

ISTSS

International Society
for Traumatic Stress Studies

34th Annual Meeting

**Promoting Societal Change:
Integrating Traumatic Stress Research,
Practice and Policy for Vulnerable Populations**

Poster Abstract Book

November 8-10, 2018

Pre-Meeting Institutes, November 7

Washington Marriott Wardman Park,
Washington, DC, USA

www.istss.org



Continuing Medical Education Jointly Provided by Amedco
and the International Society for Traumatic Stress Studies

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Table of Contents	Pages
Guides to Information in the Schedule	2-4

Poster Session One

Session One Poster Map	5
Poster Session One Information	6
Clinical/Intervention Research Posters	6-42
Clinical Practice Posters	43-49
Journalism & Trauma Posters	49-50
Biological/Medical Posters	50-53
Prevention/Early Intervention Posters	54-57
Public Health Posters	58-64
Vicarious Traumatization and Therapist Self-Care Posters	64
Research Methodology Posters	65-68
Community-Based Programs Posters	68-71
Culture/Diversity Posters	71-72
Social Issues & Public Policy Posters	73-75
Assessment and Diagnosis Posters	76-84
Technology Posters	84-85
Training/Education/Dissemination Posters	85-86
Global Issues Posters	86-87
Late Breaking Posters	88-102

Poster Session Two

Thursday Poster Map	103
Poster Session Two Information	104
Student Poster Award Finalists	104-112
Clinical/Intervention Research Posters	113-151
Ethics Posters	152-153
Research Methodology Posters	153-155
Social Issues & Public Policy Posters	155-158
Biological/Medical Posters	158-160
Clinical Practice Posters	161-167
Journalism & Trauma/Multi-Media Posters	167-168
Public Health Posters	168-174
Community-Based Programs Posters	174-175
Vicarious Traumatization and Therapist Self-Care Posters	175-176
Prevention/Early Intervention Posters	176-179
Culture/Diversity Posters	180-181
Training/Education/Dissemination Posters	181-183
Assessment and Diagnosis Posters	184-190
Late Breaking Posters	190-204

Poster Session Three

Session Three Poster Map	205
Poster Session One Information	206
Clinical/Intervention Research Posters	206-247
Clinical Practice Posters	248-252
Journalism & Trauma Posters	253
Biological/Medical Posters	253-255
Prevention/Early Intervention Posters	256-259
Public Health Posters	260-266
Vicarious Traumatization and Therapist Self-Care Posters	267
Research Methodology Posters	268-270
Community-Based Programs Posters	271-273
Culture/Diversity Posters	273-275
Social Issues & Public Policy Posters	275-278
Assessment and Diagnosis Posters	279-288
Training/Education/Dissemination Posters	288-289
Technology Posters	289-290
Global Issues Posters	290-291
Late Breaking Posters	292-305

Poster Session Four

Session Four Poster Map	306
Session Four Information	307
SIG Endorsed Posters	308-328
Clinical/Intervention Research Posters	329-359
Assessment and Diagnosis Posters	360-367
Global Issues Posters	367-368
Public Health Posters	369-374
Clinical Practice Posters	375-381
Training/Education/Dissemination Posters	381-382
Community-Based Programs Posters	382-383
Culture/Diversity Posters	384-386
Prevention/Early Intervention Posters	386-390
Research Methodology Posters	390-392
Social Issues & Public Policy Posters	392-395
Biological/Medical Posters	396-398
Late Breaking Posters	398-411



Guides to Information in Schedule

Regions

- Central and Eastern Europe and the Commonwealth of Independent States (C & E Europe & Indep)
- Eastern and Southern Africa (E & S Africa)
- East Asia and the Pacific (E Asia & Pac)
- Industrialized Countries (Industrialized)
- Latin America and the Caribbean (Latin Amer & Carib)
- Middle East and North Africa (M East & N Africa)
- South Asia (S Asia)
- West and Central Africa (W & C Africa)

Population Types

- Child/Adolescent (Child/Adol)
- Adult (Adult)
- Older People/Aging (Older)
- Both Adult and Child/Adolescent (Lifespan)
- Mental-Health Professionals (Prof)
- Other Professionals (Other)

Presentation Level

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

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

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

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



Guides to Information in Schedule

Keyword Type Descriptions

Primary Keywords

- Assessment/Diagnosis (Assess Dx)
- Biological/Medical (Bio Med)
- Clinical/Intervention Research (Clin Res)
- Clinical Practice (Practice)
- Community-Based Programs (Commun)
- Culture/Diversity (Cul Div)
- Ethics (Ethics)
- Global Issues (Global)
- Journalism and Trauma (Journalism)
- Multi-Media (Media)
- Prevention/Early Intervention (Prevent)
- Public Health (Pub Health)
- Research Methodology (Res Meth)
- Social Issues – Public Policy (Social)
- Technology (Tech)
- Training/Education/Dissemination (Train/Ed/Dis)
- Vicarious Traumatization and Therapist Self-Care (Self-Care)

Secondary Keywords

- Accident/Injury (Acc/Inj)
- Acute/Single Trauma (Acute)
- Affective Processes/Interventions (Affect/Int)
- Aggression/Aggressive Behavior (Aggress)
- Aging/Lifecourse (Aging)
- Anxiety (Anx)
- Assessment/Diagnosis (Assess Dx)
- Biological/Medical (Bio Med)
- Child Physical Abuse/Maltreatment (CPA)
- Child Sexual Abuse (CSA)
- Chronic/Repeated Trauma (Chronic)
- Clinical/Intervention Research (Clin Res)
- Clinical Practice (Practice)
- Cognitive Processes/Interventions (Cog/Int)
- Community-based Programs (Commun)
- Community/Social Processes/Interventions (Comm/Int)
- Community Violence (Comm/Vio)
- Complex Trauma (Complex)
- Culture/Diversity (Cul Div)
- Death/Bereavement (Death)
- Depression (Depr)
- Developmental Processes/Interventions (Dev/Int)
- Domestic Violence (DV)
- (Epi)Genetic Processes/Interventions (Gen/Int)
- Ethics (Ethics)
- Ethnicity (Ethnic)
- Family Relationship Processes/Interventions (Fam/Int)
- Gender and Trauma (Gender)
- Genetics/Epigenetics (Genetic)
- Global Issues (Global)
- Health Impact of Trauma (Health)
- Human Rights (Rights)
- Illness/Medical Conditions (Illness)
- Intergenerational Trauma (Intergen)
- Journalism and Trauma (Journalism)
- Multi-Media (Media)
- Natural Disaster (Nat/Dis)
- Neglect (Neglect)
- (Neuro)Biological Processes/Interventions (Bio/Int)
- Neuro Imaging (Neuro)
- Prevention/Early Intervention (Prevent)
- Primary Care (Care)
- Psychodynamic Research (Psych)
- Public Health (Pub Health)
- Quality of Life (QoL)
- Rape/Sexual Assault (Rape)
- Refugee/Displacement Experiences (Refugee)
- Research Methodology (Res Meth)
- Sexual Orientation and Trauma (Orient)
- Sleep (Sleep)
- Social Issues – Public Policy (Social)
- Substance Use/Abuse (Sub/Abuse)
- Survivors/Descendants of Historical Trauma (Surv/Hist)
- Technical Disaster (Tech/Dis)
- Technology (Tech)
- Terrorism (Terror)
- Theory (Theory)
- Torture (Torture)
- Training/Education/Dissemination (Train/Ed/Dis)
- Traumatic Grief (Grief)
- Vicarious Traumatization and Therapist Self-Care (Self-Care)
- War – Civilians in War (Civil/War)
- War – Military/Peacekeepers/Veterans (Mil/Vets)



Presentation Type Descriptions*

Case Study Presentation

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

Media Presentation

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

Oral Paper Presentation as “Flash Talks”

An exciting new series of talks: Presenters will be required to describe their study goals, methods and results succinctly, somewhat similar to the format of “TED talks,” keeping to a 5-minute time length and a 10-slide maximum.

Panel Presentation

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

Poster Presentation

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

Pre-Meeting Institute (PMI)

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

Symposium

Session that includes a group of three to four sequential presentations, each related to the overall theme of the symposium.

Workshop Presentation

Instructional session that helps increase participants’ understanding and skill in a particular area of interest. Such sessions may include active involvement of the audience.

** Presentation types are color-coded throughout the schedule.*

Topical Tracks

The program chairs have grouped presentations on similar themes together into tracks so it is easier for you to find the programs in your area. However, please note that not everything would fit into the tracks. There are more presentations outside the tracks that may be related or of interest and you should check your schedule.

Look for these throughout the meeting schedule in the left column:

Assessment and Diagnosis Track

Presentations on assessing trauma

Biological/Medical Track

Presentations on biological and physical aspects of trauma

Child Trauma Track

Presentations on various aspects of trauma in children and adolescents

Military/Veteran Track

Presentations on trauma in military and veteran populations

Immigrant/Refugee Track

Presentations on trauma in immigrant and refugee populations

Gender/Orientation Track

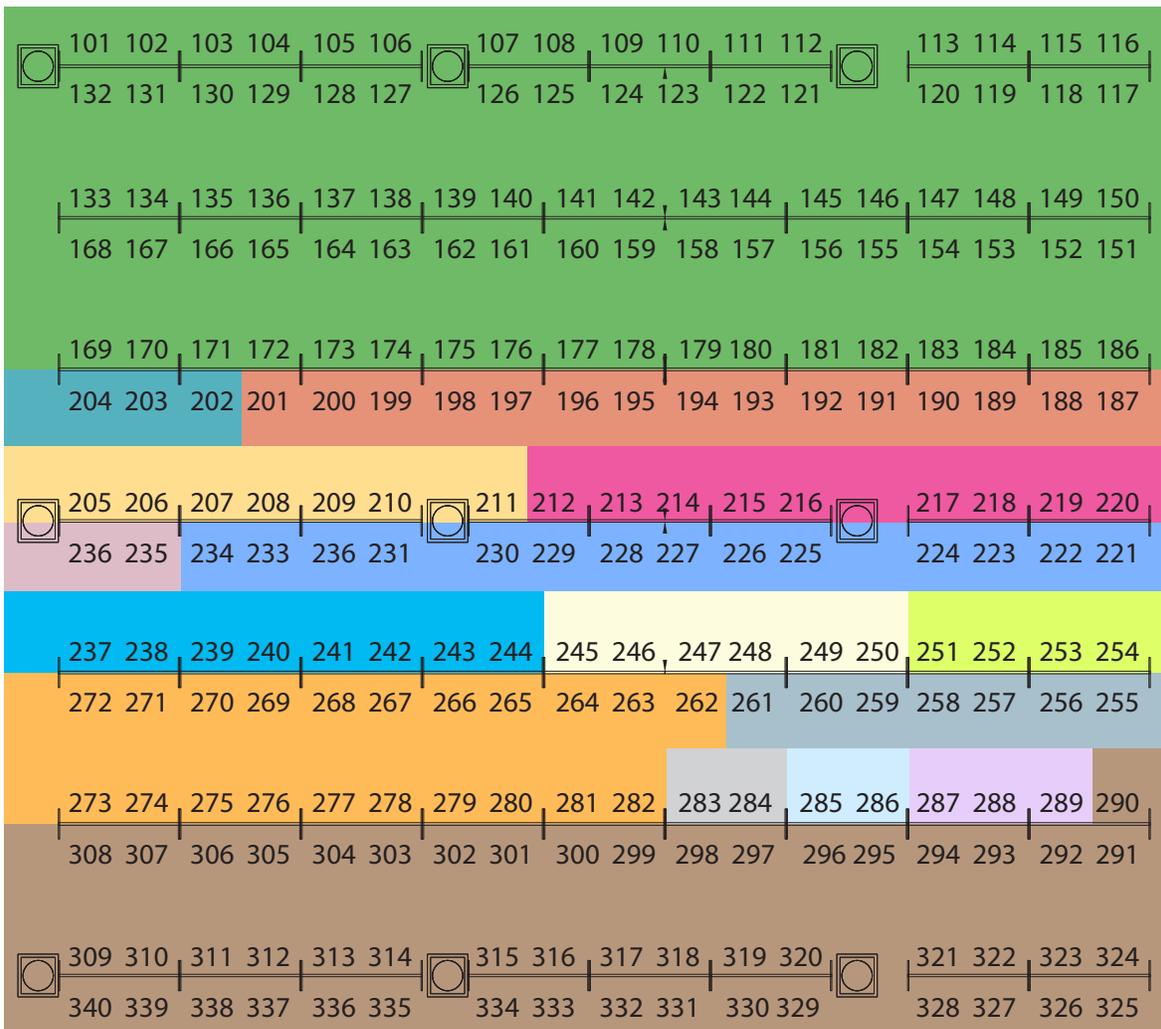
Presentations on issues relating to trauma, gender identity and/or sexual orientation

Public Health Track

Presentations on trauma and public health



Poster Session One Map



Poster Session One, Thursday, November 8, 1:30 p.m.–2:45 p.m.

Clinical/Intervention Research	101 – 186	Community-Based Projects	245 – 250
Clinical Practice	187 – 201	Culture & Diversity	251 – 254
Journalism & Trauma	202 – 204	Social Issues - Public Policy	255 – 261
Biological/Medical	205 – 211	Assessment & Diagnosis	262 – 282
Prevention/Early Intervention	212 – 220	Technology (Tech)	283 – 284
Public Health	221 – 234	Training/Education/Dissemination	285 – 286
Vicarious Trauma & Therapist Self Care	235 – 236	Global Issues	287 – 289
Research Methodology	237 – 244	Late Breaking Research	290 – 340

Poster Session One Presentations
Thursday, November 8
1:30 PM to 2:45 PM

Poster Session One Presentations

Thursday, November 8, Roosevelt 1/2
Poster viewing: 9:30 a.m.–1:30 p.m.
Author Attended Poster Session One
Thursday, November 8 1:30 p.m.–2:45 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday 1:30 p.m., Author attended Poster Session Two, Thursday 5:45 p.m., Author Attended Poster Session Three, Friday 1:30 p.m., or Author Attended Poster Session Four, Friday 5:45 p.m. and that is the time period when the presenting author is available to answer questions.

Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on page 5.

Key:

Poster # Number (Primary keyword, Secondary Keywords, Population type) Presentation Level–Region
Keyword type descriptions can be found on page 2
Regions and Population Types can be found on page 3
Presentation levels and descriptions can be found on page 4

Session One: Thursday, November 8

Poster Setup: 7:30 a.m.–9:30 a.m.
Poster Viewing: 9:30 a.m.–1:30 p.m.
Author Attended Poster Session: 1:30 p.m.–2:45 p.m.
Poster Dismantle: 2:45 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.

CLINICAL/INTERVENTION RESEARCH

1-101

Parent-Based Interventions to Support Children after Injury: A Multisite Randomised Controlled Trial

(Abstract #497)

Poster #1-101 (Prevent, Acc/Inj, Acute, Health, Prevent, Child/Adol) M - Industrialized **Roosevelt 1/2**

Kenardy, Justin¹, Flores, Javier², Cavanaugh, Joseph², Peek-Asa, Corinne², Woods-Jaeger, Briana³, Wetjen, Kristel², Chande, Vidya⁴, Ortega, Henry⁵, Ramirez, Marizen⁶

¹The University of Queensland, Herston, QLD, Australia

²University of Iowa, Iowa City, Iowa

³Children's Mercy, Kansas City, Missouri

⁴Seattle Children's Hospital, Seattle, Washington

⁵Children's Hospital Minnesota, St. Paul, Minnesota

⁶University of Minnesota, St. Paul, Minnesota

Objective: To compare two promising parent-targeted universal interventions following child hospitalization for unintentional injury, LINK for Injured Kids and Trauma Education (TE).

Methods: Parent-child dyads were recruited from 10-17-year-olds hospitalized at study after unintentional injury. Parents were randomized to receive the LINK or TE intervention. Both programs provided parents with information on post-injury psychological recovery; LINK also provided specific communication training to aid recovery. Assessment were conducted following admission and at 6-weeks, 3-months and 6-months. Results On measures of depression, posttraumatic stress, and quality of life significant time effects were found over the 6 months post-injury (p<.0001), but no significant time by intervention effects found. On the Strengths and Difficulties Questionnaire the LINK intervention was associated with significantly improved recovery compared to TE on the Peer relationships problems (p=.0240) and Conduct problems (p= .0368) Scales.

Conclusions: The more intensive LINK intervention which included the parent communication skills was no better than the education-based intervention for recovery on measures psychological distress. However the differential impact on child behaviour suggests that the parent communication skills contributed to improved child behavioural and interpersonal functioning.

1-102

Trauma-focused Group Intervention ‘Mein Weg’ for Young Refugees: Sustainability of Treatment Effects and Predictors of the Outcome

(Abstract #499)

Poster #1-102 (Commun, Clin Res, Complex, Refugee, Child/Adol) A - Industrialized **Roosevelt 1/2**

Pfeiffer, Elisa¹, Sachser, Cedric¹, Tutus, Dunja², Plener, Paul¹

¹University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Baden Württemberg, Germany

²University Hospital Ulm, Ulm, Baden-Württemberg, Germany

Background: Research on long-term effects and treatment predictors in trauma-focused low-level interventions for refugee minors is limited. This secondary analysis of a recent RCT evaluating the trauma-focused group intervention ‘Mein Weg’ (engl. My Way) in comparison to usual care (Pfeiffer et al. 2018) investigates several refugee-specific factors as treatment predictors and sustainability of treatment gains.

Method: Altogether $n=50$ participants ($M_{age}=17.00$, 94% male) were taken into account for this analysis. 3-month Follow-up (3MFU) data was analyzed via mixed effect models on the relevant outcomes (posttraumatic stress symptoms (PTSS) (CATS), depression (PHQ-8), dysfunctional posttraumatic cognitions (CPTCI)). Treatment predictors (baseline scores, trauma load, socio-demographic factors) were investigated in an exploratory manner.

Results: Intention-to-treat-analyses revealed sustainability of treatment effects in self-reported PTSS (pre to post change: 6.48 ± 1.60 , $d=.62$, $p<.001$; post to 3MFU change: 1.41 ± 1.96 , $d=.11$, $p=.47$) and depression (pre to post change: 7.82 ± 2.09 , $d=.64$, $p<.001$; post to 3MFU change: 1.35 ± 2.17 , $d=.05$,

$p=.54$). Only country of origin was a significant predictor of the change in PTSS ($b=-8.22\pm 3.53$, $t(30)=-2.33$, $p=.027$).

Conclusion: The intervention is a valuable component of a stepped care approach for young refugees with promising long-term effects.

1-103

Sustainability of Treatment Effects Comparing PTSD and Complex PTSD (CPTSD) in Traumatized Children and Adolescents in an RCT Evaluating TF-CBT (Abstract #500)

Poster #1-103 (Clin Res, CPA, CSA, Clinical Practice, Complex, Child/Adol) A - Industrialized **Roosevelt 1/2**

Sachser, Cedric, Pfeiffer, Elisa
University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Baden Württemberg, Germany

Background: Research on the course of treatment in patients with complex PTSD (CPTSD) is scarce. Thus, this study investigates the sustainability of treatment effects of a CPTSD group compared to a PTSD group within an RCT evaluating the effectiveness Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in children and adolescents.

Method: Mixed effect models with fixed effects of time (pre-treatment, post-treatment, 6 and 12 month FU) and group (CPTSD ($n=27$; $M_{age}=13.45$; 81% female) vs. PTSD ($n=46$; $M_{age}=12.78$; 66% female)) as well as their interaction were performed on the relevant outcome measures (posttraumatic stress symptoms (PTSS) (CAPS-CA); depression (CDI); anxiety (SCARED), dysfunctional posttraumatic cognitions (CPTCI)).

Results: Intention-to-treat-analyses revealed parallel treatment responses for the CPTSD group (pre to post change: -32.0 ± 4.49 , $d=1.78$, $p<.001$; pre to 12-FU change: -49.28 ± 4.20 , $d=2.90$, $p<.001$) and the PTSD group (pre to post change: -33.88 ± 3.52 , $d=1.85$, $p<.001$; pre to 12-FU change: -36.96 ± 3.28 , $d=2.15$, $p<.001$) for the primary outcome PTSS as measured by the CAPS-CA. Similar response patterns were found for all secondary outcomes.

Discussion: Treatment gains were maintained in both groups, but the CPTSD group showed additional improvements in the FU period. TF-CBT is therefore a safe and effective treatment in children and

adolescents with CPTSD.

1-104

Preventing Posttraumatic Stress in Young Children: Results from two Randomized Controlled Trials Conducted in Australia and Switzerland

(Abstract #498)

Poster #1-104 (Clin Res, Acc/Inj, Acute, Prevent, Child/Adol) M - Industrialized

**Roosevelt
1/2**

De Young, Alexandra¹, Haag, Ann-Christin², Kenardy, Justin³, Paterson, Rebecca⁴, Kimble, Roy⁴, Schiestl, Clemens⁵, Landolt, Markus²

¹University of Queensland, Southbank, QLD, Australia

²University of Zurich, Zurich, Switzerland

³The University of Queensland, Herston, QLD, Australia

⁴University of Queensland, South Brisbane, QLD, Australia

⁵University Children's Hospital Zurich, Steinwiesstrasse, Zurich, Switzerland

Traumatic injury is common during early childhood and around 10-30% of children experience persistent psychological morbidity. This presentation will present the results from two aligned randomized control trials (conducted in Australia and Switzerland) that evaluated the efficacy of the 2-session Coping with Accident Reactions (CARE) early intervention at preventing posttraumatic stress symptoms (PTSS) in young injured children. 590 parents of children (aged 1-6 years; M=4.10; SD=1.29) were screened 6-8 days post injury. 133 high-risk children were randomized to either the intervention or usual care and parents completed baseline (9-11 days), 3- and 6-month assessments. Analyses found a medium effect size for change in PTSS severity scores from baseline to 3-months (Cohen's $d=.57$). There was a significantly quicker and greater reduction in PTSS ($p=.003$) and PTSD diagnosis rates for children in the intervention condition compared to the control group over the 6-month assessment period ($p=.003$). The intervention also led to significantly greater reductions in total behavioral problems over the first 3 months ($p=.003$) and greater reductions in functional impairment scores over 6-months ($p=.02$). These findings are very promising as they indicate that CARE is feasible

to deliver and could have positive effects in preventing the development of PTSD in this neglected population.

1-105

Parenting Behaviour Mediates the Association between Parental Distress and Young Child Posttraumatic Stress 6-months following Injury

(Abstract #865)

Poster #1-105 (Clin Res, Acute, Fam/Int, Child/Adol) I - Industrialized

**Roosevelt
1/2**

De Young, Alexandra¹, Egberts, Marthe², Haag, Ann-Christin³, Kenardy, Justin⁴, Landolt, Markus³

¹University of Queensland, Southbank, QLD, Australia

²Association of Dutch Burn Centres and Utrecht University, Beverwijk, Noord-Holland, Amsterdam

³University of Zurich, Zurich, Switzerland

⁴The University of Queensland, Herston, QLD, Australia

Research has consistently found a relationship between child and parent distress following trauma. Changes in parenting behaviours may be an important mechanism that influences this relationship. This study explored the relationship between acute parent distress (i.e. guilt, acute PTSS, depression; 2-weeks post-accident), self-reported parenting behaviour (at 3-months) and subsequent child posttraumatic stress symptoms (PTSS) 6-months after an accident. Participants were 52 Australian parents of injured children aged 1-6 years (M=3.31, SD=1.77). A significant mediation model was found for acute parental guilt and over-protective parenting behavior. Specifically, children of parents who reported more guilt in the first 2 weeks had higher rates of PTSS 6-months later and this was mediated through parents reporting higher levels of over-protective parenting behaviour at 3-months post-accident (indirect coefficient was significant; $b = .469$, $SE = .217$, $95\% CI = .045, .884$). A parallel study was conducted in Switzerland and results of the final combined datasets (N=105) will be presented. These results highlight the important influence that parents can have on a young child's recovery following trauma and suggests that changes in parenting behaviour may be a relevant mechanism. The clinical and research implications of these

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

findings will be discussed.

1-106

The Differential Impact of Maternal versus Paternal Posttraumatic Stress Symptoms on Child Symptom Development

(Abstract #864)

Poster #1-106 (Clin Res, Acc/Inj, Acute, Fam/Int, Lifespan) M - Industrialized **Roosevelt 1/2**

Wise, Anna¹, Ostrowski-Delahanty, Sarah², Christopher, Norman³, Delahanty, Douglas¹

¹*Kent State University, Kent, Ohio*

²*Akron Children's Hospital, Akron, Ohio*

³*Akron Children's Hospital & Northeast Ohio Medical University, Akron, Ohio*

Higher parental post-traumatic stress symptoms (PTSS) following a child's traumatic event are consistently associated with the development of child PTSS in various trauma samples. However, this research has focused almost entirely on mother-child relationships. We recruited 68 mother-child dyads and 87 father-child dyads from the emergency room of a Children's Hospital following child acute injury. In hospital, we assessed parents' perceptions of child injury severity (CIS), and PTSS with the Impact of Event Scale-Revised (IES-R). Parent 2-week acute stress symptoms were assessed with the Acute Stress Disorder Interview (ASDI) and 3- and 6-month child PTSS was assessed with the Child PTSD Symptom Scale (CPSS). Hierarchical linear regression analyses indicated that mothers' IES-R scores and CIS predicted child 3- ($r = .58, p < .01$; $r = -.28, p < .05$, respectively) and 6-month PTSS ($r = .62, p < .01$; $r = -.36, p < .05$, respectively). Father's IES-R scores and CIS did not predict child 3- or 6-month PTSS. Additionally, maternal ASDI scores predicted child 3-month PTSS ($r = .38, p < .01$), but not 6-month PTSS; parent male ASDI scores predicted child 6-month PTSS ($r = .71, p < .01$), but not 3-month PTSS. Results suggest that immediate maternal symptoms impact child PTSS at 3- and 6- months post-injury, but that paternal acute stress is associated with more persistent child PTSS.

1-107

Factors Influencing the Development of Parent and Child Psychopathological Symptoms Following Child Accidental Injury: A Longitudinal Study

(Abstract #866)

Poster #1-107 (Clin Res, Acc/Inj, Acute, Cog/Int, Fam/Int, Lifespan) M - Industrialized **Roosevelt 1/2**

Christie, Hope¹, Hiller, Rachel², Creswell, Cathy³, Meiser-Stedman, Richard⁴, Fearon, Pasco⁵, Ehlers, Anke⁶, Murray, Lynne³, Halligan, Sarah²

¹*University of Bath, Bath, Avon, United Kingdom*

²*University of Bath, Bath, North East Somerset, United Kingdom*

³*University of Reading, Reading, Berkshire, United Kingdom*

⁴*University of East Anglia, Norwich, Norwich, United Kingdom*

⁵*UCL, London, London, United Kingdom*

⁶*Oxford University, Oxford, United Kingdom*

Given the developmental context in which a child's accidental injury occurs, it is important to take into consideration the role of primary caregivers in the child's psychological recovery. Parents may be a child's key source of support following trauma. However, parents themselves are also vulnerable to the development of psychopathological symptoms following their child's accidental injury. These psychopathological symptoms may impact on the level of support parents can offer to their children post trauma. A longitudinal study recruited 132 families from four Accident and Emergency departments in the South West of England; and were followed up at four-weeks, three-months and six-months post-trauma. Results of multilevel modelling and mediation analyses suggest that parents themselves are vulnerable to the development of posttraumatic stress, depression, stress and anxiety symptoms up to six-months post-trauma. Cognitive factors such as perceived permanent change or damage to the child, and ruminating over the child's trauma, influenced the development of parental psychopathological symptoms ($p < 0.001$). Further, parent's negative appraisals (95% CI = 0.04, 0.18), as well as encouraging avoidant coping (95% CI = 0.07, 0.44) were also found to be associated with higher child-reported posttraumatic stress symptoms at the six-month follow up.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

1-108

A Mixed Methods Examination of Child Avoidance Coping and Parent Coping Assistance after Pediatric Injury

(Abstract #867)

Poster #1-108 (Prevent, Acc/Inj, Fam/Int, Child/Adol) I - Industrialized **Roosevelt 1/2**

Jones, Alyssa¹, Kassam-Adams, Nancy², Ciesla, Jeffrey³, Barakat, Lamia², Marsac, Meghan¹
¹*University of Kentucky, Lexington, Kentucky*
²*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania*
³*Kent State University, Kent, Ohio*

Understanding avoidance coping among children with injuries is important because avoidance coping is associated with negative outcomes, such as PTSD. Parents may influence child avoidance coping. The present study hypothesized that parent avoidance coping assistance (i.e., encouraging or discouraging use of avoidance strategies) would concurrently and prospectively predict child avoidance coping. Participants were 96 children ($M_{age} = 10.6$; 65% male) hospitalized for injury, and one parent per child ($M_{age} = 40.7$; 81% mothers). Children and parents participated in an interview/discussion task to assess coping responses to an ambiguous situation. Then, children and parents completed a questionnaire of coping and coping assistance, respectively (T1). Questionnaires were repeated 6 (T2) and 12 (T3) weeks later. Results suggested that the number of avoidance coping solutions offered by children (p 's < .05), but not parents (p 's > .05), during the interview/discussion task predicted child avoidance coping. Additionally, parent avoidance coping assistance at each time point predicted subsequent child avoidance coping; T1 coping assistance predicted T2 child coping ($p < .001$), and T2 coping assistance predicted T3 child coping ($p = .001$). Results suggest that parent encouragement of avoidance coping may be influential over time, but children may also independently engage in avoidance.

1-109

Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A) Residing in a Singapore Residential Trauma-informed Facility

(Abstract #996)

Poster #1-109 (Clin Res, Commun, Complex, Cul Div, Child/Adol) M - Industrialized **Roosevelt 1/2**

Henn-Haase, Clare¹, Tan, Michelle², Phua, Phyllis², Nyein, Nyein², Jackson, Christie⁴, Cloitre, Marylene⁴
¹*New York University Langone Medical Center, Department of Psychiatry, New York, New York*
²*National University of Singapore, Singapore*
³*VA, New York, New York*
⁴*National Center for PTSD-Dissemination and Training Division, Menlo Park, California*

Repeated exposure to childhood trauma are high risk factors for the development of complex Posttraumatic Stress Disorder (PTSD) and emotion dysregulation (ED) in adolescents. Despite the high risk for psychopathology in trauma exposed adolescents, there are few services providing trauma-informed care in Singapore. This study aimed to pilot the feasibility and effectiveness of a 12-session group treatment using Skills Training for Affective and Interpersonal Regulation for adolescents tailored to a Singaporean population of 39 recruited trauma-exposed adolescents. Adolescents were randomly assigned to STAIR-A or treatment as usual (TAU) and stratified by age and gender. Assessments for PTSD, ED, and co-morbid depressive and anxiety symptoms were conducted during 3 timepoints, pre-post-treatment and one-month follow-up. Results indicated high prevalence of multiple trauma >6 in both groups. Compared to TAU, STAIR-A resulted in improved avoidance symptoms ($F=4.12$, $p=.05$; UCLA), trend for improved intrusive symptoms ($F=3.55$, $p=.07$), and improved depressive symptoms ($t=-2.90$, $p<.05$; BDI). Emotion regulation was negatively correlated with state anxiety and depression in STAIR-A post-treatment. Results including one-month follow-up will be discussed along with the challenges disseminating emotion regulation skills groups for trauma exposure in a SE Asian residential facility.

1-110

Child Sexual Abuse, Relationship with Perpetrators, and Traumatic Stress: Symptoms and Implications for Treatment
(Abstract #1606)

Poster #1-110 (Clin Res, CSA, Rape, Child/Adol) M - Industrialized **Roosevelt 1/2**

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²*Child Trends, Acton, Massachusetts*

Introduction: Many factors shape the impact of Childhood Sexual Abuse (CSA) on psychological well-being (Dorsey et al., 2012) and must be considered in treatment. Prior research implies that the closer the perpetrator is to the victim, the more severe the symptoms, partly due to that closeness and also as caregivers typically offer a buffer to toxic stress. This study tests that hypothesis on pre-treatment symptoms and post-treatment outcomes, based on a large-scale implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Methods: During the program, implemented by UMass Medical School’s Child Trauma Training Center, symptom and outcome data were collected from 308 children and their caregivers – including the Child Behavior Checklist and the UCLA PTSD Index. *Results:* Among participants, 133 had a history of CSA: 73 assaulted by a non-caregiver, 60 abused by a caregiver. Unusually, the abuse by non-caregiver group reported higher PTSD symptoms at baseline than victims of abuse by a caregiver. Moreover, while all groups saw significant improvements with treatment, the gap by perpetrator remained or widened. TF-CBT eased symptoms of avoidance and intrusion but not arousal among the assaulted by non-caregiver group. *Conclusion:* Sexual assault by a non-caregiver is a specific type of CSA, with differential symptoms and unique treatment demands.

1-112

Evidence-based Treatment Outcomes: Does Ethnicity Matter?
(Abstract #1277)

Poster #1-112 (Clin Res, Anx, Cog/Int, Depr, Adult) I - N/A **Roosevelt 1/2**

Vaught, Amanda

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Evidence-based psychotherapies are considered the gold standard for treating PTSD. However, some providers remain skeptical regarding these treatments’ efficacy with more diverse traumatized population. The literature suggests no differences in treatment outcomes, but that retention in treatment is problematic (Jeffreys et al., 2014; Rutt et al., 2017). For example, Lester et al., (2010) found no significant differences between African American and Caucasian women on treatment outcomes but found that African American women were less likely to complete therapy (45% vs. 73%). These writers examined one hundred combat Veterans, seeking treatment at a residential facility for PTSD, who completed self-report questionnaires at admission and discharge. These questionnaires included measures of PTSD (PCL-5; Weathers et al., 2013) and depression (BDI; Beck et al., 1996). Writers also noted length of stay, number of sessions and completion of an EBP for PTSD (i.e. PE or CPT). The purpose of the current study is to examine differences in pre and post PCL and BDI scores, between individuals of differing ethnic backgrounds, after completion of an EBP. A secondary analysis will also examine differences in number of sessions and completion of an EBP.

1-113

The Impact of Stage of Change on EBP Completion in a Treatment-seeking Sample of Combat Veterans with PTSD

(Abstract #1266)

Poster #1-113 (Clin Res, Anx, Assess Dx, Clinical Practice, Depr, Adult) I - N/A **Roosevelt 1/2**

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Initial symptom severity and stage of change can act as predictors of treatment outcome in patients with psychological disorders (Britt et al., 2016; Norcross et al., 2011). A longitudinal study by Rooney et al. (2007) determined that the constructs of the transtheoretical model of behavior change (TTM), used to measure states of change, can be used to reliably predict follow-up symptom severity in Veterans suffering from PTSD. The purpose of the present study is to determine if state of change at intake into a PTSD treatment program will effect Veterans' completion of an evidence-based psychotherapy (EBP). One hundred combat Veterans seeking treatment at a residential facility for PTSD completed self-report questionnaires at admission as part of standard clinical practice. These questionnaires included measures of PTSD (PCL-5; Weathers et al., 2013), depression (BDI; Beck et al., 1996), shame (ESS; Andrews et al., 2002), emotional regulation (DERS; Gratz et al., 2004), and the motivation for change (URICA; DiClemente et al., 1990). Analyses will examine stage of change controlling for symptoms severity at admission on all measures.

1-114

Treatment of Acute Stress Disorder for Victims of Violent Crime

(Abstract #454)

Poster #1-114 (Clin Res, Anx, Depr, Prevent, Adult) M - Industrialized **Roosevelt 1/2**

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Victims of violent crime are at elevated risk of developing acute stress disorder (ASD) as well as subsequent post-traumatic stress disorder (PTSD). The aim of this 12-month prospective study was to evaluate the efficacy of cognitive-behavioral therapy (CBT) vs. cognitive-behavioral therapy with a significant other (CBT-SO), relative to usual care (UC), for the improvement of post-traumatic, depression and anxiety symptoms and the prevention of PTSD among victims of violent crime with ASD. A total of 166 victims of violent crime with ASD were assigned to CBT (n=54), CBT-SO (n=52) or UC (n=60). Self-report assessments and diagnostic interviews were completed at pre-treatment and post-treatment as well as at 6-month and 12-month follow-ups. CBT and CBT-SO participants had fewer depression symptoms than those in the UC group up to 12 months post-event. CBT-SO participants also had fewer anxiety symptoms up to 6 months post-event. Significantly fewer participants in the CBT condition met criteria for PTSD than in the UC group up to 12 months post-event. The CBT group did not differ from the CBT-SO group on any variable at any assessment time.

1-115

Working Memory and Cognitive Control Performance among Veterans with Elevated PTSD Symptoms

(Abstract #1262)

Poster #1-115 (Clin Res, Affect/Int, Anx, Cog/Int, Adult) M - Industrialized **Roosevelt 1/2**

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³Medical College of Wisconsin, Milwaukee, Wisconsin

A recent meta-analysis showed that poor working memory (WM) is linked to elevated anxiety (Moran, 2016). Evidence suggests that individuals with PTSD also show impaired WM, which may be related to their difficulty staying focused on a task while inhibiting irrelevant trauma-related cues (Bomyea & Amir, 2011). The current study examined how PTSD symptom clusters are differentially linked to various WM domains (i.e. automated complex span and digit span) among Veterans with elevated PTSD symptoms (n=29; PCL M=52). Results showed that after controlling for general emotional distress, hyperarousal symptoms were uniquely linked to impaired verbal (reading span) WM ($r = -.63, t = -2.89, p = .009$), whereas re-experiencing symptoms were uniquely linked to impaired visuospatial (spatial span) WM ($r = -1.23, t = -2.78, p = .012$). These data suggest that particular PTSD symptoms are uniquely associated with different facets of WM impairment. For example, verbal WM deficits may be linked to the risk for threatening ruminations and persistent threat perceptions, which is related to the vulnerability for hyperarousal symptoms; whereas visuospatial WM deficits may be linked to the impaired ability to filter out repeated intrusion of trauma-related images. These findings suggest the utility of examining individuals' WM profile to better understand their vulnerability to various PTSD symptom domains.

1-116
Quality of Life Rubrics in PTSD: Approach and Avoidance Conflict May Impair Assessment of Disease Burden
 (Abstract #1591)

Poster #1-116 (Clin Res, Anx, QoL, Adult) I - N/A **Roosevelt 1/2**

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Quality of life rubrics, such as the standard gamble (SG; Neumann & Morgenstern, 1947), time trade-off (TTO; Torrance & Thomas, 1972), and visual analogue scale (VAS; Patrick, Bush, & Chen, 1973) are important for assessing disease burden. The TTO and SG use an approach-avoidance conflict, assessing risks willing to take to go from a poor health state to a better one. Yet, applied to PTSD, risk and reward processes are often impaired (Nawijn et al., 2015).

We hypothesized that rubrics using conflict decisions (SG, TTO) would be more susceptible to anhedonia than those that do not (VAS). In a sample of 200 treatment seeking individuals with PTSD, preliminary analyses showed SD and TTO were more strongly correlated ($r = -.45, p < .001$) than with the VAS ($r = .22, r = -.20, p < .01$). After controlling for PTSD severity, higher positive affect predicted higher risk tolerance when making decisions about health outcomes using the SG ($r = 0.27, p = .001$) and TTO ($r = -0.25, p = .001$) but did not predict VAS responding. Reward dysregulation may confound rubrics which involve risk-based decisions in PTSD. Deficits in approach may interfere with quality of life measurement in PTSD.

1-117
Relationship between Childhood Maltreatment and Obsessive-compulsive Disorder
 (Abstract #1679)

Poster #1-117 (Clin Res, Anx, CPA, CSA, Neglect, Adult) M - Industrialized **Roosevelt 1/2**

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There is first evidence for a relationship between Childhood Maltreatment (CM) and obsessive-compulsive disorder (OCD). However, mediating factors within the relationship between CM and OCD have rarely been examined. Therefore, the first aim of this study was to investigate the relationship between type and severity of CM, and the severity and time course of OCD symptoms within a clinical sample. The second aim was to elucidate possible mediators that might explain the link between CM and OCD. 68 inpatients fulfilling criteria of OCD were investigated before and after treatment and at 6 months follow-up. The findings indicate a high prevalence of CM (67%). CM, particularly emotional abuse and neglect was associated with a higher OCD symptom severity, but not with earlier OCD onset. However, we did not find any differences in treatment outcome. Analyses showed on the one hand mediators which indicate poorly processed traumatic experiences, in particular intrusive memories and dissociative symptoms. On the other hand, we found mediators that can be seen as a more general consequence of CM, such as dysfunctional

cognitions, sleep disturbances, emotion regulation and attachment difficulties. CM is relatively prevalent among patients with OCD. These experiences are associated with greater symptom severity, but not necessarily with an unfavorable therapy outcome.

1-118

The Effects of Childhood and Adulthood Trauma on Coping Self-efficacy across the Therapy Process

(Abstract #1651)

Poster #1-118 (Clin Res, CPA, CSA, Clinical Practice, Cog/Int, Adult) M - N/A **Roosevelt 1/2**

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University of Colorado at Colorado Springs,
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Coping self-efficacy (CSE) has been shown to predict a recovery process among trauma survivors. However, less is known about how childhood and adulthood traumatic experiences affect changes in CSE for trauma across multiple therapy sessions in adults receiving counseling. Participants were 544 treatment-seeking people (Mage = 38.43, 54.0% female) recruited at a psychology clinic. Childhood (before 18 years old) and adulthood traumatic experiences were measured in the yes/no format. CSE for trauma (CSET) was assessed at the intake, three months, and six months after the intake. We analyzed the effects of childhood and adulthood traumatic experiences on CSET change using a mixed-effects model. For childhood trauma, results showed that neglect and physical abuse were identified as predictors of slower month-to-month improvement of CSET, AIC = 5060.81. The model for adulthood trauma showed that combat trauma, physical abuse, and sexual abuse were predictors for slower month-to-month improvement of CSET, AIC = 5028.57. Next, the model including these childhood and adulthood traumatic experiences showed that this model was slightly superior to the model with adulthood traumatic experiences only, AIC = 5020.90. These findings indicate that adulthood traumatic experiences have more impact on the CSET improvement across therapy sessions compared to childhood trauma.

1-119

Identifying Trajectories and Predictors of Response to Psychotherapy for Post-traumatic Stress Disorder (PTSD) in Adults: A Systematic Review of the Literature

(Abstract #98)

Poster #1-119 (Clin Res, Clin Res, Clinical Practice, Cog/Int, Dev/Int, Adult) M - N/A **Roosevelt 1/2**

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Introduction. The evolution of trauma reactions over time is known to be naturally heterogeneous (Bonnano & Mancini, 2012). Until recently, the efficacy of interventions for PTSD was assessed without considering this variability in treatment responses (Steenkamp et al. 2015). This systematic review aims to review the emerging literature on this subject and identify patterns and predictors of psychotherapy response trajectories in adults with PTSD.

Methods. A systematic search was conducted using specific keywords in four databases with no date or language restrictions: The Cochrane Library, EMBASE, PsycINFO and PubMed. Independent investigators evaluated eligibility, risk of bias and completed data extraction using standard formats. To ensure quality standards the AMSTAR, PRISMA and Cochrane's guidelines were followed.

Results. Of the 1708 studies identified, 47 were included in analysis. Studies examined a variety of traumas and interventions. Where feasible, studies were grouped together and analyzed according to these factors. Of these studies, 24 focused on military related traumas and 23 on civilian traumas.

Discussion. This review provides insight on the current state of scientific literature as to heterogeneous responses to psychotherapy. Predictors of response to treatment, clinical implications and need for further research are discussed.

1-120

Pre-treatment Mental Health Visits are Associated with Higher CPT and PE Completion in 129 VHA Healthcare Systems Nationally

(Abstract #1672)

Poster #1-120 (Clin Res, Clin Res, Clinical Practice, Train/Ed/Dis, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

Maxwell, Susan¹, Staudenmeyer, Anna², Metzler, Thomas¹, Metcalf, Caitlin³, Yasser, Julia¹, Mohlenhoff, Brian¹, Maguen, Shira⁴, Neylan, Thomas⁴, Wolfe, William⁵
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VHA promotes quality mental health care through its reliance on PTSD evidence-based psychotherapies, and has nationally mandated the availability of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) to treat Veterans with PTSD. Subsequent to national dissemination initiatives, research has aimed to identify predictors of trauma-focused treatment (TFT) completion in VHA settings to maximize the impact and penetration of CPT and PE. Data were extracted from the VA national EMR to identify Veterans in 129 VA medical centers nationally who initiated TFT within a year of engaging or re-entering mental health treatment (N= 44,302). 3% of Veterans initiated TFT immediately upon entering MH treatment, and 80% of Veterans attended five or more mental health visits prior to initiating TFT. Pre-treatment CBT was associated with 10% higher CPT treatment completion (36% vs. 46%, p < 0.0001), and 9% higher PE treatment completion (34% vs. 43%, p= 0.0015), defined as 8 sessions of CPT or PE, respectively. Findings have implications for the timing of and approach to TFT within VHA mental health care.

1-121

Pre-treatment Mental Health Visits are Associated with Higher Cognitive Processing Therapy and Prolonged Exposure Completion in 8 Regional VHA Healthcare Systems (VISN)

(Abstract #1673)

Poster #1-121 (Practice, Acute, Chronic, Clin Res, Complex, Adult) M - Industrialized **Roosevelt 1/2**

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VHA has nationally mandated the availability of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) to treat Veterans with PTSD. Subsequent to national dissemination, research has aimed to identify predictors of trauma-focused treatment (TFT) completion in VHA settings to maximize the impact of CPT and PE. Data were extracted from the VA national EMR to identify Veterans in 8 medical centers (Northern California HCS, Martinez CA; Palo Alto HCS, Palo Alto CA; Sierra Nevada HCS, Reno NV; San Francisco, CA; Central California HCS, Fresno CA; VA Pacific Islands HCS, Honolulu HI; Southern Nevada HCS, Las Vegas NV; and Manila, Philippines) who initiated TFT within a year of engaging or re-entering mental health treatment (n= 957). 16% of Veterans initiated TFT immediately upon entering MH treatment, and 41% of Veterans attended five or more mental health visits prior to initiating TFT. Pre-treatment CBT was associated with 13% higher CPT treatment completion (39% vs. 52%, p=0.0139), defined as 8 sessions of CPT. Results for PE suggested the same relationship, but did not reach significance (48% vs. 62%, p=0.1889). Findings have implications for the timing of and approach to TFT within the VISN, and in VHA mental health care more broadly.

1-122

Skills-based, Cognitive Behavioral Treatment is Associated with Higher Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Completion in an Outpatient PCT Setting

(Abstract #1674)

Poster #1-122 (Clin Res, Clinical Practice, Adult) M - Industrialized Roosevelt 1/2

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VHA promotes quality mental health care through its reliance on evidence-based psychotherapies, and has nationally mandated the availability of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) to treat Veterans with PTSD. Skills-based, cognitive-behavioral therapy (CBT) for PTSD has been explored as a preliminary brief treatment to build a foundation for engagement in trauma-processing therapy, honor patient preferences, and triage care. This presentation investigates how skills-based, CBT prior to CPT and PE may impact the likelihood of trauma-focused treatment (TFT) completion in an outpatient VHA PTSD Clinical Team (PCT). Data were extracted from the VA electronic medical record to identify Veterans who initiated PCT treatment (3 or more PCT visits following 18 months without care) between 12/1/13 and 6/1/15 (N=341). 47% of Veterans began TFT without initial CBT, and 37% of Veterans engaged in

5 sessions of CBT prior to TFT initiation. Pre-treatment CBT was associated with 37% higher CPT treatment completion (43% vs. 81%, p=0.0047), defined as 8 sessions of CPT. Results for PE were suggestive of the same relationship, but did not reach significance (67% vs. 90%, p=0.2129). Findings suggest that initial CBT may have a role in

supporting successful delivery of TFT in VHA settings.

1-124

Identification of Risk for PTSD Symptom Clusters Early after Trauma may represent an Early Mechanism of PTSD Development

(Abstract #1448)

Poster #1-124 (Clin Res, Acc/Inj, Assess Dx, Clinical Practice, Adult) M - Industrialized Roosevelt 1/2

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Early prediction of PTSD is focused largely on the disorder in its entirety, limiting understanding of specific risk factors of symptom clusters. Nearly 30% of hospitalized traumatic injury survivors develop PTSD making screening and prevention efforts in this population vital. The present prospective longitudinal study of injured trauma survivors evaluated the predictive ability of the 9-item Injured Trauma Survivor Screen (ITSS; Hunt et al., 2017) to detect risk for symptom clusters. Participants (N=146) were administered the ITSS while hospitalized and the Clinician Administered PTSD Scale (DSM-5) 6 months after injury. A series of multiple regression analyses exhibited significant predictive ability of the ITSS PTSD and depression items on all symptom clusters, respectively. Items assessing for perceived life threat, intentionality, and worry were most predictive of symptom severity for avoidance symptoms (F(5,140) = 17.95, p < .001, R² = .39), and arousal symptoms (F(5,140) = 15.03, p < .001, R² = .33). However, ITSS depression items showed better predictability of NAMC symptom cluster by specific items, such as emotional detachment. Consistent with previous literature, prediction of hyperarousal and avoidance symptoms is unique compared to depressive like symptoms of PTSD; this may carry implications for future early intervention research (deRoon-Cassini & Larson, 2014).

1-125

Predicting Completion of EBP for PTSD in Veterans: The Impact of Service Connected Disability

(Abstract #658)

Poster #1-125 (Clin Res, Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

Allen, Steven, Mullin, Thomas, Taravella, Cicely Salt Lake City Veteran Affairs Medical Center, Salt Lake City, Utah

Completion of evidence based-treatments (EBP) for PTSD by veterans treated in the Salt Lake City VA Health Care System PTSD Clinical Team were explored. Using chart review via the Computerized Patient Record System (CPRS), veterans engaging in prolonged exposure (PE), cognitive processing therapy (CPT), and eye movement desensitization and reprocessing (EMDR) were tracked from their initial PTSD assessment through one year follow-up. The effect of service connected disability ratings were explored for their relationship with completion of EBPs for PTSD.

1-126

Therapeutic Alliance as a Factor in Treatment Retention for Veterans with PTSD

(Abstract #1142)

Poster #1-126 (Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

Voss Horrell, Sarah, Holohan, Dana Salem VA Medical Center, Salem, Virginia

Attention to therapeutic alliance may improve treatment retention in evidence-based treatments, which is an important concern in CPT and PE. In the veteran population, patient drop out ranges from 16-35% for CPT and 13-39% for PE (Steenkamp, et al. 2015). The primary study objective is to determine whether therapeutic alliance, as measured by scores on the Working Alliance Inventory (WAI-SR; Munder, et al. 2010), is predictive of treatment retention in CPT and PE. The WAI-SR examines three components of therapeutic alliance: (1) agreement on the tasks of

therapy, (2) agreement on the goals of therapy and (3) the development of an affective bond. WAI-SR will be administered at sessions 2, 4, and 6 of PE and CPT during routine clinical practice at a PTSD clinic at a VA in the Southern United States. Results will be analyzed using multiple regression and controlling for patient demographics (sex, age, race, education), PCL5, and PHQ9 scores. Dependent variables include treatment completion and number of sessions attended. Authors hypothesize that high scores on each of the three components will predict better treatment retention. If so, interventions can proactively address patients at high risk for dropout, with the goal of increasing treatment completion and success.

1-127

Hope and Self-efficacy as Predictors of PTSD Symptoms in a Sample of Women Veterans

(Abstract #1407)

Poster #1-127 (Clin Res, Clinical Practice, Depr, Mil/Vets, Adult) I - N/A **Roosevelt 1/2**

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Hope, a cognitive set characterized by the expectation that a desired outcome can and will be obtained, is important for coping with distress, but it is unclear if hope is distinct from similar constructs such as self-efficacy (beliefs in one's abilities). Confirmatory factor analysis (CFA) examined the common and unique associations between hope, self-efficacy, and PTSD symptoms in a sample of female Veterans (N = 264). Participants completed the Hope Scale, the General Self-Efficacy Scale (GSE), and the PTSD Checklist-5 (PCL-5). A bi-factor model with all Hope Scale and GSE items loading onto a general factor and items from the pathways and agency (two dimensions of hope) and GSE scales loading onto unique factors fit the data best, $\chi^2(117, N = 265) =$

247.10, CFI = .96, RMSEA = .065. The general factor accounted for 81.1% of the common variance of the items, with the GSE, pathways, and agencies specific factors accounting for 10.7, 5.5, and 2.6%, respectively. Only the general factor ($r = -.45$, $p < .001$) was significantly associated with PTSD. Results support a unidimensional conceptualization of hope and self-efficacy suggesting these two constructs may be redundant constructs, or the measures of these constructs need to be refined.

1-129

Trauma Strengthens the Effect of Depression on Suicidality in Safety Net Primary Care Patients

(Abstract #723)

Poster #1-129 (Clin Res, Clinical Practice, Depr, Care, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Mladen, Samantha, Baylor Williams, Allison, Griffin, Sarah, Smith, Erin, Trujillo, Michael, Rybarczyk, Bruce
Virginia Commonwealth University, Richmond, Virginia

Objective: There is limited research on trauma history as a moderator for the relationship between depression and suicidality, particularly in high-risk samples. The present study aims to: 1) characterize trauma exposure and 2) evaluate if assaultive childhood or adult trauma predict suicidal ideation in men and women.

Methods: Patients ($n=210$) in a safety net primary care clinic waiting room completed measures assessing childhood and adult trauma, depression, and suicidal ideation. Analyses were separated by gender.

Results: The prevalence of childhood assaultive trauma (45.4%), adult assaultive trauma (61.5%), moderate to severe depression (58.4%), and suicidality (43.8%) was high in this sample. Childhood assaultive trauma ($B = .04$, $R^2 = .02$, $F = 5.01$, $p = .03$) and adult assaultive trauma ($B = .03$, $R^2 = .03$, $F = 6.89$, $p = .01$) intensified the relationship between depression and suicidal ideation in men, but not women.

Conclusion: Childhood and adult assaultive trauma exacerbated the effect of depression on suicidal ideation in men, but this relationship was not significant in women. These findings emphasize the

importance of trauma-informed depression risk assessment and treatment in primary care and safety net settings, as well as further research on gender differences in trauma reactions.

1-131

Evaluating the Effectiveness of a Prison Diversion Program on Parenting Outcomes among Mothers

(Abstract #1062)

Poster #1-131 (Clin Res, Commun, Sub/Abuse, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Kovacevic, Merdijana, Shotwell Tabke, Chelsea, Newman, Elana
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Mothers in prison are known to feel parental inadequacy, fear a difficult reunion with their children, and experience more mental health problems associated with parenting stress. While preliminary results suggest jail diversion programs reduce criminal activity, it is unknown whether diversion programs positively impact parenting perceptions and behaviors. This presentation examines the effectiveness of a comprehensive prison-diversion program among 380 mothers. Major parenting program components include parenting psychoeducation classes, individualized assistance to reunify families when deemed appropriate, and connecting mothers to services for children. Parenting attitudes, behaviors, and styles were assessed at initial program entry, 6 months, 9 months, and at program graduation. Repeated measures ANOVA results suggest mothers spend significantly more time with their children by graduation. Across time in program, repeated measures multilevel linear modeling indicate statistically significant: 1.) decreases in parental stress and inconsistent parenting, and 2.) increases in parental competence, commitment and support to family members, encouragement to express feelings directly with family members, and planning family responsibilities. Results suggest justice-involved mothers may benefit from learning new ways to manage parenting stress and their family dynamics.

1-132

Coerced Intervention for a Vulnerable Population: Effectiveness of a Prison Diversion Program for Substance Abusing Women

(Abstract #1063)

Poster #1-132 (Clin Res, Clin Res, Commun, Social, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Shotwell Tabke, Chelsea
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Over the past 40 years, the United States has had a 600% increase in rates of incarceration of women. Oklahoma has the highest female incarceration rate, largely due to drug-related offenses; Most of these substance-abusing women have additional trauma-related mental health difficulties. Criminal justice diversion programs were designed to avert or interrupt the traditional cycle of criminal offending and incarceration by diverting offenders with mental health needs into treatment programs instead of jail or prison. However, the effectiveness of these programs has largely remained unexamined. The present study examined the effectiveness of a trauma-informed criminal justice diversion program for prison-bound substance abusing women in Oklahoma. A total of 436 participants completed mental health measures assessing for trauma related symptomatology, overall psychological distress, and confidence in refusing illicit drug use at designated time points during the program (initial, 6 months, 9 months, and pre-graduation). Results of repeated measures multilevel linear modeling indicated both statistically and clinically significant decreases in trauma related symptomatology and overall psychological distress, and statistically significant increases in illicit drug refusal confidence. Implications regarding the effectiveness of trauma-informed prison diversion will be discussed.

1-133

The Relationship between First Trauma Exposure and Eating Disorder Symptom Severity

(Abstract #1317)

Poster #1-133 (Clin Res, Dev/Int, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Holmes, Samantha, DaFonseca, Alexis, Johnson, Dawn
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Trauma exposure is demonstrated to be a non-specific risk factor for eating disorder symptoms (ED). Initially, the majority of studies exclusively examined child sexual abuse though, more recently, traumatic experiences occurring in adulthood have also been empirically linked to ED. Less is known about how the timing of trauma exposure may differentially impact ED. Therefore, the current study examines how timing of first trauma exposure is associated with ED severity, in a sample of undergraduate women ($N = 352$). A one-way MANCOVA, to determine the effect of no trauma, trauma prior to the age of 13, or first trauma after the age of 13 on components of ED, demonstrated a significant difference among groups after controlling for number of traumas, $F(6, 692) = 2.944, p = .016, p2 = .025$. Follow-up ANCOVAs revealed significant differences between groups on drive for thinness and body dissatisfaction. Specifically, both were significantly greater for those who experienced trauma occurring before 13 years old than those without trauma histories and body dissatisfaction was significantly greater for participants who experienced trauma before 13 years old than those who experienced first trauma after 13 years old. These results suggest that exposure to trauma in childhood may have particularly deleterious effects with regards to ED, above and beyond the impact of revictimization.

1-134

Men's Intimate Violence: The Relationship between Theory and Practice

(Abstract #1656)

Poster #1-134 (Clin Res, Clin Res, DV, Theory, Gender, Adult) A - Industrialized **Roosevelt 1/2**

Shaked, Omer

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Intimate Partner Violence is a widespread social problem. Surveys outline two main intervention models for men's intimate violence: The Duluth model, which argued that men are socialized to be dominant and are therefore required by social imperative to enforce, physically if necessary, their dominancy. The Duluth model became the chief authorized intervention criminal justice program for men's intimate violence in the USA. However, meta-analysis demonstrated Duluth treatment completers have a 40% chance of being successfully nonviolent, compared to 35% chance of maintaining nonviolence without treatment. The second model is the Cognitive-Behavioral Model (CBT), a widely-used intervention that argues cognitive misrepresentations of intimate situations frequently precede violent behaviors. Anger regulation therefore became the chief purpose of the intervention. Yet, meta-analysis found only a 56% risk reduction for CBT interventions. This presentation will discuss the ways in which theoretical conceptualizations of men's intimate violence as well as ideologies had contributed to the above mentioned interventions' wide acceptance, despite known lack of scientific and evidential support. Additionally, we will review the prominent theoretical models explaining men's intimate violence: The Patriarchal model, the Abusive Personality model, and the Post-Traumatic Stress model.

1-136

Culturally-modified Cognitive Processing Therapy for Karen Refugees with Posttraumatic Stress Disorder: A Pilot Study

(Abstract #807)

Poster #1-136 (Clin Res, Chronic, Cog/Int, Cul Div, Refugee, Adult) I - E Asia & Pac **Roosevelt 1/2**

Jobson, Laura, Bernardi, Jessica

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Objective: Karen refugees have endured one of the longest civil wars in history, involving widespread human rights violations. As a result, they are currently one of the largest refugee groups being resettled in the United States of America, Australia and other Western countries. The aim of this study was to investigate the modification and dissemination of a Cognitive Processing Therapy (CPT) group program for Karen refugees with posttraumatic stress disorder (PTSD).

Methodology: 7 Karen refugees with PTSD attended 12 weekly group sessions of a culturally modified CPT program. In addition, PTSD, depression and anxiety were assessed at pre treatment, post treatment and 3 months follow-up.

Results: The CPT program was well accepted, with high satisfaction and no drop-outs. While a reduction in PTSD symptom severity was seen post-treatment, for a significant proportion of the sample, PTSD symptom severity had increased by follow-up.

Conclusion: The study highlighted the challenges of treating PTSD in refugees, in that consideration needs to be given to other factors (such as on-going violence, renewed violence, political events) beyond trauma history that may impact on mental health. I will discuss the implications of these findings for culturally modifying PTSD treatment.

1-138

Assessing Triggers of Posttrauma Nightmares
(Abstract #938)

Poster #1-138 (Clin Res, Rape, Sleep, Roosevelt Adult) M - Industrialized 1/2

Youngren, Westley
University of Kansas, Lawrence, Kansas

Introduction: It is known that trauma can produce the manifestation of Posttrauma Nightmares (PNs). However, what is not known is why PNs occur on specific nights. Thus, the purpose of this study was to identify triggers of PNs.

Methods: Twenty-seven females who reported experiencing nightmares related to a sexual trauma completed pre and post-sleep surveys for six consecutive nights/mornings. These surveys measured PNs and potential initiators of PNs. Multilevel logistic regressions and the Process Macro analyses were used.

Results: Presleep cognitive arousal ($B = .07, p < .01; X^2(1, N = 27) = -1.53, p < .001$) and sleep latency ($B = .76, p < .001; X^2(1, N = 27) = -1.29, p < .001$) significantly predicted the occurrence of PNs.

Presleep cognitive arousal significantly moderated the relationship between sleep latency and the occurrence of PNs, $F(2, 27) = 18.09, p < .05; b = .08, p < .05$.

Conclusion: Our results suggest that the inability to fall asleep due to cognitive arousal (such as sleep apprehension) may initiate the occurrence of PNs. Therefore, PN treatment could explore the possibility of treating presleep cognitive arousal with the goal of reducing sleep latency and the probability of a PN occurrence.

1-139

Predictors of Rape-related Shame: Revictimization, Coercion, and Resistance
(Abstract #728)

Poster #1-139 (Clin Res, CSA, Rape, Roosevelt Adult) I - Industrialized 1/2

Bhuptani, Prachi, Messman-Moore, Terri
Miami University, Oxford, Ohio

Most rape survivors experience rape-related shame (Vidal & Petrak, 2007), which in turn, is related to

negative psychological outcomes such as PTSD and depression (Aakvaag et al., 2016). The high prevalence of rape-related shame and its role in negative outcomes necessitates research examining predictors of rape-related shame. Research demonstrates that child sexual abuse (CSA) victims may experience higher levels of shame following rape, when compared to rape victims without experiences of CSA (Aavkarg et al., 2016). In addition to CSA history, Mohammadkhani and colleagues (2009) theorize that peritraumatic factors such as perpetrator's use of coercion tactics and victim's resistance may be predictive of shame. Further, these factors have not been examined in the same model. The present study examined the relation between coercion tactics used by the perpetrators, victim's resistance, CSA history, and rape-related shame among a sample of 453 college women. Nearly 17% (n=77) women reported rape. Hierarchical regression analyses revealed that verbal coercion, physical coercion, substance-facilitated coercion, and verbal resistance were the only significant predictors of rape-related shame. The findings highlight the importance of considering peritraumatic factors, especially the coercion tactic used and resistance, when examining the emergence of rape-related shame.

1-140

Posttraumatic Cognitions following Unwanted Sex: The Impact of Perceived Consent, Feelings of Wanting, and Type of Coercion

(Abstract #871)

Poster #1-140 (Clin Res, Cog/Int, Rape, Adult) I - Industrialized Roosevelt 1/2

Kern, Sara, Peterson, Zoe
University of Missouri St. Louis, St. Louis, Missouri

Research suggests that perceived consent and feelings of wanting uniquely predict women's posttraumatic cognitions following rape, with greater perceived consent as a risk factor and greater wanting as a protective factor for some posttraumatic cognitions. This study expands upon these findings by examining the effects of perceived consent and wanting on posttraumatic cognitions in a mixed-gender sample of individuals reporting unwanted sexual experiences with different levels of coercion. 265 participants—recruited from Amazon's MTurk

and an undergraduate subject pool—provided qualitative descriptions of experiences of unwanted sex, completed measures of posttraumatic cognitions, and rated their perceived consent and feelings of wanting. Independent raters identified 3 coercion categories: no coercion, verbal coercion, physical coercion. For physical coercion, greater perceived consent was a risk factor for self-blame, and greater wanting was a protective factor for maladaptive self- and world-beliefs. Perceived consent and wanting did not predict posttraumatic cognitions following verbal coercion. For no coercion, greater perceived consent and wanting were risk factors for self-blame, and greater wanting was a protective factor for maladaptive world-beliefs. Discussion will focus on the clinical impact of perceived consent and wanting and resulting treatment implications.

1-141
World View Type as a Mediator in the Relationship between Rape Myth Acceptance and PTSD
 (Abstract #682)

Poster #1-141 (Clin Res, Health, Rape, Adult) M - N/A | **Roosevelt 1/2**

Mielock, Alyssa, Dadouch, Zena, Robinson, Diana, Lilly, Michelle
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Rape is considered a traumatic event, possibly leading to impairing psychological disorders such as posttraumatic stress disorder (PTSD). Rape myths, which serve to normalize rape, may impact beliefs about the world following exposure to sexual assault, as well as impact risk for adverse outcomes. There is a gap in literature regarding the association between rape myth acceptance (RMA) and PTSD symptom severity, and mechanisms explaining the association. Examining an online trauma exposed sample ($N = 249$) recruited from Mechanical Turk (MTurk), rape myth acceptance significantly predicted PTSD symptom severity ($r = .144, p = .023$). Assumptions related to controllability and belief in a just world are considered to provide a “sense of meaning” for trauma survivors that are focused around social rules. Both controllability and belief in a just world individually had a significant indirect effect on the relationship between rape myth acceptance and PTSD symptom severity ($\beta = -.047, 95\% \text{ CI} = [-.103,$

$-.006]$, for controllability; $\beta = -.048, 95\% \text{ CI} = [-.107, -.006]$ for belief in a just world).

1-142
An Examination of Rape Myth Acceptance, Sex Differences, and Distress in a Rape Film Analogue Study
 (Abstract #690)

Poster #1-142 (Clin Res, Rape, Adult) I - Industrialized | **Roosevelt 1/2**

Naydenov, Christine, Elwood, Lisa, Soper, Jordan
University of Indianapolis, Indianapolis, Indiana

Burt (1980) proposed that rape myths are “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists.” Research suggests that those endorsing higher levels of Rape Myth Acceptance (RMA) are not negatively affected by exposure to a rape scenario; some even showing positive affect (Bohner, Weisbrod, Raymond, Barzvi, & Schwarz, 1993). Rape myths can be perpetuated and maintained in high levels, because they help non-victims feel safe in their perceptions of the world and less overall distress. This study utilizes an analogue-film methodology, where 77 female participants view a rape scene film clip with either a male or female victim (approximately 2 minutes). The simulation is intended to examine the association between RMA, negative affect, and PTSD-like symptoms (PTSD-LS) after exposure to a rape film clip. Additionally, the study examines sex differences in victim. Following exposure to the film and additional cognitive tasks, participants completed demographic questions and self-report measures, including the Attitudes Toward Rape Victims Scale (ATRVS), PTSD Checklist (PCL), the Differential Emotions Scale (DES), and Heterosexual Attitudes Toward Homosexuals (HATH). Linear hierarchical regression will be conducted to examine if victim gender will moderate the relationship between RMA and PTSD-LS, with HATH and DES included as covariates.

1-143

Sexual Assault Moderates the Mediated Effect of Self-compassion on the Relation between Social Support and PTSD

(Abstract #822)

Poster #1-143 (Clin Res, Rape, Adult) M - Industrialized **Roosevelt 1/2**

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Elevated social support is associated with lower PTSD symptoms. Social support may protect against PTSD by increasing self-compassion, or kindness directed towards the self. This pathway may represent how an external support enhances internal support to reduce PTSD. These relations are hypothesized to differ for victims of sexual assault (SA). SA is associated with more shame and guilt cognitions, which may attenuate this pathway. It was hypothesized that an index trauma of SA would moderate the mediating relation between social support, self-compassion, and PTSD. Also, social support and self-compassion would be lower for those who experienced SA, and PTSD symptoms would be higher. Participants were 814 individuals, 135 with an SA index trauma. Self-compassion, social support, and PTSD were assessed with validated measures. Self-compassion ($t(813)=34.00, p<.05$) was lower in the SA group. Also, PTSD symptoms were higher in the SA group ($t(813)=28.30, p<.05$). SA moderated the mediated path between social support@self-compassion@PTSD ($b=-.077, 95\%CI: -.153$ to $-.003$). Further probing the model suggested that self-compassion fully mediated the relation between social support and PTSD in the SA group but only partially mediated the path in the non-SA group. Findings suggest that self-compassion is more prominent in protecting against PTSD in those with an SA history.

1-144

Disclosure Recipient Moderates Relationship between Disclosure Content and Adverse Mental Health Outcomes

(Abstract #1302)

Poster #1-144 (Clin Res, Comm/Int, Rape, Adult) M - Industrialized **Roosevelt 1/2**

Allen, Christy, Pinciotti, Caitlin, Orcutt, Holly
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Disclosure experiences with informal (e.g., friends, family) and formal (e.g., therapists, law enforcement) support providers are associated with mental health outcomes in sexual assault survivors (Ullman, 2010). The current study examined whether disclosure content (i.e., assault-related details, emotions, cognitions, beliefs, and social experiences) is associated with adverse mental health outcomes, and whether survivors' relationship to disclosure recipient moderates these relations. Sexual assault survivors ($n=426$) recruited from Amazon Mechanical Turk described content shared with their most positive (PD) and most negative disclosure (ND) experiences. Sharing more assault-related details with PD recipients predicted less PTSS, except when the recipient was a formal provider; in such instances, sharing more details predicted greater PTSS. Similarly, sharing more assault-related beliefs with PD recipients predicted greater depression, anxiety, and stress, except when the recipient was a formal provider; in such instances, sharing more beliefs predicted less symptomatology. Within ND experiences, sharing more beliefs with recipients predicted greater PTSS, a finding that did not vary by recipient. The findings suggest that sharing certain types of content during disclosures is predictive of adverse outcomes, particularly during positive conversations with formal providers.

1-145

Impact of Social Support during a Social Interaction on Post-trauma Cognitions and Outcomes Utilizing a Trauma Analogue Design

(Abstract #1299)

Poster #1-145 (Clin Res, Comm/Int, Adult) M - Industrialized **Roosevelt 1/2**

Allen, Christy, Hodges, Mikhaella, Lilly, Michelle Northern Illinois University, DeKalb, Illinois

Social support (SS) is an important predictor of posttraumatic stress symptoms (PTSS), and has been hypothesized to indirectly affect PTSS via negative posttraumatic cognitions (PTC). SS is typically studied retroactively and via questionnaire. In contrast, the current study used a trauma film analogue, laboratory-based design in which female undergraduate participants (N = 74) watched distressing video clips alone and then had a brief videotaped conversation with a friend. Mood and PTC were measured before (T1) and after the conversation (T2). Outcomes were total number and severity of intrusions over the next two to four days, as well as analogue PTSS. Participants whose friend was male reported more intrusions on the first and second day than participants whose friend was female. PTC were not a significant predictor of outcomes. Higher negative mood at T1 and T2 predicted higher intrusion severity and PTSS. Reduction in negative mood from T1 to T2 was associated with reduction in negative PTC from T1 to T2. Friends' statements are being coded as positive, negative, neutral, and off-task to examine the effect of different types of SS on changes in mood, PTC, and intrusions.

1-146

Understanding Guilt-proneness and Trauma-related Guilt in Active Duty Service Members and Veterans

(Abstract #1148)

Poster #1-146 (Clin Res, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Trauma-related guilt a feature of PTSD for combat veterans, has been found to stem from childhood experiences and exacerbates symptoms of posttraumatic distress. The current study examined the impact of family environment on guilt-proneness and trauma-related guilt in a sample of 92 male combat active duty service members and veterans (Age = 32.37, SD = 11.24). This study hypothesized that (1) family environment would influence guilt-proneness equally regardless of current military status; and (2) veterans would endorse more trauma-related guilt when compared to active duty service members due to the stigma of reporting distress. Results partially support these hypotheses, higher levels of positive childhood experiences had higher levels of guilt-proneness ($t = -2.26$ (39.026), $p = .029$) and no significant differences on guilt-proneness between service members and veterans were noted. Veterans endorsed greater trauma-related guilt than active duty service members ($F = 12.660(2)$, $p < .001$). Results suggest service members, regardless of early childhood experiences, are prone to experiencing feelings of guilt following combat. These findings may suggest that time since deployment may be a factor in the development of trauma-related guilt, and early cognitive or trauma-focused intervention in veterans may be warranted.

1-147

Beyond Childhood Family and Combat Experiences: The Relative Contribution of Attachment Insecurity on Combat-related PTSD

(Abstract #112)

Poster #1-147 (Clin Res, Mil/Vets, Adult) I - N/A **Roosevelt 1/2**

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Within Veterans, attachment insecurity has been associated with PTSD symptom severity; however little is known what role attachment contributes to each individual symptom cluster or how attachment contributes to an individual's combat-experiences. The current study predicted that attachment insecurity would contribute to PTSD symptomatology over and above childhood family- and combat-related experiences. Participants were 90 male combat-deployed Veterans and active duty service members; mean age = 32.14, SD = 10.56. Hierarchical linear regressions indicated that attachment insecurity, particularly attachment anxiety, predicted symptoms of negative alterations in cognition and mood ($B = .375, p < .001$) and hypervigilance ($B = .265, p = .001$), contributing to 50.4% and 43.5% of the variance, respectively. Attachment avoidance was only predictive of negative alterations in cognition and mood ($B = .167, p = .043$). These results suggest that regardless of family of origin or combat exposure, attachment insecurity affects the way an individual with PTSD reacts, thinks, and feels within the world. Clinical implications may include interventions targeting interpersonal functioning in combination with cognitive-behavioral trauma focused care to address alterations in maladaptive thoughts, reactivity, and irritable behavior.

1-148

Mental Health Symptoms and Relationship Satisfaction: Changes across Treatment Sessions in an Active Duty Military Sample

(Abstract #104)

Poster #1-148 (Clin Res, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Previous research in civilian and veteran samples has shown that relationship satisfaction may attenuate symptoms of posttraumatic stress disorder. However, these studies have not demonstrated how changes in relationship satisfaction during the course of psychotherapy might influence treatment outcomes. The current study examines if relationship satisfaction is associated with improved psychotherapy outcomes among active service members (SMs). 172 SMs enrolled in outpatient psychotherapy completed assessments of relationship satisfaction and posttraumatic stress disorder. Data was drawn from up to 26 weeks of treatment. A linear mixed effects regression model, adjusting for age, sex, and ethnicity examined change in PTSD outcomes as a function of both relationship satisfaction and time in treatment. SMs reporting improvements in relationship satisfaction generally showed improvement across symptoms over time, with a significantly greater reduction in symptoms associated with patients who showed significant increases in relationship satisfaction. SMs who report higher satisfaction in their relationship, even when this is not the central focus of treatment, have lower reported problems with posttraumatic symptoms than those who do not. Results suggest that addressing relationship concerns is a crucial component of outpatient psychotherapy across symptom categories.

1-149
Individual Differences in Treatment Outcomes and Dropout: The Role of Five Factor Model Personality Traits

(Abstract #662)

Poster #1-149 (Clin Res, Assess Dx, Adult) I - Industrialized **Roosevelt 1/2**

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Personality heterogeneity may explain variable treatment outcomes and premature dropout but has received little research attention in PTSD. Past research has been limited by the examination of a single trait (van Emmerik et al., 2011) which may not adequately capture how traits interact to impact outcome. The current study identified personality profiles and examined associations between these profiles and treatment outcome and dropout in patients with PTSD (N = 200) participating in a randomized trial comparing PE and sertraline. Latent profile analysis identified a three-class solution. Class 1 (“neurotic”; n = 30) was distinguished by elevated neuroticism and low levels of other traits. Class 2 (“moderately-adjusted”; n = 129) captured individuals with elevated neuroticism and moderate levels of other traits. Class 3 (“well-adjusted”; n = 34) included individuals with low neuroticism and elevated levels on other traits. The well-adjusted and neurotic classes significantly differed on baseline PTSD severity. However, across treatments, classes did not differ on post-treatment severity or dropout. Findings add support to the growing literature about the efficacy and tolerability of PTSD treatments and suggest maladaptive personality types should not preclude individuals from treatment. More work is needed to determine whether these profiles are consistent across other samples.

1-151
Virtual Reality Exposure vs. Prolonged Exposure for PTSD: Which Treatment for Whom?

(Abstract #664)

Poster #1-151 (Clin Res, Clin Res, Tech, Mil/Vets, Adult) A - N/A **Roosevelt 1/2**

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The majority of studies comparing psychological treatments for posttraumatic stress disorder (PTSD) do not find significant differences at posttreatment. This was the case in a recent trial examining prolonged exposure (PE) and virtual reality exposure (VRE) for combat-related PTSD. Matching patients to specific treatments provides a potential avenue to improve the public health impact of effective treatments for PTSD. A composite moderator approach was used to identify profiles of patients who would see superior symptom reduction in VRE or PE to inform future treatment-matching. Active duty US army soldiers (N=108) were enrolled in a clinical trial comparing VRE and PE for PTSD stemming from deployments to Iraq or Afghanistan. Baseline variables were examined to identify

treatment response heterogeneity in two patient groups: those with a superior response to PE, and those with a superior response to VRE. The final composite moderator comprised four of the eighteen baseline variables. Results revealed that patients who were predicted to see greater symptom reduction in VRE were likely to be younger, not taking antidepressant medication, had greater PTSD hyperarousal symptoms, and were more likely to have greater than minimal suicide risk. Results suggest that treatment-matching based on patient profiles could meaningfully improve treatment efficacy for combat-related PTSD.

1-152
The Relationships between PTSD, Depression, Anger, Hostility, and Aggression in Returning Iraq and Afghanistan War Combat Veterans

(Abstract #133)

Poster #1-152 (Clin Res, Aggress, Mil/Vets, Adult) M - Industrialized	Roosevelt 1/2
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Aggression, anger, and hostility are conceptually related but unique constructs found to occur more often among veterans with PTSD than among those without PTSD or civilians.

Objective and Methods. Returning Iraq and Afghanistan War combat veterans ($N = 175$; 95.4% male; age $M = 30$ years; 79% White) completed validated interview and self-report measures in order to examine the direct and indirect relationships between PTSD, depression, hostility, anger, and four types of aggression: verbal, and physical toward self, others, and objects.

Results. PTSD had a significant direct effect on anger but not on hostility or any aggression type. Depression significantly mediated the relationships between PTSD and hostility and between PTSD and anger. Depression and anger significantly mediated the relationships between PTSD and verbal

aggression, and between PTSD and physical aggression toward objects. Anger, but not depression significantly mediated the relationship between PTSD and physical aggression toward others. Depression, but not anger, mediated the relationship between PTSD and physical aggression toward self. **Conclusions.** Results support the importance of assessing for anger, depression, and different types of aggression among veterans presenting for PTSD treatment in order to develop individualized treatment plans that may benefit from early incorporation of anger interventions.

1-155
The Role of Avoidant Attachment in PTSD-shame and PTSD-guilt Relationships among Combat Veterans

(Abstract #113)

Poster #1-155 (Clin Res, Affect/Int, Mil/Vets, Theory, Adult) I - Industrialized	Roosevelt 1/2
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Posttraumatic Stress Disorder (PTSD) is associated with the expression of various social emotions. Research has shown that a positive relationship exists between PTSD severity and levels of shame and guilt. PTSD severity is also positively associated with avoidant attachment style (i.e. beliefs that one must remain independent, self-reliant, and disconnected from others). The objective of the present study was to investigate the moderating effects of avoidant attachment style on the relationship between PTSD severity and the social emotions of shame and guilt. Participants were 206 OEF/OIF/OND veterans and active duty personnel who served in a combat zone who completed self-report measures through an online survey. Measures included the PTSD Checklist for DSM-5 (PTSD Severity), The Experiences in Close Relationships Scale (Attachment Style), and The Differential Emotions Scale-IV (Shame and Guilt). PTSD severity was significantly and positively related to both shame and guilt. Avoidant attachment style moderated the relationship between PTSD severity and shame ($\beta = .0008, p < 0.05$), but not between PTSD severity and guilt ($\beta = .0002, p = .55$). A simple slopes analysis determined that the PTSD-shame relationship was

stronger at higher levels of avoidant attachment. These findings may shed light on the distinct mechanisms underlying the social emotions related to PTSD.

1-156
The Impact of a DBT Skills Group for Military and Veterans with PTSD and Borderline Personality Traits
(Abstract #1618)

Poster #1-156 (Clin Res, Affect/Int, Aggress, Mil/Vets, Adult) M - Industrialized | **Roosevelt 1/2**

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Eighteen individuals with a military background who were diagnosed with Post-traumatic Stress Disorder (PTSD) and borderline personality traits participated in Dialectical Behavior Therapy Skills Groups (DBT-SG) at an outpatient clinic. The purpose of the current study was to examine outcomes of this treatment using both quantitative and qualitative data. Quantitative data was collected using the Borderline Evaluation of Severity over Time (BEST) questionnaire, which was administered at pre-treatment and post-treatment. Qualitative data was collected using an open-ended questionnaire designed for the purpose of this study. Paired samples t-tests indicated that participants engaged in significantly more positive coping behaviors at post-treatment compared to pre-treatment, and increases in positive coping behaviors were correlated with decreases in negative thoughts and feelings among participants, despite no change in negative coping behaviors. Qualitative data reflected a general sense that participants found the program to be beneficial and intended to continue using the skills they had learned. This small sample study lends support to the idea that DBT-SG may be an efficacious treatment for military personnel with PTSD and borderline personality traits.

1-157
The YAHALOM Protocol: Immediate, Peer Based CSR Intervention at the Point-of-injury
(Abstract #1471)

Poster #1-157 (Clin Res, Acute, Clin Res, Mil/Vets, Other) M - Global | **Roosevelt 1/2**

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Immediate consequences of Combat Stress Reaction (CSR) on the battlefield may be not only the suffering of the victim and the long-term risk of psychopathology, but also the impact on the functioning of other soldiers. Despite the concern of military authorities with the broad damage of the CSR, immediate intervention techniques at the point of injury remain underexplored. Based on Farchi's Six-Cs Model, Israeli Defense Force has developed "YAHALOM" protocol – immediate peer-based CSR intervention at the point-of-injury. Although the effectiveness of the technique should be examine in light of PTSD preventing among CSR victims, we assumed that the knowledge of the protocol could also contribute to the resilience of the soldiers trained in "YAHALOM". We conducted cross-sectional study of 920 combatants to examine the association between the level of the knowledge in "Yahalom" and parameters of resilience, PTSD, general self-efficacy, self-efficacy to implement YAHALOM, mental well-being and stigmatization of a CSR. Results showed: the higher the level of knowledge, the greater the resilience and self-efficacy to implement the "YAHALOM". In some units, the higher the level of knowledge, the lower the PTSD level and the higher the mental well-being. Given the low cost and high potential, future applications is warranted.

1-158

The SIX C's Model: From Helplessness into Active Helper- Psychological First Aid Tools for Non Professionals

(Abstract #1472)

Poster #1-158 (Prevent, Acute, Affect/Int, Anx, Cog/Int, Lifespan) M - Global **Roosevelt 1/2**

Farchi, Moshe

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Psychosocial responses to traumatic events at the individual and community level have received growing attention in recent years.

Unlike routine life, traumatic or emergency situations are unexpected, unstructured events. First response in these situations is of utmost importance: immediate, focused and efficient interventions are beneficial for the reduction of acute stress reactions and a return to normal functioning as well as decreasing the risk for future onset of post-traumatic symptoms.

The aim of this paper is to present the SIX C's model - a new psychological first aid approach – immediate cognitive-functional psychological first aid – for the global nonprofessional community as well as for first respondents. The model addresses the need to standardize interventions during an Acute Stress Reaction and intends to help shift the person from helplessness & passiveness into active effective function, within minutes, in the immediate aftermath of the traumatic event. The model is based on SIX basic guidelines all start with the letter "C":

Cognitive Communication, Challenge, Control, Commitment, Continuity

Preliminary results on the effectiveness of the SIX C's model in terms of increasing resiliency, reducing anxiety and improving perceived self-efficacy are presented.

1-159

How do Families Perceive their Military Service? A Mixed-methods Study of Benefit-finding in Service Members, their Partners and Children

(Abstract #368)

Poster #1-159 (Clin Res, Mil/Vets, Lifespan) M - N/A **Roosevelt 1/2**

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This study examines benefit-finding, the ability to create some positive outcome after a stressful experience, amongst 30 National Guard families with a post-9/11 deployment. Families with one service member parent, one home front parent, and a child between the ages of 5 and 12 (mean= 9.05 years) participated. Benefit-finding in all family members was assessed using the Benefit Finding Scale (BFS) or Benefit Finding Scale for Children (BFSC) adapted for military service. Family members also completed a qualitative interview exploring their perceived benefits of military service and a battery of psychological measures, including reports of parenting behavior, parenting stress, PTSD, and child behavior. The BFS and BFSC had excellent internal consistency amongst all family members ($\alpha > .90$). Mean BFS/BFSC scores reflect ranges that are 63 to 66% of the highest possible score on the measure. Correlational analyses revealed a statistically significant, medium-sized relationship between service member- and child-reported benefits to military service ($r = 0.492, p = .038$). This study will also examine the relationship between service member and spouse PTSD, child internalizing and externalizing behaviors, and family member benefit finding. Findings will point to the role of benefit-finding as a tool that “works for families” (Park, 2011).

1-160

Posttraumatic Stress Symptoms and the Family: A Longitudinal Study of National Guard Families who received a Post-deployment Intervention

(Abstract #715)

Poster #1-160 (Clin Res, Fam/Int, Mil/Vets, Lifespan) M - N/A **Roosevelt 1/2**

Kritikos, Tessa¹, Vikse Nicholson, Juliann¹, Mufti, Fatima¹, Tompson, Martha¹, DeVoe, Ellen²
¹*Boston University, Boston, Massachusetts*
²*Boston University School of Social Work, Boston, Massachusetts*

This study examines the relationship between Posttraumatic Stress Disorder (PTSD) amongst National Guard parents and child behavior, parenting behavior, and parenting stress. Participants included 30 families with a child between the ages of 5 and 12 who received a post-deployment parenting intervention approximately 5 years ago. Data were used from baseline, post-intervention, and 5-year follow-up assessment for three aims. First, we characterize the longitudinal relationship between service member PTSD symptoms (PCL) and child behavior (CBCL, YSR). Second, we examine the relationship between service member PTSD and self-reported parenting stress (PSI) and parenting behaviors (PARQ/Control) and child-reported parenting behaviors (CRPBI-30). Third, we use qualitative data to examine families' experiences in the intervention program and the impact it had on family relationships and parenting. Preliminary results revealed that 61% of service members report PCL scores above a primary care clinical cutoff for PTSD at follow-up. Service member parenting stress was significantly associated with several self-reported negative parenting behaviors. Qualitative data support the usefulness of the parenting program for improving family communication and parent-child relationships, as well as the desire for PTSD interventions to include family members.

1-161

Child and Parenting Outcomes following Parents' Receipt of Cognitive Processing Therapy for Posttraumatic Stress Disorder

(Abstract #716)

Poster #1-161 (Clin Res, Cog/Int, Fam/Int, Adult) I - Industrialized **Roosevelt 1/2**

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Posttraumatic stress disorder (PTSD) is associated with lower parenting satisfaction (e.g., Samper et al., 2004), and children of parents with PTSD are more likely to develop emotional and behavioral problems (e.g., Leen-Feldner et al., 2013). We sought to determine whether treating parents' PTSD would be associated with improved parenting and child outcomes. We trained community providers to deliver cognitive processing therapy (CPT), an evidence-based, trauma-focused treatment for adults with PTSD. From pre- to post- treatment, parents treated with CPT ($n = 30$) reported that their children evidenced significantly fewer internalizing ($t(29) = 4.32, p < .001$) and externalizing ($t(29) = 3.32, p = .002$) symptoms. Additionally, parents reported significantly less parenting stress including parental distress ($t(23) = 4.63, p < .001$), parent-child dysfunctional interactions ($t(23) = 2.18, p = .04$), perceptions of their child as difficult ($t(23) = 3.48, p = .002$), and total parenting stress ($t(23) = 4.06, p < .001$). There were no differences between parents whose children were versus were not patients at the clinic, suggesting that results were not simply due to the child benefitting from their own course of treatment. Data suggest that CPT has diffuse effects, and targeting parental PTSD may be a promising approach to improve parenting stress and child functioning.

1-162

The Differential Impact of Parenting on Bereaved Children’s Posttraumatic Stress and Grief Symptomatology

(Abstract #850)

Poster #1-162 (Clin Res, Death, Fam/Int, Grief, Lifespan) I - Industrialized **Roosevelt 1/2**

Schwartz, Laura, Howell, Kathryn, Hasselle, Amanda
University of Memphis, Memphis, Tennessee

Posttraumatic stress disorder (PTSD) and prolonged grief disorder (PGD) are distinct reactions after the death of a loved one. Parenting practices may impact the expression of these disorders in bereaved children. This study examines whether unique facets of parenting predict the severity of children’s PTSD and PGD symptoms, controlling for parent psychopathology. The sample included 50 parent-child dyads with treatment-seeking children aged 8-18 (M=12.28 years, 51% Male, 53% White) who experienced the death of a loved one in the past five years. Parallel hierarchical regression analyses were conducted for youth PTSD and PGD symptoms, which were significantly correlated. Model one with parent PGD predicting child PGD was significant, $F(1, 48)=11.56; p<.001, R^2=19.7\%$. Model two with parent PGD, Positive Parenting, Involvement, Poor Monitoring, and Inconsistent Discipline was significant, $F(5, 48)=4.65; p=.002, R^2=35.1\%$. Higher parent PGD symptoms were associated with more child PGD symptoms ($\beta=.37; p=.048$). More use of positive parenting ($\beta=.37; p<.001$) and less use of inconsistent discipline ($\beta=-.28; p=.04$) were associated with more child PGD symptoms. The models predicting children’s PTSD from parent psychopathology and parenting practices were not significant. Results suggest that children in a positive parenting environment may feel more comfortable expressing their grief.

1-163

Associations of Traumatic Stress with Experiencing Intimate Partner Violence in Mothers across Eight Years

(Abstract #853)

Poster #1-163 (Clin Res, DV, Adult) A - N/A **Roosevelt 1/2**

Stein, Sara, Grogan-Kaylor, Andrew, Galano, Maria, Clark, Hannah, Graham-Bermann, Sandra
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Intimate partner violence (IPV) is a serious public health problem with significant known physical and mental health sequelae including posttraumatic stress. Less is understood about the specific aspects of trauma and traumatic stress that may be associated with changes in IPV exposure over time. Mothers with histories of IPV were followed across eight years and interviewed at four time points. Standardized measures were used to assess IPV exposure and posttraumatic stress. Results of multilevel modeling revealed that reexperiencing and arousal traumatic stress symptoms, but not avoidance, over the eight years were significantly related changes in total IPV experienced over time. Furthermore, increases in reported non-sexual assault but not sexual assault were associated with higher levels of violence by an intimate partner. The goal of this research is to contribute to the reduction and mitigation of IPV through the identification of the mechanisms that increase risk for IPV exposure. The integration of this information into psychological treatments is needed to increase the effectiveness of programs indicated for IPV reduction and mitigation, which currently have shown limited long-term effectiveness.

1-164

The Effects of Partner Perceptions on the Relationship between Posttraumatic Stress Disorder and Aspects of Parenting

(Abstract #851)

Poster #1-164 (Clin Res, Clin Res, Fam/Int, Adult) M - Industrialized **Roosevelt 1/2**

Sager, Julia, Wamser-Nanney, Rachel
University of Missouri St. Louis, St. Louis, Missouri

Posttraumatic stress disorder (PTSD) symptoms have been associated with negative familial functioning, including decreased marital and parent-child relationship satisfaction and parental involvement. However, little is known about how partner perceptions impact the relationship between PTSD and parenting. The present study aims to examine the independent contribution of partner perceptions and three PTSD symptom clusters on parenting and determine whether partner perceptions moderates the relationships between PTSD and parenting (i.e., satisfaction, support, and involvement) among 143 trauma-exposed parents. PTSD symptom clusters were negatively associated with partner perceptions. Negative cognitions and hyperarousal were inversely related to satisfaction and support, and avoidance was inversely tied to support. Partner perceptions were positively related to all parenting indices. Results revealed a significant moderation of partner perceptions on the relationships between negative cognitions and hyperarousal and all three parenting indices. Findings suggest that negative partner perceptions influence the relationships between PTSD symptoms associated with negative cognitions and hyperarousal and aspects of parenting. Individuals with PTSD who have negative perceptions of their partners may be at higher risk of experiencing more difficulty with parenting.

1-165

Parenting in the Aftermath of Trauma Exposure: Evidence of Resiliency

(Abstract #858)

Poster #1-165 (Clin Res, Complex, Fam/Int, Intergen, Lifespan) M - Industrialized **Roosevelt 1/2**

Wamser-Nanney, Rachel, Sager, Julia, Campbell, Claudia
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Trauma exposure and posttraumatic stress symptoms (PTSS) have been previously related to a variety of adverse parenting outcomes in veteran and clinical samples. Relatively little research has been conducted with non-clinical civilian samples, which is noteworthy as utilizing more general samples of parents may yield more accurate estimates of the true relationship between trauma and PTSS and parenting outcomes. The aim of the present study was to examine the associations between trauma exposure and PTSS and several aspects of parenting (i.e., parental satisfaction, parental support, and levels of parental involvement, communication, and limit-setting) among 206 parents recruited from mTurk (n = 156) and a Midwestern University (n = 50; ages 22-59; M = 37.08; SD = 7.69; 60.2% female; 52.9% White). Contrary to expectations, results indicated that cumulative trauma, specific forms of trauma (e.g., childhood sexual abuse, witnessing violence), and PTSS were largely unrelated to levels of parental satisfaction and parenting indices. Further, when significant relationships were observed between PTSS and aspects of parenting, they dissipated once demographic factors such as age, gender, race, and household income were accounted for. Thus, it appears that in the general population of parents, many parents manifest considerable resiliency in the context of parenting.

1-166

The Role of Family Functioning among Emerging Adults Exposed to Trauma

(Abstract #665)

Poster #1-166 (Clin Res, Comm/Vio, Roosevelt Fam/Int, Adult) I - Industrialized 1/2

Zakarian, Rebecca, McDevitt-Murphy, Meghan, Mazzulo, Nichole, Luttner, Kathryn
University of Memphis, Memphis, Tennessee

Among youth exposed to community violence and other forms of trauma, family factors may play a protective role against maladaptive outcomes; however, these factors are less well studied among college students, despite the reality that college students are frequently still embedded in and impacted by their family of origin. Urban college students (n=195; 75.9% female, 56.9% White, 30.8% Black, average age=20.09[SD=4.80]) reporting at least one traumatic event participated in an online survey. Trauma exposure was assessed using the Survey of Exposure to Community Violence and the Trauma History Questionnaire. Posttraumatic stress disorder (PTSD) symptoms were assessed using the PTSD Checklist for DSM-5 (PCL-5), and general family functioning was measured with the McMaster Family Assessment Device (FAD). Total trauma exposure was correlated with PCL-5 scores ($r=.27$, $p<.001$) and FAD dysfunction scores ($r=.13$, $p<.05$). Hierarchical regression analyses indicated that FAD scores were the strongest predictor of PCL-5 scores ($\beta=.33$, $p<.001$). Results suggest that family functioning is an important contextual factor in understanding risk and resilience to PTSD among emerging adults exposed to community violence and other forms of trauma. This presentation will also address the effect of specific subtypes of trauma, and clinical and research implications will be elaborated.

1-167

Culturally-specific Needs of Non-offending Parents of Sexually Abused Children: A Comparison of African-American and Latinx Parents

(Abstract #1557)

Poster #1-167 (Clin Res, CSA, Ethnic, Roosevelt Fam/Int, Lifespan) M - Industrialized 1/2

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¹*William Paterson University, Wayne, New Jersey*
²*Newark Beth Israel Medical Center, Newark, New Jersey*

This flash talk presents the argument that culturally-specific or adapted programs may be more beneficial to parents than a standard universal group treatment approach. Results from a needs assessment study of the psychological presentations of caregivers of children who have been sexually abused will be presented. African-American and Latino/a clients from an urban area in NJ were our study participants who completed a clinical interview, the Trauma Symptom Inventory (TSI), the Brief Symptom Inventory (BSI), and the Parenting Stress Index (PSI), to assess psychological needs and parent-child relationships. The data was collected at the Metropolitan Regional Diagnostic and Treatment Center (RDTC) at Newark Beth Israel Medical Center. Some preliminary findings are clinically elevated levels of PTSD-related symptoms, Parental Distress, Interpersonal sensitivity, Depression, as well as Paranoid Ideation. African American/Black participants had significantly higher endorsement of Sexual Conflict, $t(42)=2.18$, $p=.035$, Dysfunctional Sexual Behavior $t(42)=2.50$, $p=.016$, and Tension Reduction Behaviors, $t(42)=2.11$, $p=.041$ while Latino/as only scored slightly higher on Interpersonal Sensitivity, $t(41)=1.84$, $p=.073$. However, immigrants (non-U.S.-born) endorsed significantly higher levels of Interpersonal Sensitivity, $t(41)=2.35$, $p=.024$ and Paranoid Ideation, $t(41)=2.08$, $p=.044$.

1-168

Depressive Symptoms and Dispositional Resilience among Parent and Adolescent Survivors after the Wenchuan Earthquake: A Longitudinal Actor-partner Interdependence Model

(Abstract #1381)

Poster #1-168 (Clin Res, Affect/Int, Depr, Fam/Int, Health, Lifespan) I - E Asia & Pac **Roosevelt 1/2**

Fan, Fang, Li, Yuanyuan
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Background: This study aimed to investigate interrelated effects between parent and child depression as well as the predictors of depression in a large sample of earthquake survivors.

Methods: We utilized longitudinal survey data from the WEHC study (Funding from project #16JJD190001 and 2017KZ010101). Parent-adolescent dyads (n= 685) were assessed by self-administered questionnaires, including SDS, DSRS for Children, Resilience Scale, and earthquake exposure questionnaire at T12mon and T18mon (12 and 18 months post-earthquake). APIMs model was used to examine depressive symptoms within dyads.

Results: The prevalence rates of depressive symptoms in parents (T12mon:39.7%, T18mon:32.1%) and adolescents (T12mon: 39.3%, T18mon: 28.6%) showed a significant decline from T12mon to T18mon. After adjusted for earthquake exposure and previous symptoms, parents' depression prospectively predicted the development of similar symptoms on adolescents, and vice versa. After adjusted for earthquake exposure and previous symptoms, adolescents' dispositional resilience prospectively predicted the development of their depressive symptoms, but significant predictive power of dispositional resilience was not found for parents.

Conclusion: The development and persistence of depression in the aftermath of a devastating earthquake between parent and child influence each other.

1-169

The Role of Hopelessness on World Views and Post-trauma Psychopathology

(Abstract #726)

Poster #1-169 (Clin Res, Cog/Int, Depr, QoL, Adult) I - Industrialized **Roosevelt 1/2**

Dadouch, Zena, Mielock, Alyssa, Lilly, Michelle
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The relationship of shattered world views and post-trauma psychopathology has been well-established in the field of trauma research. Research on possible mediating factors on this relationship is needed to understand it further. The objective of the present study was to examine the role hopelessness plays in the association between shattered world views and psychopathology. Specifically, cognitions related to self-worth and benevolence of the world were tested as predictors.

In this trauma-exposed sample (N = 246) collected on Amazon Mechanical Turk (M-Turk), a significant indirect effect of hopelessness on the association between self-worth and posttraumatic stress disorder (PTSD) was detected (95% CI: -.40, -.57).

Additionally, there was a significant indirect effect of hopelessness on the association between self-worth and depression (95% CI: .19, .51). Further, it was found that benevolence of the world impacted PTSD (95% CI: .01, .31) and depression (95% CI: .15, .20) symptomology via hopelessness.

These results illustrate the role shattered world views play on post-trauma pathology. A mediating effect of hopelessness on this relationship has not been examined; this finding emphasizes that individuals with maladaptive views seem to be at a higher risk for suffering from hopelessness and symptoms of depression and PTSD.

1-170

Be Careful Who You Trust: Facial Perception of Trustworthiness in Individuals with Trauma Exposure

(Abstract #577)

Poster #1-170 (Clin Res, Assess Dx, Cog/Int, Adult) M - N/A **Roosevelt 1/2**

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²*City College of the City University of New York, New York, New York*
³*Rutgers University, Graduate School of Applied and Professional Psychology, Piscataway, New Jersey*

Research examining the effect of trauma exposure on the perception of facial trustworthiness is limited to one prior study (Fertuck et al., 2016). The current study extends this work by examining how trauma exposure impacts behavioral and EEG correlates of facial perception of trustworthiness. Individuals with high posttraumatic stress symptoms (HPTS; n=33), low posttraumatic stress symptoms (LPTS; n=45), and healthy controls (HC; n=23) appraised facial stimuli parametrically morphed on dimensions of trustworthiness during EEG recording. Significant group differences were found in mean ratings of facial trustworthiness, $F(2,101) = 3.29, p = .04$. Post-hoc Bonferroni comparisons showed that the HPTS group rated faces as more untrustworthy ($M=3.28, SD=0.55$) than the LPTS group ($M=3.02, SD=0.44$). A main effect of group was found in the amplitude of the negative slow wave (NSW), $F(2,48) = 4.60, p = .01$, with HCs revealing a significantly more negative ERP amplitude than either trauma-exposed group. Results with the NSW, a neural measure of perceived novelty and salience, suggest that trauma-exposed groups perceive trustworthy faces as less salient and distinct, and thus perhaps are less able to retain those faces in memory. Results underscore social appraisal of trustworthiness as an important consideration when conceptualizing and treating posttraumatic stress disorder.

1-171

Time Orientation in Trauma Narratives and Its Relationship to PTSD Symptoms

(Abstract #1124)

Poster #1-171 (Clin Res, Affect/Int, Cog/Int, Adult) I - Industrialized **Roosevelt 1/2**

Smith, Scott, Cody, Meghan
Mercer University, Atlanta, Georgia

The current study examines the relationship between posttraumatic stress disorder (PTSD) symptoms and time orientation in trauma narratives. It was hypothesized that present time orientation would be positively correlated with PTSD symptoms, while past time orientation would be negatively correlated with PTSD symptoms. Sixty-five respondents to recruitment announcements for people who had experienced potentially traumatic events completed the PTSD Checklist for the DSM-5 (PCL-5) and wrote brief narratives about their experiences. Narratives that did not contain a DSM-5 Criterion A event were eliminated, resulting in 25 trauma narratives. Linguistic Inquiry and Word Count software was used for linguistic analysis. Data analysis revealed a positive correlation between present time orientation in the narrative text (examples: today, is, now) and severity of re-experiencing symptoms as reported on the PCL-5, $r = .45, p = .03$. However, no other symptom clusters were associated with present time orientation, and past time orientation did not negatively correlate with PTSD symptoms as hypothesized. This study offers evidence that present time orientation in trauma narratives may be associated with severity of re-experiencing symptoms. These findings suggest that trauma narratives may be more therapeutic when recounted with a past orientation rather than a present orientation.

1-172

The Benefits of Self-efficacy Appraisals during Exposure to Trauma Content in Human Rights Advocacy

(Abstract #1467)

Poster #1-172 (Clin Res, Cog/Int, Rights, Adult) M - Global **Roosevelt 1/2**

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Human rights advocates (HRA's) are routinely exposed to direct and secondary potentially traumatic events, placing them at high risk for negative mental health outcomes such as PTSD. However, to date, few studies have examined the processes underlying vulnerability and resilience to PTSD in this population. Prior research has found that perceived self-efficacy at time of trauma exposure might buffer the deleterious effects of stress and trauma. An online study aimed at understanding how self-efficacy might benefit HRA's in the context of their work. HRA's (N = 260) were recruited online and randomized into either a self-efficacy or empathy condition. They were then asked to read a vignette about a human rights victim and complete an autobiographical memory and future-thinking task. Results show that those randomized into the self-efficacy condition reported greater past autobiographical specificity, less past trauma content, and less future human rights content. Consistent with our hypothesis, those in the self-efficacy condition demonstrated cognitive processes that represent cognitive processes that may facilitate adaptation to stress or trauma. These preliminary findings suggest that enhancing self-efficacy in HRA's may be an important target for preparing and responding to the mental health needs of HRA's.

1-173

Moderators of Psychotherapy Treatment Impact for Trauma-affected Populations Globally: A Systematic Review of the Literature

(Abstract #603)

Poster #1-173 (Clin Res, Clin Res, Pub Health, Adult) I - Global **Roosevelt 1/2**

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⁴Johns Hopkins University, Baltimore, Maryland

Research continues to explore factors associated with psychotherapy treatment success among trauma-affected populations. We conducted a systematic review to identify individual- and provider-level factors that moderate the treatment effects of evidence-based psychotherapy for trauma-affected populations globally. We searched multiple databases (PubMed, CINAHL, PsycInfo, Embase, Cochrane Library, Web of Science) for peer-reviewed articles published prior to February, 2016 to identify studies describing the impact of evidence-based psychotherapy, relative to a comparison group, on mental health outcomes among trauma affected adult populations. Studies were included if they examined individual- and/or provider-level effect modifiers or covariates. Data on the types of psychotherapies evaluated, moderators/covariates, and mental health outcomes were extracted. Risk of bias was assessed. Among 1298 full-texts screened, 41 met inclusion criteria. Individual-level moderators included age (17%), sex (23%), education (13%), marital status (7%), socioeconomic status (7%), symptom severity (23%), mental health comorbidity (33%), trauma type (27%), and other (30%). Two studies examined provider-level moderators (provider sex and professional affiliation). Descriptive results of the impact of each moderator type will be presented and implications for treatment will be discussed.

1-175

The Mediating and Moderating Role of Social Support and Self-esteem on Post-traumatic Stress Symptoms and Physical Health among Syrian Refugees in Jordanian Host Communities

(Abstract #1556)

Poster #1-175 (Clin Res, Complex, Global, Health, Civil/War, Adult) M - M East & N Africa | **Roosevelt 1/2**

Powell, Tara
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Methods. A cross-sectional study was conducted in April 2017 in the city of Irbid, Jordan. This research project, funded by Americares Foundation, is part of a longitudinal intervention study measuring the impact of a health awareness project in Jordan. Measures used in this study included the primary care PTSD checklist and Duke Health Profile which examines physical and mental health. The mediation analysis for this study was conducted using the PROCESS macro for SPSS and moderation analyses were conducted using hierarchical multiple regression.

Results. Correlation results indicated that higher self-esteem was significantly associated with lower PTSD scores ($r = -.330$) and higher physical health scores ($r = .201$). Mediation analyses illustrated an indirect effect of PTSD on physical health through self-esteem, $B = -.89$. Self-esteem also illustrated significant moderating effect on PTSD o physical health, $F(10,483) = 9.808$, $p < .001$.

Conclusion. Our results illustrate causal pathways which may influence the impact that post-traumatic stress symptoms may have on physical health symptoms. A combination of psychosocial support and physical health promotion provides a synergic effect on improving chronic patient’s physical health outcome. Future studies should continue to examine role identity such as self-esteem and social ties influence on mental and physical health symptoms.

1-176

Is Pharmacological Intervention Effective in Disrupting Fear-related Memory Reconsolidation? – A Systematic Review

(Abstract #710)

Poster #1-176 (Clin Res, Health, QoL, Res Meth, Adult) I - Latin Amer & Carib | **Roosevelt 1/2**

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Dangerous events are deeply memorized to be avoided in future. However, memories update information through reconsolidation process. Therefore, reconsolidation could play a critical role in fear-related disorders treatment. There are three interventions believed to attenuate reconsolidation: adrenergic blockade; glucocorticoid process, and protein synthesis inhibition. This literature review aims to verify the effectiveness of these interventions in disrupting fear-related memory reconsolidation (FRMR). A systematic review covered studies using interventions in FRMR. The selected articles were classified by intervention agent, fear/aversive stimulus, and level of scientific evidence. Forty-eight articles were selected and categorized as adrenergic agents; glucocorticoid agents; protein synthesis inhibitors; and other agents. Only propranolol (adrenergic blocker) reached the level A of scientific evidence. Cortisol reached level B. Propranolol is effective when used in personal script trauma or aversive images trials. Cortisol is effective in memory tasks and geometrical figures plus electric shock. Despite the supposed efficacy of propranolol and cortisol to disrupt FRMR, it can’t be generalized to clinical practice yet. Standardization of aversive stimulus, psychometric instruments and physiological assessments is necessary before attesting the effectiveness of these agents.

1-177

PTSD’s Blame Criterion and Mental Health Outcomes in a Community Treatment-seeking Sample

(Abstract #727)

Poster #1-177 (Clin Res, Acute, Health, Adult) I - Industrialized **Roosevelt 1/2**

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³*Valparaiso University, Valparaiso, Indiana*

Most people (89.7%) will experience a traumatic event in their lifetime, and an estimated 8.3% will go on to develop posttraumatic stress disorder (PTSD; Kilpatrick et al., 2013). PTSD is a severe psychiatric condition that can manifest as a combination of debilitating symptoms, one of which is a distorted sense of responsibility for the traumatic event. The inclusion of PTSD’s D3 criterion (exaggerated perceptions of blame for self or others) has received little research in regard to its relation to posttraumatic outcomes. To address this gap in literature, we examined the relevance of the clinical endorsement of the D3 criterion to PTSD symptomology and other relevant posttraumatic outcomes. Participants were 123 trauma-exposed, treatment-seeking individuals (M age=35.70, 68.3% Female) who completed a series of self-report questionnaires assessing posttraumatic symptomology, depression, distress intolerance, rumination, and anger reactions. Independent t-tests comparing those that clinically endorsed the D3 criterion (versus those that did not) revealed that the clinical endorsement of blame was significantly associated with PTSD symptomology, distress intolerance, and rumination. Our findings support the significance of the PTSD’s D3 criterion, and emphasize the importance of addressing blame in posttraumatic outcomes.

1-178

Predictors of Alcohol Use in College Students after Trauma

(Abstract #941)

Poster #1-178 (Clin Res, Health, Sub/Abuse, Adult) I - Industrialized **Roosevelt 1/2**

Kennedy, Seigie, Balderrama-Durbin, Christina Binghamton University (SUNY), Binghamton, New York

The objective of this study was to examine self-esteem, social support, and posttraumatic stress as relative predictors of concurrent alcohol use in college students – a population at risk for hazardous drinking. Reasons for drinking were also assessed to better understand these associations. Posttraumatic symptom severity (PTSS) (B = .19, p < .05) and social support (B = .27, p < .01), were significant predictors of alcohol use. Whereas, PTSS was the only significant predictor (B = .02, p > .05) of hazardous drinking. Coping with negative emotions (B = .26, p < .01) and social pressures (B = .25, p < .05) were significant predictors of alcohol use. Whereas, only coping with negative emotions predicted of hazardous drinking. Reasons for drinking were examined as mediators in the association between PTSS and alcohol use, and social support and alcohol use. These findings may have important implications for interventions targeting alcohol use for college students with a history of trauma. Drinking to cope with negative emotions, PTSS, and social pressures serve as relevant predictors of alcohol use among college students. Further research should examine the temporal influence of these predictors to explicate their potential causal relations.

1-179

Understanding the Association between Posttraumatic Stress Disorder and Physical Health Conditions: An Examination of Index Trauma and Symptom Presentation in a Population-based Sample

(Abstract #571)

Poster #1-179 (Clin Res, Health, Illness, Adult) I - Industrialized **Roosevelt 1/2**

Sommer, Jordana, Mota, Natalie, El-Gabalawy, Renee
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Background: This study examined the associations between index trauma and symptom presentation with physical conditions, among adults with posttraumatic stress disorder (PTSD).

Method: We analyzed data from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N=36,309). Past-year DSM-5 PTSD was assessed using a validated clinical interview. Participants reported whether a physician confirmed they had each physical condition in the past year. Multiple logistic regressions examined the association between index trauma and symptom clusters with physical conditions, among past-year PTSD (n=1,779).

Results: After adjustment, re-experiencing symptoms were associated with endocrine/metabolic conditions (AOR=1.33, 95% CI [1.12-1.56], p<.01) and negative mood/cognition symptoms were associated with sleep disorders (AOR=1.16, 95% CI [1.04-1.30], p<.01). Compared to all other index traumas, life-threatening illness was associated with digestive conditions and cancer (AOR range: 2.87-3.42, p<.01), psychological trauma was associated with musculoskeletal conditions (AOR=0.48, 95% CI [0.31-0.75], p<.01), and "other" trauma was associated with anemia (AOR=0.38, 95% CI [0.20-0.75], p<.01).

Conclusion: Results suggest that both symptom presentation and index trauma play a differential role dependent on type of physical condition among those with PTSD.

1-180

Predictors of Perioperative Dissociation among a Surgical Sample of Older Adults

(Abstract #1011)

Poster #1-180 (Clin Res, Health, Illness, Aging, Older) I - Industrialized **Roosevelt 1/2**

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Background: Perioperative dissociation is a known predictor of postoperative posttraumatic stress symptomatology (PTSS); however, little is known about the predictors of perioperative dissociation. This study examined psychiatric illness and cognitive dysfunction as predictors of perioperative dissociation.

Method: We analyzed a subset of non-cardiac older adult surgery patients collected as part of ENGAGES-CANADA (trial #NCT02692300; n=101). Preoperatively, participants completed validated measures of PTSS, alcohol misuse, depressive/anxiety symptomatology, and cognitive functioning. The Confusion Assessment Method-Severity measure assessed postoperative delirium (POD). Perioperative dissociation was assessed at discharge using the Peritraumatic Dissociative Experiences Questionnaire. Multiple linear regressions examined associations between psychiatric illness and cognitive functioning with perioperative dissociation.

Results: After adjustment, results revealed that POD severity (B=0.21, 95% CI [0.04-0.38], p<.05) and preoperative surgical anxiety (B=0.02, 95% CI [0.01-0.04], p<.01) were significantly associated with perioperative dissociation severity.

Conclusion: Results suggest that POD severity and surgical anxiety may be important predictors of perioperative dissociation. These results may inform prevention and treatment efforts to mitigate risk of PTSS postoperatively.

1-181

Trauma Exposure and Posttraumatic Stress Predict Postoperative Delirium in Older Adults

(Abstract #239)

Poster #1-181 (Clin Res, Health, Illness, Aging, Older) M - Industrialized **Roosevelt 1/2**

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Background: Preoperative psychiatric symptoms are predictors of postoperative delirium (POD); however little is known posttraumatic stress symptomatology (PTSS) and POD. This study examined trauma exposure and PTSS as predictors of POD.

Method: We analyzed a subset of non-cardiac older adult surgery patients collected as part of ENGAGES-CANADA (trial #NCT02692300; n=101). Preoperatively, participants completed the Trauma History Screen, PTSD Checklist for DSM-5 (past-month), and the Primary Care PTSD Screen (lifetime). POD was assessed using the Confusion Assessment Method-Severity. Multiple regressions examined the associations between trauma exposure, PTSS, and POD/POD severity.

Results: After adjusting for sociodemographics, history of POD, and psychiatric symptoms, both past-month and lifetime PTSS were significantly associated with POD severity (unstandardized regression coefficient (B) range: 0.06-0.65, p<.05) and lifetime PTSS was significantly associated with POD (odds ratio=2.01, 95% CI [1.12-3.59]). In the most stringent model, past-month avoidance and lifetime hypervigilance symptoms, along with assaultive trauma, were significantly associated with POD severity.

Conclusion: Results suggest that trauma exposure and PTSS independently predict POD and underscore the importance of comprehensive assessment of trauma histories and PTSD symptoms in this population.

1-182

The Role of the Criminal Justice System in Adaptation to Homicide Bereavement

(Abstract #1344)

Poster #1-182 (Clin Res, Death, Grief, Adult) M - N/A **Roosevelt 1/2**

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Relative to bereavement following natural death, homicide bereavement is associated with higher risk for complicated grief (CG), depression, and posttraumatic stress disorder (PTSD). A distinctive characteristic of the grief experience following homicide is interaction with the criminal justice system (CJS). In order to explore whether the CJS contributes to the uniquely devastating nature of homicide bereavement, this survey study examined the relationship between experiences with the CJS and mental health outcomes including depression, PTSD, and CG among 47 homicide survivors. It also examined how satisfaction with specific CJS agencies and specific aspects of the CJS process (e.g., input into the CJS process) related to satisfaction with the overall CJS. Even after perpetrator arrest and relevant demographic variables were taken into consideration, indices of satisfaction with the CJS were uniquely associated with depression and with CG. Additionally, indices of satisfaction with the CJS process were uniquely related to satisfaction with the overall CJS, while perpetrator arrest was not. These findings suggest that survivors of homicide may be more strongly influenced by their experience of the CJS process than by the outcomes this process produces. Clinical implications are discussed.

1-183

Incarceration: Disillusionments and Traumatic Risks for Vulnerable Populations
(Abstract #702)

Poster #1-183 (Clin Res, Acute, Prevent, Social, Terror, Adult) I - Industrialized | **Roosevelt 1/2**

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In Belgium, 75 per cent of prisoners come from the most disadvantaged social classes. Individuals from ethnic minorities constitute the largest proportion of prisoners. There is no doubt that ethnic minorities happen to be the most vulnerable to insecurity, and therefore more likely to experience confinement. Incarceration may represent an individually traumatic experience which can be considered through different stages. These stages involve potentially traumatic ruptures and disillusionments such as : arrest, first entry, conviction, stay, and freedom. During incarceration, the adaptive process of the individual facing the potentially traumatic event is decisive. On one hand, rupture and disillusionment can lead to an appropriate stress response involving either a return to stability or an adaptive and functional change for the individual. But the latest may prove to be dysfunctional for the social environment. On the other hand, rupture and disillusionment can lead to an inappropriate stress response and to a trauma. Through three cases studies, different adaptive responses will be illustrated. A brief presentation of the established procedures assisting detainees will conclude this presentation.

1-184

Patterns of Dating Violence Exposure across Race/Ethnicity
(Abstract #755)

Poster #1-184 (Clin Res, Chronic, Complex, Cul Div, Ethnic, Adult) I - Industrialized | **Roosevelt 1/2**

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Dating violence (DV; physical, sexual, and/or psychological violence perpetrated within a dating relationship) is a common and pernicious problem for women. Although women of every race/ethnicity are exposed to DV, it is unclear how different patterns of DV may differ across race/ethnicity. This gap in knowledge inhibits research on and clinical intervention with DV-exposed women with diverse backgrounds. In this study we examined the frequencies of different types of DV (physical, sexual, and psychological) across different race/ethnicities in a diverse sample of college-aged women (N = 654) using ANOVA and Configural Frequency Analysis. Results suggest that there were no differences in DV exposure across race/ethnicity and that co-occurrence of all three types of DV was the most common form of DV exposure for college-age women of all races/ethnicities. Results further suggest that the absence of sexual DV was especially uncommon for DV-exposed women identifying as White. These findings suggest that the multi-faceted nature of DV applies to women of all racial/ethnic categories, although co-occurrence patterns may be slightly different for White women. Findings extend research on racial/ethnic similarities and differences in DV exposure in college women, and imply the need for complex approaches to treating the complex trauma of DV.

