<sup>1</sup>, Friedman, Matthew, MD, PhD<sup>2</sup>*<sup>1</sup>*University of Iowa Carver College of Medicine, Iowa City, Iowa, USA*<sup>2</sup>*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Reports identifying initial treatment variation in PTSD care in the Veterans Health Administration are important but do not exist. From 2008-12 a defined cohort of untreated Veterans with PTSD were identified by: (1) new VHA enrollment with no VHA use prior to FY 2008, (2) enrolled in VHA with a minimum of 120 days with no evidence of psychotropic medication, (3) first time encounter of PTSD in an outpatient visit, and (4) initial prescription for guideline medication within 30 days of PTSD recognition. We identified  $n=23,254$  newly enrolled, untreated Veterans with their first PTSD diagnosis. The most frequently prescribed medication classes were SSRI/SNRI 64%, novel antidepressants (NA) 48%, atypical antipsychotics (AA) 8.0%, and benzodiazepines (BZD) 23.4%. Limiting the analyses to 134 larger facilities (>50 Veterans), prescribing rates for SSRI/SNRI ranged from 31.7(min) to 86% (max); 16.4 to 76.7 for NA; 0.2 to 23.7 for AA; and 3.4 to 54.9 for BZD. Analyses found 8.5% of these Veterans as receiving *only* a BZD with facility rates prescribing *only* a BZD for these patients ranging from 1.2 – 25.5(min-max). Initial selections of medication classes appears to be highly variable, and among larger facilities, there was a substantial amount of non-guideline conforming prescribing. Identification of the facilities with ideal practice strategies could improve VHA PTSD care.

**FRI 202****Chi-square Analysis of Attrition: PE, CPT, & EMDR**  
(Abstract #1790)**Poster #FRI 202 (Clin Res, Res Meth, Adult) M - Industrialized****Mezzanine East/West/South***Phillips, David, Doctoral Student, Koch, Ellen, PhD*  
*Eastern Michigan University, Ypsilanti, Michigan, USA*

Exposure-based therapies for PTSD are highly efficacious, yet clinical utilization remains low. Fear of increased attrition is often cited as a primary deterrent. Previous analyses have not found statistical differences between attrition in exposure and non-exposure therapies (Hembree, et al., 2003; Imel, Laska, Jakupcak, & Simpson, 2013), however no research has exclusively focused on “A-level” treatments, as rated by ISTSS. This study located 32 RCTs of PE (high exposure), CPT (low exposure), and EMDR (moderate exposure) and analyzed attrition rates using a chi-square test of independence. The results indicate that there are no differences between PE (23.6%), CPT (26.7%) and EMDR (18.1%) in regards to attrition ( $X^2 = 3.37, p = .186$ ). A secondary analysis, which included dismantling conditions, corroborates these findings ( $X^2 = 1.97, p = .373$ ). Overall chi-square analysis suggests that attrition in PTSD efficacy trials is not significantly different across “A-level” treatments regardless of exposure orientation. These findings support the conclusion that there is no link between exposure and attrition, especially among efficacious therapies. Lastly, the dearth of treatment specific dropout data will be examined and reporting recommendations made.

**FRI 203****Impact of Childhood Exposure to Interpersonal Trauma on Parent-Child Communication and Emotional Regulation: Implications for Assessment and Treatment**  
(Abstract #1656)**Poster #FRI 203 (Clin Res, Affect/Int, CPA, CSA, Fam/Int, Child/Adol) M - Industrialized****Mezzanine East/West/South***Jacoby, Vanessa, MS PhD Student<sup>1</sup>, Scotti, Joseph, PhD<sup>2</sup>, Krackow, Elisa, PhD<sup>1</sup>, Nunley, Sarah, MA Student<sup>1</sup>, Norman, Meredith, MS<sup>1</sup>*<sup>1</sup>*West Virginia University, Morgantown, West Virginia, USA*<sup>2</sup>*WHOLE Veterans, PLLC, Morgantown, West Virginia, USA*

PTSD is a common diagnosis for persons exposed to traumatic stressors. However, research shows numerous other problems and pathology may follow trauma, many of which do not fit DSM PTSD criteria. Severe, chronic, interpersonal trauma can show a different pattern of effects, particularly in children (e.g., van der Kolk et al., 2005). As such, the construct of complex PTSD, or DESNOS (disorders of extreme stress not otherwise specified) was developed, although it is not currently a formal DSM diagnosis. In this study, we examine whether adolescents who have experienced interpersonal trauma ( $n = 30$ ) exhibit more negative interpersonal communication behavior during a parent-child communication scenario and deficits in emotional regulation (two DESNOS symptom domains) than do adolescents ( $n = 30$ ) without trauma exposure or with a history of non-interpersonal trauma. Analyses are presented to show how emotion regulation mediates the relation between interpersonal trauma and negative interpersonal communication. We also examine whether the best predictor of negative communication behavior and emotion dysregulation is a history of interpersonal trauma (vs. other or no trauma) or meeting criteria for PTSD. We discuss how the findings lend support for using trauma-informed assessment with children and adolescents, even when their symptom pattern does not fit that of PTSD.

**FRI 204****Post-Traumatic Stress, Emotion Regulation, and Dissociation in Traumatized Delinquent Adolescents**  
(Abstract #993)**Poster #FRI 204 (Clin Res, Chronic, Complex, Child/Adol) M - Industrialized Mezzanine East/West/South***Modrowski, Crosby, BA, Kerig, Patricia, PhD*  
*University of Utah, Salt Lake City, Utah, USA*

Youth involved in the juvenile justice (JJ) system are important to include in investigations of trauma given that the majority have experienced at least one traumatic event (Dierkhising, 2013). Moreover, trauma is related to dissociation, which is seen at high rates among JJ-involved youth (Carrion & Steiner, 2000). Some have speculated that emotion regulation difficulties play a central role in the development of both dissociation (Cole, 1996) and delinquency (Frick & Morris, 2004), although no investigations to date have examined the intersections of these constructs in JJ-involved youth. Therefore, this study investigated the association between post-traumatic stress, emotion regulation, and dissociation in a sample of traumatized delinquent adolescents. Of particular interest was whether emotion regulation would predict dissociation above and beyond post-traumatic stress symptoms. Participants included 613 detained youth aged 12-18 years ( $M=16.2$ ,  $SD=1.3$ ) who provided self-reports of post-traumatic stress, emotion regulation, and dissociation. Results of a hierarchical regression showed that emotion regulation predicted dissociation above and beyond post-traumatic stress symptoms ( $B=.02$ ,  $\beta=.24$ ,  $p<.001$ ). This study reflects the importance of investigating how difficulties in emotion regulation might contribute to the development of dissociation in traumatized adolescents.

**FRI 205****Child Appraisals of Intimate Partner Violence: The Role of Parent-Child Relationship Quality**  
(Abstract #999)**Poster #FRI 205 (Clin Res, Chronic, DV, Fam/Int, Child/Adol) I - Industrialized Mezzanine East/West/South***Figge, Caleb, MS PhD Student<sup>1</sup>, Martinez-Torteya, Cecilia, PhD<sup>1</sup>, Bogat, G. Anne, PhD<sup>2</sup>, Levendosky, Alytia, PhD<sup>2</sup>*  
<sup>1</sup>*DePaul University, Chicago, Illinois, USA*  
<sup>2</sup>*Michigan State University, East Lansing, Michigan, USA*

Children exposed to intimate partner violence (IPV) are at disproportionate risk for negative outcomes. Children's maladaptive cognitive appraisals of parental conflict have been identified as a mechanism of risk for internalizing and externalizing problems; and research suggests parenting behavior may help explain individual differences in child appraisals. The current study examined the association between IPV exposure, parent-child relationship quality, and child conflict appraisals (threat, self-blame, and stability). Participants were 95 10-year-old children drawn from a larger longitudinal study of IPV. Children's self-reports were obtained via in-person interview. Independent linear regressions predicting appraisals were conducted for high ( $n=47$ ) and low ( $n=48$ ) parent-child relationship quality (using median split). For children with low quality relationships with their parents, there was a significant association between exposure to IPV and perceived threat ( $b=.030$ ,  $p=.004$ ), self-blame ( $b=.011$ ,  $p=.043$ ), and stability ( $b=.026$ ,  $p=.002$ ). For children with high quality relationships with their parents, there was not a significant association between IPV and threat ( $b=.039$ ,  $p=.102$ ), self-blame ( $b=.023$ ,  $p=.172$ ), and stability ( $b=.022$ ,  $p=.321$ ). Results suggest that strong parent-child relationships may protect children exposed to IPV from maladaptive appraisals.

**FRI 206****Exploring the Roles of Fear and Sadness Reactivity in Relation to Interpersonal Trauma and Psychophysiology**

(Abstract #1448)

**Poster #FRI 206 (Clin Res, Clin Res, Complex, Dev/Int, Bio/Int, Child/Adol) I - Industrialized****Mezzanine  
East/West/South**

*McGee, Andrew, BS, Bennett, Diana, MS PhD Student, Kerig, Patricia, PhD  
University of Utah, Salt Lake City, Utah, USA*

Despite a rapidly evolving literature, psychophysiology has been measured inconsistently across studies, while knowledge of the mechanisms behind the development of different post-traumatic physiological reactions remains sparse. Both emotional reactivity and emotional numbing have been discussed in relation to heart rate (HR) among traumatized individuals, but no clear relation has been established. This study investigated emotional numbing vs. reactivity as a mediator between interpersonal trauma and HR with a sample of 148 (36 girls, 113 boys) youth recruited from a juvenile justice center. HR was monitored before, during and after exposure to an emotional video. Results of path analyses using nonparametric bootstrapping regressions were performed. Consistent with statistical mediation, the emotional numbing of fear for all youth and sadness (for girls only) play an important role in the association between trauma exposure and HR reactivity to a stimulus and recovery afterwards. The direction of results supports increased post-traumatic emotional sensitivity to sadness and fear as influences on HR rather than the numbing of those emotional responses. Implications for use of physiological profiles in understanding links between trauma and delinquency will be addressed.

**FRI 207****Moderating Variables in the Effectiveness of TF CBT among Children and Adolescents**

(Abstract #1904)

**Poster #FRI 207 (Clin Res, CPA, CSA, Clin Res, Child/Adol) I - Global****Mezzanine East/West/South**

*El-Tahch, Maria, BS<sup>1</sup>, Messer, Stephen, PhD<sup>2</sup>  
<sup>1</sup>Nova Southeastern University, Ft. Lauderdale, Florida, USA  
<sup>2</sup>Nova Southeastern University, Davie, Florida, USA*

Trauma-focused cognitive-behavior therapy has been found to be efficacious for children suffering from Post-traumatic stress disorder secondary to traumatic event. However, not much research has examined moderating variables that may hinder or support treatment effectiveness among children and adolescents. The purpose of this study will be to identify potential moderating variables of treatment responsiveness for TF CBT with children suffering from PTSD. A systematic review of the literature will be conducted with the purposes of assessing overall treatment efficacy for TF CBT, and identifying potential moderators and predictors of treatment effectiveness.

**FRI 208****Complex Trauma Interventions for Adolescents: A Systematic Review**

(Abstract #1710)

**Poster #FRI 208 (Clin Res, CPA, CSA, Complex, Res Meth, Child/Adol) M - Industrialized****Mezzanine  
East/West/South**

*Killian-Farrell, Candace, PhD Candidate, O'Brien, Jennifer, Doctoral Student, Lombardi, Brianna, Doctoral Student  
University of North Carolina at Chapel-Hill, Chapel Hill, North Carolina, USA*

Complex trauma is strongly accepted as a construct within the clinical practice community. However, complex trauma has been less clearly defined in the research literature. To explore this further, we systematically reviewed the child maltreatment and trauma literature for complex trauma intervention studies for adolescents. Complex

trauma was operationally defined according to the NCTSN definition. A protocol adapted from Cochrane Collaboration guidelines was utilized and abstract review was completed by two independent investigators. Data on the conceptualization of child-maltreatment related trauma and the intervention study itself were collected. Only quasi-experimental and experimental studies were included. Results found no randomized controlled treatment trials for complex trauma intervention for adolescents. Interventions reviewed for child maltreatment-related trauma for adolescents were found to be effective, but poor trauma conceptualization, methodology, and measurement calls into question the validity of these results. Implications for future research and evidence-based practice will be discussed.

#### **FRI 209**

#### **Application of Parent-Child Interaction Therapy to Taiwanese Caregivers at Risk for Child Physical Abuse** (Abstract #124)

**Poster #FRI 209 (Clin Res, CPA, Cul Div, Child/Adol) M - E Asia & Pac**

**Mezzanine East/West/South**

*Chen, Yi-Chuen, PhD<sup>1</sup>, Fortson, Beverly, PhD<sup>2</sup>, Lin, Heui-Jung, MS<sup>3</sup>*

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Parent-child interaction therapy (PCIT) has shown promise in the prevention of child physical abuse (CPA). Parents are taught skills that aim to decrease harsh parental discipline and parenting stress while improving parent-child interaction styles. This study examined the efficacy of PCIT in a sample of Taiwanese caregiver-child dyads at risk for CPA. Caregivers were divided into two groups based on their risk for CPA as measured by the Child Abuse Potential Inventory (CAPI). Twenty-six caregivers were classified as high risk for CPA (i.e., CAPI abuse score of 166 or greater), while 21 caregivers were classified as low risk (i.e., CAPI abuse score of 125 or less; Dopke & Milner, 2000). Data were collected at pretreatment, post-treatment, and 3-month follow-up. No significant differences were noted between groups on the demographic variables at pretreatment except for the caregiver's psychological condition, with caregivers at high risk for CPA (46.2%) endorsing more psychological problems than those at low risk (9.5%). Compared to pretreatment, both groups of caregiver-child dyads demonstrated significant improvement on all measured variables at post-treatment and 3-month follow-up. The results of this study are promising in demonstrating the efficacy of PCIT with Taiwanese caregivers at risk for CPA and their children.

#### **FRI 210**

#### **Serious Gaming for Prevention of PTSD; Development and Feasibility of Traumagameplay** (Abstract #1173)

**Poster #FRI 210 (Clin Res, Prevent, Pub Health, Tech, Lifespan) I - Industrialized**

**Mezzanine  
East/West/South**

*Asselbergs, Joost, DRS, Sijbrandij, Marit, Dr.  
Vrije Universiteit, Amsterdam, Noord-Holland, Netherlands*

Although there is effective treatment for people who have developed PTSD (e.g. cognitive behavior therapy and EMDR), an early intervention that can be used right after the traumatic event is still non-existent. Recent experimental studies based on working memory theory however showed that taxing the working memory, while simultaneously retrieving a traumatic experience from one's memory, dampens the vividness of intrusive memories and makes them less emotional (Engelhard et al., 2011; Holmes et al., 2009). The theory is that our working memory is a cognitive system with limited resources, responsible for maintaining and manipulating information. Playing a video game and retrieving the traumatic experience from memory, compete both for limited working memory resources. This leaves fewer resources for recall, making the memory less vivid and emotional. Our research builds upon this promising notion that WM overload can prevent flashbacks, by designing and testing a videogame for mobile phones, that should serve as an early intervention for PTSD. The videogame will be used as part of a mobile app, named Traumagameplay. Results of an experimental study testing whether Traumagameplay

prevents the onset of intrusive memories will be presented.

#### **FRI 211**

### **Chronic Medical Conditions Contribute to Post-traumatic Stress Disorder (PTSD) Symptom Development after Traumatic Physical Injury Hospitalization**

(Abstract #851)

**Poster #FRI 211 (Clin Res, Acc/Inj, Clin Res, Illness, Tech, Lifespan) I - N/A Mezzanine East/West/South**

*Kelly, Cory Michael, Undergraduate<sup>1</sup>, Russo, Joan, PhD<sup>2</sup>, Love, Jeff, BA<sup>3</sup>, Peterson, Roselyn, BA<sup>1</sup>, Neam, Victoria, Undergraduate<sup>1</sup>, Zatzick, Douglas, MD<sup>1</sup>*

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Background: Literature suggests that PTSD symptoms after a trauma may be related to pre-traumatic burden of chronic medical conditions. The current investigation assessed the association between type and number of chronic medical conditions and early PTSD symptom development after injury. Method: 878 randomly sampled physically injured trauma survivors were assessed for EMR ICD-9 chronic condition codes and other injury, clinical and demographic characteristics. PTSD symptoms were assessed using the PTSD Checklist. Regression analyses were used to estimate the independent association between number and type of medical condition and PTSD symptom development after injury. Results: Of the 878 patients 39.5% had one or more chronic condition. The most prevalent chronic conditions were hypertension (15.9%) and ischemic disease (14.1%). Higher rates of chronic medical conditions were associated with greater PTSD development. Chronic conditions were independently associated with PTSD symptom development. The two conditions with the strongest association with high PTSD symptoms were cardiovascular (OR=3.8, 95% CI=1.2-3.1) and pulmonary (OR=1.9, 95% CI=1.8-8.2). Discussion: These findings suggest that information technology innovations including EMR PTSD screening could enhance screening for patients with chronic medical conditions that are at an increased risk for developing PTSD.

#### **FRI 212**

### **Does D-Cycloserine Enhance Exposure Therapy for Anxiety Disorders in Humans? A Meta-Analysis**

(Abstract #128)

**Poster #FRI 212 (Clin Res, Affect/Int, Anx, Bio Med, Lifespan) A - Global Mezzanine East/West/South**

*Rodrigues, Helga, MA PhD Student<sup>1</sup>, Figueira, Ivan, MDiv, PhD<sup>2</sup>, Coutinho, Evandro, MD, PhD<sup>3</sup>, Gonçalves, Raquel, MA PhD Student<sup>1</sup>, Lopes, Alessandra, MS, PsyD Student<sup>1</sup>, Ventura, Paula, PhD<sup>2</sup>*

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The treatment of anxiety is on the edge of a new era of combinations of pharmacologic and psychosocial interventions. A new wave of translational research has focused on the use of pharmacological agents as psychotherapy adjuvants using neurobiological insights into the mechanism of the action of certain psychological treatments such as exposure therapy. D-cycloserine (DCS) an antibiotic has been applied to enhance exposure-based treatment for anxiety and has proved to be a promising, but as yet unproven intervention. The present study aimed to evaluate the efficacy of DCS in the enhancement of exposure therapy in anxiety disorders. A systematic review/meta-analysis was conducted. Electronic searches were conducted and 13 studies were included. The results show that DCS enhances exposure therapy in the treatment of anxiety disorders (Cohen  $d = -0.34$ ; CI: -0.54 to -0.14), facilitating the specific process of extinction of fear. DCS seems to be effective when administered at a time close to the exposure therapy, at low doses and a limited number of times. DCS emerges as a potential new therapeutic approach for patients with refractory anxiety disorders that are unresponsive to the conventional treatments available.

**FRI 213****Reducing Shame in Parents with Post-Traumatic Stress and Substance Use Disorder Symptomatology: Breaking the Intergenerational Cycle of Trauma and Substance Use**

(Abstract #1767)

**Poster #FRI 213 (Clin Res, Affect/Int, Complex, Fam/Int, Sub/Abuse, Lifespan) I - Mezzanine Industrialized East/West/South***Manove, Emily, JD<sup>1</sup>, Lowe, Sarah, PhD<sup>2</sup>, Rhodes, Jean, PhD<sup>1</sup>*<sup>1</sup>*University of Massachusetts Boston, Boston, Massachusetts, USA*<sup>2</sup>*Columbia University, Mailman School of Public Health, New York, New York, USA*

This paper presents a systematic review of the role of shame in the intergenerational transmission of trauma and substance use disorders (SUD). The paper proposes a model for targeting shame in treatment-seeking parents with SUD and post-traumatic stress disorder (PTSD) with histories of childhood trauma, with the aim of breaking the intergenerational cycle of trauma, PTSD and SUD. Shame, a self-conscious emotion in which one negatively evaluates oneself, has been increasingly found to play a pathological role in the perpetuation and exacerbation of symptoms of SUD and PTSD. Parental shame, SUD and PTSD have been found to predict child behavior problems and children's later development of SUD and PTSD as adolescents and adults. This study suggests that empirically supported therapies that explicitly target shame in SUD and PTSD should be further studied and more widely diffused in PTSD and SUD treatment and criminal justice settings. Psychoeducation regarding the intergenerational transmission of trauma, PTSD and SUD and the role of shame should also be offered. Therapies that have been found to reduce shame and symptomatology in parents with SUD and PTSD include Acceptance and Commitment Therapy modified to target shame (ACT for Shame Intervention), Seeking Safety, and Trauma-focused Cognitive Behavioral Therapy.

**FRI 214****Family Functioning and Soldier PTSD: Correlates of Treatment Engagement and Military Job Satisfaction**

(Abstract #1280)

**Poster #FRI 214 (Clin Res, Clin Res, Dev/Int, Fam/Int, Mil/Vets, Lifespan) M - Mezzanine Industrialized East/West/South***Stambaugh, Leyla, PhD<sup>1</sup>, Ohse, Dawn, MA<sup>1</sup>, Hourani, Laurel, PhD MPH<sup>1</sup>, Kelley, Michelle, PhD<sup>2</sup>*<sup>1</sup>*RTI International, Research Triangle Park, North Carolina, USA*<sup>2</sup>*Old Dominion University, Norfolk, Virginia, USA*

**OBJECTIVE:** To identify family-level facilitators of treatment engagement among active duty Soldiers with PTSD. **METHODS:** Telephone survey of Soldiers with deployment-related PTSD and their spouses to assess family functioning; Soldier, spouse, and child mental health and use of mental health treatment; and Soldier job satisfaction. **RESULTS:** Preliminary data from 23 Soldier+spouse pairs shows that more than half of Soldiers and spouses meet cutoff criteria for distressed family functioning. Soldiers are using mental health services on base as well as off base (priests, internet, alternative medicine). More than 70% of spouses meet clinical criteria for either depression or anxiety. One third of children meet clinical criteria for emotional and behavioral disorders. Spouses and children have relatively high levels of service use, with more than half of each group using either formal or informal mental health services in the time since the Soldier returned from the most recent deployment. Finally, 52% of Soldiers with PTSD report poor job satisfaction. Upon completion of data collection in summer of 2014 (n=>65 Soldier+spouse pairs), data will be analyzed to ascertain family- and individual-level predictors of Soldier engagement in mental health treatment and job satisfaction. **CONCLUSIONS** will be discussed with respect to the study's implications for military families.

**FRI 215****A Preliminary Study of Elevated Subclinical Panic Symptoms among Adolescent Offspring of Parents with PTSD who Smoke**

(Abstract #1114)

**Poster #FRI 215 (Clin Res, Anx, Prevent, Sub/Abuse, Lifespan) I - Industrialized Mezzanine East/West/South***Dutton, Courtney, MA PhD Student<sup>1</sup>, Feldner, Matthew, PhD<sup>2</sup>, Leen-Feldner, Ellen, PhD<sup>1</sup>, Knapp, Ashley, BS<sup>1</sup>, Bujarski, Sarah, MA PhD Student<sup>1</sup>*<sup>1</sup>*University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA*<sup>2</sup>*University of Arkansas, Fayetteville, Arkansas, USA*

Research has linked parental post-traumatic stress disorder (PTSD) and parental smoking to a wide array of psychological and physical health concerns among offspring. Further, the combination of parental anxiety psychopathology generally, along with smoking, has been linked to elevated adolescent panic symptomatology. However, no research has examined the unique and interactive associations between parental PTSD and smoking in terms of offspring panic. The current study sought to begin to address this gap in the literature by examining adolescent-reported panic symptom levels as a function of parent-reported PTSD and current smoking. Among 25 dyads ( $M_{parent\ age} = 42.92$  years [ $SD = 6.71$ ];  $M_{offspring\ age} = 15.80$  years [ $SD = 1.04$ ]), adolescent offspring of smokers with PTSD reported significantly higher panic symptoms compared to all other combinations of these factors after controlling for multiple theoretically relevant and empirically associated covariates. Supporting model specificity, parental PTSD and smoking were not related to adolescent depression or other types of anxiety. These results are consistent with research linking the combination of parental anxiety psychopathology and smoking to offspring panic generally, and parental PTSD and smoking to panic symptoms specifically.

**FRI 216****Effects of Childhood Trauma on Mothers with Young Children in Foster Care**

(Abstract #881)

**Poster #FRI 216 (Clin Res, CPA, Depr, DV, Fam/Int, Lifespan) M - Industrialized****Mezzanine East/West/South***Danko, Christina, MA PhD Student, Reuther, Erin, PhD, Osofsky, Joy, PhD, Dickson, Amy, PsyD  
LSU Health Sciences Center, New Orleans, Louisiana, USA*

When working with families in foster care, the mother's personal history of childhood trauma is often overlooked. However, understanding maternal trauma history would likely increase the possibility of better outcomes, treatment recommendations, additional supports, and more appropriate policies needed to increase positive outcomes for children and families. While there has been some research related to the impact of caregiver abuse on mothers with young children involved in the foster care system, much more work is needed. In this study, we examine mothers of children aged 0-5 years in the foster care system that disclosed being abused by their caregiver(s) as a child. Data collected on approximately 180 mothers from 1998 to 2013 involved in the Orleans Parish Permanency Infant and Preschool Program will be presented. Findings suggest that maternal childhood trauma is significantly correlated with a mental health diagnosis, additional criminal charges, higher rates of depression, domestic violence, and a greater likelihood of having parental rights terminated. Implications of the findings, including treatment recommendations and policy suggestions, will be discussed. Further, a model will be proposed suggesting mediators of maternal childhood trauma and later permanency outcomes.

**FRI 217****Traumatic Symptoms and Overall Well-Being in Those Abused by Church Workers**

(Abstract #79)

**Poster #FRI 217 (Clin Res, CSA, Complex, Health, QoL, Lifespan) M - Industrialized****Mezzanine  
East/West/South***Punzo, Jessica, PsyD<sup>1</sup>, Henning, Janna, PsyD<sup>2</sup>*<sup>1</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*<sup>2</sup>*Adler School of Professional Psychology, Chicago, Illinois, USA*

The sample consisted of 72 members of the Survivors Network of Those Abused by Priests (SNAP). Participants completed a demographic survey, the Traumatic Stress Inventory, Second Edition (TSI-2), and the World Health Organization Quality of Life Questionnaire, Brief Version. The following hypotheses were examined: SNAP members would have more traumatic symptoms and more dysfunction in everyday life when compared to a clinical sample, there would be no difference in TSI-2 scores between men and women, the earlier that SNAP members were abused, the more traumatic symptoms they would endorse, the longer the duration of abuse of a SNAP member, the more traumatic symptoms they would endorse, the younger a SNAP member was, the more traumatic symptoms they would be experiencing, and the shorter amount of time elapsed since the abuse ended, the more traumatic symptoms a SNAP member would experience. Results of data analysis showed SNAP members to endorse significantly higher traumatic symptoms and lower overall wellbeing than a clinical sample. Men significantly endorsed more traumatic symptoms than women on most of the scales. Moreover, a significant negative correlation between some TSI-2 scales and duration of abuse was found. However, there were significant positive correlations between the age of onset of abuse, current age, years since abuse ended and some TSI-2 scales.

**FRI 218****Parental Capacity and Quality of Life of Norwegian Children Living with Parental Cancer**

(Abstract #1075)

**Poster #FRI 218 (Clin Res, Fam/Int, Health, QoL, Prevent, Lifespan) M - Industrialized****Mezzanine  
East/West/South***Hauken, May, PhD, RN, Senneseth, Mette, PhD Candidate, Dyregrov, Kari, PhD  
Center for Crisis Psychology, Bergen, Norway*

Parental cancer can have a significant impact on the family's psychosocial functioning and quality of life. Research documents that both cancer patient and their partners are struggling with psychological, somatic and emotional reactions, and are in risk of mental disorders and trauma reactions. Additionally, they often experience practical, existential, social and economic challenges, affecting their parental capacity. This situation highly affects their children, documented to experience psychological distress, anxiety, depression and anticipatory grief - and trauma reactions. How the children master the situation strongly relates to parental coping and largely challenges the parenting capacity. There is, however, limited research focusing on the link between the healthy parent's parental capacity and their children's quality of life in families living with parental cancer. This presentation will convey the preliminary results from an ongoing RCT study of optimizing parenting capacity for children living with parental cancer through support from their social network, including 75 families during 2014. The focus will be on the link between the healthy parent's parental capacity and the children's quality of life of life at baseline.

**FRI 219****Family Deployment Preparedness, Reintegration Experiences, and PTSD Symptoms in Military Fathers with Young Children**

(Abstract #1236)

**Poster #FRI 219 (Clin Res, Prevent, Mil/Vets, Lifespan) M - Industrialized****Mezzanine East/West/South***Zanotti, Danielle, Doctoral Student, Cromer, Lisa, PhD, Louie, Ashley, MA PhD Student  
University of Tulsa, Tulsa, Oklahoma, USA*

Post-traumatic stress disorder (PTSD) in returning service members affects not only military personnel, but also their family and children. PTSD is related to reduced family cohesion, increased parenting problems, and more perceived child behavior problems. Previous research has found that more positive reintegration attitudes, (e.g., greater perceived social support), are related to lower levels of PTSD among service members. Furthermore, mission preparedness has been shown to play a role in buffering the effects of combat exposure on PTSD development. The current study aimed to extend this line of research into the family domain by examining the effect of family deployment preparedness on military fathers' reintegration attitudes and PTSD symptoms. Correlation analyses were conducted to examine the relationship between preparedness, reintegration attitudes, and PTSD symptoms among recently deployed military fathers (N = 30). Findings indicated that family preparation was positively related to less negative reintegration attitudes. Additionally, negative reintegration attitudes were related to PTSD scores, such that less negative attitudes were associated with lower levels of PTSD. Implications of the potential positive impact on the family system that family pre-deployment preparation can play are discussed, particularly as a buffer against PTSD in military members.

**FRI 220****Relationship between Combat and Healthcare Stressors and Post-Traumatic Stress Symptoms in a Deployed Medical Personnel Population**

(Abstract #417)

**Poster #FRI 220 (Clin Res, Global, Civil/War, Mil/Vets, Other) I - M East & N  
Africa****Mezzanine  
East/West/South***Joseph, Jeremy, PhD<sup>1</sup>, Peterson, Alan, PhD<sup>1</sup>, Baker, Monty, PhD<sup>2</sup>, Lancaster, Cynthia, MS<sup>3</sup>, Mintz, Jim, PhD<sup>1</sup>, Litz, Brett, PhD<sup>4</sup>*<sup>1</sup>University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA<sup>2</sup>Lackland Air Force Base, San Antonio, Texas, USA<sup>3</sup>University of Texas at Austin, Austin, Texas, USA<sup>4</sup>VA Boston Health Care System/Boston University, Boston, Massachusetts, USA

Deployed medical personnel serve a crucial role by providing emergency care at or near the battlefield. Research has established combat exposure as a significant risk factor for post-traumatic stress in military populations, whereas medical emergencies function in a similar manner for healthcare providers. However, little is known about the outcomes of deployed medics exposed to both trauma types. Air Force medical personnel (N = 1,129) participated in a survey study while mid-deployment in Iraq. All participants reported experiencing one or more combat events and one or more medical emergencies. Nearly 5% of the sample met criteria for a probable PTSD diagnosis. Both types of stressors and their interaction functioned as significant predictors of PTSD symptomatology. Furthermore, a particular aspect of healthcare provider stress (i.e., sense of helplessness) yielded additional predictive power. This is one of a few select studies accessing healthcare providers during deployment. Results will be discussed as they relate to the codes instilled in training of doing everything possible to save lives and leaving no service member behind. Further research with this healthcare provider population is important because of the key role they can play for injured Americans, as well as civilian residents and enemy combatants.

**FRI 221****Stress Vulnerability of Aid Workers from Fragile versus Stable Nations**

(Abstract #1040)

**Poster #FRI 221 (Clin Res, Chronic, Complex, Other) I - Global****Mezzanine East/West/South***Ock, Shin, MA PhD Student, Nolty, Anne, PhD, ABPP, Bosch, Donald, PhD, Buckwalter, Galen, PhD  
Headington Institute, Pasadena, California, USA*

People in what international development researchers call “fragile states” are exposed to more chronic and collective stressors than individuals from more stable nations. Humanitarian aid workers, many of whom come from fragile states, are likely to experience additional traumatic events in the course of their work. Importantly, self-care practices are known to foster resilience. As part of their security training, 1,318 aid workers completed an online battery of measures including the Stress Vulnerability Scale (SVS; Miller & Smith, 1985), in which they rated their frequency of engagement in 20 self-care practices. The 528 aid workers from fragile states indicated significantly less engagement in 15 of the 20 practices ( $ps < .005$ ), but more spiritual resources. Although there were no differences in resilience levels or the number of types of personally experienced traumatic events, fragile state workers reported being impacted by more types of indirect traumatic events ( $p < .0005$ ) and had more severe symptoms of intrusion, avoidance, and hyperarousal ( $ps < .0005$ ). It is important to consider that the SVS may be measuring self-care practices that are more “western” or normative to stable nations. Nevertheless, aid workers from fragile states seem to achieve resilience through engaging in different facilitative strategies.