1-185

Randomized Controlled Trial of Hydrocortisone and D-Cycloserine on Fear Extinction in PTSD

(Abstract #1605)

Poster #1-185 (Clin Res, Bio Med, Bio/Int, Adult) M - Industrialized **Roosevelt 1/2**

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Prolonged exposure (PE) is based on principles of fear extinction and is one of the most well-studied treatments for posttraumatic stress disorder (PTSD). Yet, a significant proportion of PTSD patients remain symptomatic following PE. Recent studies have shown that hydrocortisone (HC), and other drugs that target glucocorticoids, and D-Cycloserine (DCS), an N-methyl-D-aspartate receptor partial agonist, facilitate fear extinction. We examined whether HC or DCS can enhance fear extinction in individuals with PTSD. In a double-blind placebo-controlled design, 88 trauma-exposed Veterans with PTSD underwent fear conditioning with stimuli that were paired (CS+) or unpaired (CS-) with a shock, an extinction task 72 hours later, and a retention task one week later. HC (25mg), 50mg DCS (50mg) or placebo was given one hour prior to extinction. At the end of extinction, the placebo group showed greater CS+/CS- skin conductance response (SCR) differentiation compared to the DCS (b=-.13, p=.015) and HC groups (b=-.12, p=.023). During retention, the placebo group had greater CS+/CS- SCR differentiation compared to the DCS (b=-.18, p=.008) and HC groups (b=-.16, p=.013). These findings suggest that a single dose of HC or DCS facilitated SCR fear extinction learning and retention compared to placebo in participants with PTSD. The clinical relevance of these findings has yet to be determined.

1-186

Comparing the Network Structures of Interviewer-assessed and Self-reported PTSD Symptoms

(Abstract #531)

Poster #1-186 (Clin Res, Res Meth, Adult) A - Industrialized **Roosevelt 1/2**

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PTSD may be characterized by networks of causal interactions among symptoms, and network analyses can identify central symptoms and processes. In this emerging area, there has been a reliance on self-report measures of PTSD symptoms. This study examined both self-report and interviewer-assessed PTSD network models. Adults with primary PTSD (N = 350) completed interview and self-report measures of PTSD severity (PSS-I, PSS-SR). Analyses included regularized partial correlation network estimation, stability analyses, centrality and community detection analyses, and network comparison. Centrality profiles were similar across the networks (r = 0.71), as was the formation of re-experiencing, hyperarousal, and dysphoric symptom communities. Networks differed significantly in terms of global strength, and edge weights were weakly correlated (r = 0.34). The consistent detection of multiple symptom communities suggests that PTSD may not function as a homogenous causal system but rather as a collection of interacting but distinct pathological processes, such as fear overgeneralization, memory disruptions, and dysfunctional reward processing. Interviewer assessments may capture functional relationships involving experiential and behavioral avoidance that are not captured in self-report. Explicitly targeting unique or more driving processes may improve treatment outcomes.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

CLINICAL PRACTICE

1-187

Nondisclosure of Sexual Victimization: Helpful or Harmful?

(Abstract #1300)

Poster #1-187 (Practice, Affect/Int, Cog/Int, Comm/Int, Rape, Adult) M - Industrialized **Roosevelt 1/2**

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Disclosure of trauma is thought to lead to positive outcomes, but there is limited research examining the relationship between nondisclosure of sexual victimization, reasons for nondisclosure, and symptomatology. The current study examines the relationship between nondisclosure and posttraumatic stress disorder (PTSD) and depressive symptomatology in undergraduate females. Sexual victimization, PTSD, and depressive symptomatology were assessed via self-report. Of 221 participants who reported sexual victimization, 25% had not previously disclosed it. Qualitative analyses yielded four reasons for nondisclosure: shame or embarrassment, minimization of experience, fear of consequences, and privacy. Ordinary Least Squares Regressions were run, with disclosure status and reason for nondisclosure as the predictors and symptomatology as the outcome. Results indicate that, non-disclosers who minimized the traumatic experience, and, non-disclosers who did not endorse shame and embarrassment, reported fewer PTSD symptoms than disclosers. Our findings suggest that disclosure may not be more beneficial than nondisclosure for survivors of sexual trauma and that reasons for nondisclosure are associated with symptomatology. Qualitative analyses are ongoing to determine if similar themes arise in women who have disclosed and whether these themes relate similarly to symptomatology.

1-188

Discussions of Moral Injury in VHA Care: Veterans Perspectives about Approaching Moral Pain

(Abstract #943)

Poster #1-188 (Practice, Affect/Int, Mil/Vets, Theory, Adult) I - Industrialized **Roosevelt 1/2**

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Experiencing morally injurious events (MIEs) is increasingly recognized as a risk factor for psychopathology. Following exposure to MIEs, moral pain often results where dysphoric emotions and cognitions are experienced (Farnsworth et al., 2017). Moral pain can include both self-conscious emotions and cognitions (e.g., shame) and other-condemning emotions and cognitions (e.g., contempt). Moral injury arises when attempts to manage, control, or cope with moral pain leads to social, psychological and spiritual suffering. This conceptualization of moral injury will be presented, as will qualitative data from Veterans identifying lifetime difficulties in functioning related to moral injury. Veterans were asked if and how moral injury was discussed in VA treatment. Standard approaches to treating moral injury will be identified as will skills learned from approaching moral injury in treatment. Barriers to discussing moral injury in therapy will also be explored. Persistence of moral injury following standard care (often evidence based psychotherapies for PTSD) will be described. The perceived utility of standard interventions in treating moral injury will be presented, as will veterans' perceptions about the importance of moral injury treatment. These data support the exploration of interventions explicitly targeting the moral pain that maintains moral injury.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

1-189

Dropout from Psychotherapy for PTSD in Veterans and Active-duty Service Members Exposed to Sexual Trauma: A Systematic Review

(Abstract #830)

Poster #1-189 (Practice, Clinical Practice, Rape, Mil/Vets, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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Rates of sexual trauma amongst U.S. Veterans and Service Members range from 20-43% (Suris & Lind, 2008). Exposure to sexual trauma predicts a number of mental health problems, most notably Posttraumatic Stress Disorder (PTSD). Mental health concerns for military or veteran survivors of sexual trauma is undertreated given the unique barriers faced by this population. While systematic reviews have investigated drop out related to combat trauma (Goetter et al., 2017), none have focused on sexual trauma for veterans and active duty service members. The present meta-analytic review aims to examine dropout rates from outpatient, psychosocial PTSD interventions provided to veterans with PTSD following sexual trauma. Eligible articles were treatment studies, with drop out data, for a population of veterans or active duty service members who had survived military sexual trauma. Out of the 386 articles identified by our search and reviewed, only 3 studies (pooled n=246) were eligible for the analysis. Dropout rates ranged from 21% to 38% with the overall pooled dropout rate being 33.2%, 95%CI [22.7% - 43.7%]. Dropout is common among treatment-seeking veterans with sexual trauma. Clinical and research implications will be discussed. Given the paucity of literature on treatment outcomes for military and veteran survivors of sexual trauma, further research is warranted.

1-190

Violence Experienced by Women Applying for Asylum through the Bellevue Program for Survivors of Torture

(Abstract #738)

Poster #1-190 (Practice, Chronic, Health, Rape, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Objective: To examine the experiences of family and non-family violence experienced by women applying for asylum in the Program for Survivors of Torture at Bellevue Hospital

Methods: An observational study was conducted using a cross-sectional structured interview questionnaire and retrospective chart review for women in the Bellevue Hospital Program for Survivors of Torture. Data on violence were collected as part of research to assess histories, perceptions, and gynecological needs of immigrant female survivors of torture.

Results: Of the 45 women interviewed, most were from Africa (75%); 38(84%) had experienced some form of family or non-family violence. Thirty-three (73%) had experienced one or more forms of non-family violence. Twenty-seven (60%) had been hit or choked, 5(11%) shot or stabbed, 18(40%) had been detained against their will, 18(40%) had been stripped, 22(49%) had been subjected to unwanted kissing or touching, and 17(38%) had been threatened with harm for sex. Fourteen (31%) had experienced intimate partner violence, and 11(27%) had experienced violence from other family members.

Conclusions: Women applying for asylum have experienced high levels of family, non-family and intimate partner violence, including both physical and sexual violence. Female asylum seekers should be appropriately screened for trauma, and multiple roots of trauma assessed.

1-191

Diagnosis of MDD and PTSD among Survivors of Sex Trafficking and Gender-based Violence

(Abstract #1250)

Poster #1-191 (Practice, Bio Med, Health, Illness, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Objective: To determine the prevalence of previous and new psychiatric conditions in survivors of gender-based violence seeking routine gynecological care.

Methods: Chart reviews were conducted for 113 patients of the EMPOWER Clinic for Survivors of Sex Trafficking and Sexual Violence, a New York City gynecology clinic with co-located psychiatry services. All patients may have seen the clinic's gynecologist, psychiatrist, or both. Data were abstracted from the medical records of patients' gynecology and psychiatry intake visits.

Results: Of the 113 patients, 63 (56%) were referred to the clinic's co-located psychiatrist. After connection to the psychiatrist, a majority were diagnosed with major depressive disorder (79%) and/or post-traumatic stress disorder (90%). Of the 36 patients with no reported psychiatric diagnoses at intake, 72% were diagnosed with major depressive disorder and 83% were diagnosed with PTSD. Among the subgroup of 29 patients who saw the psychiatrist and had a previous psychiatric diagnosis, depression (62%) and PTSD (27.6%) were the most prevalent.

Conclusions: There are high prevalences of MDD and PTSD among survivors of sex trafficking and gender-based violence. Co-location of psychiatric services and gynecological care for this patient population may be an effective model to ensure that survivors receive comprehensive care.

1-192

Understanding Disclosure Experiences and Links with Mental Health among Men with Childhood Sexual Abuse Histories

(Abstract #435)

Poster #1-192 (Practice, CSA, Health, Pub Health, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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The current study described men's disclosure experiences and examined the role of disclosure characteristics on mental well-being (internalizing and externalizing behaviours, substance use, resilience). Men (N = 253) from across Canada and the U.S. were recruited through websites for males with sexual abuse histories. These participants aged 18-59 years anonymously completed an online study on their sexual abuse, disclosure experiences, and mental health outcomes. Results indicated that 77.9% of men disclosed their sexual abuse, although they waited an average of 15.4 years before sharing their experience. Once disclosed, 64.4% of the men reported a positive response (e.g., support), while 35.6% reported a negative response (e.g., blame). Regression analyses indicated that a greater delay in disclosure predicted greater externalizing behaviours ($r = .48, p < .05$). Additional disclosure variables were associated with components of externalizing (aggressive and rule-breaking behaviours) and internalizing (somatic complaints) behaviours. These results need to be replicated in future studies. However, they suggest that efforts need to be undertaken to address the barriers that hinder men from disclosing their sexual abuse and to ensure that men are supported once they decide to disclose.

1-194

Recommendations to Achieve Patient-centered Mental Health Care for Recent Veteran with Stress-related Disorders

(Abstract #1439)

Poster #1-194 (Practice, Clin Res, QoL, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Recent Veterans are at significant risk of experiencing stress-related mental health disorders such as PTSD, depression, anxiety, and substance use, and subsequently, difficulties in community reintegration and functioning. Research indicates that this Veteran population has unacceptably high dropout rates from treatment and Veterans experience a mismatch in the level of participation they want versus what they achieve. Though the majority of patient-centered training interventions aim to change provider behavior, research shows that interventions that change patient behaviors and engagement are most effective at improving the patient centeredness of care and functional outcomes. In order to inform development of a Veteran-targeted patient-centered training intervention this study used the Measure of Patient-Centered Communication coding schema to analyze audio-recorded mental health care encounters of recent Veterans with stress-related disorders (N=28). Results quantified Veteran participation and overall patient-centeredness in the four components of the Patient-Centered Clinical Method. Recommendations will be presented for how clinicians can improve the patient-centeredness of their care and how systems can support recent Veterans' activation and engagement in mental health care.

1-195

Results of a Pilot Randomized Trial of a Group Intervention to Reduce Self-stigma in Veterans with PTSD

(Abstract #1440)

Poster #1-195 (Practice, Clin Res, QoL, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Individuals with PTSD frequently encounter stigmatizing beliefs about PTSD and mental illness, more generally. Fear of and concerns about stigma can lead to a number of negative effects including social isolation, limited treatment seeking, and curtailed opportunities, all of which can impede personal recovery. Self-stigma or internalized stigma, when a person internalizes stigmatizing societal messages or stereotypes about PTSD and comes to believe them and apply them to him/herself, is another common and serious consequence of stigma, that may have an even greater impact on treatment seeking and recovery for Veterans with PTSD. Despite this, currently, there are no evidence-based interventions that specifically focus on addressing self-stigma in Veterans with PTSD. This presentation provides results from a pilot randomized trial of Ending Self-Stigma for PTSD (ESS-P), a 9 session group intervention designed to help Veterans with PTSD to learn tools/strategies to effectively cope with stigma and self-stigma associated with PTSD and to minimize their negative effects. Participants (N=57) were randomly assigned to receive ESS-P or enhanced treatment as usual (written information on self-stigma). Results indicated a significantly greater decrease in self-stigma and depression and an increase in self-efficacy and sense of belonging for those who participated in ESS-P.

1-196

Military Culture and Mental Health during Post-secondary Education: A Mixed Methods Investigation among Student Service Members and Veterans
(Abstract #108)

Poster #1-196 (Practice, Cul Div, Mil/Vets, Adult) M - Industrialized | **Roosevelt 1/2**

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Identification with military culture can affect the well-being of student service members/veterans (SSM/Vs) as they transition to postsecondary education (Borsari et al., 2017; Brim, 2013). Using an explanatory sequential mixed methods design (Creswell & Plano Clark, 2011), the current study examines how military culture/values could be associated with prominent mental health problems (i.e., depression, posttraumatic stress disorder, suicidal behavior) among previously deployed SSM/Vs. Content analysis of 40 transcripts from semi-structured interviews yielded 14 superordinate categories related to veteran identity (Badge of Honor, Non-Significance of Service/Badge of Separation), military culture (Content of Character, Military Structure, Experiences of Discontent), changes in values/beliefs during military service (Personal Growth, Interpersonal Growth/Community Integration, Personal Struggle, Congruence with Military Culture), and changes in values/beliefs post-military service (Success without Structure, Interpersonal Growth, Personal Struggle, Social Struggle, No Change). To unpack potential associations between military culture and mental health conditions, the presentation will discuss matrix queries conducted in NVivo 11 that compare the frequencies and extensiveness of qualitative codes between SSM/Vs with clinically elevated and sub-clinical mental health symptoms.

1-197

Moral Injury in the Treatment Room: A Qualitative Investigation of Clinicians' Perceptions
(Abstract #843)

Poster #1-197 (Practice, Clin Res, Mil/Vets, Prof) M - Industrialized | **Roosevelt 1/2**

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Introduction. Modern warfare and other more complex traumas involve violation to moral and ethical values that can evoke serious psychological distress and warrant further examination of their occurrence and effects on service-members/veterans and their families. This study aims to provide deeper insight into how clinicians conceptualize moral injury in the therapy room and attempt to work through it with clients.
Methodology. Twenty clinicians working at a tertiary outpatient mental health clinic were asked to complete an open-ended survey questions documenting their experiences with treatment-seeking service members and veterans, both in terms of observed sequelae of exposure to potentially morally injurious events, as well as what they have found effective in treatment.
Results. Quantitative data (e.g., frequency of events) will be reported to describe the clinician sample and contextualize qualitative analyses. Qualitative data will be analyzed using a rapid response framework to identify salient themes with direct quotations used to ground the results. For the purpose of this presentation, results will focus primarily on identifying common and perceived-to-be-effective approaches to working with moral injury as well as areas of discrepancy, and invite audience members to discuss their experiences of working with and understanding moral injury.

1-199

**Relations between Dating Violence
Victimization Subtypes, Active and Avoidant
Coping, and Post Traumatic Stress Disorder
Symptoms**

(Abstract #94)

**Poster #1-199 (Practice, Aggress, DV, Roosevelt
Adult) M - Industrialized 1/2**

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Dating violence is a prevalent problem among young couples and is associated with a variety of negative consequences (Harned, 2001). While researchers have established that coping strategies mediate the relation between physical abuse victimization and PTSD symptoms (Lilly & Graham-Bermann, 2010), there is a paucity of research examining the mediating relation between sexual and psychological dating violence victimization, coping strategies, and PTSD symptoms (Hellmuth et al., 2014). The current study examined the mediating role of avoidant coping on the relation between dating victimization subtypes and PTSD symptoms. Participants included 155 young adults who attended a public university in an urban city. Ages ranged between 18 and 25 ($M = 19.85$, $SD = 1.51$) and 70.3% were female. We assessed five mediation models, whereby dating victimization subtypes were modeled to affect PTSD symptoms through avoidant coping strategies. Significant indirect effects were found for relations between: physical abuse on PTSD symptoms via avoidant coping and sexual abuse on PTSD symptoms via avoidant coping. While no direct effect was found for the relation between physical abuse and PTSD symptoms, a direct effect was found for the relation between sexual abuse and PTSD symptoms. These results add to previous literature and theoretical models.

1-200

**Introducing Cognitive Processing Therapy
Groups to Australia for Treatment of PTSD**
(Abstract #423)

**Poster #1-200 (Practice, Clin Res,
Cog/Int, Commun, Pub Health,
Adult) M - Industrialized Roosevelt
1/2**

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Objective: This pilot aimed to determine whether group Cognitive Processing Therapy (CPT) improves symptoms of posttraumatic stress disorder (PTSD) within a community setting. This is the first systematic use of group CPT within Australia.
Method: Patients referred from the wider South Australian community attended one 90-min group sessions for 12 weeks. Assessments were administered at baseline, weekly before sessions, and post-treatment. Inclusion criteria included meeting criterion for a diagnosis of PTSD. Exclusion criteria included suicidal/homicidal intent or other severe mental disorders requiring immediate treatment. Most patients demonstrated a complex trauma history, experiencing numerous traumas. Follow-up assessments were administered regardless of treatment completion. Primary outcome measures were the PTSD Checklist (Stressor Specific Version; PCL-S), the Depression, Anxiety, and Stress Scale (DASS), and the Posttraumatic Cognitions Inventory (PTCI).
Results: Group treatment resulted in clinically significant reductions in PTSD severity, and scores on the DASS and PTCI.
Conclusions: Group CPT within a community setting was well-tolerated and lead to clinically significant improvements. This study demonstrates that group CPT results in significant improvements and may be a good treatment of choice when resources and therapists are limited.

1-201

Neurofeedback as the Primary Intervention in a Case of Chronic PTSD Complicated by mTBI

(Abstract #1168)

Poster #1-201 (Practice, Health, Bio/Int, Tech, Mil/Vets, Adult) I - Global **Roosevelt 1/2**

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Neurofeedback has been used successfully for thirty years, primary in the treatment of Attention Deficit Hyperactivity Disorder. Whereas biofeedback is an important adjunct to the management of the dysautonomia stemming from PTSD, recent research has identified a role in Neurofeedback in primarily addressing PTSD symptomatically through the training of various disrupted neural networks. This case focuses on the marked improvement in a service member unresponsive to typical Evidence-Based Treatments and suffering from significant mTBI related, Chronic PTSD.

JOURNALISM AND TRAUMA

1-203

The Difference of Dispositional Forgiveness among Individuals with Different Traumatic Events

(Abstract #997)

Poster #1-203 (Journalism and Trauma, Health, Adult) A - E Asia & Pac **Roosevelt 1/2**

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Many studies on the relationship between forgiveness and posttraumatic stress symptoms (PTSS) indicated that forgiveness is negatively related to PTSS. However, previous studies have not explored the difference of dispositional forgiveness (DF) among individuals with different traumatic events. The purpose of this study is to investigate the difference of DF among individuals with interpersonal traumatic events, with non-interpersonal traumatic events, and without traumatic events. The current study, a total of 248 participants were invited to participate in a snowball sampling. Among these participants, 46 participants experienced non-interpersonal traumatic events, 48 participants experienced interpersonal traumatic events and 143 participants did not experience traumatic events. There was no significant difference in sex and age among the three groups. Furthermore, the results showed that among the three groups, DF was highest in the group without trauma, and there was a significant difference between the group experiencing interpersonal trauma and the group without trauma ($F(2, 234) = 8.455, p < .01$). It implies that DF may be affected when experiencing interpersonal traumatic events. In the future, it may be needed to explore the longitudinal variation of DF in individuals with interpersonal traumatic events.

1-204

When Morality Matters Most: Interviewing Children at the Scene of a School Shooting
(Abstract #83)

Poster #1-204 (Journalism and Trauma, Acute, Complex, Ethics, Health, Other) M - N/A

Roosevelt
1/2

Kennan, Shannon
Penn State University, University Park, Pennsylvania

This paper uses theories from the trauma literature, such as toxic stress, to explore the lived experience of parents, children, reporters and editors at the scene of a school shooting. From the lived experience of parents and children, seven themes emerged: confusion, communication/how found out, waiting, reunion, interactions with the news media, loss of trust in the news media, and social media. From the lived experience of reporters and editors, six themes emerged: how people found out/first few hours, conflicts of interest/overlapping roles, difference between locals and out-of-towners, newsroom dynamics, relationship between media and subjects, and accuracy. Drawing from these lived experiences and existing journalism ethics practices, I have developed a new set of ethical guidelines for reporting from an acute, single-event traumatic event such as a school shooting with the idea that journalists should be more trauma-informed.

BIOLOGICAL/MEDICAL

1-205

IL-6 and CRP Levels Related to Childhood Sexual Abuse: A Literature Review
(Abstract #33)

Poster #1-205 (Bio Med, CSA, Health, Bio/Int, Child/Adol) I - Global

Roosevelt
1/2

D'Elia, Ana Teresa¹, Tanabe Matsuzaka, Camila¹, Barbosa Neto, Jair², F. Mello, Marcelo³, F. Juruena, Mario⁴, Feijo Mello, Andrea⁵

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Objective: C-reactive protein (CRP) and IL-6 coordinate a variety of cell functions that stimulate inflammatory responses associated with childhood sexual abuse (CSA), a subtype of early life stress related to changes in immunological and neuroendocrine systems increasing several inflammatory markers. We aimed to conduct a review concerning the association between CSA and IL-6 and CRP levels.

Method: We conducted a search for articles in PubMed, SciELO, Scopus, PsycINFO, and Web of Science, using the key words: (“Child sexual abuse” OR “childhood maltreatment” OR “sexual violence” OR “posttraumatic stress disorder” OR “rape”) AND (“cytokines” OR “inflammatory markers” OR “interleukin” OR “tumor necrosis factor” OR “C-reactive protein”).

Results: Ten studies evaluated the correlation between IL-6 and CSA, two focused in recent trauma, eight in chronic consequences. Seven studies investigated CRP, one evaluated recent stress and six, chronic repercussion. IL-6, and CRP had higher levels in individuals that suffered CSA compared with controls, although the results were heterogeneous, as was the assessment of CSA, repeated trauma, and time of occurrence.

Conclusion: CSA is associated with increased IL-6 and CRP levels. Prospective studies with larger

samples are needed to further understand the biological consequences of CSA such as psychiatric and physical illness in later life.

1-206
Sleep Disturbance Catalyzes the Impact of Physiological Ailments on Posttraumatic-Symptom Severity
 (Abstract #1505)

Poster #1-206 (Bio Med, Bio Med, Health, Illness, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Huskey, Alisa, Tankersley, Amelia, Jones, Russell Virginia Polytechnic Institute and State University, Blacksburg, Virginia

Previous findings suggest that insomnia and stress-related physiological symptoms are linked with posttraumatic stress symptoms (PTSS) and are more common in women (Koo et al., 2014; Zhang & Wing, 2006). The current study investigated whether sex moderates the mediational effects of sleep disturbances on the impact of physiological ailments on PTSS ([PROCESS, v.3] Hayes, 2017). Participants (N = 1202; 70% Caucasian; 73% female; mean age = 19) completed a demographic questionnaire, the PTSD Checklist (PCL-5), the Pennebaker Inventory of Limbic Languidness, and the Pittsburgh Sleep Quality Index. As predicted, sleep disturbances enhanced the effects of physiological ailments on PTSS, $R^2 = .286$, $F = 119.640$, $p < .001$. Moreover, the direct effect of physiological symptoms on PTSS ($b = 0.206$, $p < .001$) was more pronounced in men ($b = 0.206$, $p < .001$) than in women ($b = 0.185$, $p < .001$). However, sex did not moderate the mediational effects of sleep disturbances, as anticipated. Although sleep disturbances and physical-health problems are commonly reported following a traumatic event or PTSD diagnoses (Afari et al., 2014), these findings highlight the bi-directionality between stress-related physical health issues and psychopathology as well as the risk, or protective, factors of sleep on both physical and psychological stress responses.

1-207
Characteristics of Nap Sleep in Trauma-exposed Veterans with and without PTSD: Contributions of Biological Sex and PTSD to REM Sleep in a Lab-based Experimental Study
 (Abstract #1633)

Poster #1-207 (Bio Med, Sleep, Gender, Adult) I - Industrialized **Roosevelt 1/2**

*Richards, Anne¹, Hubachek, Samantha², Metzler, Thomas², Woodward, Steven³, Neylan, Thomas⁴,
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Objective: REM sleep abnormalities have been demonstrated in PTSD and are considered relevant to the pathophysiology of the disorder. Here we describe objectively-measured sleep in trauma-exposed adult males and females with and without PTSD studied in an adaptation nap and under two experimental conditions: a stress condition, in which a nap opportunity follows lab-based fear conditioning and viewing of emotionally-distressing visual imagery, and a baseline condition, in which the nap follows non-stressful activities.

Methods: Twenty-two male and female participants with and without PTSD completed an adaptation, baseline-condition and stress-condition nap, all separated by at least 1 week, from 1:30-3:30 pm. Sleep was measured using standard polysomnography. Visually scored sleep variables were calculated for all naps.

Results: Female sex predicted longer REM sleep in the stress condition, independently of total sleep time, but not in the baseline or adaptation conditions. PTSD predicted longer REM sleep, independently of total sleep time, across all 3 naps. Exploratory analyses demonstrated differences in non-REM sleep variables across naps and/or groups.

Conclusions: These findings are consistent with our prior research indicating biological sex and PTSD effects on REM sleep. Studying nap sleep may be an

effective approach to understanding sleep, and REM, in PTSD.

1-208

Macro- and Microstructural Gray Matter Alterations are Differentially Associated with Stress Exposure and Psychological Outcomes in Women who were Sexually Assaulted in Adulthood

(Abstract #980)

Poster #1-208 (Bio Med, Rape, Neuro, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Berman, Zohar, Assaf, Yaniv, Joel, Daphna Tel Aviv University, Tel Aviv, Israel

Sexual assault is a frequent traumatic experience which is associated with high susceptibility to PTSD. Nevertheless, and in contrast to other trauma types, studies of brain anatomy in women who were sexually assaulted in adulthood have been scarce. Here, we used T1- and diffusion-weighted MRI in order to assess alterations in gray matter macro- and micro-structure of key regions implicated in PTSD pathophysiology, namely, amygdala, insula, hippocampus, and anterior cingulate cortex (ACC), in female survivors of adult sexual assault. Thirty-eight sexually assaulted women (PTSD=25, non-PTSD=13) and 24 non-exposed matched controls (NEC) were studied. Between-group comparisons revealed decreased volume in the amygdala and insula in the PTSD group compared with the non-PTSD group, with no differences in hippocampal and ACC volumes. In contrast, altered microstructural tissue integrity was found in both traumatized groups, including increased mean diffusivity (MD) in the amygdala, decreased fractional anisotropy (FA) in the amygdala and hippocampus, and increased FA in the ACC. Conversely, FA in the insula was increased in the non-PTSD group only. Our findings suggest that among sexually assaulted women, gross and subtle tissue characteristics of regions involved in PTSD neurocircuitry are distinctively associated with PTSD pathology and stress exposure, as well as with resilience.

1-209

In Vivo Imaging of Translocator Protein Availability, a Marker of Neuroinflammation, in PTSD

(Abstract #374)

Poster #1-209 (Bio Med, Bio/Int, Rape, Genetic, Neuro, Adult) I - Industrialized **Roosevelt 1/2**

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⁴*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

Peripheral immune dysfunction has been observed in posttraumatic stress disorder (PTSD) and is associated with poorer physical health, and psychiatric and cognitive symptoms. This study assessed the neuroimmune system, previously unexamined in PTSD, by in vivo imaging of translocator protein (TSPO), a marker sensitive to microglial activation. Thirteen individuals with DSM-5 PTSD and 13 healthy, trauma-exposed controls (TC) underwent a 120-min positron emission tomography scan with [¹¹C]PBR28, a radioligand for TSPO. Participants received 569±167MBq [¹¹C]PBR28 as a bolus injection, with arterial sampling, which allowed estimation of [¹¹C]PBR28 volume of distribution (V_T). Groups were matched on age, sex, BMI, and TSPO rs6971 genotype. Composite and regional [¹¹C]PBR28 V_T were compared using multivariable analyses of variance. Compared with the TC group, the PTSD group had significantly higher composite [¹¹C]PBR28 V_T (F=7.74, p=0.011; 41.7% higher, d=1.1), which ranged from 29.5% higher (d=0.8) in parietal cortex to 54.6% higher in amygdala (d=1.0). In the PTSD group, higher [¹¹C]PBR28 V_T in frontal cortex and amygdala was associated with greater re-experiencing (r=0.62) and emotional numbing (r=0.58) symptoms, respectively. These results suggest a global elevation of TSPO in PTSD, and furthermore that regional elevations in TSPO may be differentially linked to PTSD symptoms.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

1-210

Decision Making under Risk and Ambiguity following Trauma Exposure and Risks of Substance Abuse

(Abstract #1083)

Poster #1-210 (Bio Med, Bio Med, Sub/Abuse, Neuro, Adult) M - Global 1/2 | **Roosevelt**

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Due to the growing body of work done surrounding trauma disorders, the effects of PTSD on functional impairment, such as problems with employment, work performance, financial strain and relationship difficulty have been brought to the public’s attention. Research has highlighted that the executive dysfunction in PTSD may predispose individuals to the development of addiction, such that addictive behavior is reinforced by deficits in inhibitory control, decision-making and/or the regulation of affect. Recent research examining combat exposed veterans’ behavior towards ambiguous and risky decisions found veterans with PTSD were more averse to ambiguous decisions than those without PTSD. The present study examined decision-making processes under different conditions of risk and ambiguity level, in a sample of trauma exposed veterans with and without comorbid substance abuse to identify potential risk and protective factors associated with substance use disorder following exposure to trauma. Results will illustrate the importance of understanding individual differences in tolerance to uncertainty under both risk and ambiguity conditions, following trauma exposure, and how they interact with every day decisions to use or not to use, illegal substances. Cognitive and biological underpinnings (MRI) data will be discussed.

1-211

Determining Psychoneuroimmunologic Markers of the Mechanisms of Yoga as an Intervention for Persons Diagnosed With PTSD: A Systematic Review

(Abstract #1435)

Poster #1-211 (Bio Med, Bio/Int, Res Meth, Adult) I - Industrialized | **Roosevelt 1/2**

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¹Atlanta VAMC/Emory University, Decatur, Georgia

²Emory University, Atlanta, Georgia

There is a growing body of research on yoga as a therapeutic intervention for psychological symptoms of PTSD accompanied by speculations on underlying physiologic mechanisms. The authors of multiple recent systematic reviews and meta-analyses of research on yoga as a clinical intervention concluded that the evidence related to the use of yoga for treatment of PTSD and its associated symptoms is promising but limited by methodological problems. In a recent systematic review (2017), we found that though much of the published literature proposes physiological mechanisms underlying yoga’s effects on PTSD, very few studies have actually evaluated physiological evidence. In light of the limited data supporting yoga’s beneficial effects on autonomic nervous system dysregulation, we present a theoretical model of the psychoneuroimmunologic processes associated with PTSD, the effects yoga may have on these processes, and objective physiologic measures to guide future research. Gaps in the literature remain for mechanisms related to activation of the hypothalamic–pituitary–adrenal axis and inflammation. Additional rigorous mechanistic studies are needed to guide development of effective yoga interventions for PTSD to augment existing evidence-based psychotherapeutic PTSD treatments.

PREVENTION/EARLY INTERVENTION

1-212

It Won't Happen to Me: An Examination of the Effectiveness of Defensive Attribution in Rape Victim Blaming

(Abstract #708)

Poster #1-212 (Prevent, Cog/Int, Comm/Int, Rape, Gender, Adult) M - N/A **Roosevelt 1/2**

Pinciotti, Caitlin, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois

Defensive attribution theory posits that observers are motivated to blame innocent victims due to underlying feelings of vulnerability (Walster, 1966). It is believed that the subsequent victim blame serves to reduce observers' perceived vulnerability and similarity to the victim, though this step in the defensive attribution process has yet to be empirically studied. The current study used SEM with multigroup analysis in a sample of 707 undergraduates to examine whether rape victim blaming reduces perceived vulnerability through reduced perceived similarity, and whether the process varies by gender. Participants read fictional police transcripts of a reported sexual assault on campus and reported on their own perceived victim similarity, perceived vulnerability to sexual victimization, and victim blame. Partial invariance tests suggested gender differences in the factor constructs of perceived vulnerability and similarity, and multigroup SEM analysis with equality constraints found that for women, victim blame effectively reduced perceived victim similarity but, unexpectedly, increased perceived vulnerability. Among men, victim blame did not predict perceived victim similarity or perceived vulnerability; however, less perceived similarity predicted greater perceived vulnerability. Findings suggest defensive attribution is ineffective at reducing perceived vulnerability.

1-213

Examining the Relationship between Posttraumatic Stress Disorder and Suicidal Ideation: A Moderated-mediation Model with Trauma Type and Cognitive Distortions

(Abstract #718)

Poster #1-213 (Prevent, Cog/Int, DV, Rape, Adult) M - Industrialized **Roosevelt 1/2**

Whiteman, Sarah, Kramer, Lindsay, Weathers, Frank

Auburn University, Auburn, Alabama

Although individuals with PTSD are at an increased risk for suicidal ideation (SI), it is unclear which factors could influence this relationship. It is hypothesized that cognitive distortions (CD) could mediate the relationship between PTSD and SI. Moreover, given the relationship between trauma type and CD, trauma type could moderate this relationship. Accordingly, the present study aimed to examine a moderated-mediation model in which the effect of PTSD on SI is both mediated by CD and moderated by trauma type (i.e., interpersonal versus non-interpersonal). Trauma-exposed undergraduates ($N = 325$) completed the PCL-5, LEC-5, Posttraumatic Cognitions Inventory, and Depression Symptoms Inventory—Suicidality Subscale. Path analysis revealed that PTSD predicted SI ($\beta = .131$, $SE = .102$, $p < .01$) and CD fully mediated the effect of PTSD on SI ($\beta = .647$, $p < .001$). The indirect effect of PTSD on SI through CD was significant ($\beta = .372$, $p < .001$). Trauma type did not moderate the relationship between PTSD and CD ($\beta = .201$, $p = .254$) or CD and SI ($\beta = -.081$, $p = .589$). These findings highlight the importance of assessing CD in determining suicide risk with trauma survivors, regardless of trauma type.

1-214

Maltreatment in Childhood and Intimate Partner Violence: A Latent Class Growth Analysis in a South African Pregnancy Cohort

(Abstract #1380)

Poster #1-214 (Prevent, CPA, Chronic, DV, Adult) I - E & S Africa 1/2 **Roosevelt**

Barnett, Whitney¹, Halligan, Sarah², Koen, Nastassja¹, Zar, Heather¹, Donald, Kirsten¹, Stein, Dan¹
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Intimate partner violence (IPV) is a significant global problem, prevalent in low and middle-income countries (LMICs). IPV is particularly problematic during the perinatal and postpartum period, where it is linked with negative maternal and child health outcomes. There has been little examination of profiles of IPV and early life adversity in LMIC contexts. We aimed to characterize longitudinal IPV and investigate maternal maltreatment in childhood as a predictor of IPV exposure during pregnancy and postnatally in a low-resource setting. This study was nested in the Drakenstein Child Health Study, a longitudinal birth cohort. Maternal IPV (emotional, physical and sexual) was measured at six timepoints from pregnancy to two years postpartum (n=832). We observed high levels of maternal childhood maltreatment (34%) and IPV during pregnancy (33%). Two latent classes of no/low and moderate sexual IPV and three classes of low, moderate, and high emotional and physical IPV (separately) were detected. Maternal childhood sexual abuse, physical abuse and neglect, and emotional abuse predicted membership in high IPV classes (aORs; 2.68-6.57). Maternal maltreatment in childhood was associated with increased probability of high or moderate intensity IPV during and around pregnancy. Intervening early to disrupt this cycle of abuse is critical to two generations.

1-215

Perinatal Protective Factors to Deter the Intergenerational Transmission of Adversity in Women with Histories of Childhood Maltreatment

(Abstract #287)

Poster #1-215 (Prevent, CPA, CSA, Neglect, Intergen, Adult) M - Industrialized **Roosevelt**
1/2

Atzl, Victoria, Grande, Leah, Davis, Elysia, Narayan, Angela
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Much of the literature on childhood adversity and perinatal outcomes focuses on risk factors, rather than promotive or protective factors that foster maternal and infant wellbeing. The current systematic review synthesized quantitative literature on perinatal protective and promotive factors that buffer the association between maternal history of childhood adversity (e.g., childhood maltreatment) and negative maternal and infant outcomes (e.g., maternal psychopathology, maternal-infant relationship difficulty). Identified promotive and protective factors from 16 reviewed studies fit into three major categories: internal cognitive factors (e.g., coping skills), external early childhood resources (e.g., positive childhood experiences) and external contemporaneous resources (e.g., social support). The majority of reviewed studies focused on dimensions of social support, and found it was associated with less psychopathology and better mother-infant relationships during the perinatal period in mothers with histories of childhood maltreatment. More research is needed in this underdeveloped area to better understand mechanisms of resilience during the perinatal period, a time of immense transformation. Increased research will continue to inform perinatal screening and intervention efforts to deter the intergenerational transmission of risk and give families the best possible start.

1-216

The Feasibility of Using the PTSD Coach App among Emergency Department Patients with a Traumatic Physical Injury: A Randomized Controlled Trial

(Abstract #660)

Poster #1-216 (Prevent, Acc/Inj, Acute, Clin Res, Tech, Adult) I - Industrialized **Roosevelt 1/2**

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PTSD symptoms (PTSS) herald the transition from acute to chronic pain (CP) after traumatic injury. “PTSD Coach” is a smartphone app based on principles of cognitive-behavioral therapy that may serve to prevent post-injury PTSD and pain via the provision of psychosocial support. We tested the feasibility of using PTSD Coach among 35 motor vehicle accident survivors being treated in the Emergency Departments of two Level 1 trauma centers (enrollment ongoing): 18 participants (55% male; M age = 36) were randomized to use PTSD Coach for 1-month, and 17 (24% male; M age = 39) were randomized to treatment as usual (TAU). Retention was 81.3%. Average PTSS were not significantly different between the app (M = 24.64) and TAU groups (M = 22.27) at 1-month post-injury (F = 0.95; p = 0.76). Three participants never download the app due to technical difficulties; one additional participant never used the app. The remaining 14/18 participants used PTSD Coach an average of 3.57 days (3.78 times) within 1-month post-injury. Four participants (22%) used the app 4 or more times, and 7 (39%) continued to use it after 1-month. Participants used the track and manage symptoms modules most frequently (Mean = 2.5-2.7 times), and 50% were moderately-very satisfied with PTSD Coach. These results support feasibility, but suggest a need for further testing among acutely injured trauma patients.

1-217

Long-term Effects of Family Stressors and Combat Threat on the Mental Health of Post-9/11 Veterans

(Abstract #813)

Poster #1-217 (Prevent, Depr, Dev/Int, Fam/Int, Adult) I - N/A **Roosevelt 1/2**

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It is well-established that warfare-related stress puts service members at risk for a range of mental health problems after they return from deployment. Less is known about service members’ experience of family stressors during deployment. The primary aims of this study were to evaluate whether family stressors would contribute unique variance above and beyond combat threat during deployment, and to examine whether family stressors would amplify the negative effects of combat threat on postmilitary mental health. Study participants reported their experience of family stressors (objective and subjective) and combat threat during deployment. Objective family stressors demonstrated unique associations with postmilitary mental health: for PTSD, combat threat exhibited a stronger effect on later symptomatology than family stressors, whereas the opposite was found for depression. Findings revealed that combat threat was more strongly related to PTSD among individuals who reported greater exposure to objective family stressors, whereas subjective family concerns were not found to amplify the negative effects of combat threat on PTSD or depression. Findings underscore the importance of attending to the role that family stressors experienced during deployment play in service members’ postmilitary mental health.

1-218

Impact of Novel HIV Prevention Intervention on PTSD Symptomatology of Incarcerated Women with a History of Interpersonal Violence

(Abstract #1665)

Poster #1-218 (Prevent, Assess Dx, Complex, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Interpersonal violence(IV), HIV and other sexually transmitted infections (HIV/STIs) are interconnected public health problems facing incarcerated women who have 4-10 times the rate of posttraumatic stress disorder (PTSD) compared to non-incarcerated women (Bo gelmez, Aker, Köklük, & Ford, 2010; Green et al., 2016). An evidence based HIV-prevention intervention was adapted to address IV-related psychopathology and social impairment in sexual decision making (Johnson et al., 2015). The study sample included adult women at three state prisons in the US Northeast with a history of IV who were primarily White (73%) and Non-Hispanic (57%). Forty-eight percent of the study sample met criteria for PTSD. This flash talk will present analysis suggesting that PTSD avoidance symptoms, which were a secondary target of the adapted HIV-prevention intervention, significantly decrease in frequency (p=.000) and severity (p=.000) post intervention with a medium to large effect size, d=0.70 and d=0.64, respectively.

1-220

Evaluation of the CCP Program Reach

(Abstract #919)

Poster #1-220 (Prevent, Nat/Dis, Train/Ed/Dis, Lifespan) A - Industrialized **Roosevelt 1/2**

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The Crisis Counseling Assistance and Training Program (CCP) is a federal grant program funded by the Federal Emergency Management Agency (FEMA) and administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The CCP is intended to aid individuals, families, and communities in returning to healthy psychological functioning following exposure to disasters, both natural and human-caused. Previous studies have shown that not all people are affected similarly by traumatic events, including disasters. This study intends to examine the reach of the CCP to various vulnerable population groups, including children, persons with disabilities, speakers of languages other than English, and older adults who were found to report lower use of assistance programs according to the literature. Using programmatic CCP data from disasters occurring from 2009-2017, a cross sectional analysis of the program was performed to assess its reach to these populations across various disaster types and scales of disaster events. The results of this study have implications for how programs target outreach to vulnerable populations based on disaster characteristics or geographical location and can provide recommendations for future disaster response and public health outreach programs to improve their reach to vulnerable populations.

PUBLIC HEALTH

1-221

An Investigation of Post-traumatic Stress Disorder among Military Veterans Exposed to Combat

(Abstract #297)

Poster #1-221 (Pub Health, Chronic, Roosevelt Clin Res, Mil/Vets, Adult) I - N/A 1/2

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Adelphi University, Garden City, New York

Combat leaves everlasting marks on people who witness it and partake in it. Ever since our countries have entered into Iraq and Afghanistan in war, we continue to see the prevalence of PTSD increasing, with a rate of 12% in combat veterans returning from Operation Enduring Freedom (Afghanistan) and a rate of 18% from the troops returning from Operation Iraqi Freedom (Iraq) (Litz B. T., and Schlenger W.E., 2009). This study addressed some of the major traumatic experiences combat veterans encountered during combat, and how they dealt with these stresses at that time, and when they were discharged from the military and attempted to transition back into civilian life. For this qualitative study four U.S. combat veterans were engaged in deep clinical interviews. In the interview, participants were invited to speak about their family backgrounds; their decision to join the military; some traumatic events they experienced during combat; and how they dealt with these events; and finally what resources were of most use to them, and what services would recommend to future veterans. Although each veteran experienced combat differently, three common themes emerged. These were: unresolved grief and loss; symptoms of PTSD; and the use of alcohol and other substances to make symptoms bearable.

1-223

Operation Enduring and Iraqi Freedom Era Servicewomen’s and Veteran’s Post-deployment Gun/Weapons Use for Personal Safety

(Abstract #868)

Poster #1-223 (Pub Health, Depr, Pub Health, Rape, Gender, Adult) I - Industrialized Roosevelt 1/2

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⁵University of Iowa, Iowa City, Iowa

We sought to determine if servicewomen/Veterans use guns/weapons for personal safety post-deployment and if PTSD, depression, sexual assault in military (SAIM) or population characteristics influence use. 979 active component and Reserve/National Guard servicewomen/Veterans post-deployment to Iraq/Afghanistan and elsewhere completed a telephone-interview. Post-deployment, 21% acknowledged keeping guns/weapons nearby for safety. One-third (36%) reported patrolling their house, checking doors/windows for security; with those patrolling more likely to keep guns/weapons nearby (41% vs.9%,p<.0001). Concern about losing control and hurting someone was reported by 18%: with those acknowledging this more likely to keep guns/weapons [43% (38/89) vs.18% (164/889),p<.0001]. Mental health screens were associated with keeping guns/weapons nearby: PTSD (48% (52/108) vs.no PTSD 17% (150/870),p<.0001); Depression: [41% (60/148) vs. no 17% (142/830),p<.0001]. SAIM survivors were more likely to arm [30% (59/195) vs.18% (143/782),p =0.0002]. Women with children (55%) were less likely to keep guns/weapons (17% vs.25%;p=0.002.). No differences were found by service type or marital status. Half had sought mental health care post-deployment. Those who did were more likely to keep guns/weapons [34% (82/244)vs.6% (120/733),p<.0001]. Attention to women’s post-deployment gun/weapon use is essential for treatment.

1-224

Risk of Selected Cardiovascular Mortality Associated with PTSD and Depression
(Abstract #355)

Poster #1-224 (Pub Health, Depr, Health, Pub Health, Mil/Vets, Adult) M - N/A **Roosevelt 1/2**

Bullman, Tim, Schneiderman, Aaron
Department of Veteran Affairs, Washington, District of Columbia

Research findings vary regarding associations between Post-Traumatic Stress Disorder (PTSD) and depression and risk of cardiovascular diseases (CVDs). This study assessed the contribution of PTSD and depression in predicting specific cardiovascular mortality among a cohort of Vietnam veterans (VV).

Subjects were selected from Department of Veterans Affairs (VA) Agent Orange Registry (AOR). AOR exams are available to any VV. Risk of mortality due to hypertension, Ischemic Heart Disease, and cerebrovascular disease associated with a diagnosis of PTSD and/or depression was assessed among 2874 AOR VVs diagnosed with PTSD and 8537 AOR VVs not diagnosed with PTSD. Morbidity data were obtained from VA healthcare files through 2014. Mortality data were obtained from the National Death Index. Cardiovascular mortality risk was approximated by Hazard Ratios (HR)s, utilizing Cox Proportional Hazards Model competing risk analyses to assess the individual and joint effect of PTSD and depression. Only depression alone was associated with an increased risk of hypertension mortality, HR=2.58 (95% confidence interval (CI): 1.12-5.91). Examined individually PTSD, but not depression was associated with an increased risk for ischemic heart disease, HR=1.29 (95% CI: 1.03-1.63).

Both depression and PTSD affect risk of CVDs, their individual and joint effects vary by specific CVD diagnosis.

1-225

Prevalence of Sexual Trauma among Women Presenting for Outpatient Ob/Gyn Care in an Urban, Low-income Health Facility
(Abstract #1525)

Poster #1-225 (Pub Health, Health, Aging, Genetic, Gender, Adult) I - N/A **Roosevelt 1/2**

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This is a secondary analysis of screening data on potential control subjects collected for a cohort study comparing women with known sexual trauma to unexposed controls. We aim to examine the prevalence of sexual trauma among women in the waiting room of Gouverneur Health were offered screening for enrollment, and the TLEQ was administered. Those who had no history of sexual trauma were eligible for enrollment in the larger study. This data examines reasons for exclusion from the potential control participants. Control participants were recruited in waiting rooms of Bellevue Hospital and Gouverneur Health. A total of 61 women were approached, 40 (65.6%) were not interested in being screened, and 14 (20.6%) agreed to be screened with the TLEQ. Of these, 4 (28.6%) reported prior intimate partner violence, and 3 (21.4%) reported having been stalked. Four women (28.6%) reported childhood sexual abuse before the age of 18, none reported sexual abuse between ages 13 and 18, and 1 (7.1%) reported sexual violence after age 18. One (7.1%) reported a history of sex trafficking. Among women presenting for care, there appears to be a high prevalence of sexual trauma, with only one out of 14 screened participants eligible. Recruitment is ongoing. The high prevalence among those willing to be screened limits the ability of the study to recruit control participants.

1-226

The Role of Community Organizations on Mental Health in the Aftermath of the Boston Marathon Bombings

(Abstract #1647)

Poster #1-226 (Pub Health, Acute, Chronic, Comm/Vio, Health, Adult) I **Roosevelt**
- N/A **1/2**

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This study examined the relationship between the proximity of community organizations and post-disaster mental health following the 2013 Boston Marathon bombings. Participant data came from representative samples of Boston and New York metropolitan area residents ($N = 1,787$) assessed several times over a two-year period. Organizational data came from the U.S. Census and online archives (Google Places API and Guidestar). Results indicated that for Boston metropolitan area residents, living close to more safety-based organizations was associated with an increase in psychological distress and functional impairment ($p < 0.05$). In contrast, having more health-based and child- and family-promoting organizations within a half to 1-mile area was associated with a lowered chance of being classified as having “probable PTSD” and having fewer fears and worries about the future post-bombing ($p < 0.05$). Direct exposure to the bombings and a history of prior community trauma exposure significantly moderated the relationship between organization concentration (i.e., child- and family-promoting and voluntary community organizations) and mental health. These findings suggest that organizations can often be helpful for disaster-exposed residents within or outside a disaster environment, but that select organizations (safety-based organizations) may be beneficial only at a distance post-disaster.

1-227

Yikes! A Hurricane is Coming: Parents’ Perspectives on Evacuation Stressors

(Abstract #797)

Poster #1-227 (Pub Health, Acute, Nat/Dis, Adult) M - Industrialized **Roosevelt**
1/2

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²*Florida International University, Miami, Florida*

Remarkable strides have been made in understanding disasters’ impact on youth and families. However, studies focus on during-and-after the storm, with little attention to “before” the storm stressors. Hurricane Irma, a Category 4 storm that recently struck FL, led to one of the largest mass evacuations in US history (over 6.4 million evacuated). This presentation describes a study of parents’ reasons for evacuating, the stress associated with evacuation, and factors predicting who does not evacuate, even in the face of mandatory orders. Using online methodology, 554 parents (of children under 18) completed questionnaires 3-months post-Irma. Almost half (44.6%) lived in mandatory evacuation zones, and most (81.8%) evacuated. Of those not in evacuation zones, nearly half (46.1%) evacuated. Parents’ most frequent reasons for evacuating were having a young child; thinking their family’s lives were in danger; and seeing news reports about the storm. Reasons for not evacuating were wanting to keep the family together; not being certain where the hurricane would strike; and worries about protecting home and belongings. Numerous evacuation experiences were rated as highly stressful, yet 66% reported they would evacuate whenever there was another major hurricane warning. Implications for disaster mental health and for disaster-planning efforts are discussed.

1-228

Psychosocial Responses to Hurricane Irma: A Longitudinal Study Commencing 60 Hours Prior to Landfall

(Abstract #798)

Poster #1-228 (Pub Health, Nat/Dis, Pub Health, Res Meth, Adult) M - Industrialized | **Roosevelt 1/2**

Garfin, Dana Rose, Cohen Silver, Roxane, Holman, E. Alison
University of California, Irvine, Irvine, California

In September, 2017, a state of emergency was declared across the State of Florida due to the approaching Category 5 Hurricane Irma. Little is known about how pre-hurricane experiences affect post-event responses due to the challenges conducting pre-event assessments in real time. Using online surveys, we surveyed a representative sample of residents across Florida in the 60 hours prior to Irma’s landfall (Wave 1; N=1,673, 58% response rate) and again 4-6 weeks later (Wave 2; N=1,478, 90% retention rate). Prior to landfall, direct and media-based hurricane exposure and mental health were assessed. Global distress and functional impairment were assessed at Wave 2. Data were weighted to bolster population-based inferences. Of the sample, 50% (n=418) evacuated, 22.29% (n=338) lived in an evacuation zone and did not evacuate, and 27.50% (n=759) did not live in an evacuation zone. In adjusted models, higher post-hurricane global distress was predicted by more pre-landfall media exposure (b=.01, p=.001), lower income (b=-.03, p<.001), pre-event mental health problems (b=.31, p<.001), prior loss in a hurricane (b=.11, p=.006), and living in an evacuation zone but not evacuating (b=.17, p=.009). The same variables predicted post-hurricane functional impairment. Longitudinal data collection immediately preceding a hurricane is possible and provides insight into post-event responses.

1-230

Hypnotic Medication Use among Swedish Survivors of the 2004 Southeast Asia Tsunami

(Abstract #1486)

Poster #1-230 (Pub Health, Health, Nat/Dis, Sleep, Lifespan) A - Industrialized | **Roosevelt 1/2**

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¹University of Iceland, Reykjavik, Iceland
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³Uppsala University, Uppsala, Sweden

To date, the effect of trauma exposure on the complex process of sleep remains understudied. The aim of this study was to assess hypnotic medication use and associated factors among Swedish adults and children exposed to the 2004 Southeast Asia tsunami. The exposed group consisted of 10 248 Swedish adult tsunami survivors (age 18 years in 2004) and n=3 754 childhood survivors (age <18 years in 2004). The exposed group was matched to unexposed native Swedes (n=14 002) with the same sex, birth year, cohabitation status and socioeconomic status. The cohorts were cross-linked to the Swedish Prescribed Drug Register for ascertainment of hypnotic medication use and the Swedish Patient Register for co-morbid psychiatric disorders. The cohorts were followed from the time the register was established (in July 2005) to the end of 2013 (latest data available). Information about exposure level and symptoms of posttraumatic stress disorder (PTSD) were gathered from questionnaire data sent 14 months after the event to 10 501 tsunami survivors (16 years old). Currently, data analysis is underway and will be completed in May 2018. This study will provide important information about the potential long-term effect of trauma on sleep, among both adult and childhood survivors.

1-231

Prevalence of Violence in Iceland and Service Utilization among Victims

(Abstract #1246)

Poster #1-231 (Pub Health, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Violence is a global public health problem that can have severe mental and physical health consequences. The aim of this study is to assess the lifetime and 12-month prevalence of physical and sexual violence and service utilization in the Icelandic population. Participants were 10,162 residents of Iceland, 18-84 years old, residing in both the capital and rural areas. Self-reported questionnaires were sent out in 2012 and 2017 assessing e.g. violence exposure, demographic characteristics and service utilization. Response rate was 67% (6,783/10,162) in 2012. Analysis of data collected in 2017 is currently underway and will be completed in March 2018. Preliminary results indicate that the lifetime prevalence of physical violence is 9% among women and 8% among men. The lifetime prevalence of sexual violence is 15% among women and 3% among men. Among those experiencing psychological problems after sexual violence, we found that men were significantly less likely to seek services from a psychologist than women (10% vs. 25%; $p < 0.05$). The significance of this study includes providing health professionals and policy-makers with important information about the scope of violence, which may be used to improve clinical and policy guidelines at both national and international levels.

1-232

Dispositional Mindfulness Mediates the Relationships of Parental Attachment to Posttraumatic Stress Disorder and Academic Burnout in Adolescents following the Yancheng Tornado

(Abstract #501)

Poster #1-232 (Pub Health, Depr, Fam/Int, Nat/Dis, Pub Health, Child/Adol) M - E Asia & Pac **Roosevelt 1/2**

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Background: Previous studies have shown that parental attachment is associated with low severity of posttraumatic stress disorder (PTSD) and low academic burnout in individuals who have experienced traumatic events.

Objective: The present study investigated the ways in which parental attachment is related to PTSD symptoms and academic burnout in Chinese traumatized adolescents by considering the role of dispositional mindfulness.

Method: A total of 443 Chinese adolescents who had experienced a severe tornado 1 year prior to this study completed measures of parental attachment, dispositional mindfulness, PTSD and academic burnout.

Results: The results showed that our model fitted the data well [$\chi^2/df = 2.968$, CFI = 0.971, TLI = 0.955, RMSEA (90% CI) = 0.067 (0.052 - 0.082)], and revealed that dispositional mindfulness partially mediates the relationship between parental attachment, PTSD severity, and academic burnout.

Conclusions: The findings suggested that dispositional mindfulness and parental attachment may be two critical resources in dealing with traumatization and academic burnout.

1-233

Complex Childhood Trauma as a Life Course Indicator of Adolescent Potentially Traumatic Experiences

(Abstract #935)

Poster #1-233 (Pub Health, Neglect, Pub Health, Child/Adol) I - Industrialized **Roosevelt 1/2**

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Harvard School of Public Health, Boston, Massachusetts

Associations between complex trauma in early life and potentially traumatic events (PTEs) in adolescence has been understudied. Prevalence ratios were estimated using data from the National Comorbidity Survey Replication–Adolescent Supplement (N=9,956), controlling for demographics. Adolescents who reported PA only had a higher prevalence of experiencing non-caregiver physical violence (PR = 1.92), vicarious trauma exposure (PR = 1.36), accident or serious injury (PR = 1.48), natural disaster (PR = 1.34), and serious medical illness (PR = 1.76). Adolescents who reported neglect only had a higher prevalence of experiencing non-caregiver physical violence (PR = 1.56), vicarious trauma exposure (PR = 1.18), accident or serious injury (PR = 1.29), natural disaster (PR = 1.33), and serious medical illness (PR = 1.34). Adolescents who reported both PA and neglect had a higher prevalence of experiencing non-caregiver physical violence (PR = 2.79), vicarious trauma exposure (PR = 1.66), accident or serious injury (PR = 1.82), natural disaster (PR = 1.41), and serious medical illness (PR = 1.44). Adolescent PTEs are prevalent among victims of child maltreatment. Given that adolescence is an important developmental stage for preventing poor health, adolescents with complex trauma histories may benefit from trauma-focused prevention efforts that specifically address this relationship.

1-234

Associated Factors with Probable PTSD among First Responders following the November 13, 2015 Paris Terror Attacks

(Abstract #1547)

Poster #1-234 (Pub Health, Terror, Other) M - Industrialized **Roosevelt 1/2**

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Following the November 13 2015 Paris terror attacks, thousands of first responders intervened. A cohort study of first responders was set up to assess 1) the associated factors with psychological impact on responders and 2) the use of psychosocial support to first responders.

This study included first responders involved during the night and/or up to three weeks following these attacks. Potential participants were informed of the study via hierarchy and/or colleagues and through media campaign. They answered a highly secured web questionnaire about their socioeconomic characteristics, exposures, history of previous trauma and psychological disorders, preparedness, mental health scales, health care utilization and social support. Probable PTSD was measured using the PCL5.

Of the 837 respondents, 698 individuals were kept for analyses (34% of medical emergency rescue, 30% of the firemen, 20% of the volunteer rescue workers, 14% of the police and 2% other first responders). Prevalence of probable PTSD was estimated between 3.5% and 9.9% according to institutions. PTSD was associated with education level, preparedness to psycho-traumatic events, history of drug use for sleeping or anxiety and social support. Future challenges consist to perform in advance training rescue and safety workers in stress and its psychological consequence.

VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE

1-236

The Impact of Witnessing, Interpreting, and Educating about Communal Trauma: The War in Bosnia and September 11

(Abstract #119)

**Poster #1-236 (Self-Care, Comm/Vio, Roosevelt
Complex, Health, Surv/Hist, Adult) 1/2
M - Industrialized**

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In this presentation, we employ research in trauma studies to understand its utility in memorial museums. The case-studies probe how trauma mobilizes in the memorialization of communal trauma. Examples include The War Childhood Museum in Bosnia and the National September 11 Memorial & Museum in New York. We examine what employees bear at these sites, asking whether vicarious trauma and compassion fatigue apply to employees exposed to traumatic material and museum visitors, all of whom have varying degrees of connection to large-scale violence. The study considers the structures of the memorial institutions and the timing/process of memorialization exposing their effects on employees. Many of the people involved in planning, execution, construction, and maintenance of recent memorial museums either have a connection to the traumatic event, or little to no connection. These groups lack training in and psycho-education about handling traumatic content and coping with visitors, community members, and survivors of communal trauma. Results show that while elements of both vicarious trauma and compassion fatigue surface in the lives of the employees, something unique occurs in the process of memorialization. Thus, we explore traumatic stress exposure as well as response and intervention for these populations with the aim of improving equitable access to traumatic stress resources.

RESEARCH METHODOLOGY

1-237

Preliminary Validation of the Trauma-specific Reflective Functioning Scale Applied to the Trauma Meaning Making Interview
(Abstract #1481)

Poster #1-237 (Res Meth, Affect/Int, Complex, Res Meth, Psych, Adult) M - Industrialized **Roosevelt 1/2**

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Childhood interpersonal trauma (CIT) increases the risk of a wide range of negative outcomes in adulthood, including mental health problems. In parents, a history of CIT is associated with mother-infant bonding impairment (Muzik et al., 2013) and later parenting problems (Ehrensaft et al., 2015). Mentalization capacities are suggested to be a potential mediator of the intergenerational transmission of risk associated with CIT (Fonagy et al., 1994) and to be essential to sensitive caregiving. However, recent studies shown that, while the general capacity to mentalize is important, it is the capacity to mentalize about traumatic experiences that seems to be the most central to the adaptation of women with history of CIT over the transition to parenthood (Berthelot et al., 2015; Ensink et al., 2014). The presentation will introduce the concept of “mentalization of trauma” and will present the preliminary properties of the Trauma-specific reflective functioning scale (Berthelot et al., unpublished) when applied to the Trauma Meaning Making Interview (Simon et al., 2010), including intra- and inter-individual variability and association with other measures of the psychological processing of trauma.

1-238

Trauma-specific Reflective Functioning Questionnaire (RFQ-T): Development and Preliminary Validation
(Abstract #1544)

Poster #1-238 (Res Meth, Affect/Int, Assess Dx, Complex, Health, Adult) M - Industrialized **Roosevelt 1/2**

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Mentalization of trauma (i.e. the the ability to reflect on the psychological and relational impacts of trauma, as well as to think of traumatic experiences in a coherent fashion, without denying it or taking the blame) was previously associated with positive adaptation during important life transitions (Ensink et al., 2014) and shown to be involve in the intergenerational transmission of disorganized attachment in women with history of trauma (Berthelot et al., 2015). The concept is currently evaluated with a coding scale applied to an in-depth interview about trauma. Despite the definite benefits of this instrument, there is a need for a brief self-report measure of trauma-specific mentalization. The presentation aims to report on the development and initial validation of a self-report questionnaire assessing mentalization of trauma. A sample of 241 parents completed the RFQ-T. The factor structure of the 39-item instrument will first be presented. Overall, the psychometric properties are good: the total alpha is of .93 and RFQ-T moderately correlate with symptoms of PTSD ($r = .51, p < .001$), dissociation ($r = .46, p < .001$) and characteristics of personality disorders ($r = .54, p < .001$). The RFQ-T was poorly correlated with an existing measure of general reflective functioning (RFQ) which suggests that the instrument captures a distinct concept.

1-239

Self-report Versus Behavioral Data of Emotion Regulation in College Undergraduates with Posttraumatic Stress Disorder Symptoms

(Abstract #1289)

Poster #1-239 (Res Meth, Affect/Int, Adult) M - Industrialized Roosevelt 1/2

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Existing literature suggests strong positive associations between posttraumatic stress disorder (PTSD) and emotion regulation difficulties; however, many of these findings are the result of mono-methodological (e.g., self-report measures) versus multi-methodological approaches. The current study utilized both self-report measures and a regulatory choice paradigm (see Sheppes, Scheibe, Suri, & Gross, 2011) to assess emotion regulation choice in undergraduate students with varying levels of PTSD symptoms. Data were collected from 84 students who earned partial course credit. Students underwent the regulatory choice paradigm, followed by completion of numerous self-report measures of emotion regulation. Results indicated that students with higher levels of PTSD symptoms exhibited greater overall emotion regulation difficulties on self-report measures compared to students with lower levels of PTSD symptoms. Additionally, results from the regulatory choice paradigm demonstrated that those students with the highest levels of PTSD symptoms were most likely to demonstrate regulatory inflexibility during the laboratory paradigm. Results suggest that individuals with greater PTSD symptom severity both perceive themselves as having emotion regulation difficulties on self-report measures and behave inflexibly during a laboratory paradigm. Implications will be discussed.

1-240

Development and Evaluation of the Perpetration-induced Distress Scale for Measuring Shame and Guilt in Civilian Populations

(Abstract #1442)

Poster #1-240 (Res Meth, Affect/Int, Cog/Int, Adult) I - Industrialized Roosevelt 1/2

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Although the topic of moral injury (MI) has been garnering increasing attention within military populations in recent years, the concept has rarely been applied within a civilian context. Extant literature on distinct acts of perpetration or transgressions suggest similar emotional, cognitive, and behavioral patterns of distress associated with appraisals of wrongdoing. Yet, the absence of a psychometrically-sound measure to detect and quantify pathological levels of distress associated with perpetrating harm against others has hindered additional research from being conducted on the topic. The Perpetration-Induced Distress Scale (PIDS) was developed for valid and reliable measurement of distress associated with MI within civilian contexts. Exploratory factor analyses revealed a two-factor solution characterized by a 14-item Shame subscale and an 8-item Guilt subscale. The PIDs demonstrated good temporal stability over a one-week period and excellent internal reliability. Further, convergent and incremental validity for the PIDS was demonstrated with functional impairment, PTSD, and existing shame and guilt scales. The development of the PIDS is one of the first studies to measure MI within civilian context and demonstrates evidence that additional research on the topic is warranted.

1-241

The Relationship between Childhood Sexual Abuse and Physical Health Symptoms is Mediated by Anxiety and Stress but not Depression

(Abstract #1231)

Poster #1-241 (Res Meth, Anx, CSA, Depr, Health, Adult) I - Industrialized **Roosevelt 1/2**

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²**Oakland University, Rochester Hills, Michigan**

Previous research suggests that psychological health and stress mediate the relationship between childhood sexual abuse (CSA) and physical health symptoms. Further, anxiety and depression have been found to be related to specific health outcomes. The current study examined whether depression, anxiety, and stress mediated the relationship between CSA and physical health symptoms. 507 participants completed an online survey assessing CSA, depression, anxiety, stress, and physical health symptoms using validated measures. Mediation was conducted using PROCESS Macro for SPSS. Results indicated that CSA predicted stress ($a_1 = .455, p = .004$), depression ($a_2 = .525, p < .001$), and anxiety ($a_3 = .465, p = .001$). However, only stress ($b_1 = 1.610, p < .001$) and anxiety ($b_3 = 2.94, p < .001$) predicted physical health symptoms. Overall, only stress (CI: .219 to 1.543) and anxiety (CI: .465 to 2.583) mediated the relationship between CSA and physical health symptoms. The results suggest that anxiety and stress mediate the relationship between CSA and physical health symptoms. However, depression was not found to be a significant mediator in the current study. The findings provide some support for previous research suggesting that psychological health mediates the relationship between CSA and physical health symptoms, however the same relationship was not found for depression, specifically.

1-242

Heteronormative Attitudes and Hypergender Ideology Predict Violence Perpetration in LGBT Relationships

(Abstract #1108)

Poster #1-242 (Res Meth, Aggress, DV, Gender, Adult) I - Industrialized **Roosevelt 1/2**

Mongene, Noelle¹, Ray, Travis¹, Parkhill, Michele², Duong, Truc-Vi², Pickett, Scott², Burgess-Proctor, Amanda²
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²**Oakland University, Rochester Hills, Michigan**

Introduction Previous research suggests that interpersonal violence in LGBT relationships is influenced by internalized stigma and stress related to being a sexual minority. The current study examined the interaction between heteronormative beliefs and hypergender ideology predicting perpetration of relationship violence within LGBT relationships. The results of the present study support the theory that these types of attitudes contribute to internalized stigma in LGBT individuals which may give rise to relationship conflict and violence.

Methods LGBT individuals (N = 46) completed an online survey assessing relationship violence perpetration, heteronormative attitudes, and hypergender ideology using validated measures.

Results Multiple regression analysis revealed that the interaction between heteronormative beliefs and hypergender ideology was a significant predictor of relationship violence perpetration ($\beta = .52, t = 2.48, p < .05$) with an R^2 of .35. Simple slopes testing determined that higher levels of heteronormative beliefs and higher levels of hypergender ideology were predictive of the highest rates of relationship violence perpetration.

Conclusion The findings suggest that heteronormative beliefs and hypergender ideology may be particularly important facets of internalized stigma, as they are predictive of violence within LGBT relationships.

1-243

The Ongoing Stress of Cultural Marginalization and Deep Poverty as Self-defined through Arts Based Research by Indigenous Bedouin Youth in Israel:

(Abstract #1373)

Poster #1-243 (Res Meth, Cul Div, Res Meth, Mil/Vets, Child/Adol) I - Global Roosevelt 1/2

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The overall objective of this study is to describe the self-defined stressors and salutogenic coping of a group of impoverished marginalized indigenous Bedouin youth in Israel:

The research methods are qualitative, and involved 80 drawings and texts by these youths who drew " a good day that went bad – and then added to the drawing "how I fixed it" as well as focus groups around the central visual themes of stress:

The findings reveal the central stressors of the youth, namely, cultural clash between home-school demands, and fear of natural disasters accidents and extreme weather that lead to death: The use of drawing enabled to situate these traumatic and ongoing stress situations within the specific social context of the youth's cultural splits, and lack of basic physical and social infra-structures such as housing, roads, schools etc. as well as disengagement from hegemonic society: The youth's coping is understood and re-framed in the context of this social reality.

COMMUNITY-BASED PROGRAMS

1-245

Providing Psychosocial Supports for Foster Parents through Group Intervention in Partnership with the Department of Social Services

(Abstract #1451)

Poster #1-245 (Commun, Clinical Practice, Comm/Int, Fam/Int, Lifespan) M - Industrialized Roosevelt 1/2

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The number of children entering the foster care system continues to increase yearly (AFCARS, 2017), yet psychosocial interventions for foster parents remain an area of need. Foster parents often struggle to manage the difficult emotional and behavioral needs of their foster children without adequate training and support for themselves (MacGregor, Rodger, Cummings, & Leschied, 2006). The authors sought to address burnout in foster parents by providing monthly intervention groups. The intervention groups were provided in collaboration with the Department of Social Services of Henrico County, Virginia. Intervention curriculum was developed based on foster parent interest in discussion topics. Groups consisted of both trauma-informed didactics, as well as allocated process time to openly discuss emotional difficulties associated with caring for their foster children. The goal of the current intervention was to examine foster parents' perceptions of foster parenting; therefore, qualitative methodology was employed. The foster parents also completed self-report questionnaires assessing their satisfaction with the intervention at several time points. Additionally, the impact of psychosocial supports on foster parent satisfaction was assessed. Lastly, the poster discusses the importance of community partnerships in increasing access to mental health care for underrepresented groups.

1-246

The Greater Richmond Trauma-informed Community Network: Building a Resilient Commonwealth

(Abstract #114)

Poster #1-246 (Commun, Comm/Int, Roosevelt Social, Lifespan) I - Industrialized 1/2

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²*Greater Richmond SCAN, Richmond, Virginia*

The Greater Richmond Trauma-Informed Community Network (TICN) is a diverse group of individuals, convened by Greater Richmond SCAN (Stop Child Abuse Now), who share a commitment toward the creation of a more trauma-informed and resilient community within the Greater Richmond region. The Greater Richmond TICN was formed in the fall of 2012 and is currently comprised of over 240 members from more than 100 different public, private, non-profit, state and local government agencies. This poster is a follow-up to last year's poster. It will present progress on the Road to Resilience project within the Richmond Police Department, as well as progress on the organizational transformation of Richmond area healthcare and social service systems toward more trauma-informed care and practice. Finally, this poster will outline efforts to expand the work of TICN beyond the Richmond area and throughout the Commonwealth of Virginia, including leading state-wide trauma-informed policy efforts, and providing technical assistance to other Virginia communities who are developing their own Trauma-Informed Community Networks.

1-247

The Effectiveness of a Brief Workshop on Teachers' Knowledge and Use of Trauma-sensitive Classroom Strategies

(Abstract #1421)

Poster #1-247 (Commun, Comm/Int, Cul Div, Train/Ed/Dis, Child/Adol) I - N/A Roosevelt 1/2

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There's been a push to enact trauma-sensitive school systems in order to guarantee healthy, safe learning environments for all. Trauma sensitivity is especially important for schools serving vulnerable student populations, often with higher rates of trauma exposure. School staff in these settings may benefit from gaining a better understanding of trauma-related symptoms while learning to implement trauma-sensitive classroom strategies.

The present study examines the impact of a 30-minute, school-based training covering trauma psychoeducation and trauma-sensitive classroom strategies. Participating teachers work in an elementary school serving a vulnerable, underserved community (64.2% single-parent home, median income = \$28,634., 69.7% Black/African-American, 48.2% of families with children living below the poverty line). This workshop is the beginning of a system-wide trauma-sensitivity initiative. Through analyzing pre and post data, it is hypothesized that teachers' trauma-related knowledge and reported use of trauma-sensitive tactics will significantly increase one-month post-training. Data for this project are currently being collected (n= 50); post-data are needed. Data collection and analysis will be completed prior to the conference. Findings have implications for population-based care among vulnerable, school-aged populations who are at high risk for trauma exposure.

1-248

**Care at the Interface of Aging and Trauma:
A Model of Interagency Collaboration**
(Abstract #281)

Poster #1-248 (Commun, Health, Surv/Hist, Aging, Care, Older) I - Industrialized **Roosevelt 1/2**

Scalmati, Alessandra¹, Greenberg, Debra¹, Horowitz, Adeena², Kennedy, Gary³
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The Divisions of Geriatric Psychiatry and Geriatric Medicine of Montefiore Medical Center received a grant to develop a consultation service to conduct specialized mental health training for the staff of social service agencies providing care for aging holocaust survivors.

The implementation of the program allowed: 1. Clinical consultations of holocaust survivors by the geriatric team. 2. Monthly multidisciplinary meetings to address complex cases and provide support and training for agency staff. 3. Agency wide in-service training 2-4/year.

Between 2012-2015 there were 40 multidisciplinary teams, averaging 15 case presentations; most of the consultations concerned capacity assessment/safety and/or cognitive impairment; ½ had symptoms of PTSD. We averaged 2 consultations/team for end of life care concerns. Staff training modules developed during the grant included: vicarious trauma, intergenerational transmission of trauma, elder mistreatment, end of life care, assessment of capacity, and management of cognitive impairment. The impact of trauma affects both the mental and physical health of survivors, and as they age the long-term effects of trauma interact with geriatric syndromes to compound disability. Few providers have an expertise in both areas. We present a multidisciplinary model of care to improve staff competence and access to care for aging trauma survivors.

1-249

Mental Health and Individual and Community Resource Recruitment in the Mid-term Post-disaster Period
(Abstract #598)

Poster #1-249 (Commun, Commun, Comm/Int, Nat/Dis, Res Meth, Adult) M - C & E Europe & Indep **Roosevelt 1/2**

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In order to recover from a disaster, individuals and communities need to recruit individual and community resources. The Conservation of Resources theory (Hobfoll, 1988) maintains that this reduces stress through mitigating further resource loss and replenishing resources with beneficial effects for the well-being of affected populations. Better understanding of the role of individual and community resources recruitment in the post-disaster is needed to help guide interventions in the transition period from the emergency to recovery phase. The aim of this study was to compare the mental health and well-being and their relation to resource availability in a severely flooded community and a comparable but unaffected community. Randomly sampled community members (n=440) were interviewed 1.5 and 2.5 years post-disaster in both communities. At both times mental health symptoms in the affected community remained significantly higher, although they declined over the past year. Life functioning and life satisfaction were comparable between the communities at both times. The level of individual resources in both communities was the same, while availability of community resources remained lower in the affected community by a large margin. This study highlights the need to invest in community resources during pre-disaster preparedness and post-disaster community interventions.

1-250

Posttraumatic Stress Disorder, Emotion Dysregulation, and Rumination among Homeless Veterans

(Abstract #550)

Poster #1-250 (Commun, Commun, Complex, Pub Health, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Emotion dysregulation and rumination are shown to maintain PTSD symptoms, though little research has examined these difficulties among homeless veterans. This study investigated relationships of rumination and aspects of emotion dysregulation such as nonacceptance of emotions, difficulties engaging in goal-directed behavior, difficulties with impulse control, lack of emotional awareness, and lack of clarity to PTSD symptoms among 245 homeless veterans in community-based programs. A path analysis indicated direct effects for clarity and goals, such that a lack of clarity and difficulties engaging in goal-directed behavior were associated with PTSD symptom severity, while acceptance, impulse control, awareness, and limited strategies were not significant. The indirect effect of clarity on PTSD symptom severity through the pathway of rumination was significant. Results indicate that lack of emotional clarity (i.e. difficulties understanding and labeling emotions) is associated with rumination, which in turn, is related to PTSD symptom severity. No other indirect effects found. Clinical practices should target education about emotional clarity and help patients identify, understand, and label emotions to decrease symptomology.

CULTURE/DIVERSITY

1-251

Burnout and Psychological Symptoms among Nurses and Midwives Working in the Perinatal Wards: A Cross-cultural Study between Japan and Switzerland

(Abstract #805)

Poster #1-251 (CulDiv, Anx, Depr, Health, Other) M - Global **Roosevelt 1/2**

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³University Hospital Lausanne, Lausanne, Switzerland
⁴University of Fribourg, Fribourg, Switzerland

Psychological burdens among nurses and midwives is a global issue. The aim of this study was to explore the cross-cultural differences of burnout, psychological symptoms, and secondary traumatic stress between an Eastern (Japan) and a Western (Switzerland) country. Two hundred and ten midwives or nurses participated the study. There were significant differences of age group ($F(2, 3) = 24.0, p < 0.01$), marital status ($F(2, 2) = 28.9, p < 0.01$), occupation ($F(2, 1) = 62.2, p < 0.01$), and years of experience ($F(2, 2) = 11.4, p < 0.01$). The mean scores of anxiety and depression were significantly higher in Japan, whereas the mean score of secondary traumatic stress was higher in Switzerland. Among three subscales of burnout, the mean score of emotion exhaustion in Japan was significantly higher than those in Switzerland. In contrast, the mean scores of depersonalization and personal accomplishment in Switzerland were significantly higher than those in Japan. These results may reflect cultural differences between Japan and Switzerland.

1-252

Understanding the Insidious Trauma of Racism

(Abstract #1271)

Poster #1-252 (CulDiv, Comm/Int, Rights, Social, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Facemire, Vanessa

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Racial oppression is constantly changing and adapting throughout the course of history. Research has illustrated that experiences of racism stress people of color, have a profound impact on the well-being of its targets, and represent a source of traumatic injury (i.e., insidious trauma). A small, but growing base of literature has delineated the relationship between experiences of racism and the development of posttraumatic stress symptomology (PTSS) for African Americans. The current study sought to add to the existing literature in this field of inquiry by examining different types of racist experiences and their impact on posttrauma outcomes and sought to further illuminate the complexities in variability for African American individual's responses to racism by examining the moderating role of racial socialization. Results indicated that experiences of racism (individual, institutional, and cultural) are uniquely predictive of the endorsement of PTSS and black women were found to endorse experiencing more of each type of racist experiences compared to black men in the sample. Results of the moderating role of racial socialization suggest that messages emphasizing cultural pride were found to moderate the relationship between racism and posttrauma reactions. Implications of these findings will be discussed.

1-254

Considering Exposure to Environmental Changes as Stressors among Indigenous Peoples

(Abstract #1562)

Poster #1-254 (CulDiv, Commun, Ethnic, Nat/Dis, Res Meth, Adult) M - Industrialized **Roosevelt 1/2**

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Background and Purpose: Indigenous coastal communities, given their attachment to and dependence on the land, are especially vulnerable to environmental changes. The aim of this study is to understand the mental health outcomes of environmental change exposure among indigenous peoples.

Methods: This study with a southeastern tribe used a concurrent mixed methods design of surveys (n=160) and qualitative interviews (n=19). Sociodemographic variables, exposure to environmental changes and indigenous experiences were examined in relation to meeting criteria for DSM-IV diagnosis.

Results: Logistic regression models suggested that, when controlling for other variables in the model, those who experience discrimination were 5 times more likely to have poorer mental health. Those who were exposed to environmental changes were 17% more likely to have poorer mental health. Thematic analysis showed racially-based institutional barriers to education and economic resources and how participants observed and experienced environmental changes. Mixed methods results converged.

Conclusion and Implications: Interruption of Indigenous Peoples' ability to interact with land and discrimination are contemporary forms of trauma. This study highlights the urgency to develop adequate measures of exposure to environmental changes in order to address poor mental health with indigenous peoples.

SOCIAL ISSUES – PUBLIC POLICY

1-255

This is Not a Drill: Anxiety on Twitter following the Hawaii False Missile Alert
(Abstract #624)

**Poster #1-255 (Social, Acute, Anx, Roosevelt
Comm/Int, Res Meth, N/A) M - N/A 1/2**

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On the morning of January 13, 2018, a false ballistic-missile alert was sent to all cellphones located in the State of Hawaii via the Emergency Alert and Commercial Mobile Alert systems (“Ballistic missile threat inbound to Hawaii. Seek immediate shelter. This is not a drill.”) Thirty-eight minutes elapsed before an “all clear” was issued by authorities. We conducted a study of Twitter data generated in a 14-day window around the alert by likely residents of Hawaii to understand the time-course of anxiety and chatter about the perceived threat. We downloaded 428,032 tweets representing 11,973 users. Tweets were coded in R using the Linguistic Inquiry and Word Count (LIWC) anxiety dictionary. A spline regression technique with a discontinuity analysis was used to evaluate pre- and post-event trajectories of anxiety when both the initial alert and all-clear were transmitted. A 20% increase in overall tweet volume was observed immediately following the alert. An n-gram analysis revealed that Hawaii residents believed a missile was launched from North Korea and death was imminent. Controlling for within-user variability, community anxiety increased by 10.9% in the 15 minutes after the alert was issued. Moreover, anxiety increased by 5.4% every 15 minutes until the all-clear message. Despite the transmission of the all-clear, anxiety remained elevated for at least two days.

1-256

Analyzing Social Media Data after Mass Violence: Challenges and Opportunities
(Abstract #1274)

**Poster #1-256 (Social, Acute, Roosevelt
Comm/Int, Res Meth, Tech, N/A) M - 1/2
N/A**

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On December 2, 2015, 14 people were killed and 22 were wounded in San Bernardino California during a training event and holiday party for the San Bernardino Public Health Department. The perpetrators, who were husband and wife, fled the scene and were later killed in a shootout with police. At the time, this incident was considered the deadliest mass shooting in the U.S. since 2012. We conducted a study of Twitter data generated in a 14-day window around this mass shooting event by likely residents of San Bernardino to understand the time-course of community-level negative emotion. We downloaded 243,523 tweets representing 18,692 users from San Bernardino and a matched control community (Stockton, California). All tweets were coded in R using the Linguistic Inquiry and Word Count (LIWC) negative emotion dictionary. A spline regression technique with a discontinuity analysis was used to evaluate pre- and post-event trajectories of negative emotion. Controlling for within-user variability, community negative emotion increased by 4.6% (standardized $b = .12$, $SE = .01$, $p < .001$) the day of the shooting. Negative emotion peaked the day after the shooting and remained elevated for the remainder of the week. Challenges and opportunities analyzing social media data to study community-based trauma are discussed.

1-257

Where is the Justice: Institutional Betrayal Experience of Whistle-blower in Korea

(Abstract #1413)

Poster #1-257 (Social, Chronic, Comm/Int, Rights, Social, Adult) I - E Asia & Pac **Roosevelt 1/2**

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A lot of whistle-blowers tell the dark secrets of their institutions because of their consciousness, feeling of justice, and compassion to other members in their community. However many of them traumatized in the progress, and isolated from the society. We met 12 whistle-blowers in Korea and interviewed as an individual and a group. The qualitative analysis results shows us the trauma symptoms related to institutional betrayal, especially anger and mistrust about the whole society. Some suggestions about further studies and treatments are discussed.

1-258

Building a Model to Predict Sexual Assault Victimization of Undergraduate Women

(Abstract #1203)

Poster #1-258 (Social, CSA, Rape, Adult) A - Industrialized **Roosevelt 1/2**

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Childhood sexual abuse is a significant problem for girls: 13-34% of women report having experienced a sexual assault before they were 14 years old (Cubellis, Peterson, Henninger, & Lee, 2016; Finkelhor, Hotaling, Lewis, & Smith, 1990; Neilson et al., 2015). Additionally, research also shows that women who are sexually abused as children are more likely to be sexually revictimized in adulthood (Fergusson, Horwood, & Lynskey, 1997; Relyea & Ullman, 2016).

To address this issue, the present study used an online survey to examine several factors linked with both childhood sexual abuse and adult revictimization in a sample of 465 undergraduate women, including emotion regulation, PTSD, coping

behaviors, alcohol consumption, and risky sexual behaviors, to develop a comprehensive model predicting sexual assault victimization.

This effort was successful, in that it developed a comprehensive model which fit the data very well, $2(9, N=465)=9.293, p=.411; RMSEA=.008, CFI=0.999$.

The model demonstrates the relationships between these characteristics and describes a mechanism through which childhood sexual abuse may lead to revictimization during adulthood. As such, this model may inform future research by providing targets for intervention programs which aim to prevent women who have experienced childhood sexual abuse from being revictimized as adults.

1-259

Emotion Regulation Mediates the Relationship between Sleep Quality and both Relationship Violence and Sexual Assault Perpetration

(Abstract #1204)

Poster #1-259 (Social, DV, Rape, Sleep, Adult) A - Industrialized **Roosevelt 1/2**

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Sexual assault and relationship violence are significant problems; 22-43% of men self-report sexual assault perpetration (Abbey et al., 2011; Calhoun et al., 1997; Davis & Logan-Greene, 2012), and 21-30% of Americans self-report relationship violence perpetration (Desmarais et al., Fiebert, 2012; Shorey et al., Bell, 2008). Additionally, 22% of Americans experience a sleep disorder (Wells & Vaughn, 2012). As such, the present study sought to examine the relationship between sleep quality, emotion regulation, and both relationship violence and sexual assault perpetration.

Specifically, emotion regulation was assessed as a mediator between sleep quality and both relationship violence and sexual assault perpetration using an online survey of 334 workers recruited from Amazon's MTurk.

Results indicated that emotion regulation difficulties partially mediated the relationship between sleep quality and relationship violence $R^2=.048, F(1,$

330)=16.607, $p < .001$, and fully mediated the relationship between sleep quality and sexual assault perpetration $R^2 = .352$, $F(4, 326) = 11.554$, $p < .001$. Thus, the present study provides a mechanism through which perpetration may occur, especially after poor sleep, and indicates that sleep quality and emotion regulation may be effective targets for interventions aimed at individuals at risk of perpetrating either relationship violence or sexual assault.

1-260
Adverse Childhood Experiences Predicting Aggression in Women – A Meta-analysis
(Abstract #1387)

Poster #1-260 (Social, Aggress, CPA, Health, Gender, Adult) M - N/A 1/2

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Adverse childhood experiences (ACEs) increase the risk for violent behavior. But evidence for adults across gender-specific development is mixed. This study reports the impact of ACEs on physical aggression in women.

Scopus, Medline, Psycarticle, PILOTS, Embase, Web of Science, and Science Direct were searched for ((aggress* OR violen* OR “antisocial behav*” OR offen*) AND ((female* OR “in wom*n” OR “in females”) OR (“gender* pathways” OR “sex differences”))) AND (PTSD OR abuse OR *trauma*). Peer-reviewed studies were included with exposure to ACEs as a predictor and physical aggression as a main outcome for women above 18. Studies were independently selected by two authors (Kappa = 0.81). Cohen’s d for fixed and random effects was calculated as well as a meta-regression. From k=908 findings, k=20 studies were included. There was an overall small effect ($d = .26$), being strongest for emotional abuse ($d = .60$), and emotional or physical neglect ($d = .39$). Important moderators were assessment of aggression (chart report vs questionnaire, 88%), victim (partner vs offspring, 55%), and longitudinal vs cross-sectional design (11%).

The findings underline the long-lasting effects of ACEs, particularly for those types that were long assumed to cause less severe impact. Early

interventions targeting families at risk are critical in order to prevent ongoing cycles of violence.

1-261
The Development of Antigay Attitudes in Men who have Experienced Childhood Abuse
(Abstract #1123)

Poster #1-261 (Social, Aggress, CPA, Health, Gender, Adult) M - Industrialized Roosevelt 1/2

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Previous research suggests that experiencing childhood abuse is predictive of increased hypermasculinity in adult men. Furthermore, studies have demonstrated that men high in hypermasculinity endorse higher disgust in response to LGBTQ individuals, particularly gay men. In addition, men exhibiting hypermasculinity also may subscribe to heteronormative beliefs and possess increased sensitivity to disgust, putting them at risk for greater emotional provocation when exposed to perceived disgusting stimuli and the resulting emotional arousal may influence the development of homophobia. Men from a large Midwestern university (N = 120) completed a cross-sectional questionnaire assessing childhood abuse, hypermasculinity, heteronormative beliefs, disgust sensitivity, and homophobia. Results from a serial mediation in PROCESS suggest there is a significant indirect effect between childhood abuse and homophobia through hypermasculinity, heteronormative beliefs, and disgust sensitivity (BootLLCI = .001, BootULCI = .034).

Childhood abuse may not only be associated with detrimental physical and mental health outcomes in adulthood, but also the development of antisocial attitudes (e.g., homophobia). Results may inform interventions aimed at reducing negative outcomes associated with experiences of childhood abuse. However, future research utilizing longitudinal designs are needed.

ASSESSMENT/DIAGNOSIS

1-262

Impact of Blast mTBI on Cognitive Functioning is Dependent on PTSD Symptom Severity

(Abstract #549)

Poster #1-262 (Assess Dx, Acc/Inj, Cog/Int, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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³*Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota*

Cognitive impairment is a commonly reported sequela to trauma exposure in combat veterans, particularly for those who have experienced mild traumatic brain injury (mTBI). However, the vast majority of mTBI cases resolve within three months, and there is little evidence that directly links remote mTBI to current cognitive deficits. The present study sought to explain this disparity by jointly modeling blast/impact mTBI, posttraumatic stress disorder (PTSD), and cognitive functioning in a sample of 286 combat-exposed veterans. A latent factor representing general cognition was derived using loadings from multiple neuropsychological testing measures. Using structural equation modeling, the general cognition factor was shown to be negatively associated with PTSD severity ($r = -0.27$), but there was no significant association with either blast or impact mTBI. However, blast mTBI had a significant effect on PTSD severity ($r = 0.30$), and there was a significant indirect effect reflecting the blast mTBI > PTSD > general cognition path ($p = 0.01$). There was no significant indirect path involving impact mTBI. These results help explain the inconsistent association between blast mTBI and cognition, and strengthen the rationale for assessing PTSD symptoms as part of an mTBI assessment.

1-263

Detecting PTSD in a Traumatically Injured Population: the Diagnostic Utility of the PTSD Checklist for DSM-5 (PCL-5)

(Abstract #1189)

Poster #1-263 (Assess Dx, Acc/Inj, Acute, Clinical Practice, Adult) M - Industrialized **Roosevelt 1/2**

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Physical health and recovery satisfaction is dependent on mental health following traumatic injury. PTSD is strongly linked with post-injury quality of life. The PCL-5 is among few validated measures of DSM-5 PTSD symptom severity, with a preliminary cut-score of 38 as indicating PTSD. Cut-scores vary across populations, with no studies identifying PCL-5 cut-scores and utility compared to the CAPS-5 among traumatically injured individuals. This study aimed to 1.) evaluate diagnostic accuracy of the PCL-5 among traumatically injured individuals; 2.) identify the optimal PCL-5 cut-score. Methods: Data were combined from two level 1 trauma center projects measuring psychological and biological outcomes after traumatic injury. Inclusion criteria: 1.) 18+ years 2.) GCS > 13; 3.) no moderate/severe TBI; 4.) non-self-inflicted; 5.) English. PCL-5 and CAPS-5 were administered 6-months after injury, with a sample of 251. ROC analysis compared PCL-5 to CAPS-5 across cut-scores. Results: Demographics: age=42.5; 69% male; 50% Caucasian. Frequent index events were motor vehicle crashes and gunshot wounds. Mean hospital Injury Severity Score was 11. Mean PCL-5 score 6-months post-injury was 21, and 28% met CAPS-5 PTSD. PCL-5 cut-point score was 30 (94.4 specificity, 93.9 specificity, 79.4 PPV, 98.5 NPV). Discussion: Implications for clinical practice and research will be discussed.

1-264

Evidence-based Forensic Psychological Assessment of Validity and Malingering of PTSD

(Abstract #1586)

Poster #1-264 (Assess Dx, Acc/Inj, Acute, Assess Dx, Chronic, Prof) M - Industrialized Roosevelt 1/2

Rosenberg, Saul

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Many plaintiffs in personal injury lawsuits and applicants for disability over report symptoms and misattribute symptoms to a particular event. Although determining the validity of self-reported subjective symptoms is essential to determine diagnosis, causation, impairment and disability, many examiners fail to conduct adequate examinations of validity. The presenter will describe a multi-method approach to symptom validity assessment using psychometric testing, the Clinician Administered PTSD Scale (CAPS) and record review. Key data from two cases will be described. One case involved outright malingering; the other involved exaggeration and misattribution of PTSD symptoms to a particular event. Recommendations will be provided for best practices in PTSD symptom validity assessment

1-267

PTSD Measurement Invariance across Subgroups with Differing Count of Trauma Types

(Abstract #588)

Poster #1-267 (Assess Dx, Assess Dx, Chronic, Adult) M - Industrialized Roosevelt 1/2

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Several studies have compared posttraumatic stress disorder (PTSD) severity between individuals experiencing one versus multiple TE types to investigate the effect of the count of traumatizing event (TE) types on post-trauma mental health. However, the validity of these studies depends on the establishment of measurement invariance of the

construct(s) of interest. The current study examined the stability of the most optimal PTSD Model symptom cluster constructs (assessed by the PTSD Checklist for *DSM-5* [PCL-5]) across subgroups experiencing one versus multiple TE types. The sample included university students ($n = 556$) endorsing at least one TE (Stressful Life Events Screening Questionnaire). Data from the entire sample indicated that the PCL-5-assessed Hybrid Model provided a significantly better fit compared to other models ($X^2 = 638.14$ ($p < .001$), CFI = .98, TLI = .97; RMSEA = .04, SRMR = .03). Results also indicated invariance of factor loadings (metric; $X^2 = 24.54$; CFI = .001) and intercepts (scalar; $X^2 = 11.44$; CFI = 0) for the PCL-5-assessed Hybrid Model factors across subgroups endorsing one ($n = 191$) versus multiple TE types ($n = 365$). Our findings thus support the stability, applicability, and meaningful comparison of the PCL-5-assessed Hybrid Model factor structure (including subscale severity scores) across subgroups experiencing one versus multiple TE types.

1-268

Multi-group Invariance Examination of the DSM-5 Four-factor Structure of PTSD across Two Diverse Samples

(Abstract #877)

Poster #1-268 (Assess Dx, Assess Dx, Adult) M - Industrialized Roosevelt 1/2

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Posttraumatic stress disorder's (PTSD) *DSM-5* four-factor symptom representation has mixed empirical evidence, including questions regarding the stability of this symptom representation across subgroups differing on socio-demographic or psychopathology parameters. Our study investigated the stability of the *DSM-5* PTSD model across two diverse samples of undergraduate students ($n = 556$) and individuals recruited through Amazon's Mturk ($n = 373$). PTSD symptoms were measured by a widely used PTSD instrument – the PTSD Checklist for *DSM-5* (PCL-5). Confirmatory factor analyses with the entire sample ($n = 648$) indicated good fit ($X^2 = 638.14$ ($p < .001$), CFI = .998, RMSEA = .067, SRMR = .033). Multi-group invariance testing indicated metric

invariance (equivalent factor loadings; CFI = .995, RMSEA = .036, SRMR = .012), scalar invariance (equivalent intercepts; CFI = 0.999, RMSEA = .002, SRMR = .002), and residual invariance (equivalent item errors; CFI = .999, RMSEA = .001, SRMR = .004). Findings supported the *DSM-5* four-factor model of PTSD, cross-group diagnostic comparisons using the PCL-5, and the clinical utility of PCL-5 as an accurate and comparative measure of the current *DSM-5* four-factor model of PTSD.

1-269
No Trauma, no Problem: Symptoms of Posttraumatic Stress in the Absence of a Criterion A Stressor
(Abstract #441)

Poster #1-269 (Assess Dx, Assess Dx, Roosevelt Mil/Vets, Adult) I - Industrialized 1/2

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Previous research on Posttraumatic Stress Disorder (PTSD) has found that PTSD symptom measures are elevated in the absence of a traumatic, Criterion A stressor. This study sought to extend this research to the *DSM-5* using the PTSD Checklist for *DSM-5* (PCL-5). Data from 222 veterans presenting to a mental health clinic at a VA were asked to complete the PCL-5 after indicating the presences of a stressful or traumatic event. The current study revealed no differences between veterans with ($n = 92$) and without ($n = 120$) a Criterion A stressor on PTSD symptom severity, clinically-indicated levels of PTSD, or symptom clusters. However, these groups differed on empirically-identified core symptoms of PTSD (Brewin et al., 2009), such that veterans with a Criterion A stressor reported significantly more core PTSD symptoms. The elevated levels of PTSD in the current sample, regardless of Criterion A status, highlights the need for more research on the definition of a Criterion A stressor, the utility of the PCL-5 as a screening measure, and the current composition of PTSD symptoms that make up the *DSM-5* diagnostic criteria. Also, clinicians are encouraged to conduct a thorough trauma assessment in conjunction with a PTSD screening measure to facilitate diagnostic accuracy and treatment planning.

1-270
The Reliability and Validity of the Expressions of Moral Injury Scale—Short Form

(Abstract #910)

Poster #1-270 (Assess Dx, Assess Dx, Roosevelt Complex, Grief, Mil/Vets, Adult) I - 1/2
N/A

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Understanding the construct of moral injury (MI) related to military mental health is evolving with development of new assessment tools. The Expressions of Moral Injury Scale—Military Version (EMIS-M) is a 17-item measure for assessing emotional distress and potentially problematic beliefs/attitudes and behaviors that may emerge in response to a morally injurious event. However, the need for a briefer tool to screen for expressions of MI is warranted. A brief version of EMIS-M will allow researchers to attend to other constructs while reducing overall participant burden. First, drawing upon data from two community samples of war-zone veterans, the EMIS–Short Form (EMIS-SF) was initially developed by identifying six total items (3 self-directed, 3 other-directed) from original 17-item version. Next, a confirmatory factor analysis will be performed using a nationwide sample of 300 combat veterans to verify internal/factorial validity. We will lastly evaluate concurrent/incremental validity to determine if EMIS-SF yields highly similar patterns of results as the total scale. A briefer instrument will allow researchers to assess expressions of MI in projects that demand brevity (e.g., epidemiology). In so doing, EMIS-SF will advance knowledge of behavioral, social, and spiritual forms of suffering related to MI that may transcend and overlap with other mental health diagnoses.

1-271

Psychometric Properties of the M-FAST in a Veteran Sample with PTSD

(Abstract #1417)

Poster #1-271 (Assess Dx, Assess Dx, Clinical Practice, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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The Miller Forensic Assessment of Symptoms Test (M-FAST; Miller, 2001) is a commonly-used structured interview for screening malingered mental illness. Those with PTSD often score high on the M-FAST, but its validity in this population is unclear. We evaluated the psychometric properties of the M-FAST in 209 veterans (57.9% with probable PTSD). Although alpha was adequate ($\alpha = .80$), other indicators of internal consistency and unidimensionality were not (e.g., AIC = .13; negative inter-item correlations; results from factor analysis). Many items also showed weak associations with the latent trait per item response theory analyses; these results were used to eliminate poorly performing items. Retained items were evaluated through exploratory factor analysis and correlational patterns of convergent and discriminant validity with PTSD and personality (MMPI-2-RF). Summary scores on the retained M-FAST items had weaker relations with affective symptoms relative to original M-FAST scores yet maintained a high correlation with measures of thought disorder and other cognitive/perceptual symptoms. Results raise the possibility that original M-FAST scores are unduly influenced by common psychiatric symptoms and that the revised item set, while less sensitive to measures of anxiety and depression, may still fail to distinguish psychotic and dissociative symptoms from malingered ones.

1-272

Predicting Acute PTSD from Peritraumatic Experience

(Abstract #532)

Poster #1-272 (Assess Dx, Clinical Practice, Adult) M - Global **Roosevelt 1/2**

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Work by the International Consortium to Predict PTSD [ICPP] indicated PTSD symptoms, measured by the Clinician-Administered PTSD Scale [CAPS] within 60 days of trauma, are robust long-term PTSD risk predictors. Due to difficulties in CAPS administration in an emergency department (ED) setup, we explored the use of the Peritraumatic Dissociative Experiences Questionnaire [PDEQ] test score as a predictor in 1407 cases from ICPP data. Logistic regression was used to calculate the probability of having an initial CAPS score predictive of chronic PTSD within 60 days of trauma (i.e., >40 points and >60 points, associated with 12.1% and 27.1% long-term PTSD probabilities). Models were fitted for PDEQ-alone and adjusted for demographics and trauma type. In all models, PDEQ score predicted having a CAPS of >40 or >60 ($p < 0.001$ for all). Brier scores of 0.116 and 0.054, for the CAPS >40 and >60 adjusted models, reflect the accuracy of predicted probabilities and suitability for risk estimation use. Thus, PDEQ administered early post-trauma can accurately estimate likelihood of CAPS scores indicative of PTSD at a later assessment. Along with initial CAPS, early PDEQ informs a sequential PTSD risk identification.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

1-273

Principal Diagnoses in Psychiatric Outpatients with Posttraumatic Stress Disorder: Implications for Screening Recommendations

(Abstract #110)

Poster #1-273 (Assess Dx, Clinical Practice, Adult) M - N/A **Roosevelt 1/2**

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Background: In the Rhode Island Methods to Improve Diagnostic Assessment and Services project, we examined how often posttraumatic stress disorder (PTSD) is the principal diagnosis in patients presenting for outpatient psychiatric treatment. To inform clinicians when it is most advantageous to screen for PTSD, we examined the prevalence of PTSD in psychiatric outpatients with different principal diagnoses.

Methods: In this study, 3800 psychiatric outpatients were evaluated with a semi-structured diagnostic interview for DSM-IV PTSD.

Results: Eleven percent of the sample was diagnosed with PTSD (n = 417, 11.0%). For 109 (26.14%) patients, PTSD was designated as the principal diagnosis. The highest rates of PTSD as a comorbid diagnosis were found among patients with a principal diagnosis of bipolar disorder, followed by patients with a principal diagnosis of major depressive disorder. The rates of PTSD in patients with principal diagnoses of dysthymic disorder, generalized anxiety disorder, and adjustment disorder were significantly lower than in patients without these principal diagnoses.

Conclusions: For the majority of psychiatric outpatients with PTSD, the principal diagnosis for which they seek treatment is not PTSD, but rather, a mood disorder. This highlights the importance of screening for PTSD, particularly in populations with high rates of mood disorders.

1-274

Development of the Subclinical Dissociation Scale among Patients at the Department of Psychiatry of a University Hospital in Japan
(Abstract #1021)

Poster #1-274 (Assess Dx, Clin Res, Clinical Practice, Prevent, Pub Health, Child/Adol) I - Industrialized **Roosevelt 1/2**

Masuda, Ryota¹, Oe, Misari², Kakuma, Tatyuki³, Uchimura, Naohisa²

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Objective: Dissociative disorders are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory identity, and behavior (APA, 2013). Prior research suggests that many healthy individuals experience fantasy involvement, absorption, mild amnesia, and depersonalization (Ludwig, 1983; Putnam, 1997). Here, we aimed to construct a discriminative model of normal and pathological dissociation by comparing Patients with PTSD or Dissociative disorder and other mental disorders by using the subclinical Dissociation Scale.

Method: Questionnaires were completed by 156 Japanese psychiatric inpatients diagnosed with PTSD or dissociative disorders (n=23), neurosis (n=45), mood disorders (n=52), psychotic disorders (n=18), and organic disorders (n=18) in a University Hospital. Questionnaires included the Subclinical Dissociation Scale, and DES.

Results: The results of one-way ANOVA of Subclinical Dissociation Scale and DES among patients have indicated that PTSD or dissociative patients had significantly higher scores ($p < .05$) on the Subclinical Dissociation Scale compared with those with psychotic disorders. In addition, PTSD or dissociative patients had significantly higher scores ($p < .05$) on DES compared with mood disorders.

Conclusions: This study provides evidence for the adequate discriminative validity of the Subclinical Dissociation Scale.

1-275

Posttraumatic Stress Disorder (PTSD) from Past Trauma, Psychiatric Co-morbidity and Burnout among Chinese School Teachers: Forgiveness as Mediator and School Climate as Moderator

(Abstract #18)

Poster #1-275 (Assess Dx, QoL, Prevent, Adult) I - E Asia & Pac Roosevelt 1/2

Wang, Yabing, Chung, Man Cheung
Department of Psychology and Behavioural Sciences, Hong Kong, Hong Kong

Aims: This study aimed to explore whether PTSD from past trauma was associated with psychiatric co-morbidity and burnout among Chinese primary and secondary school teachers and whether this association would be mediated by forgiveness and moderated by perceived school climate. **Procedure:** 279 Chinese primary and secondary teachers (F=223, M=56) completed a demographic questionnaire, Posttraumatic Stress Disorder Checklist for DSM-5, General Health Questionnaire-28, Maslach Burnout Inventory-Educator's Survey, Heartland Forgiveness Scale, and Revised School Level Environment Questionnaire.

Results: Form-teachers reported significantly higher levels of burnout and psychiatric co-morbidity compared to non-form teachers. PTSD from past trauma was positively correlated with burnout and psychiatric co-morbidity and negatively correlated with forgiveness. Forgiveness mediated the impact of PTSD on psychiatric co-morbidity (effect=.0005; BootSE=.0002; BootLLCI=.0002; BootULCI=.0009) and burnout (effect=.1717; BootSE=.0364; BootLLCI=.1047; BootULCI=.2480) but the mediational effect was not moderated by perceived school climate.

Conclusion: School teachers with a high level of PTSD from past trauma tended to be less forgiving which in turn affected their levels of burnout and psychiatric co-morbidity. These reactions seemed to be independent of their perception of school climate.

1-276

PTSD Symptom Screening in Young Adults Using PCL-5 and PCL-C

(Abstract #1038)

Poster #1-276 (Assess Dx, Assess Dx, Comm/Vio, DV, Prevent, Adult) I - Roosevelt Industrialized 1/2

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The prevalence of PTSD symptoms in the general, adult population in Singapore is currently unknown, suggesting that individuals with subthreshold PTSD symptoms may be overlooked. This study sought to close this gap by estimating the prevalence of PTSD symptoms using both DSM-5 and DSM-IV-TR PTSD diagnostic criteria. Using an online survey, 144 participants reported on DSM-5 PTSD symptoms and Criterion A events using PCL-5, and a second sample of 418 participants reported on DSM-IV-TR PTSD symptoms using PCL-C. Results suggested that DSM-5 (12.5%) and DSM-IV-TR (14.8%) PTSD symptom prevalence rates did not differ significantly, $\chi^2(1, N = 562) = 0.48, p > .05$. More participants were screened positive on the PCL-5 recommended cut-off score of 33 (20.8%) than when screened with DSM-5 PTSD symptom criteria (12.5%). Physical assault was most frequently reported as a Criterion A event (33.3%). Study findings suggested that PTSD symptom prevalence estimates in a multiethnic, multicultural society such as Singapore did not differ significantly when using DSM-5 or DSM-IV-TR criteria. The recommended PCL-5 cut-off score of 33 was more inclusive than DSM-5 PTSD symptom criteria as a screening method, providing utility in capturing individuals presenting with subthreshold PTSD symptoms for further assessment of clinical needs. Research and clinical implications will be discussed.

1-277

Trauma in Psychosis: The Prevalence and Impact of Trauma Exposure on Psychotic Symptom Severity and Violent Behavior in Psychiatric Patients

(Abstract #923)

Poster #1-277 (Assess Dx, Acute, Aggress, DV, Rape, Adult) I - Industrialized **Roosevelt 1/2**

Lebeaut, Antoine¹, Del Pozzo, Jill², Cherneski, Lindsay¹, Beck, Saul³, Roché, Matthew⁴, Silverstein, Steven¹

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Data obtained from a study examining multiple characteristics in patients diagnosed with a psychotic disorder and a recent history of violent behavior was pooled for exploratory analyses. The purpose of this secondary data analysis was to investigate the prevalence of trauma exposure in patients with psychosis and its influence on psychotic symptom severity and the risk and severity of violent behavior. Of the total sample (n=53), 51 participants endorsed experiencing at least one traumatic event (96.2%) and 22 participants met criteria for PTSD (41.5%). Further analyses revealed a prevalence of both physical (69.8%) and sexual abuse (47.2%) and a history of violent behavior (66%). Results indicated that trauma exposure, particularly physical and sexual abuse, was positively correlated with the severity of hallucinations. Moreover, trauma exposure was positively correlated with the risk and severity of violent behavior. Regression analyses revealed that psychotic symptoms, specifically hallucinations, significantly moderate the relationship between trauma exposure and the risk and severity of violent behavior. These findings demonstrate the ubiquity of trauma in individuals with a psychotic disorder and further elucidate the relationship between trauma, psychotic symptoms, and violent behavior.

1-278

Examining PTSD Symptom Severity as a Moderator for Response Inhibition in Opioid Users

(Abstract #1100)

Poster #1-278 (Assess Dx, Sub/Abuse, Roosevelt Adult) I - Industrialized 1/2

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University of Vermont, Burlington, Vermont

Posttraumatic Stress Disorder (PTSD) and opioid misuse use are highly co-occurring disorders. Decreased response inhibition has been found separately both in individuals with PTSD and opioid misuse, but not in those with comorbid PTSD and opioid use. The present study examined response inhibition in a sample of individuals with PTSD (N = 53) and who were either current opioid users (n = 30) or abstinent from or in recovery from opioid use (n = 23). Response inhibition was measured using a variant of the Stop-Signal Task, which examines response inhibition across different emotional valences (happy, calm, and angry). Using linear regression, there was a significant interaction between PTSD symptom severity and opioid use status across each emotional valence measuring stop signal reaction time (SSRT). In probing this interaction further, PTSD symptom severity was positively associated with SSRT across all emotional valences in past opioid users (angry: B = 2.21, SE = 1.01, p = .033; calm: B = 2.42, SE = 1.01, p = .018; happy: B = 2.99, SE = 0.98, p = .003), but not in current opioid users. These findings highlight that timing may be important for targeting reduction of PTSD symptoms in opioid users.

1-279

Daily Variation in Post Traumatic Stress Symptoms (PTSS) in Individuals with and without Post Traumatic Stress Disorder

(Abstract #1099)

Poster #1-279 (Assess Dx, Assess Dx, Roosevelt Clin Res, Res Meth, Adult) M - N/A 1/2

Biggs, Quinn, Ursano, Robert, Wang, Jing, Krantz, David, Wynn, Gary, Fullerton, Carol
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Objective: Little is known about the extent to which post traumatic stress symptoms (PTSS) vary from day to day. This study examined the variation of the PCL-5 total score and subscale scores by the day of the week, and whether day of week variation differs between individuals with and without PTSD.

Methods: Subjects (N = 80) were assessed for probable PTSD at enrollment. Using an ecological momentary assessment methodology, PTSS were assessed four times daily by self-report for 15 days. Linear mixed models were used to assess daily variation in the PCL-5 total score and four subscale scores (intrusion, avoidance, negative cognition, hyperarousal).

Results: The PCL-5 total score and all four subscale scores were higher on weekdays (Monday through Friday) versus weekends (Saturday and Sunday) in those with PTSD, but there were no weekday/weekend differences among those without PTSD. The PCL-5 total score and three subscales scores (intrusion, avoidance, hyperarousal) varied across the seven days of the week among participants with PTSD, but not among those without PTSD.

Conclusions: These first preliminary results indicate that among individuals with PTSD, post traumatic stress symptoms vary by the day of the week, with more symptoms on weekdays compared to weekends. Determining the factors associated with daily variation in PTSD symptoms may be important for treatment of PTSD.

1-281

The Relationship between Posttraumatic Stress, Left-behind Experience, Anhedonia and Fear of Intimacy among Chinese College Student

(Abstract #11)

Poster #1-281 (Assess Dx, Fam/Int, Roosevelt Child/Adol) I - E Asia & Pac 1/2

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Objective: This study examined the interrelationship between posttraumatic stress disorder (PTSD) from past trauma, left-behind experience, anhedonia and fear of intimacy among college students.

Procedure: 480 (F=361, M=119) college students were recruited in a cross-sectional study and completed the PTSD Checklist, Fear-of-Intimacy Scale (FIS) and Temporal Experience of Pleasure Scale (TEPS).

Results: Left-behind experience during childhood was positively associated with fear of intimacy ($r=0.13, p<0.01$). After adjusting for gender, PTSD symptoms and anticipatory pleasure predicted fear of intimacy (PCL=0.39, $p<0.01$; TEPS-anticipatory=0.21, $p<0.01$), while left-behind experience did not predict fear of intimacy directly. Left-behind experience moderated the relationship between PTSD symptoms and fear of intimacy (coeff= -0.265, se= 0.116, LLCI= -0.493, ULCI= -0.036).

Conclusion: College students, who have a higher level of PTSD symptoms or experience limited pleasure from anticipating future pleasurable events, are more likely to have a higher level of fear of intimacy. Unexpectedly, comparing with students who have left-behind experience, the effect of PTSD symptoms on fear of intimacy is stronger among those without left-behind experience, which may suggest that PTSD symptoms increase more risk for fear of intimacy.

1-282

The Loneliness of Shame. An Investigation of Loneliness as a Mediator of the Relationship between Shame and Health Problems in Young People Exposed to Childhood Violence
(Abstract #987)

Poster #1-282 (Assess Dx, CPA, CSA, Comm/Int, Health, Lifespan) M - Industrialized **Roosevelt 1/2**

Thoresen, Siri, Strøm, Ida, Aakvaag, Helene, Wentzel-Larsen, ToRe, Birkeland, Marianne
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Shame related to childhood violence can be detrimental to mental and physical health and may erode social bonds. In this study we tested if loneliness is an important pathway between violence-related shame and health problems. Individuals who reported exposure to childhood violence in a telephone interview survey in 2013 (wave one) were re-contacted 12-18 months later (wave two). The 505 young adult participants (mean age = 21 years) responded to questions about violence exposure, violence-related shame, loneliness, psychological distress, and somatic health complaints. We used counterfactually based causal mediation analysis to test whether loneliness mediated a potential association between shame and health. Shame had a profound effect on psychological distress, and about one third of the relationship between shame and psychological distress was mediated by loneliness. The relationship between shame and somatic health complaints was weaker in total, but this more modest effect was largely indirect through loneliness. Our results add to the literature by highlighting the role of loneliness in the relationship between shame and health. Shame may have the potential to break down social connectedness, with a detrimental effect on health. Clinicians may find it helpful to pay close attention to the way shame regulates social interaction in violence victims.

TECHNOLOGY

1-283

Predictors of Interest in Mental Mobile Health Applications among U.S. Veterans: Results from the National Health and Resilience in Veterans Study
(Abstract #1523)

Poster #1-283 (Tech, Train/Ed/Dis, Adult) I - Industrialized **Roosevelt 1/2**

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⁴*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*
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Mobile health (mHealth) technologies increase self-management treatment options for individuals seeking mental health services. However, to access this population, we need to learn about their interest and knowledge of mobile applications (apps). Our current study aimed to investigate the relationships of personal and environmental features relevant to mHealth-related seeking behaviors. 413 U.S. Veterans from the 2016 National Health and Resilience in Veterans Study who reported owning a smartphone and had previously downloaded a mobile app were examined. 52% of the Veterans expressed interest utilizing mental mHealth applications. Based on Anderson’s Health Behavior Model, we examined predisposing (age, gender, ethnicity), enabling (education, resilience, social) and need (PTSD and depression symptoms) factors. Logistic regression was used to determine the effects of the three factors on perceived interest in the use of mental mHealth apps. Preliminary analysis revealed lower perceived social support was the sole factor linked to increased likelihood of interest in mHealth app use (OR=0.95, p=0.04). This finding suggests, Veterans with

reduced social support may be more attracted to mHealth technologies. It further suggests that incorporating social networking component into the mobile apps may help bolster interest in mental mHealth app utilization in this population.

**1-284
Development of Cortical Vertex-based Mega-analysis to Study Brain Abnormalities in PTSD**

(Abstract #795)

Poster #1-284 (Tech, Tech, Neuro, N/A) A - N/A	Roosevelt 1/2
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Mega-analyses of brain structural measures are increasingly used to examine brain abnormalities in neuropsychiatric disorders. Automated analytical software such as FreeSurfer divides the cortical surface into several thousand vertices and provides a cortical thickness measure at each vertex. However, most cortical structural mega-analyses are based on the regional measures of large anatomical-defined regions. High-resolution cortical vertex-based mega-analyses are still underdeveloped. We designed and implemented automated procedures for (1) aggregation and organization of normalized cortical thickness maps of individual subjects from participating laboratories, (2) quality evaluation using outlier estimation, (3) group analysis using the Python statistical package, (4) multiple comparison correction, and (5) visualization of results using FreeSurfer. We have applied this procedure to data from 2,700 individuals, determined a cut-off number of outliers for subject exclusion using a training dataset and a validation dataset, completed a preliminary mega-analysis of differences between PTSD and non-PTSD controls, and used the false discovery rate correction. Preliminary results from this procedure support the feasibility of cortical vertex-based mega-analysis. We will examine cortical thickness abnormalities in PTSD using this approach after completing data collection.