**FRI 222****The Impact of Lifetime Stressful or Traumatic Events on the Development of Secondary Traumatic Stress in Novice Pediatric Nurses**

(Abstract #1870)

**Poster #FRI 222 (Clin Res, Bio Med, Clin Res, Clinical Practice, Self-Care, Other) M - Industrialized****Mezzanine East/West/South***Park, Elizabeth, PsyD<sup>1</sup>, Meyer, Rika, PhD<sup>2</sup>, Gold, Jeffrey, PhD<sup>1</sup>*<sup>1</sup>*Children's Hospital Los Angeles - University of Southern California, Los Angeles, California, USA*<sup>2</sup>*Academic Medical Center, Los Angeles, California, USA*

Health and mental health professionals are increasingly recognizing the impact of traumatic childhood experiences across the lifespan as well as on families, communities, and organizations. Despite occupational risks associated with working with traumatized populations, research regarding the development of secondary traumatic stress (STS) in pediatric nurses is sparse (Robins et al., 2009). The current study examined the impact of prior stressful and potentially traumatizing events on the development of STS for novice pediatric nurses. The Life Events Checklist and Compassion Fatigue Self Test were given to 338 pediatric nurses at the start of a nurse residency program (baseline) and 3 months after to assess pre-existing and current stress exposure. Preliminary regression analyses indicated that stressful or traumatic events that happened to the participants prior to beginning their residency significantly predicted STS at 3 months ( $B^*=0.15, p=.03$ ). However, potentially traumatic events that were previously witnessed did not significantly predict STS symptoms at 3 months ( $B^*=0.07, p=.29$ ). Results demonstrate that events that were personally experienced before going into the nurse profession, put nurses at a higher risk to developing STS. Therefore, identification of contributing factors in the development of STS is needed to reduce the deleterious effects of stress on nurses.

**FRI 223****Outcomes of a National Implementation Program of Cognitive Processing Therapy: Lessons Learned About Designing and Evaluating a Program Using Evidence Informed Theories of Change**

(Abstract #1037)

**Poster #FRI 223 (Clin Res, Clin Res, Commun, Train/Ed/Dis, Prof) M - Industrialized****Mezzanine  
East/West/South***Couineau, Anne-Laure, MA<sup>1</sup>, Lloyd, Delyth, MA<sup>1</sup>, Kartal, Dzenana, PhD Candidate<sup>1</sup>, Nixon, Reginald, PhD<sup>2</sup>, Forbes, David, PhD<sup>1</sup>*<sup>1</sup>*Australian Centre for Posttraumatic Mental Health, University of Melbourne, Carlton, Victoria, Australia*<sup>2</sup>*Flinders University, School of Psychology, Adelaide, South Australia, Australia*

Implementing evidence-based treatments is a challenging process that has been thwarted by the lack of coherent, theory informed frameworks (Grimshaw et al., 2006). Cognitive Processing Therapy (CPT) has been rolled out internationally across veteran services (Karlin et al., 2010). This paper will present the outcomes of a national CPT implementation program across a community based veterans' mental health service. A model based on organisational and individual theories of change was developed for the program which included a needs analysis, training, supervision, leadership support and changes to the service's data collection and intake systems. The implementation was evaluated using data extracted from the service's records, staff surveys and fidelity ratings of randomly selected treatment sessions. Findings at 12 months indicated changes in organisational and individual practice with increased use of PTSD screening, clients that screened positive for PTSD more likely to receive CPT (chi-square(1146)=14.21, p<0.001), CPT delivered with high levels of fidelity and internal CPT support mechanisms embedded in the service. There were significant and clinically large improvements in self-reported PTSD (ES=1.02, p<.001) for the first 100 clients treated with CPT. Lessons learned around evaluation design and facilitators to individual and organisational engagement will be presented.

**FRI 224****Therapeutic Alliance as a Predictor of Symptom Change in Patients Receiving Cognitive Processing Therapy**

(Abstract #1717)

**Poster #FRI 224 (Clin Res, Clin Res, Practice, Train/Ed/Dis, Prof) I - Industrialized****Mezzanine  
East/West/South***Landy, Meredith S. H., Doctoral Student<sup>1</sup>, Lane, Jeanine E. M., Doctoral Student<sup>1</sup>, Wiltsey Stirman, Shannon, PhD<sup>2</sup>, Shnaider, Philippe, MA<sup>1</sup>, Shields, Norman, PhD<sup>3</sup>, Monson, Candice M, PhD<sup>1</sup>*<sup>1</sup>*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*<sup>2</sup>*Boston VA Healthcare System, Boston, Massachusetts, USA*<sup>3</sup>*Veteran Affairs Canada, Toronto, Quebec, Canada*

The strength of the therapeutic alliance has been shown to be associated with patient outcomes in a variety of psychotherapeutic modalities and formats (Martin, Garske, & Davis, 2000), although not always consistently in cognitive behavioral therapies (Lorenzo-Luaces, DeRubeis, & Webb, 2014). However, the role of the therapeutic alliance in predicting outcomes in patients receiving Cognitive Processing Therapy (CPT) has not been examined. The current study investigates the effect of the therapeutic alliance as a predictor of change in PTSD symptoms in a sample individuals treated for PTSD by 134 therapists who received training in CPT. The therapeutic alliance was assessed using the Working Alliance Inventory – Short Revised (Horvath, 1992), and PTSD symptoms were assessed using the Post-Traumatic Checklist (Weathers et al., 1993). In preliminary analyses (n=17; ratings of the full sample will be available in September of 2014), contrary to our hypothesis, results of a regression analysis indicated that the therapeutic alliance does not significantly predict change in PTSD symptoms in patients who received a course of CPT. Further analyses will be conducted using data from the larger sample of PTSD patients who received CPT. Implications for CPT clinicians and trainers, as well as directions for future research will be discussed.

## COMMUNITY-BASED PROGRAMS POSTERS (COMMUN)

### FRI 225

**Childhood Sexual Abuse and Post-Traumatic Stress Disorder among Individuals in Methadone Maintenance Treatment with a Prostitution History**  
(Abstract #1560)

Poster #FRI 225 (Commun, CSA, Sub/Abuse, Adult) I - Industrialized

Mezzanine East/West/South

*Shea, Amanda, PhD<sup>1</sup>, Himelhoch, Seth, MD MPH<sup>2</sup>*

<sup>1</sup>Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio, USA

<sup>2</sup>University of Maryland School of Medicine, Baltimore, Maryland, USA

Few studies have examined relationships among childhood sexual abuse, prostitution history, and post-traumatic stress among people receiving methadone maintenance treatment. Extant research has excluded men from analyses and failed to assess PTSD diagnosis. In this cross-sectional study at an urban methadone clinic, thirty-seven percent of participants endorsed a prostitution history. Compared to those with no prostitution history, individuals with a prostitution history were more likely to have a history of childhood sexual abuse (Fisher's exact = .02,  $p = .026$ ) and to be female ( $\chi^2 = 13.37$  [df = 1]  $p < .001$ ). Participants with a history of prostitution were also more likely to have a diagnosis of PTSD ( $t = -1.54$  [df = 1]  $p = .043$ ). After adjusting for PTSD and childhood sexual abuse, women had 4 times the odds of a history of prostitution compared to men (AOR [95% CI]. 4.56 [1.64-12.66]). There were no significant differences between men and women with a prostitution history in diagnosis of PTSD or childhood sexual abuse. These findings indicate prostitution is highly prevalent among those in this urban methadone maintenance treatment program. A prostitution history may indicate greater need of trauma-informed mental health services for those in methadone maintenance treatment.

### FRI 226

**Mental Health Impact of Traumatic Brain Injury on OIF/OEF War Veterans who Completed a Formal Civic Service Program**  
(Abstract #1000)

Poster #FRI 226 (Commun, Acc/Inj, QoL, Mil/Vets, Adult) I - Industrialized

Mezzanine East/West/South

*Lawrence, Karen, PhD MSW<sup>1</sup>, Matthieu, Monica, PhD LCSW CTS<sup>2</sup>*

<sup>1</sup>Washington University in St. Louis and The Mission Continues, Saint Louis, Missouri, USA

<sup>2</sup>Veterans Health Administration, Saint Louis, Missouri, USA

Traumatic Brain Injury (TBI) has become known as the signature wound of the OIF/OEF conflicts. TBI patients report significant post-injury decreases in several psychosocial factors (Heltemes et al., 2012). Civic service has been shown to positively impact psychosocial factors in civilian and elder populations (Yamaguchi et al., 2008; Morrow-Howell et al., 2003). Mental health and psychosocial impacts of civic service on returning veterans have not been extensively studied and the differential impact on veterans with and without TBI is unknown. The Mission Continues, a national non-profit organization, offers a 6-month volunteer opportunity for post-9/11 veterans at community-based organizations across the United States. The purpose of this study is to describe the mental health and psychosocial outcomes from an OEF/OIF veteran cohort who completed the civic service program. Computations from the pre-/post- internet-based survey design include cross tabulations and bivariate analyses. Preliminary results indicate that 23% of fellows reported a TBI diagnosis. Statistically significant findings include fellows with TBI reporting lower levels of physical and mental functioning and perceived self-efficacy, and more severe PTSD and depressive symptoms than counterparts. However, veterans with and without TBI showed similar high levels of perceived social support and resources.

**FRI 227****Predicting Psychosocial Functioning among Youth in Group Homes: The Role of Demographic Characteristics, Diagnoses, and History of Maltreatment**

(Abstract #672)

**Poster #FRI 227 (Commun, Assess Dx, CPA, CSA, Commun, Child/Adol) M - N/A****Mezzanine  
East/West/South***Pane, Heather, PhD, Burns, Barbara, PhD**Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina, USA*

Multifaceted challenges continue to overshadow efforts at providing effective treatment for youth living in out-of-home placements, including group homes, due to their growing and complex mental health problems and significant maltreatment histories. One contributing factor is the limited literature about unique youth characteristics, such as demographics and patterns of maltreatment and diagnoses. To help inform efforts, this study examined predictors of youth psychosocial functioning in group homes, including Axis I diagnoses, maltreatment history, and demographic characteristics. Multiple regression models examined number and types of diagnoses as predictors of baseline psychosocial difficulties (Strengths and Difficulties Questionnaire [SDQ]) among 523 youth. Potential moderation effects were tested by maltreatment history (number of maltreatment subtypes experienced; and each subtype), gender, race, and age. Results indicated that more diagnoses and younger age were associated with more difficulties. No moderation effects were found by demographic or maltreatment characteristics. Results promote: (1) understanding of youth with different profiles who are served in group homes, (2) studies that further examine youth characteristics and develop decision-making tools that help identify service needs and promote tailored interventions.

**FRI 228****Kids In Tough Situations (KITS) Programme: Implementing Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) in Singapore's Community Context**

(Abstract #724)

**Poster #FRI 228 (Commun, Acute, Chronic, Commun, Comm/Int, Child/Adol) I - E Asia & Pac****Mezzanine  
East/West/South***Lim, Xin Yi, MSc<sup>1</sup>, Soh, Lynn, MSc<sup>1</sup>, Kwek, Jean, MSc<sup>1</sup>, Teo, Mercy, MSW<sup>1</sup>, Ng, Kee Chong, MBBS, M(Med Paeds)<sup>1</sup>, Fitzgerald, Monica, PhD<sup>2</sup>*<sup>1</sup>*KK Women's and Children Hospital, Singapore, Singapore*<sup>2</sup>*University of Colorado, Aurora, Colorado, USA*

Little is known about trauma-related difficulties among children, and suitable evidence-based trauma treatment for children, in Southeast Asian countries, including Singapore. This project, TEMASEK CARES KITS (Kids In Tough Situations) PROGRAMME, aims to bring trauma-focused psychological treatment into Singapore's community. The objectives are to 1) survey the differing types of traumatic events and trauma-related difficulties among children in the Singapore community and a hospital setting, 2) bring trauma-focused psychological treatment into Singapore's community, 3) obtain treatment evaluation of TF-CBT in Singapore's hospital and community context, and 4) to develop and evaluate the effectiveness of local adaptations made to the TF-CBT protocol in Singapore's cultural context. It is a 3-year study where children and adolescents, 3 – 18 years of age, who have been exposed to trauma events, receive TF-CBT intervention from therapists trained in it. Questionnaire packages, measuring trauma-related difficulties among children and parental post-traumatic stress symptoms, are administered pre-treatment, mid-treatment, end-treatment, and 1-month post-completion of treatment. Therapists attend focus groups to discuss the application and effectiveness of TF-CBT in our local context in order to develop a local adaptation of the TF-CBT protocol for Singapore's hospital and community.

**FRI 230****The Need for Public Health Actions to Mitigate Child Maltreatment Consequences among Adults in the Community – Results of a Delphi Study**

(Abstract #883)

**Poster #FRI 230 (Commun, CPA, Pub Health, Prof) M - Industrialized****Mezzanine East/West/South***Dias, Aida, Doctoral Student<sup>1</sup>, Mooren, Trudy, PhD<sup>2</sup>, Sales, Luisa, MD<sup>3</sup>, Mendes, José Manuel, PhD<sup>4</sup>, Kleber, Rolf, PhD<sup>1</sup>*<sup>1</sup>*Utrecht University, Utrecht, Netherlands*<sup>2</sup>*Centrum 45, Arq Research, Oegstgeest, Netherlands*<sup>3</sup>*Military Hospital of Coimbra, Coimbra, Portugal*<sup>4</sup>*Coimbra University, Coimbra, Portugal*

Background: Child maltreatment (CM) is recognized as a major risk factor for poor physical and mental health across the lifespan. However, there is a lack of knowledge on how to mitigate CM consequences among adults in the community. Method: Using the Delphi method, we screened opinions among 60 European experts about the need of public health actions to reduce the consequences of CM in adults. Screened topics included intervention strategies, target groups, methods of implementation, benefits and potential risks. Results: 57 participants recognized the need to develop public health interventions. The increase of social awareness was the most endorsed strategy. Individuals identified during childhood as abused or neglected, families with problems of domestic violence and institutions providing mental health care services were selected as the priority target groups. Participants regarded the prevention of CM intergenerational transmission as the principal advantage, and the promotion of victim status as a potential risk. Conclusions: The increase of social awareness was found to be the preferred strategy, but there is the risk to promote the victim status. Public health actions to mitigate CM consequences among adults are needed, but they should be carefully planned in order to avoid potential risks. Further work with Delphi participants might shed light on this issue.

**GLOBAL ISSUES, TECHNOLOGY & ETHICS POSTERS (GLOBAL, TECH, ETHICS)****FRI 231****Childhood Trauma, HIV, and Depression among Pregnant South African Women**

(Abstract #898)

**Poster #FRI 231 (Global, CPA, Depr, Global, Pub Health, Adult) I - E & S Africa****Mezzanine East/West/South***Choi, Karmel, MA<sup>1</sup>, Velloza, Jennifer, MPH<sup>1</sup>, Sikkema, Kathleen, PhD<sup>1</sup>, Jose, Cicyn,<sup>2</sup> Marais, Adele, PhD<sup>2</sup>, Joska, John, MBChB, MMed(Psych), FCPsych(SA), PhD<sup>2</sup>*<sup>1</sup>*Duke University, Durham, North Carolina, USA*<sup>2</sup>*University of Cape Town, Cape Town, Western Cape, South Africa*

Childhood trauma is prevalent in South Africa but its effects on later mental health, particularly during pregnancy, has not been examined among those at risk for HIV. This study aimed to examine the relationship between HIV status, childhood trauma history, trauma symptoms, and depression in a sample of pregnant women (N=84; 60% HIV-positive) seeking antenatal care in Cape Town, South Africa. Childhood trauma history was measured using the Childhood Trauma Questionnaire (CTQ) and depression with the Edinburgh Postnatal Depression Scale (EPDS). Current trauma symptoms were assessed using the Davidson Trauma Scale (DTS). 62% of the overall sample met the cut-off for antenatal depression (EPDS 13), with comparable levels of depression across women with and without HIV diagnosis. Controlling for age and self-reported HIV status, childhood trauma predicted higher levels of antenatal depression, B=.12, p=.04. Childhood trauma also predicted current trauma symptoms, B=.99, p<.001, which in turn were highly predictive of depression, B=.09, p<.001. Ongoing trauma symptoms may mediate the

relationship between childhood trauma and depression among pregnant South African women at risk for HIV, and should be identified and treated in this setting.

### **FRI 232**

#### **One Month Efficacy of EMDR Based Retreat Program for Military Sexual Trauma**

(Abstract #959)

**Poster #FRI 232 (Commun, Clinical Practice, Complex, Rape, Mil/Vets, Adult) I - Mezzanine  
Industrialized East/West/South**

*Charvat, Mylea, PhD<sup>1</sup>, La Bash, Heidi, MA PhD Student<sup>2</sup>, Lamb, Nicole, MPH candidate<sup>3</sup>, Harley, Aikisha, PhD Candidate<sup>4</sup>*

<sup>1</sup>University of San Francisco, CA (USFCA), Stanford, California, USA

<sup>2</sup>University of Nevada, Reno, Nevada, USA

<sup>3</sup>Georgetown University, Washington, District of Columbia, USA

<sup>4</sup>Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA

Clinical one-month post-treatment outcome data will be presented for a two-week intensive retreat style program for the treatment of PTSD in men and women who have experienced Military Sexual Trauma. The program is a multimodal evidenced based psychotherapy model that incorporates EMDR, Somatic Experiencing, Yoga, Mindfulness, Equine Therapy, Group Therapy, Recreational Therapy, Healthful Nutrition and Acupuncture. Clinical outcome data are being collected using survey monkey pre-program, and at 1, 6 and 12 months post-program. Preliminary results for N=11 from the first two pilot programs yielded significant results for symptoms as measured by the PTSD Checklist and the Beck Depression Inventory at one-month follow up. Effect sizes for the pilot sample were .76 for PTSD reduction and .77 for Depression reduction. Further programs are being conducted and additional data collected that will be analyzed and presented. Preliminary results indicate that short-term intensive evidence based psychotherapy appears to be a promising and effective alternative to longer-term inpatient programs for reducing PTSD symptoms associated with MST including in Veterans with a complex trauma history.

### **FRI 233**

#### **Challenges and Benefits of Serving Rural Communities: Feedback from Domestic Violence Advocates**

(Abstract #1949)

**Poster #FRI 233 (Commun, DV, Self-Care, Domestic Violence Advocates) I - Mezzanine  
Industrialized East/West/South**

*Hetzel-Riggin, PhD<sup>1</sup>, Welch, Bridget, PhD<sup>2</sup>*

<sup>1</sup>Penn State Erie, The Behrend College, Erie, Pennsylvania, USA

<sup>2</sup>Western Illinois University, Macomb, Illinois, USA

The services provided by domestic violence shelters can be life-saving for survivors. Previous research evaluating domestic violence advocacy services has shown that these services are effective and are positively received (Bennett et al., 2004). However, many victims of domestic violence do not seek assistance, and factors such as availability of resources, ease of accessing resources, and awareness of resources seem to be obstacles for many survivors (Lucea et al., 2013). In addition, few studies have examined the unique experience of domestic violence advocacy services in rural communities (Krishnan et al., 2001). The goal of the present study is to identify the unique challenges and benefits of domestic violence centers across different community types (e.g. Do people in rural areas tend to have stronger interpersonal connections between the different responding institutions than urban? Is this beneficial or harmful?). Quantitative and qualitative survey data is currently being collected from center directors and advocates the social context in which they operate; relationships with the criminal justice system, health care providers, religious institutions, school systems, and governmental agencies; interconnections between center personal and other respondents; and burn out of staff. Recommendations for improvement of services in rural areas will be discussed.

**FRI 234****2013 Santiago de Compostela Train Derailment: The Trauma Signature**

(Abstract #1312)

**Poster #FRI 234 (Global, Pub Health, Social, Tech/Dis, Lifespan) - Industrialized Mezzanine East/West/South**

*Garcia-Vera, Maria Paz, PhD<sup>1</sup>, Migline, Vilma, MA MSc<sup>2</sup>, Wilson, Fiona, PhD<sup>3</sup>, Garfin, Dana, PhD<sup>4</sup>, Espinel, Zelde, MD, MA, MPH<sup>5</sup>, Shultz, James, PhD<sup>5</sup>*

<sup>1</sup>*Universidad Complutense De Madrid, Pozuelo de Alarcon, Madrid, Spain*

<sup>2</sup>*Vilnius University, Vilnius, Lithuania*

<sup>3</sup>*University of Edinburgh, Edinburgh, Scotland, United Kingdom*

<sup>4</sup>*University of California, Irvine, Irvine, California, USA*

<sup>5</sup>*University of Miami Miller School of Medicine, Miami, Florida, USA*

Introduction: On 24 July 2013, traveling at twice the posted speed, a high-speed train failed to negotiate a sharp curve and derailed in spectacular fashion near Santiago de Compostela, Spain. All 13 cars came off the tracks and 100% of the train's 226 occupants, including 6 crew, were killed (79) or injured (147) as the train slammed into a concrete barrier. Methods: Using trauma signature (TSIG) analysis (see symposium overview), we created a hazard profile, a psychological stressor matrix, and a TSIG summary that also included a focus on the impact of this event on children. Results: Train driver error is blamed for this preventable human-generated technological disaster involving a fully-operational train traveling under optimal conditions. TSIG findings portrayed the salient psychological risk factors and reactions/ responses for survivors and multiple "tiers" of responders, based on their physical and social proximity to the scene. As a psychologist who works with victims of traumatic events, the presenter will integrate first-person observations with TSIG analyses and discuss effects on child victims and youth from the community. Conclusions: TSIG analysis has characterized the salient psychological risk factors and responses for the crash survivors and responding citizens/rescue personnel for this anthropogenic event.

**FRI 235****2010 Deepwater Horizon Oil Spill: The Trauma Signature**

(Abstract #1239)

**Poster #FRI 235 (Global, Pub Health, Social, Tech/Dis, Lifespan) - Industrialized Mezzanine East/West/South**

*Wilson, Fiona, PhD<sup>1</sup>, Garfin, Dana, PhD<sup>2</sup>, Garcia-Vera, Maria Paz, PhD<sup>3</sup>, Espinel, Zelde, MD, MA, MPH<sup>4</sup>, Migline, Vilma, MA MSc<sup>5</sup>, Shultz, James, PhD<sup>4</sup>*

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<sup>4</sup>*University of Miami Miller School of Medicine, Miami, Florida, USA*

<sup>5</sup>*Vilnius University, Vilnius, Lithuania*

Introduction: The 2010 Deepwater Horizon oil spill, an ecological disaster, was characterized as the petroleum industry's largest-volume marine spill in history (4.9 million barrels of oil flowed into the Gulf of Mexico over 87 days). Despite the scope of the event, systematic surveys of affected coastal populations found only modest effects on mental health. Methods: Using trauma signature (TSIG) analysis (see symposium overview), we created a hazard profile, a psychological stressor matrix, and a TSIG summary. Results: Psychological risk characteristics of this event included: human causation, corporate culpability, large spill volume, protracted duration, coastal contamination, severe ecological damage, disruption of Gulf industries and tourism, and extensive media coverage. The multiple impact effect was notable due to prior exposure of the region to Hurricane Katrina. In contrast, onshore, coastal residents did not experience these risks: spill-related mortality or severe injury, shortages of survival needs, disruption of vital services, loss of homes, population displacement, destruction of the built environment, or loss of social supports. Conclusions: The behavioral health impact of the Deepwater Horizon spill was blunted by the absence of major evidence-based risks for psychological distress and disorder, the exemplary response, and infusion of economic resources.

**FRI 236****2008 South Ossetia Conflict: The Trauma Signature**

(Abstract #1238)

**Poster #FRI 236 (Social, Complex, Global, Sub/Abuse, Civil/War, Lifespan) - C & Mezzanine  
E Europe & Indep East/West/South**

*Migline, Vilma, MA MSc<sup>1</sup>, Espinel, Zelde, MD, MA, MPH<sup>2</sup>, Wilson, Fiona, PhD<sup>3</sup>, Garfin, Dana, PhD<sup>4</sup>, Garcia-Vera, Maria Paz, PhD<sup>5</sup>, Shultz, James, PhD<sup>2</sup>*

<sup>1</sup>*Vilnius University, Vilnius, Lithuania*

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<sup>4</sup>*University of California, Irvine, Irvine, California, USA*

<sup>5</sup>*Universidad Complutense De Madrid, Pozuelo de Alarcon, Madrid, Spain*

**Introduction:** In August 2008, the South Ossetia region of the nation of Georgia was subjected to Russian military invasion and brief occupation. There were 364 citizens of Georgia killed, 2,234 injured, and 127,589 internally displaced. Population-wide psychological distress was reported with cases of debilitating psychopathology. **Methods:** Using trauma signature (TSIG) analysis (see symposium overview), we created a hazard profile, a psychological stressor matrix, and a TSIG summary in relation to childhood and lifespan trauma exposure, and examined resilience indicators. **Results:** Exposure to hazards, loss, and change specific to the invasion and brief occupation of South Ossetia contributed significantly to the mental health outcomes for the Georgian population. Relevant features included intentional human causation, bombardment, armed invasion and occupation, and exposure of the population to a series of multiple traumatic events. Increased rates of psychological distress, PTSD, nicotine, alcohol dependence and secondary trauma were reported for the impacted Georgian population. **Conclusions:** TSIG analysis has characterized the psychological dimensions of Russian invasion of Georgia, highlighting the importance of focusing on the protective effects of preserving and restoring psychosocial and material resources following brief but potentially traumatizing armed conflict.

**FRI 237****2013 Boston Marathon Bombing: The Trauma Signature**

(Abstract #1237)

**Poster #FRI 237 (Global, Pub Health, Res Meth, Lifespan) - Industrialized Mezzanine East/West/South**

*Garfin, Dana, PhD<sup>1</sup>, Espinel, Zelde, MD, MA, MPH<sup>2</sup>, Migline, Vilma, MA MSc<sup>3</sup>, Wilson, Fiona, PhD<sup>4</sup>, Garcia-Vera, Maria Paz, PhD<sup>5</sup>, Shultz, James, PhD<sup>2</sup>*

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On April 15, 2013, two explosive devices were detonated near the finish line of the Boston Marathon, killing 3 spectators and injuring 281 persons. The three-day manhunt for the perpetrators required enforced lockdown of Boston, suspension of public services, and a shooting confrontation. Using trauma signature (TSIG) analysis (see symposium overview), we created a hazard profile, a psychological stressor matrix, and a TSIG summary in relation to childhood and lifespan trauma exposure, and examined resilience indicators. The Boston Marathon bombings (BMB) triggered physical harm and psychological consequences according to degree of blast scene exposure and social connection to the event and the victims. Media (indirect) exposure heavily contributed to national traumatic stress responses. Psychological risk factors included intentional human causation, salience of the marathon for the city of Boston, civil liberties restrictions, prior trauma exposure, harm to children, and extensive – and graphic – media coverage of the event. Indicators of community resilience included exemplary coordination of the emergency management, law enforcement, and medical response. Impacts on children will be discussed. TSIG analysis has

characterized the psychological dimensions of the BMB and identified the speed and professionalism of the response as a counterbalancing force.

### **FRI 238**

#### **Outcomes of Evidence-Based Psychotherapy via Clinical Video Teleconferencing in a VA PTSD Clinical Team**

(Abstract #72)

**Poster #FRI 238 (Tech, Clinical Practice, Mil/Vets, Adult) A - Industrialized Mezzanine East/West/South**

*Hunley, Holly, PhD, Weber, Dana, PhD  
Hines VA Hospital, Hines, Illinois, USA*

Access to evidence-based psychotherapy (EBP) for PTSD can be limited by several factors including geographical limitations, time constraints, mobility problems, and transportation difficulties. Fortunately, emerging technologies, such as clinical video teleconferencing (CVT) have begun to bridge this gap. Although there are clear benefits to using CVT, many have questioned whether patients are receptive to this modality of therapy and if outcomes are robust. This project presents data gathered in a VA PTSD Clinical Team (PCT) utilizing CVT to provide Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) to veterans. Findings suggest that outcomes as measured by the PTSD Checklist-S are similar to in-person therapy outcomes in the clinic, that completion rates compare favorably to those seen face-to-face, and that veterans report high levels of satisfaction for the CVT modality. Further, treatments done via CVT were done safely and with minimal disruption due to equipment issues. CVT had the added benefit of saving veterans time and mileage as well as the potential to save money in the VA. This project supports the limited research thus far that patients report high levels of satisfaction with care received via CVT and that the treatment received is a viable option when compared to in-person treatment.

### **FRI 239**

#### **Validation of SAFE Technology in Measuring Sympathetic Nervous System Activity: An Examination of Trauma-Exposed Individuals**

(Abstract #1257)

**Poster #FRI 239 (Tech, Assess Dx, Clinical Practice, Adult) M - N/A Mezzanine East/West/South**

*Gregor, Kristin, PhD<sup>1</sup>, Krzywicki, Alan, BS, MS<sup>2</sup>, Suvak, Michael, PhD<sup>3</sup>, Dodson, Tom, BA (Hons)<sup>4</sup>, Familoni, Babajide, PhD<sup>2</sup>, Rasmussen, Ann, MD<sup>5</sup>*

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Individuals with PTSD exhibit sympathetic nervous system (SNS) hyperreactivity to trauma-related stimuli. This study aims to validate innovative technology, stress analysis by forward looking infrared evaluation (SAFE) of finger sweat pore reactivity (PR), as a noncontact measure of SNS arousal. Preliminary analyses were conducted on data from trauma-exposed participants (n=13, Mage=44.08, SD=12.59, 38% PTSD, 46.2% female) who completed a loud tone arousal task comparing SAFE and traditional skin conductance (SC) measurements. Multilevel regression demonstrated high associations between SC and PR measurements (r=.89), as well as habituation of SC and PR (r=.79). Further, participants with PTSD exhibited higher average PR than controls (M = 477.98 vs. 270.07), a difference that was not statistically significant in this small sub-sample (p = .20), but that represented a large effect size (d = .82). Similarly, individuals with PTSD exhibited higher SC responses than controls (M = 1.10 vs. 0.77; p = .53) associated with a medium effect size difference (d = .39). This preliminary data suggests that SAFE technology may be a useful noncontact alternative to SC measurements for monitoring arousal in PTSD. Data reduction/processing is ongoing and results of the full sample will be presented.

**FRI 240****Capturing a Phenomenon: A Photo-Voice Exploration into Healing Memories for Intergenerational Trauma in Bosnia-Herzegovina**

(Abstract #1045)

**Poster #FRI 240 (Multi-Media, Ethnic, Media, Surv/Hist, Lifespan) I - C & E  
Europe & Indep****Mezzanine  
East/West/South***White, Jenifer, MS PhD Student**The Chicago School of Professional Psychology, Chicago, Illinois, USA*

As communities in Bosnia have experienced wounding through ethnic division, the global community is in need of understanding a way toward healing lives across the lifespan. Exploring intergenerational trauma among young Bosnian adults, who have experienced narrative histories of ethnic cleansing throughout childhood and adolescence, is important for future generations in hopes of leaving the world a better place in which to grow. Photo-elicitation involves the research participant to capture a photo as a means for story elicitation, representation, and reflection of the Bosnian community. This visual measure potentially provides psychodynamic insight into how photo-voice allows participants to reflect upon social needs, promote critical dialogue and feel empowered. As a result of the present study, it is hoped that findings achieved from capturing photographs and stimulated through narratives among Bosnian young adults will allow recommendations for specific ways to empower participants toward healing and communal reconciliation. The present study will explore the outcomes through which trauma of one-generation impacts subsequent generations. The study will capture a visual phenomenon and further examine subjective experiences, beliefs and perceptions of Bosnian young adults.