**TRAINING/EDUCATION/
DISSEMINATION**

1-285

Impact of the Opioid Crisis on Children: Process of Developing a State-wide Web-based Training

(Abstract #505)

Poster #1-285 (Train/Ed/Dis, CPA, Commun, Sub/Abuse, Tech, Other) I - Industrialized	Roosevelt 1/2
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Overdoses are on the rise nationally. Emerging state initiatives have focused on reducing overdose deaths and the high volume of children in foster care. Children with prenatal exposure and opiate-related traumatic stress are being referred into Early Intervention (EI) programs due to behaviors and delays that are developmental in nature. Training was needed on how to work with these children. Interdisciplinary teams at two medical centers collaboratively developed a web-based training. The team conferenced weekly to discuss content, project needs and next steps. Content development began with literature reviews of the opioid epidemic, addiction, neonatal abstinence syndrome, traumatic stress, and child development. The team consulted with content experts, stakeholders, and community members to refine the content. Video recordings were conducted with foster parents, youth, childcare and EI providers, OBGYN/neonatologists, occupational therapists, and addiction experts. The team identified an online platform for dissemination. Content and videos were edited and incorporated into platform. This presentation will address lessons learned including needing technological expertise to streamline production efforts, using snowball effect to solicit videos and advertise training, and navigating work styles, expertise, and personal goals among interdisciplinary team.

1-286

**Adversity and Resilience Training (ART):
Pilot Study**

(Abstract #1135)

**Poster #1-286 (Train/Ed/Dis, CPA,
Commun, Prevent, Self-Care,
Lifespan) M - Industrialized** **Roosevelt
1/2**

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Mississippi*

Growing evidence of the health risks associated with adverse childhood experiences (ACEs) has prompted public health and community initiatives to promote awareness, detection, and responses that are trauma-informed. Nationwide programs to integrate trauma-informed care in child-serving agencies have thus far led to the proposal and advancement of trauma-informed policies and practices. While Mississippi offers trauma-specific intervention training, it is yet to develop a statewide ACEs initiative. This project, therefore, aims to contribute to the larger goal of a statewide trauma-informed paradigm shift, by increasing ACEs awareness and developing recommendations for the integration of such research into programs aimed at serving vulnerable populations. To inform the development of a region-specific program, we conducted a pilot training with college students and elicited feedback. Participants (N= 93) attended a 3-hour workshop on ACEs and Resilience. A pre- and post-evaluation was administered to measure participant self-assessed knowledge. Additionally, applied skills were assessed using vignettes and participants provided qualitative feedback on the training. There were significant changes in the reported knowledge and understanding of trauma and resilience as a result of the workshop. Current results have implications for future research and training.

GLOBAL ISSUES

1-287

**The Moderating Effect of Perceived
Discrimination on the Association between
Religious Coping and Posttraumatic Growth
in Muslim Refugees**

(Abstract #1654)

**Poster #1-287 (Global, Ethnic,
Refugee, Adult) M - Global** **Roosevelt
1/2**

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Refugees are exposed to trauma and posttraumatic stress disorder, but they experience posttraumatic growth (PTG) as well (Tedeschi & Calhoun, 2004). Many refugees rely on spiritual and religious practice to cope with traumatic experiences, and positive religious coping is a predictor of PTG (Chan, Youn & Sharif, 2016). However, perceived discrimination regarding one's religion may contribute to increased posttraumatic stress symptoms and lower PTG. We hypothesized that perceived discrimination would moderate the association between Muslim religious coping (MRC) and PTG among Muslim refugees. Data collection is ongoing. Preliminary results from 28 trauma-exposed and forcibly displaced Muslims provides tentative support for our hypothesis. The overall model was significant, $F(3, 24) = 3.40, p = .03$, and explained 29.8% of model variance, with interaction between MRC and perceived discrimination at trend level, $b = .097, p = .06$. For individuals who experience moderate to high levels of perceived discrimination, positive religious coping contributes to PTG. With the rising rate of fear of and discrimination against Muslims in the United States (Clay, 2017), our findings highlight the importance of incorporating religious components in developing interventions targeting Muslim refugees.

1-288

A Comparison of Psychological Symptom Patterns in Three Types of Trafficking Survivors

(Abstract #192)

Poster #1-288 (Global, Complex, Health, Adult) I - E Asia & Pac Roosevelt 1/2

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Survivors of human trafficking have elevated risks of psychological traumas, including depression, anxiety and PTSD. Prior research has mostly examined mental health disorders among samples consisted of trafficked individuals only or compared between trafficked and non-trafficked samples (e.g., sex workers). In order to comprehensively understand psychological trauma among diverse experiences of trafficking, this study compared psychological symptom patterns (as measured by the Self-Reporting Questionnaire-20 and the Harvard Trauma Questionnaire) in three types of trafficking survivors: those trafficked for commercial sexual exploitation, forced marriages, and domestic servitude. Results indicate that different types of trafficking lead to different patterns of psychological symptoms, which would require different responses and treatment approaches.

1-289

Facets of Military-Related War Rape: A Review of Military Sexual Trauma and Wartime Sexual Assault

(Abstract #175)

Poster #1-289 (Global, Cul Div, Social, Gender, Adult) I - Global Roosevelt 1/2

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Despite sexual trauma being common among military members, as well as females in areas of military conflict (e.g., Democratic Republic of Congo, Bosnia, Syria), there has been no empirical investigation exploring the relationship between Military Sexual Trauma (MST) and war rape. The purpose of this review was to draw comparisons between MST and war rape, and extend information from both areas to better understand these sexual traumas. The paper focused on utilizing MST as a framework for further understanding the health sequelae and clinical implications for survivors of war rape. While MST is defined as involving sexual assault or harassment, rape as a weapon of war has been described as a tactic perpetrated against individuals during times of political and ethnic conflicts. The review indicated the emergence of parallel themes (e.g., military/wartime culture, opportunities for legal justice, culture of silence, institutional betrayal), and similarities in subsequent victim characteristics (e.g., gender) and responses including physical problems, and psychopathology (e.g., sexual dysfunction, suicidality). This review concluded by discussing clinical implications such as the delivery of evidence-based treatments, as well as future directions for clinicians, policy-makers, researchers, and other stakeholders.

LATE BREAKING POSTERS

1-291

Complex Trauma in Maltreated Preschoolers: Does Quality of Mother-Child Interactions Play a Role?

(Abstract #1779)

Poster #1-291 (Assess Dx, Assess Dx, CPA, Complex, Fam/Int, Child/Adol) M - Industrialized **Roosevelt 1/2**

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The term "complex trauma" emerged to account for the diversity and complexity of difficulties in children who experienced maltreatment (van der Kolk, 1996). Complex trauma results from chronic/repeated exposure to interpersonal traumas which occur during vulnerable developmental periods (Courtois et al, 2009). To date, few studies have specifically assessed prevalence of complex trauma. This study aimed 1) to document the frequency of complex trauma in a sample of maltreated (n= 36) and at-risk children (from low SES families, n=91) and 2) to examine the contribution of the quality of mother-child relationship to complex trauma. Five areas of difficulties were assessed: executive functions deficits (BRIEF; Gioia et al., 2000), PTSD symptoms (TSCYC; Briere, 2001), dissociation (CDC; Putnam, 1993) and externalizing and internalizing problems (CBCL; Achenbach et al, 2001). Children with high scores (difficulties) in at least 3 areas were considered as having complex trauma. Questionnaires were completed by mothers and preschool teachers. Mother-child relationship was assessed during a snack time (Moss et al., 1998). Results revealed that 14% to 36% of children had complex trauma. Frequencies varied as a function of group (malt/non-malt) and informant. Mother-child relationship was related to child maltreatment and complex

trauma (both assessed through mothers and teachers).

1-292

Assessing Dissociation in Maltreated Children with the Child Dissociative Checklist (CDC): Identifying the Most Discriminating Items/Behaviors

(Abstract #1872)

Poster #1-292 (Assess Dx, Assess Dx, CPA, Chronic, Neglect, Child/Adol) M - Industrialized **Roosevelt 1/2**

Dénommée, Sarah, Grisé Bolduc, Marie-Ève, Milot, Tristan, Rousseau, Michel, St-Laurent, Diane

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Dissociation is a core process in children's posttraumatic stress reaction. However, it can be challenging for professionals to properly assess, as dissociative symptoms may look like other normative (being completely absorbed in activity) or non-normative (ADHD) processes. The 20-item Child Dissociative Checklist (CDC; Putnam, 1992), widely used in clinical settings, has been very helpful for screening dissociative disorder. Yet, the CDC has low sensitivity when used with children with nonspecific dissociative disorder, such as maltreated children. Although maltreatment is one of the most traumatic experiences, studies using the CDC often report low proportions of maltreated children meeting clinical threshold. Maltreatment may lead to very complex symptomatology, and it has been hypothesized that dissociative symptoms may be hidden by other severe behavioral/emotional problems. In this study, we aimed to identify the more relevant CDC items for assessing dissociation in maltreated children. Latent-classes analyses conducted on 178 maltreated and at-risk preschoolers identified three clusters/groups according to dissociative symptoms level. Further analyses revealed that 11 out of the 20 CDC items distinguished these

groups, with only one group having moderate to high probably of endorsing these items (the other 9 items being rarely endorsed in all three groups).

1-293

The Impact of Family Stress on the Mental Health of Police Officers Exposed to Community Violence During Civil Unrest in Ferguson, MO

(Abstract #1790)

Poster #1-293 (Clin Res, Assess Dx, Comm/Vio, QoL, Adult) I - Roosevelt N/A 1/2

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Past research conducted with law enforcement suggests work environment stress is associated with PTSD symptoms (Maguen et al., 2009) and stress at home can influence exposure to traumatic stress at work (Mikkelsen & Burke, 2004). Yet, research on mental health outcomes for police officers following exposure to community violence (CV) events is limited. This study explored the impact of family stress and perceived family threat on the mental health of police officers exposed to community violence. Police officers (N = 217) exposed to violence during civil unrest in Ferguson, MO completed a 45-minute online survey evaluating demographic information, posttraumatic stress

symptoms (PTSS), depressive symptom severity (DSS), family stress, and perceived threat to family. Both family stress and perceived threat were significantly associated with greater PTSS. An interaction between these variables was significant. Both family stress and perceived family threat were significantly associated with greater depressive symptoms; however, the interaction effect for depressive symptoms was not significant. Family factors play a significant role in the mental health outcomes of police officers exposed to CV. Efforts to support family concerns for police officers may reduce the negative impact of community violence on officers' mental health which could enable the community to be better served.

1-294

PTSD Screening in the Emergency Department following a Traumatic Physical Injury

(Abstract #1860)

Poster #1-294 (Clin Res, Acc/Inj, Assess Dx, Depr, QoL, Adult) I - Roosevelt Industrialized 1/2

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Despite the risk of developing posttraumatic stress disorder (PTSD) after physical injury, only 7% of trauma centers and even fewer Emergency Departments (ED) in the United States screen for PTSD. We hypothesized that screening for depression and PTSD symptoms in the ED may identify patients at risk for later psychological symptoms. In the EDs of two Level 1 trauma centers, we enrolled injured patients (n = 149) who reported serious injury and/or life threat in past 24 hours. Subjects completed a PTSD and depression screen (Posttraumatic Adjustment Scale [PAS]) in the

ED, and 6-weeks later (M = 45 days) they completed the DSM-5 PTSD checklist (PCL), PHQ-8, and Trauma-Specific Quality of Life (T-QOL). Our final sample for analysis at 6-weeks was 85 adults (59% male; M age = 34); Many screened positive (+) for PTSD (37.1%) and depression (68.5%) in the ED. Controlling for age, hospital admission, and ED pain score, regression analyses revealed that a (+) ED PTSD and (+) depression screen were associated with 6-week PCL (B=0.25, p=.034) and PHQ-8 symptoms (B=0.38, p<.001), respectively. Further, a (+) ED screen for both PTSD (B=-0.02, p=.056) and depression (B=-0.28, p=.01) was associated with lower T-QOL. It is feasible to identify patients at risk for post-injury sequelae in the ED; screening for mental health risk may identify patients eligible for early PTSD treatment.

1-295

Anxiety and Depression Mediate the Effect of PTSD on Quality of Life in a Treatment-Resistant Sample of Active Duty Service Members and Veterans
(Abstract #1801)

Poster #1-295 (Clin Res, Anx, Depr, QoL, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Current research regarding quality of life (QoL) of service members and veterans has primarily focused on physical and mental health-related QoL. However, the World Health Organization emphasizes a broader view focused on subjective overall, health, physical, psychological, social, and environmental aspects of life. PTSD impacts many military members at some point in their lives. Although treatments are available for PTSD, not everyone will respond to them. Though PTSD is known to

impact QoL, there is a paucity of knowledge regarding this relationship in individuals who have tried but not responded to treatment. Thus, we examined the PTSD to QoL relationship as well as the potential mediating effect of anxiety and depression in a treatment-resistant sample of active duty service members and veterans. Anxiety and depression each mediated the observed relationship of PTSD to health, physical, psychological, and social QoL; however, depression alone fully mediated PTSD's effect on overall and environmental QoL. These results demonstrate the important role anxiety and depression play in explaining the relationship of PTSD and QoL among people with treatment-resistant PTSD. By incorporating a focus on anxiety and depression symptoms in the treatment of PTSD, these patients may experience a clinically significant increase in QoL.

1-296

Feasibility and Acceptability of an Adjunct Equine Immersion Program for Veterans with Posttraumatic Stress Disorder and Traumatic Brain Injury
(Abstract #1744)

Poster #1-296 (Clin Res, Commun, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Equine Immersion Programs (EIP) are a form of equine-assisted therapy programs. EIPs have been a growing adjunctive integrative health modality, as they allow participants to practice mindfulness, emotional regulation, and self-mastery or self-esteem building skills. Preliminary evidence suggests that these

programs may be helpful in reducing posttraumatic stress disorder (PTSD), anxiety, and depressive symptoms. The current study examines the feasibility of integrating an EIP as part of a two-week, intensive clinical program for post-9/11 veterans with PTSD and/or traumatic brain injury (TBI). Participants (N=62) left the urban environment of an intensive treatment center to attend a 2-day, weekend EIP. Satisfaction surveys were collected on the last day of the EIP and analyzed using thematic analysis. We found the following themes: ability of horses to catalyze emotional rehabilitation, effectiveness of immersion in equine assisted activities, program's ability to foster interpersonal relationships, necessity of education about PTSD for EIP staff. Participants also endorsed enjoying the program as highlighted by qualitative feedback and mean score of 9.76 (SD=0.612) on a 10-point Likert scale (with higher scores indicating a greater overall experience). These data offer preliminary evidence that an adjunct EIP is acceptable for veterans with PTSD and/or TBI.

1-297
Increased Mindfulness Skills Predict Reductions in PTSD and Depression Symptoms for Veterans in a Three-Week Intensive Treatment Program for PTSD
(Abstract #1809)

Poster #1-297 (Clin Res, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Objective: The aim of this study was to examine whether increased mindfulness skills predicted reductions in PTSD and depression symptoms in a three-week intensive treatment program for

PTSD.
Method: Data were drawn from 132 veterans (63.6% male) who completed pre- and post-treatment measures assessing mindfulness skills (FFMQ), PTSD (PCL-5), and depression (PHQ-9). Random effects regression models were used to examine whether changes in FFMQ subscales predicted changes in PCL-5 and PHQ-9.
Results: The ability to Describe, Act, Non-judge, and Non-react (FFMQ subscales) improved significantly from pre- to post-treatment ($d = -0.32 - -0.55$). Random effects regression models demonstrated that increases in mindfulness skills predicted reductions in PCL-5 and PHQ-9 scores. Post hoc examinations suggested that increases in mindfulness skills accounted for 9–13% and 11–21% of the variability in PCL-5 and PHQ-9 score decreases from pre- to post-treatment, respectively.
Conclusion: Increased mindfulness skills predicted reductions in PTSD and depression severity in veterans during a three-week intensive treatment program. Although prior research has demonstrated similar results in longer programs, this study is the first to demonstrate that mindfulness skills can increase in just three weeks and may be an important treatment target for reducing PTSD and depression symptoms.

1-298
A Hermeneutical-Discourse Analysis of Moral Injury: Investigating the Individual Interpretive Process
(Abstract #1768)

Poster #1-298 (Clin Res, Cog/Int, Complex, Grief, Mil/Vets, Adult) M - N/A **Roosevelt 1/2**

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The nascent construct of moral injury has received increasing empirical research attention. Many investigations have focused on defining both the phenomenology and the diagnostic construct of moral injury, as well as developing moral injury-focused treatment interventions. Less attention has been given to the process of how an individual becomes morally injured. The current state of the science asserts that timing of the event, contextual factors that affect decision-making during the morally injurious event, reactions to the event, search for purpose and meaning, and personal disclosure may be emerging themes amid the interpretive process. This study investigates the meaning-making process through which an individual interprets a potentially moral injurious event (pMIE) that results in a moral injury. Interviews with veterans who admit to having moral injury are analyzed via discourse analysis. This research builds on the current understanding of moral injury by focusing on the individual's interpretive process from event to injury. Instead of simply identifying ubiquitous themes, this study asks how someone came to naming their feelings or actions as "guilty" or "shameful." This study presumes that the event of moral injury itself includes how a morally injured individual co-constructs a deliberative, interpretive process for such conclusions.

1-299

Changes in PTSD Symptoms Correspond to Changes in Suicidal Ideation in a Combined Military and Civilian Sample Engaged in Cognitive Processing Therapy (Abstract #1796)

**Poster #1-299 (Clin Res, Clin Res, Roosevelt
Cog/Int, Complex, Pub Health, 1/2
Adult) M - Industrialized**

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The established relationship between PTSD and suicidal ideation (SI) provides a unique opportunity to research treatments that simultaneously improve symptoms of PTSD and decrease SI (Krysinska & Lester, 2010). Gradus and colleagues (2013) found that decreases in PTSD predict decreases in SI, over the course of evidence-based treatments (EBTs) for PTSD within a sample of female rape survivors. The current study aims to expand on these findings and explore whether change in PTSD symptoms predicts change in SI in a sample that is diverse with regards to military status, gender and index trauma ($N = 188$) enrolled in a dissemination trial of Cognitive Processing Therapy (CPT), an EBT for PTSD. Results from multi-level growth curve models using secondary data (Monson et al., 2018) indicated a significant association between PTSD symptom change and SI change, while controlling for relevant factors (e.g., clinical depression diagnosis). Greater improvement in their PTSD symptoms exhibited was associated with larger decreases in SI ($b = .03, t = 8.05, p < .001$). The results of the current study corroborate earlier findings that reductions in PTSD symptoms during and EBT for PTSD correspond to reductions in SI. Thus, reducing PTSD symptoms through EBT delivery may reduce SI.

1-300

Emotion Regulation as a Transdiagnostic Process in Afghan Refugees

(Abstract #1751)

Poster #1-300 (Clin Res, Clin Res, Cul Div, Depr, Refugee, Adult) M - Industrialized **Roosevelt 1/2**

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Background: In response to the high rates of comorbidity as well as the severe psychosocial impairment among refugees, the examination of transdiagnostic processes such as emotion regulation appears particularly promising in this group. This study investigates the contribution of emotion dysregulation to PTSD, depression and anxiety/insomnia. In addition, the link between emotion regulation and psychosocial impairment is examined.

Method: Participants were 74 male Afghan refugees exposed to trauma, completing relevant self-report measures (DERS, PCL-5, GHQ-28).

Results: Emotion dysregulation accounted for significant variance in PTSD, depression and anxiety/insomnia beyond demographics and trauma exposure with moderate to large effect sizes. Further findings show that emotion dysregulation was related to psychosocial impairment independently of symptom severities of PTSD, depression and anxiety/insomnia.

Conclusion: The findings indicate that emotion regulation may be a key process that is involved in the development and maintenance of different mental disorders as well as psychosocial impairment in traumatized refugees. It highlights the need and potential directions for transdiagnostic interventions that target these difficulties. On this basis, our group has developed a culture-sensitive emotion regulation

therapy for refugees, which is currently being evaluated in a RCT.

1-301

Effects of Social Reactions to Alcohol-Related Campus Sexual Assault on Post-traumatic Stress Disorder Symptoms

(Abstract #1773)

Poster #1-301 (Clin Res, Comm/Int, Comm/Vio, Rape, Sub/Abuse, Adult) M - Industrialized **Roosevelt 1/2**

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Campus sexual assault (CSA) is prevalent and often occurs when the victim is under the influence of alcohol (Dowdall, 2007). 75% of sexual assault survivors disclose the assault to others (Ahrens et al., 2007). Disclosure often leads to positive social support, but can also be met with negative reactions, including blaming the victim. Victims who were under the influence of alcohol at the time of the assault receive more negative social reactions from others (Ullman & Filipas, 2001). The current study examined whether CSA victims who consumed alcohol prior to their assault had higher post-traumatic stress disorder (PTSD) symptoms compared to those who had not consumed alcohol. We also tested whether this effect was exacerbated by worse negative social reactions. CSA victims (N = 22) completed a survey measuring their assault history, as well as social reactions to disclosure and PTSD symptoms. Results showed that the link between alcohol-related CSA and PTSD was stronger for participants who received negative reactions following disclosure. The poster will include findings from a more robust analysis of the research question after data from an additional 100 participants are collected by the end of September. This study suggests the need for intervention efforts aimed at improving reactions

to CSA, especially for victims who consumed alcohol prior to their assault.

1-302

Self-Compassion and Psychological Flexibility in a Treatment Seeking Sample of Women Survivors of Interpersonal Trauma

(Abstract #1786)

Poster #1-302 (Clin Res, CPA, CSA, Complex, DV, Adult) I - N/A **Roosevelt 1/2**

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Interpersonal violence is pervasive and related to negative psychological outcomes. This study examines self-compassion and psychological flexibility as potential protective factors for the diverse problems associated with interpersonal trauma in a treatment-seeking sample of women. Participants were recruited as part of a larger study that evaluated a web-based intervention for psychological difficulties related to interpersonal violence. A community sample of 27 women (M age=37.74; SD=16.16) screened positive for global psychological distress and victimization, including rape (86.4%) and child physical abuse (59.1%). Self-compassion (SCS) was positively associated with psychological flexibility (AAQ-II; $p<.001$) and negatively associated with PTSD symptoms (PCL-5; $p<.001$) and other domains of trauma-related distress (TSI), including anxious arousal ($p=.003$), depression ($p=.006$), defensive avoidance ($p=.025$), dissociation ($p=.006$), and with symptoms related to more complex trauma presentations of impaired self-reference ($p<.001$), and tension reduction behavior ($p=.006$). Results suggest that self-compassion and psychological flexibility may function as protective factors in the development of

problems in women exposed to interpersonal violence. Treatments that target self-compassion and acceptance may assuage difficulties often accompanying chronic interpersonal trauma.

1-303

Be Our Guest: Correlations Between Post-Migration Living Difficulties and Changes in PTSD Symptom Severity within a Resettled Refugee Population

(Abstract #1807)

Poster #1-303 (Clin Res, Cul Div, Ethnic, Refugee, Civil/War, Adult) I - Industrialized **Roosevelt 1/2**

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Many people in host communities assume that refugees have experienced extensive trauma histories. Although past trauma is necessary for the development of PTSD, little is known about how daily post-migration stressors impact PTSD symptom severity during refugee resettlement. This study explored whether post-migration living difficulties experienced during resettlement correlate with PTSD symptomatology within a resettled refugee population. Syrian and Iraqi refugees were recruited to participate in the study one month after resettlement. Bilingual research assistants obtained written consent and administered the PTSD Checklist Civilian (DSM IV) in Arabic. One year after resettlement, participants (N=30) were asked to complete the same questionnaire as well as the Living Difficulties Questionnaire (LDQ). Four subscales were derived from the LDQ; lack of government help (a single question in the LDQ) was also analyzed. There were significant correlations between trauma symptom severity one year after resettlement and all LDQ subscales (health services: $r=0.627$, $p<.01$; housing: $r=0.543$, $p<.01$; finance:

$r=0.463, p<.01$; social support: $r=0.526, p<.01$), and perceived problems with lack of government help ($N=29, r=0.484, p<.05$). The current results support integration of treatment for past trauma as well as assistance with current daily stressors in the resettlement process.

1-304

Are Attention Deficits Predictive of Acute and Posttraumatic Stress Symptoms?

Results from Two Longitude Studies of Pediatric PTSD

(Abstract #1745)

Poster #1-304 (Prevent, Acute, Assess Dx, Pub Health, Child/Adol) M - N/A **Roosevelt 1/2**

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Research has suggested that ADHD is a risk factor for pediatric PTSD, but prior studies have not been able to distinguish the potential impact of ADHD on risk for trauma exposure vs risk for PTSS after trauma. We examined the relationship of pre-trauma attention deficits (AD) to ASD symptoms (ASDS) and subsequent PTSS, in two samples of children (age 8-17) with known exposure to acute trauma. Study 1 examined PTSD in injured children ($N=243$). Study 2 evaluated measures of acute stress in children with acute trauma exposure ($N=447$). Both studies collected parent ratings of pre-trauma AD, and assessed ASDS within 1 month and PTSS 3-12 months post-trauma. The 2 datasets were analyzed separately. Pre-trauma AD and later PTSS were positively associated in both studies. Pre-trauma AD was positively correlated with ASDS in Study 1 but not in Study 2. When simultaneously regressing later PTSS on pre-trauma AD and ASDS, AD remained a significant predictor of PTSS in Study 2 only. These analyses extend prior studies of AD and PTSS by examining this in

children with known exposure to acute trauma. Results suggest that pre-trauma AD is predictive of later PTSS in trauma exposed children. Since executive functioning deficits (EFDs) are posited to precipitate AD, further research should examine the relationship between EFDs, AD, and later PTSS to expand etiology and risk factors for PTSD.

1-305

Psychological Distress Mediates the Association Between Childhood Interpersonal Traumas And Physical Discomfort in Pregnant Women

(Abstract #1806)

Poster #1-305 (Prevent, CPA, Health, Intergen, Adult) M - Industrialized **Roosevelt 1/2**

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The experience of childhood sexual abuse is a substantial risk factor for physical health in pregnant women (Yampolsky et al., 2010). However, little is known on the association between other types of interpersonal traumas and physical discomfort in pregnant women. The study aimed to evaluate the effect of maternal interpersonal traumas and psychological distress on physical pain and discomfort during the second and third trimesters of pregnancy. The sample included 232 mothers (mean age = 31.95, $SD= 4.11$, 39% with childhood interpersonal trauma). Participants completed online surveys assessing physical discomfort and psychological distress during pregnancy. Results suggest that psychological distress mediates the association between childhood interpersonal traumas and physical discomfort during the second trimester of pregnancy, which in turn predict physical discomfort during the last trimester. Path analysis indicated good fit for the model : $CFI = 1.00$, Normed Fit Index (NFI) =

.99, RMSEA < .00 et 2(3, N = 213) = 1.62, p = .65. The implications for perinatal practices will be discussed.

1-306

Looking Beyond Depression - PTSD as a Risk Factor for Suicidal Behavior

(Abstract #1868)

Poster #1-306 (Prevent, Clinical Practice, Depr, Adult) I - Industrialized Roosevelt 1/2

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Introduction: Growing evidence has linked PTSD to suicide risk, yet extant literature focuses on depression as a main predictor of suicide. As suicide ideation and attempt are often conflated, recent research has focused on teasing apart predictors of ideation versus attempt. The current study aims to investigate PTSD symptomatology as predictor of suicide attempt, as opposed to ideation. We hypothesized that ideation would be accounted for by depressive symptoms, while attempt would be better explained by PTSD, due to symptoms of impulsivity and dissociative loss of orientation to the present.

Methods: 199 participants completed measures of PTSD (ICD-11), Ideation & attempts (Scale of Suicide Ideation), and depressive symptoms (BSI18), as part of a larger study.

Results: Generalized linear binary regression models show that depression ($t(4,183) = 1.56, p < .001$), but not PTSD ($t(4,138) = 0.3, p = .17$), explained a significant amount of the variability of suicide ideation. However, attempted suicide was statistically accounted for by PTSD ($t(4,138) = 0.36, p = .04$) and not by depression ($t(4,183) = 0.17, p = 0.23$)

Discussion: These findings suggest that though highly correlated, suicide ideation and attempt have different predictors. Thus, while depressive

symptoms should be regarded as a risk factor for suicide ideation, PTSD symptomatology should raise stronger concern for suicide attempt.

1-307

Staying Strong with Schools: Training School Faculty to Identify Deployment-Related Stress Among Military Connected Children.

(Abstract #1782)

Poster #1-307 (Commun, Dev/Int, Train/Ed/Dis, Civil/War, Mil/Vets, Lifespan) I - Industrialized Roosevelt 1/2

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Staying Strong With Schools (SSWS) is a school-based intervention designed to promote resilience in military connected children (MCCs) attending civilian schools in urban Massachusetts. This study collected data on SSWS implementation in a school in rural Pennsylvania, to assess the program's generalized applicability in the US. SSWS includes a 60-minute training to teach faculty how MCCs express deployment-related stress at school. Faculty learned to conduct resiliency interventions, guide students towards resources, and discuss relevant concerns with a MCC's guardian.

Data were collected as part of a 7-item survey given immediately at pre- and post-training. One hundred two teachers were assessed (15% females, M age=42, SD=8, M years of experience=3, SD=1), with grade-level taught ranging from Pre-K (N=3, 2%), Kindergarten (N=22, 15.3%), 1st-3d (N=36, 25%), 4th-6th (N=35, 24.3%), 7th-9th (N=25, 17.4%), to 10th-

12th (N=23, 16%) (note that teachers may have taught several grades).
 Surveys showed significant pre-post increase in understanding family stresses associated with parental deployment (47% vs 87%, $p<0.001$), knowledge of how to identify MCC stress reactions in the classroom (38% vs 92%, $p<0.001$), and ability to implement resiliency supports at school (41% vs 71%, $p<0.001$).
 Further research confirming the effectiveness of the intervention at the MCC level is warranted.

1-308
A Correlational Study of Sexual Assault, Institutional Betrayal, and Gender Related Experiences
 (Abstract #1808)

Poster #1-308 (Commun, Rape, Gender, Adult) I - N/A	Roosevelt 1/2
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Sexual assault is a pervasive problem on university campuses across the United States (Fisher, Cullen, & Turner, 2000). Instances of sexual assault are often accompanied by tangentially negative experiences, including institutional betrayal, which itself is associated with higher rates of posttraumatic stress disorder and other negative outcomes (Monteith, et al. 2016; Parnitzke, Smith, & Freyd 2013). Likewise, negative gender related experiences and instances of secondary victimization can exacerbate negative symptoms associated with sexual assault (Campbell & Raja, 2005; Chapleau, Oswald, & Russell 2008). Using a survey from the University of Tulsa that asked college-age students about their history with sexual assault and related experiences, this study examines the correlation between assault that occurred while the student was at the university and their feelings of institutional betrayal, as well as negative gender related experiences. The aim of this study is to better understand the attitudes on campus towards sexual assault

survivors, both as an institution and among students. Results showed significant correlations amongst most institutional betrayal types; additionally, there was a significant correlation between sorority betrayal and negative gender related experiences. After the cultural shift of the #MeToo movement, research in this area is even more pressing.

1-309
Examining Correlates of Past Year Major Depressive Episode among Black Men and Black Women in the United States
 (Abstract #1797)

Poster #1-309 (CulDiv, CPA, DV, Social, Gender, Adult) I - Industrialized	Roosevelt 1/2
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There is a need for studies that examine the effects of traumatic experiences on depression separately for Black men and Black women. This study was guided by intersectionality theory and examined the impact of traumatic experiences and protective factors for past year major depressive episode (MDE) separately for Black men (N=1,681) and Black women (N=2,437) who participated in wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. The traumatic experiences studied were ten adverse childhood experiences (ACEs), past year intimate partner violence, and past year racial and gender discrimination. The protective factors studied were religiosity and ethnic identity. Racial discrimination and intimate partner violence were the only two correlates of MDE for both Black men and women. The association between intimate partner violence and MDE was larger for Black men (Adjusted odds ratio (AOR) =2.95) than Black women (AOR=1.75). ACEs were positively associated with MDE among Black women only. Among Black women, gender discrimination was more strongly associated

with MDE (AOR=2.21) than racial discrimination (AOR=1.46). Findings suggest the need for gender-specific trauma informed prevention interventions for depression among Black adults.

1-310
Inclusion of Ethnic and Racial Minorities with PTSD in Evidence-Based Clinical Trials: A Report Card
(Abstract #1794)

Poster #1-310 (CulDiv, Ethnic, Res Meth, Lifespan) I - N/A **Roosevelt 1/2**

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Previous research has shown that racial and ethnic minorities have higher rates of trauma exposure than their White counterparts and, after trauma exposure, minorities experience the risk of developing PTSD at a higher rate than Whites (Dixon et al., 2016). Minorities are also more likely to terminate prematurely and to underutilize mental health services (Dixon et al., 2016; Kearney, Draper, & Baron, 2005; Sue, Fujino, Hu, & Zane, 1991). This study will analyze efficacy studies for PTSD and determine whether Blacks, Latinos, and Asian Americans are sufficiently included. A literature search of efficacy studies for PTSD was conducted; only trials from the United States were included. We collected clinical trials that used the following three evidence-based treatments: Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing (EMDR). Additional ethnoracial demographic data was added by emailing the studies' authors. Results will show whether ethnic and racial minorities are adequately represented in clinical trials for the aforementioned treatments. We will discuss strategies to increase inclusion rates through

appropriate recruitment methods and community involvement.

1-311
Engaging a Vulnerable Population in Trauma Treatment: Feasibility, Acceptability, and Effectiveness of a DBT-Informed Skills Group in an Urban VA Hospital's PTSD Clinical Team
(Abstract #1742)

Poster #1-311 (Practice, Clinical Practice, Complex, Adult) I - Industrialized **Roosevelt 1/2**

Malouf, Elizabeth¹, Bruder, Tiffany¹, Shotwell Tabke, Chelsea², Romero, Erin¹
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²The University of Tulsa, Tulsa, Oklahoma

This poster presents clinical program evaluation information on a DBT-informed, easy-access, skills group implemented in a PTSD Clinical Team at an urban VA hospital, which provides treatment to a diverse Veteran population. The group aims to engage Veterans for whom emotion dysregulation may be a barrier to evidence-based treatment (EBP) for PTSD, and includes month-long modules on emotion regulation, distress tolerance, and interpersonal effectiveness. Veterans may join at the beginning of any module, and are encouraged to repeat the group if clinically appropriate. This poster addresses the feasibility, acceptability and effectiveness of DBT-skills in this setting. Preliminary data is available for 35 veterans (18 male, 63% African American). The average length of time in the group is 3.6 months (SD= 2.45). The majority (54%) completed at least one full 3-month rotation of the group and program completion was the most common reason for discharge. Negative outcomes, including dropping out (21%) and disruptive behavior (3%) were less common. Regarding effectiveness, 49% of participants were referred to EBP for PTSD during the group, 20% of

which engaged during or soon after completing the group. Altogether, program evaluation data supports feasibility and acceptability of DBT-skills in this context. Mixed evidence for effectiveness will be discussed.

1-312

The Influence of Trauma Symptoms on the Therapeutic Alliance Across Treatment Among Women with Traumatic Stress Related to Childhood Abuse

(Abstract #1746)

Poster #1-312 (Practice, CPA, CSA, Complex, Gender, Adult) M - Industrialized **Roosevelt 1/2**

*Lawson, David, Reece, Kirsti
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Few studies have examined the substrate elements of the alliance. Objective: We examined the influence of early phase dissociation, interpersonal problems, and retraumatization on the therapeutic alliance (tasks, goals, and bond) at early, middle, and later phases of treatment with women who experienced child abuse. Method: Data were collected from 82 adult females in treatment for childhood abuse. A canonical correlation analyses was conducted for each of the three treatment phases. Results: The early and middle phases of treatment were significant. In the early phase, fewer interpersonal problems and dissociative symptoms predicted greater agreement on treatment goals. In the middle phase, fewer interpersonal problems and dissociative symptoms, but more retraumatization, predicted a stronger bond, followed by greater agreement on tasks and then goals. Conclusions: Results highlight the importance of examining the finer-grain elements as opposed to only a single composite variable for the alliance. These results go beyond previous research with CA clients and

the alliance providing a particular order of importance for each alliance element. The positive correlation between the alliance scales and retraumatization in the middle phase is consistent with previous alliance research that found that CA clients with retraumatization histories can form strong alliances.

1-313

A Comparison of Psychotherapy and Pharmacotherapy Recommendations from Four Recent PTSD Clinical Practice Guidelines

(Abstract #1792)

Poster #1-313 (Practice, Clin Res, Roosevelt Cog/Int, Adult) I - Industrialized 1/2

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Clinical practice guidelines (CPGs) are used to support clinicians and patients in diagnostic and treatment decision-making. Along with patients' preferences and values, and clinicians' experiences, practice guidelines are a critical component to ensure patients are getting the best care. Most CPGs are now based on systematic reviews of the treatment literature and result in recommendations that generally vary in strength from strong to weak to inconclusive. Despite a reliance on similar procedures, methodological decisions and the interpretation of the evidence by a review committee can result in different recommendations across CPGs. This poster will compare the primary psychotherapy and pharmacotherapy recommendations from four recent CPGs: VA/DoD, American Psychological Association, Phoenix Australia, and the International Society for Traumatic Stress draft guideline.

1-314

Strategies for Increasing Cultural Competence with Moral Injury in Combat Veterans

(Abstract #1822)

Poster #1-314 (Practice, Clinical Practice, Complex, Cul Div, Mil/Vets, Adult) A - Industrialized Roosevelt 1/2

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War, at its very base, etymologically means to bring into confusion. For time immemorial, service members have been required to participate in acts deemed unjustifiable outside the remit of battle. Veterans experience childhood abuse at higher rates than civilians and often present with attachment difficulties, reenactments, and dissociation. Coupled together, complex PTSD and moral injury can widen chasms between veterans' pre and post-war selves, shattering fundamental beliefs about human capacity for goodness and evil. Moral injury is a nascent construct, separate but related to PTSD, which describes the repercussions of participation as a perpetrator, bystander, or witness in acts which severely violate individual or shared intrinsic moral codes and systems of beliefs. This poster discusses the significance of moral injury in the practice of psychotherapy, with a focus on the therapeutic relationship. It presents strategies for helping patients express feelings related to moral injury (e.g., guilt, shame) and grapple with questions about responsibility, loss of meaning, and spirituality. The poster describes cultural competency associated with moral injury to bridge the gap between providers and patients, and troubleshoots barriers and countertransference reactions involved with this work.

1-315

The Association Between Different Traumatic Life Events and Suicidality

(Abstract #1753)

Poster #1-315 (Pub Health, Depr, Health, Gender, Adult) I - Industrialized Roosevelt 1/2

Ásgeirsdóttir, Hildur¹, Valdimarsdóttir, Unnur², Ásgeirsdóttir, Tinna¹, Nyberg, Ullakarin³, Þórdís, Þorsteinsdóttir⁴, Hauksdóttir, Arna²

¹*Centre of Public Health Sciences, University of Iceland, Reykjavík, Iceland*

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Trauma may increase the risk of various psychiatric disorders, even suicidality. Our aim was to explore the association between traumatic life events and suicidality, by type of event and gender.

Women attending a cancer screening program in Iceland (n=689) and a random sample of men (n=709) were invited to participate. In a web-based questionnaire, life events were assessed with Life Stressor Checklist-Revised, and the DSM-5 criterion was used to identify traumatic life events. Reports of lifetime suicidal thoughts, self-harm and suicide attempt were considered as lifetime suicidality. We used Poisson regression to calculate relative risks as a measure of the associations between traumatic events and suicidality.

The response rate was 66% (922/1398). The prevalence of any lifetime traumatic events was 76%. We observed an overall association between having experienced a traumatic life event and suicidality (RR 2.05; CI 1.21-3.75). An association between non-interpersonal trauma and suicidality was noted among men (RR 3.27; CI 1.30-8.25), but not women (RR 1.27; CI 0.59-2.70). Increased likelihood for suicidality was observed among those who had experienced interpersonal trauma, childhood

trauma, and sexual trauma, with a higher relative risk for men.

Findings indicate that specific traumatic life events are associated with suicidality, even more so for men than women.

1-316
Post-Traumatic Stress Disorder and Justice-Involvement Among Military Veterans: A Systematic Review

(Abstract #1759)

Poster #1-316 (Pub Health, Comm/Int, Prevent, Social, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Taylor, Emmeline¹, Timko, Christine², Nash, Amia¹, Owens, Mandy³, Harris, Alex², Finlay, Andrea¹

¹*VA Palo Alto Health Care System, Menlo Park, California*

²*Center for Innovation to Implementation, VA Palo Alto Health Care System & Stanford University, Menlo Park, California*

³*Department of Veterans Affairs, Puget Sound Health Care System, Seattle, Washington*

This study aimed to conduct a systematic review of literature on post-traumatic stress disorder (PTSD) among justice-involved veterans to assess the magnitude of the potential association between PTSD and justice involvement (JI). A literature search was conducted across a series of databases, and 11 studies met final inclusion criteria. A meta-analysis was conducted, pooling odds ratios using a random effects model. JI and PTSD were defined as dichotomous variables (yes/no) based off history of arrest or incarceration and probable PTSD. An association between PTSD and JI was identified with an estimated pooled odds ratio of 1.7 (95% confidence interval: 1.4-2.0, p<.01). There was a clear association between PTSD and JI, indicating an opportunity to consider JI prevention strategies for veterans with PTSD, and strategies for universally implementing trauma informed care within healthcare and

justice systems. Additionally, this systematic review identified gaps and limitations in the extant literature. More studies are needed to determine if specific PTSD symptoms, such as hypervigilance or increased irritability, are related to increased odds of JI. All studies looked at lifetime trauma and JI which can include trauma and JI prior to military service. Additional research examining the timing of trauma, PTSD diagnosis, and JI would provide more clarity around this relationship.

1-317
Influence of Resilience and Childhood Trauma on Reintegration Among Post-Deployment Post-9/11 US Veterans: A Holistic Investigation

(Abstract #1767)

Poster #1-317 (Social, CPA, Chronic, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

Etchin, Anna¹, Fonda, Jennifer², Howard, Elizabeth³, McGlinchey, Regina⁴

¹*Department of Veteran Affairs, Jamaica Plain, Massachusetts*

²*Boston VA Healthcare System, Boston, Massachusetts*

³*Northeastern University, Boston, Massachusetts*

⁴*Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts*

Nearly half of post-9/11 US veterans experience reintegration challenges. Objectives were to assess whether: 1) deployment stressors were associated with reintegration challenges; 2) resilience resources mediated these relationships; and 3) interpersonal early life trauma (I-ELT) was a moderator. This cross-sectional study used data from the Translational Research Center for TBI and Stress Disorders (TRACTS) prospective longitudinal cohort study of combat-deployed post-9/11 US veterans. Linear regression evaluated the relationships among deployment stressors

(deployment concerns and combat experiences) and reintegration challenges. Causal mediation evaluated indirect and direct effects of resilience resources (family and social support) on these relationships. Deployment concerns was positively associated with reintegration challenges for the overall (adjusted $\beta = .39$; $p = .003$) and I-ELT samples (adjusted $\beta = .48$; $p = .03$). Family and social support mediated the relationship negligibly ($< 13\%$) in the overall sample and a small to moderate amount (31% and 58%, respectively) in the I-ELT subsample. Combat experience was not significantly associated with reintegration challenges in any analyses (p 's $> .294$). Deployment concerns were associated with reintegration challenges, with family and social support mediating the relationship, and worse effects among those with I-ELT.

symptoms among a sample of active duty Service Members who had experienced a sexual assault in the past year. The study was a secondary analysis of the 2012 Workplace and Gender Relations Survey of Active Duty Members. Workgroup retaliation behavior was a significant predictor of both PTSD and depression symptoms, explaining over ten percent of variance in these outcomes; leadership and institutional responses contributed less, but still significant variance. Results suggest the importance of workgroup response to sexual trauma for mental health among service members and the need to investigate and curtail workgroup retaliation behaviors. Results reinforce the necessity of military sexual assault training for leaders and workgroups and broaden understanding of factors that may affect survivors' mental health.

1-318

Don't Tell: Sexual Assault, Institutional Environment, and Mental Health in the US Department of Defense

(Abstract #1780)

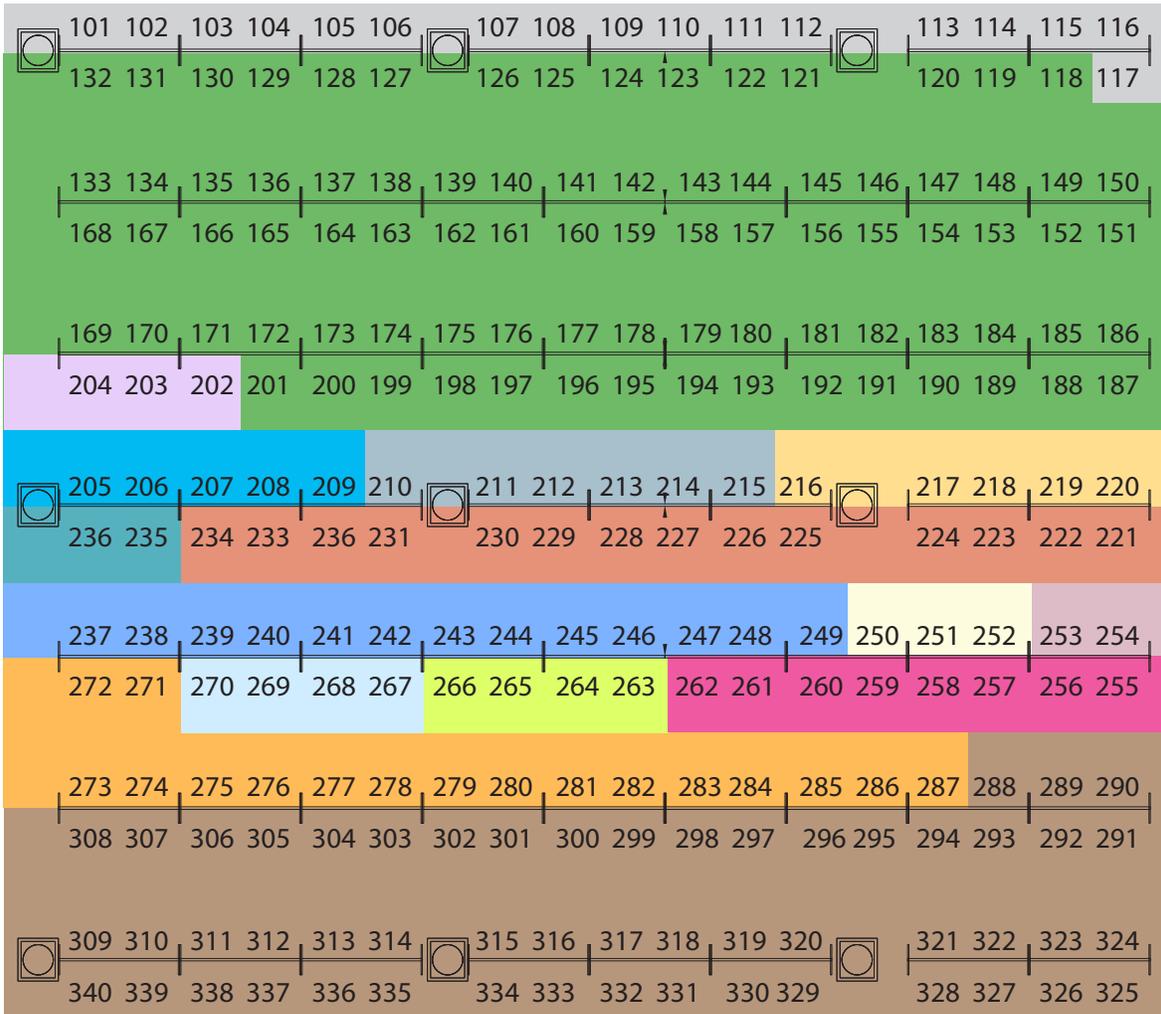
Poster #1-318 (Social, Rape, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

*Herrera, Carolyn, Holland, Kathryn
University of Nebraska - Lincoln, Lincoln, Nebraska*

Sexual assault is a highly prevalent and destructive issue within the United States Department of Defense. Survivors of sexual assault in the DoD face long-term mental health issues such as PTSD and depression; these issues can be compounded by a hostile work environment. This study investigated three important levels of organizational climate regarding sexual assault response: workgroup, leader, and larger institution. Specifically, we studied the ways in which institutional, leadership, and workgroup responses to sexual assault related to PTSD and depression



Poster Session Two Map



Poster Session Two, Thursday, November 8, 5:45 p.m.–7:00 p.m.

Student Poster Award Finalists	101 – 117
Clinical/Intervention Research	118 – 201
Ethics	202 – 204
Research Methodology	205 – 209
Social Issues/Public Policy	210 – 215
Biological/Medical	216 – 220
Clinical Practice	221– 234
Journalism & Trauma/Multi-Media	235 – 236

Public Health	237– 249
Community-Based Projects	250 – 252
Vicarious Trauma & Therapist Self Care	253 – 254
Prevention/Early Intervention	255– 262
Culture/Diversity	263 – 266
Training/Education/Dissemination	267 – 270
Assessment & Diagnosis	271 – 287
Late Breaking Research	288 – 340

Poster Session Two Presentations
Thursday, November 8
5:45 PM to 7:00 PM

Poster Session Two Presentations

Thursday, November 8, Roosevelt 1/2
Poster viewing: 3:30 p.m.–5:45 p.m.
Author Attended Poster Session Two
Thursday, November 8 5:45 p.m.–7:00 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday 1:30 p.m., Author attended Poster Session Two, Thursday 5:45 p.m., Author Attended Poster Session Three, Friday 1:30 p.m., or Author Attended Poster Session Four, Friday 5:45 p.m. and that is the time period when the presenting author is available to answer questions. Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on page 5.

Key:

Poster # Number (Primary keyword, Secondary Keywords, Population type) Presentation Level–Region

Keyword type descriptions can be found on page 2
Regions and Population Types can be found on pg. 3
Presentation levels and descriptions can be found on page 4

Session Two: Thursday, November 8

Poster Setup: 3:00 p.m.–3:30 p.m.
Poster Viewing: 3:30 p.m.–5:45 p.m.
Author Attended Poster Session Two: 5:45–7:00 p.m.
Poster Dismantle: 7:00 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.

**STUDENT POSTER AWARD
FINALISTS**

2-101

The Latent Structure of Post-traumatic Stress Disorder among Refugees Settled in Australia: Culturally Validating the DSM-5 Model

(Abstract #495)

Poster #2-101 (Assess Dx, Cul Div, Refugee, Adult) A - Global	Roosevelt 1/2
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Specker, Philippa, Liddell, Belinda, Byrow, Yulisha, Bryant, Richard, Nickerson, Angela
University of New South Wales, Sydney, New South Wales, Australia

Background: Refugee populations remain under-represented in research on traumatic stress despite reporting high levels of trauma exposure and elevated rates of posttraumatic stress disorder (PTSD). The current study was the first to assess the construct validity of the newly reformulated DSM-5 PTSD structure in a culturally diverse refugee sample compared to four alternate models commonly identified in western populations: the four-factor Dysphoria model, the five-factor Dysphoric Arousal model, and the six-factor Anhedonia and Externalising Behaviours models. Methods: 246 refugees from Arabic, Farsi and Tamil backgrounds, completed measures of trauma exposure and PTSD symptoms. Results: Confirmatory factor analysis revealed that all models demonstrated acceptable model fit. However, the DSM-5 model provided the poorest fit overall. Preliminary evidence suggests that the six-factor Anhedonia model, comprising the symptom clusters of re-experiencing, avoidance, negative affect, anhedonia, dysphoric arousal and anxious arousal, provided the best fit. Conclusions: Our findings offer preliminary support for the applicability of the Anhedonia model to a culturally diverse refugee sample, and contribute to a growing body of studies which indicate that the DSM-5 model may not best represent the symptom structure of

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

PTSD found across non-western conflict-affected populations.

2-102

Parents and Children in the Aftermath of Acute Trauma: Understanding the Relationship between Parent PTSS, Parent-Child Interactions, and Child PTSS

(Abstract #721)

Poster #2-102 (Clin Res, Acc/Inj, Fam/Int, Prevent, Res Meth, Child/Adol) M - Industrialized **Roosevelt 1/2**

Silverstein, Michael¹, Kassam-Adams, Nancy², Marsac, Meghan³
¹*Drexel University, Philadelphia, Pennsylvania*
²*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania*
³*University of Kentucky, Lexington, Kentucky*

Parents play a key role in child recovery after acute trauma; research to date is grounded in self-report. We examined how parent & child PTSS relate to directly observed parent-child peri-trauma interactions. 96 dyads (injured child & 1 parent) participated in a novel observational task, discussing hypothetical situations ambiguous as to threat. Using sequential analysis of parent & child utterances, we calculated the conditional probability of parents supporting child-generated neutral or threat appraisals or proactive coping solutions. We examined associations of these probabilities with parent & child PTSS assessed at baseline (T1), 6 weeks (T2), & 12 weeks post-injury (T3). Preliminary analyses show that (a) parents with higher PTSS at T1 were less likely to support child-generated proactive coping solutions, (b) children whose parents were less likely to support child-generated neutral appraisals (& more likely to support threat appraisals) were more likely to have PTSS at T2 & T3. Findings suggest parent PTSS is associated with how parents support vs discourage child peri-trauma appraisals & coping. Results add a more nuanced understanding of how peri-trauma parent-child interactions relate to later psychological outcomes. Assessing these constructs through direct observation is a crucial advance, and can inform efforts to help parents support their trauma-exposed child.

2-103

Cross-Lagged Association between PTSD Symptoms and Perceived Centrality of a Terrorist Attack

(Abstract #430)

Poster #2-103 (Clin Res, Terror, Lifespan) I - Industrialized **Roosevelt 1/2**

Glad, Kristin Alve¹, Hafstad, Gertrud², Dyb, Grete³, Czajkowski, Nikolai⁴
¹*Norwegian Centre for Violence and Traumatic Stress Studies and University of Oslo, Oslo, Norway*
²*Norwegian Centre for Traumatic Stress Studies, Oslo, Norway*
³*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*
⁴*University of Oslo, Oslo, Norway*

We aimed to explore the degree to which young survivors of a terrorist attack perceived the attack as a central part of their identity and life story, and to examine the concurrent and prospective association between event centrality and symptoms of posttraumatic stress disorder (PTSD). 319 survivors (M = 19.4 years, SD = 4.6, 47.0% female) of the 2011 massacre on Utøya Island, were interviewed 14-15 and 30-32 months post-terror. A short-version of the Centrality of Event Scale (CES) was used to measure the degree to which the terrorist attack had been integrated into the survivors' life stories and identities. Current post-traumatic stress reactions were measured using the University of California at Los Angeles PTSD Reaction Index. A cross-lagged model was used to explore the association between event centrality and PTSD symptoms over time. Survivors reported high and stable levels of event centrality (M = 3.65), and event centrality was significantly associated with concurrent PTSD symptoms, at both time points. PTSD symptoms were significantly associated with prospective levels of event centrality, but not vice versa. The findings suggest that young survivors of a terrorist attack still experienced the attack as a central part of their identity and life story years post-trauma. However, level of event centrality was not related to long-term changes in PTSD symptomatology.

2-104

Examining the Association between PTSD, Depression, Homelessness and Past Suicide Attempts among Iraq and Afghanistan War Veterans

(Abstract #1427)

Poster #2-104 (Clin Res, Depr, Pub Health, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Gorman, Kaitlyn¹, Pedersen, Sara², Kearns, Jaclyn³, Rosen, Raymond⁴, Keane, Terence⁵, Marx, Brian⁶
¹Boston VA Healthcare System, Boston, Massachusetts
²Department of Veteran Affairs, Boston, Massachusetts
³University of Rochester, Rochester, New York
⁴New England Research Institutes, Inc., Watertown, Massachusetts
⁵National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts
⁶National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts

Every year more than 400,000 veterans experience homelessness and 23% of all homeless individuals are veterans (National Coalition for Homeless Veterans, 2006). Studies of homeless veterans indicate high rates of depression, PTSD (Kushel, et al., 2001), and suicide (Schinka et al., 2012). Using a gender-balanced longitudinal registry of 1,170 OEF/OIF veterans, we further explored associations between PTSD, depression, homelessness and prior-suicide attempts (SA). Depression and PTSD were assessed by trained assessors using the Structured Clinical Interview for DSM-IV (SCID-IV) and SA was assessed via using the Self Injurious Thoughts and Behaviors Interview (SITBI). History of homelessness was assessed via self-report. Consistent with previous literature, depression ($\beta = 1.428$, $p < .001$) and PTSD ($\beta = 2.333$, $p < .001$) were significantly associated with an increase in past SAs. Distinct from civilians, history of homelessness was associated with an increased risk of SA, above and beyond depression and PTSD ($\beta = 2.698$, $p < .001$). Results suggest that addressing homelessness may reduce risk for suicide among OIF/OEF veterans.

2-105

Association between Childhood Interpersonal Victimization and Suicidal Behavior in a Predominantly Latinx College-Student Sample: Mediating Role of Domains of Emotion Dysregulation

(Abstract #937)

Poster #2-105 (Clin Res, CPA, CSA, Clin Res, Complex, Adult) M - Industrialized **Roosevelt 1/2**

Hsieh, Claire¹, Gonzalez, Leo¹, Ramos, Kayla¹, Elhai, Jon², Charak, Ruby¹
¹The University of Texas Rio Grande Valley, Edinburg, Texas
²University of Toledo, Toledo, Ohio

The present study examines the association between maltreatment, sexual victimization, and peer/sibling victimization during childhood and suicidal behavior. The mediating role of six domains of difficulties in emotion regulation (ER) were investigated. We hypothesized that higher victimization scores would be associated with increased suicidal behavior mediated by higher scores on domains of ER. Participants were 217 college students at a Southern Texas University with ages ranging from 18-29 years ($M = 21.5$, $SD = 12.04$, 71.6% female, 86.2% Latinx). Results suggested that 34% to 69% had exposure to the three types of childhood victimization. Findings indicated significant partial mediation effects by the three and five domains of ER on the association between childhood maltreatment, sexual victimization, and peer/sibling victimization and suicidal behavior. Significant indirect effects for childhood maltreatment ranged from ($B = .19$ to $.56$, $p < .05$), sexual victimization ranged from ($B = .25$ to $.53$, $p < .05$), and peer/sibling victimization ranged from ($B = .14$ to $.41$, $p < .05$). Clinical interventions should be directed toward imparting emotion regulation skills to victim-survivors of childhood victimization.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-106

Longitudinal Course of Disaster-related MDD among a Prospective Sample of Adult Chilean Natural Disaster Survivors

(Abstract #512)

Poster #2-106 (Clin Res, Nat/Dis, Adult) M - Latin Amer & Carib **Roosevelt 1/2**

Vicente, Benjamin¹, Koenen, Karestan², Saldivia, Sandra¹, Kohn, Robert³, Fernandez, Cristina², Griffin, Christina⁴
¹*Universidad de Concepción, Concepción, 160-C, Concepción, Chile*
²*Harvard School of Public Health, Boston, Massachusetts*
³*Brown University Warren Alpert Medical School, Providence, Rhode Island*
⁴*University of Central Arkansas, Conway, Arkansas*

The aim of this study is to investigate the role that pre-existing psychiatric disorders play in developing major depressive disorder (MDD) after a disaster. Data from a prospective 5-wave longitudinal cohort of Chilean adults were used (N=1,708). At baseline, participants completed the Composite International Diagnostic Interview (CIDI), a comprehensive psychiatric diagnostic instrument. In 2010, the sixth most powerful earthquake (and subsequent tsunami) on record struck central Chile. One year later (2011), the depressive disorders module of the CIDI was administered. Stabilized inverse probability censoring and exposure weights were constructed to identify the pre-disaster psychiatric predictors of post-disaster MDD. Among the 314 individuals (18.4% of the total sample) who developed post-disaster MDD, 104 (33.1%) had pre-disaster MDD. Marginal structural logistic regression models (with IPW and robust error variance estimators) indicated that pre-disaster bipolar I (3.81; 1.89-7.66), OCD (2.59; 1.08-6.22), and dysthymia (2.54; 1.71-3.77) were the strongest predictors of post-disaster MDD. Additional analyses to further examine the independent effect of pre-disaster MDD on post-disaster MDD are underway. This study's findings have the potential to inform targeted public health interventions and allocate resources to those at highest risk for developing post-disaster MDD.

2-107

Posttraumatic Stress Responses in Neonatal Intensive Care Unit (NICU) Parents: A Systematic Review

(Abstract #457)

Poster #2-107 (Clin Res, Acc/Inj, Bio Med, Health, Gender, Adult) I - Industrialized **Roosevelt 1/2**

Williams, Allison, Alyssa, Ward, Hill, Ashley, Mladen, Samantha, Griffin, Sarah, Hendricks-Munoz, Karen
Virginia Commonwealth University, Richmond, Virginia

Objective: One in eight infants are admitted to the NICU, leaving parents to bond with their infants under challenging circumstances, including a potentially traumatic birth and the stress of a critically ill infant. These potential traumas can contribute to posttraumatic responses in parents, including Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). The present review aims to identify and evaluate risk and resilience factors associated with ASD and PTSD in NICU parents.

Method: A systematic search of four databases (PubMed, PsychInfo, CINHALL, & Proquest) was undertaken. Of the initial search's 1,383 unique records, 19 articles were included.

Results: Prevalence rates for ASD included 18-90% of mothers and 0-78% of fathers, while PTSD rates included 15-78% of mothers and 8-47% fathers. Risk factors included mental health/trauma histories, first time motherhood, stress related to NICU or birth, and coping strategies. Infant health, pregnancy, and reproductive assistance were not risk factors. Social support, positive coping strategies, and medical staff support were not associated with resilience.

Conclusions: These findings underscore the high psychosocial needs of NICU parents and the importance of trauma-informed screening and intervention. Future research directions and clinical implications will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-108

The Effect of Emotion Regulation Difficulties on PTSD Outcomes following Cognitive Processing Therapy for PTSD

(Abstract #376)

Poster #2-108 (Clin Res, Clinical Practice, Cog/Int, Adult) M - N/A **Roosevelt 1/2**

Boyd, Jenna, Shnaider, Philippe, Cameron, Duncan, McCabe, Randi

McMaster University, Hamilton, Ontario, Canada

Emotion regulation difficulties (ERD; difficulty regulating the experience, occurrence, and expression of emotions) are associated with severity of posttraumatic stress disorder (PTSD) symptoms across trauma types (e.g., child abuse, combat trauma). It has been argued that evidence-based therapies for PTSD, such as cognitive processing therapy (CPT), do not address ERD and may lead to symptom worsening or treatment dropout for those with significant ERD. The current study investigated the efficacy of group CPT in targeting ERD, and the impact of ERD on treatment efficacy (reduction in PTSD symptoms) and dropout. Fifty-five individuals with PTSD participated in group CPT for PTSD. PTSD symptoms were assessed at each session using The PTSD Checklist for DSM-5, and ERD were measured with the Difficulties in Emotion Regulation Scale at pre- and post-treatment. Repeated measures t-tests revealed significant improvements in both PTSD (Cohen's $d=1.29$) and ERD ($d=0.81$) with treatment ($ps<.05$). Contrary to expectations, hierarchical linear modeling and a logistic regression analysis revealed that pre-treatment ERD was not significantly associated with change in PTSD symptoms over treatment or treatment dropout ($ps>.05$). These findings suggest that CPT can be effectively delivered in a group setting among those with PTSD and ERD, and can lead to significant improvement in ERD.

2-109

Neighborhood Cohesion as a Potential Mediator in the Relationship between Community Violence Exposure and PTSD Symptoms

(Abstract #176)

Poster #2-109 (Commun, Commun, Comm/Vio, Cul Div, Child/Adol) M - **Roosevelt 1/2**
Industrialized

Amoh, Nana¹, Sissoko, Gina², Pugach, Cameron², Allwood, Maureen²

¹The Graduate Center, City University of New York/John Jay College of Criminal Justice, New York, New York

²John Jay College, CUNY, New York, New York

Youth who are exposed to high rates of neighborhood disorder, which includes community violence, are at greater risk for maladaptive outcomes, including PTSD symptoms (Ahern et al., 2004). Neighborhood cohesion and social ties to neighbors have been shown to mediate the association between neighborhood disorder and PTSD symptoms (Gapen et al., 2011). As such, the established association between community violence exposure and PTSD symptoms might also be buffered by neighborhood cohesion. This study examined the potential mediating and moderating effects of neighborhood cohesion on PTSD symptoms among a sample of ethn racially diverse college students and community adolescents (current N of 82). Preliminary findings indicate that higher neighborhood cohesion is significantly related to lower community violence exposure ($r = -.26, p = .018$) and lower PTSD symptom levels ($r = -.22, p = .051$). The strength of the association between community violence and PTSD symptoms ($r = .29, p = .008$) will be examined after controlling for neighborhood cohesion. Interactions among the variables and demographics will also be examined. Results highlight the need for advocacy and community-based interventions that extend beyond individual and family services as a means of reducing PTSD and the adverse cycle of violence and trauma.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-110

Gender Minority Stress and Rape Status as Predictors of Distress and Health Risk Behaviors within a TGNC Sample
(Abstract #1454)

Poster #2-110 (CulDiv, Anx, Rape, Sub/Abuse, Gender, Adult) I - Industrialized | **Roosevelt 1/2**

*Decker, Melissa, Littleton, Heather
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Transgender and gender nonconforming individuals face a higher risk of rape than their cisgender peers. Although psychological distress is a known outcome of both gender minority stress and rape among transgender and gender nonconforming individuals, it is unknown how gender minority stress and rape status interact to affect psychological distress and risk behaviors, such as risky sex and drug use. We investigated the interaction of gender minority stress factors and rape victim status on psychological distress and risk behaviors among a sample of 183 transgender and gender nonconforming college students who completed an online survey. Results supported a high prevalence of rape history (42%). Rape victim status predicted anxiety symptoms, PTSD status, drinking, impulsive sex, and uncommitted sex. Additionally, internalized transphobia significantly interacted with rape victim status to predict anxiety symptoms, PTSD status, and problematic drug use. Experiences of gender non-affirmation significantly interacted with rape victim status to predict impulsive sex. Thus, results support that gender minority stress may amplify risk for negative outcomes among transgender and gender nonconforming college students. Implications of the findings for the development of interventions for this highly vulnerable population are discussed.

2-111

The Mediation Role of the Behavioral Inhibition System in the Relationship between Gender and PTSD Symptomatology
(Abstract #1437)

Poster #2-111 (CulDiv, Gender, Adult) I - Industrialized | **Roosevelt 1/2**

*Talbot, Margaret, Bartel, Alisa, Engle, Krista, Samuelson, Kristin
University of Colorado at Colorado Springs, Colorado Springs, Colorado*

Women are at greater risk for developing PTSD than men, but little is known about underlying mechanisms explaining gender differences in symptoms. The behavioral inhibition system (BIS; Gray, 1987) is a physiological system purported to moderate avoidance behaviors that result from threats, and high BIS scores are associated with the personality traits of neuroticism, harm avoidance, emotional sensitivity, and anxiety. We examined BIS as a potential mediator in the relationship between gender and PTSD symptom severity in a sample of 335 trauma-exposed university students. Women reported more severe PTSD symptomatology than men ($B = 0.003, p < .001$) and higher BIS scores ($B = 0.04, p < .001$). Mediation analyses revealed a significant indirect effect of BIS on the relationship between PTSD and gender ($B = 1.31, p < .001$), and there was no longer a direct effect of gender ($B = 3.46, p = .20$). Findings indicate that women have greater sensitivity to BIS which accounts for higher PTSD symptoms. Behavioral inhibition may contribute to women experiencing greater loss of control and more negative cognitions in the aftermath of trauma, and may render women more susceptible to the development of PTSD and greater symptom severity. These findings extend current explanations of PTSD gender differences, and may help target treatment efforts for specific populations of trauma survivors.

2-112

Filling the Therapeutic Void: Developmental Trauma Disorder through Filming

(Abstract #1565)

Poster #2-112 (Practice, Affect/Int, CPA, CSA, Complex, Child/Adol) I - Roosevelt N/A 1/2

*Chang-Angulo, Rocio, Ford, Julian, Harris, Nia
University of Connecticut Health Center,
Farmington, Connecticut*

Over 3,000,000 cases of child trauma are reported in the United States annually. Currently the “best fit” diagnosis for child onset trauma is post-traumatic stress disorder (PTSD), a diagnosis originally created for adults. However, most traumatized children do not meet PTSD diagnostic criteria. Moreover, PTSD does not capture the widespread impact that child onset trauma has on child development. As a result, only one third of the reported cases of child trauma are validated annually. Given this, a new provisional diagnosis has been proposed: “Developmental Trauma Disorder (DTD),” which encompasses the variable manifestations of trauma on child development. The specific goal of this project is to educate clinicians with "DTD" guidelines on how to help children and families safely heal following trauma. A group of "DTD" experts and their medical colleagues developed a series of clinical webinars focusing on challenging therapeutic moments. These webinars provide an easily accessible, quality learning opportunity for clinicians, counselors, and others involved in “DTD” therapy. All viewers were asked to evaluate webinars following completion. Results from the evaluations to date indicate that webinar viewers (predominantly clinicians and students/trainees) are highly satisfied with the material covered and with the quality of the webinars.

2-113

Challenges in the Identification and Treatment of Mental Health Problems among Resettled Refugees: Ecological Perspectives of Multidisciplinary Refugee Service Providers

(Abstract #1566)

Poster #2-113 (Practice, Cul Div, Health, Pub Health, Refugee, Lifespan) M - Industrialized Roosevelt 1/2

Guler, Jessy¹, Hambrick, Erin², Kichline, Tiffany¹, Vernberg, Eric¹

¹University of Kansas Clinical Child Psychology Program, Lawrence, Kansas

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This qualitative study examined ecological factors relevant to disparities seen in mental health service utilization by resettled refugees in low-resource settings. We conducted focus groups and interviews with 30 multidisciplinary service providers working with resettled refugees and used thematic analysis of verbatim transcripts to identify themes. Nine themes emerged as challenges to identifying and treating mental health problems among refugees. At the system-level, service providers reported a paucity of mental health services in the low-income neighborhoods in which refugees live, and both financial and service restrictive barriers that prevent professionals from providing psychological services. At the provider-level, participants noted many professionals lacked cultural competency and misunderstand refugees’ trauma histories. Specific examples were reported of unethical or discriminatory practices conducted by other professionals in the context of serving the needs of refugees’ mental health problems. At the client-level, service providers reported difficulties with culturally-embedded stigmatization of mental health among refugees, discrepancies in professional-to-patient understanding and communication of mental health terminology, and challenges with the acceptance of suicide as a response to overwhelming family problems post-migration among specific refugee groups.

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-114

The Influence of #MeToo Movement on Perception of Sexual Abuse in Female College Athletes

(Abstract #650)

Poster #2-114 (Practice, Media, Rape, Social, Gender, Lifespan) I - N/A **Roosevelt 1/2**

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Given the recent media coverage of court cases of sexual molestation of female athletes, new light has been shed on the reality of abuse in sports. Victims of sexual abuse can experience the event(s) as traumatic, crippling, constraining and humiliating (Kirby, et al., 2002). In addition, the boundaries of a coach-athlete relationship are not exactly defined, especially when taking into account the different ages of athletes (Brackenridge, et al., 2008). The lack of appropriate responses from institutions, penalties for the abuser or a clear structure of how to report abuse may leave abused athletes feeling both helpless and hopeless when seeking help. Social media, news coverage and other forms of mass communication have made it easier for victims of sexual abuse to release their stories, gain support and connect with other victims of similar abuse. This qualitative study interviewed 10 female college athletes using the coding methodology of Auerbach and Silverstein to examine the perceptions, attitudes and experiences of female athletes towards sexual abuse in sports after the most recent media coverage of experiences of elite female athletes by Dr. Larry Nassar at Michigan State University. Themes related to the traumatic loss of safety, trust and control as well as changes in body and relational awareness are explored.

2-115

Childhood Adversity and Trajectories of Depression Symptoms in Adulthood across Six Years in a U.S. Army National Guard Cohort

(Abstract #299)

Poster #2-115 (Pub Health, CPA, CSA, Depr, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

Sampson, Laura¹, Cohen, Gregory¹, Fink, David², Wryobeck, John³, Liberzon, Israel⁴, Calabrese, Joseph⁵

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⁵*Case Western Reserve University, Cleveland, Ohio*

Depression is one of the most common mental disorders in the U.S., among both general and military populations. The Army National Guard (ARNG) was increasingly deployed during recent conflicts and is studied less frequently than are Active Duty populations. Traumatic events throughout the civilian lifecourse have been shown to associate with depression in adulthood among other groups, but not yet within an ARNG population. Further, identifying the course of symptoms over time is crucial, especially for cases of sub-threshold depression, which may not be discernible when modeling binary outcomes of depression. We used latent class growth analysis in a cohort of 2,406 ARNG Soldiers to investigate the relationship between childhood adversity (CA; including physical and sexual assault during childhood) and trajectories of depression symptoms across six years. A four-group model was found, including trajectory groups of resistance (consistently no symptoms; 57.6%), decreasing symptoms (16.3%), increasing symptoms (15.6%), and chronically high symptoms (10.6%). Those who reported one or more CA events had 3.38 times the adjusted risk (95% CI: 2.56-4.47) of being in the chronically high depression symptom group compared to the other groups. This study highlights the importance of considering events throughout the

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

entire lifecourse when studying military mental health.

2-116
Investigating Moderators of Mindfulness Homework Adherence Trajectories among Disaster Workers in the Philippines: A Growth Curve Modeling Approach
(Abstract #1655)

Poster #2-116 (Train/Ed/Dis, Clin Res, Nat/Dis, Prevent, Self-Care, Prof) M - E Asia & Pac **Roosevelt 1/2**

Macia, Kathryn¹, Hechanova, Maria Regina², Perfecto Ramos, Pia Anna², Moschetto, Jenna¹, Waelde, Lynn¹
¹*Palo Alto University, Palo Alto, California*
²*Ateneo de Manila University, Manila, Philippines*

Mindfulness and mantra training has been incorporated into disaster mental health programs, though its feasibility depends upon the ability of participants to practice and utilize the techniques in challenging post-disaster settings. This study examined utilization of a manualized mindfulness meditation and mantra program (Inner Resources for Stress) among N = 68 counselors and psychologists living in the Philippines beginning 12 weeks after Typhoon Haiyan. They attended a 4-hour workshop conducted in Manila, Philippines followed by an 8-week home study program. Participants reported their minutes of mindfulness and mantra practice weekly for 8 weeks. Growth curve (GC) analyses demonstrated significantly different trajectories of weekly mindfulness practice for disaster-exposed versus non-exposed participants, with a flatter slope for disaster-exposed participants, though both groups had significant increases in practice time across the 8 weeks (d = 1.71), suggesting that disaster-exposed participants may benefit from additional support in the early weeks after training to promote their developing practice and non-exposed participants may benefit from booster sessions to promote continuity of practice over time. Results highlight the usefulness of GC modeling in exploring hypothesized moderators and identifying training needs.

2-117
Influence of Trauma Intensity and Treatment Self-efficacy on eHealth Intervention Engagement: A Moderated Mediation Analysis
(Abstract #50)

Poster #2-117 (Tech, Clin Res, Complex, Adult) M - Industrialized **Roosevelt 1/2**

Yeager, Carolyn, Shoji, Kotaro, Benight, Charles
University of Colorado at Colorado Springs,
Colorado Springs, Colorado

Exposure to traumatic events can increase the risk for psychopathology including Posttraumatic Stress Disorder (PTSD). Although evidence-based practices for PTSD are available, many individuals fail to access care in a timely manner. eHealth interventions may offer a vehicle to access services; however, limited participation and high attrition rates are common. As a result, there is a need to understand predictors of eHealth intervention usage. The goal of this longitudinal study was to explore how trauma intensity and treatment self-efficacy (TSE) affect eHealth intervention engagement and treatment outcomes. A national sample of trauma survivors used a theoretically based trauma recovery eHealth intervention for two weeks (NT1=947, NT2=338, NT3=245). We hypothesized those who rated the intensity of their traumatic experience as high would more likely engage, and engagement would mediate the change of PTSD symptoms for those high in TSE. Results of the moderated mediation model indicated for those whose trauma intensity and TSE was high (+1SD), engagement mediated the relationship between T1 and T3 PTSS, B=0.0458, 95% CI [0.022, 0.154] (N=229). The conditional indirect effect was non-significant for low trauma intensity or low TSE. These findings highlight the roles of trauma intensity and TSE in the effectiveness of eHealth interventions for trauma recovery.

**CLINICAL/INTERVENTION
RESEARCH**

2-118

The Relationship between Personality Features, Anger, and PTSD Symptoms in a Trauma Exposed Sample

(Abstract #1105)

Poster #2-118 (Clin Res, Affect/Int, Adult) I - Industrialized **Roosevelt 1/2**

Challa, Saankari, Bruce, Steven
University of Missouri St. Louis, Saint Louis, Missouri

Research has found significant associations between PTSD, personality features and emotional tendencies such as low agreeableness, high neuroticism, and anger. Low agreeableness and high neuroticism are associated with increased anger. In a preliminary mediation analysis of 116 trauma-exposed students at a large Midwestern university, low agreeableness and anger together predicted higher PTSD scores (measured with the PCL), $F(2, 113)=30.05$, $R^2=.35$, $p<.001$. Anger was found to mediate the negative relationship between agreeableness and PCL scores (Sobel test $z=-3.86$, $p<.001$). Furthermore, neuroticism significantly moderated the negative relationship between agreeableness and anger, such that high neuroticism (1 SD above the mean; $-.71$, CI [-1.10, -.33]) indirectly (via anger) strengthened the relationship between low agreeableness and high PCL scores. Understanding how personality variables of low agreeableness coupled with high neuroticism relate to increased PTSD symptoms can help inform treatment by targeting specific mechanisms maintaining the symptoms, such as neurotic or angry tendencies. Prior research has found that agreeableness predicts self-regulation, social support and relationship satisfaction, other constructs related to fewer PTSD symptoms. Thus, additional analyses will examine these contributions to the model.

2-119

Activation, Habituation, and Response to Written Trauma Narrative Exposure for PTSD

(Abstract #1638)

Poster #2-119 (Clin Res, Affect/Int, Clinical Practice, Bio/Int, Adult) M - Industrialized **Roosevelt 1/2**

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Objective: Emotional processing theory and observations suggest that emotional and physiological activation during therapeutic exposure and habituation across exposure sessions are key to improvement. This study evaluated whether initial subjective and physiological activation and between sessions habituation would predict PTSD symptom reduction after a series of written trauma narrative exposure sessions. Method: Twenty-nine urban-residing African Americans with PTSD participated in four 30-minute writing sessions. PTSD symptoms were measured at baseline, after session 2, and one week after the fourth writing session with the Clinician Administered PTSD Scale. During each session, Subjective Units of Distress (SUD) scores were assessed 4 times and pulse rate was measured continuously. Results: Participants exhibited PTSD symptom improvement and habituation of subjective distress, but not habituation of physiological activation, across writing sessions. First session baseline-corrected SUD maximum and SUD decrease from the initial to the final writing session were both positively associated with symptom improvement. Conclusion: Increased subjective distress in the first exposure session and diminished subjective distress across sessions may be a helpful marker of emotional processing for clinicians and predictor of symptom improvement after written trauma narrative exposure.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-120

Psychological Distress in Adult Survivors of Child Maltreatment is Associated with Fear of Self-compassion and Mindfulness Deficits
(Abstract #818)

Poster #2-120 (Clin Res, Affect/Int, CPA, CSA, Cog/Int, Adult) I - Industrialized	Roosevelt 1/2
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Messman-Moore, Terri, Bhuptani, Prachi
Miami University, Oxford, Ohio

Emerging evidence indicates adults who experienced child maltreatment demonstrate lower levels of mindfulness and self-compassion, and heightened fear of self-compassion, factors which predict psychological distress. The purpose of the current study was to extend this literature through a focus on different types of child maltreatment and multiple mindfulness constructs, given that earlier studies failed to do so. Data were collected from 351 undergraduate women with anonymous surveys. Child emotional abuse (CEA) and emotional and physical neglect (CEN, CPN) showed the strongest correlations with lower mindfulness and self-compassion, and heightened fear of self-compassion. Child sexual abuse (CSA) history, CEA severity, and CPN severity predicted fear of self-compassion. All types of distress (depression, anxiety, and stress) were positively correlated with fear of self-compassion, along with mindfulness deficits in nonreactivity and acting with awareness. Findings suggest a widespread connection between multiple types of child maltreatment and decreased mindfulness as well as heightened fear of self-compassion among college women. Importantly, fear of self-compassion predicted all forms of psychological distress in multivariate models. Future research should continue to focus on fear of self-compassion in predicting distress among adults with histories of child maltreatment.

2-121

Differences in Clinical Presentation of High Trauma-related Guilt Group and Low Trauma-related Guilt Group in a Sample of Veterans with Posttraumatic Stress Disorder
(Abstract #1567)

Poster #2-121 (Clin Res, Affect/Int, Clin Res, Mil/Vets, Adult) M - Industrialized	Roosevelt 1/2
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Sohn, Min Ji¹, Gutierrez Chavez, Manuel¹, Wells, Stephanie², Armstrong, Madeline³, Golshan, Shahrokh³, Morland, Leslie⁴

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⁴National Center for PTSD, San Diego, California

Guilt related to traumatic experiences, a common reaction among trauma survivors, is associated with the development and maintenance of PTSD. The current study includes data from 172 male and female veterans with PTSD in a prolonged exposure therapy randomized controlled trial. Individuals with high versus low trauma-related guilt were compared on baseline clinical presentation measures including anger, psychosocial functioning, PTSD severity, depression severity, and insomnia severity. Groups were divided based on a cut-point of two (2 indicated high guilt) on the Global Guilt scale of the Trauma-Related Guilt Inventory (TRGI). A MANOVA revealed a significant overall group difference between those with high versus low guilt, $F(5, 166)=6.52, p < .001$. The high guilt group had higher scores on the Clinician-Administered PTSD Scale, $F(1, 170)=15.03, p < .001$, Beck Depression Inventory-II, $F(1, 170)=24.76, p < .001$, and greater impairment on the Brief Inventory of Psychosocial Functioning, $F(1, 170)=17.59, p < .001$, than the low guilt group. The groups did not significantly differ on anger or insomnia measures. Additional analysis will compare individuals with high versus low levels of perceived wrongdoing on their baseline symptomatology using the Wrongdoing subscale of the TRGI. Understanding how guilt exacerbates clinical presentations can lead to improved treatment planning.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-122

Interactive Motion-assisted Therapy for Veterans with Treatment-resistant Posttraumatic Stress Disorder: Lowering Avoidance and Enhancing Engagement
(Abstract #216)

Poster #2-122 (Clin Res, Affect/Int, Clin Res, Tech, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Despite proven efficacy of current evidence-based treatments, two-thirds of veterans with PTSD retain their diagnosis after therapy. An innovative treatment, Multi-modular Motion-assisted Memory Desensitization and Reconsolidation (3MDR), aims to decrease avoidance and enhance engagement in order to reduce symptoms of PTSD in treatment-resistant veterans. In this novel approach patients walk towards trauma-related images in a Virtual Reality environment, while performing a dual-attention task. The efficacy of 3MDR was studied in a randomized controlled trial in which veterans with treatment-resistant PTSD (N=44) received either 6 sessions of 3MDR followed by 10 weeks treatment as usual, or 16 weeks treatment as usual. 3MDR was expected to act as a breakthrough therapy, resulting in increased treatment effect over time. We will present results comparing these groups on PTSD symptom severity (primary outcome), co-morbid symptoms, and neuropsychological functioning, measured at baseline and 6 weeks (directly after 3MDR), 12 weeks, and 16 weeks following baseline. Additionally, qualitative data on veterans' experiences will be shared, which support the hypothesis that 3MDR improves treatment outcome through the combination of engagement-heightening and activating components.

2-123

Civilian vs. Military Sexual Assault: Gender Differences in Risk for Mental Health Consequences
(Abstract #250)

Poster #2-123 (Practice, Rape, Mil/Vets, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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²*VISN 6 MIRECC and Duke University Medical Center, Durham, North Carolina*

³*University of Mary Washington, Fredericksburg, Virginia*

⁴*Durham VA Medical Center and Duke University Medical Center, Durham, North Carolina*

⁵*Durham VAMC, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina*

It is well documented that individuals who experience sexual assault are at increased risk of a variety of mental health problems. Military sexual assault (MSA) may be particularly associated with mental health problems due to the nature of the typical relationships between the perpetrator and survivor. In this study, 3,114 individuals who served in the conflicts in Iraq and Afghanistan (19.6% female; 48.7% White; 94.6% veterans) reported on their history of sexual assault and mental health variables. Among both men and women, MSA was associated with increased likelihood of endorsing significant suicidal ideation compared to individuals who had not experienced an adult sexual assault (ASA). Civilian adult sexual assault (CASA) was not associated with increased suicidal ideation compared to no ASA. Women who had experienced MSA reported higher levels of depression and PTSD symptoms than both women without a history of ASA and women who experienced CASA. However, levels of depression and PTSD symptoms were higher among men who experienced an ASA, regardless of whether it was MSA or CASA; there were no differences in severity of depression or PTSD symptoms between men who experienced MSA and men who experienced CASA. These findings suggest that differences between MSA and CASA assault may vary by gender with ASA conferring risk for men and MSA conferring unique risk for women.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-124

Meaning in Life following Military Sexual Trauma: Prediction of Posttraumatic Stress Symptoms, Depression, and Active Suicidal Ideation in OEF/OIF Veterans

(Abstract #251)

Poster #2-124 (Clin Res, Rape, Mil/Vets, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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Deployment sexual trauma (DST; i.e., sexual harassment and/or assault that occurs while deployed in the military) is associated with multiple physical and mental health consequences, including posttraumatic stress disorder (PTSD), depression, and suicidal ideation (SI) and attempts. Less attention has been placed on factors that may offer protection from deleterious mental health outcomes following DST. An individual's sense of global meaning in life (i.e., purpose, beliefs, goals, and subjective feelings), has been shown to be a protective factor against PTSD, depression, and SI following combat trauma; however, to our knowledge no one has investigated the extent to which meaning in life may affect outcomes following DST. These relationships were examined using baseline data from the Survey of Experiences of Returning Veterans sample (850 recently returned OEF/OIF veterans, 352 female). DST was associated with increased post-deployment posttraumatic stress symptoms, depressive symptoms, and active SI, and with decreased sense of meaning in life. Further, meaning in life was a significant mediator for each of the three outcomes, even after controlling for demographic variables and combat experiences. Findings suggest that meaning in life may be an important clinical factor, both for the identification of risk and as a point of intervention.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-125

Self- and Other-directed Violence as Outcomes of Deployment-based Military Sexual Assault

(Abstract #253)

Poster #2-125 (Clin Res, Aggress, Rape, Mil/Vets, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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⁵*Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina*

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The literature examining the effects of military sexual assault (MSA) on veterans' functioning has mainly focused on posttraumatic stress disorder (PTSD) and depression as outcomes. The present study examined the impact of deployment-based MSA on self- and other-directed violence in 1,571 Iraq/Afghanistan-era veterans (21.0% female; 48.9% Black).

Approximately 4% of the sample reported experiencing MSA during deployment. Women and survivors of childhood sexual abuse (CSA) were significantly more likely to have experienced MSA compared with men and individuals without a CSA history. As expected, deployment-based MSA was associated with both suicide attempts, AOR = 2.846, $p < 0.001$, and difficulty controlling violence, AOR = 2.813, $p = 0.002$, in the total sample, even after accounting for the effects of combat, CSA, PTSD diagnosis, and depression diagnosis. Subgroup analyses revealed that the effect of deployment-based MSA on suicide attempts, AOR = 3.599, $p = 0.002$, and difficulty controlling violent behavior, AOR = 5.201, $p = 0.004$, was especially pronounced among women veterans ($n = 330$). Taken together, these

findings suggest that the psychosocial consequences of MSA are wide ranging and extend beyond PTSD and depression. Clinical and empirical implications, including ways the results can inform psychotherapy, will be addressed.

2-126

Should Experiencing Military Sexual Trauma be Considered a Morally Injurious Act?: Exploring the Role of Military Sexual Trauma within a Moral Injury Framework
(Abstract #252)

Poster #2-126 (Assess Dx, Affect/Int, Rape, Mil/Vets, Theory, Adult) M - Industrialized | **Roosevelt 1/2**

Frankfurt, Sheila¹, Mcguire, Adam¹, DeBeer, Bryann², Morissette, Sandra³, La Bash, Heidi⁴, Kimbrel, Nathan⁵, Meyer, Eric²

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⁴*National Center for PTSD (MPD-334), Veterans Affairs Palo Alto Health Care System, Menlo Park, California*

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Moral injury results from transgressive acts that violate deeply held norms; the nature of these events types is debated. Some posit that experiencing military sexual trauma (MST) could lead to moral injury because it can involve betrayal by fellow service members and military leadership; however, perpetrating MST is well within the transgressive acts domain. Including both experiencing and perpetrating MST within the moral injury framework could raise troubling theoretical and clinical issues. We examined whether experiencing MST should be within the moral injury framework by testing whether moral injury mechanisms (betrayal, guilt, shame) explain the association between MST and posttraumatic stress disorder (PTSD) and depression using structural equation modeling in a sample of post-9/11 U.S. Veterans (N = 268) across two time-points. MST coercion/threat was neither associated

with betrayal ($r = .07, p = .128$) nor associated with PTSD/depression via betrayal but harassment was ($r = .07, .12, p's < .05$). Because coercion/threat was not associated with PTSD/depression via moral injury mechanisms, we suggest excluding experiencing MST from the moral injury domain. The harassment to betrayal paths suggests that betrayal aspects of MST should be explored. Alternative conceptualizations of MST and implications for the moral injury field will be discussed.

2-127

Refining the Measurement of the Moral Injury Framework: New Measures of Moral Injury Event Exposure and Moral Injury Event Effects
(Abstract #857)

Poster #2-127 (Assess Dx, Res Meth, Mil/Vets, Theory, Adult) M - Industrialized | **Roosevelt 1/2**

Frankfurt, Sheila¹, Mcguire, Adam¹, Russell, Michael¹, Litz, Brett², Donnellan, Brent³, Riviere, Lyndon⁴, Meyer, Eric⁵

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Moral injury events (MIEs) are acts of commission or omission that violate deeply held norms and may contribute to more severe PTSD, depression, substance abuse, existential concerns, and substance abuse—that is, the moral injury syndrome. Measures of MIEs are needed to develop theory, assess prevalence, and measure the impact of interventions. However, two existing MIE measures (Moral Injury Events Survey, MIES; Nash et al., 2013; Moral Injury Questionnaire-Military, MIQM; Currier et al., 2015) have been criticized for poor psychometric quality and conflating exposure to MIEs and effects of MIEs. The current study will analyze the MIES and MIQM to identify items that measure either exposure or effects of MIEs and thus create two refined measures using a combination of MIES and MIQM items. Veterans (N = 500) and Soldiers (N =

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

800) completed the MIES, MIQM, and measures of relevant correlates (e.g., combat exposure, PTSD). Data analysis will involve empirical and rational methods. Empirical methods involve exploratory and confirmatory factor analysis to disaggregate items that measure events and effects, reliability and construct validity tests, and Receiver Operator Curve analyses to provide clinical benchmarks. Rational methods involve expert panel review of items and new scales. Implications for moral injury theory development and assessment will be discussed.

2-128
Longitudinal Symptom Trajectories among Active Duty Service Members and Veterans with Comorbid PTSD and MDD
 (Abstract #401)

Poster #2-128 (Pub Health, Depr, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Major depressive disorder (MDD) occurs in approximately 50% of individuals with posttraumatic stress disorder (PTSD) and can result in more negative outcomes than each disorder alone. However, little is known about the course of PTSD and MDD symptoms among individuals with this comorbidity. Symptom trajectories were explored using data from the Millennium Cohort Study, a longitudinal, population-based study of military service members and veterans. Participants (n=1,704) met criteria for both probable PTSD and MDD at baseline. Latent growth mixture modeling and multinomial regression were used to determine trajectories of PTSD and MDD symptoms and factors associated with membership in latent classes. Results yielded four distinct and quantitatively similar classes that described both PTSD and MDD symptom trajectories. Specifically, 36.6% and 33.7% of participants were in the remit stable, 36.6% and 23.8% moderate unstable, and 14.8% and 17.6% remit-relapse classes for PTSD and MDD, respectively. Notably, 24.7% and 24.9% of

participants, respectively, were in the high stable classes for PTSD and MDD. Several factors were associated with membership in high stable classes for both PTSD and MDD. Findings highlight the need for treatment addressing both PTSD and MDD symptoms, and other factors that might lead to high symptomology over time.

2-129
A Bifactor Model of Posttraumatic Stress Disorder and Depression Symptoms: Disentangling General and Specific Symptom Clusters
 (Abstract #402)

Poster #2-129 (Res Meth, Depr, Theory, Other) I - Industrialized **Roosevelt 1/2**

Porter, Ben¹, Ford, Jessica², Schoemann, Alexander², LeardMann, Cynthia¹, Boyko, Edward³, Rull, Rudolph⁴
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Posttraumatic stress disorder (PTSD) and depression share similar symptoms and are often comorbid. Criteria for both conditions include sleep disruption, cognitive changes, and mood dysregulation. Because of this overlap, the unique effects of these conditions can be difficult to untangle; their estimated effects are often attenuated when both measures are included in a model. Bifactor models may be useful in empirically separating general distress from other symptom clusters. We conducted a bifactor exploratory factor analysis of PTSD symptoms (PCL-C) and depression symptoms (PHQ-9) reported by 42,512 military service members enrolled in the Millennium Cohort Study. Results indicated good fit for a 5-factor (1 general, 4 specific) bifactor model relative to models with fewer or more factors (RMSEA=.07, CFI=.95, TLI=.92, SRMR=.02). The specific factors measured social disengagement, avoidance/re-experiencing, sleep disturbances, and physiological agitation. These factors identified individuals with higher symptoms in these clusters

given their individual level of general distress. Use of this model will allow researchers to more easily examine symptom specific changes beyond changes in general distress and the unique effect of symptom clusters on health outcomes. Further, clinicians could use such a model to quantify patients' relative deficits in certain symptom clusters.

2-130

The Impact of Comorbid Depression in Psychotherapies for PTSD: A Meta-analysis of Randomized Controlled Trials

(Abstract #404)

Poster #2-130 (Clin Res, Depr, Adult) M - N/A | **Roosevelt 1/2**

Kline, Alexander¹, Cooper, Andrew², Pugliese, Vincent¹, Rytwinski, Nina³, Feeny, Norah¹
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Major depressive disorder (MDD) typically co-occurs in over half of all individuals with posttraumatic stress disorder (PTSD; Rytwinski et al., 2013). Compared to PTSD alone, this co-occurrence is associated with greater severity, impairment, and suicide risk (Flory & Yehuda, 2015). Nevertheless, the impact of comorbid depression on PTSD treatment outcomes—and for whom this is most relevant—is not well-understood. We conducted a meta-analysis to evaluate the association between rate of baseline comorbid depressive symptoms and MDD (yes/no) with PTSD symptom change in psychotherapies for PTSD. Analyses included 100 total conditions from 41 psychotherapy RCTs for PTSD (N = 4178). Across psychotherapies, the proportion of patients meeting MDD criteria at baseline was moderately negatively associated with PTSD treatment effect sizes ($\beta = -.36$, $p = .02$). This effect was moderated by trauma type ($p < .001$), with comorbid MDD attenuating effects in studies that included childhood index traumas ($\beta = -.75$, $p < .001$, $k = 20$), but not in studies ($k = 13$) that limited index traumas to those experienced as an adult ($p = .43$). Findings were not an artifact of between-sample differences in baseline MDD or type of intervention received (i.e., phase-based treatment vs. not). Proportion of patients with comorbid MDD may

signal overall expected efficacy of psychotherapies for PTSD.

2-131

Optimal Levels of Engagement for Treatment Success for those with PTSD and MDD Receiving Cognitive Processing Therapy (CPT)

(Abstract #403)

Poster #2-131 (Clin Res, Chronic, Cog/Int, Depr, Rape, Adult) M - Industrialized | **Roosevelt 1/2**

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Trauma-focused therapies for PTSD require emotional engagement of the client. Those with comorbid problems such as depression might be at risk of suboptimal treatment outcomes if this comorbidity interferes with in-session engagement. Within a randomized trial that supplemented Cognitive Processing Therapy (CPT) with Behavioral Activation (BA) for individuals with PTSD and MDD (N = 50), therapy sessions (N = 392) were coded using the Client Expressed Emotional Arousal Scale-III. The CEAS was scored to indicate under-engagement (e.g., low levels of arousal and emotional numbing), over-engagement (very high levels of distress) and optimal engagement (scores in the moderate range of the scale). Inter-rater reliability for coding was good (intraclass coefficient = .80). PTSD and depression were measured every 2nd session with the PCL and Depression subscale of the DASS. Mixed-effects models were used to analyse the relationship between treatment outcome and under-, over-, and optimal emotional engagement in the intent-to-treat sample. Under-engagement in session contributed to poorer PTSD but not depression outcomes, whereas over-engagement resulted in poorer outcomes in both domains. Optimal emotional engagement was associated with better PTSD and depression outcomes. The implications of these findings and recommendations for clinical practice will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-132

Using Client Characteristics and Case Formulation to Improve Outcomes with Cognitive Processing Therapy (CPT)
(Abstract #581)

Poster #2-132 (Clin Res, Chronic, Complex, DV, Rape, Adult) M - Industrialized	Roosevelt 1/2
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Case formulation (CF) is a hallmark feature of evidence-based practice, yet there is a paucity of research on how to use CF to decide when and when not to deviate from a standard treatment protocol such as CPT. We will report on data from an open pilot trial of CPT+CF (N = 24) and a larger randomized trial (CPT alone vs. CPT+CF, results of which will be unblinded for ISTSS, N = 68 to date) that will address these issues. Both studies use interviewer and self-report measures of PTSD and depression (i.e., CAPS, MINI, PCL, DASS). Preliminary analysis of the open trial indicates: (a) CF can be used effectively to modify or deviate from standard CPT when clients appear to be at risk of poor outcome. CPT's effectiveness was not diluted (within group d's = 1.91-2.11 [PTSD], 1.0-1.10 [depression]); (b) traditional predictors of outcome (baseline severity, comorbidity, complex trauma) did not influence client outcome. We will report whether this is replicated in the larger RCT but initially it seems that CF might mitigate some of the variables typically associated with poor outcome. We will present more detailed findings on client characteristics that are optimised with a CPT plus CF approach.

2-133

Making Evidence-based Treatment More Compatible with Provider Needs: Acceptability and Outcomes of a Modular Version of Cognitive Processing Therapy
(Abstract #582)

Poster #2-133 (Clin Res, Clinical Practice, Cog/Int, Commun, Train/Ed/Dis, Prof) I - Industrialized	Roosevelt 1/2
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Like other evidence-based treatments (EBTs), cognitive processing therapy (CPT) is underutilized. Providers frequently cite complexity and lack of flexibility as barriers to EBT adoption. Therefore, we developed a modular version of CPT (CPT-M) outlining essential elements but allowing flexibility in dosing and selection of elements. We trained 44 community providers who enrolled 199 patients in CPT-M. Providers rated CPT-M favorably including its complexity and compatibility (*M*s > 7 out of 10). Patients receiving CPT-M exhibited significant reductions in PTSD (*b* = -3.40, *p* < .001) and depression symptoms (*b* = -0.93, *p* < .001), especially during receipt of essential elements (*b* = -4.01, *p* < .001). Completers' (*n* = 102) symptom outcomes did not differ from a prior cohort of patients (*n* = 109) who received non-modular CPT (time by cohort interaction *p* = .89), and CPT-M patients needed slightly fewer sessions (*t*(157) = 2.47, *p* = .02). CPT-M providers exhibited greater reductions in negative beliefs about CPT than providers trained in non-modular CPT (*n* = 60; time by cohort interaction *p* = .03). Findings suggest that a modular version of CPT may be more acceptable to providers and is associated with patient outcomes as good as non-modular CPT.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-134

Does Case Formulation Improve Outcomes in Cognitive Processing Therapy for PTSD? A Randomized Controlled Trial

(Abstract #583)

Poster #2-134 (Clin Res, Clinical Practice, Cog/Int, Complex, Rape, Adult) M - Industrialized **Roosevelt 1/2**

Elizabeth, Marja, Nixon, Reginald Flinders University, School of Psychology, Adelaide, South Australia, Australia

Cognitive Processing Therapy (CPT) is one of several protocol-driven evidence-based therapies for PTSD. While clinicians use these therapies flexibly and protocol deviations occur, the effects of such deviations are largely unknown. This randomized controlled trial examines the effect of using case formulation (CF) to guide protocol deviations that incorporate evidence-based techniques to address challenges to optimal treatment outcomes, and compares this with the standard CPT approach. Assessments occur at pretreatment, posttreatment and 6-month follow-up, with gold-standard interviews and self-report measures (i.e., Clinician-Administered PTSD Scale, MINI, PTSD Checklist, Depression Anxiety Stress Scale) We hypothesize that outcome will be moderated by client complexity, with greater effects seen for complex clients in CPT/CF relative to CPT alone. At the time of writing 68 clients have been enrolled: 45 are treatment completers, 15 in treatment, 8 dropouts. Recruitment rates have exceeded expectation - we are on track to exceed N = 80 by the conference including follow-up data for 80% of the sample. Data will be unblinded and analyzed for the conference; i.e., the data will be presented for the first time at ISTSS. Findings and implications for improving delivery of protocol-driven PTSD treatments will be discussed.

2-135

Examining Veterans' Preferences for Family-based Posttraumatic Stress Disorder Services
(Abstract #1359)

Poster #2-135 (Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Couples-based PTSD treatments, such as Cognitive Behavioral Conjoint Therapy (CBCT) and PTSD Family Education (PFE), reduce PTSD symptoms. There is little research about veterans' preferences for couples-based PTSD treatments and how to receive their couples-based care. This study examined veterans' first choice preference for 1) couples-based PTSD treatment; and 2) delivery modality for couples-based PTSD treatments. We also evaluated veterans' reasons for their preferences. Sixty-four male (n = 50) and female (n = 14) veterans completed preferences measures at pretreatment from a larger randomized clinical trial. Sixty percent of veterans preferred CBCT and 40% preferred PFE. Veterans' preferred CBCT to improve communication skills, learn coping skills, improve the relationship, and increase family members' PTSD knowledge. Veterans preferred PFE to help their family better understand PTSD, improve their own knowledge of PTSD, and improve family relationships. Forty-nine percent of veterans preferred OBC and 51% preferred HBT. Veterans who preferred OBC reported that it was more "personal", less distracting, and more private than HBT. Veterans preferred HBT because it was more convenient, decreased travel time, increased scheduling flexibility, and reduced child care concerns. Predictors and strength of preferences will be examined and clinical implications will be discussed.

2-136

Role of Fidelity in Veterans' Perceptions of and Behavior during Cognitive Processing Therapy

(Abstract #893)

Poster #2-136 (Clin Res, Clinical Practice, Cog/Int, Rape, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Cognitive Processing Therapy (CPT) is an effective treatment for veterans with posttraumatic stress disorder (PTSD). Therapist fidelity during CPT affects treatment outcome, with greater symptom improvement experienced by veterans treated by therapists with greater fidelity. However, it is unclear if therapist fidelity to the CPT protocol influences veterans' behavior (i.e., homework completion) during CPT or perceptions of CPT. Data from 71 veterans who attended at least 1 session of CPT during a randomized clinical trial were utilized for this secondary analysis. Treatment expectations were assessed after sessions 1 and 12 of CPT. Treatment satisfaction was assessed at session 12. Time spent on and perceived helpfulness of homework was collected at sessions 2-12. Age and gender differed between fidelity groups; therefore, 2 (gender) by 2 (fidelity group) analyses of covariance were conducted with age as a covariate. After Bonferroni correction, no differences were observed in veterans' willingness to do homework, treatment expectations, or treatment satisfaction based on therapists' fidelity. While differences in therapist fidelity can affect treatment outcome, treatment fidelity differences did not appear to affect veteran behavior in this study. Future research should confirm this preliminary finding.

2-137

The Effects of Military Sexual Trauma Type on Psychosocial Functioning: Comparing Harassment vs. Assault

(Abstract #1553)

Poster #2-137 (Clin Res, Clin Res, Clinical Practice, Rape, Mil/Vets, Adult) I - N/A **Roosevelt 1/2**

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Survivors of military sexual trauma (MST) are more likely to be functionally impaired than veterans who have not experienced MST, independent of PTSD. However, it is unclear whether functioning varies as a product of MST type. Distinct types of MST may differentially affect functioning, and would therefore benefit from unique interventions. The current study examined this among 1332 OEF/OIF veterans from the Veterans After-discharge Longitudinal Registry (Project VALOR). We hypothesized that both MST harassment (MST-H) and MST assault (MST-A) survivors would report lower overall functioning scores than veterans who had not experienced MST, independent of PTSD. Further, we expected that survivors of MST-H would demonstrate impairment in functional domains in which harassment would be most likely to occur (i.e., work), whereas survivors of MST-A would demonstrate impairment in interpersonal relationships. As expected, MST-H survivors reported significantly lower overall functioning ($r = .06, p < .02$), as well as lower functioning at work ($r = .10, p < .01$), independent of

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

PTSD. However, MST-H was also associated with significant impairment in self-care ($r = .06, p < .02$). Further, MST-A was only significantly associated impairment in self-care ($r = .05, p < .05$), independent of PTSD. These results support the importance of considering the MST type in determining functioning.

2-138

Patient-provider Communication about Military Sexual Trauma: Understanding Veterans' Satisfaction and Preferences

(Abstract #1143)

Poster #2-138 (Clin Res, Rape, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Given the sensitive nature and stigma associated with military sexual trauma (MST), patient perceptions about communication experiences with their providers, such as through the Veterans Health Administration's (VHA) universal MST screening, are important to understand. We assessed Veterans' satisfaction and preferences with MST-specific communication they had with their providers. Qualitative data was collected through interviews with male and female Veterans (n=55) who have or have not experienced MST and had recent conversations about MST with a VA provider. Transcripts were coded and a matrix analysis was used to identify themes about satisfaction and preferences across participants. Veterans in both groups reported similar reasons for higher or lower satisfaction, including whether or not the provider had: 1) been thorough in MST-specific communication; 2) asked MST-specific questions with brevity; 3) showed empathy; and 4) pressured the Veteran to respond in a certain way. Veterans who have experienced MST reported higher satisfaction when they felt their provider listened to them, reassured them, and normalized their experience. Our findings can inform the development of educational tools that are influenced by Veterans'

perspectives to help improve patient-provider communication about MST, which can lead to higher quality healthcare delivery and patient satisfaction.

2-139

Predictors of Incident Suicidal Ideation in Veterans Exposed to Trauma: A 7-year Longitudinal Analysis from the Mind Your Heart Study

(Abstract #1207)

Poster #2-139 (Clin Res, Depr, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Suicide rates among military personnel and Veterans have risen drastically in the past two decades, surpassing civilians and garnering wide-spread research interest. While some longitudinal analyses have been conducted, many of them focus on active duty military alone, or include only a year or two of follow up. We interviewed 640 trauma-exposed Veterans, using the CAPS to assess PTSD and the 9th item of the PHQ-9 to assess new ideation over the course of 7 years of follow up. Veterans represented varied eras and branches of service. Logistic regression showed that Veterans with higher levels of PTSD (OR: 1.02, $p < .001$) or depressive symptoms (OR: 1.08, $p < .001$) were more likely to endorse new suicidal ideation during follow up. However, when entered into a model simultaneously, only PTSD scores significantly predicted suicidal ideation (OR: 1.02, $p < .001$), while depression scores did not (OR: 1.03, $p = .111$). Similarly, while many psychosocial factors significantly predicted suicidal ideation individually, in a fully adjusted model, only PTSD score significantly predicted later suicidal ideation (OR: 1.02, $p < .001$). These analyses suggest PTSD may be driving an increased risk of suicide, as opposed to depression or psychosocial factors. Given that trauma-exposed Veterans represent a highly vulnerable population, research investigating targets for intervention are critical.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-140

Reducing Suicidal Ideation in Veterans in an RCT of Transdiagnostic Acceptance and Commitment Therapy: Examining the Role of Hope and Psychological Flexibility

(Abstract #656)

Poster #2-140 (Clin Res, Cul Div, Depr, Mil/Vets, Adult) A - N/A **Roosevelt 1/2**

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Over 30,000 Americans die by suicide each year (Blow et al., 2008), and the risk of death by suicide is about 60% higher in veterans than civilians (Hoffmire et al. 2015). Suicide prevention is a top public health priority (Office of the Surgeon General, 2012). The buffering hypothesis suggests that psychological resilience factors mitigate the risk of suicidality (Johnson et al., 2011). Instilling hope is one aspect of psychological resilience (Gooding et al., 2012). Acceptance and Commitment Therapy (ACT) aims to increase psychological flexibility (Hayes et al., 2006); we hypothesize that ACT will also increase hopefulness, thus lowering SI in veterans. One hundred sixty veterans with an anxiety or depressive disorder, or postconcussive symptoms were recruited from five VA medical centers. Participants were randomly assigned to receive 12 weekly sessions of ACT or Present Centered Therapy (PCT). In a MANCOVA using depression as a covariate, pre- to post-treatment changes in psychological inflexibility significantly differed by treatment group; there were no group differences in changes in hope or suicidal ideation. Our hypothesis that treatment groups would differ in changes in hope was not supported; future studies should be adequately powered for mediational analyses to consider the role of hope in increasing psychological resilience and decreasing suicidal ideation.

2-141

The Effect of Post-concussive Symptoms on Outcomes in Cognitive Processing Therapy for Active Duty Military Personnel

(Abstract #836)

Poster #2-141 (Clin Res, Cog/Int, Depr, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Initial evidence supports that existing trauma-focused treatments such as Cognitive Processing Therapy (CPT) work equally well for veterans with Traumatic Brain Injury (TBI; Walter, Kiefer, & Chard, 2012); however, the impact of comorbid PTSD and TBI has not been examined for active-duty service members receiving CPT. The current study investigated whether having a history of TBI was related to symptom change following CPT in active-duty military. The sample included 266 service members from a randomized clinical trial who received group or individual CPT. Participants completed measures of PTSD (PCL-5 and PSSI) and depression (BDI-II) at baseline and posttreatment, and reported TBI history and symptoms at baseline. Tests of simple effects found no differences between groups at baseline for both measures of PTSD, but those with TBI receiving group CPT had significantly higher PTSD scores at posttreatment than those with TBI in individual CPT or those without TBI in either treatment format. There were no significant differences for depression; participants with and without TBI in group and individual treatment showed similar symptom reductions. Results suggest that service members with history of TBI may benefit most from the increased personalized attention of

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

individual CPT, perhaps due to cognitive deficits resulting from TBI.

2-142

Outcomes of Adolescents versus Adults Treated with Cognitive Processing Therapy in the Community

(Abstract #837)

Poster #2-142 (Practice, Clin Res, Cog/Int, Commun, Dev/Int, Lifespan) I - Industrialized Roosevelt 1/2

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Cognitive processing therapy (CPT) was initially developed to treat posttraumatic stress disorder (PTSD) in adults; however, adolescents may also benefit. To date, there are limited data on CPT with adolescents, and there have been no direct comparisons of adolescents' versus adults' CPT outcomes. We trained 44 community providers in CPT, who provided treatment to 30 adolescents (ages 14-17 years) and 167 adults. Adolescents were more likely to complete treatment (OR = 3.06, $p = .01$; 73% versus 47%). Among completers, there was no difference in number of sessions required ($t(99) = 0.27, p = .79$). Among completers and non-completers, there was a significant effect of time on PTSD ($b = -3.37, p < .001$) and depression symptoms ($b = -0.90, p < .001$) but no difference in rate of change for adolescents versus adults. Results indicate that adolescents completed CPT at a higher rate and as quickly as adults and achieved symptom outcomes as good as adults'. This suggests that CPT can be used effectively with adolescents, and, because CPT is an individual treatment, it may be a particularly good choice of therapy for adolescents who do not have an appropriate caretaker to participate in treatment, which is needed for some evidence-based treatments.

2-144

Understanding the Relationship between the Therapeutic Alliance and PTSD Symptom Improvement: An Examination of Session-level Change in Prolonged Exposure and Sertraline

(Abstract #259)

Poster #2-144 (Clin Res, Clinical Practice, Res Meth, Adult) M - Industrialized Roosevelt 1/2

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Although efficacious treatments for PTSD exist, little is known about the processes through which treatments lead to symptom reduction. The therapeutic alliance is linked to better treatment outcomes across psychotherapies (Horvath et al., 2011), including exposure-based therapies (McLaughlin et al., 2014), but less studied in pharmacotherapy. The majority of alliance studies have not accounted for temporal precedence, a key factor in establishing its potential role as a mediator of change. Although alliance is often assumed to promote subsequent symptom change, it is possible that symptom improvement promotes stronger alliance ratings. The present study examined the temporal relationships between alliance (WAI; Tracey & Kokotovic, 1989) and PTSD symptom change (PSS-SR; Foa et al., 1993) in 200 patients with PTSD in a randomized trial comparing prolonged exposure to sertraline. Using time-lagged session-by-session mixed regression models, change in alliance scores predicted subsequent PTSD symptom improvement, moderated by treatment and stronger in sertraline ($d = .63$) than PE ($d = .13$). The reverse temporal model was not significant. Strong therapeutic relationships may, perhaps surprisingly, set the stage for symptom improvement in sertraline.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-145

Biological, Demographic, and Psychological Predictors of Change in an Intensive Outpatient Program for PTSD

(Abstract #261)

Poster #2-145 (Clin Res, Clin Res, Bio/Int, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Yasinski, Carly¹, Rauch, Sheila², Post, Loren¹, Sherrill, Andrew¹, Loucks, Laura¹, Maples-Keller, Jessica¹, Breazeale, Kathryn¹, Zwiebach, Liza¹, Dunlop, Boadie¹, Rothbaum, Barbara¹

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The Emory Healthcare Veterans Program (EHVP), part of the Warrior Care Network, provides a 2-week intensive outpatient programs (IOP) of collaborative, individualized care incorporating Prolonged Exposure and adjunctive services. Patients completed standard self-report measures assessing PTSD and depression symptoms throughout treatment.

Biological factors (e.g. cortisol and fear potentiated startle) were collected pre and posttreatment. Of the first 100 IOP patients, 77 with primary PTSD were included. Analyses indicated patients showed large to very large reductions in all measured symptoms from pre to post treatment ($d_s = 1.12 - 1.20$). Patients of non-white race and with primary military sexual trauma reported greater PTSD symptom severity at baseline compared to white ($t = 8.25, SE=3.12, t = 2.64, p = .010$) and combat trauma patients ($t = 5.35, SE=2.64, t = 2.03, p = .046$) respectively, but did not differ in their benefit from treatment. Higher baseline depression severity was associated with greater reduction in depression symptoms over treatment ($t = 0.33, SE=0.12, t = -3.76, p = .007$). Examination of biological moderators will be presented at the meeting. Results suggest this program could be effective across a range of patients in a much shorter time than traditional PTSD treatment.

2-146

Social Problem Solving as a Moderator of Moral Injury and Suicidal Behaviors in Combat Veterans

(Abstract #235)

Poster #2-146 (Clin Res, Pub Health, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Johnson, Lauren, Nezu, Arthur, Nezu, Christine Drexel University, Philadelphia, Pennsylvania

The rise in suicide risk among military service members and veterans, specifically those involved in the recent Middle East conflicts is increasingly recognized as a significant public health concern. In response to these trends, empirical investigation into specific factors that contribute to suicidal behaviors within this demographic remain imperative. Within military populations, both moral injury and social problem-solving (SPS) abilities have been independently linked to suicidality. To date, no research has investigated the relationship between moral injury and SPS, or how they interact to affect suicidal behaviors. The present study aims to determine whether SPS moderates the relationship between moral injury and current suicide ideation in a sample of U.S. combat veterans. Participants complete a demographics questionnaire along with four validated assessment measures. A sample of 187 combat veterans are currently enrolled and data collection is ongoing. If it is determined that there is a relationship among these variables, this study could provide the preliminary rationale for evaluating Emotion-Centered Problem-Solving Therapy (EC-PST). EC-PST, an intervention focused on adaptive social problem-solving and emotional regulatory skill building, could potentially prove beneficial in treating veterans with moral injury at increased risk for suicide.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-147

“It Didn’t Fit for Me”: A Qualitative Examination of Dropout from PE and CPT
(Abstract #125)

Poster #2-147 (Clin Res, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Trauma-focused psychotherapies prolonged exposure and cognitive processing therapy are considered the most effective treatments for posttraumatic stress disorder and are commonly delivered in the Veterans Health Administration. However, ending treatment prematurely is a common problem across psychotherapies with an average of 20% to 25% of patients dropping out. The purpose of this study was to examine veterans' self-reported reasons for dropping out of prolonged exposure or cognitive processing therapy, using qualitative interviews (N = 28). Grounded theory analysis revealed themes of practical, emotional, treatment-related, and system-related reasons for ending treatment. Therapy-related barriers were the single largest category, which included lack of buy-in to the rationale or objections to specific therapy tasks, believing that treatment was not working, alliance issues, or switching to a different treatment or higher level of care. Practical barriers and emotional barriers such as finding treatment "too stressful" were also common reasons for dropout. This research provides information that can shape how PTSD treatments are delivered in healthcare settings such as the VA to maximize retention. Given that therapy-related barriers were the largest group, future research should examine the most effective ways to elicit buy-in or tailor these therapies to individual needs.

2-149

Psychotherapy to Reduce Guilt and Shame from Moral Injury Events among Veterans
(Abstract #466)

Poster #2-149 (Clin Res, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Moral injury among veterans and the need for interventions to address it have received a great deal of attention in recent years. However, questions remain about how to operationalize and treat moral injury. A common conceptualization suggests that moral injury can occur when veterans perpetrate, fail to prevent, or witness acts during deployment that violate the morals and values they live by in their civilian lives (Litz et al., 2009). Such events can lead to guilt and shame, distressing emotions that may persist without treatment and are associated with negative posttraumatic reactions (e.g., PTSD, depression, suicidal ideation, functional impairment). The aim of this presentation is to describe a program of research to develop and evaluate Trauma Informed Guilt Reduction (TriGR), an individual psychotherapy whose goal is to help veterans accurately appraise guilt and shame and re-engage with values that were violated during a moral injury. We will present results of pilot work examining TriGR with active duty service members and Veterans, describe an ongoing two-site DoD funded randomized controlled trial, as well as developmental work to evaluate TriGR in group format. TriGR shows promise to reduce moral injury-related guilt and shame and associated mental health and functional problems.

2-150

Guilt in the Treatment for Patients with Nicotine Dependence and PTSD

(Abstract #467)

Poster #2-150 (Clin Res, Bio Med, Clin Res, Sub/Abuse, Adult) I - Industrialized	Roosevelt 1/2
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The current study examined the role of trauma-related guilt on changes of posttraumatic stress disorder (PTSD) symptom and nicotine dependence (ND) during integrating treatments for smoking cessation (varenicline plus smoking cessation counseling; VARCC) and PTSD (prolonged exposure therapy; PE). The efficacy of PE in reducing three dimensions of guilt during treatment was also examined. Participants were 142 adults with nicotine dependence (ND) and PTSD who were randomized to VARCC+ PE (12 weekly sessions) or SC only. The results showed that baseline guilt did predict reductions in PTSD symptoms for both groups (all ps < .05). Treatment condition (VARCC+PE vs. PE) did not moderate reductions in guilt (all ps > .05); guilt decreased significantly over treatment or follow-up in all groups (all ps < .05). Among patients with nicotine dependence and PTSD, baseline trauma-related guilt predicted reductions in PTSD severity and guilt was reduced significantly in both study conditions.