**CLINICAL PRACTICE POSTERS (PRACTICE)****FRI 241****Do Expectations of Treatment Influence PTSD Symptom Change?**

(Abstract #863)

**Poster #FRI 241 (Clin Res, Clinical Practice, Tech, Mil/Vets, Adult) -  
Industrialized****Mezzanine  
East/West/South***Walter, Kristen, PhD<sup>1</sup>, Wells, Stephanie, BA<sup>2</sup>, Howard, Ian, BA<sup>1</sup>, Liu, Lin, PhD<sup>3</sup>, Zia, Agha, MD<sup>4</sup>, Thorp, Steven, PhD<sup>4</sup>*<sup>1</sup>*Veterans Medical Research Foundation, San Diego, California, USA*<sup>2</sup>*UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA*<sup>3</sup>*UC San Diego / VA San Diego Health Care System, San Diego, California, USA*<sup>4</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

Considerable evidence exists to support the use of cognitive-behavioral therapies as efficacious treatments for post-traumatic stress disorder (PTSD); however, not all individuals respond to or receive a sufficient dose of these treatments. Research has begun to explore treatment preferences and expectations, which may affect treatment engagement and response. The current study explored pre-treatment, self-reported expectations of outcome and whether expectations predicted actual symptom trajectory following treatment. Participants were 97 veterans who received cognitive processing therapy delivered via videoteleconferencing as one arm of a randomized controlled trial. Results showed that participants were unfamiliar with various psychological treatment modalities (mode = 0; not at all; all categories), but believed treatments worked somewhat (mode = 4; all categories) and were willing to try therapies (mode = 8; most categories). However, participants were significantly less willing to try group therapy compared to other modalities ( $p < .001$ ). HLM analyses demonstrated a main effect of individual treatment expectations on PTSD symptom reduction ( $p < .001$ ), as assessed with the Clinician-Administered PTSD Scale from pre- to post-treatment. Results highlight the importance of educating individuals seeking treatment for PTSD and considering preferences and expectations for treatment.

**FRI 242****Reactions to PTSD Treatment Options during Military Deployment**

(Abstract #861)

**Poster #FRI 242 (Practice, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Reger, Greg, PhD<sup>1</sup>, Durham, Tracy, PhD<sup>2</sup>, Tarantino, Kerith, PhD<sup>3</sup>, Luxton, David, PhD<sup>1</sup>, Holloway, Kevin, PhD<sup>1</sup>, Lee, Jocelyn, PhD<sup>1</sup>*<sup>1</sup>*National Center for Telehealth & Technology, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Tacoma, Washington, USA*<sup>2</sup>*212th Medical Detachment (Combat Stress Control), Honolulu, Hawaii, USA*<sup>3</sup>*528 Medical Detachment (Combat Stress Control), Fayetteville, North Carolina, USA*

Deployed soldiers operate in an unusual environmental context that involves high stress, limited time, limited access to typical means of coping with stress, and close living proximity to peers and supervisors. These circumstances may uniquely impact soldiers' reactions to different PTSD treatment options in the deployed setting. This presentation will discuss research on trauma treatment preferences with an emphasis on elaborating on recent research of soldiers' reactions to treatment options during a deployment (Reger et al., 2013). In that study, Soldiers (N = 174) were provided a written description of prolonged exposure (PE), virtual reality exposure (VRE), and medication treatments for PTSD. Soldiers reported their reactions to each treatment using the Treatment Reactions Scale. Reactions to PE and VRE were significantly more favorable than reactions to medications ( $p < .001$ ). Soldiers' reactions to PE and VRE reflected significantly less embarrassment/shame, perceived career impact, and perceived debasement relative to medications. Soldiers with a history of previous mental health treatment responded significantly more favorably to medications than those without prior mental health treatment ( $p < .001$ ). Findings will be discussed in light of prior research on PTSD treatment preferences, and the characteristics of the deployment experience.

**FRI 243****What Do Veterans Want?: Treatment Preferences among Veterans Attending a United States Department of Veterans Affairs Post-Traumatic Stress Disorder Clinic Orientation Group**

(Abstract #860)

**Poster #FRI 243 (Practice, Clin Res, Train/Ed/Dis, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Schumm, Jeremiah, PhD<sup>1</sup>, Walter, Kristen, PhD<sup>2</sup>, Bartone, Anne, MSW<sup>3</sup>, Chard, Kathleen, PhD<sup>3</sup>*<sup>1</sup>*Cincinnati VA Medical Center & University of Cincinnati, Cincinnati, Ohio, USA*<sup>2</sup>*Veterans Medical Research Foundation, San Diego, California, USA*<sup>3</sup>*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

The United States Department of Veterans Affairs (VA) has engaged in an unprecedented dissemination of empirically-supported treatments for post-traumatic stress disorder (PTSD). However, studies not examined whether veterans are receptive to these treatments. There is also a lack of research on effective strategies for educating veterans about PTSD treatments. The current study examined satisfaction and preferences among 185 veterans who attended a 60-minute, VA PTSD clinic orientation group. The group describes empirically-supported treatments, including cognitive processing therapy (CPT) and prolonged exposure (PE) using videos and other materials. The presentation order between CPT and PE was randomized. Veterans were also educated about other treatment options. Veteran post-group satisfaction ratings were high. Sixty-three percent endorsed preference for psychotherapy plus medication and 30% for psychotherapy only. Three percent preferred medication only and 4% preferred no treatment. CPT was most frequently ranked as the top psychotherapy choice (52%), followed by cognitive-behavioral conjoint therapy for PTSD (21%) and PE (19%). Fewer ranked present-centered therapy (6%), nightmare rehearsal therapy (4%), or virtual reality exposure therapy (3%) as the top choice. Findings suggest that veteran education may be a viable compliment to VA dissemination initiatives.

**FRI 245****Effects of Early Trauma Coping Strategies on Disaster and Medically-Based Traumas in WTC First-Responder Group**

(Abstract #1645)

**Poster #FRI 245 (Practice, Acute, Clinical Practice, Illness, Terror, Adult) - Industrialized****Mezzanine  
East/West/South***Park, Paul, PsyD**Rutgers Biomedical Health Sciences, Piscataway, NJ*

This presentation discusses the treatment considerations for the psychological symptoms secondary to a life-threatening medical illness among WTC first-responders who have experienced prolonged and repeated childhood traumas, particularly that which precede the diagnosis of complex PTSD (Herman, 1992). I will start by providing an overview of the life-threatening illnesses related to the rescue and recovery efforts of first-responders after the WTC attack; the rates of psychological issues secondary to life-threatening illnesses (Abby, Thompson, Heathcote, Hickish, 2014; Varela, Ng, Mauch, & Recklitis, 2013; Palesh & Coopman, 2013); and the coping styles of children with a complex PTSD diagnosis and of first-responders. The latter may be characterized as operating from an internal locus of control, coping through avoidance, and keeping their feelings to themselves (Evans, Carman, & Staney, 1993). With these frameworks in mind, I will present one to two clinical cases, of WTC first-responders who also have a history of prolonged and repeated childhood traumas, in which I examine the interplay between the traumas from childhood, on 9/11/2001, and the day they were diagnosed with a life-threatening medical condition. I will also outline several interventions that helped each patient develop a greater capacity to hope and to cope with their respective traumas.

**FRI 246****Culturally Informed Group Treatment for Male, Hispanic 9/11 Survivors with Co-Morbid Respiratory and Anxiety Disorders**

(Abstract #1644)

**Poster #FRI 246 (Practice, Affect/Int, Health, Terror, Adult) - Industrialized****Mezzanine East/West/South***Ferri, Lucia, PhD, Levy-Carrick, Nomi, MD**Bellevue Hospital Center, New York, New York, USA*

There have been no studies in the literature addressing approaches to group therapy for 9/11 survivors who present with co-morbid respiratory and anxiety disorders. Effective group therapy in male, Hispanic 9/11 survivors with PTSD, anxiety, depression and adjustment to comorbid medical conditions requires a focus on culturally-informed care (Pincay & Guarnaccia, 2007; Ishakawa, Cardemil, & Falmagne, 2010; Vogel, Heimerdinger-Edwards, Hammer & Hubbard, 2011) and benefits from the introduction of mindfulness-based somatic/stress-reduction techniques (Owens, Walter, Chard & Davis, 2012; Boden, Bernstein, Walser, Bui et al., 2012). This presentation documents an approach to group intervention that balanced breathing relaxation and mindfulness skills training with a CBT approach that was sensitive to literacy levels and responsive to themes raised by group members themselves. The 20-week group resulted in subjective report of improved quality of life and improved self-efficacy in participation in medical and mental health treatments. This presentation highlights themes raised by group members including the effects of mental health and medical conditions on their roles and functioning within the family.

**FRI 248****Traumatic Stress and Substance Use: Using a Multilevel Rating System to Guide Integrated Treatment**

(Abstract #1118)

**Poster #FRI 248 (Practice, Clinical Practice, Sub/Abuse, Adult) I - Industrialized Mezzanine East/West/South***Wiedeman, Laura, PsyD<sup>1</sup>, Hunley, Holly, PhD<sup>2</sup>, Maieritsch, Kelly, PhD<sup>1</sup>**<sup>1</sup>Edward Hines, Jr. VA Hospital, Hines, Illinois, USA*

<sup>2</sup>Hines VA Hospital, Hines, Illinois, USA

With the frequent co-occurrence of traumatic stress and substance use, clinicians are faced with the challenge of assessing the severity of each presenting problem and determining an appropriate course of treatment. Despite the growing emphasis on integrated approaches, clinical practice guidelines suggesting how and when to integrate treatment remain in early stages. This poster will summarize the development and utility of a comprehensive, multilevel rating system for use by clinicians when conducting treatment planning for individuals with traumatic stress and substance use. The characteristic features of each level will be described, including a description of substance use, coping skills, functional impairment, protective factors, and extent of recent risk factors (i.e., self-harm, harm to others, medical complications). Recommendations for integrating treatment of substance use and traumatic stress at each level will be outlined. This rating system was implemented within a VA outpatient PTSD clinic and descriptive data gathered over the course of the first year of implementation will be presented. Strategies used to address implementation challenges will be reviewed and resulting improvements to clinical practice, training, research and consultation will be summarized.

#### **FRI 250**

#### **Examination of Clinicians' Perceptions of Empirical Support for PTSD Treatments**

(Abstract #1723)

**Poster #FRI 250 (Practice, Clin Res, Clinical Practice, Train/Ed/Dis, Prof) I - Industrialized**

**Mezzanine East/West/South**

*Heckman, Christopher, MA Student<sup>1</sup>, Stines Doane, Lisa, PhD<sup>1</sup>, Johnson, Dawn, PhD<sup>2</sup>*

<sup>1</sup>Cleveland State University, Cleveland, Ohio, USA

<sup>2</sup>University of Akron, Akron, Ohio, USA

In order to provide adequate care, it is important for clinicians to be informed about the level of empirical support for various treatment approaches. However, the extent to which this is true can be difficult to ascertain. The present study assessed clinicians' familiarity with and training in various treatments for PTSD. Participants were then presented with a list of such treatments and asked to select those with the most empirical support as well as to identify which treatments they commonly administered. Preliminary results indicate that many clinicians were unable to accurately select ESTs from the list, including some of those who reported familiarity with and training in the treatments in question. Further analyses will examine the relationship between accuracy in identifying ESTs and utilization of specific treatments.

#### **FRI 251**

#### **Surveying Treatment Preferences in OEF-OIF Veterans with PTSD Symptoms: A Step toward Veteran-Centered Care**

(Abstract #776)

**Poster #FRI 251 (Practice, Clinical Practice, Mil/Vets, Adult) - Industrialized**

**Mezzanine East/West/South**

*Boeding, Sara, PhD*

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

This study examined healthcare barriers and preferences among a random sample of Iraq/Afghanistan-era veterans. Veterans were surveyed on demographics, PTSD symptoms, mental health services utilization in the prior year, perceived barriers to care, and preferences for health services. Comparisons between treated (n = 160) and untreated (n = 119) veterans reporting PTSD symptoms were conducted for barriers and preferences items. Reluctance to take medications was the most strongly endorsed barrier to care, followed by fear of discussing war experiences, belief in a personal responsibility to solve mental health problems, and stigma. Untreated respondents reported greater concern about confidentiality and inability to trust providers ( $t > 7.13$ ,  $p < .01$ ). The most highly endorsed preference (> 93%) was for assistance with information about benefits, trailed by help with physical issues (> 83%), and interventions for sleep disruption, anger and stress. Help-seeking veterans reported stronger preferences for multiple interventions, such as those addressing anger, stress and family education ( $t > 18.2$ ,  $p < .0001$ ). Outcomes

support integration of medical and mental health services, better coordination of health and benefits services, and more comprehensive outreach about privacy protections and treatment options to improve access and engagement in this cohort.

**FRI 252**

**An Examination of Treatment Barriers and Preferences among Returning Veterans with Anger Problems**  
(Abstract #557)

**Poster #FRI 252 (Clin Res, Clinical Practice, Adult) - Industrialized**

**Mezzanine East/West/South**

*Hawkins, Kirsten, MS PhD Student*

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

This study examined barriers and preferences among returning veterans who reported significant anger, but did not have a probable PTSD diagnosis (n = 112). Reluctance to take medication, feeling it is “up to me” to solve problems, and fears of stigma were the most strongly endorsed barriers to care. The most highly endorsed preferences were assistance learning about benefits, help dealing with anger, and medical health services. Comparisons between this group of angry veterans and a probable PTSD group (n = 145) were conducted. The angry group was significantly less likely to have used mental health services than the PTSD group ( $\chi^2 > 26.25, p < .001$ ). However, when barriers and preferences were compared between groups, angry veterans reported significantly lower concern related to stigma from their employer ( $\chi^2 > 6.65, p < .01$ ) or coworkers ( $\chi^2 > 4.42, p < .05$ ), or being seen as weak by others ( $\chi^2 > 9.21, p < .01$ ) than those with PTSD. They also endorsed less interest in anger treatment ( $\chi^2 > 5.02, p < .05$ ) or peer counseling ( $\chi^2 > 16.55, p < .001$ ) than the PTSD group. Findings suggest that, despite endorsing fewer barriers than those with PTSD, veterans with anger problems were less likely to engage in mental health treatment. Additionally, there may be important differences between the needs of angry veterans and those with PTSD.

**FRI 253**

**Veterans' Preferences for Receiving Information about VA Services: Is Getting the Information You Want Related to Increased Healthcare Utilization?**

(Abstract #556)

**Poster #FRI 253 (Practice, Clin Res, Clinical Practice, Mil/Vets, Adult) - N/A**

**Mezzanine East/West/South**

*Fleming, CJ, PhD Candidate*

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

In this study, we examined Veterans' preferences for how they receive information about VA programs vs. how they actually receive information about VA programs. We also examined the possible relationship between these variables and VA service use. Data were collected as a part of the OEF/OIF Veterans Health and Needs Study. Veterans were asked to indicate how they have previously received information on VA services, how they would like to receive that information in the future, and how often they have used mental and physical health care both in and out of the VA system. Results indicated that the most frequently reported sources of information were VA Information (74%), Other Veterans (69%), Counseling at Discharge (59%), and Website (57%), while the most preferred sources were VA information (37%) and Website (33%). Only 6% indicated a preference for learning about programs from other Vets. When match between actual vs. preferred information source was examined, 48% of the sample had at least one match. Chi Square test of Match vs. Use of VA health care since deployment was significant,  $\chi^2(1, N=1160)=3.47, p=.036$ . These results suggest that there may be important discrepancies between how Veterans are receiving information about VA health care services and how they would prefer to receive information, and that this difference may play a role in Veterans' use of VA services.

**FRI 254****Clinician History of Suicidality and the Effects on Attitudes towards Suicidal Patients**

(Abstract #831)

**Poster #FRI 254 (Practice, Complex, Death, Depr, Train/Ed/Dis, Prof) I - N/A Mezzanine East/West/South***Hunter, Noel, Doctoral Student, Elkin, Jessica, Doctoral Student, Muschel, Andrew, Doctoral Student, Feindler, Eva, PhD**Long Island University, C.W. Post Campus, Brookville, New York, USA*

A clinician's attitude toward suicidal patients may impact the quality of care provided as well as clients' subsequent rates of self-harming and suicidal behaviors. Although previous life experiences greatly affect clinicians' attitudes toward suicidal patients, few studies have examined the ongoing impact that early encounters with suicidality may have on clinicians' attitudes. To date, none have addressed this relationship among doctoral students in training to become clinical practitioners. Beyond the relationship between early traumatic experiences and suicidality, there are also traumatic effects on the survivors (Briggs, Goldblatt, Lindner, Maltsberger, & Fiedler, 2012). This study examines the relationship between experiences with suicidality and the attitudes of trainees. Forty-four students in a clinical psychology doctoral program volunteered to complete a 20-item questionnaire, constructed to obtain information regarding history of suicidality in self or close others, history of working with suicidal patients, and attitudes towards suicidal patients. Results indicate evidence of high rates of suicidality among mental health professionals in training, high frequency of personal experiences with suicidal individuals, and negative effects of such experiences on attitudes towards suicidal patients. All results are discussed as well as implications for clinical training.

**FRI 255****Peritraumatic Tonic Immobility is Associated with PTSD Symptoms Severity in Brazilian Police Officers: a Prospective Study**

(Abstract #1373)

**Poster #FRI 255 (Practice, Clinical Practice, Adult) M - Latin Amer & Carib Mezzanine East/West/South***Maia, Deborah, MD PhD<sup>1</sup>, Coutinho, Evandro, MD, PhD<sup>2</sup>, Figueira, Ivan, MDiv, PhD<sup>3</sup>, Mendlowicz, Mauro, MD PhD<sup>4</sup>*<sup>1</sup>*Federal University of Rio de Janeiro, Rio de Janeiro, Brazil*<sup>2</sup>*Escola Nacional de Saude Publica (ENSP-FIOCRUZ), Rio de Janeiro, Brazil*<sup>3</sup>*Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil*<sup>4</sup>*Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil*

Peritraumatic reactions feature among the main predictors for the development of post-traumatic stress disorder (PTSD). Peritraumatic tonic immobility (PTI) has been attracting the attention of researchers and clinicians for its close association with traumatic reactions and PTSD. Objective: To investigate the role of PTI, peritraumatic panic and dissociation as predictors of PTSD symptoms in a cohort of police recruits (n=132). Methods: Participants were asked to complete the following questionnaires during academy training and after the first year of work: Post-traumatic Stress Disorder Checklist - Civilian Version (PCL-C), Physical Reactions Subscale (PRS), Peritraumatic Dissociative Experiences Questionnaire (PDEQ), Tonic Immobility Scale (TIS), and Critical Incident History Questionnaire. We employed a zero-inflated negative binomial regression model. Results: We found that each additional point in the TIS was associated with 9% increment in the PCL-C mean scores (RM=1.09), whereas for PRS, the increment was 7% (RM=1.07). As the severity of peritraumatic dissociation increased one point in the PDEQ, the chance of having at least one symptom in PCL-C increased 22% (OR=1.22). Conclusion: Our findings highlight the need of expanding the investigation on the incidence and impact of PTI on mental health of police officers.

**FRI 256****Sex Differences in Nightmares and Sleep Impairment in Veterans with PTSD**

(Abstract #1204)

*Porter, Katherine, Ph<sup>1</sup>, Sexton, Minden, PhD<sup>2</sup>, Richards, Sarah, LMSW<sup>3</sup>, Rauch, Sheila, PhD, ABPP<sup>4</sup>*

<sup>1</sup>VA Ann Arbor Health Care System, Ann Arbor, Michigan, USA

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<sup>3</sup>VA, Ann Arbor, Michigan, USA

<sup>4</sup>University of Michigan / VA Healthcare System, Ann Arbor, Michigan, USA

Nightmares and sleep impairment (NSI) have been implicated as likely etiological contributors to the development of PTSD, are hallmark symptoms of this disorder, and are among the most salient self-identified treatment goals among those seeking PTSD-related treatment. In non-military populations, women report higher instances of nightmares, particularly following traumatic events, yet male Veterans more frequently cite NSI as chief motivating factors for care. The proposed poster will examine sex differences in clinician-rated NSI frequency and intensity with Veterans diagnosed with PTSD using the Clinician Administered PTSD Scale. Initial data featuring 862 Veterans (8% female; 92% male) seeking PTSD-specific care has been examined. Women reported significantly higher nightmare intensity ( $t = 2.0, p = .046$ ) and more extreme sleep impairment ( $t = 2.24, p = .026$ ), although effect sizes were small ( $d = .25$  and  $.3$  for nightmares and sleep impairment, respectively). No significant sex differences were observed for frequency of nightmares or impaired sleep. Data will be further analyzed and factors that may influence NSI findings (i.e. age, overall PTSD severity, self vs. clinician ratings) will be examined prior to presentation.

#### **FRI 257**

#### **Evidence-Based Therapy for PTSD: Patient Dropout Analysis**

(Abstract #663)

*David, Daniella, MD, MsC<sup>1</sup>, Jacobs, Michael, MD<sup>2</sup>, Sanfilippo, Michael, MD<sup>1</sup>, Kutcher, Gary, PhD<sup>3</sup>, Gonzalez, Camille, PsyD<sup>3</sup>, Kleinberg, Krystal, MD<sup>2</sup>*

<sup>1</sup>Department of Veteran Affairs, Miami, Florida, USA

<sup>2</sup>University of Miami, Miami, Florida, USA

<sup>3</sup>VA, Miami, Florida, USA

Background: It is estimated that one third of returning soldiers from Iraq and Afghanistan are suffering from PTSD, depression, and/or traumatic brain injury, and are at risk for functional impairment, chronic symptomatology and suicide. Recent research has shown that evidence-based therapeutic interventions (EBTs), including Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are effective. Unfortunately, many veterans who start trauma-focused EBTs drop out of treatment. Objective: To identify potential demographic, psychosocial, medical and psychiatric factors that may affect veterans' ability and/or willingness to complete EBTs, so that early targeted intervention can be provided. Methods: This IRB-approved study is being conducted in the PTSD Outpatient Clinic at the Miami VAMC. All new patients accepted into PCT are offered an EBT during orientation. We are currently identifying all patients who started EBTs in the last 2 years and conducting medical record reviews of the above mentioned variables. Results: Preliminary logistic regression reveals that EBT non-completers are more likely to have substance use problems and chronic pain compared to EBT completers. Conclusion: Early interventions addressing substance use and chronic pain may be needed prior to enrolling PTSD veterans into EBTs.

**FRI 258****Prevalence of Complex PTSD within a Psychiatric Population with Suicidal Ideation**

(Abstract #636)

**Poster #FRI 258 (Practice, Chronic, Complex, Depr, Adult) M - N/A****Mezzanine East/West/South***Cuccurullo, Lisa-Ann, PsyD<sup>1</sup>, Spokas, Megan, PhD<sup>2</sup>, Wenzel, Amy, PhD, ABPP<sup>3</sup>, Brown, Gregory, PhD<sup>3</sup>, Beck, Aaron, MD<sup>3</sup>*<sup>1</sup>*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA*<sup>2</sup>*La Salle University, Philadelphia, Pennsylvania, USA*<sup>3</sup>*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

There has been debate as to whether the DSM-IV-TR diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) captured the psychological harm that occurs with prolonged, repeated trauma. Some scholars have proposed a separate diagnostic construct to account for alternative symptom presentations subsequent to trauma. This study examined the diagnostic criteria of Complex PTSD (C-PTSD), within a psychiatric population experiencing suicidal ideation, to identify prevalence and co-occurring symptoms that may be present when C-PTSD is endorsed. Forty two participants completed measures of C-PTSD, PTSD (DSM-IV-TR), depression, trauma history, and Borderline Personality Disorder (BPD). Initial results suggested that 33% of the sample met criteria for C-PTSD and 80% met criteria for PTSD. Scores on the PTSD measure positively correlated with higher scores on the C-PTSD measure; however these scores were not associated with meeting diagnostic criteria for C-PTSD. In contrast, higher levels of depression were related with meeting the diagnostic criteria for C-PTSD. BPD symptoms were prevalent within this group of psychiatric patients, but only anger was endorsed to a greater degree by participants with C-PTSD, relative to participants without C-PTSD. Results will be discussed in light of the new diagnostic criteria for PTSD, most specifically the cognitions and mood cluster.

**FRI 260****Impact of Sexual Victimization History on Current Sexual Functioning Among Female College Students**

(Abstract #845)

**Poster #FRI 260 (Practice, Aggress, Health, Rape, Sub/Abuse, Adult) I - Industrialized****Mezzanine East/West/South***Garneau-Fournier, Jade, BS, MS<sup>1</sup>, McBain, Sacha, BS<sup>1</sup>, Dubois, Russell, BS<sup>1</sup>, Turchik, Jessica, PhD<sup>2</sup>*<sup>1</sup>*VA Palo Alto Health Care System, Menlo Park, California, USA*<sup>2</sup>*Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA*

Sexual trauma has been repeatedly shown to lead to physical and psychological health problems; however, little is known about its impact on sexual functioning, particularly among female college students who are at high risk for sexual victimization (SV). The objective of this study was to investigate the relationship between SV and sexual dysfunction (SD) in female college students. Female university students (n=533) with past sexual experience completed a set of questionnaires. SV was defined as an experience of either sexual coercion or rape. Demographics, substance use, hormonal contraceptive use, sexual inhibition, and sexual excitation were also examined as potential predictors of SD. SD (n=370, 69.4%) and history of SV (n=196, 36.8%) were found to be very common. A binary logistic regression revealed that sexual coercion (OR=2.36) and rape (OR=2.62), as well as being non-White (OR=0.27), increased problematic drinking behaviors (OR =1.24), use of hormonal contraceptives (OR=1.62), and higher sexual inhibition (OR=1.57) increased the likelihood of reporting SD when controlling for the other variables,  $\chi^2(12) = 59.87, p < .001, R^2 = .15$ . Given the strong association between SV and SD and that 83% of SV victims reported SD, it is important that healthcare providers be aware and knowledgeable about sexual functioning concerns as this issue is often overlooked in young women.

**FRI 262****Differences in PTSD, Depression, Post Concussive Symptoms, and Concussion Severity Resulting from Blast versus Non-blast Mild Traumatic Brain Injury: A Field Study of Deployed Military Personnel**

(Abstract #1221)

**Poster #FRI 262 (Practice, Acc/Inj, Anx, Health, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Hurst, Donald, PhD<sup>1</sup>, De La Rosa, Gabriel, PhD<sup>2</sup>, Ram, Vasudha, MPH<sup>2</sup>, Webb-Murphy, Jennifer, PhD, ABPP<sup>2</sup>*<sup>1</sup>*U.S. Navy, San Diego, California, USA*<sup>2</sup>*Naval Center for Combat and Operational Stress Control (NCCOSC), San Diego, California, USA*

One of the ‘signature wounds’ of the wars in Iraq and Afghanistan is mild Traumatic Brain Injury (mTBI). Previous research suggests that frequency and severity of symptoms differ between blast and non-blast mTBI. However, most research relies on data collected days-months after injury and do not address sub-categories within the traditional blast/non-blast dichotomy. The current research examines differences in concussion severity (measured via Military Acute Concussion Evaluation), psychological strain, and post concussive symptoms (PCS) recorded as military personnel presented to a mTBI rehabilitation clinic in Afghanistan (n=1241). The blast mTBI group includes personnel exposed to improvised explosive devices (n=998) and mortars/rockets (n=55). The non-blast group includes personnel with injuries from combat (n=15), vehicle accidents (n=40), non-combat-operations (n=17), and sports (n=13). Blast mTBI is related to higher PTSD and depression scores, and shorter recovery times (versus non-blast mTBI). No significant differences in concussion severity or number of PCS exist between the two groups. Blast mTBI is related to higher prevalence of hearing loss/ringing in the ears. Non-blast mTBI is related to greater prevalence of headaches, light sensitivity, and nausea, possibly driven by non-combat-operational and sports injuries.

**FRI 263****Objectification Theory as an Explanation for the Relationship between Sexual Abuse and Disordered Eating**

(Abstract #583)

**Poster #FRI 263 (Practice, CSA, Rape, Adult) I - Industrialized****Mezzanine East/West/South***Holmes, Samantha, MA PhD Student, Johnson, Dawn, PhD**University of Akron, Akron, Ohio, USA*

There is an established relationship between sexual abuse (SA) and disordered eating (ED); however, little research has been conducted to explain the relationship. One theory that has been successfully used to explain ED is Objectification Theory (OT). While it has been applied to everyday objectifying experiences, previous research has largely neglected to test its application to extreme objectifying experiences. The current study sought to address the dearth in each of these two bodies of literature by assessing the model presented by OT as a means for explaining SA as a risk factor for ED. Specifically, the current study examined how self-objectification (SO) and two of its psychological consequences, body shame (BS) and interoceptive deficits (ID), may clarify the association between SA and ED, by conducting a path analysis using bootstrapping. In a sample comprised of 363 college women, preliminary results demonstrated that there was a significant indirect effect of sexual abuse on disordered eating, through SO and BS, sequentially. The theorized indirect pathway from SO to ED, through SO and BS, was not significant; however, other indirect pathways including ID were. Implications of these results will be discussed.

**FRI 264****Emotion Dysregulation Mediates the Relationship between PTSD and Aggression**

(Abstract #1337)

**Poster #FRI 264 (Practice, Affect/Int, Aggress, Mil/Vets, Adult) M - Industrialized****Mezzanine  
East/West/South***Miles, Shannon, PhD<sup>1</sup>, Kent, Thomas, MD<sup>1</sup>, Wanner, Jill, PhD<sup>2</sup>, Tharp, Andra, PhD<sup>3</sup>, Menefee, Deleene, PhD<sup>4</sup>*<sup>1</sup>*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA*<sup>2</sup>*Michael E. DeBakey VA Medical Center / Baylor College of Medicine, The Menninger Department of Psychiatry and Behavioral Medicine, Houston, Texas, USA*<sup>3</sup>*Baylor College of Medicine, Houston, Texas, USA*<sup>4</sup>*Michael E. DeBakey VA Medical Center / Baylor College of Medicine, The Menninger Department of Psychiatry and Behavioral Medicine / South Central Mental Illness Research Education and Clinical Center (MIRECC) / Traumatic Brain Injury Center of Excellence, Houston, Texas, USA*

Emotion regulation (ER) difficulties are related to increased post-traumatic stress disorder (PTSD) severity (Ehring & Quack, 2010). Aggression can be a PTSD symptom (APA, 2000, 2013), is related to ER difficulties (Robertson, Daffern, & Bucks, 2012), and can lead to severe societal consequences, such as interpersonal violence and criminal arrests (Taft, et al., 2007). Because the predominant form of aggression in PTSD appears to be the impulsive, emotionally uncontrolled subtype (Teten, et al., 2010), the authors sought to clarify the relationship between PTSD, ER difficulties, and impulsive aggression. Veterans (N = 480) seeking trauma treatment completed an evaluation that assessed demographics, ER, aggression frequency and subtype, and PTSD. Results indicated that men were more aggressive than women. ER, aggression, and PTSD measures were significantly correlated with one another. Bootstrapped mediation models revealed ER difficulties fully mediated the relationship between PTSD and impulsive aggression (men's indirect path:  $b = .07$ ,  $SE = .026$ , BCa CI [0.02, 0.13]; women's indirect path:  $b = .08$ ,  $SE = .022$ , BCa CI [0.05, 0.13]). The ability to regulate emotions may be pivotal to inhibiting aggression in those with PTSD. Clinical implications, such as how to augment PTSD interventions with ER skills training, will be discussed.

**FRI 265****An Intersection between Incarceration and Traumatic Experiences**

(Abstract #1316)

**Poster #FRI 265 (Practice, Chronic, Clinical Practice, Cul Div, Rights, Adult) I - Industrialized****Mezzanine  
East/West/South***Sperry, Heather, MA**University of Akron, Akron, Ohio, USA*

For women in the criminal justice system, an overwhelming number of them have experienced trauma. In 1991, a random sample of people incarcerated in the United States (N=13,986), 43% of the women surveyed reported at least once incident of abuse prior to incarceration, compared to 12.2% of men (Snell & Morton, 1994). This research also found that 31.7% of these women's abuse experiences began when they were children, compared to 10.7% of men's. This early abuse often leads girls and women to run away from home, disengage from school, and form unhealthy attachments, often with abusive or older men (Chesney-Lind & Pasko, 2013). Further, 50% of women in this study identified domestic violence as a theme in their adult abuse, compared to 3% of men (Snell & Morton, 1994). An understanding of trauma is crucial in working with a population of female offenders as many aspects of prison may be triggering, or even traumatizing. Given the unique experiences, barriers, and limitations in working with women in jails and prisons, it is critical that the intersection between incarceration and trauma be explored. This presentation serves to provide introductory knowledge regarding trauma work with women who are incarcerated.