2-151

The Effects of Crisis Response Planning on Suicide Risk and Optimism in US Army Soldiers

(Abstract #992)

Poster #2-151 (Clin Res, Clin Res, Cog/Int, Adult) M - Industrialized	Roosevelt 1/2
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Suicide is a leading cause of death among active duty service members in the United States (Schoenbaum et al., 2014). Early intervention and prevention tools specific to suicide are imperative. Crisis response planning (CRP) is a personalized problem-solving tool used to promote self-management and coping skills during an acute crisis. Research has shown that CRPs are associated with a 76% reduction in suicide attempts, faster reduction in suicidal ideation, a reduction in psychiatric inpatient days in comparison to treatment as usual, and reduced negative mood states (Bryan et al., 2017a, Bryan et al., 2017b). In the initial clinical trial, two forms of CRP were used, the Standard-CRP (S-CRP) and the Enhanced-CRP (E-CRP). Both included identifying warning signs of distress, coping skills, social support, and professional services. The E-CRP included an additional module of identifying reasons for living. No differences were found between the S-CRP and E-CRP on suicidal outcomes. However, follow-up analyses indicate that individuals with low baseline optimism who receive the E-CRP had significant increase in optimism in 1-month follow-up. This provides additional evidence that discussing a patient's reasons for living has an important effect on those with the lowest optimism.

2-152

Exploring Postsecondary Academic Performance and Academic Problems as Risk Factors of Suicidal Ideation and Behavior in a Nationwide Sample of Student Veterans

(Abstract #993)

Poster #2-152 (Pub Health, Assess Dx, Clin Res, Adult) I - Industrialized	Roosevelt 1/2
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Hinkson, Kent¹, Brooks, Malisa¹, Burningham, Cassidy², Williams, Paula³, Crowell, Sheila³, Bryan, Craig¹
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Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

Over 1,200,000 student veterans were receiving VA college benefits in 2014 and student veterans were found to be at higher risk than their civilian student counterparts for suicidal ideation (20% vs 6%) and attempts (7.7% vs 1.3%) in 2011. Recently, academic performance has been found to be a strong predictor of suicide among teens and young adults, however, there has not been a lot of research in this area among student veterans. The present study examined suicide ideation, behaviors, and attempts, along with various measures of academic performance, in 348 student veterans enrolled in universities across the United States. Results of the study showed a variety of risk factors for SI/SA, including those with service-connected or learning disabilities were 4 to 7 times more likely to have practiced making a suicide attempt, 7 to 11 times more likely to having been close to killing themselves but being stopped by someone else, and 6 to 13 times more likely to have attempted suicide. Academic warnings, probation, suspension, or dismissals were also associated with various suicidal behaviors and attempts, along with receiving non-passing grades, incompletes, or withdrawing from class. These findings have various implications for university administrators, therapists, counselors, and students.

2-154
Understanding Veterans’ Decisions about Initiating Mental Health Care Following Positive PTSD Screens: A Qualitative Study
 (Abstract #1450)

Poster #2-154 (Clin Res, Mil/Vets, Care, Adult) M - Industrialized **Roosevelt 1/2**

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The VHA mandates behavioral health screening for PTSD, which primarily occurs in the primary care (PC) setting. Following the detection of an initial need, there is variation regarding those who do and do not initiate subsequent mental health treatment. Although studies have examined barriers to mental health care among Veterans who are already

receiving treatment, little is known about the reasons why Veterans initiate mental health care after screening positive for PTSD. In this study, we purposively sampled Veterans who screened positive for PTSD in PC, and who either did or did not initiate further specialty mental health care (n=19), and conducted in-depth qualitative interviews to assess decisions regarding initiation of mental health treatment. Emergent themes regarding barriers to mental health treatment initiation across the two groups of Veterans who did and did not initiate mental health care included stigma related to PTSD such as feeling “broken”, logistical and scheduling, and other treatment-related barriers including feelings that providers could not identify with their experiences. Social support and patient self-efficacy were common themes promoting initiation of mental health care. Incorporating such findings into intervention and treatment strategies aimed at bridging PC to specialty mental health treatment gaps may be important to improve care for Veterans.

2-155
Sexual Assault is Associated with Increased Risk in Measures of Health and Quality of Life in a Large Urban Sample of Highly Traumatized Men and Women
 (Abstract #1432)

Poster #2-155 (Clin Res, Health, Prevent, Pub Health, Rape, Adult) I - Industrialized **Roosevelt 1/2**

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³*Harvard Medical School, Belmont, Massachusetts*

The link between trauma exposure and impaired quality of life, including physical, mental, and general wellbeing is well established. This is especially true in subpopulations such as those living in impoverished urban environments, who often experience repeated trauma exposure. Sexual assault, in particular, may confer substantial risk for negative sequelae. However, key at risk subpopulations have been understudied. The current study examined the association between sexual assault and a wide array of negative outcomes in 8,533 highly traumatized,

low-income African American men and women living in an urban environment. Differences in health and quality of life in those who have been traumatized without sexual assault were compared to those who have been sexually assaulted. Results indicated that sexual assault was associated with increased occurrence and/or risk of negative outcomes compared to non-sexual trauma. This included PTSD (OR=2.6, 95% CI=2.34-2.94), suicide attempts (OR=4.27, 95% CI=3.63-5.01), drug use (OR=1.7, 95% CI=1.28-2.31), and chronic disease (OR=1.43, 95% CI=1.06-1.07). Results suggest there may be unique risk associated with sexual assault beyond that of trauma exposure that is non-sexual in nature. To our knowledge this is the first epidemiological investigation of its kind in this understudied population and has implications for funding, policy, and care.

2-156

Strides towards Recovery from Intimate Partner Violence: Identifying Patient-centered Outcomes to optimize a brief Counseling Intervention for Women Veterans
(Abstract #641)

Poster #2-156 (Clin Res, Health, Pub Health, Rape, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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Many health care systems including the Veterans Health Administration have adopted recovery-oriented approaches that optimize positive outcomes and alleviate symptomatology in mental health

disorders (SAMHSA, 2012). In line with this framework, a novel intervention, Recovering from Intimate Partner Violence through Strengths and Empowerment (RISE) was developed to address IPV among women Veterans (WVs) and the physical and mental health sequelae WVs frequently experience. The purpose of this study was to garner WVs' opinions and identify patient-centered outcomes to subsequently refine RISE. Five focus groups were conducted with female VHA WV patients (n=25) who experienced past-year IPV. Focus groups included semi-structured questions and open discussions prompting women to opine RISE and elucidate ideal outcomes of an IPV intervention. Focus group transcripts were coded and analyzed for thematic content using rapid qualitative analysis (Hamilton, 2013). Women defined notable themes of desired patient-centered outcomes: increased psychoeducation (e.g., IPV warning signs, knowledge of resources), empowerment, self-esteem, resilience, valued action, skills (e.g., self-validation) and social support from IPV survivors. Prospective methods of quantifying patient-centered outcomes also emerged. Findings suggest strategies to refine and improve patient-centered interventions for IPV.

2-157

Gender Differences in Cognitive Stuck Points following an Experience of Adult Sexual Victimization
(Abstract #1144)

Poster #2-157 (Clin Res, Cog/Int, Rape, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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Despite the demonstrated effectiveness of Cognitive Processing Therapy (CPT) for the treatment of PTSD stemming from a wide range of traumatic experiences, there is a dearth of research examining the effectiveness of CPT for male victims of adult sexual assault (ASA). What little research does exist suggests that male ASA victims treated with CPT may have slower symptom reduction, less affective treatment gains, and higher post-treatment PTSD symptoms than female ASA victims. This gender discrepancy may be a function of gender differences in posttraumatic cognitions, or stuck points. This study sought to qualitatively examine gender

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

differences in stuck point themes of men and women with ASA experiences who were recruited online. Participants completed open-ended items querying their cognitions about why the ASA occurred and how it has impacted them. Data collection is currently underway (n = 9), but it is anticipated that the stuck points of 25 men and 25 women with ASA experiences will be analyzed. Preliminary data suggest that men evidence more stuck points reflective of gender and sexuality concerns, whereas women report more stuck points that represent a violation of their belief in a just world. Implications of these findings with regard to intervention will be discussed.

2-158
The Intervening Relationship of Burdensomeness and Belonging on Sexual Assault Disclosure and Mental Health
(Abstract #1206)

Poster #2-158 (Clin Res, Prevent, Rape, Social, Gender, Adult) M - N/A 1/2 **Roosevelt**

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Sexual assault (SA) is prevalent and disclosure of these incidences is high (Ullman & Peter-Hagene, 2014). Though disclosure rates are high, common reactions offered by formal and informal sources can negatively impact survivor growth (Ullman & Brecklin, 2002). Often studied with military veterans and suicide, perceived burdensomeness (PB) and thwarted belongingness (TB) are tied to a disconnect and perceived rejection from interpersonal support systems, can have negative impacts on social functioning, and often follow stressful life events (e.g., Hill & Pettit, 2014). Currently, no empirical data exists on PB and TB within the SA literature, however, receiving negative social reactions (NSR) upon disclosure, and the rejection experienced as a consequence, may lead to poorer outcomes among survivors of SA. The goal of the present study is to examine the intervening role of PB and TB in the relationship between NSR and mental health outcomes. We hypothesize that PB and TB will mediate the relationship between NSR, depression, and PTSD symptoms. Data collection is ongoing, however, preliminary analyses reveal positive associations between NSR, PB, and TB. Study

findings may provide important insight into relationships previously unexamined in regards to SA, disclosure, and mental health outcomes.

2-159
Interoceptive Accuracy among Sexual Trauma Survivors: A Multi-method Study
(Abstract #1670)

Poster #2-159 (Clin Res, Rape, Gender, Adult) M - N/A **Roosevelt**
1/2

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Interoceptive accuracy (IAc; i.e., accuracy in recognizing internal body sensations; accuracy in perceiving one's heartbeat) has been linked to perceived intensity of emotional experiences and greater capacity regulating those experiences. Dissociation (i.e., difficulty integrating sensory information and perceptual experiences that are typically connected) is frequently reported by sexual trauma survivors (i.e., survivors) and hypothesized to diminish IAc. This multi-method study (behavioral, self-report and qualitative) examines associations of sexual trauma, IAc, dissociation, and PTSD symptoms. We hypothesized IAc and would be positively associated with PTSD symptoms. We expected an IAc – dissociation interaction would qualify that main effect, weakening IAc for survivors higher in dissociation. We report results from 200 female students (3.5% Asian; 1% Black; 5% Hispanic; 1% Native American; 73.4% White; 12.6% Multi-racial; 3.5% other). IAc explained significant variance in PTSD ($b = -0.16, p = .007$), though opposite to the predicted direction: as IAc increased, PTSD decreased. Dissociation also predicted significant variance in PTSD ($b = .52, p < .001; R^2 = .18, F(10, 154) = 15.21, p < .001$). There was no significant interaction between IAc and dissociation. We discuss clinical implications of the findings.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-160

**Societal Shift or Are We still in the 1970's?
Predicting Rape Myth Acceptance on a
College Campus**

(Abstract #1222)

Poster #2-160 (Clin Res, Clin Res, Rape, Gender, Adult) M - N/A **Roosevelt 1/2**

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Since legislation achievement of the Clergy Act, substantial increases in sexual assault prevention programming on U.S. college campuses have focused in part on debunking rape myths. The aim of the present study is to examine the unique contribution of gender, sexism, and beliefs in a just world toward predicting rape myth acceptance in a sample of 83 college students (72% women; mean age = 20.72 (SD = 2.601). A linear regression analysis was conducted to determine the predictive ability of gender, Belief in a Just World, and Ambivalent Sexism Inventory on the Illinois-Rape Myth Acceptance scale. Results indicated gender and the Ambivalent Sexism Inventory explained 44.1% of the variance ($F(1,81) = 31.57, p < .001$). More specifically, males and those with higher sexism attitudes endorsed greater acceptance of rape myths. These results are not surprising and corroborate previous findings. Interestingly, beliefs in a just world was not a significant predictor. Perhaps rape myth acceptance is not driven by the belief that people get what they deserve, rather by sexism attitudes. Understanding the underlying attitudes formulating adherence to rape myths is imperative in order to effectively target psychoeducation programming on college campuses and help the population most vulnerable to sexual assaults.

2-161

**Trust after Trauma: Gender Differences in
Facial Trustworthiness Perception among
Adults Exposed to Trauma**

(Abstract #757)

Poster #2-161 (Clin Res, Chronic, Cog/Int, Complex, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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³*Adelphi University, Derner Institute, Garden City, New York*
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Rates of posttraumatic stress disorder (PTSD) differ based on gender and types of traumatic exposure. The impact of gender-based violence on social learning may contribute to these differences. Our study examined gender differences in facial perceptions of trustworthiness. Participants (n = 166) were categorized into three groups: PTSD (n = 63), trauma-exposed healthy controls (TEHC) (n = 64), and no-trauma healthy controls (NTHC) (n = 39). Participants completed a laboratory-based, computerized behavioral task where they evaluated faces parametrically morphed on dimensions of trustworthiness (higher values meaning less trustworthy). One-way ANOVA analyses with Bonferroni post-hoc comparisons were calculated. Preliminary analyses revealed a significant gender difference in the PTSD group: women (M= 2.47, SD= 0.63) rated faces as more trustworthy than men (M= 3.06, SD=0.63), whereas no significant gender differences were found in the TEHC or NTHC groups. Study findings suggest the presence of gender differences related to social cognition and posttraumatic distress. Trustworthiness may play a role in the increased risk for repeated victimization following interpersonal trauma and could account for worsening symptoms after trauma exposure. Facial trustworthiness bias should be further investigated as a contributing factor for the higher prevalence of PTSD among women.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-163

Anger, Social Support, and Suicide Risk in U.S. Military Veterans

(Abstract #554)

Poster #2-163 (Social, Aggress, Depr, Pub Health, Mil/Vets, Adult) M - Industrialized | **Roosevelt 1/2**

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- ⁵*UNC-Chapel Hill, Chapel Hill, North Carolina*
- ⁶*Duke University Medical Center/Durham VAMC, Durham, North Carolina*
- ⁷*Duke University Medical Center & Durham Veterans Affairs Medical Center, Durham, North Carolina*

There have been considerable efforts to understand, predict, and reduce suicide among U.S. military veterans. Research has established posttraumatic stress disorder (PTSD), major depression (MDD), and traumatic brain injury (TBI) predict suicidal behavior in veterans. Limited research has examined anger and social support as factors linked to suicidality, which if shown could lead effective strategies for suicide risk assessment and prevention. In this study Iraq/Afghanistan era veterans (N=2467) were evaluated in the ongoing Veterans Affairs MIRECC multi-site Study of Post-Deployment Mental Health on demographic and psychological variables. Using bivariate analyses, suicidality was positively associated with anger and negatively associated with social support even when controlling for demographics and clinical variables including PTSD, MDD, and TBI. The analyses revealed that the association between PTSD and suicidality was no longer significant once anger was entered in the regression models. In addition, TBI was associated with suicide risk in veterans with MDD only. These findings provide preliminary evidence that suicide risk assessment in veterans should include consideration of anger and social support. Further

suicide prevention may benefit from anger management interventions and interventions aimed at bolstering social support.

2-164

Sustaining Increases in Quality of Life following Cognitive Processing Therapy: The Importance of Attending to Anger and Sleep Concerns

(Abstract #553)

Poster #2-164 (Clin Res, Aggress, QoL, Sleep, Adult) I - Industrialized | **Roosevelt 1/2**

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Trauma survivors may seek treatment for a range of difficulties including trauma-specific concerns (e.g., intrusive symptoms, avoidance of reminders) and PTSD-related issues (e.g., problematic anger, sleep disturbances). Even among individuals who have received treatment for PTSD, residual elevations in dysregulated anger and sleep disruptions are common. In a secondary analysis of data from two trials of cognitive processing therapy (CPT), we investigated the impact of treatment-related changes in anger, sleep, and all other PTSD symptoms on quality of life (QOL). Pre- to post-treatment symptom changes were used to predict QOL concurrently (at post-treatment) and longitudinally (at three- and six-mo post-treatment). In a sample of 126 female civilians and veterans, latent growth models indicated that reductions in anger, sleep disturbances, and all other PTSD symptoms each predicted improved QOL at post-treatment. However, only reductions in anger predicted later improvement in QOL. In a second sample of 125 male veterans, the impact of symptom change on QOL was less clear. Reductions in sleep and anger problems were only marginally related

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

QOL, while reductions in all other PTSD symptoms over the course of CPT predicted improved QOL at 6-mo post-treatment. These results suggest that attending to common residual symptoms is important in follow-up care especially for women.

2-165

Chronic Suicidal Ideation and Attempts among U.S. Veterans: Should Prevention Efforts be stratified by Levels of Social Support?

(Abstract #96)

Poster #2-165 (Clin Res, Aggress, Depr, Pub Health, Sleep, Older) I - Industrialized **Roosevelt 1/2**

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⁵*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

Lowering suicide risk, especially among those with PTSD and depression, is a key clinical target for clinicians working with veterans. In this study, we analyzed data from a nationally representative sample of 916 U.S. veterans with PTSD Checklist scores (for DSM-IV) of 30 or greater or who screened positive on the PHQ-2 Depression Screen. We used multi-group path analysis to compare two groups: those with high vs. low levels of social support (SS) based on MOS-5 Social Support Survey scores. For each group, we modeled the cross-lagged effects of two previously identified risk factors for suicide—sleep problems and hostility—and any suicidal ideation and suicide attempts (SI/SA) over 3 timepoints, each 2 years apart. Rates of SI/SA were higher in the low SS group (54.0%, 46.0%, and 34.9%, at Waves 1, 2 and 3, respectively) compared to the high SS group (27.4%, 14.4%, and 10.5%, respectively). Mediating pathways from Wave 1 hostility and sleep problems to SI/SA at Wave 3 were significantly different between the high and low SS groups. In the high SS

group, greater sleep problems predicted an increased risk for SI/SA at Waves 2 and 3. However, in the low SS group, greater hostility at Wave 1 predicted increased risk for SI/SA at Waves 2 and 3. Results underscore the importance of personalizing suicide prevention strategies in veterans with different levels of social support.

2-166

Sleep Disturbance Partially Mediates the Relationship between Posttraumatic Stress and Physical Pain in a Diverse Sample of Inner-city Women

(Abstract #847)

Poster #2-166 (Clin Res, Clin Res, Health, Sleep, Gender, Adult) I - N/A **Roosevelt 1/2**

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Introduction: Posttraumatic stress symptoms (PTSS) and physical pain are known to co-occur. Previous research on cancer patients and adolescents with chronic pain found that sleep disturbance mediated the association between PTSS and pain. Inner-city women, particularly women of color, experience high PTSS and pain, but it is unknown if sleep disturbance mediates these variables in this population. This study examined if sleep disturbance mediated the relationship between PTSS and physical pain in a racially diverse sample of women.

Methods: Participants (N = 330; MAge = 28.6 years; 60% Black) included women who presented to an Emergency Department (ED) with new-onset acute pain. Data included measures of posttraumatic stress, pain intensity, pain-related interference, and sleep disturbance.

Results: Analyses revealed that sleep disturbance mediated the relationship between PTSS and pain intensity (B = 0.45; 95% CI: 0.27-0.71) and PTSS and pain-related interference (B = 0.45; 95% CI: 0.28 - 0.82).

Conclusion: The associations between PTSS and pain were at least partially influenced by comorbid sleep disturbance. Therefore, it is crucial for clinicians to evaluate and treat sleep disturbance in women presenting with PTSS and/or pain. Future analyses will explore the specific role of race/ethnicity in this mediation model to better understand this potential

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

health disparity.

2-167
Stress, Sleep, and Childhood Trauma in College Students
(Abstract #750)

Poster #2-167 (Clin Res, CPA, Health, Sleep, Tech, Adult) I - Industrialized **Roosevelt 1/2**

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Both stress and sleep are major issues for many college students. While a number of cross-sectional studies have demonstrated the association between stress and impaired sleep, few studies examine the daily associations between stress and sleep, especially among college students. In addition, a growing body of research documents the association between child abuse and later sleep problems, though little of this research has focused on college students. The purpose of this study was to assess the relations between child abuse, daily stress, and sleep using ecological momentary assessment in a college student sample. Undergraduate psychology students (N = 362) completed a daily checklist of 10 stressors and sleep duration, efficiency, and quality for 14 days. Childhood trauma was measured at baseline using the Childhood Trauma Questionnaire. Multilevel models revealed that daily stress significantly predicted self-reported sleep duration at night and that sleep duration and quality predicted the next day's stressors. Childhood trauma was negatively associated with self-reported hours of sleep at night and sleep quality. These results demonstrate the daily associations between stress and sleep in college students, and highlight the importance of further examining the relation between childhood trauma and sleep among college students, for whom sleep may be particularly important.

2-168
Posttraumatic Stress, Alcohol Use, and Alcohol Use Motives in Firefighters: The Role of Sleep Disturbance
(Abstract #516)

Poster #2-168 (Clin Res, Chronic, Health, Sleep, Sub/Abuse, Adult) M - Industrialized **Roosevelt 1/2**

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Firefighters are at high risk for posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD). Sleep disturbance represents a behavioral mechanism with clinical relevance to the development and maintenance of PTSD-AUD. No studies to date have examined PTSD and sleep disturbance in relation to alcohol use outcomes among firefighters. We hypothesized that higher PTSD and sleep disturbance would be associated with higher alcohol use severity and alcohol use coping motives; and sleep disturbance would moderate the association between PTSD and alcohol use outcomes. Covariates included fire department years and occupational stress. Structural equation modeling was employed. Participants were 639 firefighters (93.6% male; Mage= 38.5) who completed survey questionnaires. Higher PTSD ($r = .38, p < .001$) and higher sleep disturbance ($r = .25, p < .001$) were significantly associated with higher alcohol use severity. Higher PTSD ($r = .40, p < .001$) and higher sleep disturbance ($r = .39, p < .001$) were also significantly associated with higher alcohol use coping motives. Sleep disturbance moderated the associations between PTSD and alcohol use severity ($r = .22, p < .05$) and alcohol use coping motives ($r = .17, p < .01$), accounting for 23.7% of the variance in alcohol use severity and 38.0% in alcohol use coping motives. Clinical and research implications to be discussed.

2-169

Prospective Predictors of Chronic Pain among U.S. National Guard Soldiers

(Abstract #1339)

Poster #2-169 (Clin Res, Health, Illness, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Despite the high prevalence of chronic pain among treatment-seeking Veterans, the development of chronic pain remains poorly understood. A better understanding of factors affecting pain outcomes is needed to inform prevention and intervention strategies. A prospective cohort of OEF/OIF deployed U.S. National Guard soldiers (N = 1,351) completed three survey waves (pre-deployment, 3 months post-deployment, 3-8 years post-deployment) assessing predisposing risk factors for pain development and adjustment. At follow-up, Veterans were categorized by the Graded Chronic Pain Scale: no pain (n = 942; 70%), low disability pain (n = 149; 11%) and high disability pain (n = 260; 19%). ANOVA planned comparisons revealed significant effects of several pre-deployment vulnerability factors, deployment-related stressors, and post-deployment mental health symptoms on pain outcomes, where the most robust differences emerged between the no pain and high disability pain groups. Relative weights analysis showed pre-deployment somatization and neuroticism, perceived difficult deployment environment, and post-deployment mental health were the strongest predictors of chronic pain development. Among soldiers with chronic pain, post-deployment coping behavior and PTSD symptoms were the strongest predictors of chronic pain disability, where acceptance-based coping was associated with low disability pain.

2-170

The Association of Resilience on Psychiatric, Substance Use, and Physical Health Outcomes in a Sample of OEF/OIF Military Service Members and Veterans Exposed to Combat Trauma

(Abstract #751)

Poster #2-170 (Clin Res, Health, Res Meth, Sub/Abuse, Adult) M - Industrialized **Roosevelt 1/2**

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Combat exposure is associated with a range of psychiatric outcomes, but many combat veterans do not develop psychopathology. Resilience is a multifaceted construct associated with reduced risk of psychopathology; however, few studies have examined the relationship of resilience with other negative outcomes following combat exposure. Additionally, studies typically rely on self-report measures of perceived resilience. In a sample of veterans deployed to Iraq and Afghanistan (N = 1,124), we tested the hypothesis that discrepancy-based psychiatric resilience (DBPR), a novel method for quantifying resilience, would be associated with reduced psychiatric diagnosis, substance use, and physical health outcomes. In a final model, results suggested an inverse association of resilience with current psychiatric diagnosis, alcohol and drug use, and physical health concerns, beyond other relevant risk and protective factors (i.e., combat exposure, demographics, social support). Findings also suggested resilience accounts for more variance in psychiatric and physical health outcomes as compared to substance use. Using a quantitative approach to the measurement of resilience and extending our understanding of the protective effects of resilience to outcomes beyond psychopathology corroborates existing research on resilience and suggests it may be more relevant to some outcomes than others.

Presenters' names are in bold.
 Guides to Keyword Abbreviations located on pages 2-4.
 (Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-171

The Buffering Effects of Resilience in a College Undergraduate Population

(Abstract #752)

Poster #2-171 (Clin Res, Depr, Sub/Abuse, Gender, Adult) I - Industrialized **Roosevelt 1/2**

Cusack, Shannon
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Stressful life events (SLE) and trauma exposure (TE) are transdiagnostic risk factors in the development of psychopathology. However, not all who are exposed to these events develop mental health problems and/or risky drinking behaviors. Resilience is known to be important to outcomes following SLEs/TEs; however, most research to date has been cross-sectional and thus inadequately tests the buffering hypothesis (i.e., whether resilience can protect against the effects of new onset SLEs/TEs on various psychiatric outcomes). The purpose of this study was to test the hypothesis that discrepancy-based psychiatric resilience (DBPR) would buffer the effects of new SLE/TE on alcohol, depression, and anxiety outcomes using a longitudinal sample of college undergraduates (n = 9891, 61.1% female, Mage = 18.5). Resilience was defined as the difference between students' total score on a broad measure of internalizing symptoms and their predicted score based on their cumulative exposure to SLEs/TEs. While there was a main effect of resilience on levels of depressive symptoms, resilience buffered the effect of new onset SLE/TE for anxiety and alcohol consumption only. These effects did not vary by sex. Implications for college prevention and intervention programming will be discussed.

2-172

Carrying the Burden: Quantifying Functional Impairment Resilience

(Abstract #753)

Poster #2-172 (Clin Res, Assess Dx, Health, Res Meth, Adult) M - Industrialized **Roosevelt 1/2**

Brown, Ruth¹, Sheerin, Christina², Aggen, Steven¹, Lind, Mackenzie¹, Kendler, Kenneth¹, Amstadter, Ananda¹

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This study explores the concept of resilience in terms of functional impairment: those who manage to meet social and occupational obligations despite high levels of psychiatric symptoms. Using a discrepancy-based resilience approach, we quantified functional impairment resilience (DBFIR) to posttraumatic stress disorder (PTSD) and depression using the standardized residuals from regressing DSM-IV clinician determined symptom severity on ratings of functional impairment and sought to identify correlates in two samples. First, in a sample of 275 combat veterans using a DBFIR score derived from the Clinician Administered PTSD Scale severity and functional impairment ratings, we found that neuroticism, agreeableness, conscientiousness, and perceived resilience were significantly associated with DBFIR. We then extended these findings to an epidemiological sample of 2,986 civilians to explore predictors of DBFIR scores derived from clinical interview of depression symptoms and impairment. Significant correlates included childhood sexual abuse, discrepancy-based psychiatric resilience (the residual between stress exposure and symptom severity), recent stressful life events, and personality traits. Discussion will focus on the utility of this novel approach to resilience and how it might inform efforts to improve functional outcomes of trauma-exposed populations.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-173

Risk and Protective Correlates Associated with Addiction Resilience

(Abstract #754)

Poster #2-173 (Prevent, Sub/Abuse, Adult) M - Industrialized **Roosevelt 1/2**

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Alcohol use disorder (AUD) vulnerability varies widely with some individuals remaining relatively asymptomatic despite high levels of consumption, here referred to as discrepancy-based addiction resilience (AR). AR is moderately heritable, but the majority of variance is due to environmental factors not yet identified. This study examined putative risk (e.g., stressful life events [SLEs]) and protective (e.g., resilience, parental warmth) correlates. In a population-based twin study (N~6,200, Mage=34.8, SD=8.78), separate linear regressions treating AR as the outcome were conducted. Examination of environmental variables found a positive prediction for parental warmth ($\beta=.06$, $p<.001$), negative for overprotectiveness ($\beta=-.10$, $p<.001$), and no prediction for authoritarian parenting ($p>.05$). Neuroticism and extraversion negatively predicted AR ($\beta=-.18$, $p<.001$; $\beta=-.04$, $p<.001$, respectively), mastery and self-esteem showed positive effects ($\beta=.06$, $p<.01$; $\beta=.06$, $p<.01$, respectively), and optimism was not significant ($p>.05$). Past-year SLEs and resilience predicted AR in opposite directions ($\beta=-.15$, $p<.001$; $\beta=.06$, $p<.05$, respectively). When significant predictors were combined into a final model, only SLEs remained significant ($\beta=-.14$, $p<.001$). These results highlight the importance of SLEs as a risk factor in AR and expand the resilience literature to the field of alcohol abuse.

2-174

Distress Tolerance Moderates the Relation between Posttraumatic Stress Symptoms and Cannabis Use among Women with Interpersonal Trauma Histories

(Abstract #367)

Poster #2-174 (Clin Res, DV, Rape, Sub/Abuse, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Hood, Caitlyn, Jones, Alyssa, Flores, Jessica, Badour, Christal

University of Kentucky, Lexington, Kentucky

Prior research indicates that the relationship between posttraumatic stress symptoms (PTSS) and substance use is stronger for individuals with poorer distress tolerance (DT). However, it is unknown whether this association is similar among individuals with differing trauma types. The aim of this study was to assess whether relationships among PTSS, DT, and cannabis use differ as a function of trauma history (interpersonal vs. non-interpersonal trauma). Participants include 209 college-age women who reported experiencing at least one traumatic event in their lifetime and used cannabis in the previous six months. Ratings of DT, PTSS, and cannabis use were assessed. Analyses controlled for general negative affect. A significant three-way interaction emerged among PTSS, DT, and trauma type in predicting cannabis use. Post-hoc probing of the interaction demonstrated that among women who reported interpersonal trauma histories, PTSS were positively related to cannabis use for those low in DT (-1SD, $p<.001$), but not those high in DT (+1SD, $p=.81$). The interaction between DT and PTSS was not significant among individuals with a history of non-interpersonal traumas. These findings suggest that the interaction between DT and PTSS in predicting cannabis use may be particularly important following interpersonal trauma.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-175

Associations between Substance Use and Depressive Symptoms in Women Experiencing Intimate Partner Violence
(Abstract #1157)

Poster #2-175 (Clin Res, Cul Div, Depr, Sub/Abuse, Adult) I - Industrialized **Roosevelt 1/2**

Jamison, Lacy, Howell, Kathryn, Thurston, Idia, Decker, Kristina, Schwartz, Laura
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Approximately 25% of women in the U.S. experience intimate partner violence (IPV), with depression being a prevalent mental health consequence. Women experiencing IPV also endorse high rates of substance use. The relationships between IPV, substance use, and depression have received limited empirical attention. This study examined how use of alcohol and tobacco were related to symptoms of depression among women experiencing IPV in the past 6 months, accounting for demographics, physical health, and violence- and stress-related factors. Participants included 121 women (Mage=34.26; 75% had income <\$20,000/year; 82% Black) recruited from community organizations in the U.S. Midsouth. Hierarchical linear regression modeling included age, income, and physical health rating (Model 1); IPV severity and other life stressors (Model 2); and tobacco use and alcohol use frequency (Model 3). The final model was significant, $F(8, 104)=3.90$, $p<.001$, $Adj.R^2=.17$; with worse physical health ($\beta = -.24$, $p<.01$), more severe IPV ($\beta = .28$, $p<.01$), and more frequent tobacco use ($\beta = .19$, $p<.05$) related to higher depression. Results highlight the importance of examining types of substances when assessing relations to mental health. Interventions for women experiencing IPV could consider incorporating tobacco cessation strategies in addition to addressing symptoms of depression.

2-176

Study of Adversity and Resilience (SOAR) in Children with a History of Maltreatment
(Abstract #534)

Poster #2-176 (Clin Res, CPA, CSA, Clinical Practice, Child/Adol) I - Industrialized **Roosevelt 1/2**

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³Sheldon Kennedy Child Advocacy Centre, Calgary, Alberta, Canada

Child maltreatment has deleterious consequences for physical and mental wellbeing and is a leading public health challenge. Access to evidence-based treatment for maltreated children and their families is crucial to mitigate deficits. Limited research has examined the child and family factors related to treatment engagement and completion in this population. The aim of this study was to examine the risk and resilience factors that predict treatment outcomes and completion within the child abuse population. Data were extracted from the files of 156 children referred to Child Abuse Services from 2016 - 2017. Results demonstrated that greater number of adverse childhood experiences puts children at risk for treatment non-completion, but for those who engaged in treatment, was associated with greater treatment sessions and treatment duration. Specifically, exposure to household substance misuse was a significant individual risk factor for non-completion. However, greater resiliency was associated with treatment completion. Children with more individual personal skills, educational involvement, and caregiver physical and emotional support were more likely to complete treatment. The factors elucidated by this study will help to identify families at risk of low

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

treatment engagement or non-completion and guide future policy and clinical decision making regarding maltreated children.

2-177

Assessment of PTSD's E2 Criterion: Development, Pilot Testing, and Validation of the Posttrauma Risky Behaviors Questionnaire
(Abstract #193)

Poster #2-177 (Assess Dx, Clinical Practice, Depr, Res Meth, Adult) M - Industrialized **Roosevelt 1/2**

Contractor, Ateka¹, Weiss, Nicole², Dixon-Gordon, Katherine³, Caldas, Stephanie¹

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³*University of Massachusetts Amherst, Amherst, Massachusetts*

The experience of traumatic events (TE) and consequent posttraumatic stress disorder (PTSD) severity are associated with undeliberated risky and reckless behaviors. To account for the functional role/impact of risky behaviors to posttraumatic stress disorder (PTSD), the E2 risky and destructive behaviors symptom was added in the DSM-5. However, the lack of a validated measure is a significant barrier to the assessment and clinical treatment of PTSD's E2 Criterion. The current study developed and validated a measure assessing PTSD's E2 Criterion (Posttrauma Risky Behaviors Questionnaire; PRBQ). A sample of 354 trauma-exposed participants recruited through Amazon's MTurk platform completed the PRBQ with additional validated measures assessing risky behaviors and mental health severity (PTSD and depression). The development of the 16-item PRBQ followed recommended guidelines of domain generation, expert panel review, item generation/development/selection, content adequacy assessment, and pilot testing. The PRBQ was found to measure a unitary construct of risky behaviors, and demonstrated excellent internal consistency (.92) and convergent validity with other measures of risky behaviors and mental health severity. Our results provide initial support for the utility and validity of the PRBQ in the assessment of PTSD's E2 Criterion.

2-178

Fear of Losing Affective Control and Experiential Avoidance Moderate the Relation between Posttraumatic Stress Symptoms and Emotion-driven Risky Behaviors

(Abstract #196)

Poster #2-178 (Clin Res, Affect/Int, DV, Rape, Adult) I - Industrialized **Roosevelt 1/2**

Jones, Alyssa, Badour, Christal

University of Kentucky, Lexington, Kentucky

Trauma-exposed individuals may engage in risky behaviors as an attempt to regulate intense emotions. Individuals with certain emotional vulnerabilities may be more likely to engage in risky behaviors in response to intense emotions. The present study hypothesized that increased fear of losing affective control (FEAR) and experiential avoidance (AVOID) would moderate the association between posttraumatic stress symptoms (PTSS) and negative-emotion-driven risky behaviors (RB). Participants were 25 adult women ($M_{age} = 35.79$, $SD = 14.65$) with histories of physical and/or sexual victimization. Participants completed measures of FEAR, AVOID, RB and participated in an interview assessing past-month PTSS. Controlling for age of index trauma, the relation between PTSS and RB was significant only for those reporting higher FEAR when angry ($t = 4.26$, $p < .001$) or depressed ($t = 5.26$, $p < .001$). AVOID also moderated the relation between PTSS and RB, such that PTSS and RB were positively associated only for those reporting higher AVOID, $t = 3.56$, $p = .002$. Results suggest that attitudes about emotions may be important factors related to RB among trauma-exposed individuals. Clinicians may consider assessing attitudes about specific emotions among this population.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-179

Associations between Posttraumatic Stress Disorder Symptom Clusters and Suicidal Ideation

(Abstract #195)

Poster #2-179 (Clin Res, Assess Dx, Clinical Practice, Prevent, Care, Adult) M - N/A **Roosevelt 1/2**

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Posttraumatic stress disorder (PTSD) is a risk factor for suicidal ideation (SI). However, the direction and strength of the associations among PTSD symptom clusters and SI are unclear. We investigated the nature of the association between SI and each symptom cluster, namely arousal and reactivity (AAR), negative alterations in cognitions and mood (NACM), avoidance, and intrusion, across two studies of community members ($n = 346$) and treatment-seeking adults ($n = 194$), respectively. We administered measures of trauma exposure, PTSD, and SI at one time point. In both studies, SI was significantly and positively associated with all PTSD factors (all $ps < .05$, range $r = .22 - .53$). In Study 1, Wald tests of parameter constraints revealed that the AAR and NACM clusters were most strongly associated with SI. Results were largely replicated in a sample restricted to only include those above the clinical cutoff for probable PTSD. In Study 2, there were no differences in the strength of associations between PTSD symptom clusters and SI. These results have important implications for clinical practice and suggest the importance of screening for suicide risk when AAR and NACM scores are elevated. Further implications, limitations, and future directions will be discussed.

2-180

Guilt in the Treatment of PTSD among Active Duty Military Personnel

(Abstract #1220)

Poster #2-180 (Clin Res, Mil/Vets, Adult) M - N/A **Roosevelt 1/2**

Benhamou, Kathy¹, McLean, Carmen², Zandberg, Laurie¹, Brown, Lily¹, Zang, Yinyin¹, Foa, Edna¹
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In military personnel and veterans, guilt has been associated with greater posttraumatic stress disorder (PTSD) symptom severity. However, there has been some debate regarding the comparative efficacy of different evidence-based treatments for PTSD in individuals reporting high guilt. The current study investigated guilt as a predictor of PTSD outcomes and the efficacy of prolonged exposure (PE) in reducing three dimensions of guilt. Active duty military personnel ($n = 366$) were randomized to massed-PE (10 sessions delivered over 2 weeks), spaced-PE (10 sessions delivered over 8 weeks), present-centered therapy (PCT; 10 sessions delivered over 8 weeks), or minimal contact control (MCC; weekly therapist phone check-in for 4 weeks). Results indicated that baseline guilt did not predict reductions in PTSD symptom severity for spaced-PE or PCT. Furthermore, guilt decreased significantly in all conditions; reductions were not moderated by condition. These results suggest that guilt does not predict PTSD treatment outcomes and that PE, PCT, and attention-control can all reduce guilt, in the context of a treatment study. Further implications, limitations, and future directions will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-181

Emotional Working Memory Training for Chronic PTSD: Effects on PTSD Symptoms and Memory

(Abstract #1059)

Poster #2-181 (Clin Res, Anx, Cog/Int, Tech, Adult) M - Industrialized **Roosevelt 1/2**

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²**University of Wisconsin - Milwaukee, Milwaukee, Wisconsin**
³**Medical College of Wisconsin, Milwaukee, Wisconsin**

Anxiety is characterized by excessive attention to threatening information, leading to impaired working memory (WM) performance and elevated anxious thoughts (Bishop, 2007). Preliminary research indicates that individuals with PTSD show particular difficulty with WM in emotional contexts (Schweizer & Dalgleish, 2011). Although several studies show that computerized training can improve WM capacity for anxious patients (Owens et al, 2013; Schweizer et al, 2011 & 2013), there has been very little research on WM training for PTSD or with Veterans (Saunders et al., 2015). In a randomized trial, we assigned Veterans with elevated PTSD symptoms to an online emotional WM training, either adaptive (n-back; n=9) or a less potent training (1-back; n=10). Overall, both groups showed significantly decreases in PCL, $F(1,17)=22.56, p<.001$, from 51 (pre) to 38 (post). The n-back group showed a trend of outperforming the 1-back group in improving visuospatial WM, $F(1,17)=3.72, p=.07$. Further, change in visuospatial WM and change in PCL scores showed a medium-sized correlation ($r = 0.32$). This population anecdotally found the intervention quite challenging, which may be why even the less potent 1-back was still helpful. These preliminary findings justify the effort for developing new WM-focused PTSD intervention for complex, vulnerable populations. Online trainings can improve accessibility.

2-182

Are Negative Social Interactions more Strongly Related to Posttraumatic Cognitions than Positive Interactions in the First Six Months following Trauma Exposure?

(Abstract #1504)

Poster #2-182 (Clin Res, Cog/Int, Fam/Int, A Adult) M - Industrialized **Roosevelt 1/2**

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Meta-analyses on risk and resilience factors for PTSD consistently identify social interactions as associated with the disorder. However, how social interactions confer PTSD risk is largely unknown. This study examined associations between negative and positive social interactions, measured by the Social Reactions Questionnaire and Social Acknowledgment as a Victim Questionnaire, and trauma-related cognitions, using the Posttraumatic Cognitions Inventory (PTCI) in 105 recently traumatized individuals (TIs). As close others' (COs) perceptions may influence TI's cognitions, COs completed measures reporting on their perceptions of TIs' social interactions. TI and CO social interaction ratings were entered simultaneously into a multiple regression analysis to predict TIs' PTCI scores, $R^2 = .52, F(10, 76) = 9.01, p < .001$. TIs' perceptions of negative reactions from COs ($b = .26, t(76) = 2.92, p = .005$), societal disapproval ($b = .41, t(76) = 4.14, p < .001$), and family/friends disapproval ($b = .20, t(76) = 2.13, p < .037$), emerged as significant predictors of PTCI scores. Social determinants of health (age, gender, ethnicity) did not moderate relationships between social interactions and cognitions. TI's perceptions of negative interactions may be more related to their cognitions than positive ones and then CO's perceptions and may be a target for early cognitive interventions.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-183

The Impact of Sexual Victimization History on Worldviews and Appraisals of Future Stress: Separating Belief Change from Distress Symptoms

(Abstract #517)

Poster #2-183 (Clin Res, CSA, Cog/Int, Complex, Rape, Adult) M - Industrialized **Roosevelt 1/2**

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Cognitive theories of PTSD suggest that trauma violates belief systems, producing distress (Janoff-Bulman, 1992; Park et al. 2012). Attempts to repair global meaning may result in persistent belief change, even once distress subsides (Park, 2010). Few studies have linked sexual victimization (SV) to cognitive worldviews and appraisals of future stressful encounters, with little known about the distinct effects of SV history and distress symptoms on cognitions. The present study set out to compare differences in global beliefs and event-level stress appraisals of young adults with and without SV history. Participants (N=145) completed baseline assessments of trauma history, PTSS, depression, and worldview assumptions, as well as 11 daily diary assessments of stress and appraisals. Those with SV history perceived the world as less controllable than their non-victimized peers ($p < .05$), above and beyond differences in PTSS and depression. In contrast, differences in self-control beliefs were primarily accounted for by distress. Appraised controllability of daily stressors was related to beliefs about self-control ($p < .05$) but not controllability of the world. Thus, SV history may predict persistent differences in beliefs about the world, independent of psychological distress; low self-control beliefs may result primarily from distress and reduce perceived control over future stress.

2-184

Rumination Mediates Associations between Emotional Abuse, Depression and Subjective Cognitive Complaints

(Abstract #543)

Poster #2-184 (Clin Res, CPA, CSA, Cog/Int, Adult) M - Industrialized **Roosevelt 1/2**

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Even in the absence of an underlying cognitive disorder, patients may still report complaints that are distressing and present barriers to treatment. Individuals with mental health symptoms, including depression, often report cognitive difficulties. Childhood abuse has also been linked to both subclinical cognitive complaints and greater emotion dysregulation. The present study tests the hypothesis that emotion regulation strategy use explains links between childhood trauma and cognitive complaints. Forty-eight adults aged 26-71 (M=53) were referred for neuropsychological testing but not diagnosed with a cognitive disorder. Participants completed measures of trauma history, rumination, depression symptoms and subjective cognitive concerns. Linear regression models tested hypotheses, controlling for age and education. Depression symptoms predicted greater subjective cognitive complaints ($r = .34, p = .03$). Childhood emotional, but not physical or sexual, abuse was associated indirectly with both depression and cognitive complaints through rumination ($p < .05$) and rumination mediated observed associations. Findings were not impacted by gender. These findings have implications for trauma-informed care within healthcare settings. With replications in larger samples, the findings underscore the importance of targeting rumination in clients with subjective cognitive complaints.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-185

The Moderating Role of Optimism and Age on Resilience following Childhood Victimization among Emerging Adults

(Abstract #490)

Poster #2-185 (Clin Res, CPA, CSA, Train/Ed/Dis, Adult) M - Industrialized **Roosevelt 1/2**

Schaefer, Lauren, Howell, Kathryn, Schwartz, Laura, Hasselle, Amanda
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Child trauma is associated with a multitude of adverse outcomes. Many youth who endure childhood victimization effectively navigate these experiences and display resilience. One factor that may enhance resilience among victimized youth is optimism. This relationship may be further influenced by the age of first trauma. In this study, age and optimism were examined as moderators of the relation between childhood trauma and young adulthood resilience. The sample included 162 young adults aged 18-24 (Mage=19.97; SD = 1.86; 86% Female; 49% White). Participants were recruited from a university in the MidSouth and completed questionnaires through an online subject pool. A moderation analysis was conducted using the PROCESS macro for SPSS. The overall model was significant, $R^2=.48$, $F(7,154)=20.39$, $p<.001$. The moderation analysis predicting resilience revealed a significant three-way interaction between child trauma, optimism, and age at first trauma in predicting resilience ($B=.02$, $SE=.01$, $t=2.16$, $p=.03$, 95% CI[.002, .038]). Higher optimism predicted greater resilience, which was enhanced for individuals who first experienced trauma at an older age. Optimism was most influential on resilience among those participants who experienced higher levels of trauma. Findings support the need to promote optimism enhancing strategies, such as journaling and visualization, among victimized youth.

2-186

Neuromuscular Tremors as Tension and Trauma Releasing (TRE): From Cultural Practices to Controlled Clinical Trial (RCT) of TRE

(Abstract #1213)

Poster #2-186 (Clin Res, Clinical Practice, Global, QoL, Adult) M - N/A **Roosevelt 1/2**

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Use of tremors in cultural, religious, shamanistic practices is found through the globe, including Quaker, Shaker, and evangelical practices. The use of tremors to enhance physiological functions is extensive in sports (e.g. improve Olympic athletic performance by the Soviet Union) and rehabilitation medicine (e.g. improve mobility, coordination, healing, bone density). More recent is the use of tremors to release stress, pioneered by Levine, others, and developed by Berceli (2015) into a structured program (TRE) applied in numerous countries experiencing mass trauma (tsunamis, hurricanes, terror attacks). This study tested the efficacy of TRE with veterans diagnosed with PTSD in an RCT with three conditions: TRE stretch exercises that induce tremors, TRE exercise stopped before induction of tremors - placebo, wait list control. Methods included N=92, pre-post testing of symptoms, well-being, and neurocognitive functions, with 3-month and 6-month follow-up testing. Preliminary findings only of pre-post results indicate significant gains for TRE and placebo in reduction of symptoms, insomnia, and increase in vitality, while TRE also showed improved cognitive functions as in list learning. Thus, TRE is at least as efficacious as yoga and other CAM modalities and may offer additional CNS cortical advantages possibly through a central pattern generator (Guertin, 2013).

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-187

Effects of a brief Glucocorticoid Treatment Regimen on PTSD Symptom Severity: A Randomized, Double-blind, Placebo-controlled Cross-over Pilot Study

(Abstract #244)

Poster #2-187 (Clin Res, Bio/Int, Adult) M - Industrialized **Roosevelt 1/2**

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Although effective treatments are available for PTSD, many treated patients do not adequately respond. Therefore, novel treatments are required. As glucocorticoids (GCs) affect emotional memory retrieval and (re)consolidation, GC administration may inhibit spontaneous memory retrieval and facilitate traumatic memory extinction in PTSD, decreasing symptom severity. A few small studies tentatively suggest beneficial clinical effects in male but not female patients. In this pilot study we investigated acute effects of a brief GC treatment-regimen on PTSD symptom severity in a predominantly male sample. N=12 adult PTSD patients (83% males) were included in a randomized double-blind placebo-controlled cross-over trial, administering hydrocortisone ((HC) 10 mg) and placebo, twice daily, for four consecutive days. Measures included self-reported daily and clinician-rated weekly PTSD symptom severity (CAPS), self-reported depression and anxiety (HADS) and nocturnal posttraumatic re-experiencing (NITE questionnaire). Self-reported and clinician-assessed PTSD, anxiety and depressive symptom severity did not significantly differ between conditions. However, HC increased nightmare recall and content, without affecting frequency or associated distress. Thus, GC administration facilitated nocturnal trauma-related memory retrieval but did not influence acute symptom severity.

2-188

The Intergenerational Transmission of Violence: The Indirect Effects of Emotion Regulation and Insecure Attachment in Experiences of Psychological Dating Aggression

(Abstract #1131)

Poster #2-188 (Clin Res, Aggress, Chronic, DV, Intergen, Adult) M - Industrialized **Roosevelt 1/2**

Hodges, Mikhaella, Allen, Christy, Robinson, Diana, Lilly, Michelle
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Substantive research supports the intergenerational link between exposure to interparental IPV and subsequent experiences of dating violence. However, psychological aggression, particularly among young adults, continues to be an understudied topic in violence research despite its strong link to adverse outcomes. Thus, understanding mechanisms influencing both psychological IPV perpetration and victimization is crucial. Emotion regulation difficulties and insecure attachment (avoidant and anxious) were examined as intervening factors that may account for the association between childhood exposure to violence and psychological violence perpetration and victimization in adulthood. Undergraduate students (N = 203) were recruited from a large midwestern university. The indirect effects analyses were conducted using the PROCESS macro by Preacher and Hayes (2009). Emotion regulation difficulties and attachment anxiety had significant indirect effects on the association between childhood exposure and perpetration of psychological aggression. Moreover, for victimization of psychological aggression, emotion regulation difficulties, attachment anxiety, and attachment avoidance had significant indirect effects. Findings suggest that those exposed to early IPV reported greater emotion dysregulation and attachment problems that then increase vulnerability for psychological dating violence.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-189

Evidence-based Psychotherapeutic Treatment for Victims of Intimate Partner Violence: An Investigation of the Relationship between Patient Symptoms, and Treatment Characteristics

(Abstract #794)

Poster #2-189 (Clin Res, Assess Dx, Clin Res, Complex, DV, Adult) I - Industrialized **Roosevelt 1/2**

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Background: Little is known about predictors of treatment selection for survivors of intimate partner violence (IPV). This study aimed to identify the relationship between patient demographic and symptom characteristics, number of lifetime traumas, diagnosis, length of treatment, and clinician chosen psychotherapeutic treatment.

Method: A secondary data analysis of 319 adults who sought services for IPV related distress at a community mental health clinic was conducted.

Results: A Generalized Linear Model was used to examine the association between demographic variables, evidence-based treatment, and number of sessions attended. Controlling for significant covariates a significant association was found between demographic and treatment characteristics and number of sessions (for Gender: $X^2=.81, p<.05$; for Ethnicity $X^2=.90, p<.05$; for Age $X^2=.02, p<.05$; for Marital Status $X^2=.51, p<.05$; for Education $X^2=.26, p<.05$; for Income $X^2=.93, p<.05$; for Employment $X^2=.40, p<.05$; for Evidence-based Treatment $X^2=.93, p<.05$). A significant relationship was also found between PTSD and PE/NET evidence-based treatment ($X^2=.01, p<.05$).

Discussion: This study highlights the significant influence clinician's diagnosis has on treatment selection regardless of patient demographic or symptom characteristics. Implications on psychotherapeutic treatment for victims of IPV will be discussed.

2-190

Obstetric Complications during Delivery at Primiparous Women as Risk Factors for Postpartum Posttraumatic Stress Disorder
(Abstract #1507)

Poster #2-190 (Clin Res, Anx, Depr, Pub Health, Adult) M - Global **Roosevelt 1/2**

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Institute of Mental Health, Belgrade, Serbia*

Introduction: Postpartum posttraumatic stress disorder (PTSD) could be caused by numerous biological and psychological factors including obstetrical interventions. The objective of our study was to examine risk factors for developing PTSD. **Methods:** The sample included 126 primiparous women who were delivered vaginally and were screened for symptoms of PTSD. All participants were primiparous aged 18 or over, with or without any specific traumatic (obstetric) event during delivery. All of them had delivery at expected time of pregnancy.

Results: Our findings have shown that 2.4% of women had PTSD after delivery. The group of parturients with PTSD had significantly more obstetrical complications during delivery (forceps delivery, vacuum extraction, breech presentation) ($\chi^2 = 50.346, p < 0.001$). The univariate analysis has shown that obstetrical interventions were the only statistically significant predictor of PTSD ($X^2 = 50.436, p < 0.01$).

Conclusion: PTSD can be a consequence of delivery. Also, obstetric interventions with complications might be a significant risk factor leading to postpartum PTSD. Therefore, education and screening of women who are likely to have PTSD symptoms is needed, as well as collaboration of obstetricians and psychiatrists.

2-191

The Impact of Cognitive Processing Therapy on Suicidality in a VA Residential PTSD Facility

(Abstract #1444)

Poster #2-191 (Clin Res, Clin Res, Adult) M - N/A **Roosevelt 1/2**

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

Stayton, Laura, Martin, Colleen, Pease, James, Chard, Kathleen
Cincinnati VA Medical Center, Cincinnati, Ohio

In 2015, suicide accounted for over 44,000 deaths and was the 10th leading cause of mortality in the US (CDC, 2015). Military personnel are at particularly high risk for suicide. One group of Veterans who are at even greater risk for suicide are Veterans with PTSD, with 60 deaths per 100,000 among VHA users. While evidence suggests that PTSD symptoms are reduced by Cognitive Processing Therapy (CPT; Resick et al., 2008), little is known about how this treatment impacts suicidal ideation. Studies with active duty personnel have found reductions in suicidal ideation following CPT treatment (e.g., Resick et al., 2017; Bryan et al., 2016). This study examined the impact of CPT on suicidal ideation in a residential PTSD program. Additionally, the influence of demographic variables (i.e., sex, age, marital status) were examined. Participants (N = 303) were admitted to a residential PTSD treatment facility and completed pre-, mid-, and post-treatment assessments. Multilevel Modeling of archival data revealed that suicidal ideation significantly decreased over the course of CPT (B= -0.153, SE=0.028, 95% CI= [-0.21, -0.10], t=-5.40, p<.001); however, this change did not differ based on age, sex, or marital status. Clinical and research implications are discussed.

2-192

Death-related Trauma Exposure and Psychiatric Symptoms in Professional Firefighters

(Abstract #1379)

Poster #2-192 (Clin Res, Chronic, Complex, Pub Health, Other) M - E Asia & Pac **Roosevelt 1/2**

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¹Yonsei University, Wonju-si, Gangwon-Do, Republic of Korea

²Eulji University, Daejeon, Daejeon, Republic of Korea

Objectives: This study investigated the psychiatric symptoms of firefighters according to the type of traumatic event (if any) they had experienced.

Methods: We collected data from a sample of 515

professional firefighters based in urban fire stations. We measured PTSD symptoms (hyperarousal, avoidance, intrusion, and sleep and numbness) with the IES-R, depression with the BDI and alcohol use with the AUDIT. The sample was divided into the following three groups according to responses on the LEC: those who experienced a death-related event, those who experienced another type of traumatic event, and those who had not experienced a traumatic event. We analyzed differences among the groups in terms of the four factors of PTSD symptoms, depression, and alcohol use.

Results: The three groups differed in terms of the four types of PTSD symptom, as well as in depression incidence and alcohol use. Firefighters who were exposed to death-related events reported more PTSD symptoms, depression, and alcohol use than the other groups. Avoidance was the only area in which firefighters exposed to other traumatic events were more symptomatic than those exposed to no traumatic events.

Conclusions: Death-related events were the most traumatic for firefighters and were associated with psychiatric disorders, including PTSD, depression, and excessive alcohol use.

2-193

Treating Children with Multiple Traumas – A Randomized Controlled Trial in Pragmatic Clinical Setting

(Abstract #1412)

Poster #2-193 (Clin Res, DV, Pub Health, Refugee, Civil/War, Child/Adol) M - Industrialized **Roosevelt 1/2**

Peltonen, Kirsi, Kangaslampi, Samuli
University of Tampere, Department of Psychology, Tampere, Finland

Millions of children worldwide suffer from posttraumatic stress disorder (PTSD) and other mental health problems due to prolonged exposure to traumatizing events. Forms of cognitive-behavioral therapy (CBT) are the most commonly used treatment for PTSD and appear to be effective for children as well, but evidence with sophisticated designs in clinical settings is limited. We conducted a multicentre, pragmatic randomized controlled trial (RCT) in a clinical setting and studied the effectiveness of Narrative Exposure Therapy (NET) in children traumatized by refugee- or domestic

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

violence conditions. NET is a CBT-based, manualized, short-term intervention for PTSD symptoms resulting from repeated traumatization. A total of 50 9–17-year-old children who have experienced prolonged traumatic conditions in a form of refugee or domestic violence and suffered from PTSD symptoms were randomized into intervention (NET) and control (treatment as usual, TAU) groups in Finnish outpatient clinics. The data collection is in the final stage, and in the meeting, we will present the first results of the intervention effectiveness based on primary outcomes of PTSD, resilience and trauma memory quality (TMQQ). The issues concerning the implementation of a short, exposure based, intervention in a public health care system will also be discussed.

2-194
Eye Movement Desensitization and Reprocessing (EMDR) in Children and Adolescents with Subthreshold PTSD following Medical Events: A Randomized Controlled Trial
(Abstract #983)

Poster #2-194 (Clin Res, Acc/Inj, Acute, Chronic, Illness, Child/Adol) M - Industrialized **Roosevelt 1/2**

Meentken, Maya, Utens, Elisabeth, Helbing, Wim, Moll, Henriette, van Beynum, Ingrid, Aendekerk, Marie-Louise
Erasmus University Rotterdam, Rotterdam, Netherlands

Background and aims. Undergoing medical treatment can lead to subthreshold posttraumatic stress disorder (subthreshold PTSD) in children and adolescents. This can seriously impact quality of life and psychosocial functioning when left untreated. However, subthreshold PTSD is often unrecognized in this vulnerable population. EMDR offers a short and non-invasive option for secondary prevention. The aims of this randomized controlled trial are to measure the prevalence of subthreshold PTSD and to evaluate the short- and long-term effectiveness of EMDR on subthreshold PTSD after medical treatment in children and adolescents.

Methods. We included children aged 4 to 16 who underwent a one-time (trauma type I) or repeated (trauma type II) medical treatment up to 5 years before inclusion. Participating children were first

screened for PTSD symptoms. Thereafter, children with subthreshold PTSD were randomly assigned to 1) ca. 6 sessions of standardized EMDR or 2) care as usual. Follow-up measurements take place after 2 and 8 months.

Results. Inclusion period is still ongoing until April 2018. Results on the baseline screening and on the short-term effectiveness will be presented during the meeting.

Conclusions. Our results suggest that children undergoing hospitalization or medical treatment should be structurally screened and, if needed, treated for PTSD symptoms.

2-195
The Mediating Role of Social Support in the Relation between Childhood Polyvictimization and Adolescent Revictimization
(Abstract #735)

Poster #2-195 (Clin Res, CPA, CSA, Complex, Child/Adol) M - Industrialized **Roosevelt 1/2**

Bridges-Curry, Zoe, Dike, Janey
University of Maryland, College Park, College Park, Maryland

Polyvictimization, or the experience of multiple types of traumatic events, during childhood is associated with heightened risk of mental health disorders and revictimization relative to single incident or single type trauma exposure (Ford, Elhai, Connor, & Frueh, 2010; Pereda & Gallardo-Pujol, 2014). However, little is known about mechanisms that may account for increased risk of revictimization among child polyvictims. Prior research indicates that childhood polyvictimization is associated with decreased social support in adolescence and emerging adulthood (Barnes, Howell, & Miller-Graff, 2016), and that social support may buffer against revictimization risk (Jankowski, Leitenberg, Henning, & Coffey, 2002; Maas, Fleming, Herrenkohl, & Catalano, 2010). The current study built on previous findings by investigating social support as a mediator in the relation between childhood polyvictimization and revictimization in late adolescence. Cluster analyses were used to identify victimization profiles in the LONGSCAN sample. As hypothesized, childhood polyvictimization predicted past-year revictimization in late adolescence. Mother-adolescent relationship

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

quality during middle adolescence emerged as a significant mediator of this relation. These findings may help identify youth most at risk of revictimization and inform future prevention strategies among at-risk youth.

2-196
Protocol for a Randomized Controlled Trial Examining the Efficacy of an Integrated Treatment for Traumatic Stress and Substance Use among Adolescents
(Abstract #157)

Poster #2-196 (Clin Res, CPA, CSA, Clin Res, Sub/Abuse, Child/Adol) I - Industrialized **Roosevelt 1/2**

Mills, Katherine¹, Teesson, Maree¹, Back, Sudie², Barrett, Emma¹, Cobham, Vanessa³, Bendall, Sarah⁴
¹*University of New South Wales, Sydney, New South Wales, Australia*
²*Medical University of South Carolina, Charleston, South Carolina*
³*University of Queensland, St Lucia, QLD, Australia*
⁴*Orygen Youth Health Research Centre, Parkville, VIC, Australia*

Trauma exposure peaks in adolescence and one-in-seven experience post-traumatic stress disorder (PTSD). For 50% of these adolescents, the course of their illness is further complicated by a co-occurring substance use disorder (SUD). Once established, both disorders serve to maintain and exacerbate the other leading to a chronic course of illness and significant treatment complications. Despite this, evidence-based integrated treatment options for adolescents with this comorbidity remain sparse. This paper presents the protocol for a randomized controlled trial examining the efficacy of a world-first integrated cognitive-behavioral therapy for co-occurring PTSD and substance use among adolescents. 100 adolescents aged 12-18 years will be recruited and randomized to receive either i) the integrated treatment (COPE-A) or ii) a supportive counselling control condition. Based on an efficacious therapy for adults, COPE-A has been modified to meet the developmental needs of adolescents. Blind interviews will be conducted at baseline, 4-months (end-of-treatment), and 12-months. The study findings will improve our understanding of how to best treat PTSD and substance during this critical developmental period.

By intervening early in the trajectory of these disorders it may be possible to prevent the severe and long-lasting burden associated with comorbidity across the lifespan.

2-197
The Role of Executive Function in Predicting Children's Responsiveness to a Cognitive Behavioral Therapy for Trauma-related Nightmares
(Abstract #545)

Poster #2-197 (Clin Res, CPA, Cog/Int, Sleep, Child/Adol) I - Industrialized **Roosevelt 1/2**

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²*Tulsa Institute of Trauma, Abuse, and Neglect, Tulsa, Oklahoma*

Traumatized children are at risk for developing myriad stress-related symptoms including trauma-related nightmares and sleep problems. Although sleep-related concerns are prevalent and impairing following trauma, they can be reduced through cognitive behavioral treatment (CBT). Exposure, Relaxation, and Rescripting Therapy for Children (ERRT-C) is a CBT that addresses trauma-related nightmares and associated sleep difficulties. However, ERRT-C has differential impacts on children. It is possible that higher order cognitive processes, such as executive function (EF) abilities, impact the optimal benefits of CBT in children. EF enables goal-directed behavior in children. Low EF is related to PTSD, sleep problems, and nightmares, and high EF is related to resilience and better socioemotional functioning. Given the protective utility of EF, we sought to examine whether higher EF was related to better treatment outcomes within a sample of 22 children presenting with trauma-related nightmares. Results from discriminant function analyses will be presented. Analyses used pre-treatment standardized EF data as the predictor and qualitative descriptors of clinical change across three outcomes - nightmare distress, PTSD symptoms, and sleep quality - as the dependent variables. Implications for treatment recommendations and planning for traumatized children will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-198

Young People Exposed to Fatal Domestic Violence: A Population-based Mixed-methods Study

(Abstract #189)

Poster #2-198 (Commun, CPA, Death, DV, Child/Adol) M - Industrialized **Roosevelt 1/2**

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¹*University of Melbourne, Melbourne, Australia*

²*Psychotrauma Center for Children and Youth - UMC Utrecht, Utrecht, Netherlands*

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Little is known about children and young people bereaved by parental intimate partner homicide. We aimed understand the needs and circumstances of young people who lost a biological parent in the Netherlands in the period 2003-2012 (while they were <18 years old). We combined 8 national data sources (e.g. justice courts, youth services, child protection, media) to identify cases and extract information. We invited eligible children, caregivers and guardians for qualitative interviews. In the period under study, 256 children were bereaved due to intimate partner homicide. On average, the children were 7 years old at the time of the homicide and most (87%) lost their mother. Almost all children had probably or certainly been exposed to previous violence at home – often without being known to services – and there was a range of levels of exposure to the homicide itself. In the qualitative interviews, children (N=23) showed large variation in their perspectives on living arrangements, contact with the perpetrating parent, and contact with the wider family. This variation also occurred between siblings. Legal procedures were experienced as highly stressful due to confrontation with the perpetrator/details of the homicide and uncertainty. We will discuss the study’s policy and practice implications.

2-199

Longitudinal Associations between Dysfunctional Maltreatment-related Cognitions and Psychopathology in Children and Adolescents

(Abstract #190)

Poster #2-199 (Clin Res, CPA, CSA, Cog/Int, Neglect, Child/Adol) M - Industrialized **Roosevelt 1/2**

de Haan, Anke¹, Goldbeck, Lutz², Ganser, Helene², Münzer, Annika², Witt, Andreas², Keller, Ferdinand²

¹*University of Zurich, Zurich, Switzerland*

²*University Hospital Ulm, Ulm, Germany*

Dysfunctional posttraumatic cognitions seem to play an important role in adjustment after traumatic experiences. However, little research has been done on maltreated children and adolescents. Our study therefore aimed at examining possible causal relationships between dysfunctional maltreatment-related cognitions and psychopathology. 263 maltreated children and adolescents aged 8 to 17 were assessed at three time points (baseline, 6 months later, and 12 to 18 months later). Cross-lagged panel analyses were used to investigate the associations between dysfunctional maltreatment-related cognitions, posttraumatic stress symptoms as well as internalizing and externalizing problems. On average, all variables decreased over time. Moderate to strong autoregressive paths emerged for all variables ($r = .38-.59$). Furthermore, they were correlated moderately to highly at every assessment ($r = .31-.74$). Posttraumatic stress symptoms predicted dysfunctional maltreatment-related cognitions and internalizing and externalizing problems 6 months later. Cross-lagged paths from the cognitions and from internalizing and externalizing problems to all other variables were not significant. Posttraumatic stress symptoms, therefore, seem to be an important target for treatment, because unspecific internalizing and externalizing problems might decrease as well.

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-200

The Association between Foster Parents' Stress and Parenting and Psychopathology in Young Children Following Traumatic

Exposure

(Abstract #191)

Poster #2-200 (Clin Res, CPA, Child/Adol) M - Industrialized **Roosevelt 1/2**

Vasileva, Mira, Petermann, Franz
Center for Clinical Psychology and Rehabilitation, Bremen, Germany

Previous studies demonstrated the influence of foster parents' stress and parenting on children's mental health without considering trauma-specific outcomes such as posttraumatic stress symptoms (PTSS). This study aimed at examining the relationship between foster parents' characteristics and children's psychopathology including PTSS. Foster parents of 283 children aged 3 to 7 completed standardized questionnaires during a cross-sectional study in Germany. Structural equation modelling was used to examine the association between foster parents' stress and parenting as discipline practices as well as children's potentially traumatic experiences (PTEs), PTSS, internalizing and externalizing problems. The model including foster parents' stress, children's PTEs, and mental health outcomes showed an acceptable fit ($\chi^2=94.89, p=.001; CFI=0.95; RMSEA=0.09$). High foster parents' stress was correlated with children's mental health outcomes ($r = .28$ to $.62$). Children's PTSS mediated the association between PTEs and internalizing and externalizing problems. Including parenting style in the model decreased the model fit. The current results suggest that enhancing foster parents' stress-coping strategies could be a possible target of child welfare services in order to prevent deterioration of children's symptoms following PTE. Future longitudinal studies should validate the proposed model.

2-201

A Longitudinal Study of the Trauma-related Psychological Profiles of young People in Out-of-home Care

(Abstract #290)

Poster #2-201 (Clin Res, CPA, Cog/Int, Complex, Child/Adol) I - Industrialized **Roosevelt 1/2**

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²University of East Anglia, Norwich, United Kingdom

Young people (YP) in out-of-home care are a particularly vulnerable group of UK youth. They are typically removed from their family home due to the experience of significant abuse and/or neglect. Research and policy consistently shows that the psychological needs of this group remain poorly addressed. The overall aim of this research was to improve understanding of relevant psychological mechanisms for this group, to inform trauma-related care. Specifically, we explored the role of cognitive predictors (maladaptive appraisals, trauma-memory, coping) of posttrauma stress, and the impact on general wellbeing (interpersonal relationships and school - areas where these YP often have poor outcomes). The sample were 118 YP aged 10-17 years old, and their carers, recruited from three councils in UK. They completed an initial assessment and 6-month follow-up. Social workers rated the YP's maltreatment severity. Majority had experienced multiple traumas – e.g., domestic violence (80%), physical abuse (65%), sexual abuse (25%). Fifty-percent had clinically-elevated PTSD symptoms. Results showed trauma-memories and coping (e.g., thought suppression) primarily drove PTSD symptoms. Maladaptive trauma-memories had a particular impact on concurrent and later wellbeing. Discussion will include implications for trauma-focused psychological interventions and for broader trauma-informed care.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

ETHICS

2-202

Understanding the Impact of Moral Transgressions in the Helping Professions: In Search of Conceptual Clarity

(Abstract #168)

Poster #2-202 (Ethics, Self-Care, Other) I - Global **Roosevelt 1/2**

Sugrue, Erin

University of Minnesota, St. Paul, Minnesota

A vast academic literature exists on the moral dimensions and ethical dilemmas of what are commonly referred to as the ‘helping professions,’ (e.g. nursing, medicine, social work, counseling, teaching, etc.). Over the past several decades, increasing attention has been paid to the issue of moral transgressions perpetrated, witnessed, or experienced by these professionals and their accompanying psychological and social outcomes. As scholars have sought to understand moral transgressions and their impacts, a variety of constructs have been proposed and examined, including moral distress (Jameton 1984), demoralization (Gabel 2011; Santoro 2011), and moral injury (Litz et al. 2009; Shay 1994). The purpose of this conceptual paper is to determine to what extent constructs related to moral transgressions and their associated psychological, emotional, and social impacts overlap and diverge to describe similar and/or distinct phenomena. Understanding the moral dimensions of the helping professions is critical for effective research and just, ethical practice. Results of the conceptual analysis include areas of similarity and difference among the three constructs as well as a general trend towards construct convergence. Achieving a stronger integrated conceptual model will require additional empirical studies and the end to the siloed nature of the current research.

2-203

How Moral Injury Takes Shape in K-12 Education: A Phenomenological Study

(Abstract #199)

Poster #2-203 (Ethics, Social, Adult) Roosevelt I - Industrialized 1/2

Sugrue, Erin

University of Minnesota, St. Paul, Minnesota

The purpose of this study was to explore phenomenologically how racial and economic segregation in public schools can produce morally injurious events and how professionals' moral injury takes shape within this context. Individual \ interviews were conducted with 21 K-12 professionals who had demonstrated high levels of moral injury on the Moral Injury Events Scale (Nash et al., 2013). Results demonstrated how professionals' close contact with the moral violations of racism and poverty increased the frequency of their exposure to morally injurious experiences and sensitized them to the inherent moral deficiency of the social environment in which they worked. Professionals identified specific practices rooted in the intersection of racism and classism as sources of moral injury, including neo-colonial discipline practices, low-expectations and the “pobrecito syndrome” (Noguera, 2008). Professionals expressed feelings related to moral injury that are consistent with those found in studies of military veterans, including anxiety, demoralization, and distress regarding their complicity in an immoral system. Recommendations are made for how communities can work towards ending oppressive and immoral educational practices.

2-204

Moral Injury among Professionals in K-12 Education

(Abstract #171)

**Poster #2-204 (Ethics, Social, Other) Roosevelt
M - Industrialized 1/2**

Sugrue, Erin

University of Minnesota, St. Paul, Minnesota

This paper presents the quantitative portion of a mixed methods study of moral injury among professionals in K-12 public education. 218 licensed K-12 professionals in one urban school district in the Midwest completed an on-line survey that included measures of moral injury and emotional and behavioral correlates. The K-12 professionals exhibited levels of moral injury similar to those experienced by military veterans. Experiences of moral injury were associated with feelings of guilt, troubled conscience, burnout, and the intention to leave one’s job. Regression analyses demonstrate that professionals working in high-poverty, racially segregated schools were significantly more likely to endorse experiences of moral injury. These findings reinforce the significance of the intersectionality of race and class in reproducing oppressive and immoral educational practices and outcomes. A deeper understanding of and greater attention to potential sources of moral injury is critical in order to foster a more just and ethical education system.

RESEARCH METHODOLOGY

2-205

Psychometric Properties of the Institutional Betrayal Questionnaire, Version 2

(Abstract #1037)

**Poster #2-205 (Res Meth, Rape, Roosevelt
Adult) I - Industrialized 1/2**

Reffi, Anthony, Pinciotti, Caitlin, Orcutt, Holly
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Institutional betrayal (IB) following sexual victimization occurs when survivors turn to larger institutions (e.g., university) for support or assistance and are mistreated or mishandled. IB includes acts of omission (e.g., failure to respond to allegations) and commission (e.g., covering up the experience), and has been linked to dissociation, anxiety, PTSD, and depression. The Institutional Betrayal Questionnaire, Version 2 (IBQ.2; Smith & Freyd, 2017) measures 12 IB experiences, though research on its factor structure and construct validity is needed. In this study, the IBQ.2 showed convergence with formal support, assault severity, turning against reactions, and self-controllability beliefs. The IBQ.2 was surprisingly unrelated to physical force; survivors’ intoxication; positive/unsupportive reactions; world beliefs regarding self-worth, self-control, luck, benevolence, and justice; and depression, anxiety, and PTSS. The IBQ.2 showed discriminant validity with disclosure timing, rape myth adherence, and world beliefs regarding controllability of outcomes and randomness. Confirmatory factor analyses indicated two factors with adequate fit: system factors that lead to negative experiences and ultimately feelings of betrayal, and system factors in response to a negative experience that contribute to IB [$\chi^2(53, N = 426) = 57.57, p = .31, CFI = .88, TLI = .85, RMSEA = .04$].

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-206

Is Amazon's Mechanical Turk (MTurk) a Valid Data Collection Source for Trauma Studies?

(Abstract #952)

Poster #2-206 (Res Meth, Anx, Depr, Roosevelt Adult) I - N/A 1/2

Engle, Krista, Talbot, Margaret, Samuelson, Kristin
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Trauma researchers have recently begun using Amazon's Mechanical Turk (MTurk) as a data collection platform that is time and cost-efficient. However, no studies have examined the clinical characteristics of specifically trauma-exposed MTurk participants or determined whether they are comparable to community samples on clinical and trauma characteristics. When compared to previously published means of trauma-exposed undergraduates and community samples (Blevins, Weathers, Davis, Witte, & Domino, 2015; Van Dusen, Tiamiyu, Kashdan, & Elhai, 2015; Ghafouri, Barragan, & Palinkas, 2014), a sample of 288 trauma-exposed MTurk participants reported lower PTSD Symptom Checklist (PCL) ($t(542) = 3.13, p = .002$), depression ($t(488) = 2.92, p = .004$), and anxiety ($t(467) = 7.17, p = .0001$) symptoms. A PCL cutoff score of 37 produced presumed prevalence rates of 8% amongst the MTurk sample and 10% amongst an undergraduate sample. Given these findings, results from studies conducted using MTurk may not be generalizable to the larger population of trauma survivors, as workers seem to report experiencing less severe symptoms than have been reported by other samples across relevant domains. Caution may be warranted when collecting data regarding trauma-related outcomes from MTurk, community, or undergraduate samples, as these data collection sources do not appear to be comparable.

2-207

Disparities in Treatment Completion among Individuals Receiving Prolonged Exposure and Virtual Reality Exposure Therapies for PTSD in Research Settings

(Abstract #1604)

Poster #2-207 (Res Meth, Clin Res, Roosevelt Adult) M - Industrialized 1/2

Wyka, Katarzyna¹, Difede, JoAnn²
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Exposure therapy is an empirically supported effective treatment for PTSD; however dropout is relatively high and appear to depend on sociodemographics and populations treated, among other factors. While recent meta-analyses summarized predictors of dropout in prolonged exposure (PE) therapy, it is unclear whether delivering exposure therapy via virtual reality (VR) has a potential to improve treatment completion rates. We assessed dropout in medication (D-Cycloserine)-augmented PE and VR exposure therapies for PTSD in pilot research studies. Dropout was assessed in 2 pilot randomized trials: VR treatment for 9/11-related PTSD ($n=25$), and PE treatment for general trauma ($n=45$). Dropout rates were 12% in VR and 26.7% in PE studies. In VR treatment no apparent differences emerged between completers vs. dropouts in sociodemographics and PTSD/depressive symptomatology. In PE higher differential dropout rates were observed for selected sociodemographics and elevated levels of hyperarousal symptoms. This data suggest PTSD treatment completion rates may vary between VR and PE exposure therapies; however more research on sociodemographic/clinical profiles of participants at risk for dropout is need, particularly in VR treatments. Methodological consideration in assessing dropout rates between studies and current dropout reporting standards in clinical trials will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-208

The Anonymous Collection of Longitudinal Data: An Investigation of Self-generated Identification Codes and Methodological Challenges

(Abstract #1480)

Poster #2-208 (Res Meth, Acute, Chronic, Adult) M - Industrialized **Roosevelt 1/2**

McKibben, Jodi, McCauley, Ellen, Fisher, Sarah, Osarczuk, Madeline
West Chester University of PA, West Chester, Pennsylvania

When collecting sensitive information from traumatized individuals over time, it is not only necessary to match participants' responses, but also desirable to maintain their anonymity. Using a Self-Generated Identification Code (SGIC) is a common approach, though there is a dearth of this type of research. This study's purpose was to identify a reliable SGIC that efficiently and anonymously connects respondents over time. Participants (n= 94) completed a 12-item SGIC during two sessions, eight weeks apart. The experimental group was informed that the research included sensitive information on a second survey, whereas the control group was informed that the research focused solely on the SGIC. No sensitive information was requested, however, this permitted analysis of whether sensitive information would affect the consequent matching of the SGIC. Over 90%/98% of participants had at least 10/9 correct SGIC element matches, respectively. There was no significant difference between groups in terms of matching on all 12 elements, ($p = .603$) or in terms of the total matching SGIC elements ($p = .945$). Further, no two people incorrectly matched on the SGIC. Contrary to previous literature, these results suggest that it is possible to create an SGIC that allows for matching participants over time, even when participants are informed that sensitive information will be requested.

SOCIAL ISSUES – PUBLIC POLICY

2-210

A Qualitative Analysis of Victim Impact Statements from the State of Michigan versus Lawrence Nassar

(Abstract #326)

Poster #2-210 (Social, CSA, Cog/Int, Comm/Int, Gender, Lifespan) M - Industrialized **Roosevelt 1/2**

Weaver, Terri, Copeland, Melissa, Elrod, Noel, Gandall, Josie, Heighway, Diane, Kaylor, Leah, Kelton, Katherine, Jones, Alliya, McPherson, Tyesha
Saint Louis University, Saint Louis, Missouri

For decades, Lawrence Nassar worked as a sports physician entrusted with the care of scores of young athletes as the national medical coordinator of USA Gymnastics, gymnastics team physician/assistant professor at Michigan State University and the USA Gymnastics artistic team physician (2000 and 2008 Olympics). In November, 2016, Nassar was charged and one year later plead guilty to seven counts of first degree criminal sexual misconduct. Nearly 160 girls and women read their victim impact statements at sentencing. This qualitative study will present a brief history of the case followed by a qualitative analysis of the publically available victim impact statements from the Ingham County Circuit Court (N > 130). Victim impact statements were located, downloaded, transcribed and entered into Dedoose, a cross platform application for analyzing qualitative methods research. A codebook for textual analysis was created with potential themes that reflect cognitive processing, such as impacts in the areas of safety, trust, control, esteem and intimacy, emotional processing, including affective type and tone and elements of therapeutic jurisprudence, including potential therapeutic implications of the victim impact statement process. Implications of victim impact statements as a potential form of trauma processing and therapeutic jurisprudence will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-211

Stereotyping Sexual Violence Victims in Korea and its Effect on Victims' Behavior and Recovery

(Abstract #1305)

**Poster #2-211 (Social, Rape, Adult) Roosevelt
M - E Asia & Pac 1/2**

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²*Seoul National University, Seoul, Republic of Korea*

³*Myeongji University, Seoul, Republic of Korea*

Background: The myths of sexual victimization in Korea include "The victim is permanently damaged" and "The victim is helpless" etc. These stereotypes shape the victims' behavior in order to be believed and receive legal/social help. The myths also hinder recovery by keeping the victims in the boundary of typical victim roles. This study investigated effects of the myths on the victims' tendency to carry out the victim roles and whether the aftermath of sexual victimization mediates these two variables.

Methods: We collected data from 181 female victims in Korea. The participants received interviews with questionnaires on stereotypes of sexual victimization, the aftermath of the sexual violence, and their tendency to carry out the victim roles. Results: The three variables were significantly correlated with each other. The stereotypes on sexual victimization significantly predicted carrying out the victim roles and severity of the aftermath, after controlling for age, household income, any previous victimization, relationship with the perpetrator. The aftermath completely mediated the effect of stereotypes of victimization on carrying out the victim roles.

Conclusion: The stereotypes of labeling sexual victimization as near fatal, permanently damaging, and irrevocably disabling induce unhealthy behaviors such as carrying out the victim roles and interfere with recovery.

2-212

An Examination of the Differences in Alcohol Use and Negative Consequences Related to Substance Use between Sexual Assault Types

(Abstract #303)

**Poster #2-212 (Social, Health, Rape, Roosevelt
Sub/Abuse, Adult) I - Industrialized 1/2**

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Sexual assault is commonly categorized into three types: attempted rape, forcible rape, and drug-facilitated/incapacitated sexual assault (DFSA). Numerous studies have found high rates of PTSD, depression, and other mental health disorders among sexual assault survivors, regardless of type. However, some research has suggested that individuals who experience DFSA are at higher risk of developing substance use issues. We examined substance use among individuals experiencing DFSA as compared to other or no assaults in a sample of 294 college students at a Midwestern University and hypothesized individuals who endorsed DFSA would report a higher average number of drinks per week and a higher amount of negative consequences related to substance use (such as drunk driving) than other groups. We found individuals who experienced DFSA reported a mean of 3.295 more drinks in a week than individuals in the other assault groups ($F[5,222] = 2.653, p = .024$). Additionally, a MANOVA analysis indicated significant differences between groups in terms of experiencing negative consequences related to substance use ($F[95, 1016.703] = 3.499, p < .001$). These group differences will be explored in more depth and implications, such as the possible need for targeted intervention for DFSA survivors will be discussed.

2-213

The Relationship between Mindfulness, Emotion Regulation, and PTSD-related Sleep Disturbance

(Abstract #1126)

Poster #2-213 (Social, Health, Sleep, Adult) I - Industrialized **Roosevelt 1/2**

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There is growing evidence to suggest that mindfulness is associated with fewer associated features of posttraumatic stress disorder (PTSD), including sleep disturbance, and improved emotion regulation (ER) (Dick et al., 2014; Gratz & Tull, 2010; Ong, Ulmer, & Manber, 2012; Smith et al., 2011). The current study examined the relationship between mindfulness, emotion regulation difficulties, and PTSD-related sleep disturbance in a trauma-exposed sample.

Participants (N=273) reported exposure to at least one traumatic event, with most identifying as female (77.9%) and White/Caucasian (77.9%) and with an average age of 20.61 (SD = 4.41). Participants completed the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), the Cognitive and Affective Mindfulness Scale (CAMS-R; Feldman, Hayes, & Kumar, 2007), and the Pittsburg Sleep Quality Index, Addendum for PTSD (PSQI-A; Germain et al., 2005). A mediation analysis was conducted using PROCESS for SPSS (Hayes, 2013). Results indicated that ER fully mediated the relationship between mindfulness and PTSD-related sleep disturbance, with a negative association between mindfulness, and ER difficulties and sleep disturbance ($a_1 = -.083, p < .001, b_1 = .871, p = .02, c' = -.086, p = .15$).

The findings may inform future treatments of PTSD-related sleep disturbance that include mindfulness and ER training (e.g. King et al., 2015).

2-214

Adverse Childhood Experiences as a Predictor of Parental Empowerment

(Abstract #494)

Poster #2-214 (Social, Commun, Comm/Int, Cul Div, Fam/Int, Adult) I - N/A **Roosevelt 1/2**

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This study examined the predictive power of adverse childhood experiences and its correlation with parental empowerment. Thirty-four Latino families participated in this study. The results showed that parental empowerment was negatively associated with ACE, depression, and anxiety and positively associated with resilience.

The ability of ACE, depression, and general anxiety to predict levels of parental empowerment after controlling for resilience was examined through a hierarchical regression. This model was statistically significant and explained 53% of the variance of parental empowerment. Resilience was entered in step 2 and it explained an addition 1% of the variance of parental empowerment. In the final adjusted model, ACE was the only significant predictor. There was also a high prevalence of ACE with over 32% of the parents having an ACE score of three or more. These results suggest that ACE, depression, anxiety, and resilience are important factors in parental empowerment, with ACE being the best predictor after controlling for depression, anxiety, and resilience. Hence, programs destined to empower Latino families should assess for ACEs given its high prevalence and accordingly, craft interventions that include trauma-focused education.

2-215

The Effect of Coping Self-efficacy on Posttraumatic Stress Symptoms following Discriminatory Police Harassment

(Abstract #915)

Poster #2 - 215 (Social, Comm/Vio, Cul Div, Rights, Pub Health, Adult) M - Industrialized **Roosevelt 1/2**

Weisman, Pamela, Shoji, Kotaro, Benight, Charles University of Colorado at Colorado Springs, Colorado Springs, Colorado

The differential treatment of minority groups by police suggests discrimination may be a factor in some police-civilian interactions. Moreover, research indicates victims of bias-motivated violence report increased posttraumatic stress symptoms (PTSS) compared to non-bias crime victims. The current study explored the interaction between discrimination by officers during police harassment incidents as reported by victims and victims' trauma coping self-efficacy (CSE) on PTSS severity. Data were collected by an online survey. Participants (N = 150, 45.8% female, M age = 33.06) consisted of 25% White, 39% Black, and 36% Latinx. We examined the moderation effect of CSE in the relationship between perceived discrimination and PTSS using Hayes process model. Results revealed a significant interaction between discrimination and CSE ($B = -22.17, p = .007$) on PTSS ($R^2 = .33$). When CSE was low, higher perceived discrimination during police harassment was related to increased PTSS ($B = 0.79, p < .001$). However, when CSE was high, the association between discrimination and PTSS was not significant ($B = 0.13, p = .43$). These findings suggest that increased CSE is a protective factor in PTSS development following discriminatory police harassment incidents. This research has clinical implications for treating vulnerable populations affected by police brutality.

BIOLOGICAL/MEDICAL

2-216

Vulnerable at Birth? Premature Baby's DNA Methylation

(Abstract #118)

Poster #2-216 (Bio Med, Acute, Genetic, Child/Adol) M - Industrialized **Roosevelt 1/2**

Shoji, Kotaro, Sano, Riko, Benight, Charles University of Colorado at Colorado Springs, Colorado Springs, Colorado

Born prematurely exposes a baby's life at risk and often results in vulnerability to health issues in later life. Previous studies found that premature babies showed hypermethylation for the genes associated with embryonic development and inflammation, which is also found in many trauma survivors. The present study meta-analytically examined differences in DNA methylation between premature babies and mature babies using DNA methylation data on the Gene Expression Omnibus. We searched data series using search terms "baby", "newborn", and "neonate". The inclusion criteria for premature babies are data based on Illumina HumanMethylation450 BeadChip for babies born with preterm (< 37 gestational weeks), low birth weight (< 2,500 g), or intrauterine growth restriction. In total, 21 datasets were included in the further analysis. Results of a differentially methylated positions analysis showed that genes associated with cell metabolism, regulation of catabolism, and regulation of neurogenesis were hypermethylated in premature babies. Genes associated with skeletal system development, cellular response to growth factor stimulus, and positive regulation of biological process were hypomethylated in these babies. These findings indicate that premature babies still actively develop the basic functions of the body at birth whereas mature babies focus on the growth by cell division.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-217

Neuropeptide Y Promoter Polymorphisms and Childhood Trauma Effects on Anxiety Sensitivity in a South African Adolescent Population

(Abstract #245)

Poster #2-217 (Bio Med, CPA, Complex, Ethnic, Genetic, Child/Adol) I - E & S Africa **Roosevelt 1/2**

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²*Stellenbosch University, Cape Town, South Africa*

Objective: This study sought to examine whether genetic variation in the neuropeptide Y (NPY) gene interacts with childhood trauma (CT) to influence anxiety sensitivity (AS) in two understudied adolescent populations from South Africa.

Methods: Black Xhosa (n = 634) and South African Coloured (SAC) (n = 317) adolescents completed multiple self-report measures for AS and CT and 4 polymorphisms within NPY were genotyped. Differences in AS based on genetic variance and CT were analysed through linear regression models and were grouped by population and gender.

Results: In the SAC group, homozygosity for the rs5574 A allele was associated with increased levels of AS (p = 0.0054). Gene-environment interaction analysis in this population group revealed an additive interaction effect between rs5574 and CT on AS (p = 0.0073). Moreover, in SAC males, a protective effect was found with rs3037354 and CT interaction on AS (p = 0.0112). In Xhosa females (n=375), rs3037354 (p = 0.0343) and rs5573 (p = 0.0354) were significantly associated with increased levels of AS.

Conclusions: The results provide evidence for the influence of genetic variance in NPY and SNP x CT interaction on AS in adolescents of South African Coloured and Xhosa ethnicity. This novel study highlights the importance of examining genetic factors and environmental influence within populations and genders.

2-218

Impact of Posttraumatic Stress and Interoception on Heart Rate Variability

(Abstract #1664)

Poster #2-218 (Bio Med, Health, QoL, Grief, Adult) I - Industrialized **Roosevelt 1/2**

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²*Virginia Tech, Blacksburg, Virginia*

Heart rate variability (HRV) is an index of autonomic regulation in the parasympathetic nervous system. Parasympathetic regulation can be diminished by Posttraumatic Stress. Conversely, it can be enhanced by interoception, which is the ability to perceive the physiological condition of the body. This is key to adaptive stress responding and is hypothesized to increase HRV. Evidence from intervention studies suggests that enhanced interoception increases HRV, though some studies have found that there is a negative or null relationship between interoception and HRV. Thus, whether or not a person's natural interoceptive skills are likely to modulate HRV remains unclear. This study evaluated a sample of 80 Virginia Tech students with various levels of trauma exposure (average = 4.1 criterion A events). PTS was assessed with the PTSD Checklist for DSM-5 (PCL-5). Resting state HRV was recorded using an electrocardiogram (ECG). Multiple linear regression analyses indicate that PTS and HRV are negatively correlated (t = -2.5). Analyses of interoception and HRV were not statistically significant (p > .05). Results for interoception are supported by some studies analyzing the impact of natural interoception on HRV, but not by others. Implications regarding the reliability of past studies and suggested future research directions are discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-219

Lifetime Exposure to Violence and other Life Stressors and Hair Cortisol Concentration in Women

(Abstract #673)

Poster #2-219 (Bio Med, Health, Bio/Int, Gender, Adult) I - Industrialized **Roosevelt 1/2**

Lynch, Rebekka¹, Kormaksson, Matthias¹, Hauksdóttir, Arna¹, Lund, Sigrun¹, Kirschbaum, Clemens², Valdimarsdottir, Unnur¹
¹*University of Iceland, Reykjavik, Iceland*
²*Technical University Dresden, Dresden, Germany*

Throughout their lives women are at high risk of trauma, particularly violence, which increases their risk of various psychiatric disorders and somatic diseases. One of the mechanism underlying health deterioration after trauma is dysregulation of hypothalamic-pituitary-adrenal (HPA) axis. Yet, few studies have addressed the association between violence exposure and hair cortisol concentration (HCC) - representing a novel marker for total HPA-output.

We explored the association between lifetime exposure to violence and other life stressors, and HCC in 470 adult Icelandic women. Exposure status was defined using the Life Stressor Checklist - Revised. Electrochemiluminescence immunoassay was used to measure HCC.

Preliminary results show a 40.1% lifetime prevalence of violence. Stepwise increase in the number of experienced life stressors is associated with higher HCC, particularly when exposed to different types of violence. Neither age at first exposure nor time from last exposure nor were there strong indications that current psychological symptoms modify this association.

Lifetime exposure to life stressors, particularly the trauma of violence, is associated with increased HCC in a general population of women.

2-220

Heterogeneity in Fear Learning: The Impact of Trauma

(Abstract #1518)

Poster #2-220 (Bio Med, Affect/Int, Bio/Int, Res Meth, Adult) I - Industrialized **Roosevelt 1/2**

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²*Virginia Polytechnic Institute and State University, Blacksburg, Virginia*

Trauma exposure is associated with increased fear responding, but individual differences are understudied. Growth Mixture Modeling (GMM) methods such as Latent Class Growth Analysis (LCGA) are uniquely suited for examining fear learning phenotypes. However, only one extant study has utilized GMM to examine fear learning in a human population and no known studies examine the association of trauma exposure and phenotype. This study examines 80 undergraduates from Virginia Tech. Fear learning was indexed using Fear Potentiated Startle (FPS) during a fear learning paradigm. Trauma exposure was assessed using the Trauma History Screen (THS). Though data cleaning and analyses are ongoing, LCGA of FPS during fear acquisition trials in 65 participants indicate that 12.4% of the sample (n = 8) evidenced fear acquisition (slope = 5.96, p < .001) while 87.6% of the sample (n = 57) did not (slope = -.08; p = .183). Multiple linear regression analysis indicates that a one unit increase in trauma exposure is associated with a 3.25% increase in likelihood of membership in the fear acquiring group (t = 2.22; P = .033). Preliminary evidence suggests that trauma exposure may increase risk of acquiring novel fears. Final analyses will also examine fear extinction.

CLINICAL PRACTICE

2-221

Betrayal’s Relation to Sense of Safety in Trauma-exposed Female Sample

(Abstract #846)

Poster #2-221 (Practice, Cul Div, Care, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Exposure to trauma often results in lasting biological changes, including hyperarousal of the autonomic nervous system (Bremner, 2006), leading to a decreased sense of safety (SAMHSA, 2014). Importantly, decreased sense of safety after trauma is associated with greater PTSD symptoms (Padmanabhanuni, Campbell, & Peetorius, 2017). Further, trauma experiences that include betrayal often result in worse psychological and emotional outcomes than traumas not including betrayal (Freyd, 1994). However, the relation between lifetime trauma exposure, betrayal, and sense of safety remains understudied. As such, the current study used Hayes’ (2018) PROCESS model to examine the hypothesis betrayal would mediate the relation between lifetime trauma and sense of safety among a sample of 64 women (M age=33 years; 88% Black) receiving care at a women’s center in the southeast United States. Results indicated lifetime trauma was a significant predictor of betrayal ($b=2.57, SE=.63, p<.001$), which subsequently predicted decreased sense of safety ($b=-.09, SE=.04, p<.05$). Betrayal fully mediated the relation between lifetime trauma and sense of safety, with the model accounting for 18.5% of the variance in safety. Results demonstrate a need to explicitly target feelings of betrayal in trauma treatment, potentially fostering greater sense of safety and recovery from additional PTSD symptoms.

2-222

Correlates of Military Sexual Trauma in Male Veterans Presenting to a VA PTSD Clinic

(Abstract #1185)

Poster #2-222 (Practice, Clinical Practice, Rape, Mil/Vets, Gender, Adult) I - Global **Roosevelt 1/2**

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³*Edward Hines, Jr. VA Hospital, Hines, Illinois*

Experiencing military sexual trauma (MST) increases a Veteran’s risk for PTSD and other negative outcomes. While similar numbers of male and female Veterans report MST, considerably less research focuses on male MST. Further, existing research almost exclusively focuses on post-9/11 Veterans, despite findings that male Veterans from all service eras have reported MST. The current study examined correlates of male MST in a sample of Veterans from diverse combat eras presenting to a VA PTSD clinic (N = 992). Forty-eight Veterans reported MST at their initial evaluation, and an additional 29 disclosed MST during treatment (n = 77; 7.76%). Univariate comparisons between male Veterans with and without a history of MST revealed several psychosocial and clinical differences. Veterans with a history of MST were more likely to be single or divorced ($\chi^2(5) = 13.27, p < .05$), to identify as racial/ethnic minorities ($\chi^2(7) = 32.45, p < .001$), and to report housing problems ($\chi^2(1) = 5.60, p < .05$). Those with MST also reported greater drug use ($t(970) = -3.22, p < .01$), and PTSD symptom severity ($t(970) = -2.93, p < .01$). These findings are relevant for identifying unique health care needs and improving patient outcomes in this population.

2-223

Sexual Motives as Mediators of Sexual Risk Behaviors among Victims of Sexual Assault

(Abstract #1431)

Poster #2-223 (Practice, Rape, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Research supports that sexual assault victims engage in more sexual risk behavior than non-victims, including engaging in sex with uncommitted partners (e.g., having non-committed sexual relationships, having multiple simultaneous partners) and impulsive sexual behaviors (e.g., having unplanned sexual encounters). Sexual risk behaviors, in turn, place women at risk for re-victimization. Currently, little is known regarding factors that contribute to increased engagement in risky sexual behaviors among sexual assault victims. Therefore, the current study examined sexual motives, including coping motives (e.g., having sex to reduce negative affect) and affirmation motives (e.g., having sex to feel better about oneself), as mediators of the relation between sexual victimization and sexual risk behavior. Participants included 1,537 sexually active college women (n = 337 with a history of completed rape) who completed an online study. Mediation analyses with bootstrapping supported that both coping motives and affirmation motives mediated the relation between sexual victimization and engagement in sexual risk behavior. Thus, for at least some sexual assault victims, sexual risk behaviors may represent strategies for coping with assault-related distress. Implications of the findings for the development of risk reduction interventions for sexual assault victims are discussed.

2-224

How do Interpersonal Trauma Experiences during Childhood and Adulthood Impact Self-harm Rates in Individuals with Eating Disorders?

(Abstract #1348)

Poster #2-224 (Practice, CPA, CSA, Rape, Adult) M - Industrialized **Roosevelt 1/2**

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⁶*The Emily Program, St. Paul, Minnesota*

⁷*Center for Evidence-Based Treatment Ohio, Shaker Heights, Ohio*

The purpose of this study was to examine rates of self-harm in eating disorder (ED) treatment-seeking individuals with interpersonal trauma histories. Interpersonal trauma history has been found to predict non-suicidal self-injury (NSSI). Prior research has shown that ED populations have high rates of trauma histories and are at a particularly high risk for self-harm behaviors (SH; Brewerton, 2007; Salano et al., 2005). Individuals with extensive trauma histories have a greater risk of engaging in SH (Gomez et al., 2015). Knowing more about which ED patients may be at highest risk for SH may elucidate recommended treatment course. Participants' (N=236) self-reported SH rates were compared by interpersonal (physical and sexual abuse) trauma history occurring at different stages of development. Through an ANOVA, a significant effect of trauma history on self-harm for four conditions was found, $F(3, 232) = 24.11, p < .001$. Patients with both childhood and adulthood interpersonal trauma histories ($M = 7.81$) had significantly higher rates of SH than those without interpersonal trauma histories ($M = 2.83$), childhood only ($M = 4.96$), and adulthood only ($M = 7.29$). Results indicate that ED patients with both a childhood and adulthood interpersonal trauma history are at the greatest risk for SH.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-225

Efficacy of Trauma Therapy Clinical Study on FAP Therapy for Psychological Trauma
(Abstract #8)

Poster #2-225 (Practice, Affect/Int, Anx, Complex, QoL, Adult) I - Industrialized	Roosevelt 1/2
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Studies on trauma therapy have been conducted by various authors. One using prolonged exposure therapy reported its efficacy for PTSD (Asukai et al, 2010). A comparison between eye movement desensitization and reprocessing (EMDR) and trauma-focused cognitive behavioral therapy reported that the two forms of treatment were equally efficacious, demonstrating the usefulness of this desensitization therapy (Seidler GH et al, 2006). A form of desensitization therapy practiced mostly in Japan is the free from anxiety program (FAP) therapy, which is simpler to perform and works more quickly than EMDR. Formulated by Ohshima in 2001, the FAP therapy is considered effective for a wide range of problems, such as PTSD symptoms, phobias, and panic disorders. In our study, 35 patients presenting with psychological trauma were subjected to the FAP therapy for trauma treatment, and each participant was asked to answer PCL-S and GHQ12 questions. Under the hypothesis that the resolution of trauma problems would lower the GHQ12 score, the efficacy of the FAP therapy was analyzed based on the relationship between the number of sessions and the PCL-S and GHQ12 scores. Factors underlying the distinction between the cases more responsive to the FAP therapy and less responsive cases were also analyzed.

2-226

The Relationship between Patient Outcomes and Therapist Attitudes towards Evidence Based Psychotherapies
(Abstract #1546)

Poster #2-226 (Practice, Clin Res, Adult) M - Industrialized	Roosevelt 1/2
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Although therapist attitudes toward evidence-based psychotherapies (EBPs) has been a focus of research in recent years, little is known about how symptom improvement may influence these attitudes. Utilizing a sample of Canadian therapists (n=50) who treated patients who have PTSD (n=100) with Cognitive Processing Therapy (CPT), we analyzed the association between patient symptom improvement and changes in therapist attitudes towards EBPs over the course of their CPT training. Therapist attitudes were assessed using the 50-item Evidence Based Practice Attitudes Scale (EBPAS-50), and PTSD symptoms were tracked using the Posttraumatic Stress Disorder Checklist (PCL-5). PCL improvement was associated with a positive change on the organizational support subscale of the EBPAS-50 (p = 0.003), but not with the remaining hypothesized subscales (Divergence, Openness, Limitations, Fit, Balance, and Burden). These findings have several implications. Primarily, that therapists' willingness to learn EBPs if their organization provides support for learning EBPs may change as a function of the benefits that their early patients experience. However also, perhaps more importantly, that the lack of findings on the remaining subscales provides evidence that patient outcome in a specific EBP may not be associated

with changes in other aspects of therapist attitudes towards EBPs in general.

2-227

Advancing Clinical Considerations and Recommendations for Treating Active Duty Military Personnel with Comorbid Depression and PTSD

(Abstract #876)

Poster #2-227 (Practice, Clin Res, Depr, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Research on trauma-focused treatment outcomes (TFTOs) for active duty military personnel with comorbid depression and posttraumatic stress disorder (PTSD) includes contradictory findings. Some studies identify comorbid depression as a predictor of poorer TFTOs (Forbes et al., 2003), while others indicate higher depression predicts better TFTOs (Rizvi et al., 2009), reveal no significant relation (Hagenaars et al., 2010), or suggest depression may moderate the slope of change in TFTOs (Zandberg et al., 2016). Furthermore, no clear practice guidelines exist for treating this comorbidity in active duty military personnel (AMMC, 2012). Clinical evidence suggests: 1) Multiple deployments may instill and reinforce learned helplessness, 2) morally injurious warfare tactics may yield moral pain and isolative, self-deprecating behaviors, and 3) stigma around mental healthcare may exacerbate negative self-evaluations and hopelessness, resulting in conceptualization difficulties and treatment-resistant symptomology. Given this gap in the research literature, we seek to advance clinical recommendations for providers serving active duty military personnel to include: 1) Treatment goals and interventions targeting both fear-based and dysphoric symptoms, 2) incorporation of behavioral activation into TFTs, 3) routine

measurement-based care, and 4) provider competency with military culture.

2-228

Traumatic Combat Experiences as Predictors of Posttraumatic Stress Disorder and Depression Symptom Trajectories

(Abstract #672)

Poster #2-228 (Practice, Complex, Depr, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Combat exposure is one of the most significant predictors of post-deployment PTSD and depression. This study identifies distinct types of combat experience and investigates their effects on PTSD and depression symptom trajectories in US Military Service members exposed to combat. Participants were 544 active-duty Service members who met DSM-IV-TR criteria for probable PTSD and/or depression. All completed the Combat Experiences Scale at baseline, and PTSD and depression measures at baseline and at 3-, 6-, and 12-month follow-ups. A factor analysis identified three types of combat experiences: general exposure to danger (e.g., encountering mines), exposure to dead bodies/cruelty (e.g., seeing dead bodies; witnessing cruelty), and exposure to direct combat (e.g., personally firing at the enemy). Regression analyses revealed that only the exposure to dead bodies/cruelty factor predicted PTSD and depression scores at 12 months, controlling for baseline symptoms. Mixed-effect analyses modeling longitudinal symptom trajectories across 12 months of care showed that higher scores on exposure to dead bodies/cruelty predicted significantly worse outcomes, controlling for other combat factors. These results inform PTSD development models and have implications on the screening and clinical management of combat-exposed Service members.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-229

Urban Violence and Trauma-related Disorders: A Four-year Follow-up of Outpatient Trauma Brazilian Experience
(Abstract #1321)

Poster #2-229 (Practice, Assess Dx, Clinical Practice, Comm/Vio, Adult) M - Latin Amer & Carib **Roosevelt 1/2**

Ramos-Lima, Luis Francisco¹, Assis Souza, Paulo Ricardo¹, Teche, Stefania², Freitas, Lucia Helena¹
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²*Hospital de Clinicas de Porto Alegre, Porto Alegre, Brazil*

Epidemiological data have shown that in Brazil 80% of the population has been exposed to urban violence at least once in lifetime. Acute and post-traumatic stress disorder (ASD/PTSD) have been a consequence, bringing chronic impairment to work and personal life. We aimed to analyze a prospective cohort of patients who sought care after urban violence between January 2014 and December 2017, in an outpatient psychiatric unit from a university hospital (Clinical Hospital of Porto Alegre) in Porto Alegre city. During this period, 181 patients were evaluated. Female, self-declared caucasians, married/in stable union with at least 8 years of study make up the average profile. Seventy-three patients developed ASD/PTSD (40.3%). Comparing with the group that did not develop ASD/PTSD, previous trauma (35.6% vs 13.9%, p=0.001) and childhood trauma (23.3% vs 13.9%, p=0.003) appear to be strongly related to ASD/PTSD. About the type of trauma, assault showed a significant difference (42.5% ASD/PTSD vs 27.8% non-ASD/PTSD, p=0.041); sexual violence occurred around 20%, showing no difference between groups. Patients who developed ASD/PTSD have more weekly consultations (mean 10.8 ASD/PTSD vs 6.2 non-ASD/PTSD, p<0.001). The present study reinforces evidence to PTSD as a public health problem and should receive higher priority to prevention and treatment.

2-230

Addressing Public and Self-stigma in Clinical Practice with Veterans
(Abstract #824)

Poster #2-230 (Practice, Clinical Practice, Prof) M - Industrialized **Roosevelt 1/2**

Castro, Nilton, Westphal, Maren
Pace University, Pleasantville, New York

Contemporary research suggests that there are substantial discrepancies between the prevalence of mental health diagnoses and treatment access and delivery. Studies estimate that 19-44% of veterans returning from either Iraq or Afghanistan meet current criteria for a mental health diagnosis (Zinzow et al., 2012). In a large scale survey study of veterans, Naifeh et al., (2016) found that 71% of participants believed that there are attitudinal reasons for treatment incompleteness. Attitudinal barriers include negative expectations about treatment and the stigma associated with mental health care. Quantitative research suggests that the stigma veterans associate with seeking and receiving therapy is a salient barrier to accessing treatment. Quartana et al. (2014) found that 77.4% of over 22,000 veterans surveyed believe that mental illness is stigmatized and veterans screening positive for psychiatric symptoms score higher in stigma beliefs. This poster will examine the roles between public stigma and internalized stigma within the veteran community and its association with treatment dropout. Further, we discuss historical and contemporary manifestations and causes of stigma within the military and identify steps to destigmatize mental health treatment among veterans.

2 - 231

Comprehensive Time Limited Group Treatment for Combat Related PTSD: Integrating Communalizing Trauma and Exposure Therapy
(Abstract #928)

Poster #2 - 231 (Practice, Mil/Vets, Older) M - Industrialized **Roosevelt 1/2**

Landrum, Sam¹, Michael, Scott², Norr, Aaron²
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Presenters' names are in bold.
Guides to Keyword Abbreviations located on pages 2-4.
(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

**Health Care System and University of Washington
Department of Psychiatry and Behavioral Sciences,
Seattle, Washington**

Aging Vietnam Veterans with PTSD show increased mental and physical health vulnerability as evidenced by diminished health functioning and increased disability (Goldberg et al. 2014). A comprehensive group treatment may better engage and serve this vulnerable cohort with complex needs by capitalizing on communalizing past trauma with increased social contact, validation and connectedness through milieu development and trust building (Shay, 1994) with other Veterans with a shared experience. A comprehensive 6-8 month weekly group treatment for combat exposed Vietnam Veterans with PTSD was developed to capitalize on the benefits of group treatment while delivering multiple evidence-based components (mindfulness, behavioral activation, in vivo exposure, imaginal exposure) to target PTSD symptoms. This treatment format has the potential to help Vietnam Veterans by reducing the impact of PTSD and by creating a community environment that improves access to care where group members can support each other through the unique mental and physical health challenges faced by this cohort. Data collection is ongoing. Pre-post changes in PTSD symptom checklist total and subscale scores will be examined to investigate the effects of this novel group treatment on the different PTSD symptom clusters and qualitative feedback from group members will be explored.

2 - 232

Examination of Symptomology at Intake of Non-exposed and Trauma-exposed Clients Presenting for Treatment at a University-based Psychology Training Clinic

(Abstract #913)

Poster #2 - 232 (Practice, Clin Res, Lifespan) M - N/A **Roosevelt 1/2**

Ellis, Robyn, Himmerich, Sara, White, Karen
Northern Illinois University, DeKalb, Illinois

The majority of adults report exposure to a traumatic event; however, not all develop PTSD. For those with trauma exposure seeking treatment for mental health disorders other than PTSD, research is limited on how trauma history influences symptom presentation. The current study examined

symptomatology based on self-reported traumatic exposure in a sample of 110 individuals who presented for treatment at a large Midwestern university psychology training clinic. Participants (M age = 24.7, SD = 6.52) were screened for experiences of sexual assault, childhood abuse and/or having witnessed a traumatic event, with approximately 36.4% (n = 40) endorsing one or more of these criteria. At intake, participants completed assessments of levels of distress, self-compassion, and emotional barriers to treatment. A multivariate analysis of variance (MANOVA) revealed significant differences in intake symptomatology based on traumatic exposure history ($F(1,104) = 2.63, p = .028$). Specifically, those with trauma exposure reported greater symptom distress, greater difficulty in social roles and lower self-compassion than non-exposed individuals. History of exposure to trauma should be considered in initial conceptualization and treatment planning, regardless of whether a client is seeking treatment for trauma-related symptoms, as evidenced by its impact on associated symptoms and cognitions.

2-233

Increased Risk for Maltreatment, Abuse, and Neglect in Individuals with Developmental Disabilities: A Review

(Abstract #1232)

Poster #2-233 (Practice, Aggress, CPA, Comm/Vio, Illness, Lifespan) M - Industrialized **Roosevelt 1/2**

Bonaviso, Lisa, Westphal, Maren
Pace University, Pleasantville, New York

Over the past three decades, individuals with developmental disabilities have been acknowledged as the victims of abuse. A recent meta-analysis, which reviewed 17 studies, reported that children with disabilities are three times more likely to be neglected or abused and are more likely to sustain injuries than those without disabilities. The actual rates are likely to be much higher than these official statistics due to victims underreporting the abuse. This poster reviews empirical studies on factors that increase risk for and the underreporting of abuse and neglect in this population. While some reasons for underreporting are shared with children without developmentally disabilities, verbal and visual impairments that interfere with verbal expression and

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

the reporting of abuse and the identification of the abuser put children with disabilities at an increased risk. Other reasons discussed in this review attributing to abuse include stressors affecting caregivers and family of children with developmental disabilities, the severity of the disability and any associated impairments, and the socioeconomic status of the family. We conclude by discussing practical steps to reduce abuse and neglect in this vulnerable population and identify areas for future research.

2-234

A Whole Health Group for Trauma Recovery
(Abstract #1484)

Poster #2-234 (Practice, Clin Res, Train/Ed/Dis, N/A) I - N/A **Roosevelt 1/2**

Uddo, Madeline, Stockdreher, Theresa, Cottonham, Danielle, Ball, Jacqueline, Hamilton, Michelle, Walton, Jessica
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana

The objective of this presentation is to provide an overview of a Whole Health for Trauma Recovery group. Quantitative assessment data in the areas of PTSD, comorbidities, spirituality, behavioral effectiveness, hope and anger as well as qualitative outcome data will be presented. The Department of Veterans Affairs has identified patient-centered care as a priority. The Whole Health (WH) initiative provides a model that focuses on empowering and equipping Veterans to engage in “personalized, proactive, patient-driven care” focusing on self-care and employing complementary and integrative health interventions, e.g. mindfulness, yoga. To implement this model, the New Orleans PTSD Clinical Team began a WH for Trauma Recovery group which employs WH philosophy and concepts to create a program tailored to address symptoms and impairment specific to trauma survivors. The program consists of 8 modules that are consistent with WH components of proactive health and well-being with specialized content to target common symptoms and difficulties experienced by Veterans exposed to military-related trauma. For example in the Recharge module, WH concepts are applied to target trauma-related nightmares & insomnia. Other modules focus on nutrition, exercise, spirituality, mindfulness, relationships and personal development.

A multidisciplinary team is collaborating to facilitate this group.

**JOURNALISM AND TRAUMA/
MULTI-MEDIA**

2-235

Why Do Photojournalists Watch a Beheading Video? A Mixed-methods Approach

(Abstract #917)

Poster #2 - 235 (Journalism and Trauma, Tech, Terror, Other) I - Industrialized **Roosevelt 1/2**

Redmond, Sarah, Lubens, Pauline, Cohen Silver, Roxane
University of California, Irvine, Irvine, California

The Internet allows anyone to widely disseminate unedited, graphic images, and terrorists have taken advantage of that opportunity. Limited research has explored motivations for viewing -- and responses to -- this highly graphic content. The present mixed-methods study of photojournalists (N=415) quantitatively examined the prevalence, predictors, and correlates of watching a gruesome ISIS beheading video, and qualitatively examined their self-reported motivations for watching (or not watching) it. Over 46% of the sample viewed at least part of a beheading video. Having previously experienced occupational danger, covering war, younger age, and less education predicted viewing an entire beheading video, but only occupational danger predicted viewing part of one. Journalists who viewed the video and also reported having experienced negative childhood events were most likely to report distress. Self-reported motivations for viewing a beheading video suggested that some journalists were drawn to this coverage because of its personal and professional relevance. However, other journalists reported that they did not watch it because of heavy exposure to violent events at work. Although many journalists chose to view this content, viewing was only associated with psychological symptoms in those who also experienced more negative childhood events.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-236

Bullying Victimization Moderates the Relationship between Media Exposure to Acute Mass Violence and Distress

(Abstract #918)

Poster #2 - 236 (Multi-Media, Acute, Journalism, Media, Terror, Child/Adol) I - N/A | **Roosevelt 1/2**

Janson, Melissa, Felix, Erika, Jamarillo, Natalia, Meskun, Haley
University of California, Santa Barbara, Santa Barbara, California

Repeated media coverage of acute mass violence (e.g., terrorism, mass shootings) is related to distress in viewers who did not directly experience the events. This study explores whether personal experiences of bullying victimization moderates this relationship. High school youth in the United States (U.S.) (n=390, ages 13-17 years, M=15.38, 72% female) answered questions about their media exposure to several recent terror attacks in the U.S., depression and anxiety symptoms, and experiences with bullying and victimization, through an opt-in, online panel. Moderation was tested through a series of separate regression analyses for youth who experienced bullying victimization in the past month (21%), and those who did not (79%). For all youth, emotional responses to media coverage predicted depression and anxiety, but the relationship was stronger in youth who experienced bullying victimization (dep=.47, p<.001; anx=.40, p=.002) than in those who did not (dep=.21, p=.001; anx =.29, p<.001). In youth who did not experience bullying, perceived likelihood of a terrorist attack/mass shooting also predicted depression (=.23, p<.001) and anxiety (=.19, p=.004). This could be because youth with victimization experiences already reported higher distress. Thus, personal victimization experiences may affect how coverage of traumatic events are perceived, further affecting distress.