**FRI 266****Impact of the Boston Marathon Bombing & its Aftermath on Refugees & Survivors of Torture**  
(Abstract #455)**Poster #FRI 266 (Practice, Health, Refugee, Terror, Torture, Adult) A - Industrialized****Mezzanine East/West/South***Piowarczyk, Linda, MD MPH<sup>1</sup>, Rous, Dana, LICSW<sup>2</sup>, Mancuso, Anna, LICSW<sup>2</sup>, Flinton, Kathleen, LCSW<sup>2</sup>, Hastings, Erica, MA<sup>2</sup>, Shepherd, Amy, MPH<sup>2</sup>*<sup>1</sup>*Boston Center for Refugee Health and Human Rights/ Boston University School of Medicine, Boston, Massachusetts, USA*<sup>2</sup>*Boston Center for Refugee Health and Human Rights/Boston Medical Center, Boston, Massachusetts, USA*

**BACKGROUND:** On April 15, 2013, Boston residents and guests gathered for the 117th running of the Boston Marathon. Two explosives planted at the finish line killed three people and injured hundreds of others. The week culminated in a massive manhunt which left one presumed bomber dead and another in custody while a local town grieved the death of one of its policemen. As part of our clinical encounters, patients of the Boston Center for Refugee Health and Human Rights were asked about the marathon bombing. We were concerned in part about the high level of armed security as many of our patients had been detained in their countries of origin.

**METHODS:** A total of 80 patients seen between April 16 and July 7, 2013 were asked about their experience of the Boston Marathon bombing using open-ended questions. A retrospective chart review was undertaken and data analyzed using Atlas.ti & SPSS. **FINDINGS:** 86.25% of those interviewed were reminded of their past trauma.

**INTERPRETATIONS:** The following themes emerged: triggering and trauma related symptoms, content specific cognitive schemas, recognition of the universality of violence, fears of discrimination, issues surrounding safety, and specific concerns of Muslims. Recommendations for professionals working with refugees and survivors of torture after acts of terrorism or violence are provided.

**FRI 267****Child Abuse History and Suicidality among Military and RCMP at an Outpatient Mental Health Clinic**  
(Abstract #211)**Poster #FRI 267 (Practice, CPA, CSA, Adult) I - Industrialized****Mezzanine East/West/South***Holens, Pamela, PhD, Cpsych, Klassen, Kristen, PhD Candidate, Chaulk, Sarah, PsyD*  
*University of Manitoba, Winnipeg, Manitoba, Canada*

The Winnipeg Operational Stress Injury Clinic is an outpatient mental health clinic serving current and veteran members of the Canadian Military and Royal Canadian Mounted Police (RCMP). The purpose of the current study was to examine the potential relationship between suicidal behaviours and a history of childhood abuse in this population. Data was obtained through information provided by clients during their intake interview at the clinic. Multiple logistic regressions were conducted to determine associations between childhood abuse and suicidal ideation, parasuicidal behaviours, and suicide attempts. Results indicated that those with a childhood history of abuse were twice as likely as those who reported no abuse history to have made a suicide attempt at least once during their lifetime. These results are consistent with general population data which suggests that adults who suffered abuse or other negative early childhood experiences are between two and five times more likely than their peers to attempt suicide.

**FRI 268****An Application of Developmental Theories to Understand the Impact of Trauma on Latino Children**  
(Abstract #1495)**Poster #FRI 268 (Practice, Cul Div, Dev/Int, DV, Child/Adol) M - N/A****Mezzanine East/West/South***Ruiz, Dalia, MA PhD Student*  
*Antioch University, Santa Barbara, California, USA*

The National Coalition Against Domestic Violence (NCADV) reports that roughly 1.3 million women, suffer a physical assault by an intimate partner each year and that 30-60% of perpetrators of intimate partner violence also abuse the children in the household (NCADV, 2014). Due to cultural factors, Latino children are more likely to be exposed to violence in their homes and in their communities; thus, are more likely to experience direct or indirect victimization. In order to understand how trauma related to domestic violence affects Latino children, the poster presentation will focus on synthesizing developmental theories such as Maslow's Hierarchy of Needs, Freud's psychosexual stages, Erickson's stages of psychosocial development, and Piaget's stages of moral development as they relate to Latino children and trauma. The aim is to have a better understanding of risks, barriers, and familial processes of domestic violence in the Latino culture, and how the child's development drives the expression of trauma. A child's age, motor and cognitive abilities, as well as cultural factors affect how trauma is internalized and later exhibited and having a comprehensive understanding of the developmental and cultural mechanisms is fundamental to shifting current research and aiding the development of new more effective treatment approaches.

#### **FRI 269**

**Allocentric / Idiocentric Preferences and Psychopathology in Traumatized Refugees in Switzerland**  
(Abstract #1594)

**Poster #FRI 269 (Practice, Comm/Int, Cul Div, Pub Health, Refugee, Adult) M - Mezzanine  
Industrialized East/West/South**

*Kuenburg, Alexa, MD<sup>1</sup>, Morina, Naser, MA<sup>1</sup>, Nickerson, Angela, PhD<sup>2</sup>, Bryant, Richard, PhD<sup>2</sup>, Schnyder, Ulrich, MD<sup>3</sup>, Schick, Matthis, MD<sup>1</sup>*

<sup>1</sup>University Hospital Zurich, Zurich, ZH, Switzerland

<sup>2</sup>University of New South Wales, Sydney, NSW, Australia

<sup>3</sup>Zurich University, Zurich, Switzerland, Switzerland

Refugee Mental Health is a major global challenge and has become a distinct focus in clinical research within the last decade. Although better understanding of transcultural aspects, i.e. allocentrism/idiocentrism, is crucial to provide effective treatment, there is still scarcity of scientific evidence. The aim of this paper was to explore the relationship of allocentric/idiocentric preferences and psychopathology in traumatized refugees. A clinical sample of refugees (n=134) with different cultural backgrounds, seeking treatment in two outpatient clinics for survivors of war and torture in Switzerland was examined in terms of symptoms of depression, anxiety and somatization (Hopkins Symptom Checklists) as well as potentially traumatic events and PTSD Symptoms (PDS/HTQ Trauma list). Two additional items were designed to determine basic allocentric/idiocentric preferences. Preliminary analysis shows significant correlations between allocentric/idiocentric preferences and levels of depression, somatization and anxiety, but no relationship with PTSD scores. The implications with respect to clinical practice and research will be discussed.

#### **FRI 270**

**Sexual Dysfunction in Veterans with PTSD**  
(Abstract #1615)

**Poster #FRI 270 (Practice, Clinical Practice, Complex, Health, Rape, Adult) I - Mezzanine  
N/A East/West/South**

*Tran, Jana, PhD<sup>1</sup>, Dunckel, Gina, PsyD Candidate<sup>2</sup>, Teng, Ellen, PhD<sup>2</sup>*

<sup>1</sup>Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA

<sup>2</sup>Michael E. DeBakey VA Medical Center, Houston, Texas, USA

Research indicates that Veterans with Post-Traumatic Stress Disorder (PTSD) experience high rates of sexual dysfunction (Hirsch, 2009). However, the topic of sexual dysfunction is often overlooked clinically and under-examined in the PTSD research literature. Clinician assessment and treatment of sexual dysfunction is particularly important for Veterans, who are at increased risk of exposure to trauma. This study provides a comprehensive review of the current literature on the rates and types of sexual dysfunction typically seen among Veterans with

PTSD, including erectile difficulties in males (Cosgrove et al., 2002) and vaginal pain in females (Cohen et al., 2012). To aid clinicians in case conceptualization and clinical practice, this study addresses underlying mechanisms that may account for the overlap between PTSD and sexual dysfunction. For example, sexual dysfunction may result from the emotional numbing frequently seen in PTSD. Common reasons and barriers that may contribute to the reluctance of providers in addressing problems of sexual dysfunction in Veterans with PTSD will also be discussed. Finally, recommendations and considerations for future research, including the integration of treatment strategies for Veterans with PTSD and sexual dysfunction will be presented.

## PREVENTION/EARLY INTERVENTION POSTERS (PREVENT)

### FRI 271

**Social Support and Post-Traumatic Growth: A Study of International Refugee Aid Workers**  
(Abstract #1638)

Poster #FRI 271 (Practice, Acute, Cul Div, Refugee, Adult) I - M East & N  
Africa

Mezzanine  
East/West/South

*Halpert, Rebekah, PsyD Candidate, Smith, Amanda, PsyD Candidate, Sood, Charu, BA, Margolis, Avigail, PsyD Candidate, Pascal, Sara, PsyD Candidate, Demaria, Thomas, PhD*  
*Long Island University, C.W. Post Campus, Brookville, New York, USA*

Post-traumatic growth (PTG) refers to the positive psychological change one experiences after enduring extreme challenge (Tedeschi & Calhoun, 1996). Social support has been found to be associated with such growth (Cadell, Regehr, & Hemsworth, 2003). However, research exploring this relationship has been mostly limited to Western populations, with less focus on non-Western or developing nations (Thombre, Sherman, & Simonton, 2010). This study explored the relationship between PTG and social support among a sample of refugee counselors (n=27) working with a refugee aid program in Cairo, during a time of extreme political unrest in the area. Participants, who were of European, African, and Middle Eastern nationalities and included both refugee and non-refugee volunteers, completed the Post-Traumatic Growth Inventory (PTGI) as well as a culturally-sensitive social support questionnaire. We hypothesized that availability of social support will correlate with overall PTG, and specifically with the relational aspects of PTG. Findings will be presented and clinical implications will be discussed.

### FRI 272

**Developing a Teen Dating Violence Intervention: Rural African American Youth Perspectives**  
(Abstract #419)

Poster #FRI 272 (Prevent, Commun, Comm/Int, Cul Div, DV, Child/Adol) I -  
Industrialized

Mezzanine  
East/West/South

*Coker-Appiah, Dionne, PhD<sup>1</sup>, Wynn, Mysha, MEd<sup>2</sup>, Haileab, Lisa, Doctoral Student<sup>3</sup>*  
*<sup>1</sup>Georgetown University School of Medicine, Washington, District of Columbia, USA*  
*<sup>2</sup>Project Momentum, Inc., Rocky Mount, North Carolina, USA*  
*<sup>3</sup>Howard University, Washington, District of Columbia, USA*

Teen dating violence (TDV) is a national public health problem. According to the Centers for Disease Control and Prevention, TDV is defined as the threat or use of physical, sexual, or psychological/emotional violence within a dating relationship that can also include stalking. Given the scope of the problem, it is critical to ensure that TDV is explored among all youth. Although we acknowledge that TDV occurs at alarming rates among youth from all backgrounds, there are particular disparities among those who are African American and live in rural communities. Project LOVE is a Community-Based Participatory Research project that explored knowledge, perceptions, and beliefs about TDV among rural African American youth. We completed both semi-structured individual interviews and focus groups with youth between the ages of 12-21 years. The data was analyzed using a grounded theory approach. We will present findings related to youth perspectives regarding TDV intervention development. We will focus specifically on: (a) target age group, (b) important topics to include in the intervention, (c) intervention setting, (d) intervention delivery, (e) intervention facilitators, and (f) structure of sessions. This presentation will provide

relevant youth-informed findings that can be used to develop culturally appropriate and effective TDV interventions for this population.

**FRI 273**

**Specialized Crisis Counseling Services Program (SCCS) in Louisiana: The Enhanced Disaster Recovery Program for Survivors of Hurricanes Katrina, Rita, Gustav and Ike**

(Abstract #1516)

**Poster #FRI 273 (Commun, Nat/Dis, Train/Ed/Dis, Lifespan) - Industrialized Mezzanine East/West/South**

*Riise, Kirsten, PhD<sup>1</sup>, Ruzek, Josef, PhD<sup>2</sup>, Watson, Patricia, PhD<sup>3</sup>*

<sup>1</sup>*Office of Mental Health, Baton Rouge, Louisiana, USA*

<sup>2</sup>*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA*

<sup>3</sup>*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

This study describes the SCCS program that evolved following the impact of Katrina and multiple subsequent hurricanes striking southern Louisiana. The program provided 12,000 SCCS visits with more than 3,000 survivors over a 3 year period. SCCS included training in brief cognitive and behavioral interventions that NCPTSD and NCTSN drew from the SPR manual and additional supervision and support for counselors. Assessment scores of emotional and behavioral reactions demonstrated a significant decrease from initial to last assessment. The proportion of survivors meeting criteria for SCCS referral also decreased significantly from initial to follow-up assessment. The positive outcomes for these measures became more pronounced following subsequent hurricanes and refinements of the SCCS program, i.e., Hurricane Katrina ( $p < .001$ ); Gustav ( $p < .0001$ ), suggesting improvements in training and skills built on lessons learned. While these outcomes indicate that SCCS was effective in reducing adverse emotional and behavioral reactions, many survivors still met criteria for referral to SCCS after their last assessment. It was recommended that SCCS be provided earlier after the disaster and/or for a longer period of time. Additional lessons learned include the necessity of ongoing clinical and technical training and support for all staff.

**FRI 274**

**Community Resilience in New York City after Hurricane Sandy**

(Abstract #1025)

**Poster #FRI 274 (Social, Acute, Comm/Int, Nat/Dis, Adult) - Industrialized Mezzanine East/West/South**

*Lowe, Sarah, PhD<sup>1</sup>, Sampson, Laura, BA<sup>2</sup>, Galea, Sandro, MD PhD<sup>1</sup>*

<sup>1</sup>*Columbia University, Mailman School of Public Health, New York, New York, USA*

<sup>2</sup>*Columbia University School of Public Health, New York, New York, USA*

Hurricane Sandy made landfall in NYC in October 2013, destroying nearly 300 homes and damaging over 63,000 housing units. Thousands of residents were left without access to necessary resources, including food, water, and medical care. There has been little empirical research on the mental health effects of Sandy. More generally, there is a paucity of studies that focus on the influence of community characteristics (e.g., economic development, social capital) on post-disaster mental health. In the current study, we aimed to address these limitations through analysis of how community-level characteristics influence mental health after Hurricane Sandy. We collected individual-level data from a population-based survey of NYC residents in census tracts affected by Sandy (N = 500) and community-level data from various archival sources, including the Census, FEMA Disaster Declarations, and US Department of Housing and Urban Development. Preliminary analysis of data from 211 participants found that 5.7% of participants presented with past-month Sandy-related PTSD and 10.9% with past-month Major Depression. Our presentation will include updated descriptive statistics on participants' mental health status, as well as the results of multilevel models assessing main effects of community-level characteristics and interactions with individual-level factors on mental health outcomes.

**FRI 275****Mediators of Mental Health Outcomes following the Australian Black Saturday Bushfires**

(Abstract #1024)

**Poster #FRI 275 (Prevent, Aggress, Depr, Nat/Dis, Adult) - Industrialized****Mezzanine East/West/South**

*Forbes, David, PhD<sup>1</sup>, Nathan, Alkemade, PhD<sup>2</sup>, Waters, Elizabeth, PhD<sup>3</sup>, Gibbs, Lisa, PhD<sup>3</sup>, Gallagher, Colin, PhD<sup>3</sup>, Pattison, Phillipa, PhD<sup>3</sup>, Lusher, Dean, PhD<sup>4</sup>, MacDougall, Colin, PhD<sup>5</sup>, Harms, Louise, PhD<sup>6</sup>, Block, Karen, PhD<sup>3</sup>, Snowden, Elyse, BS<sup>3</sup>, Sinnott, Vikki, PhD<sup>7</sup>, Ireton, Greg, PhD<sup>8</sup>, John Richardson, John Richardson, PhD<sup>9</sup>, Bryant, Richard, PhD<sup>10</sup>*

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<sup>5</sup>*Flinders University, Bedford, South Australia, Australia*

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<sup>7</sup>*Flinders University, Bedford Park, South Australia, Australia*

<sup>8</sup>*Department of Human Services, Melbourne, VIC, Australia*

<sup>9</sup>*Red Cross Australia, Carlton, VIC, Australia*

<sup>10</sup>*University of New South Wales, Sydney, NSW, Australia*

A large body of research has established the mental health sequelae following disaster, with studies now focused on better understanding factors that moderate and mediate these outcomes in order to guide programs of intervention. In a large sample (Male = 402, Female = 606) of people impacted by the Black Saturday Bushfires of 2009, Australia worst natural disaster resulting in 173 fatalities and widespread destruction, this study assessed factors that may increase the risk for developing psychopathology following this disaster. Participants in the most highly-affected communities reported PTSD rates of 15%. Four mediation models were tested with the final model selected observing a direct relationship between the disaster and mental health outcomes ( $b=.049, p<.001$ ) and mediating relationships via Anger ( $b=.026, p<.001$ ) and Major Life Stressors ( $b=.032, p<.001$ ). As gender moderated outcome, the role of gender was further investigated with separate analyses for male and female subsamples. While the mediation relationships were still significant for both genders, the direct relationship between exposure and outcome was no longer significant for men ( $p=.157$ ), while this relationship remained significant ( $b=.061, p<.001$ ) for women. The implications from these findings for interventions for mental health after a disaster are discussed.

**FRI 276****Self-Compassion and Fear of Self-Compassion: Evaluating Risk for Post-Trauma Pathology among Survivors of Childhood Abuse**

(Abstract #852)

**Poster #FRI 276 (Prevent, CPA, CSA, Depr, Adult) - Industrialized****Mezzanine East/West/South**

*Miron, Lynsey, MA PhD Student, Orcutt, Holly, PhD, Seligowski, Antonia, BA  
Northern Illinois University, DeKalb, Illinois, USA*

A growing evidence base suggests that increasing self-compassion is a worthwhile therapeutic target and may be protective against the development and maintenance of post-trauma pathology. More recently, researchers have noted that particular individuals respond to efforts to increase self-compassion with fear and strong resistance, a phenomenon known as fear of self-compassion. Yet to be examined is whether childhood trauma survivors exhibit this phenomenon, and how it may relate to current functioning. The present investigation evaluated a mediational model where self-compassion and fear of self-compassion were hypothesized as mediators of the relationship between childhood abuse and post-trauma pathology. Participants were 262 undergraduate women who completed measures assessing childhood sexual and physical abuse history, self-compassion, fear of self-compassion, and symptoms of depression and PTSD. Results of analyses utilizing bootstrapping indicated that fear of self-compassion, but not self-compassion, significantly mediated the relationship between a history of childhood sexual abuse and symptoms of both depression and PTSD. Findings suggest that fear of self-compassion may represent an

important vulnerability factor for the development of PTSD and depression following childhood abuse, above and beyond that predicted by low levels of self-compassion.

#### **FRI 277**

### **Self-Reported Growth Following Targeted Mass Violence: Association with PTSD Symptom Trajectories after a Campus Shooting**

(Abstract #563)

**Poster #FRI 277 (Prevent, Comm/Vio, Adult) - Industrialized**

**Mezzanine East/West/South**

*Miron, Lynsey, MA PhD Student, Orcutt, Holly, PhD  
Northern Illinois University, DeKalb, Illinois, USA*

Post-traumatic growth (PTG) has been viewed as a protective factor following trauma, where some level of post-trauma distress is required for growth to transpire. However, it remains unclear whether self-reported PTG leads to positive outcomes in the more distal aftermath of trauma exposure. The current longitudinal investigation examined self-reported growth and symptoms of PTSD in a sample of undergraduate women exposed to a campus mass shooting. Four trajectories of PTSD symptoms following the event were identified, and a repeated measures ANOVA comparing PTG scores by trajectory class was examined at 6- and 24-months post-shooting. Total 6- and 24-month PTG scores were significantly different ( $t [509] = 7.14, p < .001$ ) and PTG scores at both time points differed in relation to the PTSD trajectory classes ( $F [1,490] = 3.89, p < .05$ ). The most robust differences emerged between the resilient trajectory class and all other classes 6-months post-shooting, as well as between the chronic dysfunction class and all other classes 24-months post-shooting. Overall, results indicate that participants' self-reported PTG was associated with more pathology both in the more immediate and distal aftermath of the mass shooting event, suggesting that perceived growth may occur in conjunction with persistent PTSD symptoms.

#### **FRI 278**

### **Post-Traumatic Growth with Cognitive-Behavioral Conjoint Therapy for PTSD**

(Abstract #561)

**Poster #FRI 278 (Clin Res, Affect/Int, Clin Res, Cog/Int, QoL, Adult) - Industrialized**

**Mezzanine East/West/South**

*Wagner, Anne, PhD<sup>1</sup>, Torbit, Lindsey, MA PhD Student<sup>1</sup>, Jenzer, Tiffany, BA (Hons)<sup>1</sup>, Pukay-Martin, Nicole, PhD<sup>2</sup>, Landy, Meredith, Doctoral Student<sup>3</sup>, Macdonald, Alexandra, PhD<sup>4</sup>, Fredman, Steffany, PhD<sup>5</sup>, Monson, Candice, PhD<sup>1</sup>*

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Post-traumatic growth (PTG) is defined as a positive psychological change that emerges following a highly challenging life event. In the context of post-traumatic stress disorder (PTSD), PTG has been positively associated with hope, interpersonal relationship functioning, and abilities to cope with future stressors (Tedeschi & Calhoun, 2004). Research has demonstrated that social support is one of the strongest correlates of PTG (Maugen et al., 2006), which suggests that dyadic PTSD interventions may enhance the development of PTG in individuals with PTSD. The current study examined the effects of a couple-based intervention for PTSD on PTG in a community-based sample. Forty couples were randomized to either immediate Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT for PTSD) or a 3-month waitlist (WL). PTG was assessed pre- and post-treatment. Compared with WL, individuals in CBCT for PTSD demonstrated a significant increase in PTG over time, with a between group moderate effect size difference. Results suggest that CBCT for PTSD facilitates PTG. These findings highlight the positive outcomes in a dyadic PTSD treatment; recommendations for future research in expanding the outcomes from PTSD will be discussed.

**FRI 279****The Effects of Negative Appraisals and Maladaptive Coping Strategies on Acute Stress Disorder Symptoms in Acute Trauma Patients**

(Abstract #447)

**Poster #FRI 279 (Prevent, Acc/Inj, Acute, Adult) I - Industrialized****Mezzanine East/West/South***Fedele, Katherine, Doctoral Student<sup>1</sup>, Johnson, Dawn, PhD<sup>1</sup>, Kraft, Tina, PhD<sup>2</sup>, Paul, Sonali, Undergraduate<sup>1</sup>, George, Richard, MD<sup>3</sup>*<sup>1</sup>*University of Akron, Akron, Ohio, USA*<sup>2</sup>*Summa Health System – St. Thomas Hospital, Akron, Ohio, USA*<sup>3</sup>*Summa Health System, Akron, Ohio, USA*

Due to medical advances and the greater survival rate of trauma victims over the past two decades, research on the development of acute stress disorder (ASD) has become increasingly important. A majority of the research to date has focused on ASD's ability to predict onset of post-traumatic stress disorder (PTSD). However, only a handful of studies contribute to our understanding of the development of ASD symptoms. Such research is needed to help inform the development of preventative interventions to help prevent PTSD in trauma victims. This presentation will evaluate the effect of rumination and thought suppression as moderators of the relationship between negative appraisals and ASD symptoms in 100 acute trauma patients from a level 1 trauma center. Trauma patients will complete three measures to assess the proposed constructs. To date, 69 participants have been enrolled in the study. Preliminary analyses indicate a significant relationship between negative appraisals and ASD symptoms ( $r = .36, p = .003$ ). In particular, negative cognitions about the self ( $r = .339, p = .005$ ) and negative cognitions about the world ( $r = .438, p < .001$ ) were significantly associated with ASD symptoms. There was also a significant relationship between thought suppression and ASD symptoms ( $r = .543, p < .001$ ). Moderation analyses as well as clinical implications of findings will be discussed.

**FRI 280****Post-Traumatic Stress and Depressive Symptoms: Associations with High Risk Health Behaviors among Cocaine Dependent Adults**

(Abstract #1136)

**Poster #FRI 280 (Prevent, Affect/Int, Health, Sub/Abuse, Adult) I - Industrialized****Mezzanine East/West/South***Abrams, Jocelyn, Doctoral Student<sup>1</sup>, Vujanovic, Anka, PhD<sup>2</sup>, Suchting, Robert, PhD<sup>2</sup>, Bahrman, Jennifer, MA PhD Student<sup>1</sup>, Atkinson, Dean, Doctoral Student<sup>2</sup>, Schmitz, Joy, PhD<sup>2</sup>*<sup>1</sup>*University of Houston, Houston, Texas, USA*<sup>2</sup>*University of Texas Health Science Center, Houston, Texas, USA*

Better understanding factors associated with high risk health behaviors among vulnerable populations, such as trauma-exposed adults with substance dependence, is imperative for informing effective HIV prevention programs. This investigation examined incremental relations of post-traumatic stress and depressive symptoms with HIV drug- and sex-risk behaviors, including higher levels of IV drug use and substance use in a crack house as well as lower levels of condom use frequency. Trauma exposure and substance use severity were included as covariates. It was hypothesized that both post-traumatic stress and depressive symptom severity would be significantly (positively) associated with the outcomes. Participants were comprised of 79 (11 women; Mage = 44.3, SD = 11.2) trauma-exposed, cocaine dependent, predominantly African American adults presenting to an addictions research center; data collection is ongoing. Participants were administered diagnostic interviews, provided urine samples to confirm active substance use, and completed self-report questionnaires. Depressive symptom severity was significantly incrementally associated with IV drug use, (lower) condom use frequency, and substance use in a crack house environment ( $p$ 's  $< .05$ ). Post-traumatic stress symptoms were not associated with any outcomes. Clinical implications and future research directions will be discussed.

**FRI 281****Negative Religious Coping Predicts Treatment Outcome for an Intervention for Prolonged Grief Disorder**  
(Abstract #1748)**Poster #FRI 281 (Prevent, Clin Res, Death, Grief, Adult) I - Industrialized****Mezzanine East/West/South***Lubin, Rebecca, BA<sup>1</sup>, Wortmann, Jennifer, PhD<sup>2</sup>, Schorr, Yonit, PhD<sup>1</sup>, Shumaker, Erik, PhD<sup>1</sup>, Boasso, Alyssa, PhD Candidate<sup>1</sup>, Litz, Brett, PhD<sup>2</sup>*<sup>1</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>2</sup>*VA Boston Health Care System/Boston University, Boston, Massachusetts, USA*

Little is known about predictors of Prolonged Grief Disorder (PGD), a disorder of debilitating grief that affects some bereaved individuals (Prigerson et al., 2013). Negative religious coping style (NRCS), characterized by an insecure relationship with God, spiritual struggle, and an ominous perception of the world, is associated with increased symptoms of depression and anxiety (Mickley et al., 1998) in caregivers of terminally ill patients. We thus examined NRCS using the Brief RCOPE (Pargament et al., 1998) as a predictor of PGD in a sample of bereaved caregivers (N=52) who were part of a larger clinical trial testing an intervention that promotes self-care, reengagement and reattachment post-loss (Healthy Experiences After Loss (HEAL); Litz et al., in press). We hypothesized that NRCS would be associated with elevated symptoms of PGD at baseline and predict poorer treatment outcomes. In multiple regression analyses, controlling for baseline symptoms of PGD, PTSD, and depression, NRCS significantly predicted greater severity of PGD symptoms at post-treatment ( $\beta = -.27, p < .05, R^2$  change = .451). Prior research suggests that low self-efficacy mediates the relationship between NRCS and poor outcomes (Pearce et al., 2006) and may explain poor response to our treatment that focuses on self-empowering steps toward change.

**FRI 282****Predicting Post-Traumatic Stress Disorder (PTSD): An Examination of the Relationship between Threat-Relevant Attentional Avoidance, Peritraumatic Distress, and Alcohol Intoxication**

(Abstract #1593)

**Poster #FRI 282 (Prevent, Cog/Int, Prevent, Sub/Abuse, Adult) M - Industrialized****Mezzanine East/West/South***Thomas, Charmaine, PhD Candidate<sup>1</sup>, Salles, Juliette, MD<sup>2</sup>, Sears, Christopher, PhD<sup>1</sup>, Very, Etienne, MD PhD<sup>3</sup>, Bui, Eric, MD PhD<sup>4</sup>*<sup>1</sup>*University of Calgary, Calgary, Alberta, Canada*<sup>2</sup>*Centre Hospitalier de Toulouse, Université de Toulouse, Toulouse, N/A, France*<sup>3</sup>*Université de Toulouse - Centre Hospitalier Universitaire de Toulouse, Toulouse, Toulouse, France*<sup>4</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

The prevention and treatment of PTSD can be augmented through early intervention; however, reliably identifying those at risk for non-recovery from trauma exposure remains elusive. Recent evidence suggests that attentional threat avoidance in the immediate aftermath of trauma exposure may be a marker of risk (e.g., Wald et al., 2011). Likewise, emotional and physiological responses, conceptualized as peritraumatic reactions, have shown considerable promise in PTSD risk prediction (e.g., Bui et al., 2010). This ongoing study examines the relationship between these two correlates and their combined ability to predict future PTSD symptoms in the hours following trauma exposure. In addition, the potential moderating effect of alcohol intoxication at the time of trauma is examined. Within six hours of admission to an emergency department, physical assault and motor vehicle accident survivors (n=44; males=68%; mean age = 36; 33% with intoxication) were administered a Dot-probe task and completed the Peritraumatic Distress Inventory. The Post-Traumatic Stress Disorder Checklist-Civilian was administered 1 and 3 months post-trauma. Preliminary baseline data revealed a strong negative association between peritraumatic distress and threat avoidance ( $r = -.82, p < 0.01$ ). Results of analyses will be presented and discussed in the context of PTSD screening and early risk identification.

**FRI 283****Recent Trauma Survivors' Use of Mental Health Care and Medication for Sleep or Emotional Distress**  
(Abstract #1383)**Poster #FRI 283 (Prevent, Acc/Inj, Adult) I - N/A****Mezzanine East/West/South***Carlson, Eve, PhD<sup>1</sup>, Spain, David, MD<sup>2</sup>*<sup>1</sup>*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*<sup>2</sup>*Stanford University School of Medicine, Stanford, California, USA*

In the days and weeks following severe physical injury, most patients and their loved ones experience distress, but little is known about their treatment use. In a longitudinal study of emotional responses of hospitalized traumatic injury patients and family members, we studied psychological services and medication use in the two months following the injury. Of 111 subjects, 12% had any sessions with a mental health professional for treatment of emotional distress, 25% took medications for sleep or emotional distress, and 31% got either or both types of care. Receiving any care was related to higher levels of PTSD, dissociation, and depression at baseline, but not to reductions in symptoms over 2 months. Therapy for emotional distress was very brief for most: 62% had one or two sessions. At 2 months post-trauma, symptom levels were elevated for depression, PTSD, or both in 33%. In those with one or both disorders, 42% received any type of treatment: 19% took medication for sleep, 15% took medication for emotional distress, and 13% had any therapy sessions for emotional distress. Overall, while some recent trauma survivors did receive mental health care, more than half with high levels of PTSD and/or depression had no care and few had psychotherapy of any kind. Reducing barriers to treatment in this population may increase care received and reduce the impact of the trauma.

**FRI 284****Mediating Effects of Combat Exposure, Mastery, and Social Support on the Association between Adverse Childhood Events and Post-Deployment Mental Health in Members of the Canadian Armed Forces**  
(Abstract #232)**Poster #FRI 284 (Prevent, CPA, Health, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Watkins, Kimberley, MA, Lee, Jennifer, PhD, Zamorski, Mark, MD*  
*Department of National Defence, Ottawa, Ontario, Canada*

There are multiple pathways by which adverse childhood events (ACE) can impact well-being in adulthood, such as those involving interpersonal problems, a greater propensity to perceive negative events, and the underestimation of one's sense of mastery or capability to cope with these experiences (Kendall-Tackett, 2002). The present study examined the association between ACE and post-deployment mental health, in addition to the possible mediating roles of social support, dimensions of combat exposure, and mastery in this relationship, among 3,019 Canadian Armed Forces (CAF) members surveyed at the beginning of basic training and after return from deployment in support of the CAF mission in Afghanistan. A hierarchical linear regression indicated that greater ACE was associated with poorer self-reported post-deployment mental health. Bootstrapping tests suggested that the combat dimensions of Dangerous Environment and Aftermath of Battle, as well as mastery significantly, though partially, mediated the association between ACE and post-deployment psychological well-being. Thus, results suggest that CAF members who have experienced ACE may be at increased risk for post-deployment mental health difficulties due, in part, to their greater perceived exposure to certain combat experiences and lower feelings of mastery. Implications for future CAF research and policy will be discussed.

**FRI 285****Unit Cohesion, Resilience and Mental Health Symptoms among Sailors in a Training Environment**  
(Abstract #1799)**Poster #FRI 285 (Prevent, Depr, Prevent, Sleep, Mil/Vets, Adult) M - Industrialized****Mezzanine  
East/West/South**

*Morrison, Theodore, PhD MPH, Gerard, Steven, BA, Roesch, Scott, PhD, Webb-Murphy, Jennifer, PhD, ABPP, Johnston, CAPT Scott, PhD, ABPP*  
*Naval Center for Combat and Operational Stress Control (NCCOSC), San Diego, California, USA*

Previous research suggests military unit cohesion is an important influence on morale, performance, stress resiliency, and adds a protective buffer against PTSD. Data collected as part of a study evaluating stress regulation techniques in a United States Navy population (N = 192) in a fast-paced, year-long medical training program was analyzed to determine the associations between unit cohesion, resilience and mental health outcomes. Perceived stress, resiliency, sleep quality, unit cohesion, depression, PTSD, and anxiety symptomatology were measured at four time points over one year. All participants were corpsmen who held senior enlisted ranks (E5-E7). Most (76%) were male, had previously deployed (90%) and had some combat experience (76%). At three months, our dataset showed moderate to strong correlations between unit support and our main outcomes. Unit support was positively correlated with resilience ( $r=0.25$ ;  $p<0.05$ ), and negatively correlated with perceived stress ( $r=-.42$ ;  $p<0.001$ ), depression ( $r=-.47$ ;  $p<0.001$ ), PTSD ( $r=-.30$ ;  $p<0.01$ ) and anxiety ( $r=-.38$ ;  $p<0.001$ ) symptomatology across intervention groups. These results suggest that high unit cohesion may serve as an attenuating factor for stress and these mental health concerns, and that it is important for unit leaders to foster cohesion.

**FRI 286****Dimensions of Early Adversity and the Development of Self-Regulation in Adolescence**  
(Abstract #872)**Poster #FRI 286 (Prevent, Affect/Int, CPA, Cog/Int, Child/Adol) M - Industrialized****Mezzanine  
East/West/South**

*Lambert, Hilary, PhD Candidate<sup>1</sup>, McLaughlin, Katie, PhD<sup>1</sup>, Wojcieszak, Zuzanna, BA<sup>1</sup>, King, Kevin, PhD<sup>1</sup>, Monahan, Kathryn, PhD<sup>2</sup>*

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*

Introduction: Rodent and human literature indicates that early threat and deprivation are associated with divergent consequences in brain networks underlying self-regulation (SR). The purpose of this study was to delineate the unique impacts of child trauma (CT) and poverty on the development of SR, and the degree to which deficits in specific aspects of SR mediate the association of CT and poverty with internalizing and externalizing psychopathology. Method: Behavioral data was collected from a community sample of adolescents (16-17 years;  $n=287$ ) with variability in exposure to CT and poverty. Adolescents completed three SR tasks measuring different aspects of emotion regulation (distress tolerance and attention to emotional cues) and cognitive control (inhibition, working memory, task switching, and attention). Results: CT was associated with deficits in tasks assessing emotion regulation, while poverty was associated with deficits in tasks measuring cognitive control. Furthermore, these deficits predicted internalizing psychopathology. Conclusion: CT and poverty predict distinct deficits in SR in adolescence. Identifying specific developmental mechanisms that underlie the association between different dimensions of early adversity and psychopathology is critical to developing interventions that will prevent the long-term mental health consequences of early adversity.

**FRI 288****Understanding Competing Models of Child Sexual Abuse Disclosure in Relation to a Child's Cognitive and Moral Development**

(Abstract #1884)

**Poster #FRI 288 (Prevent, CSA, Clinical Practice, Dev/Int, Child/Adol) I - Industrialized****Mezzanine  
East/West/South***La Bash, Heidi, MA PhD Student, Papa, Anthony, PhD  
University of Nevada, Reno, Nevada, USA*

It is estimated that 15%-33% of American adults have a history of childhood sexual abuse (CSA; Briere & Elliot, 2004). To intervene and reduce the individual and societal costs of CSA, we must be aware of when abuse is occurring. However, this process is not clear-cut, and many survivors do not disclose about their experiences. The purpose of this integrative review is to provide a practical examination of the competing models of CSA disclosure (e.g., Bussey & Grimbeek, 1995; Finkelhor & Brown, 1985; Petronio et al., 1996; Staller & Nelson-Gardell, 2005; Summit, 1983) and the factors that influence the disclosure of sexual abuse, from a child's perspective based on their stage of cognitive and moral development. Working through each of the four stage of Piaget's (1950) theory of cognitive development and incorporating Kohlberg's (1969) staged theory of moral reasoning, a child's view of their abuse is reviewed from the perspective of competing models as well as the factors that can influence the disclosure of their abuse, including their relationship to the abuser, what form the disclosure may take, and who they may choose as a confidant. This review hopes to provide a starting point from which to understand the variables that play a role in a child's decision to disclose abuse, so as to encourage earlier disclosure and intervention.

**FRI 289****Psychiatric Symptoms in Children and Adolescents Victimized by Social Violence in Brazil**

(Abstract #76)

**Poster #FRI 289 (Prevent, CPA, CSA, Health, Pub Health, Child/Adol) I - Latin Amer & Carib****Mezzanine  
East/West/South***Hoffmann, Elis Viviane, MA Student<sup>1</sup>, Serafim, Paula, MA Student<sup>2</sup>, Calsavara, Vinicius Fernando, PhD<sup>2</sup>, Mello, Marcelo, MD PhD<sup>2</sup>*<sup>1</sup>*UNIFESP, São Paulo, Brazil*<sup>2</sup>*Universidade Federal de Sao Paulo, Sao Paulo, Brazil*

Social violence as sexual and physical violence perpetrated by others, are endemic in Brazil, and our professionals and services were unprepared to assist victims of violence. We evaluated medical records from all patients under 18 years old who attended to a clinic for victims of violence in Sao Paulo-Brazil, from January 2008 to March 2014. CBCL (Child Behavior Checklist) were administered for all patients. Results: 95 children's caregivers were interviewed. Children were in average 10.7 years old. Sexual abuse (31.6%) was the most frequent event. 73.7% from all children showed behavior problems at CBCL, and 49.5% met clinical symptoms for post-traumatic stress disorder (PTSD). 71.6% showed internalizing behavior, 63.2% externalizing behavior, and 51.6% presented both. The results reinforce that children and adolescents victims of social violence were at high risk for developing behavior problems, and psychiatric disorders. As other cultures female children were at higher risk (56.8%), and internalizing symptoms have predominance compared to externalizing behavior. Considering the high PTSD prevalence in adults in Brazil, and the endemic violence in this country, it is extremely urgent to analyze and rethink Public Social Policies in the prevention of violence against children that have shown serious mental health problems.

**FRI 290****Evaluation of the Motivation of Family Doctors in Providing Care to Childhood Trauma Patients**

(Abstract #582)

**Poster #FRI 290 (Prevent, Clinical Practice, QoL, Train/Ed/Dis, Lifespan) M - C & Mezzanine  
E Europe & Indep East/West/South****Korzh, Oleksii, MD, PhD***Kharkov Medical Academy of Postgraduate Education, Kharkov, Ukraine*

Background: To identify and provide further understanding on the factors affecting the motivation and quality of care provided by family doctors to childhood trauma patients. Methods: A qualitative research approach was employed using structured interviews. 84 family physicians were interviewed in this study. In addition, they completed the special designed questionnaire with the selected quality criteria recommended in the international and national guidelines. Results: It has been shown that three main themes emerged from the analysis of the present study: 1) motivation of family doctors, 2) teamwork, 3) family doctors training. Within these themes, twenty-one different barriers and facilitators/motivators to improve the quality of care in childhood trauma at primary care level were identified and further explored. More motivated physicians had a more confident and optimistic approach of childhood trauma patients, looked more empathetic and supportive towards patients. Conclusions: The care in childhood trauma patients at primary care level is influenced by many factors including patient, family doctor and organization. Our finding highlighted the importance of developing appropriate training for family doctors on the communication skills with emphasis on the skills needed for the behavioral changes and patient-centered approach.

**FRI 291****Intergenerational Transmission of Trauma-Related Distress: Maternal Betrayal Trauma History, Trauma-Related Symptoms, and Parenting Attitudes as Predictors of Child Symptoms**

(Abstract #1378)

**Poster #FRI 291 (Prevent, CPA, CSA, Dev/Int, Fam/Int, Lifespan) I - Industrialized Mezzanine  
East/West/South****Babcock, Rebecca, MA PhD Student, Chu, Ann, PhD, DePrince, Anne, PhD***University of Denver, Denver, Colorado, USA*

Understanding whether mothers' attitudes towards parenting influence children's social-emotional development, in addition to maternal child abuse history and trauma symptoms is key to identifying mechanisms that transmit trauma-related distress across generations. The objective of the current study was to assess whether mothers' parenting attitudes predict internalizing and externalizing symptoms in their children beyond the variance accounted for by their experience/s of childhood betrayal trauma (BT) and current trauma symptoms. Mothers and children (ages 7-11) were recruited for participation in a project on Parenting and Stress (N= 72 dyads). Mothers reported on experiences of childhood BT, trauma symptoms, their children's internalizing and externalizing symptoms, and attitudes towards parenting. Mothers' childhood BT experiences predicted higher levels of both internalizing and externalizing symptoms in their children, and maternal trauma symptoms predicted internalizing symptoms. Negative attitudes towards limit setting predicted higher levels of child externalizing symptoms. Lower levels of communication but higher levels of parenting satisfaction predicted child internalizing symptoms. Implications will be discussed, including the importance of assessing maternal trauma and parenting characteristics as part of interventions with symptomatic children.

**FRI 292****PTSD and Overreactive Parenting in Mothers of Boys and Girls**

(Abstract #1393)

**Poster #FRI 292 (Prevent, CPA, Fam/Int, Lifespan) I - Industrialized****Mezzanine East/West/South**

*Vance, L. Alexander, BA<sup>1</sup>, Cross, Dorthie, PhD<sup>2</sup>, Gamwell, Kaitlyn, BS<sup>2</sup>, Dharani, Amreen, BA<sup>2</sup>, Jovanovic, Tanja, PhD<sup>2</sup>, Bradley, Bekh, PhD<sup>3</sup>*

<sup>1</sup>*Mercer University, Atlanta, Georgia, USA*

<sup>2</sup>*Emory University School of Medicine, Atlanta, Georgia, USA*

<sup>3</sup>*Atlanta VAMC/Emory University, Decatur, Georgia, USA*

**OBJECTIVE:** Research shows that mothers with PTSD demonstrate overreactive parenting. We examined whether this finding would differ by child gender. **METHOD:** Participants were recruited from public hospital waiting rooms and completed the Childhood Trauma Questionnaire and Modified PTSD Symptom Scale. Eligible mothers (N=223) participated in additional visits and completed the Parenting Scale, measuring overreactivity. Mothers of children age 8-12 years (N=68) participated with one child and completed a mother-child interaction task (John Hopkins Child Anxiety Prevention Study coding manual). **RESULTS:** An ANCOVA including child gender, maternal PTSD, and maternal child abuse, with child age as a covariate, yielded a main effect for maternal PTSD,  $p < .05$ , and a marginal main effect for child female gender,  $p < .10$ . Correlations showed overreactivity is not associated with behavior in boys' mothers but is associated with less positive affect in boys,  $p < .05$ . In girls' mothers, overreactivity is associated with more doubt in girls' competence,  $p < .01$ , and marginally more negative affect,  $p < .10$ . In girls, overreactivity is associated with more noncompliance, less parent-blaming, and less problem-solving,  $p < .05$ . **CONCLUSION:** Overreactivity may be an important factor in intergenerational risk for PTSD, especially in daughters.

**BIOLOGICAL/MEDICAL POSTERS (BIO MED)****FRI 293****Brain Miscommunication Patterns Detected by Magnetoencephalography and Functional Magnetic Resonance Imaging can be Used to Diagnose PTSD**

(Abstract #668)

**Poster #FRI 293 (Bio Med, Bio/Int, Adult) - Industrialized****Mezzanine East/West/South**

*James, Lisa, PhD<sup>1</sup>, Christova, Peka, PhD<sup>2</sup>, Leuthold, Art, PhD<sup>1</sup>, Engdahl, Brian, PhD<sup>3</sup>, Georgopoulos, Apostolos, MD, PhD<sup>1</sup>*

<sup>1</sup>*Brain Sciences Center, Minneapolis VAMC, Minneapolis, Minnesota, USA*

<sup>2</sup>*Minneapolis VA Health Care System, Minneapolis, Minnesota, USA*

<sup>3</sup>*Department of Veterans Affairs Medical Center, Minneapolis, Minnesota, USA*

We have previously shown that magnetoencephalography (MEG) can detect disease-specific synchronous neural interaction (SNI) patterns in subjects with various disorders, including PTSD. Can other imaging modalities also be used in this way? Here we show that the main differences in cortical communication circuitry between those with PTSD and those without mental disorders lie in the miscommunication patterns across brain regions and can be detected by functional magnetic resonance imaging (fMRI) as well as MEG. We studied 20 U.S. military veteran controls, free from psychiatric disorders, plus 15 veterans with relatively uncomplicated PTSD. They underwent diagnostic interviews and both types of scans. Using optimal cutoffs, the areas under the receiver operating curve were .82 and .68, respectively, for MEG and fMRI data. Both specificity and sensitivity were significantly above chance and all confidence intervals were  $> 0.5$ . Thus, fMRI can be of significant diagnostic value and is in concordance with MEG. This is likely due to the ability of both modalities to detect the underlying neural miscommunication patterns. This study continues. Refined analyses of fMRI data is expected to improve its sensitivity. Used in this manner, MEG and fMRI can improve treatment research, diagnoses, and the understanding of disease pathophysiology.

**FRI 294****The Renin-Angiotensin System: Evidence for Stress Regulation in Mice and Humans and a Potential Novel Treatment for PTSD**

(Abstract #929)

**Poster #THU 294 (Bio Med, Clin Res, Illness, Bio/Int, Prevent, Adult) - N/A****Mezzanine East/West/South***Ressler, Kerry, MD PhD<sup>1</sup>, Bradley, Bekh, PhD<sup>2</sup>, Marvar, Paul, PhD<sup>3</sup>*<sup>1</sup>*Emory University School of Medicine, Atlanta, Georgia, USA*<sup>2</sup>*Atlanta VAMC/Emory University, Decatur, Georgia, USA*<sup>3</sup>*Academic Medical Center, Washington, DC, District of Columbia, USA*

The renin-angiotensin system (RAS) is essential for cardiovascular regulation, but there is increasing evidence for its role in stress-related pathology. Animal studies have demonstrated that in response to stress, angiotensin receptor (AT1R) binding is increased in the brain which is prevented by angiotensin receptor blockers (ARBs). In humans, we have demonstrated a potential role for the RAS in the stress response of PTSD patients. We found a 30% decrease in PTSD symptoms in traumatized civilians on RAS medications including ARBs (N=505, p<0.05). In mice, we have investigated the acute and chronic effects of AT1R inhibition on fear regulation. Following fear conditioning, a common ARB, losartan, was administered 1 hour before fear extinction. We found a marked reduction in fear on the following day (extinction retention) (12.8% vs 26.0%; p<0.001). Chronic AT1R inhibition similarly reduced freezing behavior during extinction retention (12.6% vs 23.1%; p<0.05). Recent work demonstrates that cell-type specific deletion of AT1R in CRH-containing neurons also decreases fear expression. Together, these data suggest that AT1R antagonism within amygdala enhances the extinction of fear memory and may provide a novel approach for PTSD treatment that can be administered in primary care.

**FRI 295****fMRI Study of Self-/Other-Referential Processing in Women with Complex PTSD**

(Abstract #1927)

**Poster #FRI 295 (Bio Med, Affect/Int, Bio Med, Complex, Bio/Int, Adult) M - N/A****Mezzanine East/West/South***Thornley, Elizabeth, BA (Hons), Frewen, Paul, PhD**University of Western Ontario, London, Ontario, Canada*

Negative thoughts concerning self and other are newly recognized symptoms of PTSD in DSM-5, however the neural underpinnings of PTSD-related negative self-referential processing (SRP) and other-referential processing (ORP) are poorly understood. We compared fMRI-BOLD response to the Visual-Verbal Self-Other Referential Processing Task in 20 women with vs. without PTSD primarily related to childhood maltreatment using independent component analyses. Response within occipital-cerebellar cortex was increased during SRP in women with PTSD vs controls, and decreased during ORP in PTSD vs. controls. Response within the dorsal MPFC was increased in PTSD vs. controls during negative SRP, but decreased during negative SRP. Response within the ventral MPFC was decreased in PTSD vs. controls during positive ORP. This is the first study to examine valenced SRP and ORP in the same study within a PTSD sample; results will be discussed as they pertain to PTSD symptomatology and treatment.

**FRI 296****Impaired Discriminant Conditioned Fear Response as a Biological Marker of PTSD Hyperarousal Symptom Severity**

(Abstract #1571)

**Poster #FRI 296 (Bio Med, Assess Dx, Bio Med, Bio/Int, Mil/Vets, Adult) M - N/A****Mezzanine East/West/South***Aikins, Deane, PhD<sup>1</sup>, Jackson, Eric, PhD<sup>2</sup>, Southwick, Steven, MD<sup>2</sup>*<sup>1</sup>*Wayne State University, Department of Psychiatry and Behavioral Neurosciences, Detroit, Michigan, USA*<sup>2</sup>*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA*

The objectives of this study were to: 1) test two competing models of conditioned fear learning in Post-Traumatic Stress Disorder (PTSD) and; 2) relate psychophysiological markers of discriminant conditioned fear response to diagnostic measures of PTSD symptom severity. Fifty Veterans of the Iraq and Afghanistan wars completed a diagnostic interview using the Clinician Assessed PTSD Scale (CAPS) and a multi-session discriminant fear conditioning paradigm. Skin conductance and startle eye blink psychophysiological data were recorded while participants were presented with a light associated with a mild electrical stimulation (the fear cue) and a light that was never associated with the stimulation (the safety cue). Consistent with a model of impaired inhibition of fear, the Veterans with PTSD demonstrated a fear response to the safety cue relative to Veterans without PTSD. Impaired discriminant conditioned fear response was inversely associated with increased diagnostic severity on the CAPS for the hyperarousal symptom cluster and indirectly associated with the avoidance cluster as well. This study adds to a growing body of literature indicating impaired fear discrimination response in anxiety disorders and relates this biologic impairment to a specific PTSD diagnostic symptom cluster.

**FRI 297****Peripheral Physiological Responses to Salient Sounds**

(Abstract #745)

**Poster #FRI 297 (Bio Med, Assess Dx, Bio/Int, Adult) I - Industrialized****Mezzanine East/West/South***Koch, Jenny, Doctoral Student<sup>1</sup>, Flemming, Jan, MA Student<sup>1</sup>, Zeffiro, Thomas, MD, PhD<sup>2</sup>, Michael, Rufer, MD<sup>1</sup>, Orr, Scott, PhD<sup>3</sup>, Mueller-Pfeiffer, Christoph, MD<sup>1</sup>*<sup>1</sup>*Department of Psychiatry and Psychotherapy, University Hospital Zurich, Zurich, ZH, Switzerland*<sup>2</sup>*Massachusetts General Hospital, Charlestown, Massachusetts, USA*<sup>3</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

Background: The loud-tone procedure consists of presenting a series of brief, 95 dB tones in a task-free situation and is an established paradigm for measuring autonomic sensitization in PTSD. Successful use of this procedure during fMRI requires elicitation of sufficient signal-noise ratios when responses are recorded in a supine position. We investigated the effect of sound intensity and posture on peripheral psychophysiological responses to loud tones. Methods: Healthy subjects (N=23) weekly engaged in a "loud-tone" procedure employing 95 dB pure tone or white noise stimulus presentation in sitting or supine positions while peripheral physiological responses were recorded. Results: Heart rate, skin conductance, and eyeblink electromyographic responses were larger to white noise than pure tones ( $p$ 's < 0.001, generalized eta's squared between 0.052 and 0.086). Skin conductance responses to the sounds were larger in the sitting than supine position ( $p$  = 0.016, generalized eta squared = 0.016). Conclusion: Presenting white noise stimuli within the loud tone-procedure may improve the detection sensitivity of the neural concomitants of heightened autonomic responses in PTSD. The supine position seems to have only a limited impact on psychophysiological, primarily skin conductance, responses to the sounds.

**FRI 298****Prospectively Predicting PTSD Status with Heart-Rate Recovery**

(Abstract #1113)

**Poster #FRI 298 (Bio Med, Assess Dx, Bio/Int, Rape, Adult) I - Industrialized | Mezzanine East/West/South***Preston, Brittany, MA, Griffin, Michael, PhD**University of Missouri - St. Louis, Saint Louis, Missouri, USA*

Predicting PTSD status using physiological measures has yielded inconsistent results. While heart-rate is one of the most reliable of these measures, results are still mixed and heart-rate recovery after trauma cue exposure is rarely considered. Interpersonal violence survivors (N = 31) were evaluated one and six months post-trauma. Heart-rate reactivity was assessed during a script-driven imagery paradigm and PTSD status was determined using the CAPS assessed at six months post-trauma (PTSD: M = 67.93, SD = 20.42; No PTSD: M = 23.32, SD = 15.11). A logistic regression was used to predict PTSD status at six months with heart-rate reactivity during trauma cue exposure and recovery periods at one month entered hierarchically. Heart rate reactivity during the trauma cue exposure alone did not significantly predict PTSD status ( $\chi^2(1) = 1.24, p = .267$ , Nagelkerke  $R^2 = .054$ ). However, after adding heart-rate during the recovery period the model was significant ( $\chi^2(1) = 8.67, p = .013$ , Nagelkerke  $R^2 = .337$ ). Heart-rate during recovery was significantly positively associated with PTSD status ( $\beta = .353, p = .023$ ) while reactivity during trauma cue exposure remained a non-significant predictor. The model correctly classified 70% of cases with a sensitivity of 69% and a specificity of 70%. These results suggest that heart-rate recovery is an important predictor of PTSD development.

**FRI 299****Resting State Brain Activity in PTSD Patients: a Quantitative Meta-analysis**

(Abstract #1633)

**Poster #FRI 299 (Bio Med, Bio/Int, Adult) M - Industrialized | Mezzanine East/West/South***Koch, Saskia, MSc<sup>1</sup>, van Zuiden, Mirjam, PhD<sup>2</sup>, Nawijn, Laura, MSc<sup>2</sup>, Frijling, Jessie, MSc<sup>2</sup>, Veltman, Dick, MD PhD<sup>3</sup>, Olf, Miranda, PhD<sup>4</sup>*<sup>1</sup>*Academic Medical Center, University of Amsterdam, Amsterdam, Noord Holland, Netherlands*<sup>2</sup>*Academic Medical Center, Amsterdam, Noord Holland, Netherlands*<sup>3</sup>*VU University, Amsterdam, Noordholland, Netherlands*<sup>4</sup>*Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, Netherlands*

Resting state studies in post-traumatic stress disorder (PTSD) have indicated altered functional connectivity between nodes of the default mode network (DMN) and between nodes of the salience network, indicating hypervigilance during rest. Although a growing number of studies has investigated resting state abnormalities in PTSD patients, a quantitative meta-analysis on these results is still lacking. Therefore, we conducted a systematic literature search and used the activation likelihood estimation (ALE) approach to perform a quantitative meta-analysis. The aim was to provide an overview of whole-brain resting state abnormalities found in PTSD patients compared to healthy controls (HC). In total, 10 studies fulfilled the inclusion criteria. The results from the meta-analysis indicated that PTSD patients show hyperactivity in the anterior cingulate cortex, parietal lobule, fusiform gyrus and in the parahippocampal/amygdala, compared to HC. Conversely, PTSD patients showed hypoactivity in the middle temporal gyrus and in the supplementary motor area, compared to HC. Taken together, these results suggest that PTSD is indeed associated with enhanced salience (parahippocampal/amygdala and fusiform gyrus) and visuospatial (inferior parietal lobule) processing and aberrant DMN activity (middle temporal gyrus hypoactivity and anterior cingulate cortex hyperactivity) during rest.

**FRI 300****Neural Correlates of Attention Bias in Post-Traumatic Stress Disorder: a MEG Study**

(Abstract #919)

*Hertz, Noa, Doctoral Student, Peri, Tuvia, PhD, Goldstein, Abrham, PhD  
Bar-Ilan University, Ramat Gan, Israel*

Increased arousal, hypervigilance and attention difficulties, are core symptoms of PTSD. Attention difficulties include both increased attention to potentially threatening cues in the environment and difficulty sustaining attention on target tasks. While current diagnostic tools are based on patients' ability to report their symptoms, recordings of neural responses provides additional and more objective measure of attention bias. The P300 complex (P3), consisting of the P3a and P3b components, is particularly relevant in investigating sustained attention difficulties associated with PTSD due to its sensitivity to attentional allocation. The present study examined the P3 underlying neuronal correlates in 15 PTSD patients and 15 healthy trauma exposed controls. Participants underwent a three-tone "oddball" paradigm while being monitored by magnetoencephalography. They were asked to detect infrequent "target" tones while ignoring other frequent "nontarget" tones and infrequent distracting sounds of breaking glass. In the PTSD group, exposure to target sounds and distractors resulted in decreased activation in frontal regions. Additionally, distractors resulted in increased activity of the left medial temporal gyrus, parahippocampal gyrus and amygdala region. These findings may reflect PTSD patients' heightened emotional reaction and dysfunctional encoding of information.

### FRI 301

#### Decision Making under Uncertainty in PTSD

(Abstract #1392)

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One aspect of trauma that is widely ignored is the uncertainty surrounding highly adverse circumstances. In the battlefield soldiers are seldom able to estimate the likelihood for the realization of various dangers. An adverse outcome combined with the distress of uncertainty is likely to be associated with more deleterious outcomes than the same outcome in the absence of such distress. At the same time, the association of uncertainty with harmful outcomes may subsequently augment the individual's aversion for uncertainty. To examine the possible association between uncertainty attitude and PTSD we developed a paradigm based on experimental economics techniques and used it in combat exposed veterans with (n=21) and without (n=11) PTSD, as well as 29 controls. Subjects made a series of choices between monetary lotteries that differed in their outcome and either the likelihood for this outcome ("risk trials") or the ambiguity around outcome likelihood ("ambiguity trials"). On each trial the choice was either between two gains or between two losses. Combat veterans were more risk averse under gains, but less risk averse under losses, compared to controls. Intriguingly, while all groups exhibited a similar aversion to ambiguity under gains, combat veterans with PTSD were the only group showing such aversion under losses. These results shed light on a novel aspect of PTSD.

### FRI 302

#### Childhood Violence and Sexual Abuse in Norway – Polyvictimization, Revictimization and Mental Health Consequences

(Abstract #721)

*Myhre, Mia, MD PhD, Thoresen, Siri, PhD, Hjemdal, Ole, MA*

*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

The aim the study was to investigate childhood exposure to violence and sexual abuse in Norway, and to explore patterns of polyvictimisation and revictimization and the consequences for mental health. This cross-sectional telephone survey of Norwegian men (n=2092) and women (n=2435) from 18 to 75 years of age comprised behaviorally specific questions about violence experiences and measures of mental health. Of those we reached by phone, 43% accepted participation. 5% of the participants reported severe physical violence and 13% reported psychological violence from parents during childhood. The prevalence of sexual abuse before the age of 13 was 10% for women and 4% for men, and 5% of the women reported rape before the age 18. Almost half of those who had experienced physical violence from parents in childhood also reported physical violence between parents, and about 2/3 reported psychological violence. One out of three women (32%) who were raped before the age 18, were also raped as adults. There was a dose-response relationship between numbers of violence categories and mental health problems. There was a substantial overlap between the various types of violence in childhood, and individuals who experienced violence or sexual abuse in their childhood were much more likely also to experience violence and sexual abuse as adults as well as mental health problems.

### **FRI 303**

#### **Effects of Childhood Maltreatment on Brain Structural Network Architecture**

(Abstract #254)

**Poster #FRI 303 (Bio Med, CPA, CSA, Neglect, Adult) A - N/A**

**Mezzanine East/West/South**

*Ohashi, Kyoko, PhD, Teicher, Martin, MD, PhD, Anderson, Carl, PhD  
McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA*

Several studies have reported the impact of childhood maltreatment on stress susceptible brain regions. However, there is increasing recognition that the brain is organized as a highly interconnected network and psychopathology may result from alterations in network architecture. The aim of this study was to delineate differences in network architecture in 18-25 year olds with histories of maltreatment (n = 153, 65% female) versus unexposed controls (n = 57, 65% female). Diffusion tensor MRI (3T Siemens) and tractography (TrackVis) were used to calculate number of fiber streams interconnecting 90 brain regions, and analyzed with graph theory. There were significant effects of maltreatment on overall network architecture including global efficiency, degree, cost (p<.01), path length, local efficiency and strength (p<.05). The most affected nodes were located in putamen, frontal and precentral cortex and hippocampus. The most significantly affected pathways interconnected frontal regions, or connected frontal regions to basal ganglia, or limbic regions to basal ganglia. This study provides strong evidence that brain network architecture differs substantially between maltreated individuals and controls, confirms previous reports of prefrontal and hippocampal vulnerability, and provides new evidence for impaired connectivity between frontal and limbic regions with striatum.

### **FRI 304**

#### **An Epidemiologic Study of the Relationship between Childhood Sexual Abuse and Adult Sleep Disturbances**

(Abstract #259)

**Poster #FRI 304 (Bio Med, CSA, Sleep, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Lind, Mackenzie, BS, Aggen, Steven, PhD, Kendler, Kenneth, MD, Amstadter, Ananda, PhD  
Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA*

Childhood sexual abuse (CSA) has been linked to sleep problems. However, there are few studies that examine the enduring effects of CSA on adult insomnia symptoms. This paper aims to better understand the relationship between CSA and adult insomnia symptoms in a representative sample of adult women (n=1,407; M age = 36.4). Female twins from the Virginia Adult Twin Study of Psychiatric and Substance Use Disorders were assessed for a history of CSA with items capturing escalating severity (e.g., fondling of private parts, completed intercourse) and past month insomnia (difficulty falling asleep, restless or disturbed sleep, early morning awakenings) was assessed with the shortened version of the Symptom Checklist-90 and used as a sum severity score. Logistic regressions were run using R 3.0.2 to estimate the effects of CSA on current sleep problems. 30.1% of the sample endorsed CSA. Exposure to CSA increased the odds of experiencing more sleep problems (OR=1.61, 95% CI=1.35-2.06) but

severity of CSA did not differentially increase the risk. Thus, these results suggest that a history of CSA has an enduring relationship to adult sleep problems in women.