PUBLIC HEALTH

2-237

The Effects of Media Exposure to Acute Mass Violence on Parenting: An Online Experimental Study

(Abstract #1367)

Poster #2-237 (Pub Health, Comm/Vio, Fam/Int, Pub Health, Res Meth, Adult) M - N/A | **Roosevelt 1/2**

Jaramillo, Natalia, Felix, Erika, Meskun, Haley, Mamidanna, Sruti
University of California, Santa Barbara, Santa Barbara, California

In light of the intense coverage of violent tragedies broadcast in the media, there is a growing need to identify mechanisms by which parenting is influenced by media exposure to acute mass violence (e.g., terrorism). In this online experimental study, parents (N=215) were randomly assigned to view different news coverage clips: Mass Violence, Neutral, Negative-Nonviolent, No Clip. Parents completed emotion ratings before and after viewing and measures of risk perceptions, core beliefs, uncertainty, and parenting. Results from ANOVAS showed non-significant differences for uncertainty, risk perceptions, core beliefs, and parenting child-rearing behaviors across conditions. Statistically significant differences were found in negative emotions (F(3, 209)=21.02, p<.001) and in positive emotions (F(3, 206)=21.37, p<.001). The mass violence condition experienced the most negative emotions, followed by the negative-nonviolent condition. The mass violence condition also had the least positive emotions, compared to all other conditions. Additionally, a repeated-measures ANOVA indicated a significant interaction across time and condition for both negative emotions (F(2, 156)=32.34, p<.001) and positive emotions (F(2, 156)=57.36, p<.001), with negative emotions increasing and positive emotions decreasing over time for the mass violence condition. Future study recommendations are provided.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-238

Factors Associated with Participation in and Efficacy of a Post-Hurricane Sandy Linkage to Mental Health Care Program

(Abstract #634)

Poster #2-238 (Pub Health, Anx, Clin Res, Nat/Dis, Pub Health, Adult) M - Industrialized Roosevelt 1/2

Schwartz, Rebecca¹, Rasul, Rehana¹, Schneider, Samantha¹, Liu, Bian², Bevilacqua, Kristin¹, Taioli, Emanuela³

¹*North Shore LIJ Health System, Great Neck, New York*

²*Mount Sinai School of Medicine, New York, New York*

³*Mount Sinai Medical Center, New York, New York*

Background: In the Rockaways area of NYC, Project Restoration offered a program linking Hurricane Sandy-exposed participants into mental health care (L2C). Leaders in Gathering Hope (LIGHT) studied mental health difficulties (MHD) and had no L2C. Aim: Determine the efficacy of L2C in reducing MHD, using LIGHT participants as a comparison and describe factors associated with L2C participation. Method: Participants completed baseline and follow-up surveys (PR:n=52; LIGHT:n=128). Outcomes were PTSD, anxiety, depression and stress. Multivariable linear mixed models determined whether changes in MHD from baseline to follow-up differed between cohorts and determined factors associated with L2C participation. Results: L2C participants were more likely to have a history of MHD (65.4%, 21.9%). L2C participants exhibited decreases in PTSD (= -7.12, SE=1.67; P< .001), anxiety (= -1.24, SE=0.25; P<.001), depression (= -0.70, SE=0.25; P=.026), and stress (= -3.75, SE=1.02; P=.002) scores. In LIGHT, MHD outcomes did not change. L2C participation was more likely among those who had >1 MHD and had a prior mental health diagnosis (P <.0001). Conclusion: Engagement in L2C was effective in reducing MHD. People with pre-existing MHD are at greatest risk, but also more likely to accept treatment. These findings confirm the powerful impact community outreach has on reducing MHD after a disaster.

2-239

Capturing the Intersections of Trauma and Social Vulnerability among Women Veterans

(Abstract #1269)

Poster #2-239 (Pub Health, Chronic, Clin Res, Comm/Int, Gender, Adult) M - Industrialized Roosevelt 1/2

Allen, Monica¹, Gaska, Karie², Kimerling, Rachel³

¹*PGSP - Stanford Psy.D. Consortium, Palo Alto,*

²*Ross University School of Medicine, Knoxville, Tennessee*

³*National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California*

Research and clinical experience suggest that trauma and social vulnerability have an interactive, cyclical quality. Understanding this relationship can help to inform interventions that break the trauma/social vulnerability cycle. In this study, we identify distinct constellations of early life and military adversity among women veterans, and relationships to later social determinants of health (SDH). Latent class analysis was applied to survey data of 6,287 women who used Veteran's Health Administration primary care, in order to identify classes of adverse childhood experiences and military trauma exposure. We then modeled odds of poor SDH as a function of class membership. LCA revealed five adversity classes: Low Adversity, Adverse Familial Context, Military Trauma, All Forms, and All Forms-Extreme. Compared to the Low Adversity class, all classes were significantly associated with increased risk for each SDH. Strongest effects were observed for the All Forms-Extreme class (e.g. low social support OR = 3.84, 95% CI = 3.13-4.70; homelessness OR = 4.71, 95% CI = 3.74-5.93; unemployment OR = 2.21, 95% CI = 1.77-2.76). Risk did not follow a purely dose-response pattern, indicating that particular adversity profiles may exert strong impacts on social vulnerability. This approach can be applied to other populations to understand population-specific risk and needs.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-240

The Relations between Traumatic Deployment Experiences and Alcohol Use: the Impact of PTSD, Depression, and Social Support

(Abstract #1426)

Poster #2-240 (Pub Health, Sub/Abuse, Mil/Vets, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Alcohol use is common following traumatic deployments. What is less clear is how PTSD, depression, and social support impact these relations. As such, we examined associations between deployment (DRRI Combat and Harassment) and alcohol use severity (CAGE) among 2098 veterans (49% male; *Age*=35). PTSD (PCL) and depression (CESD) were examined as mediators, and social support (DRRI) as a moderator. Non-parametric bootstrapping tested the significance of the indirect effect. More severe Combat was associated with more severe PTSD (*Est.*=.53, *p*<.001), which was associated with higher CAGE (*Est.*=.02, *p*<.001). A bias-corrected bootstrap confidence interval (CI) for the indirect effect (*Est.*=.01) was above 0 (.008-.012); thus, PCL mediated the relations between Combat and CAGE. This pattern held when substituting DRRI Harassment for Combat, and when substituting CESD for PCL. Finally, there was a significant interaction between Social Support and Combat on PCL (*Est.*=-.07, *p*=.001), such that Social Support reduced the impact of Combat on PCL. Moderated mediation was significant at both levels of Social Support, as well as for the overall effect; a bias-corrected bootstrap CI for the indirect effect (*Est.*=-.003) was below 0 (-.005--.001). Taken together, alcohol use following traumatic deployments can be explained by PTSD and depression, with social support acting as a protective factor.

2-241

Prevalence of Trauma Exposure and PTSD in a Transgender and Gender Nonconforming Sample

(Abstract #1068)

Poster #2-241 (Pub Health, Cul Div, Gender, Adult) I - Industrialized **Roosevelt 1/2**

Cole, Hannah, Scholl, James, Davis, Joanne
University of Tulsa, Tulsa, Oklahoma

Research has consistently shown that minority populations bear a disproportionate burden of mental and physical illnesses. To date, little research has been done on transgender and gender nonconforming (TGNC) populations, particularly with regard to trauma exposure and PTSD. In addition to stressors experienced by the general population, TGNC individuals are at risk for additional, unique stressors, usually termed minority stressors, including prejudice, harassment, and discrimination. Thus, TGNC individuals may be particularly vulnerable to traumatization and resulting psychopathology. The few studies that have examined trauma in gender minority populations indicate a 98% rate of trauma exposure and PTSD rates of 17.8-42% compared to 8% for the general US adult population (e.g., Shiperd, Maguen, Skidmore, & Abramovitz, 2011). The present study investigated the experiences of TGNC individuals. In regards to trauma exposure, 100% (*n* = 199) of the sample reported experiencing a potentially traumatic event (*M* = 20.32, *SD* = 5.12). Utilizing a cut-point score of 33 established by Blevins and colleagues (2015), 67.8% (*n* = 135) met criteria for probable PTSD diagnosis. A more conservative estimate of probable PTSD, created by Bovin and colleagues (2015), utilizing DSM-5 criteria indicated that 62.3% (*n* = 124) met criteria for a probable diagnosis of PTSD.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-242

Experiences of Stress, Trauma, and PTSD among U.S. Veterans across the Military-to-Civilian Transition

(Abstract #694)

Poster #2-242 (Pub Health, Mil/Vets, Roosevelt Gender, Adult) I - Industrialized 1/2

Finley, Erin¹, Copeland, Laurel², Perkins, Daniel³, Nillni, Yael⁴, Bramande, Emily⁵, Tyrell, Fanita⁵, Vogt, Dawne⁶

¹*South Texas Veterans Healthcare System, San Antonio, Texas*

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³*Penn State University, State College, Pennsylvania*

⁴*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts*

⁵*VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts*

⁶*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts*

Trauma exposure and posttraumatic stress disorder (PTSD) are common among post-9/11 veterans and associated with long-term impairments to health and functioning. Despite theorizing that PTSD symptomatology may be exacerbated by stress across the military-to-civilian transition, little research has described the trajectory of trauma-related symptomatology or the impact of transition-period stress in mediating the relationship between trauma exposure and development of PTSD. We examined TVMI participants' reported trauma exposure and PTSD symptoms at 3 months, 9 months, and 15 months post-transition, and characteristics associated with probable PTSD at 15 months (N=9565). Trauma exposure in this sample of veterans was high, with 63% reporting trauma during military service. Nearly a quarter reported moderate-to-high levels of ongoing stress across the transition period. At 15 months, 12% of veterans with prior trauma met criteria for probable PTSD. A subset (14%) reported trauma exposure occurring post-transition. Among those with post-military trauma, those with probable PTSD were significantly more likely to have ongoing transition stressors. These results provide some of the first longitudinal data on stress and trauma occurring across the military-to-civilian transition, with

implications for understanding the needs of veterans during this vulnerable period.

2-243

Vocational and Social Challenges Experienced by Trauma-exposed U.S. Military Veterans after Separating from Military Service

(Abstract #697)

Poster #2-243 (Pub Health, Mil/Vets, Roosevelt Adult) M - Industrialized 1/2

Vogt, Dawne¹, Tyrell, Fanita², Bramande, Emily², Finley, Erin³, Copeland, Laurel⁴, Perkins, Daniel⁵

¹*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts*

²*VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts*

³*South Texas Veterans Healthcare System, San Antonio, Texas*

⁴*VA Central Texas Health Care System, Temple, Texas*

⁵*Penn State University, State College, Pennsylvania*

This presentation summarizes findings on the vocational and social challenges experienced by traumatized military veterans during the military-to-civilian transition process. While the effects of trauma exposure on mental health outcomes have been widely studied, impacts on other aspects of veterans' lives are less well-understood. This study drew from assessments of a national sample of 6,480 U.S. veterans at approximately three months, 9 months, and 15 months post-transition and compared vocational and social well-being outcomes for veterans who had and had not experienced warfare exposure, military sexual trauma, and moral injury while in the military. Moral injury was associated with reduced functioning and satisfaction within both occupational domains (average $r = .20, .21, \text{ and } .21$) and social domains (average $r = .21, .25, \text{ and } .23$) across timepoints, but relationships with occupational involvement and social participation did not exceed our minimum criterion for clinical significance ($r = .20$). In contrast, neither warfare exposure nor military sexual trauma was associated with consistent decrements in different aspects of occupational or social well-being. Findings highlight the pernicious impact that moral injury may have on veterans' military-to-civilian transition experiences and

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

underscore the value of interventions that can mitigate against these negative outcomes.

2-244
Self-Efficacy and PTSD in 9/11 Survivors
(Abstract #173)

Poster #2-244 (Pub Health, Acute, Health, QoL, Terror, Adult) M - Industrialized **Roosevelt 1/2**

Garrey, Sascha, Gargano, Lisa, Brackbill, Robert
New York City Department of Health and Mental Hygiene, New York, New York

Self-efficacy, defined as the personal belief in one's ability to succeed in specific situations or accomplish a task, has been shown to mediate post-traumatic recovery in a range of trauma-contexts including natural disasters and terrorist attacks. Little is known, however, about the associating between self-efficacy and post-traumatic stress disorder (PTSD) for survivors of the September 11th attacks.

We examined the relationship between self-efficacy and PTSD among 33,629 enrollees of the World Trade Center Health Registry (WTCHR), including responders and non-responder civilians, who completed the Wave 4 follow-up survey in 2015-16. PTSD was defined as having a score of 44 or higher on the PCL-17. Low self-efficacy was defined as having a score of 15 or less on the General Self Efficacy (GSE) Scale. Wave 4 is the first WTCHR survey wave to include the GSE Scale, thus our analysis was cross-sectional.

Our analysis found that 45.2% of participants had low self-efficacy and 14.8% of participants had 9/11-related PTSD. Within the PTSD subgroup, 79.5% of participants had low self-efficacy. Low self-efficacy was associated with 5.8 times the odds (95% CI: 5.13 - 5.94) of having PTSD compared to those with high self-efficacy.

These findings suggest that self-efficacy has a significant association with PTSD in a 9/11-exposed population even 14 years after the exposure.

2-245
Characterization of the Trauma and the Care Provided to Patients Suffering from Post-traumatic Stress Disorder in Cardiology: A Case Series and Review of the Literature
(Abstract #1075)

Poster #2-245 (Pub Health, Clinical Practice, Complex, Health, Adult) I - Industrialized **Roosevelt 1/2**

Cyr, Samuel, Brouillette, Judith
Montreal Heart Institute, Montreal, Quebec, Canada

Posttraumatic stress disorder occurs as a result of a traumatic event. This disorder has been widely studied in patients who survived war or physical aggression, but only a few studies have looked at this disorder in patients with a medical trauma. A medical trauma is described as a sudden, catastrophic medical event in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition¹. The purpose of this project was therefore to characterize the nature of the trauma in a cardiac population. The records of patients treated at the Montreal Heart Institute with a diagnosis of posttraumatic stress disorder were studied. We also carried out a review of the literature with the intention to determine prevalence of posttraumatic stress disorder following diseases or health problems, namely myocardial infarction, implantable cardioverter defibrillator shock, intraoperative awareness, organ transplant, epilepsy, intensive care unit stay, stroke, anaphylaxis, delirium and burns. Our study takes a look at different types of traumas and diverse populations, one that is particularly vulnerable because of their sickness. The ultimate goal of the study is to ultimately provide better management of patients with medical trauma who are at a greater risk of developing posttraumatic stress disorder.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-247

Posttraumatic Stress Disorder (PTSD) and Handgrip Strength: A Study of World Trade Center (WTC) Responders

(Abstract #791)

Poster #2-247 (Pub Health, Depr, Health, Prevent, Aging, Older) M - Industrialized Roosevelt 1/2

Mukherjee, Soumyadeep¹, Clouston, Sean¹, Stewart, Candace², Kotov, Roman¹, Bromet, Evelyn¹, Luft, Benjamin¹

¹*Stony Brook University, Stony Brook, New York*

²*Stony Brook University, Commack, New York*

Background: Handgrip strength (HGS), a measure of upper body strength, is associated with overall health, life expectancy, and cardiovascular disease. This study examines the relationship between possible PTSD, with and without comorbid depression, and HGS.

Methods: We administered the Vernier computer-assisted hand dynamometer to a sample of 2798 World Trade Center (WTC) responders. PTSD and depressive symptoms were assessed with the PTSD checklist (PCL) and the Patient Health Questionnaire (PHQ-9).

Results: The mean age of the sample was 53.3 (SD: 7.9); 91.3% were men. The maximum HGS average of both hands was 55.6 lbs. (SD: 17.2). Compared with those without probable WTC-PTSD, gender-, age-, and hand-dominance-adjusted HGS was lower ($p < 0.0001$) by 10lbs. (0.17SD) among those having probable WTC-PTSD (PCL 44) with concomitant depression (PHQ 10). HGS of those with WTC-PTSD without depression was 5.1lbs lower ($p = 0.0007$) than those without PTSD. After further controlling for self-rated general health, those with PTSD and depression ($p < 0.0001$), but not those with PTSD only ($p = 0.09$), had significantly lower HGS than those without PTSD.

Conclusion: Results indicate that WTC-related PTSD, especially in the presence of concomitant depression, is significantly associated with HGS. Thus, HGS can provide a “biomarker” of mental health among aging responders to a massive disaster.

2-248

Trauma as a Frequent (but Unrecognized) Superinfection in Occupations Experiencing and Targeting Burnout

(Abstract #1470)

Poster #2-248 (Pub Health, Journalism, Social, Train/Ed/Dis, Self-Care, Other) M - Global Roosevelt 1/2

Shah, Siddharth

Greenleaf Integrative Strategies, LLC, Arlington, Virginia

By accepting constructs of vicarious trauma and secondary traumatic stress, specific occupational sectors in the United States have recognized traumatic antecedents and symptomatology in their workforces. In other sectors, cultural and institutional factors drive stakeholders to under-emphasize trauma and emphasize other constructs. Unfortunately, just as a bacterial superinfection can be resistant to the treatment being used for the initial infection, if trauma lurks in parallel to burnout, an individual will not fully recover if given interventions that target burnout. This case study characterizes the trajectories of six sectors: (1) trauma counselors, (2) international non-governmental organizations, (3) local humanitarian workers in South Asia, (4) a U.S. federal agency with globally distributed workforce in international development and security, (5) journalists, and (6) physicians and nurses in U.S. healthcare. Each sector’s growing awareness of trauma in its workforce is discussed as a process that requires stakeholders to reflect on their “helper” status, their technocratic professional identities, and their institutions’ selection of other constructs to emphasize and target.

The goal of this presentation is to bring attention to the residual suffering in workforces when trauma is under-appreciated and not specifically targeted in intervention strategies.

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-249

Low Family Income is Associated with Severity of PTSD in Brazilian Sexually Assaulted Young Women. Preliminary Findings

(Abstract #629)

Poster #2-249 (Pub Health, Acute, Global, Pub Health, Rape, Adult) M - Latin Amer & Carib
Roosevelt 1/2

Messina Coimbra, Bruno, Yeh, Mary, Poyares, Dalva, Zylberstajn, Cecilia, Feijo Mello, Andrea, F. Mello, Marcelo
Federal University of São Paulo, São Paulo, Brazil

BACKGROUND: Several studies concluded that women from low-income families are at higher risk of developing PTSD due to greater exposure to traumatic events. However, it remains disputed whether family income is associated with severity of PTSD in a cohort of individuals who underwent the same kind of traumatic experience. We investigated whether there is an association between family income and severity of PTSD symptomatology. Further, we analyzed whether there is an association of low-income with treatment response. **METHOD:** Forty-one women aged 18-45 who suffered sexual assault up to 6 months of inclusion in the study and sought outpatient treatment were included. Women who were already in treatment were not eligible. We assessed PTSD symptoms with the Clinician-administered PTSD Scale (CAPS-5) at baseline (n=41) and in the 14th week of treatment (n=29). Regression models were performed. **RESULTS:** We found a significant association of PTSD score and low-family income ($p=0.022$). The higher the score in the CAPS-5, the lower the family income. Also, we found that an additional minimum wage (approx. USD 289.00) in family income is associated with a decrease of 1.077 in the CAPS-5 mean score. However, family income is not associated with treatment response ($p=0.345$). **CONCLUSION:** Sexually assaulted women from low-income families are more susceptible of developing more severe PTSD.

COMMUNITY-BASED PROGRAMS

2-250

Treating a Community Sample of Veterans in a Civilian Mental Health Program

(Abstract #1483)

Poster #2-250 (Commun, Commun, Mil/Vets, Adult) I - Industrialized
Roosevelt 1/2

Becket-Davenport, Colleen¹, McAleavey, Andrew¹, Peskin, Melissa², Difede, JoAnn²
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Background: New York Presbyterian's Military Family Wellness Center offers free, evidence-based mental health treatment to veterans, active duty service members, and their families. Descriptive data will be offered regarding patients presenting for services at this clinic, including demographic information as well as initial level of distress. Methods: Multiple clinician-administered and self-report measures are offered at baseline. Preliminary treatment outcome data will be also presented. Results: Since the program's inception, clinicians in the Weill Cornell Medicine have screened 64 patients, completed 59 intake assessments, and seen 51 patients for treatment. The ages of these patients ranged from 21-69, with a mean age of 40. Most patients are veterans (65%), and 27% of patients identified as female, which is substantial given that women make up just 9% of the veteran population (U.S. Department of Veterans Affairs, 2018). While many patients chose not to disclose their race/ethnicity, 16 identified as white (31%), 7 identified as African-American (14%), and 5 identified as Latino (10%). On average, the PCL-5 scores were elevated at intake ($M = 38.47$, $SD = 18.0$), consistent with the high prevalence of PTSD diagnoses (59%) in the sample. Conclusion: These findings demonstrate initial support for treatment of veterans in civilian medical centers.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-252

Harnessing the Innate Wisdom of Individuals in Community

(Abstract #237)

Poster #2-252 (Commun, Cog/Int, Comm/Int, Health, Pub Health, Lifespan) I - Global	Roosevelt 1/2
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Canant, Diana

The Ardicare Foundation, Pacifica, California

The number of people impacted by global conflict, abuse, and violence is estimated to be in excess of 1 billion.

It is likely that more trauma is experienced than resolved each day. We are moving backwards as we reach forwards in our desire to help. We've been doing so for a very long time. There is not, and will never be, sufficient helping professionals to address trauma globally.

The only effective path forward is a paradigm shift from the authority of experts to the innate wisdom of individuals and communities. The solution to the 1 billion is the 1 billion themselves.

Those who have experienced the same or similar trauma, and have learned the necessary knowledge and skills, are in the best position to hear and understand each other. The chance to fully open up in a one-to-one setting and process their unique and subjective experiences is deeply healing for both the narrator and the listener.

Our research shows the efficacy of a non-pathologizing, peer-to-peer model that simply provides a safe space and predictable structure in which the trauma story can be told.

We offer communities the opportunity to benefit from a non-proprietary, generic approach to increasing individual and community resilience which they can own and replicate. In addition to being non-medical, avoiding the stigma of mental health that keeps some people away, the program is also non-religious.

VICARIOUS TRAUMA & THERAPIST SELF-CARE

2-253

The Hidden Economic Burden of an Attorney Suffering from Posttraumatic Stress Symptoms

(Abstract #676)

Poster #2-253 (Self-Care, Health, Social, Other) M - Industrialized	Roosevelt 1/2
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Leonard, Marie-Jeanne¹, Leclerc, Marie-Éve², Vasiliadis, Helen-Maria³, Brunet, Alain¹
¹*McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada*
²*Douglas Hospital, McGill University, Montreal, Quebec, Canada*
³*Université de Sherbrooke, Longueuil, Quebec, Canada*

Attorneys can be repeatedly exposed to traumatic details throughout their career, such as testimonies, photos and videos. This can lead to the development of posttraumatic stress symptoms (PTSS), without the attorney personally experiencing the trauma. It was found that 9.2% of Canadian attorneys suffer from PTSS (Leclerc, 2017). Still, no study has examined its economic impact. The present study aims to reveal the indirect (loss of productivity at work, quality of life) and direct (health care use, health professional's consultations, medication intake) costs related to PTSS in attorneys. For this longitudinal experimental study (n=154), attorneys filled out an online survey including: a demographic questionnaire, the PCL-5 (PTSD), LEC-5 (passed traumatic events), WPAI-GH-V2 (productivity at work), MEDEC (health services use, medication intake) and SF-12.2 (quality of life). Descriptive statistics, multivariate regression analyses (including gender, age, passed traumatic events, years of experience, education level, income), 2 tests and t-tests will be conducted. No conclusions have been drawn yet, the results will be available by the end of April 2018. It is expected that the more an attorney suffers from PTSS, the more the costs will be elevated, particularly the indirect costs, indicating a need to invest and allocate more prevention training and mental health resources.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-254

The Relationship between Conscientiousness and PTSD among Young Chinese Firefighters: The Mediating Effect of Perceived Social Support
(Abstract #338)

Poster #2-254 (Self-Care, Acc/Inj, Chronic, Health, Other) A - E Asia & Pac **Roosevelt 1/2**

Huang, jiali¹, Xu, Wei²

¹*School of Psychology, Nanjing Normal University, Nanjing, China*

²*Nanjing Normal University, Nanjing, China*

Previous research showed that personal traits are associated with PTSD. The present study investigated the relationship between conscientiousness and PTSD by considering the role of perceived social support in young Chinese firefighters. A total of four hundred and nine firefighters were recruited from a firefighter school in this study. The results showed that conscientiousness has a significant positive correlation with perceived social support, and has a significant negative correlation with PTSD. Moreover, support from others mediated the relationship between conscientiousness and PTSD, while support from family didn't. The results of this study suggest that support from others plays a key role in the relationship between conscientiousness and PTSD of young Chinese firefighters. Clinical implications for trauma interventions and limitations were discussed.

PREVENTION/EARLY INTERVENTION

2-255

Ensemble Machine Learning Prediction of Posttraumatic Stress Disorder after Emergency Room Hospitalization
(Abstract #1228)

Poster #2-255 (Prevent, Acc/Inj, Assess Dx, Res Meth, Adult) M - Industrialized **Roosevelt 1/2**

Papini, Santiago¹, Pisner, Derek¹, Shumake, Jason¹, Powers, Mark², Beevers, Christopher¹, Smits, Jasper¹
¹*University of Texas at Austin, Austin, Texas*
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Posttraumatic stress disorder (PTSD) develops in a substantial minority of emergency room admits. Inexpensive and accurate person-level assessment of PTSD risk after trauma exposure is a critical precursor to large-scale deployment of early interventions that may reduce individual suffering and societal costs. Toward this aim, we applied ensemble machine learning to predict PTSD status three months after severe injury using cost-effective and minimally invasive data that can be efficiently collected during hospitalization. Participants were recruited at a Level 1 Trauma Center where they provided variables routinely collected at the hospital, including pulse, injury severity, and demographics, as well as psychological variables, including self-reported current depression, psychiatric history, and social support. The machine learning model including hospital and psychological variables significantly outperformed all benchmark comparison models in a cross-validation procedure designed to yield an unbiased estimate of performance. These results demonstrate that good prediction can be attained despite the relatively weak predictive value of individual variables, pointing to the promise of ensemble machine learning approaches that do not rely on strong isolated risk factors.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-256

The Impact of Psychological Factors on Pain and Disability

(Abstract #1408)

Poster #2-256 (Prevent, Acc/Inj, Health, Illness, QoL, Adult) I - Industrialized **Roosevelt 1/2**

Garcia, Monica, Delahanty, Douglas
Kent State University, Kent, Ohio

The relationship between pain and disability is often impacted by psychological factors, in particular anxiety and fear related to pain (Morasco et al., 2014, Oits et al. 2003). Previous research has found that anxiety related to pain is more predictive of disability than actual pain (Crombez et al., 1999). The present study examined a sample of 1253 participants diagnosed with Chiari Malformation (CM). Structural Equation Modeling was used to assess the impact of post-traumatic stress symptoms (PTSS: intrusive thoughts, avoidant thoughts and behaviors, and hyperarousal symptoms) and concern with pain on the relationship between physical pain and disability. We hypothesized that PTSS and concern with pain would both mediate this relationship. Overall, our model demonstrated good fit and accounted for 53.9% of the variance in disability. The indirect effects through PTSS predicted unique variance in the relationship between pain and disability (Beta=.096,SE=.015,CI:.07,.14); however, the direct effect between pain and disability was stronger (Beta=.63,SE=.02,CI: .59,.67). PTSS also strongly mediated the relationship between current reports of pain and concern with pain (Beta=.15, SE=.02, CI:.12,.19). These results suggest that interventions that reduce PTSS in patients with CM may decrease concerns with pain more effectively than actually decreasing physical pain.

2-257

Evaluation of the Intergenerational Transmission of Trauma and Associated Substance Use Outcomes among Asian American Emerging Adults

(Abstract #1690)

Poster #2-257 (Prevent, Complex, Ethnic, Sub/Abuse, Intergen, Adult) I - N/A **Roosevelt 1/2**

Kaur, Preet

George Washington University, Washington, District of Columbia

The proposed presentation will focus on the differential susceptibility to stress experienced among Asian American emerging adults, especially examined by generational differences in immigration and race-related stressors. This presentation will examine the psycho-socio-cultural determinants for poor mental health and substance use outcomes in Asian American emerging adults, 18-30 years old. My goals are threefold: 1) Examine the risk for exposure to race-related and acculturative stress experiences by immigrant populations based on generational differences in immigration, differences in patterns of migration and developmental stages of the migrants. (2) Understand the mechanisms underlying the transmission of risk, including the degree to which psychological, social, and cultural factors lead to positive and negative behavioral health (mental health and substance use) outcomes among Asian American emerging adults. (3) Ultimately, the results from this study will be used to develop a resiliency building, early-intervention program, which is culturally - specific, feasible, accessible, and affordable for this target population

2-258

Vulnerability to Mental Health Symptoms following Deployment: An Epidemiological Study of Risk and Recovery Factors in Recently Deployed Service Members

(Abstract #1197)

Poster #2-258 (Prevent, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

Kline, Nora¹, Presseau, Candice¹, Carney, Jessica¹, Barnes, John¹, Litz, Brett², Williamson, Douglas³
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³Duke University School of Medicine, Durham, North Carolina

Based on prior etiological models of war-related PTSD with military and Veteran samples (e.g., Vogt et al., 2007), we used structural equation modeling to test a model of mental health risk in an epidemiological sample of recently deployed service

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

members (N = 2,209). Our model included direct paths between risk factors (i.e., childhood maltreatment and deployment stressors) and mental health problems following return from deployment, controlling for pre-deployment mental health. We also considered the moderating role of social support, a recovery factor, on each of these paths. Partially consistent with hypotheses, our preliminary findings showed that pre-deployment mental health problems (b = .39) and deployment stressors (b = .25), but not childhood maltreatment, were positively associated with post-deployment mental health symptoms (p < .05). Moreover, social support was found to significantly interact with deployment stressors (b = -.10), potentially reducing vulnerability to mental health problems (p < .05). It appears that among deployed service members, pre-deployment mental health symptoms and deployment stressors (modulated to some degree by social support) create vulnerabilities to post-deployment mental health problems, which is consistent with prior studies.

2-259

Examining the Relationships between Adverse Childhood Experiences, Intimate Partner Violence, and Mental Health

(Abstract #1045)

Poster #2-259 (Prevent, CPA, Depr, DV, Health, Adult) M - N/A **Roosevelt 1/2**

Clough, Meghan¹, Grasso, Damion², Beebe, Rebecca¹, DiVietro, Susan¹, Lapidus, Garry¹
¹*Connecticut Children's Medical Center, Hartford, Connecticut*
²*University of Connecticut Health Center, Farmington, Connecticut*

Early adverse childhood experiences (ACEs) have been shown to increase risk for intimate partner violence (IPV) in adulthood and associated adverse health consequences. Pregnant women with these experiences represent a particularly vulnerable population. The current study tested the hypothesis that IPV during pregnancy would mediate the relationship between number of types of ACEs and PTSD and depressive symptoms. Also tested was the hypothesis that perceived social support would serve as a protective factor for buffering the effects of ACEs and IPV on PTSD and depression. The sample was comprised of 123 women recruited from an urban prenatal healthcare clinic during their 3rd

trimester of pregnancy. Participants completed a battery of standardized, tablet-administered assessments, including a comprehensive trauma history, DSM-5 PTSD symptoms, and depressive symptoms. Path models using Mplus8 software revealed significant mediation such that IPV during pregnancy partially explained the relationship between ACEs and PTSD, (β = .096, p < .01), and depression, (β = .055, p < .05). Results also indicated that perceived social support reduced the effect of ACEs on PTSD, (β = -1.429, p < .01), and depression, (β = -.91, p < .01), but did not moderate the association between IPV and these outcomes. Implications for preventive intervention during pregnancy are discussed.

2-260

Experiences of Mental Health Symptoms and Coping Mechanisms of Displaced Adolescents in North-East Nigeria

(Abstract #1676)

Poster #2-260 (Prevent, Refugee, Terror, Civil/War, Gender, Child/Adol) A - W & C Africa **Roosevelt 1/2**

David, Onyekachi, Dammeyer, Jesper
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Internal displacement is a global problem. Although physical and psychological consequences and coping mechanisms have been documented in previous research, more knowledge from different countries is needed, with particular focus on adolescents' personal experiences.

Objective: Therefore, this study assessed the experiences of mental health and coping mechanisms among adolescents internally displaced due to the Boko Haram insurgency in the North-east of Nigeria.

Method: In this study, in-depth phenomenological interview of 15 internally displaced adolescents (IDA) were analysed. Participants were purposively recruited from three different recruitment sites.

Results: The thematic analysis showed that, next to experience of multiple vulnerabilities and profound psychological symptoms for some, displacement constituted a complex life-changing process for all. With regard to coping, the results indicated that negative coping strategies were predominantly adopted by the female gender.

Conclusion: This study affirmed that IDA

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

experience of psychological symptoms and choice of coping mechanisms might depend on their contextually perceived needs. Based on the findings effective prevention services and urgent psychosocial support for IDA are recommended.

Keywords: Internally Displaced Adolescents, Mental Health, Coping, Nigeria, Boko Haram

2-261

Parental and Social Determinants of Comprehensive Family Assessment Outcomes in Child Protective Services: Investigating Trends in Adversity Severity, Caregiver Impairment and Family Demographics

(Abstract #1251)

Poster #2-261 (Prevent, CPA, Fam/Int, Lifespan) A - N/A **Roosevelt 1/2**

Melita, Nicole¹, Grasso, Damion¹, Clough, Meghan², DiVietro, Susan², Beebe, Rebecca², Lapidus, Garry²
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²Connecticut Children's Medical Center, Hartford, Connecticut

Decisions made in Child Protective Services (CPS) are often done ambiguously, leaving rationale behind investigation decisions unclear (López, Fluke, Benbenishty & Knorth, 2015); therefore, little is known about what factors might influence assessment outcomes. The present study used a chart review approach for 100 CPS referred families randomly sampled during a 1-year period (i.e. index allegation) to examine parental and social factors that might influence decision-making processes specific to family assessment.

Multiracial families experienced more risk investigations ($M=6.7, SD=2.1; F 5,92 = 3.13, p=.012$) and safety assessments ($M=7.5, SD=1.9; F 5,92 = 2.57, p=.012$) than African American ($M=2.8, SD=2.1; M= 3.0, SD=2.3$) or White families ($M=3.2, SD=2.0; M= 3.7, SD= 2.4$), despite no major differences in adversity severity or caregiver impairment. Further, families with public assistance ($M=4.1, SD=1.6$) presented higher average neglect scores than those without ($M=2.3, SD= 1.5$) in cumulative risk assessments. Families with caregiver mental health challenges, however, presented more needs assessments ($\chi^2 = 27.2, p=.002$), documented inadequate or destructive parenting skills ($\chi^2 = 14.1, p=.029$), and chronic discord in the home

($\chi^2 = 12.1, p=.017$). Child and family level implications will be discussed to consider how decision-making processes related to family assessment could be improved.

2-262

Intentional Self-harm among Danish Veterans: Risk and Protective Factors

(Abstract #502)

Poster #2-262 (Prevent, Mil/Vets, Other) M - Industrialized **Roosevelt 1/2**

Vedtofte, Mia
Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark

Suicide in veterans has recently attracted considerable attention in Denmark. However, rates of suicide are generally low among veterans in Denmark compared to e.g. veterans in US: In 2014 veterans accounted for 18 % of all death by suicide among US adults whereas in Denmark the veterans accounted for 1,1 % of all death by suicide among Danish adults in 2014. In line with this, the prevalence of suicidal behavior among Danish veterans has in previous Danish reports been found to be lower among the veterans compared to the general population. However, it is generally recognized that being deployed increases risk of developing PTSD, especially when combat exposure level increase, and veterans who screen positive for PTSD are four times as likely to report suicidal ideation as their peers without PTSD. The predominant method for suicide risk screening is based on self-reported questionnaires, which is vulnerable to response bias and motivation. By combining Danish national register data with self-reported questionnaire including measures of PTSD, depression and other mental and physical health issues, demographics and social and combat-related factors, we have a unique possibility to examine risk and protective factors of intentional self-harm and suicide risk among Danish veterans.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

CULTURE/DIVERSITY

2-263

Sex Therapy for Ethnic Minority Survivors of Sexual Abuse

(Abstract #1685)

Poster #2-263 (CulDiv, CSA, Clinical Practice, Health, Rape, Adult) I - Industrialized | **Roosevelt 1/2**

*Westphal, Maren, Negron, Kristina
Pace University, Pleasantville, New York*

Survivors of childhood and adult sexual abuse face an increased risk for experiencing somatic symptoms and difficulties with sexual intimacy along with higher prevalence of psychiatric disorders. Research suggests that sex therapy can help reduce difficulties with sexual intimacy, however, there is a dearth of studies on the effectiveness of sex therapy with ethnic minority survivors of sexual abuse. Ethnic minority survivors of sexual abuse tend to be unaware of or misinformed about sex therapy. In addition, socioeconomic disadvantages that limit the ability to pay for treatment, stigma associated with mental health treatment, and cultural values discouraging disclosure of intimate information present significant barriers to accessing treatment. This narrative review summarizes and integrates research investigating 1) sex therapy with survivors of sexual abuse, 2) sexual difficulties in ethnic minority populations, and 3) cultural barriers to mental health treatment in ethnic minorities. We identify key challenges and promises of using sex therapy to treat difficulties with sexual intimacy in ethnic minority survivors of sexual abuse and suggest directions for future research on this understudied topic.

2-264

Changes in Social Status and Pre-migration Trauma Exposure among West African Immigrants

(Abstract #130)

Poster #2-264 (CulDiv, Refugee, Adult) M - Industrialized | **Roosevelt 1/2**

Ahmed, Sagal

Fordham University, Bronx, New York

Post-migration stressors, such as the rapid changes in social status that accompany immigration, may account for variance in mental health beyond pre-migration trauma exposure. This study aimed to identify social status indicators that change during the process of migration, such as work status, spousal reunion, and immigration status, and to examine their association with distress after accounting for potentially traumatic events.

We drew data indicating changes during migration from an archival data set from a community-based participatory research project with West African immigrants in New York City. Social status change variables ranging from 1 to -1 were created using pre- and post-migration demographic information. Potentially traumatic events were measured with an adapted version of the Life Events Checklist. Mental health outcomes were the Harvard Trauma Questionnaire and the Anxiety, Depression, and Somatic subscales of the Brief Symptom Inventory. Regression analysis suggested that several social status indicators predicted wellbeing in this population after potentially traumatic events were accounted for, R² range .15—.34. Ward’s method clustering suggested that four social status profiles existed, characterized by changes in work. Discussion will focus on the relative importance of different social status indicators in predicting post-migration well-being.

2-265

The Impact of Gun Violence on Refugees and Torture Survivors Living in the United States

(Abstract #1199)

Poster #2-265 (CulDiv, Ethnic, Refugee, Civil/War, Adult) I - Global | **Roosevelt 1/2**

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²Boston Center for Refugee Health and Human Rights/Boston Medical Center, Boston, Massachusetts*

On October 1, 2017, a gunman opened fire on a crowd of 22,000 people attending a music festival in Las Vegas, killing 58 people and injuring 546. The nation reacted in disbelief and sorrow. Refugees and asylum seekers living here at the time may have been

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

particularly impacted. This population has experienced violence and persecution in their home countries, and the prevalence of gun violence in the United States undermines the sense of security they are trying to rebuild. To understand how gun violence affects refugees and asylum seekers living in the United States, a chart review was completed drawing on clinical encounters in the wake of this event. This presentation describes how gun violence potentially affects this population and contains recommendations for clinicians working with this population. Quantitative and qualitative information is provided.

2-266

Exploration of Gender Differences in the Relation between Posttraumatic Stress Disorder and Emotional Expressivity among Trauma-exposed African Americans

(Abstract #1436)

Poster #2-266 (CulDiv, Ethnic, Gender, Adult) I - Industrialized	Roosevelt 1/2
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Suazo, Nazaret, Weiss, Nicole, Darosh, Angela
University of Rhode Island, Kingston, Rhode Island

African Americans are at heightened risk for posttraumatic stress disorder (PTSD; Roberts et al., 2011). Literature highlights the role of emotional expressivity in PTSD (Roemer et al., 2001; Tull et al., 2007). Yet, these studies have relied on predominantly White samples, despite evidence of greater emotional restriction (Consedine et al., 2004) and less emotional expression (Brantley et al., 2002) among African Americans. Therefore, one aim of this study was to examine the PTSD-emotional expressivity relation among African Americans. Further, given evidence of gender differences in PTSD (Kessler et al., 1995) and emotional expressivity (Parkins, 2012), a secondary goal was to examine the moderating role of gender in the association between PTSD and emotional expressivity. Participants were 258 African American undergraduates enrolled in a historically black college in the southern United States (67% female; M age=22.33). Participants completed validated self-report measures, including the Life Events Checklist, PTSD Checklist – Civilian Version, and Emotional Expressivity Scale. Results revealed a significant interaction between PTSD and gender, $F=6.82$, $p=.01$, such that this association was significant and

negative for women and significant and positive for men. Results indicate that gender may influence levels of emotional expressivity among African Americans with PTSD.

**TRAINING/EDUCATION/
DISSEMINATION**

2-267

Using Natural Language Processing to Examine National Trends of Evidence-based Psychotherapies for PTSD in the VA

(Abstract #28)

Poster #2-267 (Clin Res, Clin Res, Mil/Vets, Adult) M - Industrialized	Roosevelt 1/2
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Maguen, Shira¹, Madden, Erin², Li, Yongmei², Neylan, Thomas¹, Seal, Karen¹, Burkman, Kristine², Shiner, Brian³

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²*San Francisco VA Medical Center (VAMC-SF), San Francisco, California*

³*Dartmouth Medical School, White River Junction VT, Vermont*

Objective: Our goal was to use natural language processing (NLP) to examine trends and timing of PTSD evidence-based psychotherapies (EBPs) in the Veterans Health Administration (VHA) over a 15-year period following the Iraq and Afghanistan wars. Methods: NLP was used to develop a robust algorithm that could identify use of Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). We identified 265,566 Iraq and Afghanistan war Veterans who had at least two post-deployment encounters with a PTSD diagnosis, and at least one post-deployment clinic visit with a psychotherapy procedure code at a VHA facility from 10/01-8/15. All psychotherapy clinic visits for these patients were identified and linked to clinical notes. We then used the developed algorithm to identify instances of CPT and PE, and examined incidence and prevalence of EBPs across the 15-year period. Results: Incidence and prevalence increased over time and were higher for CPT vs. PE. Incidence and prevalence were $\leq 5\%$ for PE and $\leq 15\%$ for CPT per year. Overall, while 22.8% in this cohort initiated an PTSD EBP protocol, only 9.1% completed treatment. On

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

average, Veterans who complete EBPs did so three years after their initial session of psychotherapy for PTSD. Conclusions: While the use of PTSD EBPs have increased over time, increasing PTSD EBP use in a timely manner is still an important VHA priority.

2-268

The Use of Evidence-based Psychotherapy Templates in VA PTSD Treatment: Individual- and Facility-level Predictors and Association with Measurement-based Care
(Abstract #29)

Poster #2-268 (Train/Ed/Dis, Clin Res, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Sripada, Rebecca¹, Ganoczy, Dara¹, Pfeiffer, Paul¹, Rauch, Sheila², Ready, David³, Bohnert, Kipling¹
¹*VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan*
²*Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia*
³*Atlanta VAMC/Emory University, Decatur, Georgia*

Objective: When evidence-based psychotherapies (EBPs) are delivered, VA requires that providers document the session using EBP templated notes in the electronic health record. Despite this mandate, rates of EBP template use for PTSD remain low. Here we present individual- and facility-level predictors of EBP template usage and rates of measurement-based care among patients who receive templates.

Methods: EBP note templates were retrieved from VA's Corporate Data Warehouse.

Results: Across facilities, an average of 3.6% of patients with a PTSD diagnosis and 8.5% of PTSD psychotherapy recipients received at least one EBP template in 2015. Facility-level EBP template use was associated with more markers of high quality care. Individual-level EBP template use was associated with fewer markers of clinical complexity. Of those who initiated EBP, 31% received a minimally adequate course of therapy (at least 8 sessions within 14 weeks). Of those receiving a minimally adequate course of psychotherapy, 29% received measurement based care (at least 2 self-report PTSD symptom assessments).

Conclusions: Most VA patients with PTSD do not

receive EBP templates. Of those who receive templates, few receive regular symptom assessment in the electronic health record. Greater efforts are needed to improve rates of EBP template usage and measurement-based care among template recipients.

2-269

Measuring Use of Evidence-based Psychotherapy for PTSD in VA Residential Treatment Settings with Clinician Survey and Electronic Medical Record Templates
(Abstract #30)

Poster #2-269 (Res Meth, Clin Res, Clinical Practice, Res Meth, Mil/Vets, Adult) - Industrialized **Roosevelt 1/2**

Shiner, Brian¹, Leonard Westgate, Christine², Simiola, Vanessa³, Thompson, Richard⁴, Schnurr, Paula⁵, Cook, Joan⁶
¹*Dartmouth Medical School, White River Junction VT, Vermont*
²*White River Junction VA Medical Center, White River Junction, Vermont*
³*Yale University, National Center for PTSD, New Haven, Connecticut*
⁴*Independent Practice, Houston, Texas*
⁵*National Center for PTSD, Executive Division, White River Junction, Vermont*
⁶*Yale School of Medicine, West Haven, Connecticut*

Objective: Studies of evidence-based psychotherapy (EBP) implementation in VA residential PTSD programs have relied on therapist self-report. We used patient-level EBP data to corroborate therapist self-report.

Methods: 159 therapists at 38 sites completed an EBP survey in fiscal year 2015 (FY15). They reported their delivery of EBPs, including individual and group cognitive exposure (PE-I) and both individual and group cognitive processing therapy (CPT-I and CPT-G). We measured contemporaneous patient-level receipt of EBPs using electronic medical record (EMR) templates mandated for EBP documentation in FY15. We assessed correlation between therapist self-reported EBP delivery and patient receipt of EBP as measured by EMR templates using polychoric correlation coefficients.

Results: When EMR template use were mandated in FY15, the proportion of patients in VA residential PTSD programs who received at least one EBP session recorded with an EMR template increased

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

from 8.8% to 33.9%. There was adequate correlation and between survey-based and EMR-based measures of EBP receipt, with polychoric correlation values of .77 for PE-I, .69 for CPT-I, and .82 for CPT-G. Conclusion: Following a FY15 mandate, EMR templates documenting EBP delivery were widely used by therapists in VA residential PTSD programs. EBP receipt measured using EMR templates was consistent with therapist self-report.

2-270

An Innovative Fidelity Scoring Mechanism: Development of a Method to Score CBT Fidelity Based on Worksheets

(Abstract #452)

Poster #2-270 (Train/Ed/Dis, Clin Res, Tech, Prof) M - Industrialized **Roosevelt 1/2**

La Bash, Heidi¹, Johnson, Clara¹, Marques, Luana², Creed, Torrey³, Gutner, Cassidy⁴, DeRubeis, Robert³, Kuhn, Eric⁵, Mallard, Kera¹, Affrunti, Nicholas³, Canale, Caroline⁶, Soo, Youn⁷, Wiltsey Stirman, Shannon⁸

¹*National Center for PTSD (MPD-334), Veterans Affairs Palo Alto Health Care System, Menlo Park, California*

²*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts*

³*University of Pennsylvania, Philadelphia, Pennsylvania*

⁴*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts*

⁵*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California*

⁶*VA Boston Healthcare System, National Center for PTSD, Jamaica Plain, Massachusetts*

⁷*Harvard Medical School, Massachusetts General Hospital, Cambridge, Massachusetts*

⁸*NCPTSD-Dissemination & Education Div, Palo Alto Healthcare System, Menlo Park, California*

Research points to the importance of conducting cognitive behavioral therapies (CBTs) with fidelity to maximize client impact. However, the current “gold standard” for determining CBT fidelity is rating therapy sessions recordings, which requires substantial time and upfront training. The current study aims to expand and test a more scalable strategy to rate CBT fidelity, based on a common

element employed in most CBTs – worksheets to target maladaptive thoughts and behaviors. Pilot results for rating fidelity based on Cognitive Processing Therapy (CPT) worksheets indicate excellent inter-rater reliability for overall therapist adherence (n = 599 sessions, r = .97) and competence (n = 516 sessions, r = .86), moderate feasibility (Wiltsey Stirman et al., 2016), with a mean completion time of 7.04 minutes, and generally believed to be easy to use (n = 1,528; M = 2.57 out of 6; SD = 1.59). Based on these findings, we developed a general fidelity coding system for CBT worksheets that uses a 2- and 3-point Likert scale to assess adherence and competence, respectively. This presentation will report on the development of the online scoring system and the results of the developmental phase of the study, using archival data (n = 98 clients). Practical implications and suggest will be discussed about the use of technology in collecting and using fidelity data based on this approach.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

ASSESSMENT/DIAGNOSIS

2-271

Males among the Bereaved and Survivor Family Members (BSFM) of Casualties of the South Korea Ferry Disaster Showed less Posttraumatic Growth and more Suicidal Ideation over 3 Years

(Abstract #1668)

Poster #2-271 (Assess Dx, Gender, Adult) A - E Asia & Pac Roosevelt 1/2

Sinclair, Sungchoon¹, Hwang, Jihyun², Chae, Jeong-Ho²

¹National Center for Veterans Studies and University of Utah, Salt Lake City, Utah

²The Catholic University of Korea, Seoul, Republic of Korea

On 16 April 2014, the Sewol ferry in South Korea sank, causing the deaths of 304 passengers. To see what and how changes occur for BSFM in posttraumatic growth (PTG), the presence of meaning in life (PMIL), search for meaning in life (SMIL), and suicide ideation (SI), we followed them over a period of 3 years. We used a Repeated Measure of Actor-Partner Interdependence Model (RM APIM; Kenny et al., 2006) with dynamical systems method (Butner & Story, 2010) to test how PTG, PMIL, SMIL, and SI changed over 3 years measured at three consecutive time points from 2015 to 2017. A total of 222 BSFM (58% female; mean age = 44.59 y) participated. The results indicate that each variable stabilized itself through time. Although each variable sustained itself, SMIL and SI were more dynamic in contrast to PTG and PMIL in general in relation to other simultaneous change variables. Importantly, sex differences emerged in the prediction of change in SI. Males tended to show faster stability in SI and collaborated with it in the cases of PTG and PMIL and resisted it when it comes to SMIL and relative to females, whereas the opposite patterns were true for females.

2-272

The Relationship between Complex PTSD and Frequency of Traumatic Events in Women Exposed to Interpersonal Violence

(Abstract #874)

Poster #2-272 (Assess Dx, Complex, Gender, Adult) I - Industrialized Roosevelt 1/2

Haven, Sophie, Bruce, Steven

University of Missouri St. Louis, St. Louis, Missouri

The new version of the International Classification of Diseases (ICD-11) includes a diagnosis of Complex PTSD (CPTSD). As experiencing chronic trauma is a risk factor for developing CPTSD, it is pertinent to understand if the number of traumatic events an individual experiences is also a risk factor for developing CPTSD. The sample included 86 women who reported at least one instance of interpersonal violence. Traumas were quantified using the Life Events Checklist. An event category was included if the participant witnessed the event or the event happened to them. The number of traumas reported was significantly correlated with PTSD symptoms, $r=.371, p<0.001$. An ANOVA tested the relationship between group membership (healthy trauma exposed controls (CON) $n=16$, PTSD $n=28$, or CPTSD $n=42$) and number of traumatic events. The overall model was significant $F(2, 83)=5.50, p<0.01, R^2=11.69\%$. Tukey's HSD indicated a significant difference between CPTSD ($M=6.64, SD=2.27$) and CON ($M=4.88, SD=2.50$), $p<0.05$, and CPTSD ($M=6.64, SD=2.27$) and PTSD ($M=5.18, SD=1.96$), $p<0.05$, with more traumatic events being associated with being in the CPTSD group. There were no significant differences between PTSD and CON, $p>0.05$. These results support potentially including the number of traumatic events as a risk factor for developing CPTSD in women.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-273

Childhood Polyvictimization and the Association between PTSD and Depression across the Lifespan

(Abstract #849)

Poster #2-273 (Assess Dx, Assess Dx, Chronic, Aging, Adult) M - Industrialized **Roosevelt 1/2**

Miller-Graff, Laura, Paulson, Julia, Scheid, Caroline, Grein, Katherine, Buerk, Ellen
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Substantial research has documented the high comorbidity between symptoms of depression and PTSD in individuals exposed to traumatic events. Few studies, however, have examined the concordance of these disorders across the lifespan. The current study represents an initial foray into this work by examining the associations between posttraumatic stress and depression in a sample of individuals victimized in childhood (N = 253) who represented a broad range of ages (Range 18-62). Participants provided retrospective reports on childhood victimization, past year stress, and current symptoms of posttraumatic stress and depression. Hierarchical regression analyses, controlling for number of traumatic exposures and past year stressors, indicated that although both depression and posttraumatic stress symptoms were lower for older than for younger individuals ($r = -.16, p < .05$; $r = -.01, p < .05$, respectively), the relationship between posttraumatic stress symptoms and depression was significantly stronger for older than for younger individuals ($r = .21, p < .01$). These findings suggest that although symptoms of psychopathology improve across the lifespan, comorbidity between posttraumatic stress and depression increases. These findings provide an important foundation for further exploration of the causal relationship between symptoms of depression and symptoms of posttraumatic stress over time.

2-274

Initial Psychometric Validation of the Timberlawn Couple and Family Evaluation Scales-Self-report and Relation to PTSD and Depression Symptom Severity in Veterans

(Abstract #898)

Poster #2-274 (Assess Dx, Assess Dx, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Holliday, Ryan¹, Holder, Nicholas², Wiblin, Jessica³, Suris, Alina³

¹Rocky Mountain MIRECC, Denver, Colorado

²Cohen Military Family Clinic at Metrocare, University of Texas Southwestern Medical Center, & Veterans Affairs North Texas Health Care System, Dallas, Texas

³Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas

Posttraumatic stress disorder (PTSD) and depression are associated with poorer relationship functioning in veterans; however, understanding of specific components of functioning associated with these psychiatric disorders remains limited. A brief, self-report measure- based on a validated observational tool- was developed which assessed multiple domains of relationship functioning (Timberlawn Couple and Family Evaluation Scales- Self-Report [TCFES-SR]). Factor structure, convergent validity to other measures of relationship functioning, internal consistency, and relationship to measures of PTSD and depression symptoms were assessed in a sample of 86 male and female veterans with PTSD who were currently in a relationship. Two factors were identified: Relationship Quality (RQ) and Disagreement Quality (DQ). Significant convergent validity between these factors to validated measures of relationship quality, power equality, and conflict resolution was found. Additionally, DQ, but not RQ, predicted PTSD and depression symptom severity after accounting for sociodemographic variables. These results provide initial support for the TCFES-SR as a brief measure of relationship functioning. DQ may be an important factor to consider when assessing for and treating veterans with PTSD who are in a relationship.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-275

Concordance of Electronic Health Record and Self-Report Measures of PTSD among Service Members and Effects on Treatment Engagement and Symptom Trajectories

(Abstract #711)

Poster #2-275 (Assess Dx, Mil/Vets, Care, Adult) M - Industrialized **Roosevelt 1/2**

Morgan, Maria, Kelber, Marija, O’Gallagher, Kevin, Belsher, Bradley

Department of Defense, Silver Spring, Maryland

Posttraumatic stress disorder (PTSD) may be underreported in patients’ electronic health records (EHRs) for many reasons, including clinician and patient factors. This is a concern because primary care patients with a mental health diagnosis in the EHR are more likely to receive mental health treatment. In the current study, 470 active duty Service members who met DSM-IV-TR criteria for probable PTSD based on a self-administered PTSD Checklist (PCL-C) were grouped according to whether they did or did not have a PTSD diagnosis in the EHR. Utilization data and self-report measures were collected as part of a larger, randomized effectiveness trial. Using Military Health System encounter records, we found that only 30% of participants had a diagnosis of PTSD in the EHR, and groups differed significantly ($p < 0.05$) in symptom trajectory. We will report on baseline differences in symptom severity and comorbidities and will identify predictors of whether PTSD is documented in the EHR. The findings from this research will be discussed in the context of other literature to examine potential reasons for discordance in self-report and encounter-level diagnosis of PTSD. The implications of PTSD diagnostic accuracy in large health systems will be further explored.

2-276

Interoceptive Awareness in PTSD

(Abstract #1643)

Poster #2-276 (Assess Dx, Clinical Practice, Health, Adult) I - N/A **Roosevelt 1/2**

Lockett, McKenzie, Pyszczyński, Tom
University of Colorado at Colorado Springs,
Colorado Springs, Colorado

Individuals with Posttraumatic Stress Disorder (PTSD) often struggle to identify physical and emotional experiences, which may impact social functioning and health. Understanding interoceptive awareness – awareness of internal bodily states – in relation to PTSD may provide clarity for treatment. The present study examined associations among PTSD symptom clusters and aspects of interoceptive awareness in 156 participants. Pearson bivariate correlations examined associations among the Posttraumatic Stress Checklist (PCL) and the Multidimensional Assessment of Interoceptive Awareness (MAIA). All four PCL symptom clusters were negatively associated with awareness of body sensation ($ps < .001$). Re-experiencing symptoms were positively associated with mind-body integration ($r = .177, p < .05$), suggesting that individuals who experiencing intense emotional and physical reactions to reminders of their traumatic experience are more aware of the connection between body and mind. Avoidance symptoms were positively associated with mind-body integration as well ($r = .213, p < .05$). Symptoms of negative alterations in cognition and mood were negatively associated with ability to view one’s body as trustworthy and safe ($r = -.273, p < .005$). These analyses provide exploratory evidence for how different trauma symptoms might relate to various aspects of interoceptive awareness.

2-277

Serial Mediation between Sexual Orientation Outness, Daily Heterosexism, Emotion Dysregulation and Alcohol-use in Gay, Lesbian, and Bisexual Individuals

(Abstract #330)

Poster #2-277 (Assess Dx, Aggress, Health, Orient, Adult) M - Industrialized **Roosevelt 1/2**

Villarreal, Lillianne, Hsieh, Claire, Charak, Ruby
The University of Texas Rio Grande Valley,
Edinburg, Texas

The present study assessed the relation between outness about one’s sexual orientation and alcohol use in a sample of gay, lesbian, and bisexual (GLB) people. The mediating roles of minority stress in sexual minorities, operationalized as daily heterosexist experiences (DHE; e.g., discrimination,

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

victimization), and emotion dysregulation (ER) in the association between outness and alcohol use were investigated via standardized measures. It was hypothesized that a greater degree of outness would be associated with decreased alcohol-use via decreased exposure to DHE and lower ER. Participants were 288 emerging adults in the age range of 18-29 years ($M = 25.35$, $SD = 2.76$; 41.7% gay/lesbian). Results indicated that 8.7% of people scored higher than the cut-off score of 8 on alcohol-use, indicative of problematic use of alcohol. Findings suggested a serial mediation between outness and alcohol-use via DHE and DERS, in that the serial indirect effect was significant ($B = -.01$, $CI = -.02 - .001$). The two indirect effects via DHE ($B = -.001$, $CI = -.006 - .002$) and DERS ($B = -.05$, $CI = -.08 - .03$) were also significant. Clinical interventions should be directed toward imparting emotion regulation skills to those at increased risk of alcohol abuse.

2-278

Association between Polyvictimization and Alcohol use in Gay, Lesbian, and Bisexual People: Mediating Role of Domains of Emotion Dysregulation

(Abstract #1257)

Poster #2-278 (Assess Dx, CPA, Health, Orient, Adult) M - Industrialized	Roosevelt 1/2
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Villarreal, Lillianne, Hsieh, Claire, Cantu, Jorge, Charak, Ruby
The University of Texas Rio Grande Valley, Edinburg, Texas

The present study assessed the relation between polyvictimization, defined as exposure to 15 childhood adverse events, and alcohol-use in a sample of gay, lesbian, and bisexual (GLB) people. Further, the mediating role of five domains of emotion dysregulation (ER) namely, lack of emotional clarity, difficulty engaging in goal-directed behavior, impulsivity under distress, limited access to effective emotion regulation strategies, nonacceptance of emotional responses, was investigated. It was hypothesized that polyvictimization would be associated with alcohol use via various domains of ER, specifically through impulsivity. Participants were 288 emerging adults in the age-range of 18-29 years ($M = 25.35$, $SD = 2.76$;

61.8% female; 41.7% gay/lesbian). Results indicated that 16.3% of people had experienced polyvictimization and 8.7% scored higher than the cut-off score of 8 on alcohol-use indicative of problematic use of alcohol. Findings suggested a partial mediation between polyvictimization and alcohol-use via ER domains of lack of clarity ($B = .43$, $CI = .05-1.00$), and impulsivity ($B = .48$, $CI = 0.06-1.00$). No other indirect effects were significant. Identifying GLB people with exposure to childhood polyvictimization can reduce risk of alcohol abuse. Clinical interventions should be directed toward imparting emotion regulation skills to victim-survivors of polyvictimization.

2-279

Assessing Relations between a 7-Factor Hybrid Model of DSM-5 PTSD Symptoms and Anxiety Sensitivity's Cognitive Concerns Dimension

(Abstract #143)

Poster #2-279 (Assess Dx, Affect/Int, Anx, Cog/Int, Adult) M - Industrialized	Roosevelt 1/2
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²*The University of Texas Rio Grande Valley, Edinburg, Texas*
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We assessed relations between latent factors of a 7-factor hybrid model of DSM-5 PTSD symptoms, and dimensions of anxiety sensitivity. The 7-factor hybrid model of PTSD, as assessed by the PTSD Checklist-5, has received support in different clinical samples. Anxiety sensitivity's cognitive concerns (assessed by the Anxiety Sensitivity Index-3), or fear of lack of cognitive control, plays a role in PTSD symptomatology. Participants were 382 trauma-exposed community members recruited through Amazon's Mechanical Turk. Confirmatory factor analyses using maximum likelihood estimation with robust standard errors showed good-to-excellent model fit for the 7-factor hybrid model of PTSD, the 3-factor model of anxiety sensitivity, and a combined PTSD/anxiety sensitivity model. Wald chi-square tests revealed the cognitive concerns factor was more associated with PTSD's externalizing behaviors

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

factor ($r = .77$) than its intrusion ($r = .65$; $p = .005$), avoidance, ($r = .58$; $p = .0001$), anhedonia ($r = .64$; $p = .001$), and anxious arousal factors ($r = .62$; $p = .002$). No differences for cognitive concerns were found between externalizing behaviors and negative affect or dysphoric arousal. Results suggest individuals with anxiety sensitivity's cognitive concerns could be at risk for increased externalizing behaviors (e.g., substance use). Clinical and theoretical implications are discussed.

2-280
The Predictive Relations of Emotional Expressivity Dimensions to DSM-5 PTSD Symptom Clusters
 (Abstract #354)

Poster #2-280 (Assess Dx, Affect/Int, Adult) M - Industrialized Roosevelt 1/2

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²University of Rhode Island, Kingston, Rhode Island
³Valparaiso University, Valparaiso, Indiana

Background. A growing body of literature suggests a significant association between posttraumatic stress disorder (PTSD) and emotional expressivity. Additionally, the contribution of positive and negative emotions (expressivity and/or regulation) is implicated in PTSD's symptomatology. The current study examined facet-level relationships between emotional expressivity and PTSD. We investigated which emotional expressivity dimension (positive expressivity, negative expressivity, impulse strength) most strongly related to DSM-5 PTSD symptom clusters (intrusions, avoidance, negative alterations in cognition and mood [NACM], and alterations in arousal and reactivity [AAR]).

Methods. The sample of 123 trauma-exposed participants seeking mental health treatment completed the PTSD Checklist for DSM-5 (PCL-5) and the Berkeley Expressivity Questionnaire (BEQ).

Results. Results of multiple regression analyses indicated that only intensity of emotion and difficulty in controlling such emotions (i.e., impulse strength) was strongly related to all four PTSD symptom clusters. Valence of emotional expressivity was not related to any of the PTSD symptom clusters.

Conclusions. Results highlight the role of emotional expressivity, specifically impulse strength, in PTSD's symptomatology and may inform guidelines for emotion-focused clinical work for trauma-exposed individuals with PTSD symptoms.

2-282
Childhood Maltreatment among Low-income Women across the Perinatal Period: Convergent Validity of the Adverse Childhood Experiences (ACEs) Questionnaire and the Childhood Trauma Questionnaire (CTQ)
 (Abstract #238)

Poster #2-282 (Assess Dx, Assess Dx, CPA, CSA, Res Meth, Adult) I - Industrialized Roosevelt 1/2

Schmidt, Madison¹, Narayan, Angela¹, Atzl, Victoria², Rivera, Luisa³, Lieberman, Alicia⁴
¹University of Denver, Denver, Colorado
²University of Maryland School of Medicine, Baltimore, Maryland
³Emory University, Atlanta, Georgia
⁴University of California, San Francisco - San Francisco General Hospital, San Francisco, California

We examined the convergent validity of the Adverse Childhood Experiences (ACEs) questionnaire and the Childhood Trauma Questionnaire (CTQ) for assessing childhood maltreatment in 77 women ($M=29.19$, $SD=6.55$, range=18-44 years; 34% Latina, 24% White, 22% African-American, 20% multiracial/other; 18% Spanish-speaking) during the pregnancy period and three months post-partum. We hypothesized that total childhood maltreatment and maltreatment subtypes would be significantly associated, indicating concordance across instruments. We assessed patterns of inconsistent responding and the sensitivity and specificity of ACEs maltreatment subtypes predicting CTQ subtypes. Results supported total and subtype concordance of childhood maltreatment across instruments. A small subset of women had high minimization/denial of maltreatment experiences. They typically minimized maltreatment consistently across instruments and reported significantly less contemporaneous depression and PTSD symptoms than women with low minimization/denial. These findings indicate that subgroups of pregnant women

minimize prior adversity and current distress, but correlates of women who responded inconsistently across instruments were less clear. This study reveals the strengths and tradeoffs of two well-known instruments when assessing childhood maltreatment histories in low-income, vulnerable populations.

2-284

Self-rated versus Clinician-rated Assessment of Posttraumatic Stress Disorder: An Evaluation of Diagnostic Discrepancies between the PCL-5 and CAPS-5

(Abstract #167)

Poster #2-284 (Assess Dx, Clin Res, Rape, Adult) M - Industrialized **Roosevelt 1/2**

Kramer, Lindsay, Whiteman, Sarah, Petri, Jessica, Spitzer, Elizabeth, Weathers, Frank
Auburn University, Auburn, Alabama

PTSD is commonly assessed with questionnaires or structured interviews. Although these distinct assessment methods are strongly associated, they can lead to different diagnostic conclusions. To date, no studies have empirically identified the sources for these discrepancies. Accordingly, the present study had three aims: (a) replicate previously identified discrepancies; (b) examine the contribution of several objective predictors of discrepancies, including negative response bias, verbal IQ, conscientiousness, and neuroticism; and (c) identify subjective predictors of discrepancies through qualitative analysis of participant feedback. Trauma-exposed undergraduates (current N= 25; target N=100) were administered the PCL-5, the CAPS-5, and several other self-rated measures. Results indicated that the most discrepant symptoms were avoidance of reminders, blame, and negative emotions. Additionally, multiple regression analysis revealed that only conscientiousness and neuroticism predicted discrepancy for a few symptoms, and effect sizes were small. Lastly, qualitative analyses revealed the most commonly reported reasons for discrepancies were that the CAPS-5 reiterated the time frame, explicitly linked symptoms to the index event, inquired in greater detail, and facilitated greater disclosure. Implications for assessing PTSD in clinical and research contexts will be discussed.

2-286

Fear of Emotion and Posttraumatic Stress Symptoms among Trauma-exposed Veterans

(Abstract #115)

Poster #2-286 (Assess Dx, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Arditte Hall, Kimberly¹, Mitchell, Karen²
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²National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts

Posttraumatic stress disorder (PTSD) is characterized by broad-based difficulties with emotion regulation; however, the extent to which the disorder is associated with fear of experiencing particular emotions remains less well understood. The Affective Control Scale (ACS) is a frequently used measure of fear of emotion, but it is not yet validated for use in PTSD studies. Trauma-exposed Veterans (N = 347) completed online assessments, including the ACS and the PTSD Checklist for DSM-5 (PCL-5). Examination of the ACS factor structure revealed that a model with one higher-order factor (i.e., fear of emotion) and four first-order factors (i.e., fear of anger, fear of depression, fear of positive affect, and fear of anxiety) was a strong fit to the data (RMSEA = .06; SRMR = .04; CFI = .94). Fear of emotion was positively associated with all four DSM-5 PTSD symptom clusters (rs =.33 to .53; ps < .001). After controlling for the higher-order factor, fears of specific emotions were associated with specific PTSD symptoms. For example, fear of anger was associated with re-experiencing, dysphoric, and hyperarousal symptoms, whereas fear of depression was only associated with dysphoric symptoms (all ps < .05). Thus, both general and specific fears of emotion are associated with the severity of specific PTSD symptoms in trauma-exposed Veterans. Clinical implications will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-287

Betrayal Trauma Predicts Negative Self-perception above and beyond Observed Behavior in Trauma-exposed Adolescents
(Abstract #951)

Poster #2-287 (Assess Dx, Chronic, Fam/Int, Child/Adol) M - Industrialized **Roosevelt 1/2**

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Exposure to early trauma can distort cognitions about the self, others, the world, and is linked to posttraumatic stress symptoms (Browne & Winkleman, 2016). Cognitive theory suggests that these negative cognitions produce unhelpful coping mechanisms that maintain or exacerbate PTSD symptoms (Ehlers & Clark, 2000; Resick et al., 2016). The present study examined the relationships between betrayal trauma history, emotion regulation, self-perception, and observed behavior during two interpersonal problem-solving tasks in trauma-exposed adolescents. Adolescents (n = 53) completed a low stress and high stress lab task with their maternal caregiver. Results indicated that adolescents with a history of betrayal trauma perceived themselves as less cooperative during the low stress task, even after controlling for their observed positive and negative behavior. This outcome was fully mediated by self-reported emotion regulation difficulties (bootstrapped indirect effect, $b = .19$, $SE = .12$, 95% CI [0.0014, 0.5311]). Additionally, perceiving oneself as less cooperative in the first (low stress) task was related to more aggressive behavior in the second (high stress) task, $r = .51$, $p < .001$. Results suggest that difficulties in emotion regulation stemming from betrayal trauma may distort self-perceptions during interpersonal interactions, which may then contribute to aggressive behavior.

LATE BREAKING POSTERS

2-291

Interpersonal Impact of Sexual Violence in Romantic Relationships
(Abstract #1758)

Poster #2-291 (Assess Dx, Chronic, DV, Rape, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Watters, Kayleigh¹, Stewart, Amber¹, Levendosky, Alytia², Lannert, Brittany³, Yalch, Matthew¹

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Sexual violence in intimate romantic relationships is common on college campuses and is associated with impaired relational functioning and other psychosocial problems. One reason why this kind of violence has such a negative impact on women is that it is confusing: sexuality is a means of deepening intimate connection, but sexual violence is aggressive and results in alienation. In order to address this ambiguity, it would be useful to examine the interpersonal impact of women's experience of sexual violence in romantic relationships, although there has been little empirical research on this. In this study, we examined the interpersonal impact of sexual violence in the romantic relationships of a sample of women enrolled in a large public university (N = 565) using a recently developed bootstrapping method of evaluating the interpersonal valence of psychological constructs. Results suggest that sexual violence has an aggressive-domineering impact on women who experience it. This is consistent with women feeling worthless and withdrawing from others in the aftermath of sexual violence in their relationships (the complementary reaction to domineering aggression). These findings also imply that a warm, autonomy-

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

granting approach to clinical intervention may be helpful in attenuating the impact of the sexual violence in romantic relationships.

2-292

A Systematic Review and Meta-Analysis on PTSD Following TBI Among Military and Civilian Population

(Abstract #1774)

Poster #2-292 (Assess Dx, Acc/Inj, Assess Dx, Complex, Mil/Vets, Adult) M - Global Roosevelt 1/2

*Belleville, Geneviève, Ouellet, Marie-Christine, Loignon, Alexandra
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Whether posttraumatic stress disorder (PTSD) is more frequently observed in populations with traumatic brain injury (TBI) than in other trauma-exposed populations and in military than in civilian population remains unclear. A systematic review and meta-analysis was conducted in seven databases and with reference lists from the 33 identified studies and other relevant reviews. PTSD touched 28% (95% CI=22.7 to 34.1) of the TBI samples, which was significantly 2.68 times more than the observed 12% (95% CI=8.3 to 15.7) in Non-TBI samples. PTSD after TBI was more frequently observed in military samples than in civilian ones (38% against 16%), Civilian and military samples were respectively 1.26 and 4.18 times more inclined to present PTSD after TBI than when they did not present TBI. PTSD following TBI was more frequent in studies on US samples (against other countries), when the mechanism of injury was blast (against MVA), and when studies contained a larger proportion of males than females.

2-293

The Effects of Posttraumatic Stress Symptoms and Cognitive Functioning on Risky Behavioral Engagement among Female Survivors of Intimate Partner Violence

(Abstract #1854)

Poster #2-293 (Assess Dx, Acc/Inj, Cog/Int, DV, Adult) I - Roosevelt N/A 1/2

*Mattern, Alexandra¹, Arnett, Peter¹, Meyer, Jessica²
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PTSD symptom severity and head injury following intimate partner violence (IPV) victimization may influence women’s risky behavioral engagement. Simultaneous consideration of these factors may clarify processes that contribute to such behavior. This study was designed to determine if the severity of women’s risky behavioral engagement is associated with their PTSD severity and cognitive functioning, and if cognitive functioning moderates the relation between PTSD severity and risky behavioral engagement. Objective memory, executive functioning, and processing speed, along with self-reported PTSD symptom severity and risky behavioral engagement, were assessed among 44 women with a history of physical IPV victimization. Women’s PTSD severity predicted their risky behavioral engagement among those with high (b = .77, t = 3.53, p = .001), but not low (b = -.17, t = .01, p = .54), memory performance. This moderation effect was specific to memory performance, with no moderating effect found for executive functioning or processing speed. Women with relatively better memory performance may engage in more severe risky behavior in the context of their own PTSD. Consistent with research, women with better memory performance may possess greater

trauma-related memory and subsequently engage in risky behavior as a means of coping with associated distress.

2-294
Maternal History of Interpersonal Trauma and Child Temperament: Differential Associations for Boys and Girls
(Abstract #1743)

Poster #2-294 (Bio Med, Intergen, Gender, Lifespan) M - Industrialized **Roosevelt 1/2**

Berthelot, Nicolas, Lemieux, Roxanne, Loïselle, Mathilde, Garon-Bissonnette, Julia
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Maternal history of interpersonal traumas (IT) may have an early effect on the child's temperament (Bouvette-Turcot et al., 2015) through genetic/epigenetic risk factors and alterations in the parent-infant interactions. This association may be modulated by the gender of the child. The study aimed to evaluate the association between maternal history of IT and child temperament in a community sample of 160 mother-child dyads. Mothers completed the CTQ and a parent-report questionnaire about their youngest child's temperament. The IBQ, the ECBQ or the CBQ was used according to the age of the child. A significant interaction effect was observed between the severity of maternal IT and offspring gender on the dimension of Effortful control ($\beta = 0.06$, $t_{3,154} = 4.19$, $p < .001$), with a more negative impact when the child was a girl. There was no significant effect of maternal IT on the dimensions of Negative affectivity and Surgency/Extraversion. However, a significant interaction effect was observed between maternal childhood sexual abuse specifically and offspring gender on the dimensions of Effortful control ($\beta = 0.14$, $t_{3,155} = 3.45$, $p = .001$) and Surgency/Extraversion ($\beta = -0.11$, $t_{3,154} = 2.32$, $p = .02$). Results suggest that maternal exposure to IT may affect the development of

her offspring temperament, particularly when the child is a girl.

2-295
Everyone May Not Love Dogs: Racial Differences in Declining Study Consent in a Human-Animal Interaction Trial for Veterans with PTSD
(Abstract #1789)

Poster #2-295 (Clin Res, Cul Div, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Interest in using animals to provide emotional support to individuals with posttraumatic stress disorder (PTSD) has increased over the past decade; however, the literature to support the use has remained limited. We designed a randomized controlled trial to examine a proposed theory that human-animal interaction may address emotional numbing symptoms of PTSD among veterans. We are nearly finished with Project RESCUE: Recovery through Engagement with Shelter Canines, Understanding, and Exposure, a mixed methods study where veterans receive 12 sessions of Prolonged Exposure; half of the participants are randomized to specific in vivo exercises at local animal shelters. We have recruited 91 veterans thus far, and consented 35. Of the 56 veterans who did not consent, significantly more black veterans declined to participate in the study compared to white veterans [$X^2(1, 55) = 7.9$, $p = .004$]. There were no other significant differences between veterans who consented to the study versus those who declined. While the study is still recruiting final participants, these findings highlight the importance is understanding racial and cultural differences

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

when it comes to study design. More work is needed to better understand the relationship between race and human-animal interaction as an adjunctive intervention for PTSD.

2-296
PTSD and Emotional Dysregulation: A Bayesian Network Analysis
(Abstract #1811)

Poster #2-296 (Clin Res, Affect/Int, Clin Res, Theory, Adult) A - Industrialized **Roosevelt 1/2**

Haws, James, Edwards, Madison, Hansmeier, Haley, DiLillo, David
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The purpose of this study is to examine the symptom-to-symptom interactions between PTSD and emotion dysregulation using a Bayesian network approach. Participants were 266 women from the community who met criteria for a likely diagnosis of PTSD on the PCL-C (Weathers et al., 1993). Participants also completed Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004). The graphical LASSO network examined partial correlations between pairs of symptoms between PTSD and emotion dysregulation (Epskamp et al., 2018). The bridge symptoms linking PTSD and emotion dysregulation were difficulties with concentration and engaging in goal-directed behavior. The Bayesian network (Scutari, 2010) highlights emotional dysregulation's structural priority in trauma psychopathology, which is consistent with perspectives that emotional dysregulation is a key to the etiology of PTSD (Messman-Moore et al., 2010). The primary clinical relevance of the network perspective identifies what symptoms could be the primary targets of therapeutic intervention. Upstream symptoms appearing near the top of the network, in this case anhedonia, engaging in goal-directed behavior, and difficulties with concentration, may be primary targets as they

appear to be the sources of activation driving PTSD and emotion dysregulation.

2-297
Trauma Type and Posttraumatic Stress Symptoms as a Model for Predicting Alcohol Use among Young Adults
(Abstract #1834)

Poster #2-297 (Clin Res, Health, Sub/Abuse, Adult) I - N/A **Roosevelt 1/2**

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²McMaster University, Hamilton, Ontario, Canada

Trauma exposure and posttraumatic stress symptoms (PTSS) are common among college students. Though PTSS is a significant predictor of alcohol use, few studies have investigated specific trauma subtypes. Some evidence suggests that intentional trauma (e.g., sexual abuse, torture) is associated with higher levels of PTSS, compared to non-intentional; associations with alcohol misuse have not been explored. We studied these variables in a young adults sample. Young adults (n=412, Mage = 22.6, 59.4 % female, 37.3% African-American) completed a survey of health behaviors. Measures included the Life Events Checklist (LEC), PTSD Checklist for DSM-5, Young Adults Alcohol Consequences Questionnaire, and Daily Drinking Questionnaire. Participants were categorized into two groups based on the number of intentional and non-intentional traumas on the LEC they reported experiencing directly or witnessing (primarily intentional, primarily non-intentional). Hierarchical regression results indicate trauma type, explaining 18% of the variance ($F(2, 409) = .78, p > .005$), and PTSS severity, explaining an additional 17.7% of the variance ($F(1, 408) = 87.95, p < .001$), are significant predictors of alcohol consequences but not of consumption. Findings suggest that trauma type may be an important risk factor for PTSS and alcohol

consequences. Implications for future research will be discussed.

2-298

Sexual Assault on Campus: Female's Psychological Flexibility and PTSD Symptoms

(Abstract #1836)

Poster #2-298 (Clin Res, Rape, Adult) I - N/A **Roosevelt 1/2**

Cole, Shania, Karlsson, Marie, Bordieri, Michael
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The purpose of this study was to explore the interactive effects of psychological flexibility and exposure to an unwanted sexual encounter on the PTSD symptom severity in a university sample. Two hundred and six female undergraduate participants were examined, 72 (35%) of whom had experienced a sexual unwanted encounter. Participants completed the following measures: the Acceptance and Action Questionnaire-II (AAQ-II), the Life Events Checklist (LEC), and the PTSD Checklist for DSM-5 (PCL-5). Both exposure to an unwanted sexual encounter ($r=.22, p=.001$) and psychological inflexibility ($r=.63, p<.001$) were associated with PTSD symptom severity. Psychological inflexibility remained significant in the interactive regression model ($\beta=.96, t=9.02, p<.001$), and no interactive effect was found. This suggests that psychological flexibility serves as a strong predictive factor for the development of PTSD symptoms, and that interventions targeting psychological flexibility may increase psychological resilience in college populations.

2-299

Effects of TBI and PTSD Symptoms on Cognitive Performance among United States Active Duty Service Members

(Abstract #1848)

Poster #2-299 (Clin Res, Acc/Inj, Acute, Cog/Int, Health, Adult) M - Industrialized **Roosevelt 1/2**

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TBI and PTSD have been labeled “signature wounds” of the conflicts in Iraq and Afghanistan. These debilitating conditions can result in considerable cognitive concerns for a significant number of service members. Despite their frequent comorbidity and overlapping symptoms, there is a dearth of knowledge regarding the combined effects of TBI and PTSD on cognitive performance. The present study examined the potentially synergistic effects of comorbid TBI and PTSD symptoms (PTS) on cognitive functioning using data from 211 active duty service members previously collected as part of a larger clinical database. In accordance with normal standard of care procedures, service members completed a variety of self-reports, including the PTSD Checklist (PCL-C), as well as an objective cognitive assessment, the Automated Neuropsychological Assessment Metrics (ANAM4 TBI). Notably, service members with TBI did not significantly differ from those with PTS-only on cognitive performance; however, individuals with both TBI and PTS performed worse than those with either condition alone. These results suggest there may be something unique about the combination of TBI and PTSD and their subsequent influence on cognitive

performance. Findings illustrate the complexity of the relationship between PTSD and TBI and highlight the need for further research in this area.

2-300

Repercussions of Sexual and Physical Trauma: The Impact of Lingering Negative Attitudes about Touch

(Abstract #1850)

Poster #2-300 (Clin Res, DV, Fam/Int, QoL, Rape, Adult) I - N/A | **Roosevelt 1/2**

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Our health and behavior is manifested through a dynamic cycle of interacting factors: environmental, personal, and behavioral. Interpersonal relationships contribute to this interaction, providing benefits such as increased social support and decreased loneliness. Positive touch in relationships can communicate attention and care. However, interpersonal touch can also be used negatively such as sexual or physical trauma. Understanding how sexual or physical trauma might influence an individual's attitudes towards touch is important to explore. Previous experience of sexual or physical trauma might negatively influence the amount of current touch with an intimate partner, and also affect psychological well-being. The current study surveyed individuals (N=438) who were in an intimate relationship of six months or longer. We predicted a negative relationship between extent of previous sexual or physical trauma and relational touch frequency, as well as individual well-being. Further, that these links between trauma and frequency of touch, and trauma and well-being, would be explained by negative touch attitudes. Structural Equation Modeling analysis supported these hypotheses. Thus, lingering negative touch attitudes following trauma could be an underlying mechanism

influencing negative effects on social and individual functioning.

2-301

Child Trauma Exposure Affects Parental Post-Traumatic Stress Disorder and Parenting Behaviour in Refugees: A Longitudinal Analysis

(Abstract #1826)

Poster #2-301 (Clin Res, Dev/Int, Refugee, Intergen, Child/Adol) I - N/A | **Roosevelt 1/2**

Altmann, Sarah, Bryant, Richard, Richardson, Rick, Nickerson, Angela
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Refugee children are vulnerable to poor mental health outcomes as they experience high levels of trauma and the stress of forced migration. Mental health outcomes in refugee children are influenced by their parents' mental health, but few studies examine the potential mechanisms of this association, such as parenting. Furthermore, little research has examined whether the child's trauma impacts parental outcomes. Our study implemented a multi-group path analysis to examine these associations in families where the children had or had not been exposed to traumatic events. We found that the relationship between parent's cumulative trauma exposure and PTSD severity existed only for parents whose child had not experienced trauma (b= .240, SE .060, P= .00 versus b= .030, SE .095, P= .76). This indicates that the dose-response association between trauma exposure and PTSD may not exist for parents of a traumatised child. Further, distinct mechanistic pathways emerged between parent PTSD and harsh parenting for each group, with explosive anger mediating this relationship for parents of children without trauma (b= .074, SE .028, P= .007), and intrusive fears for family mediating the relationship for parents of traumatised children (b= .068, SE .036, P= .062). Our results show that distinct mechanisms underlie

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

maladaptive parenting in families with and without traumatized children.

2-302

Using Metadata to Promote Findable and Re-usable Traumatic Stress Research Data

(Abstract #1754)

Poster #2-302 (Res Meth, Res Meth, Child/Adol) M - Global Roosevelt 1/2

Kassam-Adams, Nancy
Children's Hospital of Philadelphia, Philadelphia, Pennsylvania

The “FAIR” Guiding Principles for research data stewardship state that data should be Findable, Accessible, Interoperable, and Re-usable. Traumatic stress studies yield rich potentially re-usable research data, but most datasets in our field are not easily ‘findable’ and are not created with data re-use in mind. Tagging datasets with machine-readable metadata is a key step in promoting discoverability and ultimate re-usability. This poster will describe progress in applying the Data Documentation Initiative (DDI) metadata specification to traumatic stress datasets. As part of a larger effort to create a research resource (including a searchable online portal) for child trauma datasets, the PACT/R Data Archive (www.childtraumadata.org) is applying DDI metadata to prospective child trauma studies (currently 26 datasets), tagging study- and variable-level data. We are using the DDI structure to specify metadata schemas relevant to traumatic stress research; these allow us to explicitly link variables to measures to concepts across studies. DDI is becoming the international standard for metadata in social / behavioral science; the current project demonstrates DDI’s potential utility and application for traumatic stress data. Investigators planning traumatic stress studies should consider building metadata documentation into data management at all stages of the research lifecycle.

2-303

Relationships between Moral Foundations Preferences in Veterans Exposed to Morally Injurious Events

(Abstract #1741)

Poster #2-303 (Res Meth, Clinical Practice, Complex, Mil/Vets, Theory, Adult) M - N/A Roosevelt 1/2

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Psychological changes that occur during wartime are complex and have presented significant and unique complications for clinicians who are treating combat Veterans. Veterans may be exposed to acts that transgress deeply held moral beliefs which may disrupt his/her moral foundation. These acts of transgression, termed potentially morally injurious events (pMIEs) have the capability to modify a person’s deeply held beliefs about himself/herself, others, and the world around him/her. Veterans who experience pMIEs during wartime may experience similar disruptions in their moral foundation; thereby, causing Veterans who endorse high exposure to pMIEs to rely on a similar set of moral foundations. The sample for this study consisted of N= 83 participants. The majority of respondents were male (n= 56, 67.5%), Caucasian (n= 64, 77.1%), over the age of 40 (n= 37, 44.6%), and served in the Army (n= 52, 62.7%). Participants endorsed having been deployed in support of OIF (n= 25, 30.1%), OEF (n= 18, 21.7%), and both campaigns (n= 27, 32.5%). Recruitment flyers were posted on social media sites and distributed across Veteran/military organizations. Participants completed the survey online. The results of this study support the hypothesis that experiences that transgress one’s deeply held moral beliefs can have an impact on his/her moral foundation.

2-304

Does Prior Trauma Moderate the Relationship Between Combat Trauma and Post-Deployment Mental Health Symptoms?
(Abstract #1840)

Poster #2-304 (Res Meth, Affect/Int, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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⁴*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia*

Combat and non-military traumas (childhood and adulthood) are linked to risky alcohol use, posttraumatic stress disorder (PTSD) and major depressive disorder in veterans; however, few studies explore their independent and interactive associations on these outcomes. This study aimed to determine if childhood and adult civilian traumas moderated the relationship between combat trauma on PTSD symptoms, depression symptoms, and risky drinking in a sample of deployed Iraq and Afghanistan veterans (N=302, 88.7% Male; 64.9% White, Meanage=30.54). Hierarchical regressions were conducted for each outcome; trauma types and covariates entered in step one, interaction terms (childhood*combat, adult non-military*combat) entered in step two. For PTSD symptoms, combat and non-military adult events showed significant main effects ($\beta=.41, p<.001$; $\beta=.12, p=.04$, respectively), but no effects for childhood events or any interactions ($ps>.13$). There was a significant main effect of childhood ($\beta=-.17, p=.009$) and combat ($\beta=.14, p=.024$), but not non-military adult ($p=.25$), on depression symptoms and no significant interactions ($ps >$

.24). Finally, only combat was associated with risky drinker status (OR=1.10, $p=.032$; other $ps>.19$). Findings highlight the impact of combat trauma and importance of understanding additional trauma history in veterans, but do not support a synergistic or ceiling effect.

2-305

Operation Impact: Preliminary and Qualitative Outcomes of a Posttraumatic Growth Retreat for Veterans
(Abstract #1852)

Poster #2-305 (Commun, Comm/Int, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Nearly 50,00 veteran organizations exist in the United States. Few orient services toward personal growth beyond stabilization/recovery and fewer provide evidence-based interventions. *Operation Impact*, the first three-day posttraumatic growth retreat in Texas provided 30 veterans with over 10 hours of Acceptance and Commitment Therapy and adjunctive programming including yoga and community building. Preliminary outcomes include participant feedback and pre- and post-retreat questionnaires. The Acceptance and Action Questionnaire-II (AAQ-II) measures psychological inflexibility. The Valuing Questionnaire measures success overcoming obstacles to (VQ-O) and making progress toward (VQ-P) values-based behavior. Pre-retreat AAQ-II mean was 19.94 ($SD=9.02$), VQ-O mean was 11.44 ($SD=5.86$), and VQ-P mean was 21.00 ($SD=4.98$). Post-retreat scores revealed significant change on all indices in the target direction. Psychological inflexibility ($M=16.68, SD=7.59$) and values obstruction

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

($M=6.41$, $SD=5.08$) decreased while values progress increased ($M=24.72$, $SD=5.03$). Qualitative outcomes were exemplified by one veteran's statement, "I gained more from this weekend than from over a year of individual therapy." Findings provide early indication of the value of this type of program. Outcomes and areas for development will be discussed and recommendations for future programming will be provided.

2-306

College Students' Experience of Shame after Ambiguous Sexual Encounters

(Abstract #1815)

Poster #2-306 (Commun, Comm/Int, Rape, Social, Adult) I - Industrialized **Roosevelt 1/2**

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Sexual assault interventions on college campuses have relied heavily on teaching students how to verbalize consent, but these efforts often oversimplify the nuances of consent. This study surveyed college students ($n=610$) about their most recent sexual encounter to explore the prevalence and nature of ambiguous sexual encounters, defined as those in which there is a mismatch between behavioral expressions of consent (i.e. external consent) and internal feelings of wantedness (i.e. internal consent). Incident-level shame was examined as an important outcome of such encounters. Results supported that college students have five common "consent styles" with most reporting highly wanted-consensual sex (68.9%), some reporting unwanted-nonconsensual sex (3.8%), and three groups reporting ambiguous encounters with higher feelings of internal than external consent. Shame was higher for encounters with low internal consent, but it was unaffected by external consent. Shame was highest among individuals having sex with non-dating partners, while under

the influence of alcohol/drugs, and for those with histories of sexual victimization ($ps < .01$). These findings suggest a paradigm shift is needed in how sexual consent is discussed and taught to students; to decrease adverse emotional outcomes we must encourage students to examine feelings of wantedness rather than behavioral consent alone.

2-307

The Effect of Culture on the Experience of Shame: A Comparison of Asian-American and White Trauma Survivors

(Abstract #1798)

Poster #2-307 (CulDiv, Cul Div, Roosevelt Adult) I - Industrialized **1/2**

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Research supports the importance of shame in response to traumatic events, however, the experience of shame can differ cross-culturally in collectivist vs. individualistic societies. For example, there is higher shame related to mental health (Wynaden et al., 2005) and sexual assault (Uji et al., 2007) in Asian collectivist vs. individualistic cultures, and support for Asian-Americans using collectivistic coping methods after trauma exposure (Yeh et al., 2006). The current study explored differences in shame in trauma-exposed Asian-American vs. White undergraduates ($N = 109$). Posthoc analyses found that self-identified Asian students ($n = 23$) experienced similar levels of internalized, $t(26) = -0.70$, $p = .39$, and externalized shame, $t(25) = -.36$, $p = .72$, as self-identified White students ($n = 86$). In looking at responses to shame, Asian vs. White students did not vary in levels of withdrawal, avoidance, or anger directed at

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

others, though White students experienced more self-directed anger, $M = 25.19$, $SD = 11.88$; $t(23) = 2.41$, $p = .02$, than Asian students, $M = 17.44$, $SD = 12.02$. This finding may reflect higher levels of unacknowledged shame in White students that is expressed as the secondary emotion of anger. These results support that culture-specific shame responses may be important to consider in treatment planning and are worthy of further study.

2-308

Attention Profiles in Refugees: An Eye Tracking Study
(Abstract #1890)

Poster #2-308 (CulDiv, Bio Med, Cul Div, Depr, Civil/War, Adult) M - N/A **Roosevelt 1/2**

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Delineating the attentional profile of trauma related mental health disorders has significant clinical and theoretical implications. Studies, to date, investigating attentional bias show mixed results. Forty-three participants with war trauma exposure (trauma control, major depressive disorder and PTSD group) were presented with pictorial forced-choice eye-tracking tasks while their eye movements were tracked. Task one consisted of 16 trials of four emotions (positive, dysphoric, neutral and trauma images) presented simultaneously on the screen for 30 seconds. The control task consisted of 16 trials of four neutral images pseudo-randomly alternated with the four emotion images. Attentional profile data of the three groups will be presented. Results from this study have the potential to further our clinical and theoretical understanding of PTSD. Habituation to trauma stimuli is linked to a decrease in PTSD symptomatology. However, for habituation to occur, one must intentionally engage with, rather than avoid, trauma-related stimuli. Therefore, understanding the

relationship between attention and PTSD is clinically significant.

2-309

Primary Care: The Best Posttraumatic Stress Disorder (PTSD) Care Anywhere Starts with You
(Abstract #1814)

Poster #2-309 (Practice, Cog/Int, Roosevelt Adult) M - Industrialized 1/2

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⁴VA National Center for PTSD, White River Junction, Vermont

The Department of Veterans Affairs (VA) and Department of Defense revised the Clinical Practice Guideline (CPG) for PTSD in 2017. In 20 qualitative interviews conducted in the CPG process, Primary Care providers noted they typically refer patients who screen positive for PTSD to specialty care outside their clinics. However an estimated 1 in 5 VA patients decline referral to mental health and many veterans who accept referral never present for care. Thus Primary Care teams have a critical role in treating patients with PTSD, just as they have with depression. This is especially true in areas grappling with shortages of mental health services and providers. Clinicians interviewed wanted a guideline that was quickly accessible and designed with Primary Care providers in mind. Based on their feedback, visually appealing infographics were developed aimed at helping Primary Care providers talk about recommended psychotherapies and plan ahead for resistance to mental health treatment. An online course was also developed for Primary Care providers that shared information on the effective trauma-focused psychotherapies and

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

engaging patients. All of these resources should help create a culture where effective PTSD care can start in Primary Care.

2-310

Coping with Emotional Events in Children in Families with and without Trauma Exposure; Relations with Content of the Conversation and Quality of Interaction

(Abstract #1799)

Poster #2-310 (Practice, CSA, Chronic, DV, Fam/Int, Child/Adol) I - Industrialized **Roosevelt 1/2**

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Parents have a crucial role in helping children understand their inner world and supporting them in emotion regulation (Thompson, 2006). Traumatic experiences may impact children's emotion conversations with their parents and the quality of their interaction (Visser et al., 2015). We examined children's coping in emotion conversations in families with and without traumatic backgrounds, and the association of coping with content of emotion conversations and quality of interactions.

299 mother-child dyads from different Israeli and Dutch samples were divided in both/none traumatized. Dyads co-constructed 4 stories about happy, scared, angry and sad events (AEED; Koren-Karie et al., 2003). Transcripts were coded for 1) coping, 2) content, and 3) quality of interaction. Children's age ranged from 4-18 (Mage=9.9), 49% boys.

Differences were found in coping between dyads based on their trauma exposure. Children of trauma-exposed dyads discussed coping strategies less often. Coping was associated with topic content. Associations that stood out were the association between discussion of

interpersonal topics, such as being angry or sad with siblings or peers, and more use of coping, whereas children showed less coping in topics they had less control over, such as 'trauma', 'illnesses and accidents', 'separation'. More coping was associated with higher quality interactions.

2-311

Attenuating PTSD Symptoms in Pediatric Patients by Sharing Medical Information

(Abstract #1827)

Poster #2-311 (Practice, Anx, Assess Dx, Prevent, Care, Child/Adol) M - Industrialized **Roosevelt 1/2**

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Background: This prospective study examined whether sharing with young children medical information regarding invasive pediatric interventions affects the development of chronic post-traumatic stress in them three to five months after hospitalization.

Method: Participants in this 2-stage prospective study comprised 151 parents of children at ages 3-13 who were admitted to a pediatric surgical ward. Independently to the study, parents of 104 children choose to share with them the information about the procedure they were about to go through, while parents of 47 children choose not to tell. T-tests were used to assess the impact of the children's exposure to medical information on their level of long-term post-intervention stress.

Results: Findings show an inverse correlation between the children's exposure to medical information and their level of post-traumatic stress several months after their medical episode. This effect is as significant in preschool children as in school-aged children.

Conclusions: Accordingly, we suggest the implementation of education programs among both medical staff and parents in order to increase awareness towards the importance of

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Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

sharing medical information with young children facing medical challenges.

2-312

Prescription for Change: Implementation Facilitation to Reduce Opioid Overdose Risk in Rural Veterans

(Abstract #1829)

Poster #2-312 (Practice, Sub/Abuse, Care, Adult) M - Industrialized **Roosevelt 1/2**

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¹**White River Junction VA Medical Center, White River Junction, Vermont**

²**National Center for PTSD, Executive Division, White River Junction, Vermont**

PTSD is associated with high risk opioid use and opioid use disorder, yet a gap exists between best practice recommendations for pain management and opioid use disorder and available services in Veteran Affairs facilities. Guideline-discordant practice is related to poor outcomes in veterans, including overdose. Facilitation is a strategy to implement and sustain clinical practice change by engaging stakeholders (leadership, clinicians, and veterans). We coupled educational outreach focused on safe opioid prescribing with trainings in beneficial behavioral treatments with the goal of improving opioid safety and treatment access. Facilitation was associated with desirable trends in concurrent sedatives, opioid use disorder treatment, and naloxone distribution. These represent important findings in light of the current national opioid epidemic.

2-313

The EMS Critical Incident Toolkit: Development of an Educational Tool to Prevent PTSD

(Abstract #1763)

Poster #2-313 (Prevent, Chronic, Train/Ed/Dis, Prof) M - Industrialized **Roosevelt 1/2**

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Paramedics are at high risk for PTSD, yet there are few preventative measures. Based on a needs assessment with 60 volunteers, we sought to develop an educational tool to help paramedics overcome barriers that hinder early workplace support post-critical incident (CI), an intervention supported by the literature. Barriers include paramedics' difficulties in requesting support, and supervisors' reluctance in supplying it, due primarily to an organizational culture of stigma. 223 volunteers completed questionnaires on an index CI and present mental health. We tested relationships between emotional sequelae and: incident characteristics, and recovery trajectory from Acute Stress Reaction symptoms. This revealed that emotional responses are predictive of PTSD, thus they an important part of request for support, and early behavioural and physical symptoms also increase risk of later PTSD. We expected that paramedics would feel empowered to report these empirically-supported risk factors, and, given a shared vocabulary, supervisors would feel enabled to discuss emotions. Our educational tool consists of two complementary cards that inform the discussion in the early post-CI period. It is based on our findings, extant literature, EMS feedback, and principles of adult education. The tool should be tested for increased empowerment, less concern about stigma, and PTSD prevention.

2-314

A Novel Mind-Body Podcast Intervention for Military Caregivers

(Abstract #1783)

Poster #2-314 (Prevent, Clin Res, Tech, Self-Care, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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There are millions of military caregivers in the US who face a variety of stressors inherent to caring for an incapacitated loved one. Mind-body interventions have been shown to reduce stress and improve overall health and functioning but are not readily available in the community. We adapted an existing 8-week mind-body program into a 28-day podcast series and piloted it among military caregivers. Podcast topics included psychoeducation about the stress response, relaxation-response training (e.g., breath awareness, body scan), and self-compassion practices. Of the 56 adult participants who completed baseline, N = 34 (100% women, M Age = 41.1, SD = 9.4) completed endpoint assessments. There were no differences at baseline between those who did and did not complete primary or secondary outcomes (all p's > .05). On average, participants listened to M = 16.2 (SD = 9.5) podcasts. Participants exhibited significant pre- to post-program decreases in perceived stress (primary outcome; d = .753; p < 0.01) and depressive symptoms (d = .543; p < 0.01). Our results suggest that a mind-body program delivered as a daily podcast may be efficacious in reducing symptoms of perceived stress among military caregivers. Randomized controlled trials are needed to confirm these results.

2-315

The Stress-And-Gene-Analysis (SAGA Cohort) – Design and Cohort Profile

(Abstract #1766)

Poster #2-315 (Pub Health, Health, Pub Health, Genetic, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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The principal aim of the Stress and Gene Analysis (SAGA) Cohort is to significantly advance current understanding of the influence of various trauma and other adverse life events on health and how genetic and environmental factors modify this association. In 2018, all adult women 18-69 years old (N=115 000.), will be invited to participate by answering an online questionnaire on history of trauma and health, as well as current symptoms of mental and physical morbidities. Genetic information is already available for a large proportion of the population and participants provide an informed consent for record linkage to the nationwide health registers in a prospective follow-up. Approximately 22 000 women were recruited during the first 4 months after the study launch; with approximately half of the population targeted for data collection this fall, we expect a final cohort size of 40-50 000 women. With support from the European Research Council, the SAGA cohort will, internationally, be one of the largest scientific undertakings specifically designed for improved understanding of the association between trauma and health. Combined with unique registry resources and genetic information, the findings may contribute to early identification, targeted prevention and treatment of vulnerable populations exposed to trauma.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

2-316
Cumulative Exposure to Work-Related Trauma and Mental Health: An Analysis of First Responders.
(Abstract #1813)

Poster #2-316 (Pub Health, Acc/Inj, Chronic, Depr, Prevent, Adult) I - Industrialized **Roosevelt 1/2**

Kobezak, Holly, Lawrence, Jacqueline, Popok, Paula, Bonumwezi, Jessica, Lowe, Sarah
Montclair State University, Montclair, New Jersey

First responders experience various job-related potentially traumatic events (PTEs) that likely increase risk for adverse psychiatric outcomes. Most research on first responders has been in the context of disasters (e.g., 9/11), leaving the cumulative impact of PTEs experienced over the course of regular duties in question. Furthermore, it remains unknown whether the age at which workers are first exposed to PTEs shapes mental health outcomes. In the current study, first responders recruited from professional organizations throughout 50 US states (N=892, Mean Age = 37.30 [SD = 12.17]; 59.1% male; 92.0% White) completed inventories of work-related and other PTEs, and reported on PTSD symptoms via the Posttraumatic Stress Checklist for DSM-5, and MD symptoms via the Patient Health Questionnaire-9. Controlling for demographic characteristics and other PTE exposure, work-related PTE exposure was significantly associated with PTSD and MD symptoms (B = .85, SE = .16, p < .001 and B = .22, SE = .06, p = .001, respectively). Additional analyses to be completed in September 2018 will explore whether associations vary by age at first exposure. Results support the importance of mental health services for multiply exposed first responders, and perhaps in particular those who begin work in adolescence.

2-317
Using Online Technology to Disseminate Evidence Based Treatments for PTSD
(Abstract #1849)

Poster #2-317 (Train/Ed/Dis, Tech, Train/Ed/Dis, Prof) M - Industrialized **Roosevelt 1/2**

Paxton, Maegan¹, Mallonee, Sybil², Reo, Gim¹, Phillips, Jennifer³, Martin, Raechel⁴, Riggs, David¹

¹**Uniformed Services, University of the Health Sciences, Bethesda, Maryland**

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⁴**Villanova University, Villanova, Pennsylvania**

The DoD and VA emphasize the use of evidence-based psychotherapies (EBPs) for treating PTSD. Traditionally, in-person training workshops have been the primary dissemination method for EBPs. However, logistical concerns limit provider access and attendance at these workshops. Synchronous 3-D online trainings offer an alternative that, by utilizing an interactive platform to increase learner engagement, may be as effective as in-person workshops. The present study examined the effectiveness of synchronous 3-D online training by comparing data from mental health providers completing in-person or online training for PE and CPT. Regardless of training modality, learners increased their knowledge and readiness to use the EBP. Online trainings for CPT had significantly greater increases than in-person training on both knowledge and perceived readiness. Online PE training resulted in significantly greater knowledge gains than in-person training. Equivalence testing indicated that online PE trainings were noninferior to in-person trainings for perceived readiness. In sum, online trainings increase knowledge and perceived readiness as well as or better than in-person training. These results suggest that online

synchronous workshops are an effective alternative to in-person workshops that may allow us to increase the number of providers treating PTSD with research informed techniques.

project helps students understand trauma, trauma-informed practices and resilience building are discussed.

2-318

Adapting Trauma-Informed and Resilience Building Programs to Vulnerable Populations: A Public Health Approach
(Abstract #1752)

Poster #2-318 (Train/Ed/Dis, Health, Pub Health, Other) M - N/A **Roosevelt 1/2**

Dolan, Carol, Conti, Jennifer
Boston University School of Public Health,
Boston, Massachusetts

Background. The population-based strategies of public health are well-suited to address the challenges of exposure to traumatic stressors and events and subsequent mental health sequelae.

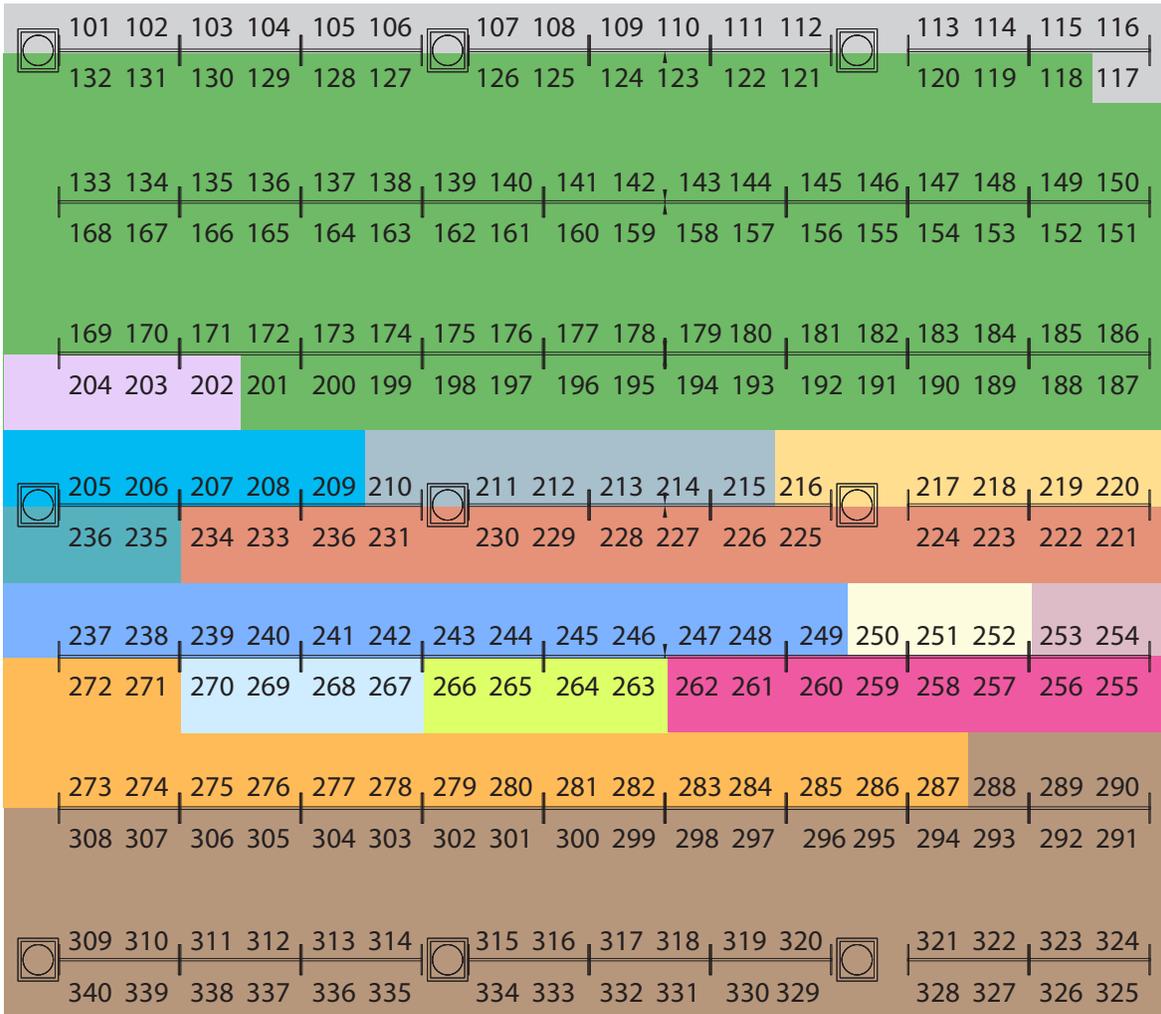
Goal. This case study describes a student project implemented in MPH course ‘Trauma, Trauma-Informed Care, Recovery & Resilience’ and offers suggestions for training public health professionals in trauma informed strategies and resilience building.

Method: MPH students conducted and evaluated a small team project in which they systematically analyze existing trauma-informed and resilience building programs by identifying core components and best practices, following a specified framework. Program goals, materials, setting, culture, and staff capacity were then analyzed and adapted to fit a new context and vulnerable population.

Results: Quantitative and qualitative data from course evaluations and student interviews indicate 1) understanding the trauma-related needs of the new population is essential for successful program adaptation, and 2) using a specific framework for adaptation is vital to enhance cultural competency. Examples of existing and adapted programs are provided. Additional feedback on the degree to which the



Poster Session Three Map



Poster Session Three, Friday, November 8, 1:30 p.m.–2:45 p.m.

Student Poster Award Finalists	101 – 117	Public Health	237– 249
Clinical/Intervention Research	118 – 201	Community-Based Projects	250 – 252
Ethics	202 – 204	Vicarious Trauma & Therapist Self Care	253 – 254
Research Methodology	205 – 209	Prevention/Early Intervention	255– 262
Social Issues/Public Policy	210 – 215	Culture/Diversity	263 – 266
Biological/Medical	216 – 220	Training/Education/Dissemination	267 – 270
Clinical Practice	221– 234	Assessment & Diagnosis	271 – 287
Journalism & Trauma/Multi-Media	235 – 236	Late Breaking Research	288 – 340

**Poster Session Three Presentations
Friday, November 9
1:30 PM to 2:45 PM**

**Poster Session Three
Presentations**

Friday, November 9, Roosevelt 1/2
Poster viewing: 9:30 a.m.–1:30 p.m.
Author Attended Poster Session Three
Friday, November 9 1:30 p.m.–2:45 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday 1:30 p.m., Author attended Poster Session Two, Thursday 5:45 p.m., Author Attended Poster Session Three, Friday 1:30 p.m., or Author Attended Poster Session Four, Friday 5:45 p.m. and that is the time period when the presenting author is available to answer questions. Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on page 5.

Key:

Poster # Number (Primary keyword, Secondary Keywords, Population type) Presentation Level–Region
Keyword type descriptions can be found on page 2
Regions and Population Types can be found on pg. 3
Presentation levels and descriptions can be found on page 4

Session Three: Friday, November 9

Poster Setup: 7:30 a.m.–9:30 a.m.
Poster Viewing: 9:30 a.m.–1:30 p.m.
Author Attended Poster Session: 1:30 p.m.–2:45 p.m.
Poster Dismantle: 2:45 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.

**CLINICAL/INTERVENTION
RESEARCH**

3-101

A Comparison of Adolescents in Foster Care and their Peers in High School: A Study of Substance Use Behaviors and In-school Experiences

(Abstract #973)

Poster #3-101 (Clin Res, CPA, Sub/Abuse, Child/Adol) A - Industrialized **Roosevelt 1/2**

Siegel, Alana¹, Benbenishty, Rami², Astor, Ron³

¹Tel Aviv University, Tel Aviv, Israel

²Bar-Ilan University, Ramat Gan, Israel

³University of Southern California, Los Angeles, California

Adolescents in foster care are known to be more at-risk for substance abuse and school-related challenges. However, existing studies have significant limitations in their methodology, making it challenging to gauge the extent of current use of substances as well as in-school experiences compared with their peers not in care. This study examined data collected from adolescents currently in foster care alongside their same-aged peers within the same high schools in California. Data was drawn from 166,521 students who were in the 9th and 11th grades; 165,815 non-foster youth and 706 students in care completed the 2012-2013 administration of the California Health Kids Survey (CHKS). Findings included that adolescents in care are more likely to use substances, even after controlling for demographic characteristics. Attitudes regarding potential harm in using substances, difficulty in obtaining substances, and toward substance users were stronger for youth in care. Regarding in-school experiences, adolescents in care self-report lower academic achievements and negative in-school experiences. After controlling for background and school experiences, there were no significant differences in academic achievements between the groups. This finding may reflect that in-school experiences are responsible for many of the

negative academic outcomes experienced by foster youth.

3-102

Long-term Trajectories of Marital Adjustment: Does Gender Matter?

(Abstract #1025)

Poster #3-102 (Clin Res, Mil/Vets, Aging, Gender, Adult) A - Industrialized **Roosevelt 1/2**

Siegel, Alana, Levin, Yafit, Bachem, Rahel, Zhou, Xiao, Solomon, Zahava
Tel Aviv University, Tel Aviv, Israel

This study explored trajectories of marital adjustment, including overall, affection, satisfaction, cohesion and consensus, in 197 middle-aged couples who had been married for an average of 34 years. The husband was a prisoner of war of the 1973 Yom Kippur War, alongside his civilian wife. The aim of the study was to compare how the marital adjustment of men and women develop separately over time, particularly in the aftermath of trauma. Assessments were done at three time points over twelve years and were analyzed using a Latent Growth Mixture Model. Findings showed that overall both men and women reported being generally satisfied in their marriage. Different trajectories for husbands and wives were found in most domains of marital adjustment. The majority of women reported a sharper decline in satisfaction over time, while more husbands reported an increase in affection. The wives reported more variability as well as higher levels of marital consensus than their husbands and also reported an increase in their levels of consensus across the three data collection points. Both spouses' high level of cohesion served to support their high levels of marital adjustment. Clinical implications of our findings will be discussed.

3-103

War Captivity and Later Life Cellular Senescence - A Societal Perspective to Individual Differences in Posttraumatic Premature Aging

(Abstract #1026)

Poster #3-103 (Bio Med, Health, Torture, Mil/Vets, Aging, Older) A - Industrialized **Roosevelt 1/2**

Stein, Jacob¹, Levin, Yafit¹, Uziel, Orit², Solomon, Zahava¹

¹*Tel Aviv University, Tel Aviv, Israel*

²*Rabin Medical Center, Petah Tikva, Israel*

Telomeres are the protective structures at the end of chromosomes, and their length is considered a biomarker of cellular senescence and risk for age-related diseases. While traumatic stress is associated with premature senescence, including relatively shorter telomeres, it is increasingly realized that the association between stress and telomere length (TL) is complex. In this respect, the relation between specific stressors in early adulthood and TL in later life has not been investigated, and populations that have undergone extreme stress in early adulthood are largely uninvestigated. Against this backdrop we examined 99 Israeli former prisoners of war (ex-POWs) 18 and 42 years after repatriation, and investigated the role that specific stressors during captivity (i.e., physical abuse, nourishment deprivation and solitary confinement) and homecoming (i.e., social-support, loss of place in the family, loneliness and sense of being accused) play in predicting TL during transition to old age, 42 years post-repatriation while controlling for variables that have been empirically associated with TL. Results indicated that solitary confinement in captivity, as well as loss of place in the family, loneliness and sense of being accused by society upon homecoming, all predicted shorter TL in later life. Societal implications of the findings will be discussed.

3-104

**Trajectories of Attachment in Older Age:
Interpersonal Trauma and its Consequences**
(Abstract #1027)

**Poster #3-104 (Clin Res, Chronic,
Complex, Torture, Mil/Vets, Older)
M - Industrialized** **Roosevelt
1/2**

***Bachem, Rahel, Levin, Yafit, Solomon, Zahava
Tel Aviv University, Tel Aviv, Israel***

Attachment is the lens through which humans perceive interactions with others and it shapes close relationships throughout the lifespan. Studies suggest that attachment insecurities (avoidance and anxiety) may increase after trauma exposure, an effect previously documented at a group level. This presentation explores the heterogeneity of attachment changes over time and examines the associations of the nature of the traumatic event (interpersonal and non-personal), and its consequences (posttraumatic stress disorder [PTSD] and loneliness) with attachment trajectories among Israeli veterans: 164 former prisoners of war and 185 combat veterans at four points (1991-2015). Risk factors were evaluated in 1991. Using Latent Growth Mixture Modelling (LGMM), trajectories of attachment insecurities were explored. Three avoidance trajectories (fluctuation, stability, decrease) and two anxiety trajectories (stability, decrease) were identified. Fluctuating avoidance was associated with captivity, humiliation, loneliness and PTSD; stable avoidance was associated with loneliness. Stable anxiety was associated with captivity and loneliness. The results showed that attachment insecurities persist decades after a trauma and can also change over time. Trauma-related risk factors, normative experiences, such as aging and contextual factors, will be discussed as potential explanations.

3-105

**Cognitive Interpersonal Perspective in
Traumatized Veteran Families: The
Association between World Assumptions and
Family Relationships**
(Abstract #1028)

**Poster #3-105 (Practice, Anx,
Mil/Vets, Intergen, Gender, Adult) M
- Industrialized** **Roosevelt
1/2**

***Levin, Yafit, Bachem, Rahel, Solomon, Zahava
Tel Aviv University, Tel Aviv, Israel***

This presentation focuses on dyadic relationships between world assumptions (WAS) and family relations and sheds light on the role that cognitions play in traumatized families. Cognitive theories argue that traumatic events disrupt basic beliefs that sustain PTSD. Moreover, the DSM 5 includes cognitive alterations as PTSD criteria. Thus, it is imperative to systematically reveal the effects WAS may have on marital and parental relations in veteran families. Though much research in recent years has focused on intrapersonal effects of WAS, to date no empirical research has investigated the relations between veterans and wives' WAS and their marital and parental functioning. Utilizing an Actor-Partner model the study reported in this presentation found that both partners' lower WAS were associated with lower marital adjustment and worse parenting. Moreover, indirect effects were evidenced: lower WAS initiated a spillover effect to lower marital adjustment, which was associated with worse parenting. With regard to effects between spouses, veterans' lower WAS were associated with wives' worse marital adjustment and wives' higher positive parenting. WAS are the lenses through which people operate in society and interpret the world. This presentation holds that cognitions should be in a focus of marital and family therapies, to have a less anxious society and to facilitate recovery.