### **FRI 305**

#### **Poor Health at Age 18: Predicting using Trajectories of Childhood Trauma**

(Abstract #224)

**Poster #FRI 305 (Bio Med, Bio Med, CPA, CSA, Chronic, Child/Adol) I - Industrialized**

**Mezzanine  
East/West/South**

*Thompson, Richard, PhD<sup>1</sup>, Flaherty, Emalee, MD<sup>2</sup>, Dubowitz, Howard, MD<sup>3</sup>*

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<sup>3</sup>*University of Maryland School of Medicine, Baltimore, Maryland, USA*

Despite growing evidence of links between early trauma and long-term health outcomes, there has been limited longitudinal investigation of such links in younger adults. The current analyses used data from LONGSCAN, a prospective study of children at risk for or exposed to child maltreatment, who were followed from age 4 to age 18. The analyses focused on 802 youth with complete data. Cumulative exposure to traumatic experiences between 4 and 16 was used to designate membership in 3 trajectory-defined groups: chronic trauma, time-limited early childhood trauma, and little/no exposure to trauma. Links to age 18 health outcomes were examined after controlling for earlier health status and demographics, using linear mixed models. The chronic trauma group had increased health concerns and use of medical care at 18, but not poorer self-rated health status. Membership in the time-limited early trauma group did not predict outcomes. In addition to other negative outcomes, chronic exposure to trauma in childhood affects physical health in emerging adulthood. Interventions aimed at reducing exposure to childhood trauma and early mitigation of their effects may have lasting and widespread health benefits

### **FRI 306**

#### **Neural Underpinnings of Post-Traumatic Stress Responses (PTSR) after the Japanese Earthquake in Children**

(Abstract #1498)

**Poster #FRI 306 (Bio Med, Bio Med, Nat/Dis, Child/Adol) I - Industrialized**

**Mezzanine East/West/South**

*Sekiguchi, Atsushi, MD, PhD<sup>1</sup>, Kotozaki, Yuka, PhD<sup>2</sup>, Benjamin, Thyreau, MS<sup>1</sup>, Takeuchi, Hikaru, PhD<sup>2</sup>, Taki, Yasuyuki, PhD, MD<sup>2</sup>, Kawashima, Ryuta, PhD, MD<sup>2</sup>*

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The objective of the present study was to identify the regional grey matter volume (rGMV) changes as a vulnerability factor and an acquired sign of post-traumatic stress responses in children. Although the neurological abnormalities of post-traumatic stress disorder in children have been well investigated, causal relationships with the stressful event in children were still unclear, because of difficulties with prospective studies. We had collected much structural MRI data from a cohort of healthy children before the Japanese Earthquake (Pre), and we assessed 166 children (M/F = 92/74, Age = 15.6 ± 2.4 y.o.) to examine their structural MRIs after the quake (Post) and their PTSR using The Impact of Event Scale Revised (IESR). A written informed consent was obtained from each child and their parent. We applied a voxel-based morphometry, and performed regression analyses employing, as target variables, (1) Pre rGMV and (2) Post-Pre rGMV and, as explanatory variables, IESR scores. The results suggest that the larger hippocampal volume and reduced DLPFC volume are the vulnerability factors, and larger dACC volume and reduced cerebellar volume are the acquired signs of PTSD symptoms in healthy children. The findings indicate that delayed maturation in the hippocampus and dACC and delayed development in the DLPFC and cerebellum play an important role in the pathogenesis of PTSD.

## ASSESSMENT/DIAGNOSIS POSTERS (ASSESS DX)

### FRI 307

#### Psychological Predictors of ASD and PTSD in Acute Trauma Patients

(Abstract #1338)

Poster #FRI 307 (Assess Dx, Acc/Inj, Acute, Health, Adult) M - N/A

Mezzanine East/West/South

*Packer, Mary, MA Student<sup>1</sup>, Dillon, Sarah, PsyD Candidate<sup>2</sup>, Sguigna, Tristan, MA<sup>3</sup>, Briere, John, PhD<sup>4</sup>*

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This study sought to examine the psychological impacts of trauma in a sample of 79 emergency patients (n=59 males, 17 females) at a major urban medical center, 76 of whom completed all relevant measures. Within 2 days of admission, participants were administered a structured interview concerning their experiences of the trauma, and DSM-IV diagnostic interviews at the time of admission and approximately one month later. A total of 27% initially met diagnostic criteria for acute stress disorder (ASD), and 23% met criteria for post-traumatic stress disorder (PTSD) upon follow-up. ASD significantly predicted PTSD ( $p=.005$ ). Multivariate analysis of variance, constrained to a hierarchical consideration of main effects and the interaction of ASD x PTSD, indicated main effects of gender ( $p=.035$ ), ASD ( $p=.030$ ), and PTSD ( $p=.041$ ), but no ASD x PTSD interaction. Post-hoc ANOVAs indicated that females reported more fear, guilt, and disgust when the event occurred and more sadness currently than males, those with ASD reported more guilt and shame when the event occurred and more guilt currently, and those with PTSD reported more helplessness when the event occurred and anger currently. These results suggest that psychological variables predicting ASD are generally different from those associated with PTSD one month later.

### FRI 308

#### Post-Traumatic Stress Disorder Following the Announcement of an Allogenic Stem Cell Transplantation

(Abstract #909)

Poster #FRI 308 (Assess Dx, Acute, Depr, Ethics, Illness, Adult) I - Industrialized

Mezzanine East/West/South

*Schmitt, Laurent, MD PhD<sup>1</sup>, Rouch, Virginie, MD<sup>1</sup>, Letamendia, Clara, MD<sup>2</sup>, Prebois, Sophie, MS PhD Student<sup>3</sup>*

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Objective: Receiving a cancer diagnosis is considered to be a traumatic event. However, the announcement of a potentially lethal treatment has never been defined as such despite its ethical and clinical implications. In allogenic stem cell transplantation, mortality is still high and the impact of announcing this treatment to patients is unknown. In this study, we investigated the incidence of post-traumatic stress disorder (PTSD) linked to the announcement of an allogenic transplantation in a hematological cancer population. Methods: Consecutive patients selected by onco-hematologists for allogenic transplantation were recruited from August 2013 onwards. Participants reported on post-traumatic symptoms before the announcement of the transplantation, the acute stress within 4 weeks after and post-traumatic symptoms specific to the announcement at least one month thereafter. Participants also completed questionnaires assessing peritraumatic distress, dissociation and depressive symptoms. Results: Preliminary findings based on 17 participants revealed that 17.65% [CI 95%: 3.80-43.43] met diagnostic criteria for current PTSD (PCL-S>50). Conclusion: These findings suggest that the announcement of an allogenic stem cell transplantation might be associated with developing PTSD among patients with hematological cancer and could be a target for screening and intervention programs.

**FRI 309****HCV as a Traumatic Experience: PTSD and Impact on the Quality of Life**

(Abstract #927)

**Poster #FRI 309 (Assess Dx, Illness, QoL, Adult) M - Latin Amer & Carib****Mezzanine East/West/South**

*Morais-de-Jesus, Mychelle, Doctoral Student<sup>1</sup>, Cavalcanti-Ribeiro, Patrícia, MD<sup>1</sup>, Netto, Liana, Doctoral Student<sup>1</sup>, Pereira, Juliana, MSc<sup>2</sup>, Freitas, Lucas, MD<sup>1</sup>, Quarantini, Lucas, PhD<sup>1</sup>*

<sup>1</sup>*Universidade Federal da Bahia, Salvador, Bahia, Brazil*

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**Background:** The Hepatitis C virus (HCV) has been associated with psychiatric comorbidities and significant impairment of quality of life (QoL). However, despite also significantly affecting the QoL of individuals, Post-Traumatic Stress Disorder (PTSD) has not been well studied in this population. The purpose of this study was to evaluate whether individuals perceive their liver disease as a potentially traumatic experience. Additionally, we investigated the impact of PTSD diagnosis on health-related QoL in HCV-infected subjects. **Methods:** We conducted a cross-sectional survey of 127 consecutive HCV-infected outpatients recruited at a University Hospital in Salvador, Brazil. All subjects were assessed throughout a socio-demographic questionnaire, the Trauma History Questionnaire, the Mini International Neuropsychiatric Interview-Brazilian Version 5.0.0 and Short-Form 36. **Results:** Approximately 38.6% of the patients perceived HCV as a traumatic experience. Of these, 60.7% had PTSD diagnosis. PTSD was associated with significant impairment in QoL of individuals in seven of the eight SF-36 domains as shown by bivariate and multivariate analysis. This difference remained significant after adjustment for covariates such as major depressive disorder comorbidity. **Conclusion:** The results suggest a high prevalence of PTSD diagnosis in HCV infected patients and impairment of their QoL.

**FRI 310****Life-Threatening Illness as a Traumatic Experience to the Development of PTSD: A Census Study in College Students of the Brazilian Northeast**

(Abstract #1400)

**Poster #FRI 310 (Assess Dx, Assess Dx, Clinical Practice, Illness, Adult) M - Latin Amer & Carib****Mezzanine East/West/South**

*Cavalcanti-Ribeiro, Patrícia, MD<sup>1</sup>, Netto, Liana, Doctoral Student<sup>1</sup>, Pereira, Juliana, MSc<sup>2</sup>, Braga, Carolina, MD<sup>1</sup>, Freitas, Lucas, MD<sup>1</sup>, Quarantini, Lucas, PhD<sup>1</sup>*

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**Background:** A variety of life-threatening illnesses are recognized as traumatic events that can induce PTSD, such as acute coronary syndrome, cancer, HIV and asthma. However, most previous studies related to this subject were performed in clinical samples. The aim of this study is to describe clinical and socio-demographic characteristics of college students exposed to life-threatening illness. **Methods:** A population of 2213 students from seven college institutions was assessed through a socio-demographic questionnaire, the Trauma History Questionnaire (THQ) and the PTSD symptoms scale (PCL-C). All students aged 18 or older, attending the first and last academic period, were eligible. **Results:** Approximately 10.3% of the students perceived life-threatening illness as a traumatic experience; they were mostly women (58.5%), single (76.4%) with a mean age of 24.6 (SD 7.1). The prevalence of life-threatening illness-induced PTSD was 26.2%, lower than sexual violence-induced PTSD (34.1%) and natural disaster-induced PTSD (29.2%), but higher than all other kinds of traumatic experience, according to THQ. **Conclusion:** The high prevalence of life-threatening illness-induced PTSD suggests the importance of more studies about this type of traumatic event in different settings.

**FRI 311****Age of First Drink, PTSD and Alcohol Use and other Substance Use among College Students from Seven Institutions in Northeastern Brazil**

(Abstract #1835)

**Poster #FRI 311 (Assess Dx, CSA, DV, Prevent, Sub/Abuse, Adult) M - Latin Amer & Carib****Mezzanine East/West/South***Santos, Lene, MA<sup>1</sup>, Netto, Liana, Doctoral Student<sup>2</sup>, Pereira, Juliana, MSc<sup>3</sup>, Santana, Rejane, MA<sup>1</sup>, Quarantini, Lucas, PhD<sup>2</sup>*<sup>1</sup>*Federal University of Bahia, Brazil, Salvador, Bahia, Brazil*<sup>2</sup>*Universidade Federal da Bahia, Salvador, Bahia, Brazil*<sup>3</sup>*Programa de Pós-graduação em Medicina e Saude, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Feira de Santana, Bahia, Brazil*

The early onset of alcohol use can insert the individual in contexts that promote and sustain dysfunctional behavioral patterns, leading to exposure to trauma and PTSD. In addition, it may be the first step in the use of other harmful substances. The relationship between these important variables is still not established. This study aimed to evaluate the association between PTSD and age at first drink (IPD) in 2213 college students of Northeastern Brazil. Data were collected through a socio-demographic questionnaire, the trauma history questionnaire (THQ) and Checklist-Civilian Version (PCL - C). The IPD showed a significant and strong correlation with the harmful use of alcohol ( $p < 0.05$ ). Of those who had PTSD, 19 % of men had very early IPD (<13 years), while 13 % had late IPD. In conclusion, subjects with earlier IPD are more likely to be associated with PTSD, specifically among males, and more likely to perform harmful use of alcohol in adulthood.

**FRI 312****Cyberbullying on Campus: Prevalence and Impact on Mental Health in College Students**

(Abstract #1950)

**Poster #FRI 312 (Assess Dx, Aggress, Adult) I - Industrialized****Mezzanine East/West/South***Jairam, Dharma, PhD, Hetzel-Riggin, Melanie, PhD**Penn State Erie, The Behrend College, Erie, Pennsylvania, USA*

Cyberbullying is a ubiquitous problem due in part to technological advances and anonymity of digital media. Many studies have focused on cyberbullying among high school students, but the line of investigation focused on college students is more recent. The handful of studies that do exist about college student cyberbullying have primarily focused on prevalence, and there is disagreement among the data with prevalence rates ranging from 9-34%. It is clear that this phenomenon is a problem among college students and that more research is needed. The purpose of this study was to gain a better understanding of college students' perceptions of: (1) the prevalence of cyberbullying on campus, and (2) their level of trauma from cyberbullying victimization. Sixty undergraduate students completed a survey adapted from Li (2009). Results showed that 45% of students report that their peers are impacted by cyberbullying on their campus, and 33% said they were concerned with cyberbullying at their school. However, 28% said they would not do something to stop it even though they could correctly identify it. Participants also discussed the impact of cyberbullying they experienced, including depression, anger, and lowered self-esteem. Last, participants discussed their need to remain "stay connected" to the cyberbullying.

**FRI 313****Perceived Cognitive Deficits in Iraq and Afghanistan Veterans: Lack of Correlation with Objective Neurocognitive Performance, but Strong Association with PTSD, and Poor Work and School Functioning**  
(Abstract #1304)**Poster #FRI 313 (Assess Dx, Assess Dx, Adult) M - Industrialized****Mezzanine East/West/South***Seal, Karen, MD MPH<sup>1</sup>, Samuelson, Kristin, PhD<sup>2</sup>, Abadjian, Linda, PhD<sup>3</sup>, Tarasovsky, Gary, BA<sup>3</sup>, Bertenthal, Daniel, MPH<sup>3</sup>, Vasterling, Jennifer, PhD<sup>4</sup>*<sup>1</sup>*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*<sup>2</sup>*California School of Professional Psychology at Alliant International University, San Francisco, California, USA*<sup>3</sup>*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*<sup>4</sup>*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

Nearly 50,000 combat veterans in VA healthcare have reported cognitive dysfunction, more commonly in veterans with PTSD than TBI. This study examined whether perceived cognitive dysfunction in veterans with PTSD and TBI was associated with objective neuropsychological performance. We enrolled 113 Iraq and Afghanistan veterans with and without PTSD (CAPS evaluation) and with and without a prior TBI (head injury with disruption of mental status) and assessed self-reported cognitive dysfunction (severe disruption of daily functioning on 2 of 4 cognitive Neurobehavioral Symptom Inventory items), clinician-administered tests of verbal and working memory, and reintegration and daily functioning. Both PTSD and TBI were associated with perceived cognitive dysfunction, with stronger effects for PTSD. Perceived cognitive deficits, PTSD, and TBI status was not associated with neuropsychological test performance. Veterans who perceived themselves as having cognitive difficulties reported poorer performance at work, school, and with reintegration and daily functioning ( $p$ 's < 0.001). Thus, in Iraq and Afghanistan veterans with PTSD- or TBI-related perceived cognitive dysfunction, but without performance-based deficits, CBT focused on changing negative self-perceptions may be more beneficial than cognitive rehabilitation exercises in improving daily functioning and reintegration.

**FRI 314****Coping with Interparental Violence: Factor Structure of the Brief-COPE and the Prediction of Emotion Dysregulation in College Population**

(Abstract #421)

**Poster #FRI 314 (Assess Dx, Assess Dx, Chronic, DV, Res Meth, Adult) M - Industrialized****Mezzanine East/West/South***Amatya, Kaushalendra, MS PhD Student, Jones, Russell, PhD*  
*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

Exposure to interparental violence (IPV) can have a variety of long-term negative outcomes (Russell et al. 2010). Coping has been known to be one of the most salient predictors of outcomes following stressful life events (Overlien & Hyden, 2009). However, adequate research on how individuals cope with IPV and how such coping styles impact emotion regulation difficulties has not been conducted. The current study aimed to explore the relationship between IPV and coping styles using the Brief-COPE (Carver, 1997) and also explore coping as a moderator in the relationship between IPV and emotion dysregulation. 1040 undergraduate students filled out a survey with measures including the Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004), the Brief-COPE, and the adult recall version of the Revised Conflict Tactics Scale (Straus, 1999). Confirmatory factors analyses using the two factor (adaptive and maladaptive) and three factor (emotion focused, problem focused, and dysfunctional) structures of the Brief-COPE used in previous studies and an exploratory factor analysis revealed a two factor structure very similar to original two factors. Both the original and the modified subscales based on the EFA were found to be moderators for the relationship between IPV and emotion dysregulation. Further details and their implications are discussed.

**FRI 315****Understanding Stress Response: Comparison of Risk Factors and Outcomes in Adjustment Disorder and PTSD**

(Abstract #1880)

**Poster #FRI 315 (Assess Dx, Assess Dx, Clin Res, Clinical Practice, Comm/Int, Adult) M - Industrialized****Mezzanine  
East/West/South***Plasencia, M. Leili, MS PhD Student<sup>1</sup>, Graham, David, MD<sup>2</sup>, Teng, Ellen, PhD<sup>1</sup>*<sup>1</sup>*Michael E. DeBakey VA Medical Center, Houston, Texas, USA*<sup>2</sup>*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA*

Adjustment disorder (AD) is a stress-response syndrome affecting anywhere from 6-36% of Veterans. Compared to the literature on PTSD, relatively little is known about risk and resilience factors in Veterans with AD. The purpose of this retrospective database study was to (1) examine the rate of AD and (2) compare levels of social support in returning OEF/OIF Veterans (N = 553) with AD, PTSD, or Neither disorder using the Deployment Risk and Resilience Inventory (DRRI). Prevalence of AD was 7.4%. Separate one-way ANCOVAs were conducted comparing groups on pre-deployment social support, unit support, and post-deployment social support, controlling for demographics. No significant group effect was found for pre-deployment or unit support, however, there was a significant group effect for level of post-deployment social support,  $F(7,545)=16.71, p<.001$ . Post-hoc comparisons indicated that PTSD was related to lower post-deployment support compared to AD or Neither, and AD was related to lower post-deployment support than Neither. These results are consistent with previous work suggesting low social support in AD. Although social support was higher in AD than PTSD, AD is still associated with significant distress or impairment. This study highlights the differences between AD and PTSD and the need for treatments directed towards AD.

**FRI 316****The Post-Traumatic Information Processing Scales: Initial Development and Validation**

(Abstract #876)

**Poster #FRI 316 (Assess Dx, Assess Dx, Clin Res, Cog/Int, Adult) I - Industrialized****Mezzanine  
East/West/South***London, Melissa, BA, Valdez, Christine, MA, Lilly, Michelle, PhD**Northern Illinois University, DeKalb, Illinois, USA*

Measures of trauma-related beliefs generally provide information on either assimilated or overaccommodated cognitions, and rarely provide insight into accommodated cognitions. These scales have limited utility, as one must use several different measures to assess trauma-related beliefs implicated in post-traumatic sequelae. The Post-Traumatic Information Processing Scales (PIPS) questionnaire was designed to provide a comprehensive assessment of schematic processes involved in the development of, maintenance of, and recovery from post-trauma pathology. Items were created by the researchers, as well as carefully chosen from several validated post-traumatic beliefs measures, to represent post-traumatic schematic processes of accommodation, assimilation, and overaccommodation. Items were administered to 840 participants (community and undergraduate samples) with varying levels of trauma exposure. Exploratory Factor Analyses revealed four factors represented by 69 items: Positive Thinking, Accommodation, Overaccommodation, and Assimilation. The four factors showed high internal consistency ( $\alpha = .89-.97$ ) and correlated in expected directions with measures of trauma exposure, resilience, post-traumatic stress symptoms, and depression. These results suggest that the PIPS is an adequate measure of trauma-related beliefs. Implications for theory, research, and practice will be discussed.

**FRI 317****PTSD in the DSM-V and DSM-IV**

(Abstract #1233)

**Poster #FRI 317 (Assess Dx, Assess Dx, Clinical Practice, Mil/Vets, Adult) I - Industrialized****Mezzanine  
East/West/South***Beaudouin, Elisabeth, Undergraduate<sup>1</sup>, Germain, Anne, PhD<sup>1</sup>, Khan, Hassen, BS<sup>2</sup>, Stocker, Ryan, MS<sup>2</sup>, Richardson, Robin, LCSW<sup>2</sup>*<sup>1</sup>*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*<sup>2</sup>*University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA*

The estimated prevalence for combat related PTSD in post-9/11 veterans and service members range between 4% and 17% according to the DSM-IV diagnostic criteria (Richardson, Frueh, & Acierno, 2010). The goal of this study was to examine the concordance between the DSM-IV and DSM-V criteria for PTSD in post 9/11 veterans and service members. The sample included 49 veterans and service members that endorsed the DSM-IV criteria for PTSD, and 43 who did not. The DSM-V criteria were re-assessed using items drawn from the Clinician Administered PTSD Scale, the Trauma Experience Checklist, the Structured Clinician Interview Diagnostic for Axis I disorders, and the Structured Interview for DSM-IV Sleep Disorders. Of the participant who met the DSM-IV PTSD diagnostic criteria, 98% continued to meet the DSM-V criteria for PTSD. Of the participants who did not meet the DSM-IV PTSD diagnostic criteria, 88% remain below clinical threshold for PTSD. The remaining 12% had insufficient information to confirm the absence of PTSD. Overall, the study findings suggest good concordance between the DSM-IV and DSM-V for PTSD. However, Veterans and Service Members who did not meet the DSM-IV criteria may need to be re-assessed to insure they receive the treatment they may need.

**FRI 318****The Belief Violation Questionnaire (BVQ): Psychometric Evidence of a New Measure of Challenge to Core Beliefs**

(Abstract #1636)

**Poster #FRI 318 (Assess Dx, Assess Dx, Cog/Int, Adult) I - Global****Mezzanine East/West/South***Su, Yi-Jen, PhD<sup>1</sup>, Chen, Sue-Huei, PhD<sup>2</sup>*<sup>1</sup>*Ministry of Science and Technology of Taiwan, Taipei, Taiwan, Republic of Taiwan*<sup>2</sup>*National Taiwan University, Taipei, Taiwan, Republic of Taiwan*

Objective: This study investigated the psychometric properties of the 7-item Belief Violation Questionnaire (BVQ), a new measure designed to assess challenge to core beliefs following trauma. Based on Janoff-Bulman's (1992) shattered assumption theory, the items were constructed to evaluate the extent to which one's fundamental assumptions of the world and the self are violated following trauma. Method: A total of 110 Taiwanese undergraduates exposed to recent trauma (within 2 months) completed the BVQ and other measures, among whom 73 completed the same questionnaires 3-month later. Results: The BVQ exhibited good internal consistency ( $\alpha = .86$ ) and acceptable 3-month test-retest reliability ( $r = .59$ ). Concurrent validity was excellent, as evidenced by the high correlations between BVQ and peritraumatic negative emotion ( $r = .54$ ), peritraumatic dissociation ( $r = .35$ ), deliberate rumination ( $r = .47$ ), and dysfunctional cognitions ( $r = .42$ ) (all  $ps < .001$ ). The BVQ was also negatively correlated with beliefs about the benevolence of the world, meaningfulness of the world, and self-worth ( $r_s = -.21$  to  $-.26$ ;  $ps < .05$ ). Moreover, the BVQ significantly predicted PTSD severity at 3-month follow-up ( $\beta = 0.49$ ,  $p = .005$ ), indicating good predictive validity. Conclusions: Our findings suggest that the BVQ is a psychometrically validated brief measure of trauma-related belief violation.

**FRI 319****Relations between PTSD's Dysphoria Factor and Dimensions of Rumination in an Adult Primary Care Sample**

(Abstract #341)

**Poster #FRI 319 (Assess Dx, Assess Dx, Cog/Int, Adult) M - N/A****Mezzanine East/West/South***Claycomb, Meredith, MA<sup>1</sup>, Ractliffe, Kendra, MA<sup>2</sup>, Elhai, Jon, PhD<sup>1</sup>*<sup>1</sup>*University of Toledo, Toledo, Ohio, USA*<sup>2</sup>*Palo Alto VA Medical Center, Palo Alto, California, USA*

We assessed relations between PTSD's dysphoria factor and rumination factors in 411 adults presenting for primary care medical appointments. PTSD was measured by the PTSD Symptom Scale (PSS); rumination was measured by the Ruminative Thought Style Questionnaire (RTSQ). We assessed which factors of rumination related more to PTSD's dysphoria than other PTSD factors. Confirmatory Factor Analyses (CFA) using maximum likelihood and weighted least squares estimation were conducted on three models. CFA indicated an adequately-fitting four-factor PTSD dysphoria model, robust  $\chi^2(df = 113, N = 306) = 342.57, p < .001, CFI = .97, TLI = .97, RMSEA = .08$ ; an adequately-fitting RTSQ four-factor model, Y-B  $\chi^2(df = 84, N = 309) = 257.51, p < .001, CFI = .92, TLI = .90, RMSEA = .08$ ; and a well-fitting combined PTSD Dysphoria and 4-factor RTSQ model, robust  $\chi^2(df = 436, N = 310) = 732.09, p < .001, CFI = .95, TLI = .95, RMSEA = .05$ . Wald chi-square tests demonstrated that PTSD's dysphoria factor related more to problem-focused ruminative thinking ( $r = .483$ ) than counter-factual ruminative thinking ( $r = .349$ ), Wald  $\chi^2(1, N = 310) = 7.63, p < .01$ . PTSD's dysphoria appears to have a unique relationship with problem-focused thinking. Clinical and theoretical implications are discussed.

**FRI 320****Early Trauma in Psychiatric Patients of a General Hospital**

(Abstract #304)

**Poster #FRI 320 (Assess Dx, Assess Dx, CPA, CSA, Clinical Practice, Adult) I - Latin Amer & Carib****Mezzanine East/West/South***Salgado, Carolina, MD<sup>1</sup>, Potthoff, Soledad, MD<sup>1</sup>, Vitriol, Veronica, MD<sup>2</sup>*<sup>1</sup>*Hospital Talca, Talca, VII Region, Chile*<sup>2</sup>*Universidad de Talca, Talca, VII Region, Chile*

Objective-Determining prevalence of Early Trauma events (ET) in patients with various mental health disorders; assessing relationship with chronic symptoms. Method-In 2012, all 586 patients, during routine clinical visits were assessed for previous trauma using the Marshall Scale. CGI & GAF were also used. DSM-IVtr was the reference for all the psychiatric diagnoses. The interviews and scales were administered by the respective attending psychiatrists of each patient. Results-The prevalence of any ET was 52%. Scores of the Marshall scale indicated the prevalence of trauma as 42%. 84% of ET was Sexual Trauma (ST: abuse or rape). ST was highest in women (41.7%) men (13.1%). ST in depressive disorders was 41%, in bipolar disorders was 25.2% (CHI 10.4111127, P 0.0012529). The GAF rate with ET was 58.7 and without ET was 61.57. The CGI rate showed no difference. Discussion-The prevalence of ET was frequent as was sexual abuse. The ST occurred more often in women than men. In women ST was perpetrated by close relatives, in men by non-related people. The most frequent diagnosis was bipolar disorders, but sexual abuse occurred most often in depressive disorders. No substantial difference appeared in the GAF or in the CGI with or without trauma. Further investigations-Specify comorbidity, measure impairment, document domestic violence history and suicide attempts and relate all with ET.

**FRI 321****Consistency of Retrospective Report of DSM-IV Criterion A Stressor Exposure in a Veteran Sample**  
(Abstract #1639)**Poster #FRI 321 (Assess Dx, Assess Dx, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Reardon, Annemarie, PhD<sup>1</sup>, Hein, Christina, BA<sup>2</sup>, Wolf, Erika, PhD<sup>3</sup>*<sup>1</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>2</sup>*VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

Retrospective reports of traumatic life event exposure are commonly used in studies investigating mental health consequences of stressor exposure. Evidence suggests inconsistent reporting, specifically a trend toward increased reporting of traumatic events, over repeated assessments (Weathers & Keane, 2007). Few studies have examined consistency of reported events on The Traumatic Life Events Questionnaire. This study examined changes in retrospective accounts of stressor exposure over two-year interval in a sample of 148 veterans. Exposure to new adverse life events between baseline and 2-year assessment was assessed to account for possible source of unreliability. Consistency of reported events was quantified using both percent agreement and kappa coefficients. Overall kappas for event categories ranged from .02 (witnessed severe assault) to .53 (combat exposure); kappa coefficients for seven items were above .40, indicative of moderate agreement. Associated percent agreement values ranged from 43.2% to 84.2%. Percent agreement was above 60% for all but three event categories. Findings were similar for frequency of occurrence by category. Among individuals discordant for event frequency, there was trend toward decreased event reporting. Of those reporting more events at follow-up, few were accounted for by an intervening trauma experienced between the two assessment periods.

**FRI 322****Testing Categorical and Dimensional Models of PTSD in a Sample of OIF/OEF Veterans**  
(Abstract #1209)**Poster #FRI 322 (Assess Dx, Assess Dx, Res Meth, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Frankfurt, Sheila, BA<sup>1</sup>, Anders, Samantha, PhD<sup>2</sup>, James, Lisa, PhD<sup>2</sup>, Engdahl, Brian, PhD<sup>3</sup>*<sup>1</sup>*University of Minnesota, Minneapolis, Minnesota, USA*<sup>2</sup>*Brain Sciences Center, Minneapolis VAMC, Minneapolis, Minnesota, USA*<sup>3</sup>*Department of Veterans Affairs Medical Center, Minneapolis, Minnesota, USA*

Considerable debate has arisen about whether mental disorders, including PTSD, ought to be considered as categorical or dimensional constructs (Widiger & Clark, 2000); however, consensus about the proper conceptualization of PTSD has not been reached. The dimensionality of PTSD was tested by fitting latent profile analytic (LPA), factor analytic (FA), and factor mixture models (FMM). In the present study, data were gathered from 271 Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans 6 months after return from deployment. LPA was used to identify subgroups of individuals with similar PTSD symptom profiles and predictors of class membership. FA was used to identify the underlying continuous structure of PTSD in this sample, and FMM was used to test whether a hybrid categorical and continuous model of PTSD best fit our sample. A factor mixture model consisting of a four-factor dysphoria model of PTSD with two classes of low and moderate symptom severity was the best fitting model. Dissociation and deployment concerns emerged as significant predictors of membership in the moderate symptoms class. Implications for PTSD diagnostic conceptualization and treatment planning are discussed.

**FRI 323****Childhood Trauma and Cognitive Flexibility Sheds Light on the Illusive Relationship between Traumatic Exposure and PTSD Symptoms: A Study on Active Duty Firefighters**

(Abstract #1634)

**Poster #FRI 323 (Assess Dx, Chronic, Cog/Int, QoL, Adult) M - N/A****Mezzanine East/West/South****Levy-Gigi, Einat, PhD***Haifa University, Haifa, Israel*

As part of their daily occupational routine active duty firefighters in Israel attend to various emergency incidents, and thus they are repeatedly exposed to traumatic events and are in a potential risk to develop post-traumatic stress disorder (PTSD). However, while several studies on first responders found a positive correlation between traumatic exposure and post-traumatic stress symptoms, other studies failed to find such direct effects. These findings suggest that although exposure time might have some role in the risk of developing PTSD there are other factors which moderate its effect. The aim of the present study was to test several possible moderators including childhood trauma and cognitive flexibility. We tested active duty firefighters at different stages of their service and with various levels of traumatic exposure and trauma unexposed matched controls. PTSD symptoms were assessed using a structured clinical interview (CAPS).

**FRI 324****The Influence of Multiple Concussions on Development of PTSD, Depression, Insomnia, and Persistent Post-Concussive Symptoms**

(Abstract #1398)

**Poster #FRI 324 (Assess Dx, Chronic, Depr, Sleep, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South****Spira, James, PhD MPH***National Center for PTSD (NC-PTSD) VA Pacific Islands Health Care System, Honolulu, Hawaii, USA*

There is much controversy as the influence of concussion on the development of PTSD and other psychological factors. Yet most studies have failed to consider important variables that may influence these findings. To clarify the issue, we assessed concussion history, combat experience, and symptoms of PTSD, depression, insomnia, and persistent post-concussive symptoms in 685 Active Duty US Marines, most of whom returned from combat deployment in 2011. Consistent with prior findings in the literature, having had a concussion was not strongly associated with the endorsement of a mental health condition once other factors were taken into account. However, having had three or more lifetime concussions, especially if the most recent concussion occurred during a recent deployment, was strongly associated with having a mental health condition, independent of other factors such as combat exposure, or another mental health condition (odd ratios between 1.8 - 4.5,  $p < .01$  for all findings). These results help explain the disparities found in the literature, and reveal the importance of assessing for multiple concussions in military personnel and veterans.

**FRI 325****Defining Subthreshold PTSD in the DSM-IV Literature: A Look toward DSM-5**

(Abstract #464)

**Poster #FRI 325 (Assess Dx, Clinical Practice, Adult) M - N/A****Mezzanine East/West/South****Franklin, C, PhD<sup>1</sup>, Chelminski, Iwona, PhD<sup>2</sup>, Zimmerman, Mark, MD<sup>2</sup>**<sup>1</sup>*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA*<sup>2</sup>*Brown University, Providence, Rhode Island, USA*

Since its inception, no DSM has incorporated criterion specifiers to capture less than fully threshold forms of Post-Traumatic Stress Disorder (PTSD). Subthreshold symptoms of PTSD, whether due to an absence of symptom

development or due to partial remission have been the subject of both research and clinical work, in spite of being absent from the DSM. This study seeks inform DSM-5 research and clinical work by examining the DSM-IV literature. Three of the most common definitions of PTSD were compared using a large sample (N = 1089) of psychiatric outpatients assessed with the SCID PTSD module. Sensitivity, specificity, positive and negative predictive power are described for each. In addition, a mock DSM-5 subthreshold definition was examined. This definition approached DSM-5 criteria as much as possible using the DSM-IV CAPS questions, requiring one symptom from each criterion: re-experiencing (DSM-IV Criterion B), avoidance (DSM-IV C1 or C2), negative alterations in cognition and mood (DSM-IV C3 through C7), and alteration in arousal and reactivity (DSM-IV Criterion D). Advantages and disadvantages of the definitions are discussed and proposals made for DSM-5 definitions of subthreshold PTSD symptoms.

#### **FRI 327**

##### **Post-Traumatic Stress Disorder Severity Due to Social Violence in Brazil**

(Abstract #899)

**Poster #FRI 327 (Assess Dx, Comm/Vio, Health, Adult) I - Latin Amer & Carib Mezzanine East/West/South**

*Avancine, Carolina, MS<sup>1</sup>, Serafim, Paula, MA Student<sup>2</sup>, Hoffmann, Elis Viviane, MA Student<sup>1</sup>, Mello, Marcelo, MD PhD<sup>2</sup>*

<sup>1</sup>UNIFESP, Sao Paulo, Brazil

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The criterion A for post-traumatic stress disorder (PTSD) diagnostic is fundamental and was recently changed on DSM-5. In Brazil there is no PTSD due to war traumas, but endemic social violence characterizes Brazilian PTSD patients. Despite this violence, PTSD had not been deeply studied and diagnosed in Brazil, leading for high number of PTSD that didn't receive proper treatment. We evaluated all medical charts from patients that looked for treatment on a pioneer trauma outpatient service in Sao Paulo. From these were selected the ones evaluated through SCID-I or MINI administration, and also who completed the CAPS scale. 368 adults were included. Most of them (72%) were female. 68.2% and 19.8%, had social violence and sexual abuse as criterion A, respectively. 51% of all patients from social violence and 45.2% from sexual abuse group scored for severe or extreme PTSD on CAPS. Only 2% and 1.4%, respectively didn't meet diagnosis criteria. There were no differences between gender and type of violence as criterion A. Social and sexual violence are endemic in Brazil and PTSD caused by them led to severe or extreme PTSD on almost 2/3 of patients that looked for treatment. Psychoeducation for population and health agents are urgent to avoid lack of correct diagnosis and adequate treatment, as for prevention and especially early intervention in PTSD population and violence in Brazil.

#### **FRI 328**

##### **Psychometric Validation of the Childhood Traumatic Stress Questionnaire**

(Abstract #1705)

**Poster #FRI 328 (Assess Dx, CPA, CSA, Chronic, DV, Adult) I - Industrialized Mezzanine East/West/South**

*Bhalla, Arjun, MA Student, Hanneman, Scott, BA (Hons), Al-Tabaa, Nadia, MA Student, McDonald, Jordan, BA, Durham, Robert, PhD  
UCCS, Colorado Springs, Colorado, USA*

The current study's purpose was to validate the Childhood Traumatic Stress Questionnaire (CTSQ)--a 24-item scale (Simons, 2003). The scale was developed to retrospectively assess symptoms of post-traumatic stress experienced in childhood and adolescence, in consistency with DSM-5 post-traumatic stress disorder (PTSD) criteria. Since the effects of trauma exposure in childhood can lead to pervasive mental and physical health problems throughout life and a marked elevation in developing PTSD in adulthood (Chen et al., 2010), a measure of childhood events is important for understanding problems in current functioning. Respondents were asked to report the frequency they remembered experiencing certain symptoms from when they were 17 years-old and younger. The participants in this study were undergraduate students at a mid-sized university Western university (N = 372, Age Range = 18-57, M = 22.42, SD = 6.55). The CTSQ showed strong internal consistency, garnering a Cronbach's alpha of .97. The CTSQ

showed good convergent validity with other scales assessing PTSD,  $r(370) = .39, p < .001$ , neurosomatic symptoms,  $r(370) = .36, p < .001$ , and Depersonalization,  $r(370) = .36, p < .001$ . The findings of this study support the use of the CTSQ as a retrospective assessment of traumatic stress symptoms.

### **FRI 329**

#### **Subtypes of PTSD in a Sample of Female OEF/OIF Veterans: Rates and Relationship between Dissociative and Complex PTSD Symptoms**

(Abstract #662)

**Poster #FRI 329 (Assess Dx, CSA, Clin Res, Complex, Rape, Adult) M - Industrialized**

**Mezzanine  
East/West/South**

*Castillo, Diane, PhD<sup>1</sup>, Wolf, Erika, PhD<sup>2</sup>, C'de Baca, Janet, PhD<sup>1</sup>, Belon, Katherine, E., MS<sup>1</sup>*

<sup>1</sup>*New Mexico VA Healthcare System, Albuquerque, New Mexico, USA*

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Dissociation and Complex PTSD (CPTSD) have been identified as PTSD subtypes, the latter by latent class analyses (Wolf, et al., 2012), and both are associated with early childhood trauma. The primary study objective was to examine rates of dissociation and CPTSD in a sample of 86 female Afghanistan and Iraq Veterans with high levels of sexual assault (adult=73%; childhood=21%) and PTSD. Participants enrolled in a clinical trial completed an assessment (CAPS and SCID-II) before randomization to treatment for PTSD or a waitlist. The CAPS was re-administered post treatment, at 3- and 6-month follow-up. At baseline, 43% of the total sample endorsed reduction in awareness (dissociation) on the CAPS, which dropped to 20% along with a 23-point decrease in CAPS scores at post treatment. The results will be discussed in light of the stability of a dissociative PTSD subtype. The second aim of the study was to examine rates of personality disorders and CPTSD based on the SCID-II. Overall, 56% of the sample was positive for a personality disorder and 14% for borderline personality disorder. Rates of CPTSD will be determined by endorsement on select SCID-II symptoms capturing affect dysregulation, interpersonal problems, and negative self-concept and will be presented, along with correlations between dissociation and CPTSD symptoms.

### **FRI 330**

#### **Effects of Prior Trauma on Grief after U.S. Military Service Member Death**

(Abstract #1635)

**Poster #FRI 330 (Assess Dx, CSA, Death, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Fisher, Joscelyn, PhD<sup>1</sup>, Ortiz, Claudio, PhD<sup>1</sup>, Harrington-Lamorie, Jill, DSW<sup>2</sup>, Zhou, Jing, MS<sup>1</sup>, Ursano, Robert, MD<sup>1</sup>, Cozza, Stephen, MD<sup>1</sup>*

<sup>1</sup>*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*

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Exposure to trauma, especially sexual abuse, results in increased risk for psychological disorders. Individuals who suffer from mental disorders are more likely to experience complicated grief after the death of someone close. Limited information exists about whether trauma history affects grief reactions (Silverman, Johnson & Prigerson, 2001) or whether these reactions are mediated by maladaptive coping strategies common after sexual trauma (e.g., substance use, self-blame, behavioral disengagement). The present study examines the influence of coping strategies on five factors of grief defined by Simon et al. (2011): preoccupation with the deceased, anger and bitterness, shock and disbelief, estrangement from others, hallucinations of the deceased in individuals with a history of trauma. Participants are bereaved military family members who were divided into three groups: individuals who experienced a traumatic event as either a child (n=244) or an adult (n=335), and those who did not experience a traumatic event (n=657). Differential effects of coping on depression and anxiety are also explored. Preliminary results indicate that grief, depression and anxiety are higher in individuals who have experienced trauma (whether as an adult or child). Coping strategies, such as self-blame, denial and substance use, are significant predictors of grief, depression and anxiety.

**FRI 331****Onset and Prevalence of Psychiatric Disorders in a Representative Sample of Army National Guard Soldiers**  
(Abstract #1589)**Poster #FRI 331 (Assess Dx, Illness, Pub Health, Res Meth, Mil/Vets, Adult) I - Industrialized****Mezzanine  
East/West/South**

*Fink, David, MPH<sup>1</sup>, Tamburrino, Marijo, MD<sup>2</sup>, Calabrese, Joseph, MD<sup>3</sup>, Liberzon, Israel, MD<sup>4</sup>, Cohen, Gregory, MSW<sup>5</sup>, Galea, Sandro, MD PhD<sup>1</sup>*

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Mental disorders are the leading cause of hospitalizations and discharge among soldiers in their first two years of service. Extant research has focused on deployment and combat exposures as drivers of psychological distress with little consideration of life-course mental health burden. This is likely due to the absence of credible estimates of the prevalence of pre-military mental disorders and age-of-onset distributions in military populations. This study examined the lifetime prevalence and age-of-onset of mental disorders in 677 National Guard soldiers using gold-standard Structured Clinical Interview for DSM-IV and Clinician Administered PTSD Scale. The majority of participants with several of the assessed mental diagnoses reported disorders initiated prior to military service, including: phobias, drug use disorders, obsessive-compulsive disorder, PTSD, and bipolar I/II disorders. 64% of disorders started before military service (Range: 28-95%). Median age-of-onset varied with anxiety disorders having the earliest and mood disorders the latest median age-of-onset. The observation that disorders diagnosed while in the military frequently existed prior to service suggests that future studies assessing military mental disorders should assess lifetime psychiatric morbidity to improve accuracy and validity of mental health predictors within this population.

**FRI 332****Assessing the Latent Factor Association between the Dysphoria Model of PTSD and Positive and Negative Affect in Trauma Victims from India**

(Abstract #1101)

**Poster #FRI 332 (Assess Dx, Affect/Int, Nat/Dis, Adult) M - S Asia****Mezzanine East/West/South**

*Charak, Ruby, MA PhD Student<sup>1</sup>, Armour, Cherie, PhD<sup>2</sup>, Elklit, Ask, MSc<sup>3</sup>, Koot, Hans, PhD<sup>1</sup>, Elhai, Jon, PhD<sup>4</sup>*

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<sup>3</sup>*University of Southern Denmark, Odense, Denmark*

<sup>4</sup>*University of Toledo, Toledo, Ohio, USA*

Much debate in the PTSD literature has centered on the validity of the Dysphoria factor as a non-specific factor of PTSD. In line with this we assessed relations between the four-factors of the PTSD Dysphoria model (Simms et al., 2002), and positive (PA) and negative affect (NA) in natural disaster victims (N=200) from Leh, India using the PTSD Checklist (PCL-S) and Positive and Negative Affect Schedule (PANAS-Short form). Confirmatory factor analysis was implemented to assess the best fitting model for both the PCL and the PANAS. Two optimal models (the Dysphoria model and a two-factor model for Affect) were subsequently used to assess latent variable associations across constructs. It was hypothesized that differential associations between latent factors would be evident with the Dysphoria factor being highly correlated with negative affect compared to alternative PTSD factors. Significant correlations were found between factors of the Dysphoria model and NA (0.52-0.65,  $p < 0.001$ ). Comparing the association of pairs of PTSD factors with NA and PA, Wald's tests revealed no single PTSD factor was more related to NA than the other. Avoidance and Hyperarousal factors were correlated with PA. Results support the retention of Dysphoria related items in PTSD as per DSM-5.

**FRI 333****Typology of Substance-Use, Interpersonal Problems, and Risk Behavior among Maltreated Adolescents**  
(Abstract #1562)**Poster #FRI 333 (Assess Dx, CPA, CSA, Fam/Int, Sub/Abuse, Child/Adol) M - Industrialized****Mezzanine  
East/West/South***Charak, Ruby, MA PhD Student<sup>1</sup>, Claycomb, Meredith, MA<sup>2</sup>, Elhai, Jon, PhD<sup>2</sup>*<sup>1</sup>*VU University, Amsterdam, North Holland, Netherlands*<sup>2</sup>*University of Toledo, Toledo, Ohio, USA*

The present study identified discrete classes of adolescents based on alcohol-use, cigarette-smoking, chewing tobacco, non-prescribed use of medicine, and illicit drug-use. Next we explored the difference between class membership based on the interpersonal relations, risk-taking behavior (e.g., driving under influence), and police arrests, among maltreated adolescents. Respondents were 918 adolescents in the age range of 12-17 years from the National Survey of Adolescents-1995 with reported incidents of physical and/or sexual assault. Latent Class Analysis revealed five distinct classes of substance-use among adolescents (LMR=98.84,  $p < 0.001$ , Entropy=0.84, BIC=7999.96) denoted as Heavy poly-substance use (Class 1: 12.6 %), Heavy alcohol/tobacco and single drug use (Class 2: 29.9 %), Moderate alcohol/low medicine and single drug use (Class 3: 19.3 %), Low use (Class 4: 33.1 %), and Experimental use (Class 5: 5.1 %). Significant differences were found on interpersonal relations, risk-taking behavior, and police-arrests after controlling for age. Pair-wise post-hoc comparisons indicated that adolescents in Heavy poly-substance use classes (Class 1 and Class 2) and the experimenters reported higher interpersonal problems, and were higher on risk-taking behavior and police arrests than the other two classes. Implications of these findings are discussed.

**FRI 334****Lifetime Trauma, Negative Cognitive Appraisals, and PTSD Symptoms in Sri Lankan Adolescents**  
(Abstract #303)**Poster #FRI 334 (Assess Dx, Chronic, Cog/Int, Nat/Dis, Child/Adol) M - S Asia Mezzanine East/West/South***Ponnamperuma, Thyagi, PhD Candidate<sup>1</sup>, Nicolson, Nancy A., PhD<sup>2</sup>*<sup>1</sup>*University of Ruhuna, Galle, Sri Lanka*<sup>2</sup>*Maastricht University, Maastricht, Netherlands*

The cognitive model of post-traumatic stress disorder (PTSD) posits that negative trauma-related appraisals play an important role in this disorder, in children as well as in adults. This study examined the role of negative appraisals in relation to trauma exposure and PTSD symptoms in 414 Sri Lankan adolescents, aged 12 to 16, living in areas impacted in varying degrees by the 2004 tsunami. In 2008, participants completed measures of negative appraisals, lifetime traumatic events, post-traumatic stress symptoms, internalizing symptoms, ongoing adversity, and social support. The majority (70%) of the participants reported exposure to multiple traumatic events; 8.7% met DSM-IV criteria for full PTSD. In regression analyses, negative appraisals were the strongest single predictor of PTSD symptoms, explaining 24.2% of the variance ( $p < .001$ ) after controlling for known risk factors such as female gender, total trauma, ongoing adversity, and low social support. This relationship appeared to be specific to PTSD, as negative appraisals did not predict internalizing symptoms. These findings support the hypothesis that negative cognitions concerning traumatic events and subsequent symptoms are associated with persistent PTSD symptom severity in adolescents, but larger longitudinal studies are needed to determine whether appraisals contribute to the maintenance of the disorder over time.

## CULTURE/DIVERSITY POSTERS (CULDIV)

### FRI 336

**A Pilot Study of a Psychological First Aid Workshop to Enhance Disaster Knowledge and Coping Self-Efficacy among Filipino Disaster Responders Following Typhoon Haiyan**  
(Abstract #1490)

**Poster #FRI 336 (CulDiv, Comm/Int, Cul Div, Nat/Dis, Prevent, Prof) I - E Asia & Pac**      **Mezzanine East/West/South**

*Waelde, Lynn, PhD<sup>1</sup>, Perfecto Ramos, Pia Anna, PhD<sup>2</sup>, Hechanova, Maria Regina, PhD<sup>2</sup>*

<sup>1</sup>*Palo Alto University, Palo Alto, California, USA*

<sup>2</sup>*Ateneo de Manila University, Manila, Philippines, Philippines*

The study aimed to develop and evaluate a culturally sensitive Psychological First Aid (PFA) workshop for use with disaster workers in the Philippines. Participants were N = 125 local government disaster responders who participated in an 8-hour workshop six weeks after Typhoon Haiyan. The workshop presented standard PFA content with the following adaptations to collectivistic Filipino culture: 1) delivery of the intervention in a group format; 2) small group sharing of stress and coping experiences; 3) identification of community needs and problem solving; and 4) mindfulness practice. Paired sample t-tests revealed significant pre/post differences in knowledge about disaster reactions and disaster coping self-efficacy. Workshop evaluation data indicated that the following proportions of participants rated these workshop components as the most useful: mindfulness (33%), information about disaster reactions (18%), small group sharing (18%), information about coping (12%), and identification of community needs (9%). These results indicate that participation in a culturally adapted PFA workshop is associated with pre/post changes in disaster knowledge and coping self-efficacy and that the specific cultural adaptations were acceptable to participants. Implications for disaster responding in non-Western countries will be discussed.

### FRI 337

**Cultural Rationale for the Philippine Adaptation of Psychological First Aid**  
(Abstract #1486)

**Poster #FRI 337 (CulDiv, Commun, Comm/Int, Cul Div, Nat/Dis, Adult) - E Asia & Pac**      **Mezzanine East/West/South**

*Perfecto Ramos, Pia Anna, PhD<sup>1</sup>, Hechanova, Maria Regina, PhD<sup>1</sup>, Waelde, Lynn, PhD<sup>2</sup>*

<sup>1</sup>*Ateneo de Manila University, Manila, Philippines, Philippines*

<sup>2</sup>*Palo Alto University, Palo Alto, California, USA*

Most post-disaster intervention manuals urge cultural sensitivity, though details of how to culturally adapt these manuals are often scarce. We report on the adaptation of Psychological First Aid to Filipino culture following Typhoon Yolanda. Although PFA is typically delivered individually, partly because of concerns about vicarious traumatization, there are several aspects of Filipino culture that render a group format more acceptable. Because Filipino culture is collectivistic, there is a sense of “pakikipagkapwa” (shared identity or the self-in-relation), which prioritizes family and concern for others’ welfare. Thus, group sharing of stress experiences and ways of coping promote social connection, problem solving, and instrumental support. Vicarious traumatization is still a concern, but by sorting participants based on pretraining PTSD symptom levels, symptomatic participants can get more support during small group sharing. “Bayanihan” or community spirit reflects the Filipino value of working together to solve problems, so we included exercises to identify and problem-solve community needs. Spiritual coping is fostered through mindfulness and nondenominational group prayer. Workshop evaluations indicated that participants rated these adaptations as the most useful training components, though future research should examine their relative safety and effectiveness.

**FRI 339****Sexual Victimization and Alcohol Use and Somatic Symptoms in Pregnancy: The Mediating Role of Depressive Symptoms**

(Abstract #492)

**Poster #FRI 339 (CulDiv, Health, Rape, Adult) - Industrialized****Mezzanine East/West/South***Littleton, Heather, PhD**East Carolina University, Greenville, North Carolina, USA*

Women with sexual victimization histories are at risk for engaging in poor health behaviors during pregnancy including drinking and receiving inconsistent prenatal care (e.g., Gisladdottir et al., 2014). They are also more likely to report depression and somatic complaints in pregnancy (Lukasse et al., 2009; Martin et al., 2006). However, research is limited with regards to mechanisms that may explain these associations. Thus, depression was evaluated as a mediator of the association between sexual victimization and alcohol use and somatic complaints in pregnancy. Participants were 411 pregnant women (overall sample  $n = 714$ ) recruited from an ob-gyn waiting room to participate in a study of health and negative sexual experiences. Participants were ethnically diverse (54% African American), low- to middle-income (43% annual income  $< \$15,000$ ) and frequently had sexual victimization histories (19% CSA history, 19% ASA history). Victims frequently reported hazardous drinking (CSA 21%, ASA 18%), very high levels of somatic complaints (CSA 32%, ASA 31%), and elevated depressive symptoms (CSA 59%, ASA 69%). In bootstrap analyses, depressive symptoms mediated the relationship between sexual victimization and drinking as well as somatic complaints. Implications of the findings for understanding adjustment during pregnancy among sexual violence victims are discussed.

**FRI 341****Religious Coping after Trauma: The Effect of Trauma Type**

(Abstract #659)

**Poster #FRI 341 (CulDiv, Clin Res, Cul Div, Ethnic, Adult) I - N/A****Mezzanine East/West/South***Hu, Emily, MA, Bruce, Steven, PhD**University of Missouri - St. Louis, Saint Louis, Missouri, USA*

Many people use religion to cope following traumatic events. Indeed, positive religious coping may buffer against the development of PTSD. Since many ethnic minority individuals report higher religiosity than Caucasians, one would therefore expect them to report less severe PTSD symptomatology, yet this is not the case. The present study sought to address this discrepancy by examining the role trauma type plays in the relationship between religious coping and PTSD. 242 adults, classified either as White or non-White, completed the Life Events Checklist (LEC), the PTSD Checklist-Civilian Version (PCL-C), and the Brief RCOPE. Participants' index events on the LEC were classified as either interpersonal or noninterpersonal. Subsequent MANOVA analyses found Whites and non-Whites did not differ on PTSD severity ( $F = .13, p = .72$ ), but non-Whites reported more positive ( $F = 9.04, p = .003$ ) and negative ( $F = 11.03, p = .001$ ) religious coping. A significant Ethnicity x Trauma Type interaction was also found, such that non-Whites whose trauma was interpersonal reported particularly high levels of negative religious coping ( $F = 4.49, p = .035$ ). In broader clinical practice, these results suggest the importance of addressing issues of self-blame and punishment by God with religious ethnic minority clients.

**FRI 342****Ethno-Racial Variations in Risk and Resilience Factors Associated with Probable PTSD in Operation Enduring Freedom, Iraqi Freedom, and New Dawn Veterans**

(Abstract #1314)

**Poster #FRI 342 (CulDiv, Cul Div, Ethnic, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Whealin, Julia, PhD<sup>1</sup>, Nelson, Dawna, MSW<sup>2</sup>, Pietrzak, Robert, PhD MPH<sup>3</sup>**<sup>1</sup>National Center for PTSD (NC-PTSD) VA Pacific Islands Health Care System, Honolulu, Hawaii, USA*

<sup>2</sup>National Center for PTSD/University of Hawaii, Honolulu, Hawaii, USA

<sup>3</sup>National Center for PTSD, West Haven, Connecticut, USA

Little data are available regarding the prevalence of post-traumatic stress disorder (PTSD) among Veterans of Asian American and Native Hawaiian/Pacific Islander ancestry. This objective of this study was to examine the prevalence, and risk and resilience correlates of PTSD in a random sample of ethno-racially diverse Operation Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND) Veterans residing in Hawai'i. A total of 236 Veterans completed a mail survey. Asian American Veterans were less likely to screen positive for PTSD than Native Hawaiian/Pacific Islanders and European Americans (16.4% vs. 44.4% and 39.2%, respectively;  $\chi^2 [1] = 7.38, p = .01$ ). Results of hierarchical logistic regression analyses indicated that greater scores on measures of psychological resilience and social support were negatively associated with a positive screen for PTSD in the full sample and in the subsample of European Americans. However, only disclosure norms were associated with PTSD among Native Hawaiian/Pacific Islander Veterans, and none of the variables assessed were associated with PTSD in Asian Americans. Findings suggest that culturally distinctive mechanisms underlie risk and resilience correlates of PTSD. This work expands on previous research (e.g., Friedman et al., 2004) suggesting variations in PTSD among ethno-racially diverse Veterans.

### **FRI 343**

#### **The Effects of Long-term Historical Trauma across Three Generations in Lithuania**

(Abstract #1308)

**Poster #FRI 343 (CulDiv, Fam/Int, Health, Surv/Hist, Adult) M - Industrialized Mezzanine East/West/South**

*Gailiene, Danute, PhD, Bieliauskaite, Rasa, PhD, Skeryte-Kazlauskienė, Monika, PhD, Eimontas, Jonas, MA, Mazulyte, Egle, MA PhD Student  
Vilnius University, Vilnius, Lithuania*

Lithuania is one of the post-soviet countries that were exposed to long-term historical trauma in the period of 1939-1990. Trauma research reveals contradictory results on effects of transmission of trauma across generations. This study is aimed to analyze connections between the presence of historical trauma in family, personal well-being and attitudes towards social transformations. Data sample of 300 adults representing three generations (born in 1940-1953, 1960-1972, and 1983-1995) is analyzed. Specially trained researchers gathered data during a face-to-face interview using a questionnaire. It included: Life events checklist (LEC), Life Orientation Test – Revised (LOT-R), WHO-five Well-being Index (WHO-5), questions on personal and family experiences of soviet repressions and attitudes towards social transformations. This research is funded by the European Social Fund under the Global Grant measure. 43% of respondents reported a presence of historical trauma in family. Analysis has revealed that experience of repressions in the family does not affect psychological well-being of respondents in all three generations. Nevertheless it is related to the expressions of attitudes towards social transformations, and to higher levels of optimistic attitude towards life in general.

### **FRI 344**

#### **The Multifaceted Role of Ethnic Identity in the Relationship between Perception of a Racially Hostile Environment and PTSD Symptoms**

(Abstract #1482)

**Poster #FRI 344 (CulDiv, Comm/Vio, Cul Div, Ethnic, Adult) I - Industrialized Mezzanine East/West/South**

*Macia, Kathryn, BS, Benedict, Breanne, BS, Waelde, Lynn, PhD  
Palo Alto University, Palo Alto, California, USA*

Race-related stress can have pervasive detrimental effects on psychological health across the lifespan. Research suggests the buffering effect of ethnic identity does not consistently apply to outcomes of race-related stress; thus, a better understanding of the conditions when ethnic identity has a buffering or exacerbating effect is needed. In this study, an ethnically and racially diverse group of undergraduate students (n=798) completed self-report measures assessing ethnic identity, perception of a racially hostile environment, and PTSD symptoms. Components of ethnic

identity were examined as moderating variables for the relationship that perception of a racially hostile environment had with PTSD symptoms. Multiple regression analyses indicated that ethnic identity exploration was positively related to PTSD symptoms but did not moderate the relationship between perceived racism and symptoms. Alternatively, affirmation and belonging to one's ethnic group weakened the relationship between perceived racism and PTSD symptoms. Results suggest that a sense of belonging to one's ethnic group can reduce the impact of race-related stress on PTSD symptoms whereas exploring one's ethnic identity may exacerbate PTSD symptoms.

#### **FRI 345**

#### **Innovative Model of Culturally Tailored Health Promotion Groups for Cambodian Survivors of Torture**

(Abstract #1625)

**Poster #FRI 345 (CulDiv, Clin Res, Commun, Health, Surv/Hist, Adult) I - Global**

**Mezzanine  
East/West/South**

*Berkson, Sarah, MD<sup>1</sup>, Tor, Svang<sup>1</sup>, Mollica, Richard, MD, MAR<sup>2</sup>, Lavelle, James, LCSW<sup>1</sup>, Cosenza, Carol, MSW<sup>3</sup>*

<sup>1</sup>Massachusetts General Hospital, Cambridge, Massachusetts, USA

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*Background* Cambodians living in the US suffer from MDD, PTSD, and chronic medical disease at rates far in excess of national averages. The Harvard Program in Refugee Trauma's Cambodian Health Promotion Program seeks to address this burden of disease by offering them culturally tailored health education in a group setting. *Methods* A health professional and a bicultural health educator co-facilitated the group for Cambodian survivors of torture 2007-2011. It covered 5 major topics: (1) the meaning of health promotion, (2) nutrition, (3) exercise, (4) stress management and sleep hygiene, and (5) health practitioner-patient communication. The bicultural worker administered Pre and Post semi-structured Health Promotion Questionnaires. The data presented here are the results from 126 participants. *Findings* Changes between the Pre and Post questionnaires demonstrated significant improvements in health status, lifestyle activities, sleep, and depression; as well as greater confidence in communicating with their primary health care practitioner. *Interpretation* Culturally tailored Cambodian health promotion education in a small group setting may improve health and mental health behaviors. *Conclusion* Culturally tailored health promotion education in a small group setting may promote healing in survivors of torture. This intervention is worthy of further research and development.

#### **FRI 347**

#### **Childhood Assaultive Trauma and Early and Problem Use of Marijuana in Young African-American and White Women**

(Abstract #1734)

**Poster #FRI 347 (CulDiv, CPA, CSA, Sub/Abuse, Lifespan) M - Industrialized Mezzanine East/West/South**

*Sartor, Carolyn, PhD*

*Yale University School of Medicine, West Haven, Connecticut, USA*

Childhood trauma is associated with use and abuse of marijuana. African Americans have higher rates of both trauma exposure and marijuana use than Whites, but whether the influence of trauma on marijuana outcomes differs by race is not yet known. The current study assessed for distinctions between African-American (AA) and White young women in the association of childhood (<age 16) assaultive trauma (e.g., sexual abuse) with early (<age 16) marijuana use and cannabis use disorder symptoms. Data were drawn from psychiatric interviews with female sibling pairs (17.2% AA) from a female twin study (n=3,544; median age=22) and a high-risk family study (n=302, median age=23). We adjusted for familial influences that co-occur with trauma (e.g., genetic liability, family conflict) by incorporating sibling status on marijuana outcomes into analyses. Logistic regression analyses conducted separately by race revealed that trauma predicted early marijuana use in AA (OR=1.93, CI:1.21-3.09) and White (OR=1.81 CI: 1.41-2.32) women, but the association with cannabis use disorder symptoms was specific to Whites: OR=2.35, CI:1.77-3.21 vs. OR=0.96, CI:0.56-1.64 in AA women. Findings underscore the robust link

between childhood trauma and early marijuana use and suggest that the role of trauma in the development of problem use varies by race.

**FRI 348**

**He Kokonga Whare: Historical Trauma and Wellbeing**

(Abstract #1788)

**Poster #FRI 348 (CulDiv, Comm/Vio, Complex, Cul Div, Ethnic, Lifespan) I - Industrialized**

**Mezzanine  
East/West/South**

*Smith, Cheryl, PhD, Rebecca, Wirihana, PhD*

*Te Atawhai o te Ao, Maori Research Institute, Whanganui, New Zealand*

Violence towards children and child poverty in New Zealand has increased. Fifty percent of all children killed by primary caregivers in New Zealand are Maori. This national study conducted by an indigenous research institute examines how historical trauma exacerbates Maori rates of exposure to trauma and violence. Participatory action research is used to examine four key areas. First, eighty recently incarcerated Maori people will participate in semi structured interviews and their progress will be monitored following an indigenous intervention aimed at building indigenous resilience. Second, eight intergenerational case studies and three focus groups are being used to conceptualise and define historical trauma based on land dislocation. Third, ten case studies with victims of sexual abuse and twenty key informant interviews with service providers will explore indigenous healing practices from sexual violence. Fourth, the wellbeing project examines indigenous methods of defining wellbeing and practicing healing using twenty semi-structured interviews with key stakeholders. The presentation concludes by highlighting how traditional knowledge, which encouraged the protection of children from harm in the context of extended family environments, can facilitate individual and collective healing from historical trauma.

**VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE & TRAINING/EDUCATION/DISSEMINATION POSTERS (SELF-CARE & TRAIN/ED/DIS)**

**FRI 349**

**Using the Sanctuary Model to Address Vicarious Trauma in Undergraduate Residential Assistants**

(Abstract #1474)

**Poster #FRI 349 (Self-Care, Rape, Self-Care, Adult) I - Industrialized**

**Mezzanine East/West/South**

*Akinrinade, Grace, MEd, Greenblatt, Samuel, PsyD Candidate, Halpert, Rebekah, PsyD Candidate, Mercurio, Alexandra, PsyD Candidate, Benvenuto, Stephanie, BA, Demaria, Thomas, PhD*  
*Long Island University, C.W. Post Campus, Brookville, New York, USA*

Resident assistants (RAs) serve as a primary point of contact for many students in crisis (Elleven, Allen & Wircenski, 2001). RAs recognize the need for identifying emotionally vulnerable students and directing them to appropriate resources (Grosz, 1990). One consequence of their role is that resident assistants can experience “burnout” (Gregory, 2013). This may be as a result of vicarious trauma, in which people who do emotionally challenging work experience exhaustion, desensitization to the trauma of others, depression, and emotional liability (Trippany, Kress, & Wilcoxon, 2004). RAs may benefit from training programs that teach them to be aware of trauma symptoms and assist them in developing an awareness of their own reactions to traumatic events. Few studies have examined vicarious trauma in RAs. The Sanctuary Model is an evidence-supported approach for assisting organizations that contend with trauma by decreasing victim blaming and deepening one’s understanding of the effects of trauma (Bloom, 1994). There is little research on the use of the Sanctuary Model on college campuses. After training approximately 20 RAs in the Sanctuary Model, the incidence of vicarious trauma was assessed in the sample. Efficacy of our adaptation of the Sanctuary Model was also assessed using pre- and post-measures. Implications and future directions of the results are addressed.