3-106

Efficacy of Treating Male OEF/OIF/OND Combat Veterans' PTSD with Prolonged Exposure Delivered in a Group Format

(Abstract #1121)

Poster #3-106 (Clin Res, Chronic, Clin Res, Mil/Vets, Gender, Adult) M - Industrialized Roosevelt 1/2

C'de Baca, Janet¹, Qualls, Clifford², Keller, Jenna³, Mays, Nichole⁴, Nevala, Patricia⁴; Goodkind, Madeleine¹

¹*New Mexico VA Healthcare System, Albuquerque, New Mexico*

²*University of New Mexico, Albuquerque, New Mexico*

³*New England Research Institutes, Inc., Albuquerque, New Mexico*

⁴*Biomedical Research Institute of New Mexico, Albuquerque, New Mexico*

Prolonged Exposure (PE; Foa, Hembree, & Rothbaum, 2007) delivered individually is a first-line treatment for posttraumatic stress disorder (PTSD; VA/DOD, 2004). However, VA medical settings commonly use group formats for delivering treatment (Hunt & Rosenheck, 2011). This randomized-controlled study tests the efficacy of delivering PE in a group format. Group therapy provides social support, allows members to learn from others' experiences, and motivates members to follow through on treatment homework (Yalom, 1995). Male Veterans of the Iraq (OEF/OND) and Afghanistan (OIF) conflicts are randomized in groups of 3 to either Group PE or Group Present-Centered Therapy (PCT) for 10, 90 treatment sessions. The Group PE protocol parallels individual PE with 7 in-session exposures, and daily in-vivo exposure. The PCT group is a non-trauma focused PTSD treatment targeting current life stressors by developing strategies for altering current maladaptive behaviors (Classen et al., 2011; Schnurr et al., 2003). Our main hypothesis is Group PE will significantly lower both the severity of symptoms and the number of symptoms compared to the PCT control group, as measured by the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), with assessments at baseline, post-treatment, 3- and 6-months post-treatment. Preliminary findings on 16 PE and 15 PCT groups are reported here.

3-107

Assessment of Trauma History in the Treatment of Chronic Pelvic Pain: A Scoping Review

(Abstract #232)

Poster #3-107 (Clin Res, Chronic, Clinical Practice, Health, Gender, Adult) M - Industrialized Roosevelt 1/2

Rabinowitz, Emily¹, Chessky, Anna¹, Kirschner, Adam¹, Pearson Ayala, Savannah², Acero, Nicole¹, Roberts, Timothy², Ades, Veronica²

¹*New York University, New York, New York*

²*New York University School of Medicine, New York, New York*

Objective: To evaluate the extent to which clinical trials studying chronic pelvic pain considered trauma in evaluating treatment efficacy.
Method: A scoping review of the literature on clinical trials focused on treating pain associated with chronic pelvic pain was completed through a search of the following databases: Embase, PubMed (MEDLINE) PsycInfo, Cochrane CENTRAL, and CINAHL. Inclusion criteria was: to include women of any age, race, and geographic location, observe more than one study group, and pain as an outcome. Trials that evaluated exclusively mental health or complementary/alternative medicine were excluded.
Results: Initial database searches yielded 1,583 articles; 1,368 articles, were excluded based on title/abstract review. Full text review is still in process; however 100 articles have been included to date and only (2%) examined trauma as a confounder.
Conclusion: Of the studies that this scoping review evaluated, very few studies employed trauma as a variable. This gap reveals that researchers are not considering the impact of trauma history on chronic pelvic pain when developing possible treatments. Our review suggests the need for clinical trials to incorporate trauma history in their study design.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

3-108

Predicting Resilience Patterns: Examining Patterns of Resilience and Predictors of Trajectory Membership in Pregnant Women

(Abstract #1625)

Poster #3-108 (Clin Res, Chronic, DV, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Grein, Katherine, Miller-Graff, Laura, Loughran, Carly, Disher, Natalie
University of Notre Dame, Notre Dame, Indiana

Work tracing patterns of resilience as assessed by the presence of positive resources over time, rather than the absence of negative mental health symptoms, remains lacking. Understanding these patterns may be particularly important in the perinatal period, characterized by major social change and increased vulnerability to intimate partner violence (IPV). The current study aimed to predict trajectory patterns of 5 resilience domains—community inclusion, family supports, cultural identity, spirituality, and personal competencies—in a sample of N=82 women from pregnancy to 4 months post-partum. It was hypothesized that childhood adversity (ACEs), IPV, and social support at baseline would predict group membership, such that women with higher ACE and IPV exposure would be more likely to belong to trajectory groups with lower initial resilience; women with higher baseline social support would belong to groups with higher initial resilience. Group-based multi-trajectory modeling analyses (Nagin, Jones, Passos, & Tremblay) suggested three groups best fit the data: 1-Lower, stable resilience; 2-Low spirituality; 3-High, stable resilience across domains. Lower ACEs predicted membership in Group 3 (coefficient=-0.47; p=0.02). Bolstering resources and qualities across multiple domains of resilience may be particularly vital in the perinatal period for women with high ACE exposure.

3-109

Resource and Resilience: Proactive Coping as a Protective Factor for Effects of Potentially Traumatic Events and Discrimination on Well-Being

(Abstract #1522)

Poster #3-109 (Clin Res, Acc/Inj, Acute, Chronic, Intergen, Adult) I - Industrialized **Roosevelt 1/2**

Grein, Katherine, Miller-Graff, Laura
University of Notre Dame, Notre Dame, Indiana

Background: Despite established negative effects of directly experienced potentially traumatic events (PTEs), intergenerational effects of parental PTEs, and perceived discrimination on mental health, many individuals maintain positive functioning. Aim: This study examined the protective capacity of proactive coping (PC), a construct that may bridge multiple social ecological levels of resilience (Bronfenbrenner, 1977). Participants: N=171 individuals (54.2% female; 74.9% Caucasian, M age=38.44) recruited through Amazon MTurk completed an online survey. It was hypothesized: 1) Interpersonal and non-interpersonal PTEs, parental PTEs, and discrimination would predict lower well-being. 2) PC would predict higher well-being., 3) PC would moderate the effect of these risks on well-being. 4) Social support would mediate the PC-well-being relationship. Results: Discrimination (β =-0.43, p <.001) and PC predicted well-being (β =1.01, p <.001). PC moderated the interpersonal PTEs-well-being relationship: at higher PC scores, the negative interpersonal PTEs-well-being relationship was stronger. Social support mediated the relationship between PC and well-being (indirect effect β =.25, p <.05). Implications: PC may be an important site for interventions to bolster bridging individual and social resilience systems. However, PC may be limited as a protective factor in the face of risk.

3-111

Different Symptoms Same Stress: Trauma among N/IICU Parents

(Abstract #1681)

Poster #3-111 (Clin Res, Acute, Assess Dx, Gender, Adult) I - Industrialized **Roosevelt 1/2**

Russo, Gabrielle¹, Jones, Louis¹, Patterson, Chavis², Geller, Pamela¹

¹*Drexel University, Philadelphia, Pennsylvania*

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

Having a child admitted to the Newborn/Infant Intensive Care Unit (N/IICU) can be traumatic, elevating parental risk for posttraumatic stress disorder (PTSD) (Geller et al., 2018). Interestingly, symptoms of perinatal distress may present differently by sex (Paulson et al., 2016). The current study examined PTSD symptom severity among parents of infants who spent time in a N/IICU and how symptoms differ as a function of sex. Sixty-nine parents with infants in the Children's Hospital of Philadelphia (CHOP) N/IICU self-reported PTSD symptoms on the Perinatal PTSD Questionnaire (PPQ). An independent samples t-test indicated that mothers reported significantly higher levels of PTSD symptoms compared to fathers, $t(67) = 2.389$ ($p = 0.02$). Sixteen percent of mothers met clinically significant levels of PTSD symptoms while none of the fathers met clinically significant levels. Findings suggest that the N/IICU hospitalization may be perceived as more traumatic for mothers than fathers. Further, mothers' PTSD scores ranged from 0 – 40 while father's scores ranged from 0 - 14.

Understanding the unique experiences of mothers and fathers in the N/IICU will inform future interventions how to best identify and support parents during this stressful time.

3-112

Unique Associations between PTSD, Reduced Self-compassion, and Co-morbid OCD Symptoms among Women with a History of Interpersonal Violence

(Abstract #1052)

Poster #3-112 (Clin Res, Assess Dx, Complex, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Morabito, Danielle¹, Ortigo, Kile², Mackintosh, Margaret-Anne³, Cloitre, Marylene⁴

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⁴*National Center for PTSD-Dissemination and Training Division, Menlo Park, California*

A breadth of research has linked the experience of traumatic life events to increases in the likelihood and severity of OCD, and individuals with a primary PTSD diagnosis have been shown to be at 3.62 times greater risk for OCD (Cromer et al., 2017; De Silva et al., 2017; Jordan et al., 1991). Also, PTSD symptoms have been shown to reduce self-compassion (Thompson & Waltz, 2008). This may be particularly important in the development of OCD, as previous research suggests low self-compassion is associated with both OCD diagnosis and symptom severity (Wetterneck, Lee, Smith, & Hart, 2013). Therefore, the current study sought to examine the role of self-compassion in the association between PTSD symptom severity and OCD symptoms in 352 women exposed to interpersonal violence. Bivariate correlations were statistically significant (all $ps < .001$). Mediation was examined using Baron and Kenny's (1986) approach and the Sobel method to test the indirect effect (Preacher & Hayes, 2004). Results indicated that self-compassion partially mediated the relationship between PTSD symptom severity and OCD symptoms. Though cross-sectional in nature, results suggest that reduced self-compassion plays a role in the relationship between PTSD and OCD symptoms. Self-compassion may represent an important target of treatment.

3-113

The Mediating Effect of Coparenting Quality on the Association between Intimate Partner Violence Exposure and Child Behavior Problems in a Diverse, Low-income Sample
(Abstract #709)

Poster #3-113 (Clin Res, Clin Res, Cul Div, DV, Fam/Int, Lifespan) I - Industrialized **Roosevelt 1/2**

Mack, Rachel, Gee, Christina
George Washington University, Washington, District of Columbia

Intimate partner violence (IPV) in the family context is considered a traumatic event for children, who are likely to witness violence between caregivers and experience negative sequelae associated with IPV exposure. This study will examine a direct and an indirect link between IPV and child behavior problems in a sample of racially and ethnically diverse, low-income families. Mothers and fathers of children between the ages of 2 and 11 years old who are eligible for government benefits will be recruited from the community. Participants will complete questionnaires measuring IPV, coparenting quality, and their child's behavior. It is hypothesized that higher levels of IPV will be directly associated with higher child externalizing and internalizing behaviors and that disrupted coparenting will mediate this relationship such that higher levels of IPV will be associated with poorer quality coparenting, which will be associated to greater behavior problems. This is the first investigation to examine the association between IPV, coparenting quality, and child behavior in a sample of diverse, low-income children whose parents are not necessarily married or cohabitating. Findings from the proposed study will be used to shape culturally appropriate trauma-informed interventions for IPV among low-income and racially and ethnically diverse families.

3-114

Daily Influence of Sleep Duration on Post Traumatic Stress Symptoms in Individuals with and without Post Traumatic Stress Disorder
(Abstract #1146)

Poster #3-114 (Clin Res, Assess Dx, Sleep, Adult) M - N/A **Roosevelt 1/2**

Wang, Jing¹, Ursano, Robert¹, Biggs, Quinn¹, Carr, Russell², Wynn, Gary¹, Fullerton, Carol¹
¹Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland
²Walter Reed National Military Medical Center/Uniformed Services University of the Health Sciences, Bethesda, Maryland

Objective: This study examined the daily association between PTSS and sleep duration in individuals with and without PTSD.

Methods: Subjects (N = 80) were assessed for probable PTSD at enrollment (n = 42 with PTSD, n = 38 without PTSD). Using an ecological momentary assessment methodology, PTSS were assessed four times daily by self-report for 15 days (range = 0-180). Sleep duration was assessed daily, and partitioned into overall (person mean) and daily (difference between hours of sleep during the previous night and person mean). Linear mixed models were used.

Results: Preliminary results indicate that among individuals with PTSD, there was a negative association between daily sleep duration and PTSS. One more hour of sleep than usual was associated with a decrease of 1.23 in PTSS the following day. Among individuals without PTSD, overall sleep duration was negatively associated with PTSS, but PTSS did not vary by sleep duration on a daily basis.

Conclusions: These first preliminary findings support the possibility that sleeping longer is a means to reduce PTSS in individuals with PTSD. Assessing and monitoring changes in sleep and PTSS across time may therefore lead to a better understanding of individual sleep patterns and their effect on PTSS.

3-115

Criterion A vs. Non-Criterion A Stressors: Evidence of Similarities in Parenting Perceptions and Behaviors

(Abstract #823)

Poster #3-115 (Clin Res, Assess Dx, Fam/Int, Theory, Adult) M - Industrialized **Roosevelt 1/2**

Cherry, Kathryn, Wamser-Nanney, Rachel
University of Missouri St. Louis, St. Louis, Missouri

Criterion A for posttraumatic stress disorder (PTSD) has expanded to include witnessing, learning about, or indirect exposure to events, but other serious life experiences (i.e., foster care) are not incorporated. While there is literature examining the relationship between PTSD and aspects of parenting, research has not determined whether criterion A and non-Criterion A stressful life events have similar impacts on parenting-related variables. The present study surveyed 261 adults (M age=30.08, SD=13.21; 27.2% female, 61.7% White), contrasting participants who were exposed to a Criterion A event (n=208; 32% parents), with those who experienced a non-Criterion A stressful event (e.g., foster care, emotional abuse/neglect, serious money problems; n=53; 34% parents). It was hypothesized that non-parents would differ by type of exposure in perceptions regarding parenting and children’s developmental competencies, and parents would differ by type of exposure on parenting indices. Among non-parents, no group differences were observed regarding developmental or parenting expectations. Similarly, among parents, groups had similar perceptions of parenting and children’s developmental expectations, and parenting behaviors. Findings indicate that criterion A and other stressful life events may have similar impacts on perceptions about becoming a parent as well as aspects of parenting.

3-116

The Mediating Effect of Family Support between Exposure to Potentially Traumatic Events and PTSD in Firefighters

(Abstract #390)

Poster #3-116 (Clin Res, Fam/Int, Adult) I - Industrialized **Roosevelt 1/2**

Dobani, Fatima¹, Gulliver, Suzy², Keane, Terence³, Zimering, Rose⁴, Meyer, Eric⁵, Morissette, Sandra⁶
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Lack of family support and exposure to traumatic events (PTE) are two risk factors for developing PTSD. Firefighters, due to the nature of their job, have a higher susceptibility, relative to civilians, for developing PTSD. We hypothesized that firefighters’ perceived family support would significantly mediate the relationship between PTEs and PTSD. As part of a larger study, 322 firefighter recruits from seven U.S. professional fire departments were followed across their first three years of service. Regression analyses via Hayes’ PROCESS (2017) were conducted to investigate our hypothesis. Results indicated that PTE exposure at annual one was associated with family support at annual two (b = -.302, SE = .1517, p = .0479); family support at annual two predicted PTSD symptomology at annual three (b = -.4317, SE = .0959, p = 0.000); the direct effect of PTE on PTSD was significant (b = .9031, SE = .1798, p = .0000); and the results of PTSD symptomology predicted from both PTE and family support was significant (b = .0517, SE = .0489, p = .0000). These results suggest that family support may serve as a buffer between PTE exposure and PTSD symptomology, and more research is warranted.

3-117

Understanding how Social Support Networks affect Psychotherapy Treatment Initiation for Veterans with PTSD

(Abstract #1464)

Poster #3-117 (Clin Res, Clinical Practice, Comm/Int, Fam/Int, Adult) M - Industrialized Roosevelt 1/2

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Social support networks can play a meaningful role in treatment-seeking decisions. However, more information is needed to understand how relationships affect initiation of evidence-based psychotherapy (EBP) for Veterans with PTSD. This information may help to address low initiation and high dropout rates. Fifty Veterans with PTSD who initiated an EBP at a Veterans Health Administration PTSD clinic were qualitatively interviewed. Interviews were coded using grounded theory analysis. Over two thirds of Veterans reported at least one person who encouraged them to seek treatment, most commonly relatives, romantic partners, and fellow Veterans. The influence of these encouragers generated insight about PTSD symptoms and increased motivation to seek treatment, even after delay. Interpersonal experiences of anger, isolation, or impairment in family roles served as catalysts to seek help. These results suggest that leveraging social support networks is an essential avenue for increasing treatment initiation for Veterans with PTSD. Furthermore, because social networks served a key role for these Veterans who did not complete treatment, leveraging social support networks may also help increase retention. Developing resources that equip family members to talk about mental health, involving family and friends in therapy, and setting relationship goals may help Veterans stay in treatment.

3-118

Social Support Enhances PTSD Treatment Outcomes in Telemedicine-based Treatment for Rural Veterans

(Abstract #1465)

Poster #3-118 (Clin Res, Clin Res, Comm/Int, Fam/Int, Mil/Vets, Adult) M - Industrialized Roosevelt 1/2

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For evidence-based psychotherapies for PTSD, such as Cognitive Processing Therapy (CPT), sufficient treatment engagement (e.g., 8 sessions) is posited as a necessary condition for significant symptom reduction. Thus, we conducted a pragmatic RCT of telemedicine-based collaborative care to promote CPT engagement among rural Veterans (n=265). The primary outcome was change in PTSD symptoms (measured by the PDS) between baseline and 12 months. Compared to usual care, the main effect for the intervention on reducing PTSD symptoms was significant ($\beta = -2.49$; 95%CI: -4.90 to -0.08). This effect was completely mediated by CPT engagement ($\beta = -3.86$, 95%CI: -7.19 to -0.54). For the present study, we further hypothesized that pre-baseline perceived social support (measured with the MOS scale) would moderate the mediating effect of CPT engagement on 12-month outcomes. A significant index of moderated mediation was observed, suggesting that the mediating effect depends on level of social support ($\beta = -0.06$, 95%CI: -0.12 to -0.02). Specifically, treatment engagement mediates the main effect of the intervention, but only when Veterans report higher perceived social support. It may be that the presence of social support enables individuals to fully utilize skills they learn in the sometimes emotionally challenging evidence-based treatments for PTSD, such as CPT, thereby enhancing treatment outcomes.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

3-119

Disaggregated Clusters of PTSD Symptoms as Predictors of Academic Performance in Student Veterans

(Abstract #522)

Poster #3-119 (Clin Res, Clinical Practice, Social, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Nearly 1,230,000 student veterans received VA college benefits within the United States in 2014, many of them struggling with PTSD. While PTSD has been linked to lower academic performance, the mechanism behind the relationship remains unclear and no research has demonstrably broken it down. Various research studies have found links that suggest that some symptoms of PTSD may have an effect on academic performance; for instance, aggression has been found to affect attention and be associated with poor academic performance, while sleep difficulties negatively impact preparation for exams, memory consolidation, encoding, and stress levels. The present study examined PTSD and academic performance in 348 student veterans enrolled in universities across the country. Results of the study showed 51.3% of participants screened likely for PTSD. After controlling for age, PTSD was not found to be a significant predictor of academic performance. However, higher levels of re-experiencing symptoms (unwanted and upsetting memories, nightmares, flashbacks, cued emotional distress, and cued physical reactivity), as a cluster, were found to be moderate to strong predictors of lower academic performance and were significantly better predictors than any of the other PTSD symptom clusters. These findings have implications for colleges, therapists, counselors, and students.

3-120

Characteristics of Veterans and Veteran Family Members with PTSD Seeking Services in a Non-VA Military Family Clinic

(Abstract #411)

Poster #3-120 (Clin Res, Clinical Practice, Commun, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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The Steven A. Cohen Military Family Clinic at Metrocare is part of a new network of clinics offering time-limited, evidence-based care in an outpatient mental health setting to any Veteran (post-9/11 era focus) or family member regardless of role in the military or discharge status. Services are provided regardless of ability to pay and offer an option for Veterans, Guard/Reservists, and family to attain military culturally competent care if they are ineligible or are not getting treatment at the VA. The Cohen Clinic in Dallas opened in June 2016 and will present data for approximately two years (N=682 Veterans; 256 adult family members). Roughly half of the veteran referrals come from the VA and one-third have a diagnosis of PTSD. In addition, 9% of adult family members also have a diagnosis. Veterans with PTSD who have sought care at the Cohen Clinic are on average 38.7 (SD: 9.21) years old and 80.3% are post-9/11 era (17.1% pre-9/11 era; 2.6% unknown). Of Veterans with a PTSD diagnosis, 71.8% initiated an evidence-based treatment (EBT), and 48.7% received one or more trauma-focused EBTs (33.8% CPT, 6.0% PE, 11.5% EMDR). Data analysis will also summarize how many of those clients dropped out of treatment, and whether treatment modality was predictive of number of sessions attended. Findings will be compared to similar research conducted in VA outpatient clinics.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

3-121

Changes in Trauma-related Guilt as a Predictor of Reductions in Psychopathology during a Three-week Intensive Outpatient Program for Veterans with Posttraumatic Stress Disorder

(Abstract #178)

Poster #3-121 (Clin Res, Clin Res, Cog/Int, Mil/Vets, Adult) I - N/A **Roosevelt 1/2**

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Objective: The present study aimed to examine whether changes in trauma-related guilt predicted subsequent reductions in posttraumatic stress disorder (PTSD) and depression symptoms during a three-week Cognitive Processing Therapy (CPT)-based intensive outpatient program (IOP) for veterans with PTSD.

Method: Data for this sample were drawn from 79 treatment-seeking veterans with PTSD. Trauma-related guilt, PTSD symptoms, and depression were assessed weekly throughout the IOP. Mixed-effects models with random intercept and trend components were conducted to determine whether changes in time-varying covariates global guilt, distress, and guilt cognitions predicted changes in PTSD and depression severity during the three-week IOP.

Results: Both PTSD and depression severity decreased significantly across time ($ps < .001$); a quadratic time component was significant for PTSD ($p < .001$), but not depression. Changes across time in guilt cognitions and distress were significant predictors of changes in both PTSD and depression severity during the course of the program. Changes in global guilt did not predict changes in either outcome.

Conclusion: Reductions in guilt cognitions and distress appear to be an important mechanism of treatment outcome. Assessing and targeting guilt cognitions and distress during PTSD treatment may maximize improvements in symptom severity.

3-122

Moral Transgressions are Associated with Increased Negative Alterations in Cognitions and Mood in Treatment-seeking Veterans with Posttraumatic Stress Disorder

(Abstract #1494)

Poster #3-122 (Clin Res, Clin Res, Mil/Vets, Adult) I - N/A **Roosevelt 1/2**

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Objective: To determine the potential impact that moral transgressions have on PTSD symptomatology, the present study examined differences in clinician-rated PTSD symptom clusters between treatment seeking veterans with PTSD who reported the worst part of their index trauma to be a perceived moral transgression (MI index) with those who did not (non-MI index).

Method: Data on trauma type and PTSD symptoms were drawn from intake evaluations of 164 treatment-seeking veterans. Differences in symptom clusters on the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) were compared between MI index ($n=53$) and non-MI index ($n=111$) veterans using independent samples *t*-tests.

Results: MI index veterans had higher overall CAPS-5 scores ($d=.40, p=.021$) with specific increases in the alterations of cognitions and mood cluster ($d=.46, p=.008$) compared to non-MI index veterans.

Conclusion: Consistent with current conceptualizations of moral transgressions (Litz et al., 2009), index traumas that are morally injurious are associated with more severe symptoms in the alterations of cognitions and mood cluster. These results suggest that morally injurious experiences may play an important role in symptom presentation among veterans and that interventions that target negative cognitions and affect may benefit this population.

3-123

The Impact of EBPs for PTSD on Healthcare Service Utilization among Veterans

(Abstract #905)

Poster #3-123 (Clin Res, Health, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Veterans with PTSD use significantly more mental healthcare resources than those without PTSD. Our first aim was to examine healthcare utilization among Veterans in our PTSD clinic at a Veterans Affairs (VA) hospital. Our second aim was to calculate how service utilization translated into costs or savings for our VA. We conducted systematic chart reviews for 50 consecutive Veterans enrolled in our PTSD clinic. We compared the number healthcare visits for the 12 months before and 12 months after completing (i.e., 8+ sessions) Prolonged Exposure or Cognitive Processing Therapy. Our findings indicated that mental health visits at our VA decreased 66% in the year after completing PTSD treatment. In translating this reduction in services into financial savings, we found that completing an evidence-based psychotherapy (EBP) for PTSD for one Veteran saves \$1,937.64 over the following year. Based on the estimated number of EBP completers in this clinic in 2017 (111), we then calculated the annual savings for this VA (\$215,226.34). Actual savings is likely even greater when considering the continued attenuation of services. Non-financial savings are also discussed, including saving Veterans' time and increasing access to care.

3-124

United in Student Veteran Adjustment (U.S.A.) Project: Trauma, Suicide, and Program Engagement. Comparing Civilian & Student-veteran Psychological Health, and Discussing Opportunities for Intervention

(Abstract #1621)

Poster #3-124 (Clin Res, Depr, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Over 1 million veterans have used/are using their GI Bill benefits to earn degrees. Research has shown that diagnoses of PTSD, depression, TBI, and rates of suicidality are on the rise within the veteran population. Prior research suggests student-veterans have increased rates of psychiatric symptoms compared to civilian students. With a growing number of veterans choosing to earn degrees, there is a call for more research to empirically test how veterans are adjusting psychologically to campuses in comparison to their civilian peers. The present study aims to assess for severity and level of psychiatric symptoms within the student-veteran population, and assess the general rate and risk factors for PTSD and suicide among student-veterans; and examine the differences in psychopathology between veteran and civilian students. Data collected for this study will be analyzed in August 2018. Piloting on a campus with over 400 student-veterans, we are confident in recruitment continuing to be successful and data collected in time to present at the ISTSS meeting. Results will examine the rate and risk of PTSD, suicide, and other psychiatric symptoms in the student-veteran population, and examine the differences in psychopathology between veteran and civilian students. Conclusions will highlight implications for future research and applications for campus clinicians/administrators.

3-125

Exposure to Potential Morally Injurious Events and PTSD in U.S. Military Veterans: Understanding the Role of Painful Moral Emotions

(Abstract #1537)

Poster #3-125 (Clin Res, Complex, Roosevelt Mil/Vets, Adult) M - Industrialized 1/2

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Moral injury, potentially stemming from an experience that entails a transgressive act or violation to one's own moral or ethical beliefs, has been presented as a distinct yet overlapping condition with PTSD (Farnsworth et al., 2014, MacNair, 2002). Striving to elucidate how a potentially morally injurious event (PMIE; i.e., perpetrating atrocities, witnessing atrocities, or experiencing a betrayal) may contribute to PTSD symptomatology among military veterans with prior warzone deployments, this study examined experiences of moral pain—particularly symptoms of guilt, shame, and anger—as potential mediators between exposure to PMIEs and PTSD symptomatology. Using parallel mediation analyses, guilt/shame and anger, respectively, demonstrated significant indirect effects between PMIEs and PTSD symptomatology. In particular significant indirect effects emerged on the relationships of perpetrating transgressions ($ab_{cs} = 0.174$, $CI95 = 0.128 - 0.227$; $ab_{cs} = 0.226$, $CI95 = 0.178 - 0.282$), witnessing transgressions ($ab_{cs} = 0.156$, $CI95 = 0.114 - 0.205$; $ab_{cs} = 0.206$, $CI95 = 0.163 - 0.254$), and perceived betrayals ($ab_{cs} = 0.179$, $CI95 = 0.135 - 0.235$; $ab_{cs} = 0.248$, $CI95 = 0.201 - 0.308$). By addressing moral pain following a PMIE in veterans with a warzone deployment, related PTSD symptomatology may be reduced. Additionally, challenges to current DSM criteria for PTSD will be discussed.

3-126

The Relationship between Pre-deployment Resiliency and Posttraumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD) Outcomes: Examining the Moderating Effect of Treatment Condition

(Abstract #651)

Poster #3-126 (Clin Res, Sub/Abuse, Roosevelt Mil/Vets, Adult) I - Industrialized 1/2

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The current study examined whether treatment condition (integrated PTSD+SUD versus SUD only treatment) moderated the relationship between pre-deployment resiliency and post-treatment PTSD and SUD outcomes. It was hypothesized that treatment condition would moderate the relationship between pre-deployment resiliency and post-treatment outcomes.

The current study included 82 veterans with clinically significant symptoms of PTSD and SUD. Pre-deployment resiliency (The Deployment Risk and Resiliency Inventory; King et al., 2006), PTSD symptoms (The PTSD Checklist-Military; Weathers et al., 1991 and Clinical Administered PTSD Scale; Blake et al., 1995), and substance use (Timeline Follow-Back; Sobell & Sobell, 1996) were assessed. The Hayes' (2012) PROCESS macro was used to examine moderating effects. The relationship between pre-deployment resiliency and total days using substances varied across treatment groups. There was a significant relationship between pre-deployment resiliency in the SUD only treatment, but not the PTSD+SUD integrated treatment. There were non-significant interaction effects when total days using alcohol and PTSD outcomes were included in the model. Findings suggest veterans with different levels of resiliency will respond to integrated PTSD+SUD and SUD only treatments. Given the preliminary nature of the study, continued research is needed.

3-127

Comparison of Residential PTSD Treatment Outcomes between Veterans Prescribed and not Prescribed Benzodiazepines

(Abstract #1497)

Poster #3-127 (Clin Res, Sub/Abuse, Mil/Vets, Adult) I - Industrialized Roosevelt 1/2

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VA/DoD Clinical Practice Guidelines (2017) strongly recommend against treating PTSD with benzodiazepines. Despite lack of indication, some VAs still have high rates of benzodiazepine prescriptions for PTSD (Lund et al., 2013). Research on whether benzodiazepines impact outcomes in exposure-based therapies has yielded mixed findings (Rosen et al., 2013; Van Minnen et al., 2002). This study examined the impact of benzodiazepines on treatment outcomes among Veterans in residential PTSD treatment. Chart review of 400 Veterans in a seven-week, CPT-focused residential PTSD treatment program was conducted to determine if Veterans were prescribed benzodiazepines, and if so, the type and dosage, at intake, mid-treatment, and end-of-treatment. Twenty-three percent (n = 93) had an active prescription for benzodiazepines at the time of treatment entry. Clonazepam was most frequently prescribed (n = 46), followed by lorazepam (n = 19), and alprazolam (n = 12). Many Veterans prescribed benzodiazepines had no changes to their prescription during treatment (43%; n = 40). Independent-samples t-tests indicated no baseline differences between Veterans with and without benzodiazepine prescriptions on CAPS-5, PCL-5, or BDI-II scores. Planned analyses will examine whether being prescribed a benzodiazepine impacted Veterans' ability to benefit from treatment.

3-128

Associations between Trauma-related Cognitions, Substance Cravings, and Confidence to Abstain from Use among Treatment-seeking Male Veterans

(Abstract #1001)

Poster #3-128 (Clin Res, Cog/Int, Sub/Abuse, Mil/Vets, Adult) I - Industrialized Roosevelt 1/2

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PTSD and substance use often co-occur (Petrakis et al., 2011), and previous studies have examined factors that may contribute to this comorbidity, including trauma-related cognitions. Among men with PTSD and Alcohol Dependence, self-related trauma cognitions (SELF) measured by the Posttraumatic Cognitions Inventory (PTCI; Foa et al., 1999) were related to alcohol craving (Jayawickreme et al., 2012). The PTCI has three subscales: cognitions related to self, world (WORLD), and self-blame (BLAME). A fourth subscale (cognitions related to coping abilities [COPE]) was found among veterans (Sexton et al., 2018). We sought to extend previous work by examining the relationship between trauma-related cognitions and craving among substance-using male veterans and by testing whether COPE is related to craving and confidence to abstain from use. We hypothesized the SELF and COPE would be positively related to craving and COPE would be negatively related to confidence after controlling for PTSD symptoms. The sample was 174 male veterans with clinically elevated PTSD symptoms. Hierarchical linear regression analyses were used to test hypotheses. Partially consistent with hypotheses, SELF ($r = .510, p < .001$) and BLAME ($r = -.187, p = .032$) were incrementally related to craving, and COPE was incrementally related to

confidence ($r = -.247$, $p = .015$). Clinical implications will be discussed.

3-129

The Impact of PTSD and mTBI on the Relationship between Subjective and Objective Cognitive Deficits in Combat-exposed Veterans

(Abstract #889)

Poster #3-129 (Clin Res, Affect/Int, Clinical Practice, Cog/Int, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Veterans with post-traumatic stress disorder (PTSD) and/or mild traumatic brain injury (mTBI) frequently endorse subjective cognitive complaints. However, the relationship between subjective complaints and objective cognitive performance has been variably characterized in the literature to date. This study aimed to clarify the extent to which PTSD and mTBI impact the relationship between subjective and objective cognition. In a sample of 231 combat-exposed veterans, we assessed PTSD symptom severity, history of blast and impact mTBI, objective neuropsychological test performance, and subjective cognitive complaints. Initial results indicated that more subjective cognitive complaints predicted worse performance on neuropsychological tests. When controlling for PTSD, blast mTBI severity, and impact mTBI severity, the association between subjective complaints and objective performance became non-significant. PTSD was positively associated with subjective complaints, while blast mTBI was negatively associated with cognitive complaints, which was not in the expected direction. Subjective complaints were unrelated to impact mTBI. Our results suggest that PTSD symptom severity is strongly related to subjective complaints regardless of actual cognitive functioning, but the relationship between blast mTBI and subjective cognition is more complex and deserving of further research.

3-130

Status of VA Service Connection for PTSD Impact on Cognitive Processing Therapy Outcomes

(Abstract #848)

Poster #3-130 (Clin Res, Clin Res, Train/Ed/Dis, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Service-connection (SC) provides support for Veterans with disabilities or conditions from service but may create incentives that undermine recovery in favor of financial security. PTSD is the most common psychiatric disorder for which Veterans seek SC (Belsher et al., 2012). To maximize PTSD recovery, it is crucial to understand how SC affects treatment outcome. This study examines whether SC status impacts Cognitive Processing Therapy (CPT) outcomes in Veterans seen by clinicians in the VA CPT Training Program. Sample was grouped by service-connected and seeking increase (n=608), service-connected not seeking increase (n=4044), or not connected (n=4492). PTSD outcomes were measured by PCL-S or PCL-5. All groups reduced PTSD and depressive symptoms from pre- to post-treatment ($p < .001$). There were no differences in depressive symptom reduction. SC impacted PTSD symptom reduction when measured by PCL-S and PCL-5 ($p < .01$). Non-SC Veterans had the largest decrease in PTSD symptoms (PCL-S =17.60; PCL-5 =20.42), followed by SC non-seekers (PCL-S =16.18; PCL-5 =18.80) and SC seekers (PCL-S =15.53; PCL-5 =16.91). Group differences were significant when measured by PCL-S and marginally significant when measured by PCL-5. Findings suggest those with SC may have smaller treatment gains. However, large symptom reductions across groups suggest CPT is valuable to service-connected Veterans.

3-131

Does Post-military Stress Mediate the Relationship between Military Sexual Trauma and Well-Being?

(Abstract #1118)

Poster #3-131 (Clin Res, QoL, Rape, Roosevelt Mil/Vets, Adult) I - Industrialized 1/2

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Military sexual trauma (MST) affects many Veterans. Although research has investigated the negative impact of MST on relationships and health, less is known about what might explain this association. We examine the relationship between MST and well-being within three categories: health, romantic and social relationships, as well as the mediating effect of post-military stress exposure on this association. Using data from The Veterans Metrics Initiative Study of military to civilian transition (N=9,566), analyses revealed no direct relationship of MST on relationship functioning or satisfaction, social functioning, or health functioning, but there was a direct effect on social satisfaction (b=-.157, 95% CI=-.222,-.091) and health satisfaction (b=.220, 95% CI=.293,-.149). There was an indirect effect of MST on relationship functioning (b=-.134, 95% CI=-.162,-.106) and satisfaction (b=-.161, 95% CI=-.196,-.129), social functioning (b=-.119, 95% CI=-.141,.098) and satisfaction (b=-.164, 95% CI=-.194,-.136), and health functioning (b=-.100, 95% CI=-.054,-.082) and satisfaction (b=-.209, 95% CI=-.244,-.175) via post-military stress exposure. Overall, findings suggest that MST can lead to poorer well-being, and this can be primarily explained by increased exposure to post-military stress. Findings suggest a modifiable mechanism to reduce the negative impact of MST among military veterans.

3-132

Comparing Morally Injurious Experiences in Veterans with and without Military Sexual Trauma

(Abstract #269)

Poster #3-132 (Clin Res, Complex, Roosevelt Rape, Mil/Vets, Adult) I - N/A 1/2

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Background: Morally injurious events include taking part in or witnessing acts that transgress one's moral beliefs. Little is known about the experience of morally injurious events in the context of Military Sexual Trauma (MST), as most research has focused on combat traumas.

Method: Treatment-seeking veterans with PTSD (N=230) completed the Moral Injury Events Scale (MIES), a measure of morally injurious event exposure comprised of three subscales: Transgressions by Self and Others, and Betrayal. MIES scores between those with and without MST were compared using both dichotomous (cf. Wisco et al., 2017) and continuous analyses.

Results: There were no differences in overall endorsement of MIES Self, Others, and Betrayal between individuals with MST (n=69) and without MST (n=161) using Wisco et al.'s method (all *ps*>.05). However, in continuous analyses, individuals with MST reported a significantly greater degree of MIES Self (*t*(228)=-2.164;*p*=.007) and MIES Betrayal (*t*(228)=-2.164;*p*=.007) compared to those without MST.

Conclusions: Although overall rates of morally injurious experiences did not differ between those with and without MST, those with MST agreed more strongly with having acted against their own morals and feeling betrayed. Given the high rates of endorsement, providers should assess the impact morally injurious experiences may have on individuals with MST.

3-133

Understanding the Relationship between PTSD and Comorbid Major Depression: The Role of Pre-, Peri-, and Post-deployment Adversity and Social Support

(Abstract #472)

Poster #3-133 (Clin Res, Chronic, Comm/Int, Depr, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Background: Nearly 75% of combat veterans with posttraumatic stress disorder (PTSD) have comorbid major depressive disorder (MDD), which is associated with greater mental health burden and higher social and economic costs.

Method: This secondary analysis of a multi-site, randomized controlled trial for veterans with combat PTSD examined the relationship of baseline childhood adversity, unit cohesion, and post-deployment social support (PDSS) with co-occurring depression. Participants received structured diagnostic assessments and completed the Deployment Risk and Resilience Inventory and the Beck Depression Inventory.

Results: Among 223 veterans (87% male, 58% white, M age = 34.20, SD = 8.26), with PTSD, 30.5% had current comorbid MDD. A series of univariate logistic regressions controlling for sex revealed that only PDSS predicted baseline comorbid MDD ($2(2) = 6.45, p = .04$). Self-reported depression severity regardless of diagnosis was correlated ($p < .05$) with postdeployment stressor exposure ($r = .20$), PDSS ($r = -.37$), concerns about family disruptions while deployed ($r = .26$), and general harassment within the unit ($r = .16$).

Conclusion: Among veterans with PTSD, PDSS is associated with comorbid MDD. Interventions that enhance social support alongside societal efforts to foster successful reintegration following deployment are critical for reducing mental health burden.

3-134

Treating Post-deployment Depression with Interpersonal Psychotherapy: A Case Report

(Abstract #1455)

Poster #3-134 (Clin Res, Depr, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Background: Many service members report symptoms of major depression in the post-deployment readjustment period. Interpersonal Psychotherapy (IPT), a time-limited, empirically-grounded psychotherapy for major depression may be a promising treatment for this unique population.

Methods: Major depression was diagnosed via clinical interview and administration of the Mini International Neuropsychiatric Interview (MINI), and the PHQ-9 was administered at each visit. The patient received 16 sessions of IPT for major depression. Treatment focused on resolving the patient’s role transition – her transition from being actively deployed to living among civilians. Goals of treatment included: mourning the loss of the experiences of deployment, maintaining connection with friends from the deployment, improving relationships with civilian loved ones, and developing new friendships.

Results: At baseline, the patient endorsed a clinically significant level of depressive symptoms, as determined by the MINI, and scored a 12 on the PHQ-9 (moderate depression). By session 12, she no longer met criteria for major depression and her PHQ-9 score had dropped to a 5, indicative of a 58% reduction of symptoms.

Conclusion: IPT was effective in the reducing the patient’s depressive symptoms and in improving her interpersonal functioning in the post-deployment period. Further research is warranted.

3-135

A Latent Profile Analysis of Post-deployment Growth, Depreciation and Posttraumatic Stress Disorder in the U.S. Military

(Abstract #1640)

Poster #3-135 (Clin Res, Depr, QoL, Mil/Vets, Theory, Adult) M - Industrialized | **Roosevelt 1/2**

Morgan, Jessica

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The purpose of this study was to examine latent profiles of post-deployment experiences and mental health in a sample of United States National Guard service members. Data were collected as part of the Army Study to Assess Risk and Resilience in Service Members (Army STARRS). Five latent profiles of post-deployment growth, post-deployment depreciation, and posttraumatic stress disorder symptomatology were found. Among these five latent profiles, groups differed significantly on constructs of mental health, including generalized anxiety disorder, resilience, and depression, among others. Theoretical underpinnings of trauma and implications for community stakeholders and the military will be discussed.

3-136

The Indirect Impact of Combat Exposure on Veterans' Risk for Suicidal Behavior through its Effects on Posttraumatic Stress Disorder and Depression

(Abstract #886)

Poster #3-136 (Clin Res, Depr, Health, Mil/Vets, Adult) M - Industrialized | **Roosevelt 1/2**

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Researchers have theorized that increased rates of suicide in the military are associated with combat exposure; however, this hypothesis has received inconsistent support in the literature. The current study tested the hypothesis that combat exposure has a significant indirect effect on suicidal behavior among Iraq/Afghanistan-era veterans through its effects on PTSD-depressive symptomatology. Iraq/Afghanistan-era veterans (N = 3,238) participated in a cross-sectional, multi-site study of post-deployment mental health consisting of clinical interviews and self-report questionnaires. Direct and indirect relationships were examined between three latent variables: combat exposure, PTSD-depression, and suicidal behavior (past attempts and current ideation, intent, and preparation). Combat exposure was significantly associated with PTSD-depression ($r = .50, p < .001$), which was in turn associated with suicidal behavior ($r = .62, p < .001$). As predicted, the indirect effect between combat exposure and suicidal behavior was statistically significant, $r = .31, p < .001$. Results indicated that combat exposure was indirectly related to suicidal behavior via PTSD-depressive symptomatology. Findings suggest that Iraq/Afghanistan-era veterans with high levels of PTSD-depressive symptoms are at increased risk for suicidal behavior.

3-137

Comorbidity of Posttraumatic Stress and Depressive Symptoms in Nuclear Power Plant Workers following the 2011 Fukushima Nuclear Disaster: A Three-wave Longitudinal Study

(Abstract #717)

Poster #3-137 (Clin Res, Depr, Nat/Dis, Grief, Adult) I - Industrialized | **Roosevelt 1/2**

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Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

Introduction: In March 2011, nuclear power plant (NPP) workers in Fukushima were exposed to earthquakes, tsunamis, nuclear disaster, and discrimination owing to public criticism. We sought to ascertain the posttraumatic stress symptoms (PTS)-depressive symptoms (DS) relationship.

Methods: Fukushima NPP full-time workers participated in this study. We assessed baseline information in May-June 2011 and PTS/DS in three waves (years 2012 [n=1101], 2013 [n=858], and 2014 [n=798]). We evaluated PTS and DS using the Impact of Event Scale-Revised (IES-R) and Center for Epidemiological Studies Depression Scale (CES-D), respectively. Individuals with IES-R ≥ 25 and CES-D ≥ 16 were respectively referred to as PTS+ and DS+. Within the PTS+ group, we tested the predictors of comorbid DS using hierarchical logistic regression analysis for each wave. Likewise, we calculated the predictors of comorbid PTS within the DS+ group.

Results: PTS+ group ranged from 12.7–17.0%; DS+ group ranged from 24.4–30.3%. Within the PTS+ group, predictors of comorbid DS were inconsistent between the waves. Within the DS+ group, significant predictors of comorbid PTS were older age (adjusted odds ratio [aOR]: 1.036–1.042) and baseline discrimination experience (aOR: 2.28–2.37) for three waves.

Conclusion: In Fukushima NPP workers with DS, older age and discrimination experience at baseline predicted comorbid PTS.

3-138

Autobiographical Memory for Positive Events after Trauma

(Abstract #1564)

Poster #3-138 (Clin Res, Cog/Int, Depr, Adult) M - Industrialized	Roosevelt 1/2
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PTSD is associated with lower autobiographical memory specificity (Brewin, 2011); however, few studies have examined positive memories in PTSD. Reduced ability to access positive memories may relate to poorer psychological adjustment after trauma, as integrating positive memories into autobiographical memory places the trauma in context and challenges negative global cognitions

(Sutherland & Bryant, 2007). Thus, we hypothesized positive memories would be less detailed in individuals with PTSD. In this study, 100 trauma-exposed individuals (70 PTSD, 30 no PTSD) verbally recalled positive narratives occurring within one year of an index trauma. The Linguistic Inquiry and Word Count program (Francis & Pennebaker, 1992) objectively coded content and participants self-rated memory quality on the Memory Characteristics Questionnaire (Johnson et al., 1988). Narratives recalled by individuals with PTSD included significantly less words ($d = 0.52$), more overall affect ($d = 0.45$) and less cognition ($d = 0.42$) than those recalled by individuals without PTSD. PTSD ($r = -.32$) and depression ($r = -.36$) were significantly related to self-ratings of less positivity in the memory. Recalling less positive and detailed memories may reflect poor integration of trauma memories within larger autobiographical memory systems, which inhibits memories that facilitate adjustment (Schönfeld et al., 2007).

3-139

The Effect of Mindfulness on Perceived Resilience in OEF/OIF Veterans

(Abstract #1002)

Poster #3-139 (Clin Res, Clin Res, Cog/Int, Mil/Vets, Adult) I - N/A	Roosevelt 1/2
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Mindfulness interventions are gaining popularity for reducing rumination, posttraumatic stress disorder (PTSD) symptoms, and enhancing awareness. However, one's perceived ability to manage their trauma and related symptoms (i.e. perceived resilience) is important to consider as it is a predictor of adaptive outcomes. This study aimed to examine the relationship between mindfulness and perceived resiliency, and determine whether this relationship is different among those with or without PTSD. A sample of 99 veterans (Mage = 31.1, 87% male, 34.3% PTSD positive), completed the Mindful Attention Awareness Scale, the Connor-Davidson Resilience Scale, and the Clinician Administered PTSD Scale. A hierarchical linear regression,

controlling for gender and race, examined the effect of mindfulness, PTSD, and their interaction on resilience. Mindfulness significantly predicted resilience ($\beta = .34, p < .01$) in the first step. In the second step, the effect of PTSD was significant, $\beta = .99, p = .04$, but the effect of mindfulness was no longer, $\beta = -.66, p = .20$. The interaction between mindfulness and PTSD approached significance, $\beta = 1.0, p = .06$, and suggested that the relationship between mindfulness and resilience is stronger for those with PTSD than those without. Overall, the model accounted for 23% of the variance in resiliency and suggest that effects are largely due to PTSD.

3-140
Goal Management Training as a Cognitive Remediation Intervention for PTSD
 (Abstract #734)

Poster #3-140 (Clin Res, Cog/Int, Adult) M - N/A	Roosevelt 1/2
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Posttraumatic stress disorder (PTSD) is associated with dysfunction across multiple cognitive domains (e.g., executive functioning, attention), leading to negative impacts on functional outcomes (e.g., work and social functioning). Despite this knowledge, little work has investigated the efficacy of cognitive remediation therapies (CRTs) in improving cognitive functioning in PTSD. The current study investigated the efficacy of a CRT, Goal Management Training (GMT), in improving cognitive functioning among individuals with PTSD in an inpatient treatment setting. Participants could elect to participate in a GMT group or have their clinical data used for comparison purposes. Paired-sample t-tests revealed significant improvements on measures of processing speed, verbal memory, and attention in the GMT group (n=14). Mixed-design ANOVAs also revealed that the GMT group significantly improved on a measure of goal-directed behaviours and in symptoms of anxiety and intrusions, while a group receiving usual treatment (n=15) did not. These

preliminary findings suggest that GMT may be effective in ameliorating cognitive difficulties in individuals with PTSD and may lead to greater symptom reduction in comparison to standard treatment approaches.

3-141
Do Changes in Negative Cognitions Predict PTSD and Depression Symptom Improvements during and after Cognitive Processing Therapy for Military Sexual Trauma-related PTSD
 (Abstract #887)

Poster #3-141 (Clin Res, Cog/Int, Rape, Adult) M - Industrialized	Roosevelt 1/2
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Reductions in trauma-related negative cognitions (NCs) during Cognitive Processing Therapy (CPT) are associated with subsequent decreases in posttraumatic stress disorder (PTSD) and depression symptoms in veterans with various index traumas (e.g., combat). Researchers have yet to examine the temporal precedence of NCs in predicting symptom improvement in veterans with military sexual trauma (MST)-related PTSD. The current study was a secondary analysis of data from a randomized clinical trial examining the effectiveness of CPT for MST-related PTSD. After removing veterans who received treatment from therapists with below average CPT treatment fidelity, data from 9 male and 23 female veterans were included in analyses. Cross-lagged panel analyses were conducted, with changes in NC scores entered as predictors of change in PTSD and depression symptoms. Changes in NCs about self-blame were the only significant predictor of change in PTSD symptoms. Changes in PTSD symptom severity did not predict subsequent change in NCs. Changes in NCs about self-blame and depression symptoms showed a bidirectional relationship. NCs about self-blame appear to be a key mechanism of

change during CPT for MST-related PTSD. Further research is needed to better understand the relationship between changes in depression and NCs about self-blame during CPT for MST-related PTSD.

3-142

The Impact of Unique Violent Experiences on the Severity of Psychopathology and Associated Coping Strategies

(Abstract #885)

Poster #3-142 (Clin Res, Death, Depr, Roosevelt Rape, Adult) M - Industrialized 1/2

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Individuals who directly experience a violent traumatic event (VTE) may be at increased risk for developing psychopathology as compared to those who endure the violent death of a loved one. Type of VTE (direct violence vs violent death) may affect the coping strategies (disengagement or engagement) used following trauma. This study examines differences in coping and psychopathology based on type of VTE. Participants were 137 emerging adults who personally experienced (n=100) or lost someone (n=37) to a VTE. Median scores for measures of coping strategies, depressive symptoms, and posttraumatic stress symptoms (PTSS) were compared for the two groups using a non-parametric approach (Wilcoxon W). Median depressive symptoms and PTSS were significantly higher for those who personally experienced a VTE (Mdn_{Dep}=38; Mdn_{PTSS}=49.5) than those who experienced a violent loss (Mdn_{Dep}=32, Mdn_{PTSS}=37.5; Z_{Dep}=-3.29, Z_{PTSS}=-2.80, p<.001 for both tests). Those who experienced a VTE (Mdn=51) as opposed to a violent loss (Mdn=37.5) were more likely to use disengagement coping (Z=-3.93, p<.001). Median scores for engagement coping were not significantly different between the groups. Given variations in psychopathology and coping, interventions should focus on reducing avoidant and isolating strategies to reduce psychopathology for individuals who personally experience a violent trauma.

3-143

Evaluation of Mechanisms of Change in Two Online Treatments for Rape-related PTSD

(Abstract #1054)

Poster #3-143 (Clin Res, Rape, Roosevelt Adult) I - Industrialized 1/2

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Although there is a sizable empirical base supporting cognitive-behaviorally focused treatments for PTSD delivered via multiple modalities (e.g., individual therapy, group therapy, telepsychology, online), research investigating mechanisms of treatment change is far more limited. Utilizing results from an RCT of online interventions for women with rape-related PTSD (n = 42), the current proposal evaluated two possible mechanisms of change, rape-related coping and trauma-related cognitions. Participants completed either a web-based psychoeducational self-help program or an online therapist-facilitated CBT program. Evaluation of correlations using residualized gain scores supported that gains in PTSD from pre to post-treatment were weakly related to gains in approach (r = -.30) and avoidance (r = .44) coping, and strongly related to gains in all three trauma-related cognitions (rs = .60-.77) among women assigned to the online CBT program. In contrast, for women assigned to the psychoeducational program, gains in PTSD were unrelated to gains in approach (r = .18) and avoidance (r = -.05) coping, and weakly related to gains in trauma-related cognitions (rs = .12-.31). Implications of findings for future work examining mechanisms of treatment change are discussed.

3-144

Telemedicine versus In-person Delivery of Prolonged Exposure for Military Sexual Trauma

(Abstract #1055)

Poster #3-144 (Clin Res, Rape, Tech, Adult) I - Industrialized **Roosevelt 1/2**

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Telemedicine is a promising approach to address the unique barriers to accessing care among veterans with military sexual trauma (MST). We examined preliminary data from an ongoing randomized controlled trial testing the efficacy of prolonged exposure delivered to female veterans with MST-related posttraumatic stress disorder (PTSD) (n =39) via home-based telemedicine versus in-person. Mixed model analyses were conducted to test differences between treatment condition on PTSD and depressive symptoms at post-treatment and 3-month follow-up. Emotion regulation difficulties and exposure to combat were also included as predictors. PTSD and depression significantly decreased (ps < .001) and there were no significant interactions between time and treatment condition. There was a main effect of combat exposure (p < .001) and significant interaction between combat exposure and time on PTSD (p < .01), such that the change in symptoms for women who were not exposed to combat was greater than for women exposed to combat. There was a similar pattern for depression. Emotion regulation difficulties predicted greater symptoms across time (ps <.01). Results should be interpreted cautiously because the study is ongoing, however provide support for delivering PE via telemedicine, and suggests the need to further address emotion regulation and combat exposure.

3-145

The Relation between Disgust and PTSD Symptom Severity

(Abstract #12)

Poster #3-145 (Clin Res, Death, Rape, Adult) I - Industrialized **Roosevelt 1/2**

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Objective. We investigated the associations between peritraumatic disgust and trait disgust (the proneness to experience aversive disgust) and PTSD symptom severity.

Method. Participants were 207 adults exposed to potentially traumatic events in the last five years, exhibiting various levels of posttraumatic stress. We used self-report to assess trait disgust (Three Dimensions of Disgust Scale), peritraumatic disgust (retrospective single-item question) and trauma exposure (Life Event Checklist), and a structured clinical interview (Clinician Administered PTSD Scale for DSM-5) to assess PTSD symptom severity. We regressed the main and interaction effects of the disgust measures on PTSD symptom severity with and without adjusting for gender, age, and event type.

Results. Preliminary results indicate significant main effects and an interaction effect of peritraumatic and trait disgust, explaining 13% of the variance in PTSD symptom severity after adjusting for age, gender and event type.

Conclusion. Self-reported levels of trait disgust and peritraumatic disgust were associated with levels of PTSD symptoms. The influence of peritraumatic disgust on PTSD symptoms may be influenced by trait disgust. The results suggest interesting opportunities for further investigation into the role of both event-related and trait-related disgust proneness in PTSD.

3-146

Sexual Trauma Stigma and Physical Health Outcomes: The Mediating Role of Emotion Regulation Difficulties

(Abstract #1303)

Poster #3-146 (Clin Res, Affect/Int, CSA, Health, Rape, Adult) I - Industrialized | Roosevelt 1/2

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Stigma is one factor posited to play a role in the negative physical and mental health sequelae of sexual victimization (e.g., Finkelhor & Browne, 1985). Stigma has been shown to be associated with negative health outcomes across various marginalized populations, including LGBT individuals (e.g., Hatzenbuehler et al., 2014), and difficulties with emotion regulation (DERS) have been shown to be one mechanism through which stigma leads to *psychological* outcomes (Hatzenbuehler et al., 2009). This study sought to examine if DERS (Gratz & Roemer, 2004) mediated the relation between sexual victimization stigma (Gibson & Leitenberg, 2001) and *physical* health outcomes of general self-rated health and somatic symptoms (SSS-8; Gierk et al., 2014) in a sample of college students (N=194, 79% female, 81% white) in rural Appalachia with an experience of sexual victimization. Emotion regulation difficulties significantly mediated the relation between stigma and both health outcomes [self-rated health: $R^2 = .07$, $F(2,179) = 7.20$, $p < .01$, indirect effect $t(179) = -2.64$, $p < .01$, $CI = -.011, -.001$; somatic symptoms: $R^2 = .23$, $F(2,180) = 27.50$, $p < .000$, indirect effect $t(180) = 5.41$, $p < .000$, $CI = .05, .02$]. Results highlight the importance of considering the role of stigma for survivors of sexual violence, as well as suggest a treatment target in increasing emotion regulation skills.

3-147

Mild TBI and PTSD among Combat-exposed Current and Former Military Personnel is Associated with Neurobehavioral Quality of Life

(Abstract #833)

Poster #3-147 (Clin Res, Chronic, Health, Adult) M - Industrialized | Roosevelt 1/2

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Introduction: Moderate to severe traumatic brain injury (TBI) can have devastating effects on quality of life (QOL). Less is known regarding mild TBI (mTBI), QOL, and posttraumatic stress disorder (PTSD).

Objectives: Compare QOL for combat-exposed military personnel with mTBI history with and without current PTSD to those with neither.

Methods: 428 participants from the ongoing Chronic Effects of Neurotrauma Consortium (CENC) were administered measures including TBI Quality of Life (TBI-QOL), PTSD, depression, and sleep. Generalized linear models examined group differences by mTBI history and PTSD after adjusting for potential moderators and covariates.

Results: 82% had mTBI history; about one third had PTSD. After adjustments, those with mTBI history endorsed significantly more difficulty with executive functioning and cognitive performance; greater anxiety, depression, fatigue, and pain interference; poorer sleep quality; and lower social role participation. When we included PTSD, there were significant changes in the results: only pain interference and sleep remained significant for mTBI.

Conclusions: mTBI history and current PTSD are associated with reduced QOL domains, even when taking into account demographics and deployment experiences. While we do not know that PTSD has a

stronger effect than TBI, there is at least an additive effect of PTSD.

3-148

Comparison of the Factor Structure of the Neurobehavioral Symptom Inventory among Mild TBI-exposed Current/Former Military Personnel with and without PTSD

(Abstract #856)

Poster #3-148 (Clin Res, Chronic, Health, Adult) M - Industrialized **Roosevelt 1/2**

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Introduction: Distinguishing mild traumatic brain injury (mTBI) from posttraumatic stress disorder (PTSD) among current/former military personnel is often confounded by symptom overlap.

Objectives: Describe rates of mTBI and PTSD in a current/former military sample (N=447); compare the factor structure of the Neurobehavioral Symptom Inventory (NSI) to factors of the PTSD Checklist (PCL-5) between mTBI-exposed groups with and without PTSD.

Methods: Examined differences in the NSI and PCL-5 data based on (1) mTBI history with and without PTSD (n=181 vs. 193) and (2) PTSD without and without mTBI history. Structural equation modeling compared the factor structure of the NSI among those with mTBI history with and without PTSD.

Results: Approximately one-third of the sample with mTBI had concurrent PTSD. Irrespective of mTBI history, individuals with PTSD reported the highest proportions of "severe" or "very severe" NSI symptoms, including items associated with mTBI. Symptom severity was highest among individuals with mTBI and PTSD. Within both mTBI groups, we observed strong model fit statistics and significant path coefficients for NSI and PCL-5 factor correlations and item loadings.

Conclusions: PTSD is strongly associated with NSI subjective symptom severity. NSI factor structure is similar for current/former military personnel with mTBI history regardless of concurrent PTSD.

3-149

The Influence of Resources across Mental Health Outcomes in Situations of Severe IPV

(Abstract #1247)

Poster #3-149 (Clin Res, DV, Health, Social, Adult) M - Industrialized **Roosevelt 1/2**

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Conservation of Resources Theory (COR; Hobfoll & Lilly, 1993) has been used as a framework for understanding the relationship between IPV, resources, and mental health outcomes. COR posits that resource loss or the threat of resource loss is a main component of stress processes. Individuals who have suffered a loss of resources due to IPV may experience psychological distress, which is negatively impacted by resource constraints because individuals invest their resources to recover from losses, and to protect against further resource loss. Loss of resources is significantly associated with symptoms of PTSD, and resource constraints may increase negative mental health distress by challenging IPV victims' abilities to cope with or escape the abuse (Beeble & Bybee, 2010; Johnson et al., 2007; Schumm, Hobfoll, & Keogh, 2004). The current study examines resources across domains of impact of IPV through a series of moderation analyses. Specifically, we investigate how the availability of resources in IPV moderates the association between IPV severity and Health-Related Quality of Life (HRQoL). We also explore how resources might act as a buffer against the adverse mental and physical health symptoms associated with PTSD. Finally, associations of IPV severity, resources, HRQoL, and PTSD symptoms are demonstrated.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

3-150

She should have seen the Signs vs. She was too Abused Herself to Intervene: Public Perceptions of Failure to Protect in Intimate Partner Violence

(Abstract #1241)

Poster #3-150 (Clin Res, CPA, DV, Social, Lifespan) M - Industrialized Roosevelt 1/2

Kelton, Katherine, Copeland, Melissa, Heighway, Diane, McPherson, Tysha, Kaylor, Leah, Weaver, Terri

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An estimated 3 to 10 million children are exposed to intimate partner violence (IPV) annually (Kintner, 2005). Within the legal system, failure to protect is defined as permitting or enabling child abuse. Although designed to hold both mothers and fathers responsible for protecting their children, battered women are more likely to be held responsible in 'failing to protect' her children from exposure to IPV or from physical abuse by the father (Hartley, 2004). The role of motherhood is seen as central to a woman's identity, therefore, society holds higher expectations about the mother's caretaking responsibilities. When mothers and fathers engage in the same maltreating behavior, mothers are evaluated more negatively (Dickerson, 2017). Using a vignette based on an Oklahoma failure-to-protect case with an MTurk sample, the current study aimed to examine public views on mitigating and aggravating factors in the assignment of guilt of the non-offending parent in the harm of children in IPV. Qualitative analysis revealed a number of themes in reasoning for assignment of guilt: participant intuition, non-offending parent's failure to intervene (e.g. leave the partner or seek help), non-offending parent's awareness of abuse, mental illness, victimization, and use of cognitive heuristics.

3-151

PTSD Symptomatology and Intimate Partner Aggression: A Test of Moderated Mediation
(Abstract #1487)

Poster #3-151 (Clin Res, Aggress, DV, Roosevelt Fam/Int, Adult) M - Industrialized 1/2

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The association between posttraumatic stress disorder (PTSD) and intimate partner aggression (IPA) has been well established in past research. Social information processing theory suggests that those with PTSD may be at greater risk for aggression due to a tendency to react defensively to instigating cues. We tested this theory by examining the effects of reactive aggressivity and IPA victimization on the association between PTSD symptoms and IPA perpetration. We predicted a moderated mediation model, whereby reactive aggressivity would mediate the association between PTSD symptoms and IPA perpetration, with this effect being stronger as IPA victimization increased. Participants included 548 high-risk adults who completed self-report measures of PTSD symptoms, reactive aggression, and physical IPA as part of a larger study of alcohol-facilitated IPA. Results indicated that for men but not women, reactive aggressivity mediated the association between PTSD symptoms and perpetration, with this effect being stronger as frequency of victimization increased. Findings suggest that reactive aggression may help explain the link between PTSD symptoms and perpetration among men who have experienced IPA. These findings support the need for targeting maladaptive responses (e.g., aggression) to instigation in trauma-informed IPA interventions, particularly for men experiencing victimization.

3-152

Intimate Partner Violence and Psychological Maladjustment: Examining the Role of Institutional Betrayal among Victims

(Abstract #654)

Poster #3-152 (Clin Res, Anx, Depr, DV, Adult) I - Industrialized **Roosevelt 1/2**

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In the United States, intimate partner violence (IPV) is a common occurrence with research finding a majority of individuals report their first IPV victimization between the ages of 18-24. IPV victimization places individuals at a much higher risk for developing psychological disorders. In addition, when IPV experiences occur on college campuses, a variety of institutional factors (e.g., response to survivor reports) may impact the outcome of the traumatic event for the victim. Institutional betrayal occurs when an institution upon which individual(s) are dependent perpetrate wrongdoing (e.g., failure to respond supportively to wrongdoings). The present study seeks to examine whether institutional betrayal moderates the relationship between IPV and different psychological outcomes (i.e., depression, posttraumatic stress, anxiety). The study examined survey responses from a sample of undergraduate students attending a Midwestern University. Results from the study showed that institutional betrayal remained a significant predictor of depressive symptoms ($\beta = .23, p < .0167$), posttraumatic stress ($\beta = .25, p < .0167$), and anxiety ($\beta = .28, p < .0167$) when controlling for the effects of physical and sexual violence, and psychological aggression. Strengths and limitations of the study will be discussed as well as implications of the potential findings.

3-153

Exposure to Non-fatal Suicidal Behavior: Examining Pathways to Suicide Propagation and Resilience

(Abstract #455)

Poster #3-153 (Clin Res, Anx, Depr, Prevent, Grief, Adult) M - Industrialized **Roosevelt 1/2**

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Extant research consistently demonstrates a positive association between the exposure to suicide and the exposed individual's risk of suicidal thoughts and/or behaviors (suicide contagion). However, research has paid less attention to the associations between exposure to non-fatal suicidal behavior (NFSB), mental health symptomatology, and insulating elements, such as levels of social support, resilience, and personality features—factors that may underlie one's susceptibility to future suicidal thoughts and behaviors. This study examined variables associated with being exposed to NFSB that may contribute to the development of a pathway toward future suicidality, illuminating elements that may shed further light on the suicide contagion hypothesis. A comparison between 192 college students exposed to NFSB and 202 exposed to a general stressor indicated that students exposed to NFSB had significantly higher levels of depression [$F(1, 387) = 8.93, p < .01, \eta^2 = .02$] and anxiety [$F(1, 387) = 5.78, p < .05, \eta^2 = .01$] compared to those exposed to a variety of other stressors excluding NFSB, with a number of risk and protective factors emerging among those exposed to NFSB. Additionally, results from structural equation modeling identified pathways to suicidal ideation associated with exposure to NFSB through the lens of Joiner's (2005) Interpersonal Psychological Theory of Suicide.

3-154

Anger, Hostility, and Aggression (AHA) Intervention for Veterans with PTSD: Phase I Pilot Trial Results and Integration into Residential PTSD Treatment

(Abstract #1477)

Poster #3-154 (Clin Res, Aggress, Clin Res, Sub/Abuse, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Veterans with PTSD evidence more anger and hostility than those without PTSD (Jacupack et al., 2007). High levels of anger moderate PTSD treatment effectiveness (Forbes et al., 2008), and anger mediates the relationship between PTSD and violence (Novaco & Chemtob, 2015). Data is presented from a phase I clinical trial (N = 12) of a novel, cognitive-behavioral Aggression, Hostility, and Anger (AHA) Intervention for patients with PTSD. Consistent with our hypotheses, clinically reliable reductions were observed in trait anger (d = .25), anger expression (d = -.38), hostility (d = -.57), and aggressive behavior (d = -.66) over time. In a separate study, we administered the AHA Intervention within a program of PTSD residential group treatment (N = 243) across three cohorts (men, women, and men's traumatic brain injury (TBI)) and found medium effects size decreases in the men's and TBI/men's programs, and small effect size differences for the women's cohort, for anger and hostility over time. Paired sample t-tests indicated that there were significant decreases in physical aggression scores over time for men but not for women (Women t(48) = .62, 95% CI [-2.03, 3.83], d = .09; Men t(117) = 6.39, 95% CI [3.73, 7.07], d = .59; TBI/Men t(50) = 4.39 95% CI [3.87, 10.41], d = .620). Implications for clinicians and future research on aggression among patients with PTSD will be discussed.

3-155

Preliminary Quantitative and Qualitative Findings from Cognitive-behavioral Conjoint Therapy for PTSD in an Israeli Population

(Abstract #1479)

Poster #3-155 (Clin Res, Affect/Int, Cog/Int, Cul Div, Adult) A - N/A **Roosevelt 1/2**

Dekel, Rachel¹, Shoval-Zuckerman, Yael¹, Freedman, Sara¹, Nasim, Ron¹, Zitronblat, Limor¹, Salton, Nurit¹, Erlich, Elisheva¹, Monson, Candice²
¹*Bar-Ilan University, Ramat Gan, Israel*
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Cognitive-Behavioral Conjoint Therapy for PTSD, which aims to help couples simultaneously promote their level of marital relations and improve PTSD, has gained empirical evidence as to its efficacy. However, existing studies have mostly been carried out in an American context. The current presentation will describe the challenges of adapting the intervention to a different cultural, language, and security context. In addition, preliminary quantitative and qualitative findings from a case series of ten couples will be presented. Findings revealed decreased levels of PTSD symptoms, as measured by the CAPS5, following the intervention. Among spouses, a complex pattern of mental health symptoms was found: while some showed improvement, others did not. The challenges of conjoint exposure tasks in a different culture and in the context of a heightened security threat will be examined, and the methods we used to handle these issues will be presented. Qualitative findings suggest that spouses gained unexpected insight into the traumatic events, and that communication skills of both partners improved as a result of the intervention. These results indicate the unique challenges of working in a particular setting; they also reveal that with cultural adjustments, conjoint CBT can be effective in an additional context.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

3-156

Negative Affect Mediates the Relationship between PTSD Severity and Suicidal Ideation
(Abstract #906)

Poster #3-156 (Clin Res, Affect/Int, Adult) I - Industrialized **Roosevelt 1/2**

Ly, Xin¹, Christ, Nicole², Elhai, Jon²
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²University of Toledo, Toledo, Ohio

Negative affect has been commonly studied as a mechanism or trait underlying the development of mental disorders. This study was conducted to explore the impact of negative affect on the relationship between the severity of posttraumatic stress disorder (PTSD) and suicidal ideation. Participants were recruited from Amazon’s Mechanical Turk labor-market, and 374 subjects who reported experiencing traumatic events on the Stressful Life Events Screening Questionnaire (SLESQ) were included. Participants completed measures of PTSD (PTSD Checklist for DSM-5), negative affect (The Positive and Negative Affect Schedule), and suicidal ideation (Suicidal Behaviors Questionnaire-Revised). Path analyses were conducted using Mplus software to examine the mediating effect of negative affect on the relationship between PTSD and SI total scores. Results indicated that PTSD total scores were directly related to suicidal ideation severity ($\beta = 0.23, p < .01$), as well as indirectly related to suicidal ideation severity through negative affect ($\beta = 0.18, p < .001$). The results suggested that the relationship between severity of PTSD and suicidal ideation could be partially explained by negative affect.

3-157

Impact of Current Relationship Status and Employment Status on Associations between PTSD Severity and Suicidal Ideation
(Abstract #1256)

Poster #3-157 (Clin Res, Clinical Practice, Adult) I - Industrialized **Roosevelt 1/2**

Ly, Xin¹, Christ, Nicole², Elhai, Jon²
¹University of Toledo, Department of Psychology, Toledo, Ohio
²University of Toledo, Toledo, Ohio

Elevated suicide risk has been commonly identified among people with posttraumatic stress disorder (PTSD). This study explored the effect of employment and relationship status on suicidal ideation (SI) above and beyond PTSD severity. Joiner’s interpersonal theory of suicide (ITS) and previous studies suggests not being in a valued relationship can engender thwarted belongingness, and unemployment can increase perceived burdensomeness. Thwarted belongingness and perceived burdensomeness are key factors for suicide in ITS. 334 trauma-exposed participants from Amazon’s Mechanical Turk labor-market were included. Participants completed measures of PTSD and SI. Hierarchical multiple regression analyses with dummy coding were conducted to determine whether relationship and employment status contributed incrementally to the prediction of SI above and beyond PTSD severity. Results indicated that PTSD severity explained 12% of the variance in SI, $F(1, 332) = 44.21, p < .001$, employment and relationship status added 9% of the variance to this model. Furthermore, unemployment added significant incremental variance to SI, above and beyond PTSD severity. Compared to married participants, cohabitating added significant variance in SI above and beyond PTSD severity. Results suggested that unemployment and cohabitation might be factors worth considering while assessing for suicidal risk.

3-158

The Effect of Therapeutic Alliance on Dropout in Cognitive Processing Therapy: Preliminary Results from a Randomized Controlled Implementation Trial

(Abstract #861)

Poster #3-158 (Clin Res, Clinical Practice, Adult) M - Industrialized **Roosevelt** **1/2**

Sijercic, Iris¹, Lane, Jeanine¹, Ennis, Naomi¹, Wiltsey Stirman, Shannon², Monson, Candice³

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Although efficacious treatments for PTSD exist, many clients do not receive a full course of psychotherapy due to clients dropping out prematurely. Examining factors associated with dropout may increase our understanding on how to tailor interventions. This study examined the relationship between therapeutic alliance and dropout, in addition to client age and pretreatment PTSD severity as moderators of this association. Clients who participated in a CPT dissemination study and began CPT and dropped out (n=22), and clients who completed 12 sessions of CPT (n=48), reported age and PTSD symptoms (PTSD Checklist-5) prior to treatment. Independent raters coded therapeutic alliance in CPT sessions using The Working Alliance Inventory-Observer Version-Short Form (WAI-O-S). A logistic regression indicated therapeutic alliance was negatively associated with dropout (B=-.937, SE=.400, p=.02). Pretreatment PTSD severity and age were non-significant predictors, and were also not moderators of the association between therapeutic alliance and dropout. These results suggest therapeutic alliance matters above and beyond pretreatment client characteristics such as age and PTSD severity. Fostering therapeutic alliance should be a focus in early treatment because lower working alliance seems to be a risk factor for dropping out of CPT. Applications to clinical practice will be discussed.

3-159

The Relation between Help-Seeking Treatment Attitudes and Posttraumatic Stress Symptoms: The Role of Self-Disgust

(Abstract #863)

Poster #3-159 (Clin Res, Clinical Practice, Adult) M - N/A **Roosevelt** **1/2**

Flores, Jessica, Brake, Charles, Grieff, Abigail, Badour, Christal

University of Kentucky, Lexington, Kentucky

Investigations of novel mechanisms influencing help-seeking are needed to further reduce treatment barriers among individuals with PTSD. The current study examined the impact of self-disgust (Self: disgust toward the global self-concept, Ways: disgust toward one's own behavior) in the relation between PTSD symptoms and attitudes toward help-seeking. 212 trauma-exposed adults (78.3% female) completed the PTSD Checklist for DSM-5 (PCL-5), Self-Disgust Scale (SDS), and Attitudes Toward Seeking Professional Help-Short Form (ATSPH-SF). The total effect of PTSD symptoms (path c: B = .05, p < .05) on help-seeking attitudes was significant. PTSD symptoms was positively related to SDS-ways (path a1: B = .12, p < .001), but not SDS-self (path a2: B = .08, p = .13). Additionally, SDS-ways (path b1: B = -.19, p < .05) was negatively related to help-seeking attitudes after controlling for PTSD symptoms and participant sex. There was a negative indirect effect of PTSD symptoms on help-seeking treatment attitudes through SDS-ways (path ab1: B = -.02, BC 95% CI [-0.05, -0.01]). These findings suggest that although individuals with PTSD symptomatology report more positive attitudes toward help seeking, disgust towards one's behavior may negatively influence this association. The impact of self-disgust on help seeking behavior should be further examined.

3-160

Residential Treatment for Substance Use Disorder: Distinct Early Maladaptive Schemas in Individuals with Co-morbid Posttraumatic Stress Disorder and Personality Disorders

(Abstract #1662)

Poster #3-160 (Clin Res, Clinical Practice, Complex, Sub/Abuse, Adult) I - Global **Roosevelt 1/2**

Wojcik, Katharine, Wetterneck, Chad
Rogers Memorial Hospital, Oconomowoc, Wisconsin

Individuals with SUD have high rates of co-morbid diagnoses, are 2.6-10.8 times more likely to have PTSD, and up to 50% of males also receive a personality disorder (PD) diagnosis (Back, Waldrop, & Brady, 2009). Few studies have looked at the implications of this; however, these individuals have higher rates of treatment non-completion and relapse. Young et al. (2003) developed schema therapy to treat patients who were less responsive to time-limited, evidence-based methods. This study looked at early maladaptive schema (EMS) in patients with co-morbid SUD, PTSD, and PDs. It also examined rates of early treatment discontinuation. The Young Schema Questionnaire 3, PTSD Checklist for DSM-5, and Addiction Severity Index were administered (n = 247) at admit to a residential addiction program. Participants were 51% male, 92% white, with a mean age of 37.7. 86% of participants experienced one or more criterion A traumas, and 30% had PTSD. Results found that 91% of individuals entering the residential program had co-morbid diagnoses. EMS of insufficient self-control/self-discipline and from the domain of disconnection/rejection were elevated. Separate analyses determined how EMS relate to treatment outcomes/early termination. Implications show the complex nature of treatment with these co-morbid disorders and highlight the need for further research to improve treatment outcomes.

3-161

Evaluating the Effectiveness of the New Jersey Trauma Addictions Mental Health and Recovery (NJ-TAMAR) Treatment Manual for the Psychiatric Inpatient Population

(Abstract #546)

Poster #3-161 (Clin Res, Affect/Int, Complex, Train/Ed/Dis, Adult) I - Industrialized **Roosevelt 1/2**

Giacobbe, Giovanna
Rutgers University, Scotch Plains, New Jersey

This is a preliminary research project evaluating the effects of a trauma program designed specifically for NJ State Psychiatric Hospitals. Data collection has just begun and we will have preliminary data by September 2018. It is speculated that the majority of the population served at these state hospitals have a trauma history but it has never been officially evaluated or properly addressed. NJ TAMAR is a 11-week manualized program designed to educate and support the healing of traumatized individuals who are hospitalized (civilly committed) in a psychiatric inpatient hospital about the consequences of trauma. The program uses didactic teaching, development of coping skills and non-verbal strategies and expressive arts (art therapy, poetry, etc.) to process their trauma. The TAMAR Education Project provides basic education on trauma that may improve insight into the negative effects of trauma. Topics covered include: trauma's impact on lifespan development and current functioning, symptom appraisal and management, healthy boundaries and communication, coping skills to manage traumatic stress, sexuality education, addiction and planning for the future.

3-162

Understanding Chronic Pain: The Mind-body Connection

(Abstract #1469)

Poster #3-162 (Clin Res, Acc/Inj, Acute, Clinical Practice, Complex, Adult) A - N/A **Roosevelt 1/2**

Zender, James

Private Practice, Mount Clemens, Michigan

Individuals who have sustained traumatic brain injuries often have co-morbid pain disorders resulting from their physical injuries from a car crash or other biomechanical force. From advances in brain science we now know that chronic pain is more than a symptom of another injury. Chronic pain is a disease in itself, and it is an epidemic in the United States which has led to more than 80,000 deaths a year from opiate use.

While the psychological component of chronic pain is well-established, in the typical rehabilitation setting, its role is often neglected or hidden due to the prevalent medical preoccupation with a biomechanical focus. The bio-psycho-social dimension needs to be center stage in treating chronic pain which will be the focus of this presentation. Advances in brain science and what psychotherapy has to offer these patients will be discussed. The link between psychological trauma and the development of chronic pain will be examined along with the role of sleep. The application of tools from the perspectives of Positive Psychology, Mindfulness, Neurofeedback, Trauma Psychology, and Individual and Group Psychotherapy will be presented both from the literature and from clinical case presentation.

3-163

Concerned Significant Other Experiences as Support Providers in the Aftermath of Traumatic Injury

(Abstract #580)

Poster #3-163 (Clin Res, Acc/Inj, Clin Res, Comm/Int, Fam/Int, Adult) M - Industrialized **Roosevelt 1/2**

van Stolk-Cooke, Katherine, *Price, Matthew*
University of Vermont, Burlington, Vermont

Social support is a protective factor against the development of PTSD after a trauma. However, examinations of the social support-PTSD relationship have primarily focused on the perspective of trauma survivors to the exclusion of their support providers. The present study examined the self-reported experiences of concerned significant others (CSOs) recruited via Amazon’s Mechanical Turk who served as support providers to a traumatically injured romantic partner (N = 144). Items assessed the degree to which CSOs provided tangible, emotional, esteem, informational, and network support for their target significant other (TSO), how difficult CSOs found support provision, and how effective CSOs thought that provision was for TSO recovery.

Results suggested that CSOs’ reported difficulty providing each support type was associated with poorer perceived recovery trajectories in their TSOs: tangible ($b = .94, t[135] = 2.91, p = .004$), emotional ($b = 1.54, t[135] = 4.19, p < .001$), esteem ($b = 1.02, t[134] = 2.74, p = .007$), informational ($b = .95, t[135] = 2.82, p = .006$), and network ($b = 1.03, t[135] = 2.85, p = .005$).

The more difficult CSOs found it to provide each type of support, the less improvement they saw in their TSO’s functioning. These findings indicate that CSOs’ internal experiences of support provision may impact TSO recovery trajectories after a traumatic event.

3-164

Determinants of Psychological Distress among Japanese Survivors of Motor Vehicle Accidents at Different Time Stages

(Abstract #284)

Poster #3-164 (Clin Res, Acc/Inj, Adult) M - Industrialized **Roosevelt 1/2**

Fujita, Goro¹, Ueda, Tsutsumi², Yanagita, Tami³, Okamura, Kazuko¹, Kosuge, Ritsu¹

¹*National Research Institute of Police Science, Kashiwa-shi, Japan*

²*National Police Agency, Chiyoda-ku, Tokyo, Japan*

³*Taisho University, Toshima-ku, Tokyo, Japan*

Like in many other countries in the world, motor vehicle accident (MVA) is one of the major causes of posttraumatic stress disorder in Japan. It is particularly important to predict chronic distress and delayed distress of MVA victims because many

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

MVAs occur every year. In this study, we analyzed two different datasets, one was cross-sectional (n = 347) and the other was longitudinal (n = 59), and examined determinants of psychological distress among Japanese MVA victims at different time stages (40 days and one year after in the longitudinal dataset, 18 months after in the cross-sectional dataset). Longitudinal data indicated that resilient coping was a definite determinant at earlier stage of recovery but its effect receded in the follow-up assessment. Moreover, cross-sectional data indicated that resilient copying partially mediated association between social support and psychological distress. At every time stages, peritraumatic distress was the strongest determinants. Our study suggests that mental health professionals should change their focus flexibly when they try to predict chronic psychological distress and delayed distress of MVA victims.

3-165
The Influence of Pain on the Development of PTSD across the Acute Post Trauma Period
(Abstract #1017)

Poster #3-165 (Clin Res, Acc/Inj, Health, Prevent, Adult) I - Industrialized **Roosevelt 1/2**

Connor, Julie, Price, Matthew, van Stolk-Cooke, Katherine, Legrand, Alison
University of Vermont, Burlington, Vermont

Exposure to potentially traumatic events is fairly common among US adults, yet only a small fraction develops post-traumatic stress disorder (PTSD). It is unclear why some develop PTSD and others do not. Pain after an injury has been positively associated with PTSD symptomology in long-term longitudinal studies. Few studies, however, have examined how pain shortly after a trauma is associated with PTSD. The goal of this study was to identify pain trajectories throughout the first month after an injury and to examine their relation to PTSD symptoms. A sample of (n = 88) reported a daily pain score—measured with the standard Pain scale (0-10)—for 30 days after injury via assessments completed on the individual’s mobile device. PTSD symptoms were assessed at 1 month via the PCL-5. Using growth mixture modeling, three trajectories of pain were identified: persistent low pain, decreasing pain, and persistent high pain (lower BIC and SSBAIC values, entropy =

.906 [with average posterior probabilities ranging from .933 to .983], and LMR-LRT and BLRT p values < 0.001). Membership to the low pain group was associated with lower PTSD 1 month after injury (F2, 74 = 5.54, p = 0.006). Membership to the high pain group was associated with higher PTSD. These results present distinct trajectories of pain after a traumatic injury which may relate to later symptoms of psychopathology.

3-166
Effects of Pre-military Trauma on Treatment Outcomes in an Intensive Outpatient Trauma Program
(Abstract #816)

Poster #3-166 (Clin Res, CPA, CSA, Roosevelt Prevent, Adult) M - N/A 1/2

Terrell, Donna, Woodworth, Craig, Scott, Amber, Ramirez, Melissa, Grace, Gerard, Schobitz, Richard, Captain
Brooke Army Medical Center, JBSA Fort Sam Houston, Texas

Early career military Service Members (SM) often bring in with them adverse or traumatic events from their childhood/pre-military lives. The focus on treating only military-related trauma is not sufficient to address the problems of social and occupational functioning with SM’s diagnosed with PTSD who have a history of pre-military trauma. Early identification and treatment may serve to reduce future susceptibility to PTSD and other mental health condition and may help to increase emotion regulation skills.

The purpose of this study is to highlight the rate of behavioral health treatment targeting pre-military trauma versus military-related trauma and to demonstrate that addressing pre-military trauma will lead to symptom reduction. Long-term objective: Justification for the need to treat pre-military trauma in active duty personnel will allow for a more proactive approach to increasing the psychological readiness of military personnel.

The method used is review of medical records and the treatment outcome database of Service Members who began treatment in a trauma-focused intensive outpatient program.

This study is currently in progress. The results of the study may provide further justification recognizing the need for treatment targeting pre-military trauma,

which would subsequently improve the psychological readiness of the military.

3-167
Post Traumatic Stress Disorder and Impact on Community Functioning

(Abstract #1687)

Poster #3-167 (Clin Res, QoL, Adult) M - Industrialized | **Roosevelt 1/2**

Lu, Weili
UMDNJ, Scotch Plains, New Jersey

Our poster will emphasize the difficulty an individual faces after a traumatic experience, specifically with community functioning and symptom management. The data we have collected from 128 clients with PTSD confirmed using Clinician Administered PTSD Scale (CAPS-5), and other types of psychiatric disabilities. Participants were recruited across Supported Employment agencies in NJ, NY, and PA show several themes of symptoms that interfere in the workplace. Qualitative theme analysis was conducted to aid the analysis. These themes include social anxiety and negative perception, irritation and anger towards others, the experience of flashbacks and intrusive memories while on the job, encountering triggers, concern over safety, as well as difficulty sleeping. These types of symptoms can be exacerbated while working, making it difficult for an individual to remain focused or feel comfortable. In addition, symptoms of PTSD can prevent an individual from looking for employment opportunities in fear that they will not be able to manage these symptoms while at the workplace. However, our qualitative analysis shows several narrations from participants that state working and community functioning have helped to manage the symptoms of PTSD.

3-168
Post Traumatic Stress Disorder among People with Psychiatric Disabilities Seeking Supported Employment

(Abstract #1688)

Poster #3-168 (Clin Res, Cog/Int, Adult) M - Industrialized | **Roosevelt 1/2**

Lu, Weili¹, Bazan, Carolyn²
¹*UMDNJ, Scotch Plains, New Jersey*
²*Rutgers University, Scotch Plains, New Jersey*

Individuals with severe mental illness have unusually high rates of exposure to trauma. In addition, high rates of exposure to traumatic events are correlated with PTSD. Our research indicates that individuals with PTSD may have problems with obtaining and maintaining employment due to symptoms related to their trauma, such as flashbacks and nightmares. Our study proposes that untreated and undiagnosed PTSD is a hidden barrier to employment for persons with severe mental illness. Findings from our study illustrate how PTSD symptoms may negatively impact the supported employment process. Through the use of CBT techniques, we have been able to combat negative core beliefs individuals develop after experiencing a trauma so that they may have positive employment outcomes. We utilize relaxation techniques, psychoeducation, and cognitive restructuring in efforts to alleviate symptoms of PTSD. Our study findings include the alleviation of PTSD symptoms after receiving a 12 week CBT therapy session in comparison to participants who were not exposed to treatment. Our participants in the study were recruited from Supported Employment agencies across NJ, PA, and New York.

3-169

PTSD and Negative Self-appraisal in World Trade Center Responders: Preliminary Findings from an Ongoing RCT of a Web-based Narrative Writing Therapy

(Abstract #736)

Poster #3-169 (Clin Res, Clin Res, Cog/Int, Surv/Hist, Terror, Adult) I - Industrialized **Roosevelt 1/2**

Brinkman, Hannah¹, Minaya, Charlene¹, Hirschowitz, Chloe¹, Brown, Adam², Pietrzak, Robert³, Feder, Adriana¹

¹**Mount Sinai School of Medicine, Dept of Psychiatry, New York, New York**

²**New York University School of Medicine, New York, New York**

³**National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut**

More than 15 years after the 9/11/01 attacks, a third of WTC responders still experience clinically significant WTC-related PTSD symptoms. This study reports initial findings of an ongoing RCT of trauma-focused integrative testimonial therapy (ITT) compared to supportive therapy (ST), two Internet-based, therapist-assisted writing therapies. We hypothesized that ITT would challenge maladaptive cognitions underlying PTSD chronicity, by encouraging a new perspective on the patient's WTC experience via cognitive reappraisal/integration. Participants from an ongoing RCT (n=12, mean age=57 years, 83% male, 67% police/33% non-traditional responders) with WTC-related full or subthreshold PTSD completed eleven 45-minute writing sessions and received written therapist feedback. Online surveys assessing PTSD symptoms (PCL), perceived ability to cope with trauma (PACT), and future self-continuity (FSCM) were completed at pre- and post-treatment. Analyses revealed that, relative to ST, ITT was associated with a moderate-to-large magnitude reduction in PTSD symptom severity (d=0.75) and large magnitude increases in perceived forward-focused coping (d=1.09) and future self-continuity connectedness (d=0.95). These preliminary findings suggest that ITT may help reduce WTC-related PTSD symptoms and maladaptive self-appraisals in WTC responders with full or subthreshold PTSD.

3-170

Rape Myth Acceptance Buffers the Association between Unwanted Sexual Contact and Posttraumatic Stress among College Students

(Abstract #1225)

Poster #3-170 (Clin Res, Cul Div, Health, Rape, Adult) I - Industrialized **Roosevelt 1/2**

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¹**Montclair State University, Montclair, New Jersey**

²**Columbia University, New York, New York**

Rape myths are cultural beliefs that invalidate, blame, and stigmatize rape survivors, thereby perpetuating sexual violence. Few studies have explored associations between rape myth acceptance (RMA) and psychiatric outcomes, but evidence suggests that RMA can buffer the mental health impact of some forms of unwanted sexual contact (USC). We explored this possibility using data from an online survey of 678 college students (55.0% White; 74.4% female; 90.2% heterosexual). Students reported on USC (Modified Sexual Experiences Survey), RMA (Illinois Rape Myth Acceptance Scale [IRMA]), depression (Patient-Health Questionnaire-9), and posttraumatic stress (PTS; Posttraumatic Stress Checklist for DSM-5). In regression analyses, USC was significantly associated with higher depression and PTS (B=0.21, p<.001, and B=0.20, p<.001, respectively), and lower RMA was significantly associated with higher depression (B=-.11, p=.002). The interaction between UCS and RMA was significant for PTS only (B=-.24, p=.017). UCS was more strongly associated with PTS for students with low, versus high, RMA. The interaction was limited to the "it wasn't really rape" and "she lied" IRMA subscales, and held for male and female participants. Further research is needed to understand why RMA might be protective against adverse psychiatric outcomes, and whether this pattern is limited to certain forms of USC.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

3-171

Understanding the Role of Trauma Exposure and PTSS in Beliefs Regarding Guns and Violence and Trait Aggression

(Abstract #1622)

Poster #3-171 (Clin Res, Aggress, Cog/Int, Comm/Vio, Adult) M - Industrialized | **Roosevelt 1/2**

Wamser-Nanney, Rachel¹, Nanney, John¹, Constans, Joseph²

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Gun violence is a timely public health concern in the United States. Nonetheless, the literature regarding gun violence is nascent, with limited knowledge of what factors may influence attitudes towards guns. Exposure to traumatic events and the presence of posttraumatic stress symptoms (PTSS) may impact views on guns and violence. The aim of the present study was to investigate the relationships between exposure to trauma and PTSD symptoms in relation to beliefs about guns and violence and trait aggression. The study included 302 college students (M = 24.43, SD = 6.60; 74.1% female; 71.2% White). Individuals who had previously been assaulted with a weapon evinced more positive beliefs regarding guns, general pro-violent beliefs, and higher trait aggression, whereas exposure to other trauma types (e.g., unarmed physical assault, sexual assault, violent death) were not related to more positive gun perceptions nor were consistently tied to beliefs regarding violence and aggression. PTSS was related to higher levels of aggression and pro-violent beliefs, but was unrelated to beliefs regarding guns. Results suggest that trauma exposure and PTSS are related to increased levels of aggression and normalization of violence; but that only exposure to armed assaults is related to more positive perceptions regarding guns.

3-172

Trauma, Mental Health, and Help-seeking Behaviors in a Sample of Former Ultra-Orthodox Jews: A Pilot Study

(Abstract #628)

Poster #3-172 (Clin Res, Cul Div, Adult) I - Industrialized | **Roosevelt 1/2**

Mesrie, Jennifer, Scalmati, Alessandra Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York

Background: There is little data on mental health risks and trauma for defectors from enclave religious groups. We aimed to investigate the vulnerability for mental health issues and trauma in a group of former Ultra-Orthodox Jews and to determine if this plays any role in their process of transition and their ability to access help.

Methods: We conducted 14 semi-structured interviews with subjects recruited from the Footsteps list serve, a non-profit organization that provides support during this process of transition. We analyzed the data using an optimal scaling process to turn qualitative data into quantitative variables for the categories of interest. Subjects were at different points of transition from varying sects.

Results: 14 subjects; 8 male, 5 female, 1 FTM; ages 22-49; 9/14 currently in relationship; 12/14 employed or in school full time; 14/14 had a past psychiatric history; 11/14 currently in mental health treatment; 8/14 had history of suicidal ideation; 5/14 attempted suicide; 13/14 reported at least 1 adverse childhood event; 11/14 had history of abuse; 6/14 had a relative who survived the Holocaust; 9/14 had a family psychiatric history.

Discussion: Despite limitations (small sample, selection bias), the high prevalence of trauma and mental health problems in our sample suggests that this may be a vulnerable population worth further study.

3-173

Can Social Connectedness Serve as a Buffer for Muslim Refugees? Examining Moderating Effects of Social Connectedness on the Relationship between Discrimination and Negative Trauma-related Cognitions

(Abstract #1191)

Poster #3-173 (Clin Res, Cul Div, Ethnic, Refugee, Adult) M - Global Roosevelt 1/2

Sheikh, Ifrah¹, Dolezal, Michael², Alsubaie, Mohammed², Walker, Rosemary¹, Rosencrans, Peter¹, Zoellner, Lori¹

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The relationship among Islamophobia and racial/ethnic discrimination, posttraumatic cognitions, and social connectedness has not been deeply investigated among refugee/displaced samples. Discrimination may aggravate trauma psychopathology (Helms et al., 2010), but social connectedness may buffer negative effects of discrimination (Juang & Alvarez, 2010). It was hypothesized that higher religious and racial/ethnic discrimination would relate to more negative posttraumatic cognitions, with social connectedness moderating this relationship. Data was collected using an international Amazon MTurk survey in Arabic and English. Preliminary analysis was with an initial 30 sample identifying as Muslim, trauma-exposed, and refugees, asylum seekers, or a displaced persons. Measures included the EDS (Williams et al., 1997), SCS (Lee, Draper, & Lee, 2001), and the abbreviated PTCI (Foa et al., 1999). Preliminary results showed higher discrimination was modestly, but not significantly, associated with more negative trauma-related cognitions ($r = .24$, ns) and with lower social connectedness ($r = -.34$, $p = .03$). No moderation effects were found. Connectedness to one's minority group may be an important protective factor in understanding discrimination-based distress (Wei et al., 2012). Future research should examine in-group vs. out-group social connectedness as a potential moderator.

3-174

Associations between Partner Violence Perpetration, Alcohol Misuse, and Mental Health: The Moderating Effect of Ethnicity

(Abstract #683)

Poster #3-174 (Clin Res, DV, Ethnic, Health, Sub/Abuse, Adult) M - N/A Roosevelt 1/2

Robinson, Diana, Mielock, Alyssa, Hodges, Mikhaella, Lilly, Michelle
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Research shows interethnic variability in the role of alcohol use in predicting perpetration of partner violence (PV). Yet, little is known regarding interethnic variability in the impact of PTSD and depression on risk for perpetration of PV. Further, limited research on these associations within Hispanic individuals has been generated, particularly among Hispanic females. Among college women ($N = 177$), the associations between PTSD, depression, alcohol use, and PV perpetration were examined. Analyses revealed that PTSD ($r = .31^*$) and depression ($r = .29^*$) were significantly associated with PV perpetration for Hispanic women but were not significantly associated with perpetration for non-Hispanic women ($ps > .05$). Despite the differences, Hispanic ethnicity did not significantly moderate the association between mental health and PV perpetration. However, a significant moderating effect was observed regarding alcohol use ($\beta = 8.14$, 95% CI: 4.28, 11.99) such that PV perpetration rose significantly among non-Hispanic women at high levels of alcohol misuse ($\beta = 9.09$, 95% CI: 5.97, 12.21). For Hispanic women, risk for PV perpetration was not significantly associated with alcohol misuse ($\beta = .95$, 95% CI: -1.31, 3.22). Results indicate interethnic differences in the role alcohol misuse may play in PV perpetration among college women.

3-175

Cognitively-based Compassion Training for Veterans with PTSD: The Role of Meditation Adherence

(Abstract #719)

Poster #3-175 (Clin Res, Clin Res, Adult) M - Global **Roosevelt 1/2**

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Although daily practice is emphasized in meditation-based interventions, relationships between meditation adherence and outcomes are often unreported. This study examined the relationship between meditation adherence and outcomes associated with Cognitively-Based Compassion Training (CBCT®). Participants were 29 veterans with posttraumatic stress disorder (PTSD) that completed a 10-week group CBCT® protocol modified for the treatment of PTSD in veterans. Outcomes were pre- and post-assessments of PTSD symptoms, depressive symptoms, social connectedness, and positive and negative affect. Practice adherence was measured via weekly homework logs. Significant within-group improvements were found across study measures ($p < 0.05$). Greater meditation adherence was significantly associated with changes in social connectedness ($r = 0.38, p = 0.04$) and negative affect ($r = -0.52, p < 0.01$), and marginally associated with changes in PTSD symptoms ($r = -0.33, p = 0.08$). No relationships between meditation adherence and changes in depressive symptoms or positive affect were found. This study highlights the importance of practice adherence, and suggests that compassion-based meditation may be particularly important for improving social connectedness and negative affect in veterans with PTSD.

3-176

A Two-step Model of Trauma Care in Accommodation Units for Unaccompanied Minors - A Pilot Study

(Abstract #1493)

Poster #3-176 (Clin Res, Refugee, Child/Adol) M - Industrialized **Roosevelt 1/2**

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Study goals. Access to care and commitment to any treatment has been a challenge among traumatized unaccompanied minors in Finland. In this pilot study we tested a stepped-care model where mental healthcare is provided in the accommodation units where these youth live.

Methods. The first step of the model is a 10-session group intervention focused on stabilizing and preventing mental health problems, as well as preparing for the second level individual trauma treatment, if needed. The intervention was conducted in four accommodation units for unaccompanied minors in Southern Finland. Quantitative data was collected with questionnaires at baseline and post-test with CRIES (Smith et al., 2003), SDQ (Goodman, 1997) and a resilience questionnaire (Kangaslampi et al., 2015). Qualitative data was collected through brief ethnographic interviews (Hubbard, 2012) with accommodation unit staff and youths. Group facilitators were also interviewed using focus group discussions (Krueger, 2000) and most significant change stories (Davies and Dart, 2005).

Results. Quantitative and qualitative findings of the first step of the model as well as the need for second level trauma treatment will be presented.

Conclusions. Lessons learned and recommendations for implementing group interventions with unaccompanied minors will be provided.

3-177

Trauma-informed School-based Interventions and Externalizing Problem Behaviors: A Systematic Review

(Abstract #1415)

Poster #3-177 (Clin Res, Acute, Aggress, Chronic, Commun, Child/Adol) I - Global **Roosevelt 1/2**

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Given the high exposure rates to potentially traumatic events among school-aged youth, schools increasingly have the potential to be an entryway for traumatized youth to receive services. A growing body of theoretical and empirical research has also uncovered a wide-ranging yet interrelated spectrum of symptoms among traumatized youth across a variety of domains, including externalizing problem behaviors. The current systematic review aimed to summarize the impact of trauma-informed interventions on youth’s externalizing problem behaviors within the school setting. The literature search identified 16 studies that were quite heterogeneous across trauma, demographics, and outcomes assessed. Overall, seven studies found significant results, which were comprised of improvements in children’s and adolescents’ aggressive and defiant behavior using adolescent- (n = 1), parent- (n = 3), and teacher-reports (n = 2), as well as reductions in office disciplinary referrals and out-of-school suspensions (n = 2). The current findings extend existing literature by highlighting (1) the heterogeneous nature of the current literature regarding the effects of trauma-informed school-based interventions on externalizing problem behaviors, and (2) the need for the development and evaluation of trauma-informed interventions that specifically target students’ externalizing problem behaviors.

3-178

Predicting Age of First Suicide Attempt: The Role of Trauma Exposure and Demographic Variables

(Abstract #145)

Poster #3-178 (Clin Res, Clin Res, Death, Ethnic, Gender, Lifespan) I - Industrialized **Roosevelt 1/2**

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One of the strongest predictors of suicide attempts and death by suicide is a prior attempt (Franklin et al., 2017; WHO, 2015). However, few studies have specifically evaluated potential predictors of first attempts (Franklin et al., 2017). Trauma exposure (e.g., Krysinska & Lester, 2010), sex (e.g., Oquendo et al., 2007), and race (e.g., Kessler et al., 1999) are strongly related to suicidal behaviors, and thus might be predictive of when an individual makes a first attempt. Accordingly, the current study used discrete-time survival analysis to evaluate trauma exposure and demographic variables as predictors of age at first suicide attempt. Data were from the Collaborative Psychiatric Epidemiology Surveys (CPES) 2001-2003. Of 2,483 respondents who completed measures of trauma exposure, 276 (10.75%) had attempted suicide at least once between ages 4-30. Individuals in the sample were most at risk for first suicide attempt at age 18. In the sample, the conditional probability that an individual would make a first suicide attempt in emerging adulthood was significantly higher than in adolescence and adulthood. Trauma exposure, sex, and race emerged as significant predictors of age at first suicide attempt. Results could help improve risk assessment of suicide by enhancing understanding of individuals most at risk of an initial suicide attempt.

3-179

Evaluating the Role of Rape Myth Acceptance and Reactions to Sexual Assault Disclosures

(Abstract #1089)

Poster #3-179 (Clin Res, Clinical Practice, Prevent, Rape, Gender, Lifespan) I - Industrialized **Roosevelt 1/2**

Binion, Kendal, Amaya, Stephanie, Gray, Matt
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Research indicates that negative reactions to sexual assault disclosure has detrimental implications to one's psychological well-being and recovery post assault (Herbert & Dunkel-Schetter, 1992; Ullman, 1996). Additionally, much of the previous research on reactions to sexual assault disclosure focused on retrospective victim interpretations on how they perceived social reactions to their assault disclosures (House, 1981; Herbert & Dunkel-Schetter, 1992). Comparatively little is known about the characteristics of social supports who offer differing types of reactions to assault disclosures. This study aimed to investigate the degree to which rape supportive beliefs impact reactions to real and hypothetical assault disclosures. Participants who had previously completed a measure of rape myth acceptance were asked to read a vignette of a sexual assault and provide an appropriate response to that imagined disclosure, or – if applicable – were asked to recall an actual disclosure of a sexual assault by a friend and to recall to the best of their ability their response to that disclosure. Trained coders rated positive (e.g., supportive) and negative (e.g. victim blame) responses to disclosure (Ullman 2000) with preliminary results confirming the hypothesized relationship between RMA and valence of disclosure reactions (N = 171).

3-180

The Network Structure of Posttraumatic Stress Symptoms in Adolescents and Adults Exposed to Earthquake

(Abstract #1405)

Poster #3-180 (Clin Res, Acute, Clin Res, Lifespan) I - E Asia & Pac **Roosevelt 1/2**

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Objective: Network analysis is a useful tool for understanding how symptoms interact with one another to influence psychopathology. The tool was introduced in this study to examine connectedness and strength among PTSD symptoms between adolescents and adults, and test for age differences. Method: A Follow-Up Study enrolled 318 adults and 318 adolescents at 12 months post-earthquake. The partial correlations were analyzed using Gaussian graphical models and Network Comparison Test. Results: Consistent with our hypotheses, especially strong connections emerged between detachment and emotional numbing, physiological reactivity and flashbacks in both groups. The most central symptoms were hyper vigilance, flashbacks and anger in adolescents. Meanwhile, adults groups were upset, startle response and detachment. According to network comparison test, some connections for instance, intrusions and flashbacks, intense psychological distress and flashbacks were significant difference. Conclusion: These results suggest similar associations in PTSD symptoms in two age groups and difference across development, such as the link of intrusions and flashbacks in adolescents. Implications of these results for informing the assessment and treatment of this disorder in both age differences are necessary.

3-181

Shame within the Parent-Child Relationship: Associations with Childhood Trauma Severity, Romantic Attachment Insecurity, and Intimate Partner Violence (IPV)

(Abstract #1310)

Poster #3-181 (Clin Res, Affect/Int, DV, Fam/Int, Res Meth, Lifespan) M - Industrialized Roosevelt 1/2

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Shame has been linked to a history of childhood trauma and is a risk factor for trauma-related distress and relational difficulties. However, few studies have examined shame during the perinatal period. This study aims to validate a newly developed coding system for shame within the parent-child relationship. Data came from a larger longitudinal study with 120 at-risk women; the present study utilized data from pregnancy. A coding system for shame was developed for use with a semi-structured interview assessing maternal attachment representations. Additional measures assessed childhood trauma exposure, romantic attachment, and IPV. Results (n=98; coding ongoing) indicate adequate variability/inter-rater reliability (Range:0-12, M=6.35, SD=3.35; ICC=.65-.70; r=.79). Shame within the parent-child relationship was significantly correlated with childhood trauma severity, IPV, and romantic attachment insecurity (r 's=.20-.45). Shame moderated the association between childhood trauma and IPV and between attachment anxiety and IPV; the association between childhood trauma and IPV was significant at high levels of shame, while the association between attachment anxiety and IPV was significant at moderate and high levels of shame. Results indicate shame may pervade the early parent-child relationship in trauma-exposed women and is an important target for trauma-informed interventions.

3-182

Associations between Positive Parenting, Pre-treatment Trauma Severity, and Risky Behavior Symptomology among IPV-exposed Teens Using Substances

(Abstract #1252)

Poster #3-182 (Clin Res, Fam/Int, Health, Prevent, Sub/Abuse, Lifespan) M - Industrialized Roosevelt 1/2

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Adolescence is a critical period for the onset of substance use, mental health problems, shifting family dynamics, and sexual activity. It is also a heightened time for exposure to interpersonal violence (IPV). Positive parenting strategies (e.g., household rules, consistent discipline) may promote resiliency for IPV-exposed youth, including prevention of risk behaviors, such as substance use and risky sex (e.g., sex without a condom); however, this question has been understudied in high-risk adolescent samples. This study leverages the pre-treatment baseline data from a unique sample of IPV-exposed, substance using adolescents (13-18) and their caregivers who were enrolled in a NIDA R01-funded RCT of RRFT (1R01DA031285/PI:Danielson). Both youth and caregivers completed interviews/measures and urine drug screens were collected from youth. Results indicated that parental involvement and positive parenting were associated with lower levels of PTSD symptoms and risky sexual behaviors (p s<.05). Although some indicators of poor parenting (e.g., inconsistent discipline) were not significantly related to PTSD symptoms at baseline, these variables were strongly associated with more frequent substance use and risky sexual behavior (p s<.05). Positive parenting strategies may be an important intervention target to promote resiliency following IPV-exposure among high risk teens.

3-183

Effects of Maternal PTSD on Infant and Child Heart Rate

(Abstract #722)

Poster #3-183 (Clin Res, Complex, Dev/Int, Fam/Int, Lifespan) I - Industrialized | **Roosevelt 1/2**

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Introduction: Posttraumatic stress disorder (PTSD) can negatively affect offspring. Several studies show that mothers with PTSD have children with higher rates of PTSD, and greater externalizing and internalizing symptoms. Currently it is unclear how these transgenerational effects may influence child physiology.

Methods: We examined the effects of maternal PTSD on child heart-rate (HR) during stressful sounds. A total of 137 mother-child dyads with school-age children (M=9.6 years) were included. In order to see how early effects may emerge, we also included 10 dyads with newborn infants (M=13.7 weeks). Maternal PTSD was assessed using PTSD Symptom Scale.

Results: School-age children of PTSD+ mothers had higher HR (M=86.9 BPM) than children of PTSD- mothers (M=82.2 BPM), controlling for child age and sex, F=5.70, p=0.02. Infants of PTSD+ mothers, however, had lower HR (M=141.6 BPM) than infants of PTSD- mothers (M=162.1 BPM), controlling for infant age and sex, F=16.64, p=0.01. Parenting stress partially mediated the association between maternal PTSD and child HR.

Conclusions: We found that maternal PTSD blunted HR in the first few weeks after birth, but by age 10, was associated with increased HR in offspring. It is possible that parenting behavior in mothers with PTSD mediates the developmental changes in HR.

3-184

The Associations between Parental Mental Illness, Emotion Dysregulation, and Problematic Substance Use in a Low-income Sample

(Abstract #1492)

Poster #3-184 (Clin Res, Sub/Abuse, Older) I - Industrialized | **Roosevelt 1/2**

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Being raised by parents with a mental illness (MI) is a significant adverse childhood experience. Parents with MI and their children are more likely to be economically disadvantaged than those without MI. Parental MI is also a compelling predictor of substance use (SU) in adulthood. However, there is less clarity on factors that underlie the association between parental MI and future problematic SU in low-income populations, as most extant research has been limited to middle and upper-income samples. The current study seeks to examine emotion dysregulation as a mechanism linking exposure to early parental MI and future problematic SU in a low-income, traditionally underserved population. Results indicated that participants who endorsed a history of parental MI evidenced higher rates of emotion dysregulation (b = 14.65, SE = 5.31, p = .007), which, in turn, predicted higher rates of SU problems (b = 0.08, SE = 0.04, p = .033). Further, emotion dysregulation mediated the relation between parental MI and SU problems: indirect effect = 1.24 (Bias Corrected 95% CI = .05 to 4.66), controlling for relevant covariates. These results suggest the utility of targeting emotion regulation among low-income individuals with parental MI in order to prevent or reduce problematic SU.

3-185

Effects of Exposure to Potentially Morally Injurious Experiences in Service Members: Chaplains' Perspectives

(Abstract #1022)

Poster #3-185 (Clin Res, Mil/Vets, Prof I - Industrialized) Roosevelt 1/2

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Potentially Moral Injurious Experiences (PMIEs) include transgressive acts of omission or commission by oneself (PMIE-self) or others (PMIE-other) that may impact psychosocial and spiritual well-being. While the extant literature suggests a range of sequelae of PMIE exposure, further research is needed to develop a comprehensive understanding of Moral Injury (MI) as an outcome. Given the moral underpinnings of PMIEs, chaplains' perspectives may be particularly useful when conceptualizing MI. In this study, 10 VA chaplains completed a questionnaire about their perceptions of how PMIE exposure affects service members (SMs). All chaplains reported working with SMs who experienced PMIE-self and/or PMIE-other. Chaplains estimated that 40.7% (SD= 33.7; range=1%-95%) of their patients experienced PMIE-self and 37.2% (SD=33.2; range=5%-90%) experienced PMIE-other. The most commonly endorsed PMIE-self was Killed within the Rules of Engagement (100%). The most common PMIE-other was Witnessed or learned of harm to others (including enemy combatants or civilians) as result of another's decisions or actions (90%). Chaplains also described the effects of PMIE exposure on SMs' intrapersonal, interpersonal, and spiritual functioning in narrative form. These qualitative data will be analyzed and described in this presentation with the aim of enriching conceptualizations about the effects of MI.

3-186

Comparing Attitudes Toward Evidence-based Psychotherapy among New and Experienced Clinicians Delivering Cognitive Processing Therapy for Posttraumatic Stress Disorder

(Abstract #1458)

Poster #3-186 (Clin Res, Clinical Practice, Cog/Int, Pub Health, Train/Ed/Dis, Prof) M - Roosevelt 1/2 Industrialized

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Despite research demonstrating that evidence-based psychotherapy (EBP) for PTSD results in symptom improvements, only a minority of clinicians provide EBPs in community settings, where most at-risk groups are treated. Clinicians' attitudes toward an EBP may act as a barrier or facilitator to EBP adoption. Perceptions of Cognitive Processing Therapy (CPT), an EBP for PTSD, may be dependent on the amount of experience implementing it in practice. This study compared attitudes toward CPT, and adopting new EBPs, among experienced CPT clinicians who had implemented CPT into their practice (implemented, $n=73$), and newly CPT trained clinicians (new, $n=39$). Clinicians completed the Perceived Characteristics of Interventions Scale (PCIS-20) and the Evidence-Based Practice Attitude Scale (EBPAS-50). Independent samples t -tests indicated that implemented clinicians expressed more positive views toward CPT on the PCIS-20 than new clinicians, $t(110)=2.26, p=.026$, and were more likely than new clinicians to indicate they would adopt new interventions based on the treatment's fit with the values and needs of themselves and clients on the EBPAS-50, $t(110)=2.78, p=.006$. Understanding less favourable clinician attitudes can support implementation research and promote societal change in addressing barriers to clients with PTSD receiving evidence-based care in community settings.

CLINICAL PRACTICE

3-189

Screening for Trauma Exposure, PTSD Symptoms and Sleep Quality in Patients with Substance Use Disorder after Inpatient Detoxification

(Abstract #1391)

Poster #3-189 (Practice, Assess Dx, Sleep, Sub/Abuse, Adult) M - Industrialized Roosevelt 1/2

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Background: Despite the well established co-occurrence of posttraumatic stress disorder (PTSD) and substance use disorder (SUD) and evidence for integrated PTSD/SUD treatment, trauma screening in SUDs clinics is not routine. Clinicians indicate difficulty and hesitation in trauma diagnostics due to symptom overlap, such as sleep problems, specifically during detoxification.

Objectives: to assess (1) prevalence of trauma exposure, sleep problems and PTS symptoms in patients with SUD, (2) how trauma, sleep and substance use contribute to PTSD severity, and (3) changes in sleep problems and PTS following abstinence.

Methods: Adult patients diagnosed with SUD were assessed at 4 days post-admission (T1; N=189) and 3 weeks (T2; n=52) for addiction severity (MATE 2.1), sleep quality (PSQI), trauma exposure (LEC-5) and PTSD (PCL-5).

Results: Trauma exposure was high (96%), 51% screened positive for PTSD and 77% for sleep problems at T1. Younger age, female gender, trauma exposure and sleep problems contributed to PTSD severity. PTS symptoms in general and PTSD-specific sleep problems ($r=-.29/.34$, $p<.01$) declined after detoxification; subjective sleep quality and symptoms from PTSD-cluster cognitions and mood did not.

Conclusion: Systematic screening of PTSD and sleep problems is warranted in patients admitted for clinical SUD treatment.

3-190

Measuring Intent to return may Reduce Exposure Therapy Dropout in Active Duty Soldiers

(Abstract #488)

Poster #3-190 (Practice, Assess Dx, Mil/Vets, Adult) I - Industrialized Roosevelt 1/2

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Active duty service members have high dropout rates during trauma-focused treatment both in clinical practice and research. Measuring Intent to Return (ITR) has been suggested as one method to reduce dropout, but no studies have examined the effectiveness of such a measure. As an attempt to reduce high dropout rates, a measure of ITR was included halfway through data collection for an RCT comparing prolonged exposure (PE) and virtual reality exposure (VRE) in active duty soldiers. Soldiers (N=108) were randomized to either PE or VRE, and 49 were administered the ITR at the end of every session. A single-item was used to measure ITR (10-point scale). A score of 7 or below triggered a problem-solving discussion with their therapist. Results revealed that the ITR measure significantly predicted treatment dropout after controlling for mental health stigma and PTSD symptoms, $2(3, N=49) = 9.16$, $p = .027$. Additionally, soldiers who completed the ITR measure were less likely to dropout than those not administered the ITR, $2(1) = 9.46$, $p = .002$. These findings suggest the possible effectiveness of assessing intent to return to trauma-focused therapy as a method to reduce treatment dropout and future research should randomize the measurement of ITR in clinical trials to build on these preliminary findings. Clinical implications and limitations of the study's design will be discussed.

3-193
Helping Veterans Translate their Spiritual Wounds of Moral Injury into Wisdom through Direct Community Interface

(Abstract #777)

Poster #3-193 (Practice, Commun, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Drescher, et al. (2012) found that moral injury uniquely contributes to negative changes in both mental health and spirituality. As such, MH and chaplain services at the Portland VA have forged a partnership to maximize the process of reintegration and recovery. Chaplain services and MH have collaborated to build a two-phase moral injury recovery program. Phase 1 involves co-led ACT for Moral Injury, as well as an ACT Beyond Betrayal. Program evaluation indicates individuals' ability to take perspective, increased ability to engage in paradox, and increased valued actions. Phase 2 is Compassionate Warrior Training for Reintegration (CWTR), a chaplain initiative which involves helping Veterans translate their spiritual wounds of moral injury into wisdom through direct community interface. This interface includes learning from guest teachers in the community, participating in ceremony and ritual outside of the VA, and initiating community veteran/civilian community conversations. Program evaluation indicates Veterans are taking concrete steps to offer valued services to their communities (Veterans have returned to school, created programs to support other Veterans, have become peer support specialists, started a veteran-centric farm, etc.).

3-194
Examining the Role of Experiential Avoidance in Trauma Symptomatology and Symptom Severity among Veterans with Military Sexual Trauma

(Abstract #1223)

Poster #3-194 (Practice, Clinical Practice, Rape, Adult) M - N/A **Roosevelt 1/2**

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Experiential avoidance (EA), defined by an unwillingness to experience and efforts to change or avoid aversive internal events, is regarded as a core process in the etiology and maintenance of psychological disorders, including PTSD. EA and PTSD symptom cluster relationships have been initially examined among trauma-exposed veterans (McManus et al., 2017); such relationships have not been specifically examined among veterans with military sexual trauma (MST), a distinct trauma type linked to unique symptomatology (Yaeger et al., 2006). Thus, this study examined the relationship between EA and *DSM-5* PTSD symptom clusters and symptom severity among MST-exposed veterans (N = 95) seeking treatment in a VHA MST specialty clinic. Patient Health Questionnaire-9 scores were used as a covariate to ensure relationships were not better accounted for by probable depression status. EA was measured using the Acceptance and Action Questionnaire (AAQ-II). PTSD symptom clusters and symptom severity were measured using the PTSD Checklist for *DSM-5* (PCL-5). Results revealed negative and significant partial correlations between AAQ-II and PCL-5 scores (*r*'s ranged from -.38 to -.74), where lower AAQ-II scores, reflecting more EA, were associated with greater PTSD symptom severity overall and across clusters. Comparisons to past research, implications, and future directions will be discussed.