**FRI 350****Development and Validation of a 5-Factor Model of Self-Care Strategies for Trauma Therapists**

(Abstract #1905)

**Poster #FRI 350 (Self-Care, Clinical Practice, QoL, Train/Ed/Dis, Prof) I - Industrialized****Mezzanine  
East/West/South***Iwanicki, Sierra, MA PhD Student, McCloskey, Wilfred, Doctoral Student, Lauterbach, Dean, PhD Eastern Michigan University, Ypsilanti, Michigan, USA*

Research shows mental health clinicians are exposed to extremely high rates of trauma through their work with clients and have considerably higher levels of PTSD symptomology than the general population. It follows that it is essential to continue to refine our knowledge of the risk and protective factors associated with STS in mental health clinicians in order to combat these issues. The current study was conducted to develop a measure of self-care to be used by clinicians who work with trauma-exposed clients due to high levels of secondary traumatic stress and burnout in these clinicians. Additionally, the study was conducted to analyze the factor structure of this measure to determine the overarching categories of self-care used by clinicians. Participants (initial n = 172) were recruited from three organizations: APA Division 12, ISTSS, and NAADAC. A 25-item measure was developed to assess 5 specific factors of self-care: Spiritual, Emotional, Physical, Professional, and Psychological). Cronbach's alpha coefficient for the entire scale was excellent (.92). For each factor, alpha coefficients were good, ranging from .69-.76. Additional analyses will be presented from this study that indicates that the resultant measure is a psychometrically sound self-report assessment of self-care strategies commonly used by clinicians.

**FRI 351****What If a Whole Community Came Together? Addressing Childhood Exposure to Trauma Using a Multi-Tiered Approach**

(Abstract #1327)

**Poster #FRI 351 (Train/Ed/Dis, Clin Res, Comm/Int, Prevent, Child/Adol) M - N/A****Mezzanine  
East/West/South***Puccia, Ellen, PhD<sup>1</sup>, Hoffmann Frances, Rebecca, LMFT<sup>2</sup>*<sup>1</sup>*Beta Research Associates, Palmetto, Florida, USA*<sup>2</sup>*Maine Children's Trauma Response Initiative of Community Counseling Center, Portland, Maine, USA*

Trauma-focused community outreach and training, media campaigns, community coalitions, and evidence-based treatments work synergistically to identify children who experience symptoms of traumatic stress and work to alleviate their symptoms. The Maine Children's Trauma Response Initiative (MCTRI) has created regionally-based coalitions of child-serving agencies to help children who have experienced or witnessed traumatic events. Social network data indicate decentralized local networks in which agencies have strong communication ties and no clustering among them. Within these coalitions, community training events aimed at any persons with primary contact with children such as foster parents, hotline volunteers, school personnel, child welfare caseworkers, and other first responders have been successfully implemented. MCTRI data suggest that these trainings have effectively disseminated strategies for identifying and responding to child symptoms of traumatic stress as well as explaining the benefit of evidence-based treatment to reduce symptoms. Follow-ups with training participants explain how these strategies have been used in practice, and testimonials from participants also show how successful these methods have been in getting children the evidence-based trauma treatment that they need.

**FRI 352****Assisting School Children in Meaning Making of Crisis with High-Intensity Media Coverage**  
(Abstract #1538)

**Poster #FRI 352 (Train/Ed/Dis, Affect/Int, Cog/Int, Train/Ed/Dis, Child/Adol) I - Mezzanine  
Industrialized East/West/South**

*Schultz, Jon-Håkon, PhD<sup>1</sup>, Skarstein, Dag, PhD<sup>2</sup>, Fosse Jørgensen, Beate, MA<sup>3</sup>*

<sup>1</sup>Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

<sup>2</sup>Oslo University, Oslo, Norway

<sup>3</sup>Norwegian Centre for Violence and Traumatic Stress Studies and University of Oslo, Oslo, Norway

School-aged children are identified as vulnerable to the consequences of terrorism and disasters due to limited coping resources. Teachers can be given a key role in supporting pupils to deal with crisis with high-intensity media coverage. The study's objective is to present pupil's narrative structuring of the Norwegian terrorist attack of July 22nd 2011. The study analyzes the meaning-making and the characteristics of the pupils acquired knowledge. Method: Fifty four pupils aged 6–8 years were interviewed with qualitative in-depth interviews. The pupils were indirectly exposed through media. Results: Seven months after the attack the majority had formulated unanswered questions, they could retell a narrative and expressed levels of fear. The narratives are characterized by; detailed facts, limited understanding and about one third of the pupils had constructed narratives based on fiction and actions that did not take place. Media and peers appear to be the major source of information in their meaning making. Whether the narratives are sufficient for restoring the pupils calm and feeling of safety is discussed and implications for teachers to provide support in the meaning making are indicated. Key words: teacher role, meaning making, disaster and terror.

**FRI 353****Influence of Provider Characteristics on Attitudes toward Practice Guidelines and Evidence-Based Practice**  
(Abstract #1275)

**Poster #FRI 353 (Train/Ed/Dis, Clinical Practice, Train/Ed/Dis, Prof) I - Mezzanine  
Industrialized East/West/South**

*Hermann, Barbara, PhD<sup>1</sup>, Hamblen, Jessica, PhD<sup>2</sup>*

<sup>1</sup>VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA

<sup>2</sup>VA National Center for PTSD/White River Junction VA Medical Center, White River Junction, Vermont, USA

Understanding providers' attitudes toward practice guidelines (CPGs) and evidence-based practice (EBP) can help identify barriers to adoption. Research is limited but suggests that certain providers, such women and those with a cognitive-behavioral orientation, hold more positive attitudes. This study examines clinician attitudes toward practice guidelines and evidence-based practice and tests if certain provider factors (e.g., demographics, practice characteristics, experience) are associated with more negative attitudes. Data comes from a larger project evaluating a provider course on the VA/DoD Practice Guideline for PTSD. Participants were recruited from a nationally-representative provider panel. The baseline online survey included an 18-item attitudes toward CPGs scale (possible total score range = 18-90) and a 16-item attitudes toward EBP scale (possible total score range = 16-80). The sample of 303 providers included psychiatrists, general practitioners, and psychologists. The average total score was 65.58±10.21 on the attitudes toward CPGs measure and 59.39±8.70 on the attitudes toward EBP measure, suggesting generally positive attitudes. Analyses investigating specific attitudes and influence of provider factors are underway. Findings may suggest which specific subsets of providers should be targeted with strategies to improve attitudes towards CPGs and EBP.

**FRI 354****Provider and Workplace Factors Affecting Use of Prolonged Exposure and Cognitive Processing Therapies within VA PTSD Clinical Teams**

(Abstract #1750)

**Poster #FRI 354 (Train/Ed/Dis, Clinical Practice, Train/Ed/Dis, Prof) I - Industrialized****Mezzanine East/West/South***Finley, Erin, PhD MPH<sup>1</sup>, Garcia, Hector, PsyD<sup>1</sup>, Ketchum, Norma, MS<sup>2</sup>, McGeary, Donald<sup>2</sup>, McGeary, Cindy, PhD, ABPP<sup>3</sup>, Peterson, Alan, PhD<sup>2</sup>*<sup>1</sup>South Texas Veterans Healthcare System, San Antonio, Texas, USA<sup>2</sup>UT Health Science Center at San Antonio, San Antonio, Texas, USA<sup>3</sup>University of Texas, Arlington, Texas, USA

The Department of Veterans Affairs (VA) has recently sought to make evidence-based psychotherapies for post-traumatic stress disorder (PTSD) available at every VA facility. We conducted a national survey of providers within VA PTSD clinical teams (PCTs) in order to better understand uptake and adherence to prolonged exposure (PE) therapy and cognitive processing therapy (CPT). Participants (n=131) completed an electronic survey assessing utilization of PE and CPT treatments, adherence to treatment manuals, and characteristics of the provider and workplace environment. Participants reported conducting a weekly mean of 4.5 hours of PE, 3.8 hours of CPT (individual format), 1.3 hours of CPT (group format), and 13.4 hours of supportive care. Organizational factors such as feeling there was too much clinical work and the clinic was not sufficiently staffed were associated with reported hours of supportive care and CPT-group. Feeling part of a coherent clinical team (p=.05), receiving emotional support from co-workers (p<.001), having control over one's work (p<.01), and being treated fairly by superiors (p=.02) were associated with adherence to the PE treatment manual. The results suggest that staffing, control over work, and relationships within the workplace may have an important impact on treatment selection and the quality of PTSD care provided in VA PCTs.

**RESEARCH METHODOLOGY (RES METH)****FRI 355****Relationship between World Assumptions and Severity of Psychopathology in People with a History of Complex Trauma**

(Abstract #1303)

**Poster #FRI 355 (Res Meth, Complex, Refugee, Surv/Hist, Mil/Vets, Adult) - Industrialized****Mezzanine East/West/South***Roelofsen, Ruth, DRS<sup>1</sup>, Smith, Annemarie, MD PhD<sup>2</sup>, Van der Aa, Niels, PhD<sup>1</sup>*<sup>1</sup>Centrum 45, Arq Research, Oegstgeest, Zuid Holland, Netherlands<sup>2</sup>Centrum 45, Oegstgeest, Zuid Holland, Netherlands

**BACKGROUND:** Traumatized patients show differences in the severity of psychopathology. Refugees (R) and veterans (VET) from 'Centrum '45' have more severe symptoms during intake than do World War II survivors (FG, first generation) or their children (SG, second generation). Changes in world assumptions are related to psychopathology after trauma. **AIM OF THE STUDY:** Investigate the relationship between world assumptions and severity of psychiatric symptoms (PTSD, depression and anxiety) in patients with different traumatization contexts. **METHOD:** 707 participants (FG, SG, VET and R group) completed the World Assumptions Scale (WAS), a list that examines someone's basic cognitive schemes about the world and themselves and has the categories: Worthiness of self (WS), Benevolence of the World (BW) and Meaningfulness of the World (MW). Psychiatric symptoms severity was measured with standardized questionnaires. **RESULTS:** WS is related to psychiatric symptoms in all groups. MW, just involved in the FG, is the only world assumption that is positively, and not negatively, related to psychopathology. BW is only involved in the FG and R group. **CONCLUSION:** The relationship between world assumptions and psychopathology differs between patients with a different traumatic context. Insight in these differences gives us tools to better understand and treat traumatized individuals.

**FRI 356****Basic Assumptions in Different Groups of Trauma Patients**

(Abstract #1302)

**Poster #FRI 356 (Res Meth, Clinical Practice, Cog/Int, Complex, QoL, Adult) - Industrialized****Mezzanine  
East/West/South***Broekhof, Rosalie, MD<sup>1</sup>, Smith, Annemarie, MD PhD<sup>1</sup>, Van der Aa, Niels, PhD<sup>2</sup>*<sup>1</sup>Centrum 45, Oegstgeest, Zuid Holland, Netherlands<sup>2</sup>Centrum 45, Arq Research, Oegstgeest, ZH, Netherlands

**Background:** The core of trauma is an experience outside the normal human range. Existing cognitive schemas about oneself and the world are invalidated. Trauma context, cultural background and forced migration are supposedly associated with differences in basic assumptions in different patient groups<sup>1,2</sup>. **Aim:** To access differences in basic assumptions about oneself and the world in patients with different traumatization contexts. **Method:** The World Assumptions Scale (WAS)<sup>3</sup>, was used to examine patients' cognitive schemes about themselves and their world. The 707 patients are World War II survivors (FG), their children (SG), veterans (VET) and refugees (R). The WAS has 3 scales with each 2/3 subscales; Benevolence of the World (BW; benevolence of the world and of people), Meaningfulness of the World (MW; just world, controllability, randomness) and Worthiness of Self (WS; self-worth, self-controllability, luck). **Results:** There are significant differences between the patient groups for most of the WAS (sub)scales. More specific, FG has the highest scores in comparison with the other groups. For SG, self-controllability and self-worth are most affected. R score especially low at the concepts of BW and luck. VET score low on benevolence of people and luck. **Conclusion:** Discerning characteristics as trauma context have specific impact on one's basic assumptions.

**FRI 357****The Relationship between Basic Assumptions and Treatment Outcome in Patients with Complex Post-Traumatic Psychopathology**

(Abstract #1301)

**Poster #FRI 357 (Res Meth, Clin Res, Cog/Int, Complex, QoL, Adult) - Industrialized****Mezzanine  
East/West/South***Dashorst, Patricia, MD<sup>1</sup>, Smith, Annemarie, MD PhD<sup>1</sup>, Van der Aa, Niels, PhD<sup>2</sup>*<sup>1</sup>Centrum 45, Oegstgeest, Zuid Holland, Netherlands<sup>2</sup>Centrum 45, Arq Research, Oegstgeest, ZH, Netherlands

**METHOD:** Basic assumptions and symptoms of PTSD, anxiety and depression were assessed in 240 patients at intake (t1) and follow-up after 1-3 years of treatment (t2). Multiple regression analyses were applied to examine the relationship between basic assumptions and symptom course. **RESULTS:** A more positive worthiness of self (WS) at t1 was significantly related to a smaller decrease in anxiety ( $p < 0.05$ ) and depression ( $p < 0.001$ ). No significant association was found between WS at t1 and course of PTSD ( $p = 0.27$ ) and between benevolence of world (BW) and meaningfulness of world (MW) at t1 and course of PTSD, anxiety and depression (all  $p$ -values  $> 0.05$ ). An increase in WS between t1 and t2 was significantly related with a decrease of PTSD ( $p < 0.001$ ), anxiety ( $p < 0.001$ ) and depression ( $p < 0.001$ ). Changes in BW and MW were not significantly associated with symptom course of PTSD, anxiety and depression (all  $p$ -values  $> 0.05$ ). **CONCLUSION:** More positive WS at t1 is related to a smaller decrease of anxiety and depression between t1 and t2 and is not related to change in PTSD. Improvement of WS, contributes to improvement of PTSD, anxiety and depression. These findings may have an impact on the therapeutic potential.

**FRI 358****Assessing Post-Traumatic Stress Disorder Following Disaster: Comparison of Self-Reported and Clinician-Administered Scales on Estimation of Disorder Longitudinal Trajectory in WTC Disaster Workers**

(Abstract #1252)

**Poster #FRI 358 (Res Meth, Assess Dx, Pub Health, Terror, Adult) M - Industrialized****Mezzanine East/West/South***Wyka, Katarzyna, PhD<sup>1</sup>, Malta, Loretta, PhD<sup>2</sup>, Cukor, Judith, PhD<sup>3</sup>, Olden, Megan, PhD<sup>3</sup>, Difede, JoAnn, PhD<sup>3</sup>*<sup>1</sup>*Hunter College, CUNY, New York, New York, USA*<sup>2</sup>*Albany Stratton VA Medical Center, Albany, New York, USA*<sup>3</sup>*New York Presbyterian Hospital/Weill Medical College of Cornell University, New York, New York, USA*

To fully assess varying responses to trauma and diverse trajectories of mental health outcomes following disaster, large sound epidemiological studies, including screening projects, with long-term follow-up are essential (Norris, 2006). Ideally such studies should provide reliable data that clearly differentiates between pre- and post-trauma symptoms and associated functional impairment. Likewise, innovative data analytic strategies should be applied to tackle research questions previously difficult to answer. Since most post-disaster epidemiological studies rely on easy-to-administer and cost-effective self-reported data (e.g. WTC Health Registry), analyses assessing predictive validity of such data can yield valuable information about its comparability with the gold standard clinical assessment. This paper investigates method variance with respect to self-reported symptoms of PTSD as compared to symptoms assessed by clinical interviews in the context of modeling the two-year longitudinal pattern of post-traumatic symptom change in a cohort of WTC disaster workers. The methodology used in this paper is latent transition analysis (LTA), which is particularly well suited to study complex behavior, the nature of its change over time and the impact of multiple risk factors on change trajectories (Lanza and Bray, 2010). The implications for post-disaster screening are discussed.

**FRI 359****Assessing the Influence of Multiple Traumas using Sequential Trust and Fear Appraisal**

(Abstract #1846)

**Poster #FRI 359 (Res Meth, Anx, Chronic, Health, Res Meth, Adult) I - Industrialized****Mezzanine East/West/South***Tsoi, Fai, BA<sup>1</sup>, Papini, Santiago, MA<sup>1</sup>, Grinband, Jack, PhD<sup>2</sup>, Fertuck, Eric, PhD<sup>1</sup>, Melara, Robert, PhD<sup>1</sup>, Hien, Denise, PhD, ABPP<sup>1</sup>*<sup>1</sup>*City College of the City University of New York, New York, New York, USA*<sup>2</sup>*Columbia University and New York State Psychiatric Institute, New York, New York, USA*

**Background.** Studies assessing impairments in trust and fear appraisal among individuals with post-traumatic stress disorder (PTSD) in an experimental setting are scarce. One study with PTSD participants showed that they were less responsive to the positive image, if it preceded a negative image. Maltreated children identified fear faces faster, showing a higher threat processing. Further research examining differences in trust and fear appraisal would increase our understanding of PTSD and lead to novel methodologies for treating this heterogeneous disorder. **Method.** Participants (N = 47) who were exposed to at least one traumatic event completed a computer task where they rated a series of faces based on trust and fear. Participants were grouped based on the amount of traumatic events and when they experienced them. **Results.** A significant interaction was found between the level of fear presented and the gender of the previous face for PTSD participants (p<.05). This interaction was not found for trust, but a significant difference in the ratings when the genders of the faces switched with each proceeding trial was found for both groups (p<.001). Further analysis will determine the influence of multiple traumas. This grouping is expected to produce a greater difference among participants with prior childhood traumas.

**FRI 360****The Differential Effects of Childhood versus Adulthood Trauma Exposure on Trauma-Related Psychopathology and Insecure Attachment**

(Abstract #1873)

**Poster #FRI 360 (Res Meth, CPA, CSA, Dev/Int, Adult) M - Industrialized****Mezzanine East/West/South**

*Ogle, Christin, PhD, Batt, Kaitlyn, BA, Rubin, David, PhD  
Duke University, Durham, North Carolina, USA*

Research concerning the developmental timing of trauma exposure has primarily examined individuals who experienced potentially traumatic events that did not meet PTSD diagnostic criteria. The present study advanced this research by examining the impact of interpersonal (ITP) childhood trauma (e.g., abuse, family violence) compared to adulthood trauma on PTSD symptoms and trauma-related individual-difference measures among community-dwelling adults with Criterion A traumas. 86 participants completed the Beck Depression Inventory, Experiences in Close Relationships Scale, and the Dissociative Experiences Scale. The CAPS was used to assess PTSD symptoms. Results indicated that adults with ITP childhood trauma histories had significantly higher CAPS severity scores, higher depressive symptoms, greater dissociative tendencies, as well as higher attachment anxiety and avoidance scores compared to individuals with adulthood traumas. Overall, findings indicate that ITP childhood trauma survivors are at greater risk of trauma-related psychopathology compared to adulthood trauma survivors. Our findings concerning insecure attachment further suggest that early ITP traumas may be likely to disrupt the formation of secure attachments and promote reliance on ineffective emotion regulation strategies, which may increase vulnerability to trauma-related psychopathology in adulthood.

**FRI 361****Startle Response, Family Environment, Serotonin Transporter and the Risk for Depression: Three Generations**

(Abstract #1688)

**Poster #FRI 361 (Res Meth, Anx, Chronic, Depr, Fam/Int, Lifespan) I - N/A****Mezzanine East/West/South**

*Wickramatne, Priya, PhD<sup>1</sup>, Grillon, Christian, PhD<sup>2</sup>, Weissman, Myrna, PhD<sup>1</sup>, Warner, Virginia, DrPH<sup>3</sup>*

<sup>1</sup>*Columbia University Department of Psychiatry and New York State, New York, New York, USA*

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<sup>3</sup>*Columbia University and New York State Psychiatric Institute, New York, New York, USA*

**Background.** The increased risk for depression and anxiety in offspring of depressed parents and anxiety as a predictor of depression are well established. This study, using a longitudinal high-risk design, has shown that the emotion fear mediate the associations between parental and offspring depression and that startle response may be a putative endophenotype for depression associated with anxiety disorders. However, the role of childhood familial environment and exposure to stress on the role of startle in high risk families remains unknown. **Objective.** Testing the effect of early trauma on reactivity and biomarkers for depression. **Methods.** The magnitude of baseline and fear-potentiated startle during the threat of an air blast directed to the larynx was investigated in Generation 2 (N=110) and Generation 3 (N=79) of generation 1 (G1) with or without depression. **Results.** Enhanced baseline startle was associated with exposure to negative family environment prior to 18 years of age, and decreased amygdala and hippocampal volumes. If the person was exposed to parental MDD or the person had the serotonin transporter 'SS' genotype then startle was more enhanced. Startle was correlated within families and across generations. **Conclusions.** Greater attention needs to be paid to early life stress and neglect.

## SOCIAL ISSUES – PUBLIC POLICY POSTERS (SOCIAL)

### FRI 362

#### A Systematic Review of Gender Differences in IPV Use and Experience in Clinical Samples

(Abstract #258)

Poster #FRI 362 (Social, DV, Adult) I - Industrialized

Mezzanine East/West/South

*Larsen, Sadie, PhD<sup>1</sup>, Hamberger, Kevin, PhD<sup>2</sup>*

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Objective: The question of whether IPV is symmetric across genders has been divisive, but is important to address to inform clinical care and policy for populations with a heavy health and economic burden. Methods: We conducted a comprehensive systematic review of 64 studies directly comparing male and female perpetrators of intimate partner violence (IPV) in clinical samples. We examined prevalence rates and other indicators of severity, cost, and context related to IPV. Results: Men and women use physical IPV at roughly equal rates. However, women's physical violence is more often in response to violence initiated against them. The type of emotional abuse differs by gender (men threaten life and inhibit partner autonomy; women yell and shout). Men are the predominant perpetrators of sexual abuse. Women are likely to be injured and fearful and to incur more costs related to abuse. Men arrested for IPV have more extensive criminal histories and higher recidivism rates than women. When identified as suspects, men and women are equally likely to be arrested. Women are less likely to be prosecuted and more likely to be granted restraining orders. Women have higher levels of psychopathology except for antisocial personality traits. Findings regarding drug and alcohol use are as yet conflicting. Conclusions: Clinicians and policy makers should understand gender differences in IPV.

### FRI 363

#### Sexual Assault Disclosure to Resident Assistants

(Abstract #1655)

Poster #FRI 363 (Social, Comm/Int, Rape, Grief, Adult) I - Industrialized

Mezzanine East/West/South

*Greenblatt, Samuel, PsyD Candidate, Akinrinade, Grace, MEd, Muschel, Andrew, Doctoral Student, Benvenuto, Stephanie, BA, Demaria, Thomas, PhD*

*Long Island University, C.W. Post Campus, Brookville, New York, USA*

Research indicates that college women are at a greater risk for sexual abuse and assault than their same-aged peers out of college (Branch & Richards, 2013). Resident assistants (RAs) often act as liaisons between the university and students. In their role, they recognize the need for identifying emotionally vulnerable students and directing them to appropriate resources (Grosz, 1990) and serve as a primary point of contact for many students in crisis (Elleven, Allen & Wircenski, 2001). However, traumatic events often go unreported. For instance, rape is one of the least-reported violent crimes in the United States (Williams 1984). Rape victims may not report rape for a variety of reasons, including fear of retaliation or blaming themselves (Williams 1984). In a college environment, college women may disclose rape to RAs, who appear as age-appropriate safe havens for disclosure. Elleven, Allen, and Wircenski (2001) note that few studies examine RA training. In this study, 20 RA's were surveyed about the nature of self-disclosures around rape, and whether the RAs received adequate training or feedback on how to contend with such issues. This study provides recommendations about how to improve post-disclosure interventions for victims.

**FRI 364****Impact of PTSD and Depression on Financial Health: Education, Employment, Income, and Financial Concerns**

(Abstract #1803)

**Poster #FRI 364 (Social, Chronic, QoL, Mil/Vets, Adult) M - Industrialized****Mezzanine East/West/South***Scotti, Joseph, PhD<sup>1</sup>, Heady, Hilda, MSW<sup>2</sup>, Caudill, Phillip, MSW Candidate<sup>3</sup>, Udhayanang, Nuttha, MA<sup>1</sup>, Neely, Claudia, MA<sup>1</sup>, Jacoby, Vanessa, MS PhD Student<sup>4</sup>*<sup>1</sup>*WHOLE Veterans, PLLC, Morgantown, West Virginia, USA*<sup>2</sup>*Atlas Research, Washington, District of Columbia, USA*<sup>3</sup>*Ohio University, Athens, Ohio, USA*<sup>4</sup>*West Virginia University, Morgantown, West Virginia, USA*

The unemployment rate among recent veterans (post-9/11) is well documented to be higher than the general population (Department of Labor, 2013). Less well documented are the factors related to employment and other indices of financial health among veterans. We examined findings from a survey of 1,134 West Virginia veterans (age 18-97) of multiple eras (WWII: 7% Female to OEF/OIF: 15% female), including education, yearly income, employment status, and financial and housing concerns. As expected, there was a strong positive correlation between education level and income. Women reported similar household incomes to men, despite having a higher level of education. Combat exposure and civilian (child and adult) trauma were unrelated to any indices of financial health; rather, increased symptoms of PTSD and depression were correlated with lower median level of education and income, and more concerns about finances and housing conditions and affordability. A regression analysis revealed that the strongest predictors of poor quality of work life were increased symptoms of PTSD and depression. After accounting for mental health symptoms, we found income, education, and job category were not significant predictors of work quality of life. These findings will be discussed with regard to the importance of addressing mental health issues in veterans of all eras in the work place.

**FRI 365****Hookups Reported by Victims and Perpetrators as Contexts for Campus Sexual Assault**

(Abstract #983)

**Poster #FRI 365 (Social, Aggress, Comm/Int, Comm/Vio, Rape, Adult) I - Industrialized****Mezzanine East/West/South***Kurtz, Brittany, MS<sup>1</sup>, Higgins, Caroline, BA<sup>1</sup>, Brooks, Taylor, BA<sup>1</sup>, Gideon, Gwenn, BA<sup>1</sup>, Ruff, Lindsey, BA<sup>1</sup>, Flack, William, PhD<sup>2</sup>*<sup>1</sup>*Bucknell University, Lewisburg, Pennsylvania, USA*<sup>2</sup>*Bucknell University, Mifflinberg, Pennsylvania, USA*

Background. Hooking up is generally defined as an intimate, sexual, dyadic encounter that may or may not entail future relational commitment. Flack et al. (e.g., 2007) have previously demonstrated that hooking up is a risky context for campus sexual assault. The purpose of the present study was to test for differences among different types of hooking up (five types, varying in pre-hookup relatedness) as contexts for campus sexual assault reported by male perpetrators and female victims. Method. A random sample of 611 undergraduates (271 men, 340 women) from a small northeastern U.S. campus responded to a web-based survey containing the short form perpetrator and victim versions of the revised Sexual Experiences Survey (RSES; Koss et al., 2007). RSES endorsements were followed by questions about context of the assault, including five different types of hook ups. Results. 75% of male perpetrators and 45% of female victims identified acquaintance hook ups as the most frequent contexts for assaults, while another 30% of female victims indicated that stranger hook ups were also risky for assaults. Implications. Investigators should examine the extent to which the present findings generalize to other U.S. campuses and, if so, then educators should add hooking up as a risk factor in education and prevention efforts.

**FRI 366****Mental Health of Human Rights Violation Survivors: Does a Sense of Justice in Post-Apartheid South Africa Matter?**

(Abstract #1167)

**Poster #FRI 366 (Social, Global, Rights, Pub Health, Torture, Adult) M - E & S Africa****Mezzanine East/West/South***Carlner, Hannah, ScD<sup>1</sup>, Gilman, Stephen, ScD<sup>1</sup>, Masyn, Katherine, PhD<sup>2</sup>, Williams, David, PhD<sup>1</sup>*<sup>1</sup>*Harvard School of Public Health, Boston, Massachusetts, USA*<sup>2</sup>*Harvard University, Cambridge, Massachusetts, USA*

The South African Truth and Reconciliation Commission (TRC) was established to promote justice and healing after apartheid. For survivors of human rights violations (HRVs), there was debate about how the narrative of reconciliation would affect mental health. In this study we examine whether a sense that justice was served by the TRC is associated with psychopathology among HRV survivors (N=390). We tested whether attitudes about fairness, reparations, and opportunities stemming from the TRC were associated with anxiety, depression, and externalizing. Overall, respondents reported high satisfaction on the Sense of Justice (SoJ) scale. However, this was not associated with most outcomes. The exception was among supporters of the liberation struggle and participants engaged with the TRC, for whom a one-standard deviation higher SoJ was associated with higher odds for any psychiatric disorders (aOR: 1.52, 95% CI: 1.05-2.19) and (aOR: 1.65, 95% CI: 1.06-2.58) respectively. Satisfaction with an opportunity to speak of the worst HRV experience was the only individual item associated with psychopathology. These results indicate that overall, a sense of justice is not strongly associated with current mental health among this highly traumatized sample of HRV survivors. However, some results point to a harmful association between higher SoJ and psychopathology in this population.

**FRI 367****Childhood Emotional Abuse & Neglect: Pathways to Adult Life Satisfaction**

(Abstract #1213)

**Poster #FRI 367 (Social, Anx, Neglect, QoL, Adult) I - Industrialized****Mezzanine East/West/South***Lambert, Jessica, PhD**Alliant International University, San Diego, California, USA*

According to attachment theory (Bowlby, 1980) when children are abused or neglected early in life, they likely develop maladaptive strategies for regulating emotions. Consequently, as adults, these individuals may experience relatively more difficulties managing stress and a heightened sense of anxiety (Mickulincer & Shaver, 2012). Drawing from attachment theory and current research on adult well-being (Ryff, 2014), we tested a model of pathways from retrospective reports of emotional abuse and neglect in childhood to life satisfaction in adulthood using a nationally representative sample (N = 1088) from one wave of the Midlife in the United States Study. We hypothesized that reports of childhood emotional abuse and neglect would be associated with decreased life satisfaction in adulthood indirectly through perceived stress and trait anxiety. The full model accounted for 38% of the variance in life satisfaction. Emotional abuse was significantly associated with life satisfaction indirectly through stress and anxiety, whereas emotional neglect was significantly associated with life satisfaction both directly and indirectly through these variables. Results are consistent with attachment theory and provide insight into the lasting impacts of childhood emotional maltreatment. In the poster presentation we will further discuss theoretical model, implications, and limitations.

**FRI 368**

**Weaving “Psychological Kevlar” for “Heroes’ Invisible Wounds of War”:** Constructions of Post-Traumatic Stress Disorder in the Text of Federal Legislation

(Abstract #1153)

**Poster #FRI 368 (Social, Complex, Pub Health, Social, Lifespan) M - Industrialized**

**Mezzanine  
East/West/South**

***Purtle, Jonathan, DrPH***

*Drexel University College of Medicine/Drexel University School of Public Health, Philadelphia, Pennsylvania, USA*

Legislation introduced in U.S. Congress is highly influential in shaping public and political discourse about the reality of social problems, such as traumatic stress. While PTSD is only one possible outcome of trauma exposure, it is the primary construct that policymakers and the public use to understand traumatic stress. This study employed constructivist theories of policy design and the methodology of ethnographic content analysis to qualitatively explore how PTSD has been constructed as a problem in bills assigned term “PTSD” by the Congressional Research Service between 1989-2009. The texts of 148 bills were analyzed and PTSD was found to be constructed as a problem unique to combat exposures and military populations. Constructions were produced through combat-related language and imagery (e.g., wounds, war heroism, Kevlar), narratives describing the effects of PTSD on soldiers, and reinforced by diffuse language that weakened connections between PTSD and trauma-exposed civilians and the absence of the disorder being mentioned in trauma-focused legislation targeting civilians. These constructions do not reflect the epidemiology of PTSD and may have the effect of constraining discourse about trauma. An understanding of what PTSD means in the legislative realm can help translate trauma research into public policies that address all sequelae of trauma over the life course.