3-195
Reporting Military Sexual Trauma (MST): Associations with Dual Histories of Lifetime Interpersonal Violence, MST Characteristics, and Posttraumatic Cognitions

(Abstract #1202)

Poster #3-195 (Practice, Chronic, Cog/Int, Rape, Adult) I - N/A **Roosevelt 1/2**

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While military sexual trauma (MST) is an unfortunately common occurrence, rates of reporting MST while in service remain low. Prior qualitative research has identified perceived barriers to reporting MST (e.g., Wolff et al., 2016), but few quantitative studies have examined predictors of reporting. The current study examined whether reporting MST was associated with a history of interpersonal trauma, characteristics of the MST (e.g., number of and relationship to perpetrators), and posttraumatic cognitions (e.g., self-blame, negative worldview) in a sample of veterans (N = 140) seeking MST-related mental health treatment. Thirty-six percent of the sample indicated they reported MST while in service. Results demonstrated that veterans were less likely to report when multiple perpetrators were involved and more likely to report if the perpetrator was a superior officer. A history of childhood sexual abuse increased the likelihood of reporting MST. Further, veterans who did not report MST endorsed more negative beliefs about self. Results highlight the context in which MST occurred is associated with whether veterans chose to report the abuse. A veteran's decision to report should be considered when addressing negative cognitions in treatment. Continued efforts in reducing barriers to reporting MST are encouraged, as lack of disclosure may impede access to necessary services.

3-196
Attachment Style as a Mechanism from Intimate Partner Violence to Depressive Symptoms: An Information Processing Approach
 (Abstract #746)

Poster #3-196 (Practice, CPA, Cog/Int, Depr, DV, Adult) I - N/A	Roosevelt 1/2
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Women experiencing intimate partner violence (IPV) are at risk for depression. An insecure attachment style may account for this relationship, as individuals process information to be congruent with their internal working models. A history of childhood

maltreatment (CM) may also influence this process, as memories of childhood trauma may be recalled when making meaning of current abuse. The present study examined whether attachment style and information processing deficits (i.e., attention and implicit interpretation biases) mediate the effects of CM and IPV on depression. A sample of undergraduate women (n = 301) completed self-report measures and cognitive paradigms of attention and implicit interpretation biases. Structural equation modeling indicated that attachment insecurity fully mediated the effects of CM and IPV on depression; this effect was driven by attachment anxiety, rather than attachment avoidance. Implicit negative interpretations of self partially accounted for the relationship between attachment insecurity and depression. Attention bias was not a significant mediator. Findings suggest that unconscious negative self-perceptions are one mechanism by which attachment anxiety results in depression for women experiencing IPV. Further, a history of CM contributes to greater attachment insecurity and negative implicit beliefs, increasing the risk for depression.

3-197
Stuck in a Moment – Tonic Immobility Predicts worse Quality of Life in Treated PTSD Patients
 (Abstract #568)

Poster #3-197 (Practice, Health, QoL, Roosevelt Adult) I - Latin Amer & Carib	1/2
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Background: Peritraumatic reactions - tonic immobility (PTI) and dissociation (PD) – are associated with increased risk of posttraumatic stress disorder (PTSD), symptom severity and worst treatment response. Despite the relevance of quality

of life (QoL) as an essential outcome, there are no studies investigating the association between peritraumatic reactions and QoL. This study aims to compare the impact of PTI and PD on QoL in PTSD patients.

Methods: This is a cross-sectional study of 50 civilian PTSD patients diagnosed through the Structured Clinical Interview. Instruments used were: Peritraumatic Dissociative Experiences Questionnaire, Tonic Immobility Scale (TIS) and WHOQOL-BREF (four domains). Linear regression models were fitted to evaluate the impact of PTI and PD on the scores of WHOQOL-BREF. We controlled for sex as potential confounding.

Results: None of the peritraumatic reactions showed effect on physical and social domains of QoL. PTI, but not PD, impacted on psychological and environment domains. For each additional point on the TIS, there was a decreased of 0.8 points on the scores of psychological and environment domains of WHOQOL-BREF.

Conclusion: This is the first study to demonstrate that peritraumatic reactions impact negatively in QoL. In particular, tonic immobility may be a significant predictor of negative outcomes.

3-198
Moderating Impact of Betrayal Trauma on Trauma Severity and Negative Mental Health Outcomes

(Abstract #1542)

Poster #3-198 (Practice, Clinical Practice, Complex, Health, Gender, Adult) I - N/A **Roosevelt 1/2**

Valencia, Gemariah, Eltiti, Stacy, Wang, David Biola University, La Mirada, California

Betrayal trauma theory emphasizes the importance of the victim-perpetrator relationship on the victim’s psychological health. Previous literature has shown that trauma characterized as high betrayal impacts the development of posttraumatic stress disorder (PTSD), depression, and anxiety. However, the experienced severity of the victim in the interpersonal trauma and its effect on negative mental health outcomes have yet to be explored. The present study examined the relationship between betrayal trauma, trauma severity, PTSD, depression, and anxiety. Participants from Amazon’s MTurk completed questionnaires assessing past traumatic experiences, PTSD,

depression, and anxiety. Past traumatic events were labeled as low, moderate, or high in betrayal. Low betrayal included non-interpersonal events (e.g., natural disasters). Moderate betrayal included interpersonal events where the perpetrator was not in a close relationship with the victim. High betrayal included interpersonal events where the perpetrator was someone close (e.g., caregiver). Data has been collected but has yet to be analyzed. High betrayal events are expected to show a moderating effect on the relationship between high trauma severity and PTSD, depressive, and anxious symptoms. Results would have implication on clinical practice and the importance of relational therapy with victims of trauma high in betrayal.

3-199
Screening and Engagement of Veterans with PTSD within a Primary Care Setting

(Abstract #1644)

Poster #3-199 (Practice, Care, Adult) M - N/A **Roosevelt 1/2**

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Recent Veterans Health Administration (VHA) efforts have focused on increasing the identification, engagement, and treatment of Veterans with PTSD within primary care settings. The Primary Care PTSD screen (PC-PTSD) is administered to help identify and improve access to care for this historically difficult to engage population. The San Francisco VA Health Care System (SFVAHCS) provided care to 8,788 Veterans in Medical Practice between 1/1/17 and 3/18/18. Four hundred ninety nine (5.6%) Veterans screened positive on the PC-PTSD screen. These Veterans were predominantly male (83%) and not connected to mental health services (60%; N=323). Only five Veterans not previously connected to mental health (1.5%) were seen for a warm handoff by PCMHI subsequent to the positive screen and ninety-three Veterans (28.8%) were referred to the mental health clinic for intake by either a primary care provider or PCMHI. Fifteen Veterans (4.6%) subsequently engaged in specialty mental health care in the PTSD Clinical Team (PCT). These preliminary findings help us to describe the flow of patients who

screen positive for PTSD within medical clinics and highlight systems challenges to successful follow-up. Results suggest that PCMH may be underutilized for engaging Veterans with PTSD. Findings have implications for ways that PCPs can utilize screening data and enlist the support of PCMH.

3-200
Underidentification of Intellectual Disabilities in Children with Child Welfare Involvement
(Abstract #218)

Poster #3-200 (Practice, Assess Dx, Clinical Practice, Comm/Int, Dev/Int, Child/Adol) I - Industrialized **Roosevelt 1/2**

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The University of Tennessee Center of Excellence for Children in State Custody (UT COE) is an interdisciplinary team of experts in child trauma funded by the state to provide evaluative and consultative services for the most complex children involved in Tennessee's child welfare system. This poster will summarize a retrospective chart review of 261 children served over the past 3 years, focusing on children diagnosed with Intellectual Disability (ID). Approximately 28% of children referred to the UT COE were diagnosed with intellectual disabilities or notable cognitive delays. This is much greater than estimated prevalence rates in the general population, which range from 1.4 to 6.9% (CDC, 2017). Notably, we were the first to diagnose Intellectual Disability (ID) in 85% of cases. A surprising number of these children were older: 32% were ages 14 to 17 and 21% were between ages 10 and 13. Approximately 53% of children with ID were receiving medication management; 22% were residing in residential treatment facilities. These results indicate that children with ID and other cognitive delays are continuing to go undiagnosed and are overrepresented among the most complex and challenging children in our current child welfare system. Suggestions related to identification of and service delivery for children with ID and child welfare involvement will be discussed.

3-201
Do Differences in Threat Reactivity Help Explain the Link between Violence Exposure and Psychopathology in Young Children?
(Abstract #1106)

Poster #3-201 (Practice, Clin Res, Complex, DV, Child/Adol) I - Industrialized **Roosevelt 1/2**

Clauther, Evins¹, Grasso, Damion², Briggs-Gowan, Margaret¹, McCarthy, Kimberly², Scranton, Victoria¹
¹*University of Connecticut School of Medicine, Farmington, Connecticut*
²*University of Connecticut Health Center, Farmington, Connecticut*

Approximately 1 in 5 children have experienced interpersonal violence (IV) before the age of 6. For young children, IV exposure typically occurs within the caregiving environment in the form of caregiver conflict, harsh parenting, and child maltreatment. Consequently, these children are more susceptible to emerging psychopathology. The current pilot aims to explore whether differences in children's threat reactivity help to explain linkages between IV exposure and developing psychopathology. The study involves 40 mother-child dyads, 20 recruited from domestic violence shelters and 20 with no history of IV exposure. Biobehavioral indicators of threat reactivity include heart rate and skin conductance responses to visual threat stimuli, attention allocation to threat cues, and observed behavior in the context of laboratory threat paradigms. Preliminary data on 11 mother-child dyads (children ages 4-6) suggest greater elevations in heart rate to angry faces, relative to happy or neutral faces, in IV exposed compared to non-exposed children, with a moderate effect size ($hp^2 = .23$). Data on other tasks and tests to determine if threat reactivity indicators mediate relations between IV exposure and symptoms are anticipated. Pilot results will inform additional research aimed at identifying novel, modifiable behavioral and physiological targets for intervention in IV exposed children.

JOURNALISM AND TRAUMA

3-204

Understanding Harassment against Journalists

(Abstract #1230)

Poster #3-204 (Journalism and Trauma, Aggress, Rape, Gender, Adult) M - Global	Roosevelt 1/2
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Slaughter, Autumn, Newman, Elana, Brummel, Bradley, Parker, Kelsey, Drevo, Susan
The University of Tulsa, Tulsa, Oklahoma

Journalists are a group vulnerable to psychological harm resulting from harassment. Over half of female journalists endorse experiencing sexual harassment (Barton & Storm, 2013; Flatow, 1994; Parker, 2015). However, little is known about the nature of this harassment (Gelfand et al., 1995).

As part of a larger study, 150 journalists who reported experiencing harassment during the past year were examined. Although few self-labeled (32.7%, n=49) the experience as harassment, 73.3% (n=110) reported behaviors indicating a hostile attitude toward a gender known as gendered harassment (GH). An additional 2.7% (n=4) reported unwelcome or coercive sexual behavior known as sexualized harassment (SH), and 24% (n=36) experienced both SH and GH. Most GH and SH took place at the office (80.5%, n=99) followed by on assignment (31.2%, n=29) and was perpetrated by another news worker (e.g., colleagues (56.6%, n=64), managers (34.2%, n=38), and editors (33.6%, n=37)). SH was more likely than GH to occur outside the office (e.g., on assignment; p=.004) in situations where member of the same gender are uncommon (p=.014), and be perpetrated by a source/subject (p=.032) or by person(s) in the local community (p=.003). These results can inform workplace prevention/intervention programs.

BIOLOGICAL/MEDICAL

3-205

White Matter Correlates of Wisconsin Card Sorting Test Performance in Females with PTSD

(Abstract #1114)

Poster #3-205 (Bio Med, Neuro, Adult) I - Industrialized	Roosevelt 1/2
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The Wisconsin Card Sorting Test (WCST) is a neuropsychological task that assesses cognitive flexibility and is considered a measure of executive function. In normal individuals, WCST performance is associated with white matter microstructure in mostly frontal with some parietal and temporal lobe associations. White matter deficiencies in these areas are common in PTSD, which is related to a decrease in executive functions. Some of these areas, including the superior longitudinal fasciculus (SLF), have shown to be associated with PTSD severity. The current study is the first to examine the relationship between performance on the WCST and white matter integrity in a PTSD sample, aimed to understand whether lower integrity in areas related to executive function are related to performance on the task. In a sample of 35 females with PTSD, WCST performance was found to be related to white matter integrity in the left SLF ($r=.55, p=.001$), the genu of the corpus callosum (GCC; $r=.46, p<.01$), and the fornix ($r=.37, p<.05$). These brain areas have been implicated in executive functioning in other samples, including in normal adults as well as those with acute mental illness. Given that poor executive functioning is a risk factor for negative treatment outcome, an important next step may be to understand how these brain areas may be influencing and interacting with the process of therapy.

3-206

Is Striatal Volume Related to PTSD Symptoms? Examining the Relationship between Stimulus-response Memory and PTSD

(Abstract #614)

Poster #3-206 (Bio Med, Neuro, Theory, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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One neurobiological theory of PTSD relates the striatum to re-experiencing symptoms through the stimulus-response memory system localized in the striatum. This system is different from the hippocampal memory system, which is more autobiographically oriented. There is mixed evidence regarding if striatal volumes are increased or decreased in people with PTSD. A correlation tested the association of volume in the sub-regions of the striatum, namely the caudate, putamen, and nucleus accumbens with PTSD symptoms in the past month including: re-experiencing, avoidance, hyper-vigilance, and total symptoms. Participants included 66 women with PTSD who reported at least one instance of interpersonal violence. Results indicate the right nucleus accumbens, $r=.259, p<.05$, was significantly associated with re-experiencing symptoms. The left putamen, $r=.258, p<.05$, and right putamen, $r=.289, p<.05$, were significantly related to hyper-vigilance symptoms. The right putamen, $r=.259, p<.05$, was also significantly associated with total PTSD symptoms. No striatal regions were significantly related to avoidance symptoms. This supports the hypothesis that the striatum is related to PTSD symptoms, specifically re-experiencing and hyper-arousal. Further investigation is needed to examine the relationship between specific subregions of the striatum and PTSD.

3-208

Family Aggression History and Cortisol Reactivity to Romantic Partners: Within- and Cross-partner Effects

(Abstract #1558)

Poster #3-208 (Bio Med, Aggress, CPA, Fam/Int, Health, Adult) M - Industrialized **Roosevelt 1/2**

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Family aggression exposure confers lifelong risk. Early parent-child physical aggression (PCA) sensitizes adult physiological reactivity, jeopardizing both relationships and health (Margolin et al., 2016; Repetti et al., 2011). PCA may take a particular toll during romantic relationship formation, as both own and partner history impacts physiology (Arbel et al., 2016). We assess the cross-partner influence of PCA on HPA reactivity within young adult relationships. In a pre-survey, 108 young-adult, opposite-sex dating couples reported PCA using an adapted Conflict Tactics Scale (Straus et al., 1998). In lab, participants provided 4 saliva samples, across relaxation, discussion (date-planning, conflict, loss), and recovery tasks, which were assayed for cortisol, an index of HPA activity. Cortisol total output (AUCg) and increase (AUCi) were computed as areas under the curve (Pruessner, 2003). Adjusting for cotinine (a byproduct of nicotine), hours awake, medication, relationship length, and cohabitation, APIM hierarchical regressions reveal that men with greater PCA showed greater AUCg ($b=.05, SE=.02, p=.03$) and AUCi ($b=.03, SE=.01, p=.03$). Men's PCA predicted their female partner's lower AUCg ($b=-.04, SE=.02, p=.03$) but not AUCi. Women's PCA did not predict their own or partners' AUCi or AUCg. Gender differences in cross-partner effects of family aggression will be discussed.

3-209

Posttraumatic Stress, Heart Rate Variability, and Fear Conditioning: Methodological Considerations

(Abstract #1669)

Poster #3-209 (Bio Med, Res Meth, Adult) I - Industrialized **Roosevelt 1/2**

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Posttraumatic Stress (PTS) is an extreme stress response characterized in part by a tendency to perceive environmental stimuli as threatening. Though PTS is often indexed via self-report survey, stress responses in general involve physiological activity that an individual may be unaware of. Thus, this study assessed the association of PTS with heart rate variability (HRV) and a physiological index of threat conditioning. To measure PTS, the PCL-5 was used. A modified version of a previously validated fear conditioning paradigm stimulated a sample of healthy and traumatized undergraduate participants' conditioned fear response. The conditioned fear responses were indexed by Fear Potentiated Startle (FPS), which measures the increases in reflexive blink responses that may occur in the presence of a conditioned threat-stimulus, measured through electromyography. HRV was assessed via electrocardiography recordings. A multiple linear regression was used to analyze the data. Contrary to predictions, PCL score did not predict HRV. This may be explained in part by methodological considerations. Due to IRB concerns, this study used a previously validated mild aversive stimulus, which has been shown to be effective in conditioning fear but less effective in detecting variations in anxiety. Potential methodological implications will be discussed.

3-211

Post-traumatic Stress Disorder Linked Circulatory Metabolite Changes in Deployed Service Members

(Abstract #198)

Poster #3-211 (Bio Med, Assess Dx, Bio/Int, Mil/Vets, Genetic, Adult) M - N/A **Roosevelt 1/2**

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Combat deployment can involve drastic changes in activity, diet, and stress, with strong metabolic consequences. Characterizing the metabolic dysregulation accompanying Post-Traumatic Stress Disorder (PTSD), could enhance our understanding, diagnosis, and treatment of PTSD. We collected a battery of clinical and psychological data and 1,400 whole blood draws at pre-deployment, post-deployment, and at a three month follow-up, from 688 deploying soldiers. Plasma samples were assayed by Metabolon, Inc. for 1,582 known and 362 unnamed metabolites. Metabolite levels were compared within and between individuals who showed PTSD symptom differences across the three time points. At the follow-up time point, individuals with higher PTSD symptoms showed decreased bile acid metabolites. We also observed differences in caffeine and acetaminophen metabolites in this group suggesting differences in behavior. Future work will integrate these metabolomic changes with other molecular omics and clinical findings to elucidate contributions to susceptibility, resiliency, and comorbidities of PTSD. Research was conducted in compliance with all Federal requirements. The views expressed are those of the authors and do not constitute endorsement by the U.S. Army.

PREVENTION/EARLY INTERVENTION

3-212

Parental Representations, Emotion Regulation, and Body Responsiveness: An Examination of Underlying Factors Influencing Postpartum Differences in Mothers with and without Exposure to Trauma

(Abstract #1051)

Poster #3-212 (Prevent, Dev/Int, Fam/Int, Intergen, Adult) I - N/A **Roosevelt 1/2**

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While links have been established between maternal trauma history and postpartum mental health difficulties (Grekin & O’Hara, 2014; Meltzer-Brody et al., 2013; Muzik et al., 2013) and the impact of these on bonding and infant mental health (Choi et al., 2017; Dubber et al., 2014), less is known about the underlying factors shaping these outcomes. The present study examined mothers’ formative developmental experiences, including trauma, and their attunement to body signals and emotions. Twenty mothers with 4 month-old infants completed self-report measures of psychiatric symptoms and body responsiveness and two attachment interviews. One interview included direct inquiries about trauma as well as experiences of separation, loss, rejection, and other significant moments with caregivers. An independent-samples t-test compared parental representations, body responsiveness and difficulties with emotion regulation in mothers with and without reported trauma. Significant differences were found in maternal representation scores for mothers with reported trauma (M=3.00, SD=.707) and those without (M=3.92, SD=.954); t(17)=2.60, p=.019. Women without trauma exposure represented their mothers as having a more positive influence on their self and body representations. Clinical implications of these findings will be presented, along with limitations and future directions.

3-213

The Moderating Impact of Adverse Childhood Experiences and Conflict Exposure on Suicidal Behaviour in the Northern Ireland Population

(Abstract #105)

Poster #3-213 (Prevent, CPA, CSA, Fam/Int, Neglect, Adult) M - Industrialized **Roosevelt 1/2**

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Childhood adversities are strongly associated with psychopathology and suicidal behaviour. The civil conflict in Northern Ireland also impacted negatively on the population. The current study examined data from the Northern Ireland Study of Health and Stress, conducted as part of the WHO World Mental Health Survey Initiative, (n=1,986). The aims of the study were 1) to assess the co-occurrence of childhood adversities and 2) to investigate the impact of adversity profiles and conflict exposure on suicidal behaviour. Latent Class Analysis uncovered 3 discrete profiles of adverse childhood experiences (low, medium, and high risk) in the Northern Ireland population. In comparison to the low risk class, individuals from higher adversity profiles displayed significantly elevated odds of suicidal behaviour, with the conflict also having a negative impact. However, the study revealed that the impact of conflict exposure on suicidal behaviour was moderated by latent class membership, with those who experienced moderate rates of adversity being less likely to display suicidal behaviour when they encountered further stressors. Individuals who experienced high levels however were at an increased risk. The findings highlight that while childhood adversities can have a negative impact, moderate levels may be protective, building resilience to future stressors.

3-214

Typologies of Adverse Childhood Experiences and their Relationship to Incarceration in U.S. Military Veterans

(Abstract #89)

Poster #3-214 (Prevent, CPA, CSA, Neglect, Adult) M - Industrialized Roosevelt 1/2

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Numerous studies have reported that adverse childhood experiences (ACEs) are associated with negative psychosocial outcomes in adulthood, but no study has examined the different typologies of ACEs and the relationship of these with adult incarceration in military veterans. The current study used latent class analysis to examine the existence of different childhood maltreatment and household dysfunction typologies in a sample of U.S. military veterans identified through the National Epidemiological Survey on Alcohol and Related Conditions-III. A total of 60.73% of veterans reported one or more ACEs. Four latent classes were identified and were named Low adversities, Moderate maltreatment with high household substance use, severe maltreatment with moderate household dysfunction and Severe multi-type adversities. Relative to the Low adversities class, the three maltreatment/dysfunction classes had significantly elevated odds ratios (1.72 – 2.29) for adult incarceration, when controlling for sociodemographic characteristics and alcohol and drug use. The results point to the importance of examining childhood risk factors for incarceration and suggest that a certain sub-group of military personnel who are about to transition into the civilian life may need additional support to adjust and live successful lives.

3-215

Predictors of Antenatal Attachment: The Role of Trauma, Psychopathology and Reflective Functioning

(Abstract #1459)

Poster #3-215 (Prevent, CPA, Dev/Int, Intergen, Adult) M - Industrialized Roosevelt 1/2

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Childhood Trauma (CT) may impact the experience of pregnancy. While many future parents experience a strong investment toward the baby and feel like bonding with it even before its birth (i.e. prenatal attachment), some are not similarly “attached” to the foetus. The quality of prenatal attachment has been shown to be important as it predicts early parent-child relationship (Siddiqui & Hägglöf, 2000). The present study aims to evaluate how CT, reflective functioning and psychopathology interact in the prediction of prenatal attachment in adults awaiting a child. Future parents (n= 214, 169 women, Mage= 28,55, SD= 4,72, 33% with CT) were recruited during prenatal meetings or in perinatal services for high-risk parents. During the third trimester of pregnancy, they responded to self-report measures assessing antenatal attachment (MAAS), psychopathology (PCL-5, EPDS, DES, PDQ-4+) and reflective functioning about trauma (RFQ-T). Structural equation modeling showed that trauma-specific reflective functioning predicts prenatal attachment over and beyond trauma and psychopathology. Results show a good fit for the data: CFI= .98, NFI= .94, RMSEA= .065 and $\chi^2(13, N= 117) = 19.40, p= .11$. This suggests that the ability to make sense of adverse experiences is a protective factor during the transition to parenthood in adults with history of CT.

3-216

Machine Learning to Identify Risk Factors of Posttraumatic Stress Disorder Symptom Severity at 12 Months: Towards a Predictive Model Based on Emergency Department Data
(Abstract #1171)

Poster #3-216 (Prevent, Acc/Inj, Bio Med, Bio/Int, Res Meth, Adult) A - Global **Roosevelt 1/2**

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70.4% of the population experience some traumatic event in their life, but only a minority develops posttraumatic stress disorder (PTSD). Accurate prognostic models are needed to identify individuals most vulnerable for developing PTSD symptoms, which enables timely and targeted prevention strategies.

Machine learning was applied to data from Emergency Department (ED) admission in two independent samples from 3 different sites comprising N=417 patients from 2 hospitals in Amsterdam and N=211 patients from Bellevue Hospital, New York.

PTSD symptoms severity during 1-year post-trauma was assessed and longitudinal trajectories were identified using latent growth mixture modeling. In both samples, multinomial classification (random forest, extreme gradient boosting and related methods) predicted trajectory membership using ED

health record data such as type of trauma, early symptoms, socio-demographic data, immune markers, pulse and endocrine markers. Four trajectories of PTSD development (non-recovery, worsening, recovery, and resilience) were consistently identified. Predictive models reached high predictive power (AUC > .8) in new sets of individuals never seen by the model before. Machine learning allows to discriminate PTSD development prospectively and accurately at 12 months using routinely collected ED data and thereby facilitates early prevention strategies.

3-217

The Associations of mild Traumatic Brain Injury with Alcohol Use and PTSD, and the Impact of Resilience, in a Sample of Combat-exposed Veterans
(Abstract #1336)

Poster #3-217 (Prevent, Acc/Inj, Anx, Roosevelt Sub/Abuse, Adult) I - Industrialized 1/2

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Research has found that trait resilience may buffer against PTSD, but research is limited regarding the association between resilience and other common posttrauma phenotypes in veterans, including mild traumatic brain injury (mTBI) and alcohol use disorder (AUD). This study tested the hypothesis that mTBI would be associated with increased PTSD symptom severity and alcohol consumption, and that resilience would moderate these effects. Using data from 300 trauma-exposed veterans (Mage=31.0, SD=4.5, 89% male, 67% Caucasian), three linear regressions examined mTBI status, resilience (Connor-Davidson Resilience Scale), and their interaction on current and lifetime PTSD symptom severity (Clinician Administered PTSD Scale) and average weekly alcohol use (Timeline Followback). mTBI was associated with increased current and lifetime PTSD symptom severity ($B=8.79, p=.003$,

and $B=0.14$, $p=.02$, respectively), but not alcohol use. Higher resilience scores were associated with lower current and lifetime PTSD symptom severity ($B= -1.09$, $p<.001$, and $B= -0.01$, $p=.01$, respectively), but not alcohol use. A significant interaction effect was found such that mTBI status and low resilience scores associated with greater lifetime PTSD symptom severity ($B= -.02$, $p=.01$). Findings suggest the relevance of resilience in the context of mTBI and PTSD symptom severity, but not average alcohol use.

3-218

Positive Childhood Experiences, Mental Illness, and Stress in Homeless Parents: A Validation and Replication Study of the Benevolent Childhood Experiences (BCEs) Scale

(Abstract #300)

Poster #3-218 (Prevent, Complex, Cul Div, Adult) M - Industrialized | **Roosevelt 1/2**

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The study extends the validity and replicability of the Benevolent Childhood Experiences (BCEs) scale, a new, culturally sensitive measure of positive childhood experiences for adults with childhood adversity. The BCEs scale, initially validated in an ethnically diverse sample of pregnant women with high levels of childhood adversity, assesses 10 favorable childhood experiences and yields a total score by summing the number of experiences endorsed. The current study examined the BCEs scale in a second high-risk sample. Participants are 50 racially diverse caregivers (42 mothers, 6 fathers, 2 grandmothers; mean=32.50 years, SD=9.29, range=21-62; 66% Black, 12% White, 12% American-Indian, 10% biracial/other) residing at an emergency homeless shelter who completed the BCEs scale, the Adverse Childhood Experiences (ACEs) scale and measures of mental illness, demographic risk and parenting stress. Regression analyses showed that after controlling for covariates, BCEs, but not ACEs, predicted lower odds of mental illness, whereas ACEs, but not BCEs predicted higher demographic risk. BCEs and ACEs were significantly but only moderately inversely correlated

and neither predicted parenting stress. Findings reveal that the BCEs scale is a promising, relatively orthogonal index of childhood experiences from ACEs and predicts lower odds of mental illness in diverse, vulnerable populations.

3-219

Factors Influencing Pathological Dissociative Features in Syrian Refugee Children

Poster #3-219 (Prevent, Chronic, Complex, Dev/Int, Global, Child/Adol) M - M East & N Africa | **Roosevelt 1/2**

DeRaedt, Mary George *Washington University, Washington, District of Columbia*

Trauma and dissociation have been researched in many populations with a clear connection established between the two. This study further explored this connection in the difficult to study population of refugee children. The study consisted of 45 children all of whom had been exposed to potentially traumatic events due to displacement. 26 of the children were male with 19 females and an age range from 6 years old to 14. 4 classroom teachers completed the Child Dissociative Checklist for up to 12 of their students. The CDC was found to be reliable for this population ($\alpha = .903$). Frequency statistics showed at least 40% of the sample scoring above the modified pathology score of 11 and the most often endorsed items focused on emotional lability, memory and denial as primary dissociation responses. Hierarchical linear regression was utilized to determine the relationship of nature of gender, age and time since displacement on the development of pathological dissociative response. The study found that gender was an insignificant predictor of dissociation ($F(1,44) = .184$, $p > .05$), but together, age and times since displacement were significantly correlated to higher reports of dissociation. After controlling for age, time since displacement did not have a significant effect on dissociative response ($R^2 = .178$, $p >$

.05) refugee children living in camps in Lebanon.

3-220

GEAR UP: A Collaborative Effort to Prevent Adolescent Gender-based Violence in Ghana
(Abstract #1691)

Poster #3-220 (Prevent, Commun, Cul Div, DV, Gender, Child/Adol) M - W & C Africa **Roosevelt 1/2**

Coker-Appiah, Dionne, Dagadu, Nana Georgetown University Medical Center, Washington, District of Columbia

The United Nations defines Violence Against Women (VAW) is “any act of gender-based violence (GBV) that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” VAW includes violence that occurs in adolescent relationships, adolescent dating violence, which the Centers for Disease Control and Prevention define as “the threat or use of physical, emotional or sexual abuse within a dating relationship, including stalking.” GBV is a global epidemic that places adolescents at increased risk for negative health outcomes. There is a need for collaborative research that informs the development of comprehensive and culturally/geographically appropriate prevention interventions. This presentation will discuss the development of an international academic/community research partnership, created to address adolescent GBV in Ghana. We will discuss insights and lessons learned. We will also discuss the collaborative process that resulted in the development of the Gender-based Education, Advocacy and Research: Unleashing Potential for Adolescents in Ghana (GEAR UP-Ghana) project, which is designed to improve gender equitable attitudes and support adolescents and their communities to live healthy lives free from violence.

PUBLIC HEALTH

3-221

Sexual Health: Impact of Combat and Mental Health
(Abstract #888)

Poster #3-221 (Pub Health, Depr, Fam/Int, Health, Mil/Vets, Adult) M - N/A **Roosevelt 1/2**

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Military-related experiences, including combat experiences, may affect sexual health; however, previous research on sexual health of service members and veterans is sparse. The aim of this study was to prospectively examine the associations between military-related experiences and sexual health and to determine if these associations were mediated by mental disorders. Data from Millennium Cohort participants, who completed questionnaires in 2011-2013 (baseline) and 2014-2016 (follow-up), were analyzed to estimate the effects of military-related experiences on sexual health in logistic regression models. Of the 34,837 participants, 73% were male with a mean age of 40 years (SD=11); 35% of participants reported poor sexual health at follow-up. In adjusted models, individuals who experienced the highest levels of combat (compared with those deployed without combat: OR: 2.48, 95%CI: 2.05, 3.01) and were deployed for more of their military career (>14% compared to 0-4%: OR: 1.37, 95% CI 1.25, 1.49) had increased odds for poor sexual health. Mediation analyses suggested the association between combat and sexual health was partially mediated by mental disorders. Findings indicate needs for more comprehensive treatment of mental health conditions (PTSD/depression) to prevent associated outcomes as well as expanded

treatment for sexual health problems among service members and veterans.

3-222

World Trade Center Disaster Post-traumatic Re-experiencing Symptoms Following Exposure to Hurricane Sandy
(Abstract #313)

Poster #3-222 (Pub Health, Chronic, Health, Adult) M - Industrialized Roosevelt 1/2

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Understanding the role of pre-existing PTSD symptoms on the association with increased risk of PTSD following hurricane Sandy has important implications for PTSD screening of persons exposed to multiple traumas. In a sample of 4,220 World Trade Center Health Registry enrollees who participated in a survey five months after Sandy, we examined whether the association between Sandy exposure and post-Sandy 9/11 re-experiencing symptoms was affected by pre-existing PTSD symptoms. Re-experienced 9/11 symptoms were defined using 3 of 5 questions in the intrusion domain of the PTSD Checklist. Multivariable logistic regressions, adjusted for socio-demographics and prior trauma, were performed and stratified by re-experiencing 9/11 symptoms pre-Sandy. A total of 688 enrollees (16.3%) reported having re-experienced 9/11-related symptoms post-Sandy (58.8% in those with pre-Sandy re-experiencing of 9/11-related symptoms, and 8.7% in those without). A significant association between Sandy exposure and post-Sandy re-experiencing of 9/11 symptoms was observed only among those without pre-Sandy re-experiencing of 9/11-related symptoms (odds ratio (OR)=1.7, 95% confidence interval=1.2-2.3 for moderate Sandy exposure; OR=2.8, 2.0-4.0 for high Sandy exposure). Pre-existing re-experiencing of symptoms should not be the only indicator for PTSD screening after a trauma.

3-223

The Association of Medical Trauma History with Healthcare Utilization: Results from a Needs Assessment Conducted in Communities with High and Low Rates of Premature Natural Death
(Abstract #1524)

Poster #3-223 (Pub Health, Comm/Int, Health, Adult) M - Industrialized Roosevelt 1/2

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The Lincoln Project is a community-based health promotion initiative intended to reduce Out of Hospital Premature Natural Death (OHPND). The purpose of this sub-study is to examine medical trauma and healthcare utilization among people living in communities with high and low risk for OHPND. Adults (≥ 18 years-old) who live in two high and two low incidence OHPND census block groups in Pitt and Onslow County, NC will be eligible for participation. Death certificates from the counties were filtered electronically to identify OHPND victims and OHPND clusters. Between 2014 and 2016 there were 688 OHPND cases, which were mapped to census block groups. In April 2018, community members who live in the identified communities will be asked to participate in a mixed-methods needs assessment. Medical trauma will be assessed using responses to the Primary Care PTSD Screen for DSM-5 and a supplemental item addressing the nature of the index event. Participants will also be asked about their healthcare utilization behaviors. Electronic medical record abstraction will be used to corroborate self-report healthcare utilization. The relationship between medical trauma and healthcare utilization in high and low OHPND communities will be reported and implications for future intervention work in these communities will be discussed.

3-224

A Multi-domain Evaluation of Resilience among College Students with a History of Childhood Maltreatment

(Abstract #632)

Poster #3-224 (Pub Health, CPA, CSA, Health, Adult) M - Industrialized **Roosevelt 1/2**

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Research showing lower resilience among college students with a history of childhood maltreatment has primarily assessed resilience using a single self-report measure rather than measuring resilience across multiple domains of functioning. The aim of this study was to assess the relation between maltreatment and resilience in three key domains: mental health, alcohol use, and academic success. A sample of 243 college students (74% female) completed self-report measures of childhood maltreatment (CTQ), mental health (CCAPS distress index), alcohol use (CCAPS alcohol use scale), and grade point average (GPA). Chi-square tests compared individuals reporting high, moderate, and no childhood maltreatment (based on cutoffs + 1 SD from the mean). Resilience measures were split into three categories: struggling (1 SD below mean), thriving (1 SD above mean), and average functioning (within + 1 SD).

Childhood maltreatment was significantly related to mental health and GPA but not alcohol use. Specifically, students with high levels of childhood maltreatment were more likely to be struggling academically than those with low levels of maltreatment (31% vs. 9%) and more likely to have high distress levels (43% vs. 7%). However, a sizable minority of students with high maltreatment levels were thriving, reporting academic success (17%), low alcohol use (43%), and low distress levels (8%).

3-225

Does Shame have a Timeline? Measuring Shame following Childhood Violence and Adulthood Victimization

(Abstract #1428)

Poster #3-225 (Pub Health, CPA, CSA, Chronic, Neglect, Adult) I - Industrialized **Roosevelt 1/2**

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Objective: To investigate if there is a difference in shame between young adults who experienced childhood violence compared to young adults who first experienced violence as an adult.

Methods: Two waves of data (N=1010, 16-33 years) from a community telephone survey (T1) with a follow-up time of 12-18 months (T2) was used.

Linear regression was used to estimate differences in shame between childhood violence exposure and adulthood victimization.

Results: Only childhood violence alone or in combination with adult victimization was associated with shame compared no exposure to violence. In comparison with adulthood victimization only, the adjusted analyses showed that those exposed to both childhood and adulthood violence had higher level of shame (.373/ C.I= .239- .507), followed by those exposed to childhood violence only (.244/ C.I= .117-.371).

Conclusion: Abuse in childhood strongly associated with shame, while adulthood victimization only associated with shame in combination with childhood violence. These findings indicate that shame may be more likely to result from violence experienced at earlier developmental stages. Clinicians may want to be particularly aware of shame when working with patients who have experienced violence in childhood.

3-226

Syrian Refugee Women's Displacement Challenges

(Abstract #1369)

Poster #3-226 (Pub Health, Chronic, Complex, Pub Health, Gender, Adult) A - M East & N Africa Roosevelt 1/2

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Background: The Syrian Civil War created a mass exodus of people with more than half the country's pre-war population currently displaced. The majority of refugees from the War fled to neighboring countries in the Middle East, including Jordan. This study explores the displacement challenges of Syrian women after seeking refuge in urban communities across Jordan.

Methods: 20 open-ended interviews were conducted in 2014 with Syrian refugee women at NGOs, public spaces, or at refugees' homes. Narrative research method analysis of the interviews was used by four researchers.

Findings: Exposure to war events was reported by 94% of participants, with all reporting on their displacement challenges. As newly displaced women, they face housing difficulties, high cost of living, illegality of work, scarce economic resources, poverty, inability to admit their children to schools, hostility of locals, as well as hyper-attention to the events in Syria and the status of the family members they left behind. Many women reported experiencing loss--losing their country and identity--while others expressed longing to return to Syria, and many expressed feeling disappointed yet grateful for the hospitality of Jordanians.

Interpretation: The needs of Syrian refugee women are enormous, especially in an already-overwhelmed, low-resource host country like Jordan.

3-227

Mental Health Effects Following the Eruption in Eyjafjallajökull Volcano in Iceland: A Population-based Study

(Abstract #981)

Poster #3-227 (Pub Health, Nat/Dis, Pub Health, Adult) A - Industrialized Roosevelt 1/2

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Volcanic eruptions may affect survivor's physical and mental health. The aim of this study was to examine the mental health effects of the 2010 Eyjafjallajökull volcanic eruption in Iceland on nearby residents, by exposure level and experience. This population-based study included 1615 residents living close to the Eyjafjallajökull volcano at the time of the eruption and a sample of 697 residents from a non-exposed area. Participants received a questionnaire 6–9 months after the eruption assessing mental health (GHQ-12, PSS-4 and PC-PTSD). In the exposed group, 1146 participated (71%) and 510 participants in the non-exposed group (73%). Compared to the non-exposed group, high-exposed participants were at increased risk of experiencing mental distress (GHQ) (OR 1.45%; 95% CI 1.11–1.90). High-exposed participants were furthermore at increased risk of experiencing symptoms of post-traumatic stress disorder (PTSD) compared to low-exposed group (OR 3.71; 95% CI 1.34–15.41). Also, those who had direct experience of the eruption were more likely to suffer from symptoms of mental distress, PTSD symptoms and perceived stress, compared to those less exposed. Screening for experience of the event could potentially aid in identifying those most vulnerable to developing psychological morbidity after this unique type of disaster.

3-228

Posttraumatic Stress Disorder and Psychiatric Comorbidity among Adolescent Earthquake Survivors: A Longitudinal Cohort Study

(Abstract #955)

Poster #3-228 (Pub Health, Anx, Depr, Nat/Dis, Child/Adol) I - E Asia & Pac **Roosevelt 1/2**

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Although PTSD is highly comorbid with psychiatric disorders, little longitudinal research has been conducted to determine the potentially causal chains. This study aimed to investigate the prevalence and comorbidity patterns of PTSD and psychiatric disorders among adolescents exposed to the 2008 Wenchuan earthquake in China and to examine the prospective associations among these disorders. A sample of 1573 adolescent survivors completed a battery of standardized measures assessing PTSD, depression, panic disorder, generalized anxiety disorder (GAD), separation anxiety disorder (SAD), social phobia, conduct disorder, and attention deficit hyperactivity disorder at 6 and 18 months post-earthquake. Among participants with PTSD, 91.9% and 94.0% had at least one comorbid psychiatric disorder at 6 and 18 months post-earthquake, respectively. PTSD was more likely to co-occur with anxiety or depression than with behavior problems. Participants who were screened as PTSD comorbid with depression or SAD at 6 months were less likely to recovery from PTSD. Longitudinal analyses showed that depression, GAD and SAD predicted increases in PTSD. In turn, PTSD predicted increases in GAD and panic disorder. Overall, our results support causal hypotheses of PTSD comorbidity. Specific multi-modal assessments and treatments targeting to both PTSD and its comorbidity disorders are warranted.

3-229

Is the Ritual of Female Genital Mutilation an Event that in General will Generate a Traumatic Stress Reaction for Cut Children? Cases from the Gambia

(Abstract #342)

Poster #3-229 (Pub Health, CPA, Cul Div, Pub Health, Gender, Child/Adol) M - W & C Africa **Roosevelt 1/2**

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The ritual of FGM/C in the Gambia is covered with a lot of secrecy. The objective of the study is to deconstruct the FGM/C ritual into different element and steps, in order to assess the potentiality of the ritual for generating traumatic stress. Method: The description of the event is based on 18 circumcisers in the Gambia, 25 Gambian women living in Norway, 18 young women being interviewed in the Gambia. Some of the informants interviewed in Norway have described their own emotional reactions to the procedure as a shock, very painful, feeling powerless, trembling, and being numbed. A generalized description and typification of the ritual allows us to create an abstract typification based on informant's descriptions. Through deconstruction and analysis of the event according to the diagnostic A criteria in the DSM 5, and according to anthropological literature on rituals, the potentiality of the ritual as a traumatic event will be visible. The typification will be based on the organization of the event seen from different perspectives of the involved participants. The conclusion of the study is that the ritual is structured, processed and organized in order to prevent traumatization. In fact of this ambition, going through a typical ritual can lead to traumatic stress reactions.

3-230

Twitter Usage in New York City during Hurricane Sandy: A Qualitative Analysis
(Abstract #1534)

Poster #3-230 (Pub Health, Media, Roosevelt Nat/Dis, Lifespan) M - Industrialized 1/2

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Recent research has examined social media use during disasters, with findings providing insight into temporal and geographic patterns of risk communication and emotional responses. Most studies, however, have either used big data analytic approaches (e.g., natural language processing), or have focused on narrow segments of social media users (e.g., organization accounts) or content (e.g., text containing specific keywords). We conducted a qualitative analysis of all geotagged tweets (N=29,279) in New York City census tracts most severely affected by Hurricane Sandy, posted from the day the hurricane made landfall to three days thereafter. An initial round of coding determined that 8,612 (29.4%) of these tweets pertained to the hurricane. An inductive approach was used to derive four themes in the tweet text, which included comments about users' activities (e.g., preparations, entertainment), emotions (e.g., anxiety, gratitude), service needs and availability (e.g., utilities, transportation), and hurricane-related conditions (e.g., damage, injuries). The results provide insight into how social media is used to communicate risk, process emotional experiences, and spread information about post-disaster resources. Follow-up analyses will examine geographic variability in each theme, and correspondence with prior findings using a natural language processing approach.

3-231

Long-term Health of Children following the Eyjafjallajökull Volcanic Eruption: A Prospective Cohort Study
(Abstract #1409)

Poster #3-231 (Pub Health, Anx, Nat/Dis, Pub Health, Lifespan) A - Roosevelt Industrialized 1/2

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Studies on the effects of volcanic eruptions on children's health beyond the first year are sparse. The aim of this study was to examine the effect of the 2010 Eyjafjallajökull eruption on physical and mental health symptoms among exposed children in 2010 and 2013 and to identify potential predictive factors for symptoms. In a population-based prospective cohort study, 1615 adults exposed to the 2010 Eyjafjallajökull eruption and 697 non-exposed adults answered questionnaires assessing their children's and their own perceived health status in 2010 and 2013. In 2010, exposed children were more likely than non-exposed children to experience respiratory symptoms (medium exposed OR 1.47; 95% CI 1.07–2.03; high exposed OR 1.52; 95% CI 1.03–2.24) and anxiety/worries (medium exposed OR 2.39; 95% CI 1.67–3.45; high exposed OR 2.77; 95% CI 1.81–4.27). Exposed boys were at increased risk of experiencing headaches and sleep disturbances compared to non-exposed boys. Exposed children whose homes were damaged were at increased risk of experiencing anxiety/worries (OR 1.62; 95% CI 1.13–2.32) and depressed mood (OR 1.55; 95% CI 1.07–2.24) than children whose homes were not damaged. Symptoms experienced by the exposed children seem to persist for up to a three-year period post-disaster.

3-232

Psychiatric Reactions to Severe Stress and Risk of Cardiovascular Disease

(Abstract #860)

Poster #3-232 (Pub Health, Acute, Health, Pub Health, Grief, Lifespan) M - Industrialized Roosevelt 1/2

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Objective To assess the association between stress-related disorders and risk of cardiovascular disease (CVD).

Method Through the National Patient Register, we identified 104927 patients with stress-related disorders, i.e., posttraumatic stress disorder (PTSD), acute stress reaction, adjustment disorder, and other stress reactions, from 1987 to 2013. For comparison, we included 168,202 unaffected full siblings of these patients. We used Cox regression to estimate hazard ratios (HRs) with 95% confidence intervals (CIs) of CVD, after controlling for multiple confounders.

Results During an average follow up of 8 years, the crude incidence rate was 16.2 and 12.9 per 1000 person-years among exposed individuals and their full siblings, respectively. The HR of CVD was 1.84 (95% CI 1.61-2.10) for any stress-related disorder and 2.43 (95% CI 1.64-3.61) for PTSD during 1 year after diagnosis; beyond 1 year, the HR of CVD was lower (any stress-related disorder: 1.26 [95% CI 1.21-1.32]; PTSD: 1.46 [95% CI 1.29-1.65]). Increased risks were noted for all CVD subtypes, with heart failure and emboli/thrombosis showing the most pronounced risk elevations. Higher magnitude associations were observed for individuals without psychiatric disorder history or a family history of CVD.

Conclusion Stress-related disorders are associated with multiple types of CVD, independent of familial factors.

3-233

Trauma, Discrimination, and Civic and Political Engagement in Somali Refugee Young Adults Resettled in North America

(Abstract #1196)

Poster #3-233 (Pub Health, Cul Div, Refugee, Gender, Lifespan) M - Industrialized Roosevelt 1/2

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Refugee groups often experience high levels of both trauma exposure and discrimination. To date, there is scant literature examining how trauma exposure and discrimination are associated with civic and political engagement. Civic engagement in youth is crucial to the integrity of democratic societies, along with positively impacting future educational attainment, income level, and mental health outcomes (Ballard, Hoyt, & Pachucki, 2018). Research with non-refugee groups has shown that youth victimization positively affects political engagement (Oosterhoff, Kaplow, Layne, & Pynoos, 2017). This is the first known study to explore the relationships between trauma exposure, discrimination, and civic and political engagement in refugees. Data from the Somali Youth Longitudinal Study, a community based participatory research study of Somali refugees ages 18-35 living in North America, will be examined. Preliminary analyses show high levels of all variables of interest (civic engagement, trauma, and discrimination). Hierarchical multiple regression analyses will be used to examine relationships among variables. Gender will be explored as a moderator. Results will be presented, taking into consideration a cultural perspective and attending to the unique experience of refugees. Policy implications, such as the mobilization of young people to create social change, will be discussed.

3-234

Traumatic Brain Injury in the General Population: Incidence, Mental Health Comorbidity, and Functional Impact

(Abstract #643)

Poster #1-222 (Pub Health, Acc/Inj, Pub Health, Adult) I - Global Roosevelt 1/2

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Traumatic brain injury (TBI) is a highly prevalent and burdensome condition with a significant public health cost, yet prior studies of TBI have seldom utilized nationally-representative samples, nor included measures of functioning across multiple domains. Data were obtained from the third wave of the National Epidemiological Survey on Alcohol and Related Conditions. The subsample comprised 36,291 individuals, of whom 175 (.49% weighted) reported a verified TBI in the past year. Weighted logistic regressions suggested that health insurance (odds ratio [OR]=1.82) mood disorders (OR=1.68), PTSD (OR=2.35), and nicotine use disorders (OR=1.55) was associated with greater odds of TBI. Female gender (OR=0.66) and an annual household income greater than \$20,000 (OR=0.45) were associated with lower odds of TBI. Weighted multiple regressions controlling for demographics and comorbidity suggested that TBI was associated with greater impairment on SF-12 scales measuring physical health (b=-7.88) and mental health (b=-3.26), and the Organization subscale (b=-2.23). Results suggest that a significant proportion of the US population experience a TBI each year and that such injuries are associated with impairment across multiple domains. Subgroups at increased risk were identified and represent important populations for intervention in pursuit of reducing the public health burden of TBI.

VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE

3-235

Improving Health Related Outcomes by Providing Translational Coping Skills to Mental Health Professionals Serving Vulnerable Populations

(Abstract #254)

Poster #1-235 (Self-Care, Clin Res, Clinical Practice, Health, Train/Ed/Dis, Prof) I - Industrialized Roosevelt 1/2

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Purpose: Mental health professionals are vulnerable to experiencing high levels of occupational burnout, compassion fatigue, and vicarious traumatization that ultimately can compromise the ability to effectively serve clients. By building self-care and coping skills, professionals can experience improved well-being and higher quality of life.

Methods: An 8-week Self-Care and Resilience intervention program was offered to mental health professionals (N=62) at four, Midwestern behavioral health agencies. Pre-test, post-test, and 3-month follow-up surveys included five validated instruments. Participants' perceived physical and emotional well-being was recorded at the beginning and end of sessions.

Results: Statistical analyses showed significant reductions in perceived stress and increases in self-compassion from pre-test to post-test with changes being maintained at 3-month follow-up. Participants also reported improvement in their physical and emotional well-being. Eighty-seven percent of participants reported continued use of skills three months after program completion.

Conclusions: Results support equipping mental health professionals with necessary self-care, self-awareness and coping skills can have a positive impact on their physical, mental, and emotional health.

3-236

Understanding the Role of Stigma, Gender and Secondary Traumatic Stress on Emergency Department Healthcare Providers
(Abstract #1634)

Poster #3-236 (Self-Care, Chronic, QoL, Self-Care, Gender, Adult) I - N/A **Roosevelt 1/2**

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Historically, the secondary traumatic stress literature has widely examined the impact of indirect exposure to trauma on non-emergency populations. There is little evidence dealing with how the individuals within these greater systems perceive their work as a result of the socially constructed ideals of their positions and gender, but also within the confines in which they are left to experience their work in a stigma-related profession. The present study places focus on the emergency department healthcare provider population within the medical hospital setting and potential interactions between secondary traumatic stress, gender and self-stigma. A national sample was collected utilizing a cross-sectional survey methodology to include demographics and measures: Secondary Traumatic Stress Scale (STSS), the Critical Incidents in the ER Questionnaire (CI-ERQ) (under development), the Professional Quality of Life Scale-5 (ProQOL-5), and the Self-Stigma of Seeking Help Scale (SSOSH). Following hierarchical regression analyses, results of this study will demonstrate the potential interactions between secondary traumatic stress, gender and self-stigma on emergency department healthcare providers.

Key Words: Emergency Department; Emergency Services; Secondary Traumatic Stress; Gender; Gender Workplace Cultures; Stigma

RESEARCH METHODOLOGY

3-237

Underlying Dimensions of PTSD and Depression: The Role of Neuroticism, Emotion Regulation, Rumination, Behavioral Inhibition, and Negative Affect
(Abstract #170)

Poster #3-237 (Res Meth, Affect/Int, Assess Dx, Depr, Adult) I - Industrialized **Roosevelt 1/2**

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Depression is the most commonly co-occurring disorder with PTSD. Recent research focused on elucidating mechanisms that underlie multiple psychological disorders. For example, the Research Domain Criteria (RDoC), put forth by the NIMH, are designed to better understand basic dimensions of human functioning.

The current study analyzes several psychological variables as potential underlying dimensions of PTSD and depression in adults. Data collection of approximately 800 participants is ongoing. Preliminary data suggests a correlation between PTSD and depression ($r=.726^{**}$). This finding is in line with previous research indicating high rates of comorbidity. In terms of underlying dimensions, neuroticism was correlated with PTSD ($r=.420^{**}$) as well as depression ($r=.639^{**}$), emotion dysregulation was correlated with PTSD ($r=.522^{**}$) and depression ($r=.705^{**}$), and rumination was correlated with PTSD ($r=.441^{**}$) and depression ($r=.625^{**}$). Behavioral inhibition was correlated with depression ($r=.410^{**}$), but not PTSD.

Further analyses will examine the relative contribution of these underlying dimensions to comorbid PTSD and depression. For variables that emerge as the most significant predictors, clinical interventions for individuals with these comorbid conditions may benefit from targeting those transdiagnostic constructs. Future research and clinical implications will be discussed.

3-238

Rumination as an Underlying Dimension of PTSD, Depression, and Anxiety Sensitivity
(Abstract #262)

Poster #3-238 (Res Meth, Anx, Assess Dx, Depr, Adult) I - Industrialized **Roosevelt**
1/2

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Recent research in clinical psychology has focused on elucidating mechanisms that underlie multiple psychological disorders. For example, the Research Domain Criteria (RDoC), put forth by the NIMH, are designed to integrate multiple levels of information to better understand basic dimensions of human functioning. Rumination, or the tendency to have persistent, uncontrollable, and intrusive thoughts, is frequently discussed in relation to many of these disorders. Rumination has been shown to moderate the relationship between PTSD and depressive symptoms, and predict numerous anxiety disorders. Thus, rumination may causally underlie these conditions. Few studies have analyzed rumination in relation to multiple disorders within the same sample. The current study analyzed rumination as a potential underlying dimension of various psychopathology. Participants consisted of 334 students from a large Midwestern university. Results indicated that rumination predicts posttraumatic stress symptoms ($R=.471, p<.001$), depression ($R=.516, p<.001$), and anxiety sensitivity ($R=.534, p<.001$). Consistent with previous literature, rumination appears to underlie various forms of psychopathology. Clinical interventions for individuals with comorbid conditions may benefit from targeting rumination as a transdiagnostic construct. Further research and clinical implications will be discussed.

3-239

Network Models of Posttraumatic Stress Symptoms across Trauma Types
(Abstract #172)

Poster #3-239 (Res Meth, Acc/Inj, Assess Dx, Death, Rape, Adult) M - Industrialized **Roosevelt**
1/2

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Over 600,000 symptom combinations can result in a posttraumatic stress (PTS) disorder (PTSD; Brewin et al., 2009) diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013). The type of trauma (i.e., index event) associated with PTS symptoms (e.g., motor vehicle accident [MVA], sexual assault [SA], sudden accidental or violent death [SAD]) may explain some variability in symptom presentations. We employed network analysis to examine PTS symptom networks in 554 undergraduate students whose index event fit into one of the following categories: MVA ($n = 226$), SA ($n = 222$), or SAD ($n = 106$). Results indicated that the MVA and SA networks were most similar to each other, sharing the same most central (i.e., difficulty experiencing positive feelings, strong negative feelings) and least central (i.e., amnesia) symptoms. The SA network was most consistent with the DSM-5 conceptualization of PTSD, whereas the SAD network was least consistent. Avoidance of reminders and exaggerated startle were most central in the SAD network, whereas self-blame was least central. Findings from this study suggest that different trauma types may give rise to qualitatively different PTS symptom networks. As such, treatment targets for PTSD may differ as a function of trauma type.

3-240

Is the Behavioral Inhibition System a Distal Predictor of Sexual Assault Perpetration?

(Abstract #1116)

Poster #3-240 (Res Meth, CSA, Rape, Roosevelt Gender, Adult) M - Industrialized 1/2

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Research suggests that men who engage in sex as a means to cope with negative affect (STC) are more likely to perpetrate sexual assault (SA). Research also suggests that both behavioral inhibition system (BIS) sensitivity and impulse control difficulties (ICD) are associated with engaging in STC. The current study aims to tie these lines of research together. Participants were 87 male college students recruited through the psychology department subject pool at a large Midwestern university. Indirect effects were tested using PROCESS (Hayes, 2013) model seven with a 5,000 bootstrap sample. Results revealed a significant interaction of BIS and ICD in predicting STC ($\beta = .587, p = .002$), and that STC significantly predicted SA ($\beta = .082, p = .025$). The overall indirect effect was significant (CI: .001 to .155). Results suggest that heightened BIS sensitivity, ICD, and engaging in sex to cope are risk factors for SA. Thus, future interventions should focus both on proper impulse control, while also teaching more “positive” reasons for engaging in sex (e.g. intimacy). Additionally, future research should also investigate the role of other motivational systems (i.e. BAS) in their relationship to SA.

3-241

Adversarial Sex Beliefs Moderates the Relationship between Motivations for Sex and Sexual Assault Perpetration

(Abstract #1147)

Poster #3-241 (Res Meth, Rape, Roosevelt Gender, Adult) M - Industrialized 1/2

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Research suggests that men high in adversarial sex beliefs (ASB), who use sex to cope with negative affect (STC), or to elevate their self-esteem (SSE) are at a higher risk of perpetrating sexual assault.

Participants were 276 male college students recruited through the psychology department subject pool who completed an online survey. Hierarchical regression analyses revealed a significant interaction between ASB and STC to predict perpetration ($\beta = .166, t = 3.395, p = .001$). Further exploration found that when ASB was low, there was no association between STC and perpetration ($\beta = -0.005, t = -0.06, p = .956$); however, when ASB was high, this relationship was significant ($\beta = .368, t = 5.608, p < .001$). Results suggest the same pattern between ASB, SSE, and perpetration: when ASB was low, there was no association between SSE and perpetration ($\beta = -0.01, t = -.144, p = .886$); however, when ASB was high, this relationship was significant ($\beta = .427, t = 6.69, p < .001$). Results suggest that men high in ASB and who are more likely to engage in STC or to SSE are more likely to perpetrate sexual assault. Thus, future interventions should focus on both negative attitudes about male-female relationships while also calling attention to men’s motivations for having sex.

3-242

Investigation of Self-efficacy in Seeking Mental Health Care

(Abstract #1499)

Poster #3-242 (Res Meth, Mil/Vets, Roosevelt Gender, Adult) I - N/A 1/2

Beutell, Nicole, Benight, Charles, Shoji, Kotaro

University of Colorado at Colorado Springs,

Colorado Springs, Colorado

Over 1.6 million troops have been deployed to Iraq and Afghanistan since the start of the Iraq War in 2003. The mental health toll is immense with PTSD levels from 12% up to 38% (Erbes, et al., 2007; Jakupcak, et al., 2008). The purpose of this study was to evaluate specific factors related to self-efficacy for seeking mental health care (SE-SMHC). We tested importance of PTSD, war attitudes, gender and barriers to care (internal, external logistic) in predicting SE-SMHC among veterans and service members. We hypothesized that PTSD and barriers to care would be negatively associated with SE-SMHC. Whereas, being male and having higher positive war attitudes would be positively related to SE-SMHC.

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

Participants (N = 43) ranged from 18-53 years (M = 27.57) with 66.7% female. A hierarchical multiple regression analysis (Enter Method) was used. Results revealed a significant overall model with an adjusted $R^2 = .21$, $F = 3.84$, $p = .010$. Significant standardized Beta weights were Internal Barriers ($\beta = -.63$; $p = .002$) and War Attitudes ($\beta = .43$; $p = .008$). This information can help increase the knowledge of impediments and possible promoters that influence an individual's self-efficacy to seek out mental health.

3-244

Maternal Prenatal and Postnatal Expressed Emotion: Using the Five-minute Speech Sample to Understand Affect and Attributions about Infants

(Abstract #1072)

Poster #3-244 (Res Meth, Clinical Practice, Cul Div, Prevent, Psych, Adult) I - Industrialized Roosevelt 1/2

Sodowick, Leah¹, Narayan, Angela², Oliver Bucio, Griselda¹, Schmidt, Madison², Rivera, Luisa³, Lieberman, Alicia¹

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³Emory University, Atlanta, Georgia

The present study uses the Five-Minute Speech Sample (FMSS) to assess pregnant women's expressed emotion (EE), defined as affect and attributions, towards infants both in utero and 3-4 months post-natally. During the FMSS, mothers are asked to describe their baby and their relationship with him/her for five uninterrupted minutes. Participants included 65 ethnically diverse pregnant women with lifetime adversity who were planning to deliver their babies at an urban county hospital for low-income, high risk, and medically uninsured families. Responses to the FMSS were transcribed and coded for warmth and negativity, and content was also qualitatively analyzed for emergent themes and cultural norms. Descriptive analyses highlight changes in high and low warmth and negativity in many mothers from the prenatal to postnatal period. Preliminary qualitative analyses reveal themes such as attributing positive and negativity intentionality to the baby, interest in the baby's physical appearances

and temperament, descriptions of the bond and communication with the baby, and negative descriptions of the baby as greedy, spoiled, aggressive and demanding. Extended quotes, cultural norms and significances, and clinical implications of using the FMSS as measure of EE with low-income, underserved pregnant and new mothers will be presented.

COMMUNITY-BASED PROGRAMS

3-245

What Ex-gang Members Say about Joining and Leaving Gangs: Impacts of Societal Conditions that Create and Perpetuate Trauma, and Potential for Prosocial Advocacy

(Abstract #382)

Poster #3-245 (Commun, Commun, Comm/Int, Comm/Vio, Adult) I - Industrialized Roosevelt 1/2

Whitney, Kendall¹, Conen, Katrina¹, Fields, Laurie², Valdez, Christine¹

¹California State University Monterey Bay, Seaside, California

²University of California, San Francisco, San Francisco, California

Little research has examined trauma among gang members and how exposure is situated within the backdrop of societal structures of discrimination, poverty, and environment among this vulnerable population. This mixed methods pilot study examined reasons for joining and leaving gangs among a highly traumatized sample of ex-gang members (N=18; M age=41, 78% male; 50% Black), and messages they want to share to improve societal outcomes. Participants completed online questionnaires and semi-structured interview (n=17) to assess trauma and gang involvement, transcribed for qualitative analysis by 2 trained RAs. Reasons for joining gangs were a desire for belonging (71%), protection from violence (30%), economic survival (29%), family in a gang (29%), and desire for guidance (24%). Yet 100% would caution others not to join; death (71%) and incarceration (48%) were identified as outcomes to involvement. All expressed interest in mentoring at risk youth (e.g., "to let people know how it impacted my life and maybe it would make a change in their

life”), suggesting the changing perspective of ex-gang members can aid in cautioning against gang involvement, and provide the desired guidance for other avenues of prosocial affiliations that can create and sustain societal change. Implications for connections between problematic societal structures and gang involvement will be discussed.

3-246

Posttraumatic Distress and Posttraumatic Growth: Narratives and Correlates of Trauma and Community Violence Exposure in a Sample of Former Gang Members

(Abstract #388)

Poster #3-246 (Commun, Commun, Comm/Int, Comm/Vio, Adult) I - Industrialized **Roosevelt 1/2**

Whitney, Kendall¹, Conen, Katrina¹, Kang, Yuelin¹, Fields, Laurie², Valdez, Christine¹
¹*California State University Monterey Bay, Seaside, California*
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This mixed methods pilot study examined impacts and outcomes of trauma among ex-gang members (N=18; M age=41.28, 77.8% male; 50% Black). Participants completed online questionnaires to assess trauma, community violence, posttraumatic stress, depression, posttraumatic growth, and quality of life; and a semi-structured interview, transcribed for qualitative analysis to categorize participants into “positive” (n=7) or “negative” (n=10) trauma impact groups by 3 trained RAs based on narratives of the impact of trauma. For the negative but not the positive group, interpersonal violence was associated with lower quality of life, greater depression and posttraumatic stress (ps<.05); non-interpersonal trauma and community violence (ps<.05) were associated with posttraumatic growth. Positive group narratives suggested growth (e.g., “for me to have been the person I am today, I had to go through what I had to go through”). All participants expressed interest in community speaking to inform others about the effects of gang violence (e.g., “I enjoy trying to give back to the community... trying to help another person just so they don’t go through what I went through”). These findings yield important insights from the voices of this understudied and vulnerable population that can foster trauma recovery

and posttraumatic growth for them and others they seek to influence in a prosocial way.

3-247

Religious Coping and Mental Health Outcomes among Survivors of 2013 Typhoon Haiyan

(Abstract #971)

Poster #3-247 (Commun, Health, Nat/Dis, Pub Health, Adult) I - E Asia & Pac **Roosevelt 1/2**

Labarda, Charlie, Chan, Christian
University of Hong Kong, Hong Kong, Hong Kong SAR

The association between religious coping and mental health outcomes among survivors of the 2013 Super Typhoon Haiyan in the Philippines was explored in this study. In a highly religious society, it is interesting to understand the relationship between positive religious coping (PRC) and negative religious coping (NRC) to posttraumatic stress symptoms, general psychological distress and posttraumatic growth in the aftermath of a major disaster like Typhoon Haiyan. The study surveyed 361 respondents in a 12-month period, 2 years after the disaster using self-report measures to assess for levels of posttraumatic stress symptoms (PTS), general psychological distress (GPD), posttraumatic growth (PTG) and religious coping styles. Results from structural regression modeling indicated that PRC was positively associated with PTG while NRC was negatively associated with PTG. NRC was found to be positively associated with GPD while PRC was negatively associated with GPD. Only NRC was positively associated with PTS while PRC was not found to be significantly associated with PTS. Findings underscore the association of positive religious coping to good mental health outcomes, and conversely the association between negative religious coping to poor mental health outcomes, in the background of a major disaster. Implications to public mental health interventions in disaster are discussed.

3-248

Adaptive for Whom?: Associations between Coping Strategies and PTSD Symptoms are Moderated by Demographic Factors

(Abstract #1278)

Poster #3-248 (Commun, Commun, Cul Div, Gender, Child/Adol) M - Industrialized **Roosevelt 1/2**

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Coping strategies typically construed as adaptive have been associated with lower and higher levels of PTSD symptoms. For example, active coping has been associated with higher levels of PTSD symptoms (Schnider et al., 2007) whereas meaning making has been associated with lower levels of PTSD symptoms (Updegraff et al., 2008). Consequently, how coping strategies typically construed as adaptive are related to PTSD symptoms remains unclear. In addition, little is known about how demographic factors may moderate the aforementioned relationships.

This study assessed relationships between coping strategies widely considered to be adaptive (e.g., religion), PTSD symptoms, race, and gender among a diverse sample of 661 trauma-exposed adolescents. Among the whole sample, there were no significant relationships between PTSD symptoms and specific adaptive coping strategies. However, findings demonstrated gender differences in the relationship between adaptive coping strategies and PTSD symptoms. For example, among males only, PTSD symptoms were positively associated with religious coping ($r = .16, p = .04$). Racial differences and associations between coping strategies and PTSD symptom clusters will be discussed. Findings raise concern that coping-based interventions without a focus on individual and cultural differences may unintentionally exacerbate symptoms in trauma-exposed youth.

3-250

Brief Assessment for Traumatic Stress, PTSD, and Depressive Symptoms by Integrated Behavioral Health Providers Embedded in Federally Qualified Healthcare Centers Serving Vulnerable Adults/Adolescents

(Abstract #1286)

Poster #3-250 (Bio Med, Assess Dx, Clinical Practice, Health, Care, Lifespan) M - Industrialized **Roosevelt 1/2**

Langhinrichsen-Rohling, Jennifer, Selwyn, Candice, Schneider, Mallory, Wornell, Cory, Friend, John

University of South Alabama, Mobile, Alabama

Funded via the Gulf Region Health Outreach Program (GRHOP) post the Deepwater Horizon oil spill, the Gulf Coast Behavioral Health and Resiliency Center was tasked with increasing lower Alabama's capacity for mental and behavioral health. This was accomplished via engaging, establishing, and embedding integrated healthcare into Federally Qualified Healthcare Centers serving vulnerable populations. Behavioral health providers (BHPs) received patient referrals via warm hand-offs, chart reviews, crisis referrals, elevated depression scores, or doctor discretion. Once referred to a BHP, adult (n=571) and adolescent (n=133) patients were assessed for PTSD symptoms, current stressors, overall stress, and resiliency. BHP findings guided both same-day interventions and longer term integrated health plans. 78% of referred adult patients screened positive for depression via the PHQ-9. Meanwhile, 34% of adult and 29% of adolescent patients screened as PTSD-likely with another 30% of adult and 58% of adolescent screening into the PTSD possible group. Of note, 39% of adult and 17% of adolescent patients would not have been identified as needing BH services from solely examining depression screening scores. Routine assessment for stressors, traumatic stress, and/or PTSD symptoms may provide another important pathway to integrated and trauma-informed healthcare for vulnerable populations.

CULTURE/DIVERSITY

3-251

Academic Outcomes in Economically Disadvantaged College Students: The Role of Stressful and Traumatic Life Events

(Abstract #585)

Poster #3-251 (CulDiv, Clin Res, Dev/Int, Aging, Adult) M - Industrialized **Roosevelt 1/2**

Warnecke, Ashlee¹, Davis, Darlene², Manley, Kayla², Lewine, Richard²
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Approximately 85% of incoming college students report exposure to a stressful life event and 66% report exposure to a traumatic event. In previous research, trauma exposure is associated with increased dropout rates, even in the absence of diagnosable mental health sequelae. Past research has not taken into account the potential role of demographic factors, such as economic status, or considered academic outcomes outside of dropout rates. Therefore, we are studying stressful/traumatic life event exposure and academic outcomes in a group of 54 college students who fall below the 150% Federal poverty level and participate in a specific university support program. For each event reported, a student was 24% more likely to withdraw from a fall semester course. Regressions predicting fall GPA and D/F grades revealed event exposure, weighted by perceived effect on life, accounted for 14% and 11% of variance, respectively. Interestingly, fall GPA in this unique sample was similar to that of all enrolled students for the previous academic year, and higher than that of other enrolled economically disadvantaged students and first-generation students. This research has implications for educators, mental health professionals, and college administrators as they work with students to improve the transition to college and increase retention.

3-252

Barriers to Help-Seeking amongst Refugee Men: Modelling the Relationship between Mental Health Stigma, Post-Traumatic Stress Disorder and Help-Seeking

(Abstract #801)

Poster #3-252 (CulDiv, Comm/Int, Refugee, Adult) M - Industrialized **Roosevelt 1/2**

Byrow, Yulisha, Le, Lillian, Nickerson, Angela
University of New South Wales, Sydney, NSW, Australia

Despite elevated rates of psychopathology in refugee groups, levels of help-seeking are low, especially amongst men. Left untreated, these mental health problems constitute a major global public health challenge. Previous literature has focused on reporting the prevalence of barriers to accessing treatment in refugees, rather than considering the cumulative impact of various barriers on help-seeking. The current study examines the differential contributions of practical, social and culturally-related (mental health stigma) barriers to predicting help-seeking in 103 refugee men. Furthermore, we investigate the relationship between PTSD severity and mental health stigma as a psychological mechanism that may affect help-seeking. Results suggest that stigma and social barriers were obstacles to seeking help from family. Stigma was the only significant barrier to seeking help from a professional. Age, family separation and stigma were significant barriers to seeking help from community members. Further path analysis indicated that stigma mediated the relationship between PTSD severity and help-seeking. Therefore, mental health stigma is an important barrier to seeking help from formal and informal sources. This is the first study globally to examine the relationship between practical barriers, social barriers and mental health stigma in relation to help-seeking amongst refugee men.

3-253

Attachment Style and Posttraumatic Stress Changes Over Time in Refugees - A 3-Year Follow-up Study

(Abstract #803)

Poster #3-253 (Clin Res, Refugee, Torture, Civil/War, Adult) I - Industrialized **Roosevelt 1/2**

Morina, Naser¹, Bryant, Richard², Schick, Matthis¹, Schnyder, Ulrich¹, Nickerson, Angela²

¹*Zurich University, Zurich, Switzerland*

²*University of New South Wales, Sydney, New South Wales, Australia*

Longitudinal studies of severely traumatized war and torture survivors are needed to study changes in attachment styles and posttraumatic stress over time. We conducted a follow-up study three years after the first assessment of N=134 participants of severely traumatized refugees in a treatment centre. The aim of this longitudinal study was to examine changes over time in attachment styles and their role in posttraumatic stress symptoms. Preliminary results indicate that attachment styles do change over time and they affect the course of PTSD. While changes in avoidance attachment style predicted changes in PTSD (accounting for 21% of the variance), neither anxious attachment nor other factors were significant. These findings show for the first time that there are changes in attachment style over time in refugees. The findings may point to an important process of avoidant attachment maintaining mental health in refugees.

3-254

Shared Decision Making: Empowering Choice in Marginalized Groups

(Abstract #859)

Poster #3-254 (CulDiv, Clin Res, Clinical Practice, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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A shared decision making model (SDM) in the Department of Veterans Affairs (VA) is a collaborative process that allows individuals and treatment providers to make healthcare-related decisions in relation to the patient's preferences, values, strengths, and needs. SDM has been recently added to the VA/DoD PTSD Clinical Practice Guidelines. Though the VA serves a diverse patient population there is a lack of research exploring how demographic characteristics, such as age, race, ethnicity, and era of military service, factor into a veteran's experience of SDM. While many Vietnam veterans have quoted negative homecoming experiences as a barrier to engaging in mental health services, SDM aims to empower veterans to be partners in treatment decision making. Moreover, young adult veterans may also see an SDM process as a way to combat the stigma of receiving VA mental healthcare services. This project will explore how era of military service and other demographic variables relates to SDM experiences among 200 veterans in a VA outpatient PTSD clinic. Survey data will be presented that evaluates patient satisfaction in an SDM process in a VA outpatient PTSD clinic. Researchers anticipate veterans from the Vietnam War era will have stronger satisfaction of experiencing SDM in PTSD treatment planning compared to recent wartime era veterans.

SOCIAL ISSUES – PUBLIC POLICY

3-255

Battle to Badge: Operation Enduring Freedom/Operation Iraqi Freedom Combat Veterans with Post-traumatic Stress Transitioned to Police Patrol Officer Careers
(Abstract #1594)

Poster #3-255 (Social, Comm/Vio, Cul Div, Ethnic, Mil/Vets, Adult) A - Industrialized | **Roosevelt 1/2**

Wegner, Juli
Oklahoma State University, Stillwater, Oklahoma

Combat mental trauma from physical injury, killing, losing co-warriors, and risk of death can lead to Post-Traumatic Stress. Veterans subsequently entering law enforcement, transporting that diagnosis, embody a complex dynamic. Historical aspects including terrorism-response wars render present-day troops a unique demographic. A qualitative study mined compounded facets of twelve officers' experiences. Methods for this research included recorded interviews, verbatim transcription, and thematic data analysis.

Results and conclusions suggested: military and police cultures, highly masculine, discourage help-seeking; and deployed warriors bond with co-combatants and indigenous Iraqi and Afghanis, seeking to protect these nationals.

Veterans apply intensive military training and cultural competence strengths to law enforcement: beyond firearm expertise and staying calm under fire, effectively differentiating threatening targets safeguards innocent civilians. Threat recognition--not ethnic or cultural identification--draws action to eliminate threat; vulnerable innocents of the same background as threats are protected rather than targeted. Current conversation of police use of force and shooting of suspects could acknowledge veterans as a resource; re-forged combat skills, utilizing sharp judgement expertise, is a public asset.

3-256

From the Organizational Trauma to the Organizational Resilience of Non-profit Organizations
(Abstract #504)

Poster #3-256 (Social, Assess Dx, Comm/Int, Prevent, Social, Adult) I - Industrialized | **Roosevelt 1/2**

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The threats that face the employees of NGO's and non-profit organizations are frequently considered in the literature, and among these pathologies, trauma is one of the most studied. However, even if the vicarious and propagation trauma and their mechanisms are well known, fewer are the studies concerning the impact for the organizations. Furthermore, in such societal, economic and political changing context, the threats that are facing these organizations become more frequent.

This presentation will introduce the process and a diagnosis tool of organizational trauma (OT) which can be both particularly suitable for this kind of organizations. A brief theoretical introduction of OT will be proposed, followed by the results of a qualitative study among homeless aid agencies. Then the diagnosis tool and its validation among 7850 participants will be presented. Finally, the impact of such trauma among the organizations will be discussed in order to conclude with several clues to build an organizational resilience

3-257

Predicting Symptoms of PTSD and Depression from Traumatic Events and Socio-demographic Factors in Eritrean Refugees Living in Ethiopia

(Abstract #1395)

Poster #3-257 (Self-Care, Depr, Refugee, Grief, Adult) A - E & S Africa

**Roosevelt
1/2**

Getnet, Berhanie
ABC, Addis Ababa, Ethiopia

Objectives: To identify the differential association between exposure to pre-migration and post-migration trauma with symptoms of PTSD, and depression among Eritrean refugees living in Ethiopian refugee camp.

Methods: A cross-sectional survey method was employed in this study in which 562 participants were randomly selected from Eritrean refugees living in Mai Aini refugee camp, Ethiopia. Multiple linear regression, analysis of Structural Equation modeling (SEM), independent sample t-test, partial correlation and path analysis were performed as part of statistical analysis.

Result: Findings suggest that PTSD and depression symptoms do not vary across major demographic variables such as: gender, age and marital status. After adjusting for demographic factors, sense of coherence and social support, exposure to pre-migration trauma is significantly associated both with symptoms of PTSD ($r = 0.11$, $p < 0.05$) and depression ($r = 0.29$, $p < 0.001$). Exposure to post-migration trauma is associated with depression ($r = 0.21$, $p < 0.001$), but not with PTSD. 85% of covariance demonstrated between latent factors of depression and PTSD confirms the likelihood of symptom overlap between the two constructs.

Conclusions and Implications: While depression has demonstrated higher magnitude of association with both pre and post-migration trauma, PTSD is associated with pre-migration trauma.

3-258

Predicting Child Abuse Potential under Prolonged Economic Hardship

(Abstract #289)

Poster #3-258 (Social, CPA, DV, Fam/Int, Adult) M - C & E Europe & Indep Roosevelt 1/2

Ajdukovi, Marina¹, Rajter, Miroslav², Rezo, Ines¹, Sušac, Nika¹

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²University of Zagreb, Zagreb, Croatia

This study assessed the role of perceived economic hardship, intimate partner violence (IPV) and daily stress in predicting maternal risk of child abuse. Family Stress Model (Conger, 1994) provided a framework for studying the interplay of multiple risk factors for child abuse potential, focusing on the family life context characterized by prolonged economic decline. The study included 576 mothers of adolescents (Mage=42.97, SDage=5.502) from a larger probabilistic sample from six counties in Croatia. Measures of socio-demographics, perceived economic hardship, IPV and daily stress were designed for the purpose of this study, while Child Abuse Potential Inventory (Milner, 1986) was used to measure the risk for child abuse. The multiple regression model explained 43.7% of the risk for child abuse, with perceived economic hardship being the strongest single predictor (24.7% of the variance), followed by daily stress (7.9%), IPV (6.7%) and socio-demographics of mothers (4.4%). The results support the Family Stress Model which links economic hardship to parental emotional distress, marital problems, inadequate parental practices, risk of abuse and variety of adolescents' outcomes. The need for evidence-based public policy to tackle socioeconomic risks, provide family support, and promote effective parenting will be discussed. The study was funded by Croatian Science Foundation.

3-259

**Returning to School after a Terrorist Attack:
A Longitudinal Study of School Functioning
and Health in Terror-exposed Youth**

(Abstract #961)

Poster #3-259 (Social, Comm/Int, Pub Health, Social, Child/Adol) M - Industrialized **Roosevelt 1/2**

Stene, Lise Eilin, Schultz, Jon-Håkon, Dyb, Grete
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

Youth are often targets of terrorist attacks. Knowledge is needed on how this impacts their school functioning. This study assesses the academic performance and school thriving in 237 terror-exposed survivors of the Utøya youth camp attack based on interviews conducted after 4-5 and 14-15 months. The year after the attack, 143 (61%) survivors reported impaired academic performance and 66 (29%) impaired school thriving. Female survivors more often reported impaired performance. Non-Norwegian origin; being financially disadvantaged and less social support were associated with impaired thriving. Sleep problems; posttraumatic stress; anxiety/depression; somatic symptoms; and lower life satisfaction were associated with both impaired performance and thriving. Higher age and posttraumatic stress reactions were associated with impaired academic performance after multivariate regression adjustments for gender, somatic symptoms and social support. When also adjusting for school thriving, age and impaired thriving remained associated with impaired performance. Only posttraumatic stress reactions were associated with impaired thriving after similar adjustments. Our findings demonstrate how a terrorist attack can deteriorate school functioning, which is related to poorer health. The importance of coordinating health services with appropriate follow-up at school will be discussed.

3-260

Institutional Trust after Terror

(Abstract #1386)

Poster #3-260 (Social, Pub Health, Terror, Lifespan) I - Industrialized **Roosevelt 1/2**

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¹Norwegian Centre for Traumatic Stress Studies, Oslo, Norway

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Background: In the aftermath of terror attacks, public institutions play important roles in re-establishing safety and justice. Institutional performance and institutional trust among directly affected populations may impact the victims' potential for healing.

Objective: To explore how terror attacks affect institutional trust among terror survivors from the 2011 Utøya attack and their parents, as compared to the general population, and whether this is associated to distress.

Methods: 325 survivors/463 parents were interviewed face-to-face 4-5 months post-terror (T1) and 285 survivors/435 parents at T2 (14-15 months). Data were compared to findings from the European Social Survey (2012). Measures included trust in the police and justice system, and PTSD and HCL-8 scores.

Results: Trust in the police was higher among survivors than among parents and the general population at T1, but decreased for survivors and parents at T2. Trust in the justice system was higher among directly affected than in the general population, and increased from T1 to T2. Levels of institutional trust were associated to distress in parents and survivors.

Conclusion: Public institutions can facilitate healing environments post-terror. However, a lack of trust among directly affected populations in institutions' ability to help, can act to maintain health problems.

3-261

Sexual Violence Legislation & Rape Culture in the United States: A Historical Review

(Abstract #1254)

Poster #3-261 (Social, CSA, Rights, Roosevelt Rape, Gender, N/A) I - Industrialized 1/2

Rigsby, Megan

DePaul University, Chicago, Illinois

The social and legal treatment of sexual violence within the United States is explored from the mid-1800s to the present with a focus on the black community, women, and the LGBTQ+ community. Legal cases involving rape, seduction, and sodomy from the mid-1800s to the early 1900s are examined (Bevacqua & Baker, 2004; McGuire, 2004; Robertson, 2006; Robertson, 2010). These cases illustrate the vulnerable position sexual violence survivors had in the legal system, and the narrow definition rape had in the past. A decrease in seduction cases, the further criminalization of sodomy, and the development of a sexist dating culture is shown from the 1910s to the 1950s (Dorr, 2008; Robertson, 2006; Robertson, 2010). Activists' work to reframe the legal system's view of sexual violence, prominent legal cases of sexual violence that affected the black community, and the development of Title IX and related laws are examined from the 1960s to the present (Bevacqua & Baker, 2004; Jacquet, 2013; McGuire, 2004; Wies, 2015). Directions for future research and activism are included.

ASSESSMENT/DIAGNOSIS

3-262

Three-step Latent Classes of Childhood Maltreatment and Intimate Partner Aggression among Hispanic Emerging Adults: Differences across Risk and Protective Factors

(Abstract #1457)

Poster #3-262 (Assess Dx, Affect/Int, Aggress, Ethnic, Tech, Adult) A - Roosevelt N/A 1/2

Cantu, Jorge, Charak, Ruby, Villarreal, Lillianne
The University of Texas Rio Grande Valley, Edinburg, Texas

Using a 3-step latent class analysis approach (LCA) the present study examined patterns of childhood abuse and neglect and intimate partner aggression (in-person and via cyberspace), among Hispanic emerging adults currently in a romantic relationship. Further, differences in self-compassion, flourishing (protective factors), and emotion dysregulation were investigated across classes. Participants were 479 college students from a University in South Texas in the age range of 18- 29 years ($M = 20.8$, $SD = 2.44$, 72% female). Findings suggested four latent classes, name, revictimization (RE), childhood maltreatment and cyberaggression (CCYB), intimate partner aggression (IPA), and low victimization (LV). Chi-square test of significance suggested an overall significant association between class-membership, self-compassion ($X^2 = 46.56$, $p < .001$), flourishing ($X^2 = 153.4$, $p < .001$), and emotion dysregulation ($X^2 = 161.02$, $p < .001$). Flourishing was lowest in the RE and the IPA classes; however, self-compassion was lowest in the CCYB followed by RE and IPA classes. In line with this finding, ER was higher in CCYB compared to RE, IPA and LV. Findings suggest that those with child maltreatment and intimate partner cyberaggression are also at risk and clinical interventions should be directed towards them.

3-263

Networks of Emotion Measures: Factor Structure, Symptom Correlates, and Relation to Trauma Exposure Characteristics in a Large Internet-based Sample

(Abstract #936)

Poster #3-263 (Assess Dx, Affect/Int, Anx, Adult) I - Industrialized **Roosevelt 1/2**

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Existing research on affect alterations in trauma-exposed samples utilize a wide range of self-report measures, often deploying a small number of measures in any given study. One important gap in the research is an understanding of how commonly-utilized scales relate to one another; and how underlying dimensions, particular bearing on low-affect states, may advance understanding of trauma-related difficulties. The present study examined relations among 21 symptom scales and subscales in an internet-based sample of 891 adult participants diverse with respect to trauma exposure. Four dimensions – alexithymia, suppression, numbing, and dissociation – were extracted via Principal Axis Factoring, and were confirmed through parallel analysis. All factor scores were positively correlated with measures of posttraumatic stress symptoms, childhood trauma severity, and manifest anxiety; and accounted for large portions of variance in symptom outcomes when entered simultaneously in regression-based models. Findings highlight the importance of assessing low-affect states in particular, and of examining how these states bear on clinically meaningful outcomes; however, further confirmatory studies are needed.

3-264

Diagnostic Complexity in World Trade Center Responders: An Exploratory Study

(Abstract #939)

Poster #3-264 (Assess Dx, Anx, Clin Res, Complex, Terror, Adult) I - Industrialized **Roosevelt 1/2**

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Nearly 17 years have passed since the 9/11/01 terrorist attacks. Prior research with World Trade Center (WTC) responders has focused on the persistent comorbidity of mood and anxiety disorders with medical conditions; yet, other mental health difficulties that may contribute to distress chronicity have been understudied. The present study of mental health treatment-seeking WTC responders at the Mount Sinai WTC Health Program (N=311) examined the relations among self-reported Posttraumatic Stress Disorder symptoms (PTSD Checklist) from annual monitoring (mean time between monitoring and intake=47.4 days; SD=23.1); WTC exposure severity; and scores on the intake MCMI-III, a self-report personality (e.g. avoidant traits) and psychopathology (e.g. somatoform symptoms) measure. Results indicated a median of 3 clinical scale and 2 personality trait elevations on the MCMI-III, and elevated PCL scores (M=53.2; SD=16.9; 70% caseness). PTSD severity was moderately correlated with count of MCMI clinical ($\rho=.47, p<.001$) and personality ($\rho=.32, p<.001$) scale elevations. Exposure severity was weakly correlated with PCL score ($\rho=.19, p<.001$) but not MCMI elevations. Age, race/ethnicity, time since 9/11, and non-WTC trauma exposure did not predict MCMI elevation counts. Follow-up is needed to examine how increased symptom burden may relate to treatment response and therapeutic alliance.

3-265

The Relationship between Different Exposures to Moral Injury and PTSD Symptom Clusters

(Abstract #1666)

Poster #3-265 (Assess Dx, Clinical Practice, Complex, Mil/Vets, Adult) M - N/A **Roosevelt 1/2**

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Moral Injury (MI) is an evolving construct viewed as a common psychological consequence of combat exposure. However, the relationship and differences between MI and PTSD require clarification. The goal of this study is to explore how different types of morally injurious experiences, as measured by the Moral Injury Events Scale (MIES), relate to PTSD symptoms, as measured by the PTSD Checklist for DSM5 (PCL5), and to specific symptom clusters in a clinical sample of sixty-nine veterans representing multiple combat eras. Bivariate correlations found that exposure to MI is associated with total PTSD symptoms, re-experiencing, alterations to mood and cognition, and hyperarousal clusters, but not to the avoidance cluster. The Betrayal factor of the MIES was not associated with either PTSD total or with any symptom clusters. Factors measuring transgressions perpetrated by self and by others were both associated with re-experiencing and with hyperarousal clusters, but only Transgressions-Self was associated with alterations to mood and cognition. These relationships remained when stepwise regressions were calculated controlling for depression as measured by PHQ-9, with the exception of the relationship between Transgressions-Other and hyperarousal symptoms which was no longer significant. These results suggest that different types of MI experiences relate to different PTSD symptoms.

3-266

Distinguishing the Relative Impact of PTSD and TBI on Cognitive Function

(Abstract #1137)

Poster #3-266 (Assess Dx, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) are frequent sequelae of combat in military service members (SMs), and we previously reported that the combination adversely impacts cognition. We now report multiple regression analyses conducted in an actively accruing cohort of predominantly SMs, to delineate the impact that TBI, PTSD and depression have on various aspects of cognition.

Of 326 participants (mean age 42, 75.5% male), 20.4% have probable PTSD (PCL>50), and 43% are subthreshold (PCL 28-49), while 70% have experienced a TBI—20% one, 18% two, and 62% >3. While TBI number, PHQ-9 and PCL scores were all correlated with cognitive performance, multiple regression analysis identified PTSD symptom severity as the only factor independently associated with overall cognitive function. TBI number was the sole factor independently associated with the most pure measure of executive function, while PTSD severity, as well as tests of memory and vocabulary, while both factors were linked to processing speed, and neither was associated with reading performance. In this cohort, depression was not independently associated with any aspects of cognition. Future studies are needed to validate these findings in other populations, and to determine whether cognitive function improves with PTSD treatment.

3-268

Moral Injury Expressions and Spiritual Struggles in Military Veterans: A Latent Profile Analysis

(Abstract #225)

Poster #3-268 (Assess Dx, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Drawing on two community samples of military veterans, this study sought to clarify patterns of constellations between expressions of moral injury (MI) and prominent struggles with religion and/or spirituality (R/S) that may also emerge after war-zone service (divine, morality, meaning, interpersonal, doubt). Results from latent profile analyses (LPA) revealed three distinct classes: (1) a group without MI expressions or spiritual struggles (termed “Healthy Group”; 73% and 75%); (2) a group with MI expressions and issues with moral distress and lack of purpose in life (termed “Psychological MI Group”; 19% and 17%); and (3) a group with MI expressions and a fuller array of religious and non-religious forms of spiritual struggles (termed “Spiritual MI Group”; 8% of both samples). When comparing severity of spiritual struggles for the latter groups, turmoil with God or Higher Power emerged as a particularly salient issue for veterans in the Spiritual MI Group in both samples. In addition, secondary analyses revealed that membership in this third group was linked with greater importance of R/S before military service as well as a weakening of religious faith and/or spirituality. Overall, these findings highlight the possible utility of differentiating between psychological and spiritual subtypes of MI on the basis of veterans’ cultural backgrounds with respect to R/S.

3-269

Examining Spectrum Effects on the Operating Characteristics of the PC-PTSD-5

(Abstract #1132)

Poster #3-269 (Assess Dx, Mil/Vets, Care, Adult) M - Industrialized **Roosevelt 1/2**

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The Primary Care PTSD screen (PC-PTSD) is widely used in VA, DoD and civilian primary care settings. The PC-PTSD was recently updated (PC-PTSD-5; Prins et al., 2016) with a sample of VA primary care patients. Initial findings support a cut-score of three when optimizing the sensitivity of the screen, and a cut-score of four when optimizing efficiency (balancing sensitivity and specificity). The role of spectrum effects (e.g., demographic variables, comorbidity) on the operating characteristics of the PC-PTSD-5 has not been examined. In the current study, analyses were run on a primary care dataset (Tiet et al., 2015) where 398 veterans completed the PC-PTSD-5 along with a modified diagnostic interview for a DSM-5 PTSD diagnosis. Preliminary analyses indicated lower scores for older participants on the PC-PTSD-5, but these differences were not significant when comparing the AUC value for older veterans (>65, AUC=.9303) with that of younger veterans (<65, AUC=.9444; $\chi^2=.16$, prob> χ^2 , p=.6936). Non-significant findings were observed between women (AUC=.9841) and men (AUC=.9405) and for non-Hispanic whites (AUC=.9295) and all other race/ethnicity (AUC=.9448). Overall, these findings suggest that PC-PTSD-5 cut-scores hold regardless of a patient’s age, sex, or race/ethnicity. Future analyses will

include the effect of diagnostic comorbidity on screen performance.

3-270

Impact of Family Health Status on Depression, PTSD, and Suicide Risk of Veterans

(Abstract #1648)

Poster #3-270 (Assess Dx, Clinical Practice, Fam/Int, Illness, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Research on veterans typically focuses on levels of PTSD, depression, and suicide risk related to exposure to military and combat-area stressors, sometimes also considering childhood and adulthood traumatic events. The focus of this paper is to also consider the medical and mental health issues of family members (parents, partners, children) and how these additionally impact the mental health of veterans, over and above their trauma exposure. We completed a state-wide survey of 1,100 West Virginia veterans of all eras (WWII to present), at the request of the Veterans Committee of the West Virginia Legislature. As would be expected, levels of PTSD (PTSD Checklist-DSM 5), depression (Center of Epidemiological Studies Depression Scale), and suicide risk (Suicide Behavior Questionnaire) correlated significantly ($p < .01$) with exposure to military (correlations of .43, .29, .14, respectively) childhood (correlations of .08, .29, .11, respectively), and adulthood (correlations of .27, .21, .16, respectively) stressors. We present the range of medical and mental health issues that veterans reported in family members, and how these issues significantly (clinically and statistically) add to PTSD, depression, and suicide risk in the veterans. We will discuss the need to include family issues in the evaluation and treatment of veterans, and provide suggestions for inclusive care.

3-271

Rumination as a Mediator on PTSD and Anger

(Abstract #611)

Poster #3-271 (Assess Dx, Aggress, Assess Dx, Clinical Practice, Adult) M - Industrialized **Roosevelt 1/2**

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The relationship between PTSD and externalizing behavior, specifically anger, is well established. However, further investigation into the underlying mechanisms of this relationship is needed. Rumination, a construct strongly correlated with PTSD symptoms, can impact externalizing behaviors, and thus is reasonable as a potential mediator of this relationship. This study aims to assess whether general ruminative thought mediates the relationship between PTSD symptoms and anger reactions. Using Amazon's Mechanical Turk, we collected a sample (N= 339) employing self-report symptom measures of PTSD, rumination, and anger reactions in a cross-sectional design. A mediation model demonstrated good to excellent fit $\chi^2(2, N= 339) = 11.516, p = 0.0032, CFI = 0.972, TLI = 0.901, RMSEA = 0.118$ (90% CI from 0.059 to 0.189). Rumination mediated relations between PTSD symptoms and anger reactions ($b = 0.155, S.E. = 0.029, p < 0.001$) after controlling for age and gender. These findings highlight the importance of assessing rumination in the context of PTSD and anger symptoms, and suggest that interventions should focus on reducing the impact of general ruminative tendencies on both internal and external processes and behaviors. A longitudinal study should be performed assessing these constructs to establish causality.

3-272

The Interaction of Rumination and Emotional Suppression on the Relationship between PTSD and Problematic Alcohol Use
(Abstract #904)

Poster #3-272 (Assess Dx, Assess Dx, Roosevelt Clin Res, Adult) M - Industrialized 1/2

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Rumination is reported to have an effect on the association between PTSD and risky behaviors. Our work aims to examine the effect of rumination in explaining the relationship between PTSD and problematic alcohol use. We examined the impact of emotional suppression on the relationship between rumination and problematic alcohol use in this model. The study used a sample of trauma-exposed adults (N=372) collected via Amazon’s Mechanical using self-report measures of PTSD, rumination, alcohol use, and emotion regulation. Results demonstrated the moderated mediation model was supported. We found that PTSD symptom severity predicted alcohol through ruminative tendencies (B= 0.034, S.E.= 0.015, p= 0.024). Additionally, the interaction for rumination by suppression was also significant (B= 0.008, S.E.= 0.002, p< 0.001). Specifically, the impact of rumination on problematic alcohol use was strongest for those at mean (B= 0.024, S.E.= 0.120, 95% CI [0.005-0.0520]) and 1 standard deviation (B= 0.07, S.E.= 0.020, 95% CI [0.034-0.110]) levels of suppression. Trauma-exposed individuals are at risk for problematic alcohol use, and these findings suggest that poor emotion regulation strategies in conjunction with high ruminative tendencies may account for a portion of this risk. In these cases, interventions should aim to reduce rumination while building adaptive emotion regulation skills.

3-273

Time to Recovery from Posttraumatic Stress Disorder: A Survival Analysis
(Abstract #962)

Poster #3-273 (Assess Dx, CPA, CSA, Roosevelt Clin Res, QoL, Adult) A - Industrialized 1/2

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Research suggests that PTSD chronicity is associated with pre-trauma, trauma, and post-trauma factors such as childhood adversity, event type, age at trauma, treatment, social support, and stigma (Rosellini et al., 2018). However, research to date is primarily reliant on logistic regression, which does not explain what variables predict when individuals recover from PTSD. The present study examines trauma factors that predict time to recovery using data from the Collaborative Psychiatric Epidemiology Surveys (Alegria, Jackson, Kessler, & Takeuchi, 2016). Discrete-time person-year survival analysis was employed to test DSM-IV PTSD duration among 976 participants with a PTSD diagnosis. Results indicated that 21.62% of participants recovered within 1 year and 70.35% within 15 years. Significant predictors of time to recovery included the interpersonal closeness of the traumatic event and age at the time of trauma after accounting for interpersonal closeness. Survivors of early childhood interpersonal and intimate traumas such as sexual abuse experienced significantly longer recovery time, and thus are most at risk for chronic PTSD. Results extend the literature on risk factors for PTSD chronicity and provide valuable information about populations most vulnerable to chronic PTSD. Limitations include reliance on retrospective self-report and measurement of DSM-IV PTSD.

3-274

Does Performance on Neuropsychological Assessments Predict Self-reported Functioning?: An Investigation among Veterans with Alcohol Use Disorder and PTSD

(Abstract #312)

Poster #3-274 (Assess Dx, Clin Res, QoL, Sub/Abuse, Adult) M - Industrialized **Roosevelt 1/2**

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Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) are characterized by overlapping patterns of neurocognitive disruptions, which can contribute to suboptimal treatment outcomes. Importantly, little is known about how performance on neuropsychological assessments is related to real-world psychosocial functioning in this vulnerable population. The current study examined cross-sectional and prospective relations between neuropsychological measures of memory and executive functioning with self-reported functioning among 84 military veterans (Mage = 39.74, SD = 11.39; 90% male) with AUD and PTSD. A series of hierarchical regression models, controlling for age, gender, premorbid IQ, depression, and traumatic brain injury, revealed that higher self-reported cognitive problems (Neurobehavioral Symptom Inventory) and lower cognitive flexibility (Wisconsin Card Sorting Task) were associated with worse psychosocial functioning at baseline. Finally, worse delayed recall memory (Hopkins Verbal Learning Test) and, counter to hypotheses, better planning and problem solving (Delis-Kaplin Executive Functioning Scale-Tower Test) at baseline predicted worse psychosocial functioning at 6-week follow-up. Results highlight the importance of multimodal assessment of cognitive functioning as a tool to help clinicians anticipate how patients may experience functional impairment.

3-275

Narrowing the PTSD Criteria using Item Response Theory in a Community Sample

(Abstract #124)

Poster #3-275 (Assess Dx, Res Meth, Roosevelt Adult) M - N/A **1/2**

Silverstein, Madison, Petri, Jessica, Weathers, Frank Auburn University, Auburn, Alabama

Researchers currently debate whether posttraumatic stress disorder (PTSD) is better represented by a broad or a narrow set of symptoms (Stein et al., 2014). *DSM-5* takes a broad approach to PTSD, identifying a wide range of trauma-related symptoms, including some that overlap with other disorders. In contrast, *ICD-11* takes a narrow approach, retaining only a limited set of what are argued to be the core symptoms of PTSD (Maercker et al., 2013). However, the *ICD-11* workgroup narrowed the PTSD criteria primarily on the basis of conceptual considerations and clinical judgment, so it remains unclear whether the retained symptoms are truly the core PTSD symptoms. To address this question empirically, item response theory (IRT) was employed to examine item discrimination parameters at clinically significant levels of PTSD. IRT analyses were conducted on PCL-5 scores in a trauma-exposed community sample (N = 439). The most discriminating symptoms were reduced positive emotions, loss of interest, detachment/estrangement, increased negative emotions, flashbacks, and cued physical reactions. Importantly, flashbacks was the only *ICD-11* symptom on this list. This indicates that *ICD-11* symptoms are not the most discriminating, and thus are not the core symptoms of PTSD. Implications for diagnosing PTSD will be discussed

3-276

Development and Validation of an Embedded Screener for Suicide Ideation among Trauma-exposed Individuals Using the Posttraumatic Cognitions Inventory

(Abstract #844)

Poster #3-276 (Assess Dx, Clinical Practice, Res Meth, Adult) M - N/A **Roosevelt 1/2**

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Individuals exposed to trauma are at risk for suicidal ideation (SI) and behaviors; however, they may be reluctant to disclose this to providers. Indirect assessments, particularly those involving appraisals and cognitions, of suicide risk may assist in identifying individuals that may have SI. The Posttraumatic Cognitions Inventory (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999) includes items that may represent underlying cognitions of suicidality. We applied recursive signal detection analysis to an anonymous sample of 353 trauma-exposed adults and cross-validated the resulting model on a second anonymous sample of 267 trauma-exposed adults. A score of > 3 on the item “I feel dead inside” of the PTCI correctly classified 80% out-of-sample cases who endorsed >1 on the Patient Health Questionnaire (Kroenke, Spitzer, & Williams, 2001) suicide item, with 72% sensitivity and positive predictive value (PPV) of 57%. Of those who screen positive on the initial PTCI item, a score of > 5 on PTCI item “My reactions since the event show that I am a lousy copier” accurately classified an additional 63% of out-of-sample cases, with 51% sensitivity, and PPV of 73%. These findings suggest that the PTCI may have utility in identifying individuals at risk for suicide.

3-277

Ecological Momentary Assessment of Re-experiencing Symptoms in Traumatized Individuals with and without PTSD

(Abstract #111)

Poster #3-277 (Assess Dx, Tech, Adult) A - Industrialized **Roosevelt 1/2**

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As intrusive memories are a defining, but maybe not specific symptom of Posttraumatic Stress Disorder (PTSD), the aim of our study was to identify possible PTSD-specific characteristics of intrusions (as their intensity or modality and accompanying emotional patterns) and other re-experiencing symptoms (flashbacks and nightmares), which may be more specific for the disorder.

With a smart-phone application, traumatized individuals (mixed traumas) with (n = 20) and without a PTSD diagnosis (n= 22) collected real-time data on four consecutive days.

Both groups reported intrusions and rumination about the trauma, but flashbacks and nightmares were almost exclusively reported by individuals with PTSD. Individuals with PTSD also experienced more frequent and intense emotional and bodily symptoms. Furthermore, individuals with PTSD reported the highest intensities for helplessness, those without PTSD for sadness as intrusion-accompanying emotions.

Our study helps to better delineate what is specific for PTBS and supports approaches to sharpen diagnostic criteria. Our findings also support the use of ambulatory assessment as a valuable method in this field.

3-278

Emotion Regulation as a Mediator for the Relationship between PTSD and Depression
(Abstract #600)

Poster #3-278 (Assess Dx, Depr, Adult) I - Industrialized **Roosevelt 1/2**

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Previous research has demonstrated high rates of comorbidity between posttraumatic stress disorder (PTSD) and depressive disorders, and emotion dysregulation has been associated with both diagnoses. The sample consisted of 354 trauma-exposed community adults who completed self-report measures of PTSD (PCL-5), emotion regulation (Emotion Regulation Questionnaire; ERQ), and depression (PHQ-9) using Amazon's Mturk marketplace. Using Mplus software, ERQ subscales were examined as mediators for the relationship between PTSD and depression symptoms, and bootstrapping was used to estimate standard errors for the indirect effects. Cognitive reappraisal did not significantly mediate the relationship between PTSD and depression severity, but expressive suppression was a significant mediator. Looking at individual symptom clusters, suppression mediated the relationship between intrusions and depression ($\beta = .10$, $SE = .03$, $p < .05$), avoidance and depression ($\beta = .07$, $SE = .03$, $p < .05$), and arousal and depression ($\beta = .11$, $SE = .03$, $p < .05$). Results indicate that expressive suppression, but not cognitive reappraisal, acts as a mediator between severity of PTSD and depression. Use of suppression could be a contributing factor in the comorbidity of these diagnoses.

3-279

Posttraumatic Stress Disorder and Complicated Grief in Bereaved Parents Exposed to Injustice following the Loss
(Abstract #496)

Poster #3-279 (Assess Dx, Death, Depr, Grief, Adult) I - Industrialized **Roosevelt 1/2**

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This study was to examine PTSD and complicated grief symptom profiles and related factors in parents exposed to sudden child loss. Participants were 122 parents who lost their child in the Sewol Ferry maritime disaster in South Korea, interviewed approximately two years after the incident. Structured interviews for PTSD and complicated grief were assessed, and perceived justice surrounding the incident was measured. Latent class analysis (LCA) revealed three symptom classes: (1) PTSD and complicated grief combined class (46.7%), (2) complicated grief class (45.1%), and (3) natural grieving class (8.2%). Class 1 and 2 perceived less justice related to the socio-political response to the incident than class 3. Mothers seemed to be located more in class 1, which showed high probabilities of both PTSD and complicated grief. Class 2 showed less probabilities of inability to recall trauma, restricted affect, startle response, and less suicidal ideas. The importance of seeking justice and implications for intervention were discussed.

3-281

The Extreme Number of Unique Symptom Patterns Resulting from Combinations of the DSM PTSD Diagnostic Criteria: Theoretical and Practical Considerations

(Abstract #1588)

Poster #3-281 (Assess Dx, Assess Dx, Adult) M - N/A | Roosevelt 1/2

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PTSD’s clinical presentation is heterogeneous, reflecting both the nature of the clinical phenomenon and the structure of the DSM diagnostic criteria (17 for DSM-IV / 20 for DSM-5). The individual criteria yield 79,794 possible symptom combinations for DSM-IV and 636,120 for DSM 5. While these maximum theoretical mathematical limits are known, exactly how patterns of symptoms manifest in real world populations has not been well studied, nor is it typically considered when analyzing and comparing the variability in clinical populations. This study aimed to characterize the variability in unique symptom pattern sequences (UPS) identified in 4 clinical samples totaling over 1000 cases using a descriptive approach that tallied each sequence length from 0-17 or 0-20 symptoms, then compared them across samples. The findings showed that PTSD heterogeneity was reflected in wide-ranging, clinical symptom pattern variability, and overall PTSD symptom load. Significant UPS overlap occurred at the diagnostic threshold cutpoints for PTSD/non-PTSD. Symptom pattern sequences from CAPS IV and PCL data were discordant. Overall, these findings: 1) revealed consistently many UPS within each sample, but not all possibilities, and 2) illustrate the problem clinically and for research with referring to PTSD monolithically. Clinical and research implications will be discussed.

3-282

Variations in PTSD Characteristics among Trauma-exposed Urban Black and Non-Black Youth

(Abstract #283)

Poster #3-282 (Assess Dx, Acute, Cul Div, Ethnic, Health, Child/Adol) I - Industrialized | Roosevelt 1/2

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Background: Few studies have examined the effects of trauma-related distress among trauma-exposed Black youth. This study investigated trauma exposure attributes such as type of trauma and post-traumatic stress disorder (PTSD) symptoms, and race using the Child PTSD Symptom Scale for DSM-5 (CPSS-5). **Method:** 64 children and adolescents (45.3% Black, 29.7% White, 14.1% Hispanic/Latino, and 9.4% biracial) between the ages of 8-18 years who experienced DSM-5 criterion A trauma completed the CPSS-5.

Analysis: A Chi-square test with post hoc comparisons was used to determine whether racial groups were related to types of trauma. PTSD symptom scores were subjected to a one way analysis of variance (ANOVA) with race.

Results: Black youth less frequently endorsed index traumas involving serious injury or death than non-Black youth (4.2% vs 26.5%, $\chi^2 = 12.135$, $p < 0.033$). Black youth also endorsed lower levels of reexperiencing symptoms (3.75 vs 6.03, $F(1, 56) = 4.40$, $p < 0.04$), fewer difficulties with anhedonia, attention, and sleep (all p-values < 0.028), and less life interference from PTSD symptoms when doing chores, hobbies, and schoolwork (all p-values < 0.047) than non-Black youth.

Conclusions: Black youth are possibly more resilient than non-Black youth after exposure to trauma. Future studies should examine the sociocultural factors that may influence resilience in Black youth.

**TRAINING/EDUCATION/
DISSEMINATION**

3-283

Prolonged Exposure Therapy: Training and Support Program for Private Psychologists in Australia

(Abstract #1694)

Poster #3-283 (Train/Ed/Dis, Clinical Practice, Train/Ed/Dis, Prof) M - Industrialized **Roosevelt 1/2**

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Objective: Most previous efforts to promote adoption of evidence-based psychological interventions for posttraumatic stress disorder (PTSD) have been undertaken in military or veteran health service systems. The current study sought to do so with a group of individual private practitioners seeing emergency service personnel covered by workers compensation schemes in New South Wales, Australia.

Method: A total of 45 practitioners completed a Prolonged Exposure (PE) therapy workshop followed by group telephone-based consultations for a six month period. Practitioners completed self-report measures at three points: pre-training, post-training and at 6-month follow-up.

Results: Findings will be presented on changes over time on measures of the practitioners' (i) self-efficacy to deliver PE therapy, (ii) expectations of benefits and drawbacks of using PE, and (iii) use of PE therapy techniques. Findings presented will also include the practitioners' views on the quality of the training and support program.

Discussion: The effectiveness, feasibility and acceptability of this program will be discussed in light of previous outcomes of studies undertaken within organisational health settings.

3-284

Training Providers in Shared Decision Making for Trauma Treatment Planning: "Don't We already Do this?"

(Abstract #639)

Poster #3-284 (Train/Ed/Dis, Clinical Practice, Train/Ed/Dis, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

*Hessinger, Jonathan
Hines VA Hospital, Hines, Illinois*

The Department of Veterans Affairs (VA) Clinical Practice Guidelines for the treatment of PTSD were recently updated to include Shared Decision Making (SDM) as part of the treatment planning process. This guideline seeks to further the VA's practice of recovery oriented, evidence based, patient centered, care. SDM is a collaborative process that guides individuals and care providers in making treatment decisions together, while considering available scientific evidence alongside the patients' strengths, values, life context, needs, and preferences. While SDM training for mental health providers is being developed by the VA, no systemic training was available at the time that the guidelines were updated. Additionally, while early research is studying the impact and experience of SDM on the patient side, no studies have explored provider experience of SDM for those that work with trauma populations. This poster will examine one VA hospital's efforts to train staff and trainees working with trauma to utilize SDM. Survey data collected 6 months following a formal SDM training will be evaluated to explore provider knowledge, perceptions, and utilization of SDM within a PTSD clinical team.

TECHNOLOGY

3-285

The Patient as Expert: Co-creating a PTSD Research App in a Psychiatric Outpatient Population with PTSD

(Abstract #809)

Poster #3-285 (Tech, Clin Res, Sleep, Tech, Adult) M - Industrialized Roosevelt 1/2

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Introduction: Mobile health applications (apps) for PTSD are available for war veterans, but not for people with PTSD receiving hospital-based psychiatric treatment due to long-term effects of trauma such as childhood sexual abuse, rape, accidents or death threats.

Aim: The aim of this study is to develop a Danish app for PTSD, “PTSD Help”, and to test its usability as a supplement to outpatient psychiatric treatment for PTSD.

Method: The app is developed over a course of four phases (Scoping, Design, Implementation and Launch) in close cooperation with PTSD patients receiving outpatient psychiatric treatment for PTSD in Mental Health Services, Capital Region of Denmark. PTSD Help includes evidence-informed self-management tools, psychoeducation, a crisis-plan, and self-assessment of PTSD-symptoms (PCL-5) and sleep quality (SCI). The app can be used by patients while waiting for treatment and between therapy sessions during therapy. PTSD Help will be tested in a randomized feasibility study.

Results: The app and its functions will be presented together with the research design.

Discussion: Co-creating a research-app in close collaboration with patients with PTSD gave valuable input to content and app-functionalities. The feasibility study will give us valuable information in planning a large-scale RCT of the efficacy of PTSD Help.

3-286

Assistive Technology Buffers Distress among a Geriatric Cohort with Post Traumatic Stress Disorder and Superimposed Neurocognitive Impairments

(Abstract #366)

Poster #3-286 (Tech, Affect/Int, Clinical Practice, Mil/Vets, Aging, Older) I - N/A Roosevelt 1/2

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Episodic elevations in emotional distress secondary to Post Traumatic Stress Disorder (PTSD) can be very problematic for older adult veterans with neurocognitive impairments. To bolster therapeutic outcomes among this population, psychological interventions were expanded to include the use of mobile technologies.

Outcome data was gathered as part of process improvement activities in a large Veteran’s Affairs long term residential care facility. Completion of the Brief Interview of Mental Status was utilized to assess for participant’s ability to provide accurate verbal responses to interview ratings. All residents provided subjective unit of distress (SUD’s) ratings immediately prior and following clinical encounters. To capture ratings, Likert scales with numbers, description labels, and visual images were utilized to further bolster reporting accuracy. A paired-samples t-test comparing participant self-report ratings between the mean scores for pre-intervention distress (M=4.373, SD=2.253) and post intervention distress (M=2.609, SD=1.938) showed a significant difference; $t(16) = 6.627, p = .000$. Results suggest that including the use of mobile technologies can help buffer distress among an older adult Veteran cohort with history of chronic PTSD and comorbid cognitive impairments. These findings further justify future programmatic development of such interventions.

GLOBAL ISSUES

3-287

An Ecological Model of Adaptation to Displacement among Syrian Refugees in Jordan: The Impact of Environmental Characteristics on Individual Wellbeing
(Abstract #592)

Poster #3-287 (Global, Chronic, Comm/Int, Refugee, Gender, Adult) I - Industrialized Roosevelt 1/2

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Displacement involves a forced change in the social and living environment. Given evidence of dual impacts of conflict related trauma and displacement stressors (Miller & Rasmussen, 2017), we apply principles from biological ecology to elucidate the reciprocal relationships among ecological factors affecting adaptation to a new environment. Guided by the ADAPT model, we use a qualitative analytic strategy to apply this to post-displacement functioning amongst Syrian refugees living in Jordan. Twenty-six key informant interviews were undertaken with health workers serving Syrian refugee communities (2013-16). Interviews focused on indigenous concepts of wellbeing. An iterative, grounded theory approach applied open, cross and axial coding to inform development of theories tested in subsequent interview waves. Karama (dignity) emerged as a central component of identity, determining access to resources within the social system. Sadme (trauma) describes the impact of the whole Syrian crisis, including both potentially traumatic events and the ongoing stresses of displacement. The ADAPT framework demonstrated concordance with these indigenous concepts of wellbeing. Our ecological model highlights the impact of Sadme at both individual and collective levels of functioning and how the adaptive function of Karama is moderated by both environmental characteristics and gender.

3-288

The Association between Physical Activity, Exposure to Harsh Migration Processing and Mental Health amongst Farsi-Dari Asylum Seekers and Refugees Residing in Sydney
(Abstract #593)

Poster #3-288 (Pub Health, Cul Div, Health, Refugee, Adult) I - Industrialized Roosevelt 1/2

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Displacement can lead to reduced social participation including reductions in physical activity (PA). Low levels of PA are associated with psychological and chronic disease morbidity. In forcibly displaced populations this is often compounded by exposure to pre-migration trauma and for asylum seekers exposure to harsh immigration processes in the resettlement environment. PA is influenced by ecological factors associated with social disadvantage, yet research examining associations with PTS is rare. We examined the role of PA in mediating mental health and adaptation amongst a multi-stage representative cohort sample of 303 Farsi and Dari speaking immigrants, refugees and asylum seekers arriving in Australia since 2010. Structural equation modelling was applied to examine the 6 month prospective association between lifetime history of potentially traumatic events, visa status and symptoms (PTS and depression) at time 1 and PA (mean hours exercise and resting in bed assessed using the SIMPAQ), visa status and symptoms at time 2. The resulting model showed good fit (CFI=0.98, TLI=0.97, RMSEA=0.05). Those with insecure visa status exhibited impaired mental health and lower levels of PA. The impact of symptoms at time 1 on symptoms at time 2 was fully mediated by PA levels. PA is a modifiable risk factor which plays

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

an important role in well-being among asylum seekers and refugees

3-289

Exploring the Relationship among Posttraumatic Cognitions, Muslim Religious Coping, and Posttraumatic Growth among Refugees

(Abstract #1663)

Poster #3-289 (Global, Cog/Int, Refugee, Adult) M - Global Roosevelt 1/2

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Many refugees experience posttraumatic growth (PTG) following trauma (Kroo & Nagy, 2011), but little research exists investigating factors that contribute to PTG among refugees. Posttraumatic cognitions often follow trauma and predict lower posttraumatic growth (Barton, Boals, & Knowles, 2013). However, religious coping predicts PTG and moderates the relationship between trauma and PTG (Garcia, Paez, Reyes-Reyes, & Alvarez, 2017), suggesting that religious coping may buffer the negative influence of posttraumatic cognitions on PTG. We hypothesized that Muslim religious coping (MRC) would similarly moderate the relationship between posttraumatic cognitions and PTG among Muslim refugees. Although data collection is ongoing, 28 participants who identified as Muslim, refugees, and trauma exposed completed a survey on psychosocial factors related to trauma exposure and the refugee experience. Posttraumatic cognitions ($r = .40, p = .03$) and MRC ($r = .43, p = .02$) were correlated with PTG. Preliminary analyses suggest a non-significant moderation effect ($p = .46$). Posttraumatic cognitions may facilitate PTG until reaching a certain severity, suggesting a curvilinear relationship similar to that observed by Kroo and Nagy (2011). MRC may also facilitate PTG by making meaning of trauma through religious principles or by finding increased social support within a faith community.

LATE BREAKING POSTERS

3-291

Characterizing Rates of Initial Diagnosis of Posttraumatic Stress Disorder in the Military (2007-2015): Trends across Age, Sex, and Marital Status

(Abstract #1861)

Poster #3-291 (Assess Dx, Assess Dx, Mil/Vets, Gender, Adult) M - Industrialized | **Roosevelt 1/2**

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The rate of Posttraumatic Stress Disorder (PTSD) in the military is a frequently-studied and often-contested area in trauma research. The wide range of rates reported across studies may be due to factors such as the size and composition of the sample as well as the method of assessment. By accessing the Military Health System Data Repository (MDR), this study aimed to determine the overall rate and demographic trends of initial diagnosis of PTSD in the US Military population between 2007 and 2015. PTSD diagnosis was determined by ICD-9 code in direct care inpatient and outpatient records for Active Duty and Reserve Component military. Rates were calculated based on counts from the Defense Enrollment Eligibility Reporting System (DEERS). During the study period, the rate of PTSD diagnosis peaked in 2012 (9.69 per 1000-person years) before declining through 2015. Notably, rates of PTSD diagnosis in females steadily increased after 2012, while male rates decreased. Rates were consistently highest among those over age 40 and lowest in those under 20. Single Service members had the lowest PTSD diagnosis rates, followed by married, and then divorced personnel. These findings provide the most comprehensive view of rates of PTSD diagnoses in the military to date and highlight important differences across basic demographic characteristics.

3-292

A Measure of Interpersonal Problems in a Trauma-Exposed Sample With and Without PTSD

(Abstract #1855)

Poster #3-292 (Assess Dx, Affect/Int, Roosevelt Comm/Int, Adult) I - N/A | **1/2**

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Interpersonal problems are commonly experienced by those diagnosed with PTSD, as a result of the intense affective phenomena associated with the diagnosis. This study seeks to examine the degree of interpersonal problems within an urban sample exposed to various types of trauma (N = 60, mean age = 35.7, 38% male). This study utilized the Inventory of Interpersonal Problems-Circumplex (IIP) to compare the level of interpersonal dysfunction amongst subjects with PTSD (including sub-threshold)(N = 22), subjects exposed to trauma but who do not meet PTSD criteria (N = 22), and healthy controls (N = 16). A significant effect of diagnostic group on mean IIP score was observed [F(2, 57) = 8.488, p = .001]. Further analysis utilizing the IIP subscales revealed that individuals with PTSD scored significantly higher in the categories of vindictiveness, coldness, inhibition, nonassertiveness, over-accommodation, self-sacrifice, and intrusiveness. A significant difference was not observed between the trauma-exposed and healthy groups at the overall mean or subscale levels, suggesting that the PTSD diagnosis rather than trauma exposure alone correlated with the increased interpersonal difficulties. These findings could be utilized to inform treatments for PTSD, and may suggest that more interpersonally-focused therapy styles (such as IPT) may prove beneficial for remediating these deficits.

3-293

**« 14-7 » Program's Preliminary Findings:
How are Parent's Mental Health**

(Abstract #1858)

Poster #3-293 (Assess Dx, Assess Dx, Fam/Int, Pub Health, Terror, Lifespan) I - Global **Roosevelt 1/2**

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Lenval Hospital, Nice, France

Introduction: Bastille Day terrorist attack in Nice affected more than 30 000 persons including families. « 14-7 » Program is a longitudinal study on impacted families. We recorded socio-demographic data and family member clinical symptoms.

We present here parental mental state one year after the event.

Method: We used self-rated clinical scales to evaluate clinical symptoms (PTSD: PCL, Anxiety: STAI, depression: CDRS, Dissociative scale and Quality of life). To evaluate child symptoms we used Semi-structured parental interviews and clinical scales. The same clinician always reported clinical Global Impression at the end of the child evaluation session. Participants: To date, thirty-eight parents whose children, under 6 years old, benefit from clinical follow-up post Nice terrorist attack were included in the protocol.

Results: Parental quality of life and dissociative experience seems to modulate children's symptoms. Parents with high dissociative experience during the trauma describe their child with more PTSD symptoms. There is a negative correlation between the parental quality of life and their reported child's PTSD symptoms.

Discussion: Further analysis will help us to understand if parental symptoms modulate their children symptoms perception that seems not related to clinician judgment. Moreover, among this sample, PTSD and/or MDD characterize majority of parents.

3-294

Preliminary Results of Pharmacogenomic Testing among Treatment-Seeking Veterans in a PTSD Specialty Clinic

(Abstract #1831)

Poster #3-294 (Bio Med, Bio Med, Clin Res, Genetic, Adult) I - Industrialized **Roosevelt 1/2**

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GeneSight Psychotropic is a pharmacogenomic test intended to match patients with medications offering a greater likelihood of treatment response. This study sought to examine treatment response among military Veterans seeking pharmacotherapy for symptoms of posttraumatic stress disorder (PTSD). Participants were 25 Veterans seeking outpatient or residential treatment at the Cincinnati VA Trauma Recovery Center. Veterans in this study added GeneSight testing to routine clinical care. Providers received test results but were not required to make medication changes. A paired-samples t-test was conducted to compare change in PTSD symptom severity in the periods ranging from treatment initiation to GeneSight testing and GeneSight testing to treatment completion. Simple change scores were calculated. PTSD symptoms were measured using the PTSD Checklist for DSM-5. Preliminary data suggest possible benefit to such testing. The level of symptom amelioration following GeneSight testing was 2.7 times greater than the observed rate prior to testing. Should results replicate in larger, controlled studies, testing could help with decreased latency of and more robust treatment response in PTSD, similar to research finding GeneSight testing to improve rates of treatment response in patients with treatment-resistant depression.

3-295

Psychosocial Effects of Monocular Blindness from Ocular Injury: A Retrospective Study
(Abstract #1757)

Poster #3-295 (Bio Med, Acc/Inj, Bio Med, Clinical Practice, Illness, Adult) Roosevelt I - E & S Africa 1/2

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Enucleation of an eye is usually carried out as a last resort due to the concomitant psychological effects of losing sight permanently. The aim of the current study is to review cases of monocular blindness from trauma, psychological effects, treatment options and suggestions for prevention. This is a retrospective descriptive review of monocular blindness from ocular injury at the Eye CARE Centre Health institute Blantyre Malawi from January 2008 to July 2018. Sixteen cases of traumatic mono-ocular blindness were recorded. The group consisted of 10 males and 6 females, ages 17 to 40 years. In our sample, blindness resulted from chemical injury (3%), occupational injury (22%), assault (59%) and road traffic accidents (16%). The major risk factors identified were male sex, younger age group, and skilled crafts workers. Results showed the most common psychosocial outcomes after injury included: anxiety, depression, distorted appearance, fear of loss of skill, denial, hope for visual restoration, aggression, poor appetite, & excessive crying. In conclusion, within our setting, monocular blindness is usually caused by assault. Public awareness about the consequences of sudden eye trauma and health education on preventive measures, are important tools required to decrease incidents of this type of injury. Adequate psychotherapy and rehabilitation is essential to treatment.

3-296

The Moderating Effect of Psychological Acceptance on the Relationship between Two Types of Ruminations and Posttraumatic Growth
(Abstract #1775)

Poster #3-296 (Clin Res, Rape, Social, Gender, Adult) M - E Asia & Roosevelt Pac 1/2

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The main purpose of this study is to see the relationship of two types of rumination and to test the moderating effect of acceptance on posttraumatic growth in South Korea. For this study, 334 participants completed the questionnaire which includes personal data, K-ERRI, K-PTGI, K-AAQ-II. The results of this study were analyzed by structural equation model.

As a result, First, the model which hypothesized intentional rumination would have an effect on intrusive rumination was rejected. That is, intentional rumination could not reduce intrusive rumination. Second, the acceptance had a moderating effect on the path of past intrusive rumination to present intrusive rumination. The group of high acceptance ability had a lower effect of past intrusive effect on present intrusive effect, but the group of low acceptance ability had a higher effect of past intrusive effect on present intrusive effect. Eventually, acceptance had an indirect effect on posttraumatic growth.

This study sheds new light on the role of intentional rumination and integrated the inconsistent result of relationship on two types of rumination. Especially, this study confirmed the effects of acceptance as one of the intervention of treating PTSD. Finally, this study could help counselors who would meet patient suffering trauma to have direction for therapy.

3-297

Intensive Trauma-Focused EMDR or PC with Victims of Crime

(Abstract #1832)

Poster #3-297 (Clin Res, CPA, CSA, Roosevelt DV, Rape, Adult) M - Industrialized 1/2

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Intensive trauma-focused psychotherapy is a relatively recent clinical practice innovation with the potential to reduce treatment time, risk, and dropout rate. We conducted an open trial of trauma-focused intensive therapy featuring either progressive counting (PC) or eye movement desensitization and reprocessing (EMDR). Participants comprised 61 treatment-seeking victims of crime with a range of significant psychopathology including complex PTSD. Measures, including the Trauma Symptom Inventory-2 (Briere, 2011), were administered at pre-treatment, post-treatment, and follow-up. Results showed strong participant retention and significant improvement from pre-treatment to post-treatment and follow-up, with large to very large effect sizes on all outcomes (e.g., $d = 1.43$), including posttraumatic stress and related symptoms, $t(36) = 8.21, p < .001$, severity of primary presenting problems, $t(37) = 11.51, p < .001$, quality of life, $t(36) = -6.60, p < .001$, and overall stability and functioning, $t(34) = 8.49, p < .001$. Outcomes were similar for PC and EMDR. The mean treatment time was 30.73 hours, or a little less than a week, enabling participants to quickly move on with their lives. Intensive trauma focused psychotherapy may represent an important advance in psychotherapy.

3-298

Reconsolidation Update, Compound Extinction, and Safety Behavior Fading for Enhancing Exposure Therapy for PTSD: Interim Findings from a Randomized Clinical Trial

(Abstract #1857)

Poster #3-298 (Clin Res, Chronic, Clinical Practice, Cog/Int, Adult) A - Roosevelt N/A 1/2

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Background: Exposure-based treatments are the most potent interventions for posttraumatic stress disorder (PTSD). However, there is a need to enhance the efficacy and efficiency of treatment. Using a translational science approach, this ongoing clinical trial aims to enhance exposure therapy for PTSD using reconsolidation update, compound extinction, and safety behavior fading procedures.

Methods: Participants with chronic PTSD ($N = 22$) were randomized to either (1) 8 sessions of Brief Enhanced Exposure (BEE; $n = 9$), 10 sessions of standard Prolonged Exposure (PE; $n = 9$), or to a wait-list control (WLC-PE; $n = 4$) that received PE 8 weeks after intake. Independent evaluators conducted assessments at intake (TP1), and 2-weeks (TP2), 1-month (TP3), and 3-months (TP4) after treatment.

Results: Effect size calculations based on the PTSD Symptom Scale Interview suggest superior outcomes for those assigned to BEE (TP1-2: $d = 3.00$; TP1-3: $d = 2.93$; TP1-4: $d = 3.19$), relative to standard PE (TP1-2: $d = 2.35$; TP1-3: $d = 2.19$; TP1-4: $d = 2.48$), and WLC-PE (TP1-2: $d = .39$; TP1-3: $d = 1.81$; TP1-4: $d = 2.15$).

Discussion: Interim findings indicate reconsolidation update, compound extinction, and safety behavior fading may both enhance and abbreviate exposure-based interventions for PTSD.

3-299

The Mediational Effect of Pain Self-Efficacy on the Relationship between PTSD Severity and Disability in Trauma-Exposed Adults with Chronic Pain

(Abstract #1864)

Poster #3-299 (Clin Res, Illness, Adult) I - Industrialized **Roosevelt 1/2**

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Chronic pain and posttraumatic stress disorder (PTSD) commonly cooccur and are mutually maintaining. Although previous research has established relationships between self-efficacy and positive outcomes among chronic pain (Arnstein, Caudill, Mandle, Norris, & Beasley, 1999) and PTSD patients (Benight & Bandura, 2004), the relationship between pain self-efficacy and disability outcomes in a trauma-exposed population with chronic pain is unknown. A sample of trauma-exposed adults with chronic pain ($N = 251$) was collected using Amazon's MTurk. We hypothesized that pain self-efficacy (measured by the Pain Self-Efficacy Questionnaire and defined as an individual's perceived ability to manage pain) mediates the relationship between PTSD severity and disability (measured by the WHO Disability Assessment Schedule 2.0) while covarying for chronic pain severity. Pain self-efficacy mediated the relationship between PTSD severity and disability, $F(2, 248) = 69.95, p < .001$. There was a significant total effect of PTSD severity on disability, while covarying for chronic pain severity ($c = 0.65, p < .001$), which remained significant after being mediated by pain self-efficacy ($c' = 0.49, p < .001$). Clinically, these findings suggest that targeting pain-related appraisals and pain self-efficacy in individuals with comorbid chronic pain and PTSD may in turn improve overall functioning.

3-300

« 14-7 » Program: Preliminary Findings about Mental Health Children under 6 Years
(Abstract #1856)

Poster #3-300 (Clin Res, Anx, Clinical Practice, Pub Health, Terror, Child/Adol) I - Global **Roosevelt 1/2**

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Program is a longitudinal study on children exposed to the Bastille Day terrorist attack in Nice. We present here the children's mental state exposed to the event one year after.

We used semi-structured parental interviews to evaluate psychiatric diagnosis, clinical scales for their children and them.

39 children < 6 years and 38 parents were included. According to the Clinical Global Impression (CGI, DSM 5), we created two groups: impacted + group (4 at CGI, $N = 21$) and impacted - group (< 4 at the CGI, $N = 18$).

Results: For the impacted + group, we found significantly more psychological disorders compared to impacted - group: there has higher PTSD, oppositional disorders (OD), sleeping disturbances and ADHD. We also found significant differences between the two groups for hyperarousal, re-experiencing, alteration of mood and cognition but not for avoidance. Interestingly, Functional impairment is significantly different between groups but is also higher than pathological threshold in Impacted - group.

Discussion: One year after the Nice terrorist attack, a lot of children present psychiatric disorders. The main illness is PTSD, with many comorbidities in impacted + group. As in Adolescent, OD and ADHD are related to PTSD symptoms (Davis & Siegel 2000). Further analysis will help us to understand if parental symptoms modulate their children perception.

3-301

Parent-Child Agreement on Child PTSS Severity in the Acute Aftermath of Violent Injury

(Abstract #1867)

Poster #3-301 (Clin Res, Acc/Inj, Clin Res, Comm/Vio, Fam/Int, Child/Adol) I - Industrialized **Roosevelt 1/2**

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The recovery trajectory for recently-traumatized youth relies heavily upon parental identification of children's posttraumatic stress symptoms (PTSS). Research suggests poor agreement between parent and child ratings of child PTSS symptoms after unintentional trauma (e.g. injury, car crash) but no prior studies have examined this in youth assaulted in community settings (schools, neighborhoods). We examined the association between parent- and child-reported PTSS severity for symptom clusters as defined by DSM-IV or DSM-5 among 97 violently-injured youth (age 8-17, 54% male; 90% African-American) identified in an urban Emergency Department. Within 1 month post-injury, child and parent separately rated the child's PTSS using the Child PTSD Symptom Scale (CPSS) DSM-IV version (N=47) or DSM-5 version (N=50). On the CPSS-IV, parent / child ratings showed no significant association for hypervigilance, avoidance, or re-experiencing cluster scores. On the CPSS-5, parent / child ratings were only modestly associated for re-experiencing ($r=.44$), avoidance ($r=.31$), mood/cognition ($r=.38$) and hyperarousal ($r=.33$) clusters. Results suggest a need to foster greater parent-child communication about child acute PTSS, to enable effective parental support of child recovery. Future studies should examine the impact of caregiver-child communication interventions on PTSS in assault-injured youth.

3-302

Dysfunctional Posttraumatic Cognitions (PTC) Predict PTSD, But What Predicts Dysfunctional PTC?

(Abstract #1869)

Poster #3-302 (Clin Res, CPA, Clin Res, Cog/Int, Child/Adol) M - Industrialized **Roosevelt 1/2**

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Objective: Posttraumatic cognitions (PTC), i.e., excessive feelings of vulnerability and permanent and damaging change, predict development of posttraumatic stress symptoms (PTSS) among traumatized youth (e.g., Meiser-Stedman et al., 2009; Mitchell et al., 2017). Also, in therapy, changes in PTC mediate reductions in PTSS (Jensen et al., 2018; Pfeiffer et al., 2017). Less is known, however, of what predicts PTC in the first place. The aim of this study was to investigate predictors of PTC in a sample of traumatized youth referred to treatment. Method: 315 youth (M_{age} 14.03, SD = 2.7, range 6-18, 75.6% girls) were assessed for PTC pre-treatment. Age, gender, comorbid disorders and trauma exposure were hypothesized to predict PTC and potential mediation effects of type of trauma on PTC were tested.

Results: Older age, comorbid depression and anxiety predicted higher levels of PTC (β s 0.10 – 0.43, all p s $\leq .027$). Although girls and youth exposed to interpersonal trauma reported significantly higher levels of PTC, type of exposure did not mediate the relationship between gender and PTC.

Discussion: These results may serve as a first step in helping clinicians identify youth at risk of high levels of PTC pre-treatment. Given the importance of PTC for treatment outcome more research is needed to understand the relationship between gender, type of trauma exposure and PTC.

3-303

Understanding the Long-Term Impacts of Childhood and Adult Trauma on Adult Functioning in a Sample of Ultra High-Risk Baltimore Mothers

(Abstract #1795)

Poster #3-303 (Commun, CPA, Health, QoL, Gender, Adult) A - Industrialized **Roosevelt 1/2**

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This study explores the differential impact of adverse childhood experiences (ACEs) and adult traumatic events on adult symptoms and functioning in a variety of areas in an ultra high-risk sample. Outcome variables included mood, post-traumatic stress symptoms, binge drinking, drug use, self-rated overall health, housing stability, and daily stress experienced meeting daily needs. Targeted sampling was used to focus on neighborhoods in Baltimore with highest-risk for poor maternal-child health outcomes. Community Ambassadors located 285 parenting and/or pregnant women who agreed to complete the survey. 61% reported experiencing 4 or more childhood traumatic events. Childhood adverse experiences and adult traumas were highly correlated. A series of multiple regression or binary logistic regressions with interactions between childhood and adult trauma were performed to determine the relative contribution of predictor variables to outcomes. For both mood and trauma symptom outcomes, childhood and adult traumas and their interactions contributed significantly to outcomes. Both childhood and adult trauma contributed significantly to perceived health and drug use outcomes (but not interactions). For functional outcomes of binge drinking, housing instability, and daily stress outcomes, only childhood traumas contributed. Implications of results and future directions are discussed.

3-304

Posttraumatic Outcomes among Veterans: The Predictive Role of Exposure to Interpersonal Trauma

(Abstract #1818)

Poster #3-304 (Commun, Clinical Practice, Commun, DV, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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A better understanding of the full spectrum of experience related to trauma may have profound implications for treatment, particularly in aiding social workers in the treatment of posttraumatic stress symptoms and the facilitation of posttraumatic growth in treatment-seeking veterans. This quantitative study used secondary data (n = 110), from a sample of veterans receiving medical care at a large Midwestern Veterans Affairs Medical Center who had returned from deployment in Iraq or Afghanistan in the six months prior to data collection. The results of this study demonstrated that a history of interpersonal trauma predicts higher posttraumatic stress scores among post-9/11 combat veterans. Additionally, this study found that a history of interpersonal trauma also predicted lower posttraumatic growth scores among this population. Also discussed are implications for clinical practice and future research.

3-305

Impact of Terror on Internally Displaced Persons in Nigeria

(Abstract #1761)

Poster #3-305 (Global, Refugee, Terror, Adult) I - W & C Africa **Roosevelt 1/2**

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Nigeria has witnessed repeated exposure to traumatic events, yet the impact of terror attacks has gone beyond individual distress to loss of cultural values and community. A total of 212 internally displaced persons (IDPs) living in Jos, Nigeria completed structured interviews assessing exposure to trauma, anxiety, depression, health complaints, and posttraumatic distress. It was hypothesized that higher personal exposure to terror attacks and terror-related violence would relate to higher physical and emotional distress. Five subscales of trauma exposure type were created: (1) personal exposure to non-violent trauma; (2) personal exposure to violent trauma; (3) witnessed violence; (4) traumatic loss; and (5) terror exposure (e.g. suicide bombing, houses set on fire). Over half of the respondents reported a clinical range for anxiety and depression. More than a third of participants presented clinically significant PTSD symptoms, and 40% had two or more subjective health complaints. Hierarchical multiple regression indicated that terror exposure was significant in predicting PTSD symptoms, anxiety, depression and subjective health complaints after controlling for age, gender and the other four traumatic exposures. Results suggest the uniquely traumagenic aspects of terror, and deeper qualitative inquiry is warranted.

3-306

Understanding the Mental Health Burden of Refugees: Influence of Immigration Status, Family Separation, and Employment on PTSD, Anxiety and Depression

(Abstract #1764)

Poster #3-306 (Global, Global, Rights, Refugee, Torture, Adult) I - Global **Roosevelt 1/2**

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Refugees report higher rates of PTSD than the general population, but little is known about the independent effects of the post-immigration process on refugee's PTSD. Identifying elements of the resettlement process that impact refugee mental health outcomes could promote trauma-informed recommendations for current policies to help refugees. We investigated the effects of immigration status, family separation, and employment on PTSD, anxiety, and depression while controlling for torture experience. A sample of 122 ethnically diverse survivors of torture who sought political asylum in the USA completed the PTSD Symptom Checklist, Hopkins Symptom Checklist, and clinical interviews assessing torture experiences. Linear regression models demonstrated that cumulative torture types experienced, family separation, undocumented status, and employment explained 28 % of the variance in PTSD scores, 27% of the variance in depression scores and 25% of the variance in anxiety scores. Controlling for the effects of torture exposure, undocumented legal status predicted higher PTSD, depression and anxiety ($\beta = -.31, p = .006, \beta = -.29, p = .013, \beta = -.23, p = .044$), respectively. Family separation indicated a non-significant trend in predicting depression ($\beta = -.21, p = .06$). Trauma-informed immigration policies should consider psychological effects of legal status and family separation.

3-307

The Impact of Traumatic Experiences on People with Severe Mental Illness in Rural Ethiopia

(Abstract #1859)

Poster #3-307 (Global, Cul Div, Global, Health, Rights, Adult) I - E & S Africa **Roosevelt 1/2**

Serba, Eyerusalem¹, Ng, Lauren²

¹*Addis Ababa University, Addis Ababa, Ethiopia*

²*Boston University, Boston, Massachusetts*

In most low- and middle-income countries (LMICs), such as Ethiopia, people with severe mental illness (SMI) experience high rates of stigma and human rights abuses. However, little is known about the types of events that people with SMI in LMICs view as traumatic or how these events impact their lives. Purposeful sampling was used to recruit 48 patients, caregivers, health care providers, and leaders from Sodo District, Ethiopia. Semi-structured, in-depth interviews were conducted, recorded, transcribed in Amharic and translated into English. Two coders conducted thematic analysis using NVIVO 12. Commonly occurring potentially traumatic events (PTEs) included beatings, sexual assault, and sudden death of loved ones. In addition to PTEs that met DSM-5 requirements, participants described other frightening experiences that caused suffering or emotional pain including being chained, inability to afford basic needs like food, stressful marital relationships, serious illnesses, and stigma and discrimination. Many participants attributed the onset of SMI to PTEs. In response to PTEs, participants described experiencing PTSD symptoms including avoidance, hyperarousal, re-experiencing, and negative thoughts as well as worsening of SMI. In rural Ethiopia many PTEs do not fit DSM-5 criteria, but are still associated with PTSD symptoms and illness onset and exacerbation.

3-308

Evaluation of a PTSD Intensive Outpatient Program Designed to Engage At-Risk Veterans in a VA Setting

(Abstract #1830)

Poster #3-308 (Practice, Clin Res, Sub/Abuse, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

Bruder, Tiffany¹, Grossman, Jessica², Romero, Erin¹

¹*VA Maryland Healthcare System, Baltimore, Maryland*

²*VA Maryland Healthcare System, Perryville, Maryland*

This project describes the feasibility, acceptability, and effectiveness of an Intensive Outpatient Program (IOP) for PTSD within a VA setting. The six-week program provides individual treatments for PTSD, skills-based group therapy, and whole health services. Given the rates of comorbid substance use disorders (SUD) among Veterans with PTSD, the IOP offers concurrent treatment for SUD. Preliminary data is available from 29 Veterans who have engaged in the program (77% male, 43% OIF/OEF/OND era and 60% black). Nearly half (45%) of Veterans engaged in individual PE or CPT. Of the 19 Veterans who completed the IOP, the average duration in the program was 6.7 weeks. Veterans' scores on the PCL-5 decreased on average 12 points; five Veterans' scores on the PCL-5 were below the recommended cut-off for PTSD diagnosis at the end of the IOP. Self-reported symptoms of depression, quality of life, and protective factors for relapse (PHQ9, QoLI, and BAM-IOP) also improved, and Veterans reported satisfaction with the program. Since inception, rates of referrals to the program have increased and the program has reached 100% occupancy. In sum, program evaluation data supports the feasibility and acceptability of an IOP level of care for Veterans with complex treatment needs. *The contents do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.*

3-309

Improved Compliance for Evidence Based Treatment Following Implementation of a Shared Decision Making Mechanism in an Outpatient PTSD Setting

(Abstract #1851)

Poster #3-309 (Practice, Clin Res, Clinical Practice, Adult) I - Industrialized **Roosevelt 1/2**

Ractliffe, Kendra¹, Fairley, Monet², Smith, Joan³, Shanmugham, Bindu⁴

¹*University of South Dakota, Vermillion, South Dakota*

²*University of California, Santa Barbara, Santa Barbara, California*

³*Southern University at New Orleans, New Orleans, Louisiana*

⁴*Harvard Medical School, Boston, Massachusetts*

Since its inception Mental Health treatment has been fundamentally rooted in the client-provider relationship. With renewed emphasis on Client-Centered Care within modern healthcare systems there has been a greater sense of importance placed on providing opportunities for clients to participate more fully in treatment planning. However, the manner in which this concept is implemented in contemporary settings, and its impact on treatment outcomes remains relatively unclear. The purpose of this study is to examine how introducing a shared-decision making mechanism (SDM) impacts treatment adherence and treatment outcomes in an outpatient Veteran's Affairs PTSD treatment program. Archival data from 374 clients who were referred to PTSD treatment prior to and after the implementation of a 30-minute SDM group (which focused on providing psychoeducation about PTSD symptoms, treatment options, and encouraging clients to participate in treatment enrollment/planning) was analyzed. It was hypothesized that individuals who participated in the SDM would be (1) more likely to access care (2) demonstrate increased treatment adherence (3) and would evidence more positive treatment outcomes. Results of the study may assist in better understanding the impact of SDM in outpatient mental health settings, and may provide additional guidance on implementing effective SDM interventions.

3-310

Screening and Assessment for Child Traumatic Stress: Lessons from the Field and Research to Guide Future Policy and Practice

(Abstract #1853)

Poster #3-310 (Practice, Assess Dx, Comm/Int, Cul Div, Social, Child/Adol) M - Industrialized **Roosevelt 1/2**

Frank, Sophia¹, Herting, Nicola², Bray, Chris¹, Wonderlich, Stephen², Boub, Jennifer², Gewirtz, Abigail³

¹*University of Minnesota, Minneapolis, Minnesota*

²*Treatment Collaborative for Traumatized Youth, Sanford Research, Fargo, North Dakota*

³*University of Minnesota, St Paul, Minnesota*

Unrecognized and untreated child traumatic stress can lead to the development of trauma-related symptomologies. These symptoms can persist and worsen over time, making it critical to identify them early. One way to identify youth with trauma symptoms and improve access to evidence-based treatment is through trauma screening in child-service systems, such as child welfare (SAMSHA, 2014). Trauma screening by front-line workers helps identify trauma-exposed youth needing further assessment and possible intervention, inform service planning, create structure to discuss a youth's welfare, and sustain trauma-informed systems (Lang, et al., 2017). This poster translates new research in trauma screening and assessment practices for mental health practitioners and administrators working in child-service systems to increase access to quality mental health care for traumatized youth. The poster covers 1) An overview of trauma screening and assessment research; 2) The results of a recent systematic review of child/adolescent trauma screening and assessment tools, with results disaggregated across setting type; 3) The development and validation of a trauma screener from the University of Minnesota; and 4) Implementation tips and challenges related to equity issues in child-serving systems and strategies to advance system and policy changes learned from initiatives conducted in MN and ND.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

3-311

The Evaluation of Trauma Informed Prevention Program using Implementation Science Framework

(Abstract #1793)

Poster #3-311 (Prevent, Clin Res, Train/Ed/Dis, Theory, Child/Adol) I - Industrialized **Roosevelt 1/2**

Lee, Seungeun
University of North Carolina at Chapel-Hill, Chapel Hill, North Carolina

Early childhood trauma is pervasive and poses significant threat to child's healthy development. The current preventive intervention is designed to be implemented at universal level school setting based on ecological and person-centered theoretical framework. With active coaching and hands-on skill development sessions using a collaborative team of school representatives from different levels (i.e., school administrator, school psychologist/counselor, regular education teacher, special-education teacher, and non-educational school staff), the intervention aims to create physically and psychologically safe school environment, to nurture sense of empowerment and resiliency in students, and to ultimately prevent long-term adversities of childhood trauma. Using implementations science framework, a teacher, a school psychologist and a school district leader from CHCCS district of North Carolina was interviewed to assess installation and initial implementation stage of the current intervention. The result contains analysis of overall fit and challenges of the current intervention in terms of needs, resources, readiness and capacity. Overall, the intervention shows a promising fit and future direction to address the gaps such as difficulty integrating research, practice, and policy among system hierarchy specifically on resources and capacity domains will be discussed.

3-312

The Role of Posttraumatic Stress Disorder in the Intergenerational Transmission of Suicide Risk in Firefighters

(Abstract #1817)

Poster #3-312 (Prevent, Chronic, Gen/Int, Intergen, Adult) I - Industrialized **Roosevelt 1/2**

Pfeffer, Kendall¹, D'Andrea, Wendy¹, Tran, Jana², Vujanovic, Anka³

¹New School for Social Research, New York, New York

²Houston Fire Department, Houston, Texas

³University of Houston, Houston, Texas

Despite increased awareness of disproportionate risk for suicide and posttraumatic stress disorder (PTSD) in firefighters, research investigating occupational risk factors remains paltry in comparison with the attention focused on military and law enforcement personnel. Objective: While several risk correlates have been identified among firefighters in recent years, association between family history of suicidality and suicide risk has not been investigated, despite research indicating that family history of suicidal behavior is an independent risk factor in the general population. The purpose of the current study was to examine PTSD symptom severity (PTSS) as a moderator of the relationship between family history of suicidality and lifetime suicide ideation (SI) and attempt (SA) in a sample of 3,036 urban firefighters. Methods: Two separate hierarchical linear regression analyses were performed. Results: Family history ($\beta = .11, p < .05$) and PTSS ($\beta = .36, p < .001$) were significantly associated with SI, as was the interaction between family history and PTSS ($R^2 = 16.5$). Conclusions: Findings appear to confirm a growing body of evidence indicating that occupational hazards may confer greater risk for suicide in this population than commonly identified correlates in the general population.

3-313

The Enduring Association between Maternal Mental Health Symptoms and Young Children's Behavioral Problems in Dyadic Mental Health Treatment

(Abstract #1838)

Poster #3-313 (Prevent, Clin Res, Commun, Fam/Int, Res Meth, Lifespan) M - Industrialized **Roosevelt 1/2**

Palmer Molina, Abigail, Mennen, Ferol
University of Southern California, Los Angeles, California

Poor minority mothers face many challenges that impact their ability to provide supportive parenting, including exposure to trauma, which leads to high rates of trauma and depressive symptoms in this population. This study examined the relationships between maternal trauma symptoms, depressive symptoms, and children's behavior problems in a sample of 158 predominantly Hispanic, low-income mothers participating in dyadic treatment for their young children. Regression results showed that maternal trauma symptoms were associated with poor child functioning at intake for treatment ($\beta = -0.37$, $p < .01$). Fixed effects model results showed that children's behavior problems decreased over time in treatment ($B = -3.59$, $p < .01$), but that maternal trauma and depressive symptoms interacted in negatively predicting children's functioning ($B = -25.76$, $p < .05$). Therefore, maternal mental health symptoms continue to predict children's poor functioning, even after the dyad has participated in treatment. This is concerning since dyadic treatments aim to improve parenting practices and the parent-child relationship. In addition, in the presence of trauma symptoms, maternal depression was associated with fewer child behavior problems. Mothers experiencing trauma symptoms may be more prone to recognize and respond to threats in the environment, allowing them to provide more supportive parenting.

3-314

The Influence of Children on Increased Domestic Conflict in Women in Southeastern Louisiana

(Abstract #1845)

Poster #3-314 (Pub Health, DV, Fam/Int, Nat/Dis, Pub Health, Adult) I - Industrialized **Roosevelt 1/2**

Brown, Elaine, Brashear, Meghan, Rung, Ariane, Peters, Edward
LSU Health Sciences Center, New Orleans, Louisiana

The Women and Their Children's Health (WaTCH) study examined health effects from the Deepwater Horizon oil spill (DHOS) among a cohort of women in Southeastern Louisiana. Wave 1 telephone interviews, which began in 2012, obtained data that included demographic information, DHOS exposure status, and mental/behavioral health functioning. In 2014, wave 2 interviews included a post-traumatic stress disorder (PTSD) assessment. Generalized linear models were fit to estimate the association between having a child in the household at the time of DHOS and depression, PTSD, and domestic conflict. Responses from 2038 women were included in this analysis; their mean age was 49 years, 54.1% had children living with them at the time of DHOS exposure, 60.7% were married/partnered, and 55.1% were white. Having a child in the household at the time of DHOS exposure was not associated with increased depression ($p = .1666$) at wave 1 or PTSD ($p = .2575$) at wave 2, but was associated with increased frequency and intensity of domestic conflict at wave 1. ($RR = 1.4303$, $p = .0067$; $RR = 1.5915$, $p = .0039$, respectively). Results from this analysis add to a growing body of evidence suggesting that female parents/caregivers are at increased risk for domestic conflict following exposure to a disaster.

3-315

Implementing the 2017 VA/DoD Clinical Practice Guideline for PTSD: Facilitators and Barriers from Rural Providers

(Abstract #1844)

Poster #3-315 (Pub Health, Commun, Train/Ed/Dis, Mil/Vets, Prof) M - Industrialized Roosevelt 1/2

Cuccurullo, Lisa-Ann¹, Montano, Macgregor², Breen, Kristen¹, Bernardy, Nancy¹

¹National Center for PTSD, Executive Division, White River Junction, Vermont

²White River Junction VA Medical Center, White River Junction, Vermont

To facilitate implementation of the 2017 Department of Veterans Affairs (VA) and Department of Defense (DoD) Clinical Practice Guideline (CPG) for PTSD, the VA National Center for PTSD and Office of Rural Health collaborated to test feasibility of an educational outreach intervention. "Rural PTSD Improvement in the Northeast through Outreach" was a one-year, multifaceted, phased implementation project to improve patient outcomes through educational outreach to veterans and providers. Twenty-one site visits were made to rural VA medical centers and Community-Based Outpatient Clinics (CBOCs) in New England to share the recommendations of the revised VA/DoD CPG for PTSD. During the visits, special attention was aimed at two guidelines: a) individual manualized trauma focused psychotherapies are the first line treatment recommendation for PTSD, b) recommendation against using benzodiazepines for the treatment of PTSD. This study examines findings of barrier and facilitators to the implementation of the CPG, within northeast VA CBOCs, specific attention was paid to the above recommendations. Initial evaluation revealed 65 facilitators and 87 barriers to CPG consistent PTSD care, identified at 20 rural CBOCs in the northeast. Findings will be discussed considering rural health disparities (e.g., staffing) and rural cultural context (e.g., mental health stigma).

3-316

Building Capacity in the Treatment of Complex Trauma for Mental Health Workers in Northern Peru

(Abstract #1843)

Poster #3-316 (Train/Ed/Dis, Commun, Complex, Global, Prof) M - Latin Amer & Carib Roosevelt 1/2

Kohrt, Brienne, Murray, Maxwell

University of Denver, Denver, Colorado

Some of the highest documented rates of partner violence and sexual abuse in Latin America can be found in several migrant shantytowns on the outskirts of Trujillo, a city in northern Peru, yet no training in trauma treatment is available in this region. This project discusses the development, implementation, and evaluation of a pilot training in complex trauma for psychologists serving these communities. Training curricula was developed by integrating findings from qualitative interviews with local psychologists with results of a systematic literature review on evidence-based complex trauma treatments. Twenty-two psychologists completed the 24 hour training. Pre-and-post measures of written and vignette-based trauma knowledge and therapeutic competency were administered. Levels of trauma-informed care (TIC) and mental health stigma were also assessed.

The training significantly improved trauma knowledge, with an average increase of 24 percentage points. The most improved techniques were basic helping skills, emotion regulation, and cognitive restructuring. Participants demonstrated difficulty with techniques to build client autonomy and in completing trauma narratives. Psychologists had limited knowledge of TIC and reported doubts about the ability of traumatized individuals to be autonomous, productive members of society, suggesting important targets for further training.

3-317

Trigger Warnings Affect Reading Comprehension in Students with PTSD
(Abstract #1762)

Poster #3-317 (Train/Ed/Dis, Health, Roosevelt Social, Adult) M - Industrialized 1/2

Bruce, Madeline
Saint Louis University, St. Louis, Missouri

Trigger warnings (TWs) are alerts before media informing people with symptoms of posttraumatic stress (PTSD) that upcoming material may reference a trauma reminder. Some undergraduates have advocated for TW deployment in class, prompting some to voice concerns about their implications. These concerns frame TWs themselves as triggering by functioning as a panic-button like warning and priming people with PTSD to be hypervigilant for threat. A quasi-experimental paradigm tested if students would avoid reading TW-labeled articles and how well students comprehended completed readings. Undergraduates ($N = 113$) were given a list of four similarly titled articles, two of which had randomly placed TWs. Participants were then led to the same article and completed the same comprehension test. Results demonstrate that students selected the TW-labeled articles more often ($n = 66$) than unlabeled articles ($n = 47$), and article selection was not moderated by PTSD ($p > .05$). However, students scoring higher on a PTSD measure ($X = 33$, PCL-5) had significantly lower comprehension test scores after reading TW-labeled articles compared to control peers selecting the same article ($p < .05$). These results have educational and emotional implications, encouraging further TW research.

3-318

Negative Life Events and Risk: The Roles of Life Event Stress and Interoceptive Awareness in Decision-Making
(Abstract #1810)

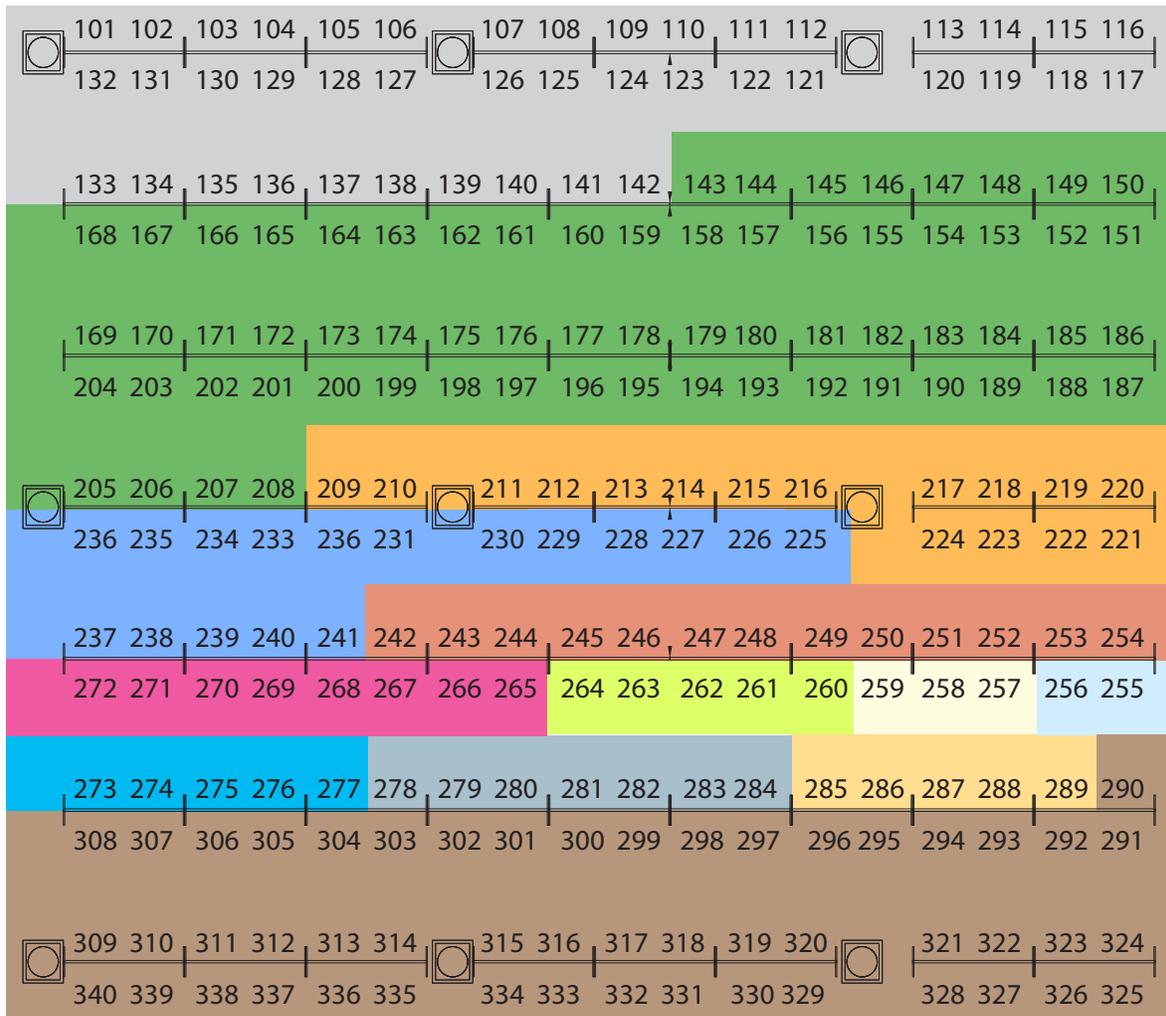
Poster #3-318 (Train/Ed/Dis, Affect/Int, Health, Bio/Int, QoL, Roosevelt Adult) A - Industrialized 1/2

Nicholson, Ronald¹, Birk, Jeffrey², Lopez-Castro, Teresa¹, Bonanno, George³
¹*City College of the City University of New York, New York, New York*
²*Columbia University College of Physicians and Surgeons, New York, New York*
³*Teachers College, Columbia University, New York, New York*

Trauma survivors are at greater risk for subsequent exposure to negative life events. Physiological arousal has been shown to play a role in guiding decision-making during risky situations. It is unknown if stress from potentially traumatic events may impede decision-making by reducing interoceptive awareness (IA), the sensitivity to somatic information. To address this gap, a community sample was recruited ($N = 86$; $M_{age} = 27$; 54% Female) to complete a measure of IA, the Iowa Gambling Task (IGT) to measure decision-making during risk, and the self-report Life Experiences Survey (LES) to assess life event stress. Skin conductance data (SCL) were recorded to measure physiological arousal. Analyses of the 100 trials of the IGT, broken into 5 blocks of 20, showed that more life event stress predicted riskier choices in the task's initial block ($B = .27$; $p = .01$). In turn, increased IA predicted more risky choices during the task's middle portions (block 2: $B = -.29$, $p < .01$; block 3: $B = -.20$, $p < .05$). Higher physiological arousal predicted less risky choosing in the latter half of the task (block 3: $B = .34$, $p < .01$; block 4: $B = .46$, $p < .01$; block 5: $B = .32$, $p < .01$). Findings showed that both life event stress and IA impeded decision-making. To better understand the impact of trauma sequelae, future research involves further modeling of the temporal dynamics influencing decision-making during risk.



Poster Session Four Map



Poster Session Four, Friday, November 9, 5:45 p.m.–7:00 p.m.

SIG Endorsed Posters	101 – 142
Clinical/Intervention Research	143 – 209
Assessment/Diagnosis	210 – 225
Global Issues	226 – 229
Public Health	230 – 241
Clinical Practice	242 – 254
Training/Education/Dissemination	255 – 256

Community-Based Projects	257 – 259
Culture/Diversity	260 – 264
Prevention/Early Intervention	265 – 272
Research Methodology	273 – 277
Social Issues/Public Policy	278 – 284
Biological/Medical	285 – 289
Late Breaking Research	290 – 340

Poster Session Four Presentations
Friday, November 9
5:45 PM to 7:00 PM

Poster Session Four Presentations

Friday, November 9, Roosevelt 1/2

Poster viewing: 3:30 p.m.–5:45 p.m.

Author Attended Poster Session Four

Friday, November 9, 5:45 p.m.–7:00 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday 1:30 p.m., Author attended Poster Session Two, Thursday 5:45 p.m., Author Attended Poster Session Three, Friday 1:30 p.m., or Author Attended Poster Session Four, Friday 5:45 p.m. and that is the time period when the presenting author is available to answer questions. Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on page 5.

Key:

Poster # Number (Primary keyword, Secondary Keywords, Population type) Presentation Level–Region

Keyword type descriptions can be found on page 2

Regions and Population Types can be found on page 3

Presentation levels and descriptions can be found on page 4

Session Four: Friday, November 9

Poster Setup: 3:00 p.m.–3:30 p.m.

Poster Viewing: 3:30 p.m.–5:45 p.m.

Author Attended Poster Session Two: 5:45 p.m.–7:00 p.m.

Poster Dismantle: 7:00 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.

SIG ENDORSED POSTERS

AGING, TRAUMA AND THE LIFE COURSE SIG

4-101

Military Sexual Trauma and Chronic Pain among Older Women Veterans

(Abstract #1506)

Poster #4-101 (Pub Health, Bio Med, Illness, Aging, Gender, Older) M - N/A	Roosevelt 1/2
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Gibson, Carolyn¹, Maguen, Shira¹, Xia, Feng², Barnes, Deborah³, Peltz, Carrie⁴, Yaffee, Kristine⁵
¹San Francisco VA Medical Center and UCSF, San Francisco, California
²NCIRE, San Francisco, California
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⁴San Francisco VA Medical Center (VAMC-SF), San Francisco, California
⁵University of California, San Francisco VA Med Ctr., San Francisco, California

Military sexual trauma (MST) has broad impacts on health and well-being, with recent evidence supporting a link between MST and chronic pain. However, little is known about MST among older women Veterans, for whom chronic pain is a leading cause of morbidity and disability. We used national VA administrative data to examine MST and chronic pain-related diagnoses in women Veterans aged 55 and older with at least one VA outpatient visit between 2005-2015 (n=70,864). We compared women with and without a positive MST screen on key pain diagnoses. In this national sample of older women Veterans (mean age 65.8 ±10.4 years), 13.4% had a positive MST screen. Women with a positive MST screen were younger (mean 60.7, SD 6.1 vs. 66.6, SD 10.7, p<.001), but more likely to have a diagnosis of fibromyalgia (13.3% vs. 7.2%, p<.001), headaches or migraine (11.7% vs. 6.0%, p<.001), back pain (46.7% vs. 34.7%, p<.001) and chronic pain syndrome (4.0% vs. 1.9%, p<.001), as well as diagnosed opioid use disorder (1.4% vs. 0.6%, p<.001). These findings suggest that MST is a common risk factor among older women Veterans in the VA, contributing to the chronic pain epidemic in this setting.

4-102

What are the Life-Long Effects of WW II Military Service on Late-life Social Functioning?

(Abstract #95)

Poster #4-102 (Pub Health, Cul Div, Ethnic, Aging, Older) I - Industrialized	Roosevelt 1/2
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Mackintosh, Margaret-Anne¹, Schaper, Kim², Willis, Emy³, Edland, Steven⁴, Liu, Catherine⁵, White, Lon⁵
¹National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California
²National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii
³University of Central Florida, Orlando, Florida
⁴University of California, San Diego, La Jolla, California
⁵Pacific Health Research and Education Institute, Honolulu, Hawaii

We have previously found that World War II (WWII) military service negatively impacts marriage and family outcomes, with older adult veterans being married for shorter periods of time and having fewer children compared to civilians (Mackintosh et al., in press). As spouses and children often comprise the core of older adults' social networks (Antonucci et al., 2014), it is important to evaluate the late-life effects of having fewer family-based social resources. In a sample of 2849 Japanese American men from the Honolulu Asia Aging Study, we investigated how early life military service and combat exposure indirectly impacted men's late-life social functioning through mid-life family-based variables (e.g., marital status and fecundity). Structural equation models were used to test these as indirect effects of military service on late-life social support and social engagement, controlling for important life course factors (e.g., education, time spent in Japan during adolescence, age of induction, and late-life well-being and stressors). We found mediated effects of WWII military service on late-life social functioning for both fecundity and the number of years married (indirect effects: = -.05 to -.02, p < .02). This work highlights the importance of studying how military service can lead to subtle disruptions in family structures; yet have enduring effects over one's lifespan.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

CHILD TRAUMA SIG

4-103

Effects of School-based Yoga and Mindfulness Curriculum on Internalizing Symptoms in At-Risk Youth

(Abstract #642)

Poster #4-103 (Commun, Anx, Comm/Vio, Depr, Social, Child/Adol) I - Industrialized **Roosevelt 1/2**

Litke, Shannon, Lara, Jannet, Nunez, Alejandro, Espil, Flint, Matlow, Ryan, Carrion, Victor
Stanford University School of Medicine, Palo Alto, California

Children in low-SES communities face daily stressors related to poverty, violence, and crime, all of which increase vulnerability to a number of mental health problems. The present study investigated the effects of yoga- and mindfulness-based instruction on internalizing symptoms in a sample of 3rd and 5th grade students from a historically underserved, high adversity school district. It was hypothesized that students receiving a year-long yoga and mindfulness curriculum (n = 694) would report significantly greater improvement in internalizing problems compared to a no treatment control group (n = 440). All students completed self-report versions of the Behavioral Assessment System for Children (BASC-2) prior to beginning the curriculum and after the one year study period. Controlling for differences at baseline, those in the older age cohort (5th graders) indicated significantly lower depression scores, $F(1, 99) = 5.5, p = 0.02$, at time 2 in the intervention ($M = 49.6, SD = 9.5$) group compared to the control ($M = 60.0, SD = 13.3$) group. Within the younger cohort (3rd graders), anxiety scores at time 2 were significantly lower in the intervention ($M = 53.7, SD = 10.2$) group than the control ($M = 55.3, SD = 10.1$), $F(1, 726) = 4.4, p = 0.04$. Findings may suggest that age could moderate improvement in specific internalizing symptoms for students receiving mindfulness instruction.

4-104

Making Meaning out of a Devastating Tornado: Caregiver Acknowledgement and Long-term Youth Post-traumatic Stress Symptoms

(Abstract #1309)

Poster #4-104 (Clin Res, Cog/Int, Fam/Int, Nat/Dis, Child/Adol) M - Industrialized **Roosevelt 1/2**

Abel, Madelaine¹, Vernberg, Eric¹, Hendrickson, Michelle², McDonald, Kristina³, Lochman, John³
¹University of Kansas Clinical Child Psychology Program, Lawrence, Kansas
²Jackson Behavioral Health Hospital, Miami, Florida
³University of Alabama, Tuscaloosa, Alabama

This study explores parents' style of co-remembering with their adolescents about a traumatic event, adolescents' meaning-making, and the association with long-term post-traumatic stress symptoms (PTSS). 136 adolescents (ages 12 to 17 years) provided individual narratives about their experiences four years following exposure to an EF-4 tornado and completed a measure of PTSS. Parents and youth then provided joint recollections while co-remembering about the tornado. Individual youth transcripts were coded for emotion and cognitive processing words; joint conversations were coded for parent acknowledgement and reward of emotional expression. The parental codes were intended to capture when parents recognized and validated their adolescent. Youth cognitive words (e.g., think, believe) ($t(132) = -2.32, p = .02$) and positive emotions ($t(132) = -2.13, p = .035$) were each negatively associated with PTSS when parents acknowledged their youth's distress. In contrast, youth's processing and PTSS were unrelated at low parental acknowledgement. This association was further moderated by youth gender; parental acknowledgment moderated the association between youth cognitive processing and PTSS for girls but not for boys. Findings suggest that parents who are sensitive and responsive to their children's efforts to make meaning out of traumatic events, may help to buffer against enduring youth PTSS.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

COMPLEX TRAUMA SIG

4-105

Risk Factors Associated with Domestic Commercial Sexual Exploitation

(Abstract #890)

Poster #4-105 (Clin Res, Chronic, Complex, DV, Sub/Abuse, Adult) M - N/A **Roosevelt 1/2**

Goncharenko, Svetlana, Weiss, Nicole
University of Rhode Island, Kingston, Rhode Island

Despite decades of attention and Congressional interest on human trafficking in the form of commercial sexual exploitation (CSE), data on such domestic human trafficking has been relatively limited (Smith, 2015). Specifically, little focus has been given to the causal or contributing factors associated with CSE in the U.S. As a result, the majority of domestic CSE victims – American citizens – have been largely overlooked. The current analysis focused on the antecedents for entrance into the sex trade in order to better understand the psychological, social, and familial risk factors associated with such exploitation. Data were derived from a non-profit agency providing services to victims of CSE through a post-hoc archival review of 64 case files dating from 2006 to 2015. The majority of the sample is U.S. born U.S. citizens, female, over the age of 18, and residing in Massachusetts. The data suggest that psychosocial risks factors (e.g. psychopathology, drug use) in conjunction with family of origin adverse experiences (e.g. domestic violence, criminal or human services involvement, drug use,) and associated traumas (e.g. intimate partner violence) play an etiological role in subsequent involvement in CSE. These findings suggest that interventions for CSE require a multi-systemic approach.

4-106

Sexuality- and Gender-based Discrimination and Trauma in an LGBTQ+ Sample: Towards Improvements in Clinical Practice

(Abstract #1570)

Poster #4-106 (CulDiv, Comm/Int, Complex, Orient, Gender, Adult) I - N/A **Roosevelt 1/2**

Toner, Emma, Gupta, Sumati
Columbia University, New York, New York

Background: We sought to examine the potentially deleterious effects of traumatic experiences that directly challenge one's sexual identity and how this damage may manifest in one's mental health and sense of self as an LGBTQ+ person.

Methods: We administered a variety of clinically-validated questionnaires on the experience of trauma and related factors to 136 LGBTQ+ adults using Qualtrics.

Results: Individuals with a sexuality-based primary trauma endorsed significantly worse PTSD symptoms than those with a primary trauma unrelated to their sexuality. Internalized homophobia was significantly associated with emotion regulation difficulties as well as increased stress and depression. Finally, we found that exposure to distressing heterosexist experiences was significantly associated with more emotion regulation difficulties, lower resilience, greater psychological adjustment issues, and more severe symptoms of PTSD.

Conclusions: While preliminary, our findings suggest that those who experience a sexuality-based trauma may be at greater risk for developing PTSD or related symptoms than those whose trauma is further removed from this core aspect of their identity. We explore the potential for a sense of belonging within the greater LGBTQ+ community to serve as a protective factor and offer suggestions to better meet the unique therapeutic needs of this population.

DISSEMINATION & IMPLEMENTATION SIG

4-107

Dissemination and Pilot Evaluation of a Post-crisis Psychosocial Support Intervention to Singapore's Community and Schools

(Abstract #246)

Poster #4-107 (Commun, Clin Res, Comm/Int, Prevent, Train/Ed/Dis, Child/Adol) I - Industrialized **Roosevelt 1/2**

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Mental Health First Aid Crisis Intervention for Children and Youth (MHFA CI C&Y) is a targeted post-crisis psychosocial support intervention based on stress inoculation approaches. A pilot study was conducted to evaluate its effectiveness among children (aged 6-18) and the feasibility of training community practitioners to conduct the intervention programme. Community practitioners from schools and social service agencies in Singapore attended a 3 day training and were encouraged to practice with at least 3 children before attending a consultation session within 6 months of the training. Children (N=76) reported significant reductions in distress ratings before and after sessions. In feedback forms, 80% of children found the sessions helpful. 96% of children were able to list at least 1 coping strategy learned, and 100% were able to list sources of social support. Analysis showed that 65% of practitioners felt "well prepared" to carry out MHFA CI C&Y after the training. Challenges in implementation included low uptake on the consultation sessions, high practitioner workload, and low return rate of hardcopy questionnaires. Changes to implementation included exercising flexibility in consultation dates, sharing of success stories during consultation to encourage other practitioners to practice MHFA CICY and using online feedback forms.

4-108

Consultation Improves Utilization of Evidence-Based Practice

(Abstract #872)

Poster #4-108 (Clin Res, Clin Res, Train/Ed/Dis, Prof) M - Industrialized **Roosevelt 1/2**

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The Department of Veterans Affairs (VA) recently made consultation available to any provider who treats PTSD in Veterans, including community providers, via the PTSD Consultation Program from the National Center for PTSD. Historically, it has been difficult to measure concrete outcomes of consultation utilization, including changes in type or quality of therapy administered by those seeking consultation. Recent efforts by VA to measure clinic outcomes on a national scale have resulted in several administrative metrics targeting PTSD clinical operations. The objective of the current study was to explore whether utilization rates of a national PTSD consultation program by a VA site impacted changes in PTSD administrative data for that site. 20 VA sites were characterized as high or low consultation use sites based on the number of times they contacted the VA PTSD Consultation Program over a 12-month period between June 2016 and June 2017. The dependent measures were two site-level metrics, collected nationally, focusing on PTSD access and population coverage, that make up the national Strategic Analytics for Improvement and Learning (SAIL). Results showed that high use sites (>25 contacts/year) showed significantly more improvement in their SAIL metrics than did low use sites (<5 contacts/year). Results suggest consultation improves quality of care in VA PTSD clinics.

DIVERSITY & CULTURAL COMPETENCE SIG

4-109

Promoting Culturally Sensitive Practices for Racial and Ethnic Minority Veterans in a Trauma Services Program

(Abstract #166)

**Poster #4-109 (Practice, Assess Dx,
Cul Div, Ethnic, Mil/Vets, Adult) M - Roosevelt
Industrialized 1/2**

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The Veterans Health Administration's objectives include an emphasis on patient-centered care that is "equitable and effective" across races and cultures. APA guidelines for working with racial or ethnic minorities encourage consideration of sociopolitical factors, including experiences of racism, to provide culturally sensitive care. These experiences can significantly affect one's psychological well-being, even resulting in reactions that mirror symptoms of post-traumatic stress disorder. The Trauma Services Program (TSP) at the Washington DC VA Medical Center serves a large number of racial or ethnic minority patients. However, there is limited consistency in how TSP clinicians assess the impact of racism on veterans' trauma-related symptoms and incorporate the effects of race-related stress into therapy. In a quality improvement study, we created surveys for TSP clinicians and veterans to obtain feedback on current practices and perceived need of addressing race-related stress in the services provided. Data collection will conclude next month. Survey responses will be analyzed for common themes, with the aim of informing clinic practices and enhancing multicultural competence of TSP providers. Specific recommendations, such as queries to use during assessments, will be provided to promote uniformity in addressing race-related stress in the assessment and treatment of PTSD.

4-110

Trauma-informed Community and Youth Advisory Boards to Address Health Disparities among Refugee Communities

(Abstract #1446)

**Poster #4-110 (Res Meth, Comm/Int,
Cul Div, Refugee, Lifespan) M - Roosevelt
Industrialized 1/2**

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Community-based participatory research (CBPR) is increasingly recognized as an effective approach to address health disparities and inequities among vulnerable communities such as refugees resettled in the United States. CBPR is particularly appropriate for these groups, due to its explicit focus on genuine partnership between academics and community members, mutual learning, and the promotion of social justice. Importantly, CBPR can also help to re-establish trust in relationships that have been broken through repeated experiences of trauma. The growing popularity of CBPR has led to an increase in literature describing methods (e.g., design, implementation, etc.) and delineating lessons learned, but there remains a paucity of specific information about community and youth advisory boards (C/YABs). Inclusion of C/YABs in CBPR initiatives is one way to ensure that they are relevant and meaningful. To date, best practices for C/YABs have not been described in-depth, especially with refugee populations. This poster aims to enhance CBPR approaches to mental health promotion in refugee communities by detailing a longstanding CBPR partnership and the development of trauma-informed advisory boards to improve engagement in services and mental health outcomes. C/YABs comprised of Somali refugee adults and multi-ethnic youth in the U.S. will be used to highlight best practices.

FAMILY SYSTEMS SIG

4-111

Parental Stress as a Mediator of Internalizing and Externalizing Symptoms among Palestinian Adolescents from Israel as a Consequence of their Exposure to Community Violence

(Abstract #424)

Poster #4-111 (Social, CPA, Comm/Vio, DV, Child/Adol) A - Industrialized **Roosevelt 1/2**

Ali-Saleh Darawshy, Neveen, Haj-Yahia, Muhammad
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This paper presents partial results of a large-scale study that examined exposure to community violence (ECV) as a traumatic experience among parents and their adolescent offspring, and focuses on the association between adolescents' ECV and externalizing and internalizing symptoms, and whether parental stress mediates this association. A systematic random sample of 760 Palestinian parent-adolescent dyads from Israel filled out a self-administered questionnaire. The findings revealed that most of the Palestinian adolescents had witnessed community violence, and over one-third of them had directly experienced such violence during their lifetime. Greater exposure to community violence was associated with higher levels of internalizing and externalizing symptoms among Palestinian adolescents. Additionally, parental stress partially mediated the correlation between the adolescents' direct experience with community violence and both internalizing and externalizing symptoms, and it fully mediated the correlation between the parents' direct experience with community violence and both internalizing and externalizing symptoms among the adolescents. The results of the study highlight the need for intervention programs, focus on intergenerational activities and on encouraging positive interpersonal relations between parents and their offspring, aimed at reducing parental stress.

4-112

Improving Engagement and Outcomes in Evidence-based Psychotherapy for PTSD Utilizing a Single Family Information Session

(Abstract #929)

Poster #4 - 112 (Practice, Fam/Int, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Department of Veterans Affairs (VA) policy requires certain providers discuss veterans' interest in family involvement in their mental health care. Research has demonstrated that veterans are interested in family involvement in their treatment (Batten et al., 2009). The current study evaluated the impact of family inclusion on treatment completion and outcomes. Veterans (N=1001) participating in a VA outpatient PTSD program were offered a one-time family educational session as a part of their treatment prior to or during Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE); 421 requested to schedule a family information session and 143 attended. We compared treatment completion rates and treatment outcomes (PTSD Checklist-DSM 5) by family session completion. A hierarchical logistic regression demonstrated that the family information session predicted completion of PE or CPT, above and beyond demographic variables ($\chi^2(3, N=1000)=45.398, p=.000$). However, completion of a family information session was not related to treatment outcomes ($F(1, 370)=1.819, p=.178$). Findings demonstrate that including veterans' families in the treatment process may play an important role in ensuring completion of evidence-based trauma-focused therapy. Treatment outcome did not differ significantly between groups but did indicate that trauma-focused therapy was beneficial across our sample.

GENDER & TRAUMA SIG

4-113

Trauma and Intimate Partner Violence Perpetration: Associations with Gender
(Abstract #230)

Poster #4-113 (Commun, Aggress, Clinical Practice, DV, Gender, Adult) I - N/A **Roosevelt 1/2**

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Individuals who engage in intimate partner violence (IPV) report high levels of exposure to traumatic events, and PTSD symptoms are associated with IPV perpetration in the general population, among military veterans, and in IPV treatment samples. To date, most IPV research has examined men, and less is known about gender similarities or differences in the links between trauma, PTSD, and IPV perpetration. The current study extends previous research by comparing a racially diverse matched sample of women (n=32) and men (n=64) attending a community-based IPV Intervention Program to examine gender differences in trauma exposure and probable PTSD diagnosis, and to determine whether the association between PTSD and IPV perpetration vary by gender. Results indicate that women had significantly higher rates of exposure to IPV victimization and higher rates of probable PTSD than men. However, gender did not significantly moderate the associations between PTSD symptoms and IPV perpetration. The findings offer important insights regarding the needs of women offenders in IPV treatment, an under-studied population in the IPV field, and highlight the need to provide trauma-informed and gender-responsive treatment to individuals who engage in IPV.

4-114

Associations between Childhood Abuse and Suicide Attempts among OIF/OEF Veterans: Differences between Male and Female Veterans
(Abstract #892)

Poster #4-114 (Assess Dx, CPA, CSA, Roosevelt Mil/Vets, Gender, Adult) I - N/A 1/2

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Suicide rates among veterans have increased significantly since the onset of OEF/OIF (LeardMann et al., 2013). Childhood trauma is a potent risk factor for suicidal behavior for men and women (e.g., Bruffaerts et al., 2010). Women are more likely to attempt suicide and experience child abuse (Nock et al., 2008). However, little is known about the differential association between child abuse and suicide among male and female veterans. This study examined the association between childhood trauma, using the Childhood Trauma Questionnaire, and suicide attempts, using the Self-Injurious Thoughts and Behavior Interview and medical records, in a longitudinal registry of 824 male and 825 female OIF/OEF veterans. Female veterans reported greater exposure to all forms of childhood trauma (all $p < .001$), except physical neglect ($p = .543$). However, female veterans were not more likely to make a suicide attempt ($p = .53$). Childhood emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect were each predictive of suicide attempts among female veterans (all $p < .05$), but only childhood sexual abuse was predictive among male veterans ($p = .010$). Results highlight the important role of gender in understanding the association between childhood trauma and suicide risk among veterans, and could help tailor risk assessment.

GENOMICS & TRAUMA SIG

4-115

Genetic Variation Shapes Sensitive Periods
(Abstract #1531)

Poster #4-115 (Prevent, CPA,
Complex, Depr, Genetic, Lifespan) A
- Industrialized

Roosevelt
1/2

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Environmental factors including childhood maltreatment and genetic predisposition shape the risk for psychiatric disorders. Emerging evidence points to the presence of narrow sensitive exposure periods, however, it remains unclear how genetic variation may influence the shape of sensitive periods and thus the risk for psychopathology. We genotyped a well-characterized sample (N=473) of individuals exposed to childhood maltreatment for FKBP5 rs1360780, a marker for altered response of HPA-axis and increased risk for psychopathology in response to childhood abuse. Maltreatment and Abuse Chronology of Exposure Scale and random forest regression, were used to identify sensitive periods in individuals with functionally diverse genotypes. In line with prior results, rs1360780 moderated the risk to develop major depression in response to childhood maltreatment. We were able to reaffirm our previously reported findings of adolescence, in particular ages 14-15, being a sensitive period for risk to develop MDD ($t_9=5.41$, $p<10^{-7}$). Interestingly, we detected an additional sensitive period in the minor allele carriers at age 7 (t_9 , $p<0.005$) which was not present in individuals with the major allele genotype. In this study, we provide first evidence for how genetic variants in FKBP5, an environmentally sensitive gene that regulates the HPA axis, shape sensitive periods for major depression.

4-116

Longitudinal Associations of Telomere Length in Sexually Assaulted Women Diagnosed with PTSD
(Abstract #524)

Poster #4-116 (Bio Med, Health,
Rape, Aging, Genetic, Adult) M -
Latin Amer & Carib

Roosevelt
1/2

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BACKGROUND: Some studies suggest that longer baseline telomere length (TL) predicts better health outcomes. However, this hypothesis has not been tested in psychiatric studies. We aimed to verify whether longer TL is associated with attenuation of PTSD symptoms and better treatment response.

METHODS: Female rape victims aged 18-45 years with PTSD were enrolled in our study and invited for 1-year of treatment (antidepressant and/or psychotherapy). Blood samples for telomere analysis were collected at baseline (n=35) and at follow-up (1-year; n=17). We assessed symptomatology at baseline, at the 14th week of treatment and at follow-up with the Clinician Administered PTSD Scale (CAPS-5), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). TL was calculated employing the ratio between telomere repeat copy number to single-copy gene number (T/S).

RESULTS: Although women treated in the study showed significant attenuation of psychiatric symptoms, we did not find any association with baseline TL ($p>0.05$). At follow-up some women showed increase or maintenance of TL, but again unrelated to treatment response and attenuation of symptoms.

CONCLUSION: We reason that TL is not a predictor of better treatment response in PTSD, nor an indicator of resiliency to PTSD. Further research is warranted to confirm whether TL predicts better outcome in psychiatric treatment.

INTERGENERATIONAL TRANSMISSION OF TRAUMA & RESILIENCE SIG

4-117

The Hmong People in the U.S.A and Trauma: Ripple Effects through Individuals, Generations, and Society

(Abstract #1333)

**Poster #4-117 (Practice, Cul Div,
Refugee, Intergen, Older) I - N/A** **Roosevelt
1/2**

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The Hmong have a long history of war, bereavement, and displacement that has attributed to the development of mental health disorders. Intergenerational depression, post-traumatic stress disorder, anxiety disorders, and acculturation difficulties have been reported, and to a greater degree elderly people. Mental health literacy is an important component of promoting mental health, yet there is a paucity of information on mental health in the Hmong population. We administered a Hmong-adapted version of the PTSD Checklist for DSM-5 within the community-dwelling Hmong adults aged 65 and older to gather data on the prevalence of PTSD symptoms in the Hmong elderly population. Also, we examined the impact of trauma (particularly the Vietnam War and resettlement) at the individual level, generational level, and societal level through interviews. Preliminary results suggest a limited understand of PTSD in the Hmong community, yet strikingly symptomatic elderly population and their impact on the resiliency of their children and grandchildren, and advancement of the society. Barriers to care include lack of education, trust in providers, and the stigma of mental health. Therefore it is important to empower this population to understand mental illnesses and the services in the community.

4-118

Trauma Symptoms in Children Exposed to Intimate Partner Violence: The Role of Appraisals

(Abstract #412)

**Poster #4-118 (Clin Res, Cog/Int, DV, Roosevelt
Child/Adol) I - Industrialized** **1/2**

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Children exposed to intimate partner violence (IPV) are at increased risk for developing trauma symptoms. However, mechanisms through which children develop trauma symptoms are not well understood. Children's appraisals of parental conflict as threatening mediate the development of internalizing behaviors in IPV-exposed children, but no research has examined whether appraisals mediate the relationship between IPV and trauma symptoms. The current study uses data from 119 mother-child dyads who participated in a longitudinal study of IPV from pregnancy to 10 years postpartum. Preliminary analyses show that amount of lifetime IPV exposure is positively associated with number of trauma symptoms at age 10 ($r = .26, p = .01$). In addition, children exposed to more lifetime IPV also perceive parental conflict as more threatening ($r = -.22, p = .05$). Structural equation modeling will be used to test whether 10-year-old children's negative appraisals about parental conflict mediate the association between lifetime IPV exposure and age 10 trauma symptoms. The influence of parent-child relationship quality and sex will be examined as potential moderators. Children's appraisals about parental conflict may be an important target for intervention in children exposed to IPV.

INTERNET & TECHNOLOGY SIG

4-119
Satisfaction and Feasibility of Integrated Web and Video-to-Home Treatment Delivery
(Abstract #389)

Poster #4-119 (Tech, Clin Res, Train/Ed/Dis, Adult) M - Industrialized **Roosevelt 1/2**

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Many Veterans face barriers to receiving in-person mental healthcare within the Veterans Health Administration (VHA) that could be addressed through technology. Eleven Veterans participated in a pilot study examining the implementation of webSTAIR, an integrated program that delivers STAIR (Skills Training in Affective and Interpersonal Regulation) in an online format with simultaneous, video-to-home (VTH) therapist support. Participants completed a semi-structured exit interview assessing satisfaction and feasibility upon program completion. Overall, Veterans were very satisfied with the integrated treatment delivery and reported good working alliance with therapists (WAI M=6.45, scale 1-7). Veterans cited lack of time spent driving and the comfort of receiving care at home as advantages over in-person care. Although all participants experienced some technological difficulties with VTH or using the program website, participants emphasized the importance of the integrated delivery of care; all participants stated that it was somewhat (n=3) or very (n=8) important to be able to see the therapist via video, and they would be somewhat (n=1) or very (n=10) likely to try another therapy program that includes videos and/or is delivered online. This pilot study supports integrated web and VTH as an acceptable and feasible modality for increasing mental healthcare access to Veterans.

4-120
Health Technology Preferences among Undergraduate Students with Mood, Anxiety and Trauma Disorders
(Abstract #1248)

Poster #4-120 (Clin Res, Tech, Adult) I - N/A **Roosevelt 1/2**

Brooks, Emily, Tompkins, A. Madison, Hildreth, Paige, Zelikovsky, Nataliya
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Mobile applications (apps; e.g. PTSD Coach) have been used to manage clinical symptoms. Recently, health apps have been used to monitor and improve health behaviors like physical activity, sleep and eating. Young adults with a college education show the greatest interest in mobile health technology and are particularly vulnerable to developing mental health problems. The current study explored whether undergraduate students (UGS) with mood, anxiety or trauma-related disorders are more likely to use apps for stress management/relaxation (SM/R), sleep, and mood. UGS (n=156) were surveyed about their use of health apps and current mental health conditions, with 28% endorsing at least one diagnosis of depression, anxiety or PTSD. UGS with PTSD reported only using apps to monitor or improve sleep while UGS with depression and/or anxiety used apps to manage stress, sleep and mood. The presence of depression and/or anxiety (20%) as compared to no diagnosis (.05%) was significantly related to use of apps for SM/R ($X^2(1, N = 6) = 6.6, p = .01$) but not use of apps for sleep or mood. These results provide evidence that UGS with mental health conditions use apps to manage symptoms and future research could explore whether health apps improve these symptoms.

**LESBIAN, GAY, BISEXUAL &
TRANSGENDER (LGBT) SIG**

4-121

**Exploring Trauma in a Vulnerable
Population: Event Centrality and Symptoms
of Posttraumatic Stress Disorder in a
Transgender Sample**

(Abstract #1073)

**Poster #4-121 (Pub Health, Cul Div, Roosevelt
Gender, Adult) I - Industrialized 1/2**

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Event centrality (EC) refers to the salience of an event to an individual's identity and the degree to which the event is integrated into one's life story (Berntsen & Rubin, 2006). Previous research has found a correlational relationship between event centrality (EC) and PTSD symptoms. Some scholars have argued that experiencing traumatic events associated with an individual's minority identification may increase risk for developing psychopathology as it "strikes the core of one's selfhood" (Bryant-Davis & Ocampo, 2005, p. 480). However, previous research has yet to examine the role of EC in a transgender population, a group at particularly high risk for violence, victimization, and trauma. The present study examined PTE exposure and the perceived centrality of events as potential predictors of PTSD symptom severity. Analyses indicated that these factors significantly predicted PTSD symptom severity [$R^2 = .21$, $F(2,194) = 25.70$, $p < .001$] and EC predicted PTSD symptom severity above and beyond PTE exposure, uniquely explaining 42% of the variance in PTSD symptomatology. Both PTE exposure and EC were positively associated with PTSD symptom severity ($\beta = .14$, $p < .05$; $\beta = .43$, $p < .001$) indicating that increased exposure and centrality were associated with greater symptom severity.

MILITARY SIG

4-123

Examining the Association between Wartime Atrocity Exposure and Psychotherapy Utilization among OEF/OIF Veterans
(Abstract #1044)

Poster #4-123 (Assess Dx, Assess Dx, Roosevelt Mil/Vets, Adult) I - N/A 1/2

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Exposure to a wartime atrocity predicts negative psychological outcomes for veterans, including PTSD and depressive symptom severity and alcohol/substance misuse. Given the guilt and shame associated with exposure to wartime atrocity, these individuals may be less likely to engage in psychotherapy. We evaluated this hypothesis using data from 524 OEF/OIF veterans with PTSD participating in a national, longitudinal registry. PTSD diagnosis was determined by clinical interview, and exposure to 10 types of wartime atrocity was assessed via self-report. Twenty percent of the sample reported participating in an atrocity, and 36% reported witnessing but not participating. Data were extracted from participants' VA medical records to identify individual and group psychotherapy visits in the four years after baseline. Contrary to expectations, individuals who reported witnessing or participating in an atrocity were significantly more likely to receive a minimally adequate dose of psychotherapy in the subsequent four years (defined as at least nine visits in 15 weeks; Seal et al., 2010). This finding remained when covarying for demographic characteristics, combat exposure, and depression and PTSD symptom severity. We will discuss possible explanations for

these results in the context of veteran treatment utilization.

4-124

Firearm Ownership and Suicide: Results from the Army Study to Assess Risk and Resilience among Service Members (Army STARRS)
(Abstract #470)

Poster #4-124 (Prevent, Pub Health, Roosevelt Mil/Vets, Adult) M - N/A 1/2

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Objectives. To identify the extent to which firearm ownership, ease of access, and storage are risk factors for suicide among service members. Methods. Data are from the Army STARRS. Next of kin and first line supervisors of soldiers who died by suicide (N = 168) compared to matched controls (N = 389) provided data via structured interviews. Suicide method was identified from linkage to administrative data (DODSER). Multivariate logistic regression was used to examine the association between firearm ownership and suicide death. Results. Family members of soldiers who died by suicide reported soldiers were at a significantly higher risk of suicide if they had a handgun in working condition in their home (OR = 2.3 (1.2, 4.5)), stored a loaded gun with ammunition at home (OR = 4.5 (2.0, 9.9)) or if they carried a gun out in their neighborhood (OR = 3.7, (1.6, 8.4)). Conclusions. In a population familiar and trained in firearm use, simple ownership of a firearm did not predict suicide risk. This might be due to the wide variety of reasons for owning a firearm (e.g., protection, hunting). However, ownership-related factors, such as storage of a loaded handgun and carrying a handgun in public were associated with increased risk of suicide. These findings suggest that factors related to immediate accessibility rather than weapon ownership may be more relevant to predicting suicide.

MORAL INJURY SIG

4-125

Morally Injurious Events and Veterans' Social Functioning: The Role of Anger as a Mediator

(Abstract #1434)

Poster #4-125 (Clin Res, Clin Res, Mil/Vets, Adult) I - N/A Roosevelt 1/2

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Objective: Veterans with PTSD frequently report challenges with their interpersonal relationships. Exposure to morally injurious events (MIE) may play an important role in creating these interpersonal difficulties. It is also possible that the experience of MIE may influence expressions of anger, which in turn damages interpersonal relationships. This study aimed to investigate whether expressed anger mediated the relationship between three facets of MIE (Transgressions by Self, Transgressions by Other, and Betrayal) and social functioning (SF).

Methods: Self-report data from 157 treatment-seeking veterans was collected prior to starting an intensive outpatient program for PTSD. Intake self-report measures assessed anger, MIE, and social functioning. Three mediation models were conducted using Hayes' PROCESS macro.

Results: We found significant indirect effects between Transgressions by Self and SF ($B = -.015$, $SE = .008$, 95% CI $[-.033, -.001]$) via anger and between Betrayal and SF ($B = -.027$, $SE = .015$, 95% CI $[-.060, -.004]$) via anger.

Conclusion: Veterans who reported committing transgressions and perceived betrayal by other veterans reported more anger, which was associated with worse social functioning. Addressing anger in therapy may aid in improving veterans' interpersonal relationships, particularly for those with MIE exposure.

4-126

A Longitudinal Mixed Methods Investigation Comparing Potentially Morally Injurious Events and Moral Injury Expressions in Military Veterans

(Abstract #1312)

Poster #4-126 (Assess Dx, Chronic, Clin Res, Complex, Mil/Vets, Adult) I - N/A Roosevelt 1/2

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A growing body of research has rendered new insights into the diversity of experiences and related behavioral, emotional, and spiritual signs of moral injury (MI) in military populations. However, there is a dearth of mixed methods approaches that examine the degree to which the manifestation of MI expressions are related to phenomenal experiences of service members and veterans (SM/Vs). Employing an explanatory sequential mixed methods design (Creswell & Plano Clark, 2011) with the newly developed Expressions of Moral Injury Scale—Military Version (EMIS-M; Currier et al., 2017), this study compares expressions of MI with salient themes identified via semi-structured qualitative interviews with 40 SM/Vs. Content analyses from interviews generated nine themes within three superordinate categories (Betrayal, Transgression-Self, Transgression-Other). Twenty percent of the transcripts were independently coded ($k = .85$) in NVivo 11 by two psychology research assistants with expertise in MI, and remaining interviews will be coded independently with validity checks. Finally, independent t-tests will be conducted to examine whether discussion of qualitative themes related to MI events are associated with responses on EMIS-M at two assessments spaced apart by six months. Results may provide novel insights into the way SM/V's lived experiences map onto self-reported expressions of MI.

RESEARCH METHODOLOGY SIG

4-127

Am I an Island? A Network Analysis Exploring Social Landscapes after Childhood Violence

(Abstract #965)

Poster #4-127 (Res Meth, CPA, CSA, Comm/Int, Res Meth, Adult) A - Industrialized **Roosevelt 1/2**

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Exposure to violence during childhood can have severe long-term consequences for social relationships. In the current study, we sought to disentangle some of the phenomena involved by utilizing a network approach to childhood violence victims' perceptions of their social landscapes in young adulthood. We compared perceived positive social support in a sample of 506 violence-exposed cases and 504 controls (17-35 years of age). We used network analysis to describe the connections between perceived positive social support, social support barriers, violence-related shame, childhood family cohesion, and perceived negative responses from others, in cases exposed to childhood violence. Individuals exposed to violence during childhood reported poorer perceived positive social support in adulthood compared to those who were not exposed. Among the core aspects of the network describing the social landscapes of those exposed to childhood violence were "having enjoyed spending time with one's childhood family," and "having experienced others pulling away after the violence," the latter being associated with both shame and barriers to social support. Experiences with one's family of origin can have long-term consequences on social landscapes in young adulthood. In addition, victimized individuals may be particularly sensitive to responses from other people.

4-128

Trauma, Trauma, Trauma: The Reliability of Measuring Trauma Three Ways, through Questionnaire, Interview, and Online

(Abstract #1552)

Poster #4-128 (Res Meth, Assess Dx, Adult) I - Industrialized **Roosevelt 1/2**

Gaskin, Jessica, Robinson, Janelle, Adams, Shane, Muradwij, Nawal, Allwood, Maureen

John Jay College, CUNY, New York, New York

Reluctance to disclose sensitive information about oneself is a common phenomenon (Fendrich & Vaughn, 1994). However, the validity of research findings relies on such disclosures. Accuracy and consistency of participant disclosure of trauma information is particularly problematic because of a propensity to avoid reminders of the trauma. To increase knowledge as to whether different information gathering methods are differentially associated with trauma disclosure, this study examined variations in trauma reporting across three assessment methods; clinical interviews, in-person questionnaires, and online questionnaires. As part of a larger study, a sample of over 1000 college students completed the UCLA PTSD Index (Time 1). In a follow up study, approximately 10% of the sample (n=104) completed interviews as well as the PTSD-Index (Time 2). Preliminary analysis of Time 2 data shows a 22.39% disagreement rate between interview and questionnaire reports of potentially traumatic events. Overall, participants seem to under-report events on the questionnaire. In the weeks to come, the Time 2 sample will be followed up via an online survey. Final analyses will examine the concordance of any trauma disclosure across methods (i.e., interview, in-person questionnaire, online questionnaire). We will also examine concordance of types of traumas reported across methods and over time.

SLEEP DISORDERS & TRAUMATIC STRESS SIG

4-129

Alcohol Use Disorders and Insomnia Mediate the Association between PTSD Symptoms and Suicidal Ideation in Korean Firefighters
(Abstract #9)

Poster #4-129 (Clin Res, Chronic, Sub/Abuse, Adult) M - E Asia & Pac **Roosevelt 1/2**

Kim, Johanna, Park, Hyeon, Kim, Jeong-Hyun
Seoul National University Bundang Hospital, Sungnam, Republic of Korea

Objective: There has been a strong association between post-traumatic stress disorder (PTSD) and suicide, which are both major mental health concerns in firefighters. Alcohol use disorders (AUDs) and insomnia are linked with both PTSD and suicide, but no studies have examined whether the relationship between PTSD and suicide can be explained by AUDs and insomnia. We investigated the mediating role of AUDs and insomnia in the relationship between PTSD and suicidal ideation

Methods: A total of 7151 Korean firefighters filled out self-report questionnaires regarding the number of trauma experienced, PTSD symptoms, suicidal ideation, alcohol use problems and insomnia. Hierarchical multivariable linear regression and path analyses were performed.

Results: AUDs and insomnia showed significant associations with suicidal ideation, even after adjusting for demographic factors, number of traumatic events, and PTSD symptoms. The relationship between PTSD symptoms and suicidal ideation was partially mediated by AUDs and insomnia. AUDs also had both indirect and direct effects on suicidal ideation, with the indirect effect mediated by insomnia.

Conclusions: We presented a model in which AUDs and insomnia mediate the relationship between PTSD symptoms and suicidal ideation. Efforts to treat AUDs and alleviate insomnia could be beneficial in minimizing suicidal ideation in firefighters.

4-130

Nocturnal Olfactory Stimulation Improves Sleep Quality in Patients with Posttraumatic Stress Disorder: an Exploratory Intervention Trial
(Abstract #369)

Poster #4-130 (Practice, Clin Res, Bio/Int, QoL, Sleep, Adult) A - Industrialized **Roosevelt 1/2**

Donner, Laura, Schellong, Julia, Hähner, Antje, Weidner, Kerstin, Hummel, Thomas, Croy, Ilona
Technical University Dresden, Dresden, Germany

Posttraumatic stress disorder is associated with nightmares and sleep impairment. We hypothesized that nocturnal olfactory stimulation may improve sleep patterns in PTSD.

40 inpatients with PTSD completed a patient-blind, placebo-controlled, randomized trial. Baseline measurements for 5 consecutive nights was followed by a five-night experimental intervention (nocturnal odor presentation) or placebo trial (clean air presentation). Nocturnal olfactory stimulation was performed with a pleasant odor via an odorized nasal clip or an olfactometer. Standardized questionnaires assessing sleep parameters and dream content were completed by the participants after each night. Sleep onset latency, wakefulness and sleep efficiency were monitored during each night with a motion biosensor. PTSD severity was related to generally poorer sleep outcomes. The olfactory intervention resulted in reduced sleep onset latency. Patients of the odor condition reported reduced dream intensity, improved feeling of recovery and higher sleep efficiency as compared to the placebo condition. However, this effect was limited to those patients who used the nasal clip instead of the olfactometer.

The study indicates that nocturnal odorization may serve as a concomitant intervention to improve sleep quality in PTSD. Further research is necessary to support the preliminary results in a larger sample.

**TERRORISM & BIOTERRORISM
RELATED TRAUMA SIG**

4-131

Predicting PTSD Symptoms in World Trade Center Responders in the Second Decade after 9/11

(Abstract #637)

Poster #4-131 (Self-Care, Surv/Hist, Terror, Aging, Adult) I - Industrialized Roosevelt 1/2

Hirschowitz, Chloe¹, Diab, Olivia¹, Cahn, Leah², Aaronson, Cindy², Pietrzak, Robert³, Feder, Adriana¹
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Of the tens of thousands of responders who worked in rescue, recovery, and clean-up efforts after the 9/11/2001 World Trade Center (WTC) attacks, an estimated 10% experience chronic WTC-related posttraumatic stress disorder (PTSD) more than 15 years post-9/11. In this study, we evaluated pre-, peri-, and post-trauma factors associated with current WTC-related PTSD symptoms in a diverse cohort of WTC responders. A total of 373 WTC rescue, recovery, and clean-up workers (mean age=54, 82% male, 53% police/47% other responders (e.g., construction workers) were assessed using in-person structured clinical interviews (CAPS) and self-report questionnaires. Results of a hierarchical linear regression analysis revealed that stressful life events since 9/11 ($\beta = 0.28, p < .01$), childhood trauma severity ($\beta = 0.22, p < .01$), psychiatric diagnosis prior to 9/11 ($\beta = 0.18, p < .01$), WTC exposure severity ($\beta = 0.16, p < .01$), police responder status ($\beta = -0.16, p < .01$), and number of lifetime traumas ($\beta = 0.15, p < .05$) emerged as independent correlates of current WTC-related PTSD symptoms ($R^2 = 0.45, p < 0.01$). Results of this study provide a comprehensive risk prediction model for WTC-related PTSD symptoms in WTC responders, and underscore the importance of lifespan developmental approaches to informing the prevention, identification and treatment of PTSD in this and other disaster response populations.

4-132

Re-experiencing Symptoms Linked to Elevated C-reactive Protein Levels in World Trade Center Responders

(Abstract #1084)

Poster #4-132 (Bio Med, Bio Med, Health, Illness, Terror, Adult) I - Roosevelt 1/2 N/A

Collins, Abigail¹, Diab, Olivia¹, Kautz, Marin¹, Horn, Sarah¹, Feder, Adriana¹, Pietrzak, Robert²
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Thousands of individuals participated in recovery efforts following the 9/11/2001 attacks on the World Trade Center (WTC), with 10% continuing to suffer from WTC-related posttraumatic stress disorder (PTSD), which may increase risk for cardiovascular disease in this aging population. This study examined the relation between trauma, WTC-related PTSD symptoms, and systemic inflammation by measuring plasma high-sensitivity C-reactive protein (hs-CRP) levels, a marker of cardiovascular disease risk, in 216 police and 152 non-traditional WTC responders, who were assessed an average of 14 years post-9/11 (mean age=54.0; 81.8% men). Multivariable regression analyses evaluated trauma-related correlates of hs-CRP levels and clinically elevated hs-CRP levels ($> 3\text{mg/L}$). After adjustment for sociodemographics, trauma exposure, and medical variables, greater severity of WTC-related re-experiencing symptoms was associated with higher hs-CRP ($\beta = 0.13$) and clinical elevated CRP (odds ratio [OR]=1.03) levels. Post-hoc analyses revealed that these effects were driven by emotional reactivity to WTC-related trauma cues ($\beta = 0.15$ and OR=1.15, respectively). These results suggest that chronic WTC-related re-experiencing symptoms of PTSD are linked to elevated hs-CRP levels in WTC responders, and that therapeutic mitigation of these symptoms may help reduce risk for inflammatory conditions in this population.

THEORY & TRAUMATIC STRESS STUDIES SIG

4-133

Longitudinal Associations between Coping Self-efficacy and Sleep Impairment in Treatment-seeking Trauma Survivors: A Cross-lagged Mixed Effects Analysis
(Abstract #869)

Poster #4-133 (Clin Res, Clin Res, Sleep, Mil/Vets, Theory, Lifespan) M - Industrialized **Roosevelt 1/2**

Harwell, Aaron, Shoji, Kotaro, Kasza, David, Benight, Charles
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Coping self-efficacy (CSE) is a key determinant of posttraumatic adaptation driving self-regulation to meet environmental demands. Sleep is a fundamental contributor to self-regulation. Despite this knowledge, the nature and directionality of the relationship between sleep impairment and CSE remains unclear. The current study investigated sleep impairment and CSE in 134 treatment-seeking trauma survivors (82 women) ranging from age 15 to 74 (M = 38.2, SD = 14.6). Participants completed sleep impairment and trauma CSE questionnaires at intake, 3, and 6-months. A lagged mixed-effects model revealed that CSE increases were associated with successive sleep impairment decreases, $B = -.14$, $AIC = 1039.31$. Compared to the null hypothesis model without CSE, the alternative hypothesis model with CSE was a better model, $2(3) = 35.19$, $p < .001$. Results of another lagged mixed-effects model showed that sleep impairment increases were related to CSE reduction, $B = -.32$, $AIC = 1537.67$. Again, the alternative hypothesis model with sleep impairment was a better model than the null hypothesis model without sleep impairment, $2(3) = 19.20$, $p < .001$. The comparison of AIC indicated that CSE might have a stronger impact on sleep impairment, although CSE and sleep impairment influenced each other over time.

4-134

Is Emotion Dysfunction Always Dysfunctional?: A Test of the Moderating Role of Race/Ethnicity in the Relations among Difficulties Regulating Positive Emotions and Alcohol, Drug, and Tobacco Use
(Abstract #1319)

Poster #4-134 (Clin Res, Cul Div, Ethnic, Sub/Abuse, Adult) I - Industrialized **Roosevelt 1/2**

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Latinx and African American individuals experience more severe substance-related problems than White individuals (McCabe et al., 2017). Emotion dysfunction is considered a key mechanism in the etiology, maintenance, and treatment of substance use (Weiss et al., 2015). However, existing research has not considered the role of race/ethnicity in the relation between emotion dysfunction and substance use. Further, past studies examining emotion dysfunction and substance use have predominantly focused on emotion dysfunction through negative (versus positive) emotions. Addressing these limitations, this study examined (1) differences in difficulties regulating positive emotions among Latinx, African American, and White individuals; and (2) the moderating role of race/ethnicity in the association between difficulties regulating positive emotions and substance use (i.e., alcohol, drug, and tobacco use). Participants were 210 female victims of domestic violence (M age=36.14; 48.6% African American, 29.5% White, 16.2% Latinx). Relations among difficulties regulating positive emotions and substance use were significant for Latinx and White women. Race/ethnicity moderated an association between difficulties regulating positive emotions and substance use. The unique needs of racially/ethnically diverse individuals should be considered in the development of interventions for substance use.

TRAUMA ASSESSMENT & DIAGNOSIS SIG

4-135

A Psychometric Evaluation of the Moral Injury Events Scale and Moral Injury Questionnaire-Military Version in Veterans and Soldiers

(Abstract #829)

Poster #4-135 (Assess Dx, Res Meth, Mil/Vets, Theory, Adult) M - Industrialized | **Roosevelt 1/2**

Frankfurt, Sheila¹, Mcguire, Adam¹, Donnellan, Brent², Litz, Brett³, Meyer, Eric⁴, Riviere, Lyndon⁵
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Moral injury is a bio-psycho-socio-spiritual syndrome that describes the harmful effects of acting or failing prevent actions that violate deeply held norms (i.e., moral injury events [MIE]) (Frankfurt & Frazier, 2016). Currently there are two self-report measures of MIEs: (1) Moral Injury Events Scale (MIES; Nash et al., 2013) and (2) Moral Injury Questionnaire-Military Version (MIQM; Currier et al., 2013); however, both instruments have been criticized for being ambiguous and confounding exposure to MIEs and effects (i.e., subjective reactions) of MIEs. There are few data evaluating both of these measures in the same sample to guide clinicians and researchers in determining which instrument to use. The current project psychometrically evaluated the MIES and MIQM in samples of Veterans (N = 500) and Soldiers (N = 800) at two time points using exploratory and confirmatory factor analysis, and tests of reliability and construct validity. Preliminary results did not replicate previously published factor structures of MIES or MIQM and suggest caution when using these measures. The current study will pilot data to create new measures of MIE exposure and MIE effects by refining the existing measures. Empirically based recommendations for the assessment of MIEs will be discussed.

4-136

Clinical Implications of the Proposed ICD-11 PTSD Diagnostic Criteria: Results from the International Consortium to Predict PTSD

(Abstract #521)

Poster #4-136 (Assess Dx, Clinical Practice, Adult) M - Global | **Roosevelt 1/2**

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⁵*New York University Langone Medical Center, New York, New York*

Objective: Posttraumatic stress disorder (PTSD) diagnostic criteria in the upcoming ICD-11 were substantially changed from the current ICD-10. This study aimed to compare the prevalence and severity of cases identified by each template.

Methods: ICD-10 and ICD-11 diagnostic rules were applied to the Clinician-Administered PTSD Scale (CAPS) in 3,863 trauma survivors evaluated in 11 longitudinal studies to derive ICD-10 and ICD-11 diagnoses longitudinally for up to 15 months post-trauma.

Results: While over 97% of ICD-11 cases met concurrent ICD-10 criteria, the ICD-11 identified only about half of the cases identified by ICD-10. CAPS scores of ICD-11 cases were significantly higher than scores of ICD-10 only cases, but these cases were still characterized as having moderate PTSD. The ICD-11 identified similar or higher comorbid mood and anxiety disorders compared to the ICD-10. Participants identified by either ICD-10 or ICD-11 shortly after traumatic events had similar longitudinal course.

Conclusions: Significantly fewer cases of PTSD will be identified by the proposed ICD-11 criteria. Though it identifies more severe cases, the ICD-11 fails to identify a substantial proportion of individuals experiencing PTSD symptoms. Use of the ICD-11 criteria will have critical implications for case identification in clinical practice, national reporting, and research.

TRAUMA & SUBSTANCE USE DISORDERS SIG

4-137

Associations between Adverse Childhood Experiences, Intimate Partner Violence, Posttraumatic Stress Disorder, and Discrimination with Alcohol Use Disorder among Diverse Women

(Abstract #1109)

Poster #4-137 (CulDiv, CPA, DV, Social, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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Background: Trauma, posttraumatic stress disorder (PTSD) and discrimination have all been associated with alcohol use disorder (AUD), which is on the rise among women. This study extended the existing literature by testing these correlates of AUD together among stratified samples of non-Hispanic White (N=10,896), non-Hispanic Black (N=4,150), and Hispanic (N=3,537) women in order to develop a more diverse evidence base of knowledge. Methods: Data were used from wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Results: In the adjusted models, only past year gender discrimination was positively associated with past year AUD (PY-AUD) for all three racial/ethnic groups of women. Childhood physical abuse, living with a household member with a substance abuse problem before age 18, and experiencing intimate partner violence were associated with PY-AUD among non-Hispanic White and non-Hispanic Black women. Living with a household member who was incarcerated before age 18 was associated with PY-AUD for Hispanic women. Past year PTSD was associated with PY-AUD for non-Hispanic Black women. Discussion: These findings suggest more differential than universal correlates of AUD among Non-Hispanic White, non-Hispanic Black, and Hispanic women. Findings suggest that reducing gender discrimination may help prevent AUD among diverse women in the United States.

4-138

Using Client Language to Explore Mechanisms of Change in Cognitive Behavioral Therapy for Comorbid Substance Use and Post-traumatic Stress

(Abstract #1422)

Poster #4-138 (Clin Res, Cog/Int, Comm/Int, Sub/Abuse, Tech, Adult) I - N/A **Roosevelt 1/2**

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Co-occurrence of post-traumatic stress disorder (PTSD) and substance use disorder (SUD) is associated with more severe SUD and worse SUD treatment outcomes. We used the Linguistic Inquiry and Word Count (LIWC) program to investigate mechanisms of change in therapy for comorbid PTSD/SUD. The LIWC measures use of speech categories, allowing objective quantification of language used in therapy. We analyzed patient language in both a novel therapy integrating cognitive processing with Cognitive Behavioral Therapy (CBT) for SUD and a control condition using only CBT for SUD. We expected the novel therapy to evoke higher levels of negative emotion language than CBT. We also explored the predictive capacity of language use for treatment outcomes. We analyzed transcripts of therapy sessions drawn from a randomized, controlled trial investigating the novel therapy. We used t-tests to compare positive and negative emotional language across therapies, and entered several theoretically relevant LIWC categories into regressions predicting treatment outcome scores. Unexpectedly, there was more positive emotion language in the control therapy. Additionally, positive emotion language correlated with better SUD treatment outcomes. We conclude that patient language use was significantly affected by therapy type and that language use correlated significantly with treatment outcomes.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

TRAUMA, HEALTH & PRIMARY CARE SIG

4-139

Reducing Intimate Partner Violence (IPV) among Women: Understanding Contextual Barriers and Facilitators to IPV Screening Practices in an Integrated Health Care System

(Abstract #635)

Poster #4-139 (Prevent, DV, Pub Health, Rape, Gender, Adult) I - Industrialized

Roosevelt
1/2

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Intimate partner violence (IPV) against women is an alarming public health issue due to its high prevalence, chronic mental and physical health sequelae, and risk for premature death from homicide and suicide (WHO, 2013). Veterans Health Administration (VHA), the largest integrated health care system in the US, recommends routine screening for IPV among women. However, there is evidence of low uptake of IPV screening in VA. As such, we collected qualitative data nationally through key stakeholder interviews with clinicians (n=32) at six VA Medical Centers (VAMCs) that have implemented routine IPV screening within their women's health clinics and five non-adopting VAMCs. Interviews were coded and analyzed to identify barriers and facilitators of IPV screening implementation, guided by the i-PARIHS implementation framework. Two major facilitators

emerged: violence against women is a current topic of national discussion, with rippling effects in VHA, and; the presence of passionate, committed, and well-connected IPV champions. Major barriers included: the positioning of IPV as a 'women's issue' in the queue of VA priorities, and the high prevalence of clinical reminder fatigue among overburdened providers. Findings will inform strategies for enhancing the uptake and spread of IPV screening practices, and ultimately improved health outcomes among women.

4-140

The BITTEN Model: A Trauma Informed Healthcare Model for Vulnerable Patients

(Abstract #1049)

Poster #4-140 (Train/Ed/Dis, Health, Illness, Intergen, Theory, Adult) M - N/A

Roosevelt
1/2

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Healthcare providers (HCP) and healthcare systems need a working model to understand the impact of vulnerable patient's previous healthcare experiences, as these likely influence current response and adherence to healthcare treatment plans. This poster presents the newly developed BITTEN (**B**etrayal, **I**llness, **T**rust in Healthcare Providers, **T**raumas related to health – leading to patient **E**xpectations and **N**eeds) Model of Trauma Informed Healthcare. BITTEN identifies patient's current healthcare expectations and needs as a function of their past healthcare experiences (at the institution and via HCP) and as a consequence of their past health traumas and current illness.

Specifically, the BITTEN Model consists of four key components, each measurable upon a patient's healthcare encounter. This innovative trauma-informed healthcare model was derived from Freyd's (2009) institutional betrayal concept, trauma theory (Bloom, 1999), and trust theory (Mayer et al., 1995). In this poster, BITTEN will be pictured and two case examples will be contrasted to illustrate how use of the BITTEN model, which can be done at intake, can positively impact ongoing healthcare. The BITTEN Model applies to many vulnerable populations and health conditions, but may be particularly important for those negatively affected by social determinants of health.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

TRAUMATIC LOSS & GRIEF SIG

4-141

After the Overdose: Examining the Bereavement of those Left Behind

(Abstract #1653)

Poster #4-141 (Clin Res, Acute, Death, Sub/Abuse, Grief, Lifespan) I - Industrialized
Roosevelt 1/2

Wenick, Yaacov, Chiriboga, Eva, Egbert, Rachel, Demaria, Thomas
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In 2016, there were over 64,000 fatal drug overdoses, leaving behind over one million loss survivors. Currently, there is a dearth of research about treatment for these survivors, significantly less than for other bereaved individuals. Bereavement with fatal overdoses can result in complicated grief, shame and depression (Feigelman, 2011). Current research has focused on the social stigmatization of these survivors, often influenced by their own perceptions of the death. (Templeton et al., 2017; Feigelman et al., 2009). The bereaved of fatal overdoses, unlike those more typically grieving, are faced with the unique feeling that their loved ones' death was preventable, struggling with questions about how they could have prevented the overdose in some way. In 2017, the Long Island University Trauma Response Team offered a one-day workshop to assist survivors of fatal overdoses in managing feelings of blame, responsibility, and guilt in the wake of their loss. Students from Trauma Response Team collected group data to help gain better insight about survivors' attributions of responsibility and subsequent guilt. By studying the general trends shared by all the members, investigators were able to get a better understanding of loved ones left behind after fatal overdoses, allowing for development of future interventions to help them manage these painful thoughts and emotions.

4-142

Intensive Outpatient Treatment of Co-occurring PTSD and Complicated Grief in Suicide Bereaved Military Widows: Pilot Data from a Novel Treatment Program

(Abstract #560)

Poster #4-142 (Clin Res, Death, Grief, Civil/War, Mil/Vets, Adult) I - Industrialized
Roosevelt 1/2

Ohye, Bonnie¹, Moore, Cynthia¹, Charney, Meredith¹, Laifer, Lauren², Bui, Eric¹, Simon, Naomi¹
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²Massachusetts General Hospital, Boston, Massachusetts

Survivors of suicide are at risk for posttraumatic stress disorder (PTSD) and complicated grief (CG; Young et al., 2012). Military spouses have an elevated risk of suicide exposure given the 22% greater suicide risk in veterans (Department of Veterans Affairs, 2016); mental health support and targeted evidence-based treatment options for affected military family members are needed (McMenamy, Jordan, & Mitchell, 2008). We developed and piloted a two-week, intensive outpatient program for co-occurring PTSD and CG with nine suicide-bereaved military widows. In consultation with stakeholders, treatment elements were informed by military experiences and combined adapted individual and group evidence-based psychotherapy with skills groups and wellness offerings. Treatment completion (n = 8) was associated with significant reduction in validated self-report measures of PTSD and CG (p's < .05). PTSD and CG symptom reductions (Cohen's d = 1.44 and 1.86, respectively) were comparable to published findings of randomized controlled studies of evidence-based PTSD (Hedge's g = 1.08) and CG treatments (Cohen's d = 1.64; Powers, et al., 2010; Shear, Frank, Houck, & Reynolds, 2005). Elements of the treatment model will be further discussed. Preliminary outcomes, patient satisfaction, and stakeholder feedback suggest further exploration of this model is warranted.

CLINICAL/INTERVENTION RESEARCH

4-143

Perceived Ability to Cope with Trauma and Posttraumatic Stress: The Effect of Emotional Awareness and Clarity

(Abstract #1221)

Poster #4-143 (Clin Res, Affect/Int, Adult) I - Industrialized **Roosevelt 1/2**

Reffi, Anthony, Laman-Maharg, Benjamin, Bove, Nicholas, Orcutt, Holly
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Trauma coping flexibility is the ability to utilize a variety of coping strategies across situations, and perceived trauma coping flexibility has been associated with fewer PTSD symptoms (PTSS). However, it is not yet understood how perceived trauma coping flexibility interacts with other forms of coping. The current study tested emotion dysregulation as a moderator between perceived flexibility and PTSS among individuals exposed to trauma. Undergraduates (N = 277, 65.2% Female, 67% White, Mage = 19.40, SD = 2.1) at a Midwestern U.S. university completed a survey on stressful events, and completed the Traumatic Life Events Questionnaire, the perceived ability to cope with trauma scale (PACT; Bonanno et al., 2011), Posttraumatic Stress Disorder Checklist for DSM-5, and Difficulties in Emotion Regulation scale (DERS). A subsample (n = 215) reported at least one traumatic event. Although there was a nonsignificant interaction between the DERS and the PACT ($\beta = -.109, p = .074$), exploratory analyses revealed significant interactions between the PACT and a lack of emotional awareness ($\beta = -.169, p < .05$) and clarity ($\beta = -.169, p < .05$). These findings suggest that perceived coping flexibility is associated with fewer PTSS among individuals with poorer awareness and understanding of emotions.

4-144

Problem Focused Thinking Component of Rumination Mediates the Relationship between Posttraumatic Stress Symptoms and Anger Reactions

(Abstract #469)

Poster #4-144 (Clin Res, Affect/Int, Aggress, Clinical Practice, Adult) M - Industrialized **Roosevelt 1/2**

Strasshofer, David, Turkel, Melissa, Bruce, Steven
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Ruminative thought processes and anger reactions are common complaints of individuals with posttraumatic stress disorder. In turn rumination contributes to feelings of anger in the aftermath of trauma. As such, rumination may serve as a mechanism through which posttraumatic stress symptoms (PTSS) lead to increased anger reactions. The current study examined cross-sectional relationships between PTSS, rumination, and anger in a sample of 546 students from a large Midwestern university. PTSS predicted global rumination ($b = 0.82, p < .001$) and anger ($b = 0.42, p < .001$). The relationship between global rumination and anger was significant ($b = 0.15, p < .001$). Global rumination was found to mediate the relationship between PTSS and anger ($R^2 = .35, F(2,543) = 148.65, p < .001; b = .12, 95\% \text{ CI } [.09, .15]$). The problem-focused thinking component of rumination was the only specific mediator of the relationship between PTSS and anger ($R^2 = .34, F(2,562) = 143.32, p < .001; b = .12, 95\% \text{ CI } [.09, .16]$), suggesting that PTSS impacts anger primarily through repetitive solution-oriented thought processes. These results highlight the importance of modifying ineffective thought patterns in order to reduce PTSS to potentially improve anger reactions following trauma exposure. Additional clinical implications will be discussed.

4-145

An Evaluation of Attentional Biases following Adverse Childhood Experiences

(Abstract #1476)

Poster #4-145 (Clin Res, Affect/Int, Cog/Int, Dev/Int, Res Meth, Adult) M - Industrialized **Roosevelt 1/2**

Gray, Brandon, Steinzor, Cazzie, Doss, Rob, Lowmaster, Sara
University of South Dakota, Vermillion, South Dakota

Adverse childhood experiences (ACEs) are associated with attentional biases (Pollack & Sinha, 2002), particularly among individuals diagnosed with depression or posttraumatic stress disorder (PTSD). However, results have been inconsistent, with both positive- and negative-information biases reported across both disorders (e.g., Clausen et al., 2016; Fani et al., 2012; Günther et al., 2015). Due to the conceptual overlap and comorbidity of these conditions (O'Donnell, Creamer, & Pattison, 2004), conflicts have been difficult to parse. One explanation may be that past studies often measured attention as a unitary construct. However, Fan and colleagues (2002) developed the attentional network task (ANT) for measuring the orienting, alerting, and executive attention networks. Biases may differ depending on measurement of these network. Therefore, the current study sought to examine the relationship between ACEs, PTSD symptoms, depression, and efficiency of the attentional networks cued by emotional words. Fifty-five ACE-exposed participants (79% female, mean age = 20.10 years) completed self-report questionnaires and the ANT. PTSD symptoms were significantly negatively associated with orienting efficiency during positively-valenced cue conditions. Depression did not account for this effect. Results highlight the role of PTSD symptoms in attentional avoidance of positive stimuli.

4-147

Understanding Combat Veterans with Incarceration History: Coping Self-efficacy, Social Support, and Multidimensional Outcomes

(Abstract #377)

Poster #4-147 (Clin Res, Cog/Int, Commun, Pub Health, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Understanding veterans with incarceration history (IHX) is limited by a dearth of research, a byproduct of difficulty recruiting disenfranchised groups. This study examined differences between veterans with IHX (n = 46) and never-incarcerated veterans (n = 30), emphasizing effects of IHX on coping and functioning. We utilized MANOVA (descriptive) and small-sample path analysis (predictive) to examine between group differences and pathways to healthy coping. MANOVA results show between-group differences on primary study variables and economic distress: veterans with IHX had significantly worse PTSD severity, transdiagnostic symptoms, perceived social support (PSS), coping self-efficacy (CSE), and economic distress. Path-analysis revealed a model (predictors = IHX, PSS, CSE) with medium-to-large effects, explaining: 36% variance of PTSD severity; 17% of alcohol abuse; 35% of transdiagnostic symptoms; 38% of post-deployment adjustment. IHX only predicted lower levels of CSE (B= -10.72, 95% CI [-20.94, -4.94]). PSS primarily influenced outcomes through CSE, characterized by non-significant direct effects of PSS on outcomes, juxtaposed by significant indirect effects of PSS on outcomes through CSE. Discussion emphasizes the centrality of CSE appraisals in post-combat functioning, accented by the particularly important roles that CSE and PSS may play among veterans with IHX.

4-148

**Enhancing Mastery through Recalling
Autobiographical Memories of Self-efficacy
in Posttraumatic Stress Disorder**

(Abstract #378)

**Poster #4-148 (Clin Res, Cog/Int, Roosevelt
Mil/Vets, Adult) I - Industrialized 1/2**

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PTSD is associated with maladaptive changes in self-identity such as low perceived self-efficacy. Low levels of self-efficacy are linked to PTSD onset and poor treatment outcome. Theoretical models posit that the most influential source of self-efficacy is past performance accomplishments. The aim of this research was to examine whether recalling memories associated with successful coping (e.g. being able to overcome a significant stressor or obstacle through effort and perseverance) contributes to positive mental health outcomes and cognitive processes associated with resilience and recovery from trauma. This talk will present findings from two samples (adolescents and combat veterans), in which participants were randomized to a condition in which they were asked to recall memories of successful coping (self-efficacy) or a control condition. In both samples, recalling memories of successful coping led to an increase in perceptions of self-efficacy. In addition, recalling memories associated with self-efficacy led to increased performance on social problem solving tasks and the generation of more specific and goal-oriented autobiographical narratives. These data suggest that increasing perceptions of self-efficacy through autobiographical memory may promote adaptive self-appraisals and aid in the engagement of cognitive processes underlying recovery from trauma.

4-149

**Managing Physiological Arousal as a Mastery
Experience: Increasing Trauma Coping Self-
efficacy and Reducing PTSD Symptoms in
Vulnerable Populations**

(Abstract #379)

**Poster #4-149 (Clin Res, Bio Med, Roosevelt
Clinical Practice, Health, Tech, 1/2
Adult) I - Industrialized**

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Trauma-related physiological arousal is well-documented among trauma survivors. Management of arousal may play a critical role in perceived recovery mastery (Benight & Bandura, 2004). This study examined the relationship between trauma coping self-efficacy change (CSET), heart rate variability change (HRV), and posttraumatic stress change (PTS) in trauma survivors working on a web-intervention. Ninety one participants (Mage = 34.60, 84.6% female) completed triggers and relaxation modules of the My Trauma Recovery website, over three sessions. Measures were pNN50 (HRV), CSE-T, and PCL-C. Three different models were tested utilizing mixed-effects modeling. Analyses showed that PTS was the primary predictor for HRV (Model-1) and had the best fit, AIC = 1119.01. Model-2, predicting PTS, was superior when both HRV and CSET were predictors, AIC = 1117.55. Finally, Model-3, predicting CSET, was superior when both HRV and PTS were predictors, AIC = 384.66. These results indicate that HRV and PTS have a bidirectional influence with each other. This is also true for CSET and PTS. Interestingly, HRV appears to drive CSET. These findings demonstrate the dynamic reciprocal process between physiological function and posttraumatic distress. Management of physical arousal may play a critical role in gaining a sense of mastery from a trauma web-intervention program.

4-150

Coping Self-efficacy Mediates the Relationship between Lifetime Sexual Trauma Exposure and Substance Use

(Abstract #380)

Poster #4-150 (Clin Res, CSA, Rape, Sub/Abuse, Gender, Adult) M - Industrialized **Roosevelt 1/2**

Mahoney, Colin, Lynch, Shannon
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Sexual violence is highly prevalent on college campuses, and is primarily perpetrated against women. Substance use is a common form of maladaptive coping following incidents of sexual abuse and/or assault, often used to avoid or suppress distressing thoughts, emotions, and memories associated with the trauma. What is less clear are the underlying mechanisms that drive the relationship between sexual trauma and this maladaptive coping behavior. We explored perceived coping self-efficacy (CSE) as a potential mediating protective factor in the relationship between lifetime sexual trauma exposure and substance use in a sample of college women. In the present study, 294 sexually traumatized undergraduate and graduate students (M age = 22.49, SD = 4.32; 83.6% Caucasian) completed self-report measures of sexual trauma, substance use, and CSE. We hypothesized that CSE would mediate the relationship between lifetime sexual trauma exposure and alcohol use, as well as the relationship between lifetime sexual trauma exposure and illicit drug use. We subsequently found evidence of significant mediation for both alcohol use, 95% CI [.02, .07], and drug use, 95% CI [.01, .04]. These findings suggest that CSE may serve as a protective factor against substance use, potentially functioning as a malleable target of clinical intervention following sexual trauma.

4-151

The Role of Self-blame and Tension-reducing Activities in the Suicidality of Women and Men who have Experienced Sexual Assault or Abuse

(Abstract #1376)

Poster #4-151 (Clin Res, CSA, Rape, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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Individuals who experience sexual victimization often present with challenging reactions that may include self-blame, suicidality, and self-defeating or harming behaviors (i.e., Tension-Reducing Activities [TRA]). Multiple regression conducted on female (n= 89) and male (n = 13) university students with past adult sexual assault or child sexual abuse examined whether self-blame and TRA predicted increased suicidality. This hypothesis was supported for women ($R^2 = .39$, $f(2, 84) = 26.75$, $p < .001$) and men ($R^2 = .66$, $f(2, 10) = 12.35$, $p = .002$). When including TRA, self-blame was nonsignificant for men ($B = .24$, $p = .245$; TRA: $B = .71$, $p = .004$). Gender was not significant (Fisher's $z = 1.51$, $p = .131$). This suggests self-blame and TRA play a role in increased suicidality often following sexual assault/abuse. Additional analyses will examine possible mediating role of self-blame and TRA in suicidality. This research supports the view that TRA plays an important role in post-traumatic adjustment for both genders yet self-blame is more relevant for women. This research will enhance our understanding of how post-traumatic reactions differ between genders and how self-blame and self-defeating behavior following sexual victimization contributes to suicidality, providing potential targets in the treatment of survivors.

4-152

Trauma Informed Brief Mindfulness Training: A New Adaption for Homeless Women with PTSD

(Abstract #1579)

Poster #4-152 (Clin Res, Chronic, Clin Res, Complex, Gender, Adult) I - Industrialized **Roosevelt 1/2**

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This clinical intervention project used a community engaged approach to develop and feasibility test an adapted mindfulness intervention for homeless women with complex trauma. The phased design included: 1) individual interviews with a large group of women from a New York City homeless shelter and content analysis of those interviews to gather foundational information; 2) use of an expert professional panel and community focus groups to examine and refine the proposed intervention; 3) pilot testing for feasibility and acceptability; and 4) post-test evaluation. Results support the use of group MM as a feasible intervention with high acceptability for traumatized homeless women. However, adaptations are necessary to support MM success. These include consideration of known symptom clusters and script adaptations based on participant-expressed historical self-perspective. Findings contribute critical knowledge to the translational science of complex trauma treatment in this high-risk group of women. This is the first study to use a robust, community engaged, mixed methods design with triangulated data sources to develop an MM adaptation for this specific population. It provides a unique opportunity to create a model for a true trauma-informed system of care in the largest NYC women's shelter, thus significantly impacting the broad platform for clinical practice in this arena.

4-153

PTSD Treatment Response and Quality of Life in Women with Childhood Abuse Histories

(Abstract #309)

Poster #4-153 (Clin Res, CPA, CSA, QoL, Gender, Adult) I - N/A **Roosevelt 1/2**

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Childhood abuse (physical, sexual, neglect) increases risk for mental health problems including posttraumatic stress disorder (PTSD) and poorer quality of life (QOL). Though trauma-focused therapies effectively reduce PTSD symptoms, research has demonstrated differences in treatment response. To better understand these differences, this study explored the relationship between adverse childhood events (abuse and neglect), PTSD severity, and QOL following Cognitive Processing Therapy (CPT).

This study was a secondary analysis of data from an RCT assessing noninferiority of CPT delivered via video teleconferencing compared to in-person modality among Veteran and civilian women (n = 115). Multiple imputation was performed to account for missing data. Linear regressions were used to examine the associations between childhood abuse, PTSD severity, and QOL at baseline and posttreatment.

At baseline, women who experienced more abuse reported greater PTSD symptoms (B = 1.98, p = .022) but childhood abuse did not predict QOL scores (B = -.018, p = .177). Following CPT treatment, women who experienced more abuse had significantly worse PTSD symptoms (B = 3.12, p = .042). Women reported significant increases in QOL following

treatment; however, childhood abuse did not predict changes in QOL posttreatment ($B = .01, p = .957$). Implications of these findings will be discussed.

4-154

Relationship between Adverse Childhood Experiences, PTSD and Health among Female Veterans

(Abstract #298)

Poster #4-154 (Clin Res, CPA, CSA, Health, Gender, Adult) M - N/A **Roosevelt 1/2**

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Adverse Childhood Experiences (ACEs) increase risk for numerous adverse health outcomes and behaviors. Women Veterans carry a greater burden of ACEs, but research is limited. The goal of this study was to extend previous findings by examining the unique relationship between ACE type and mental and physical health problems in a sample of women Veterans.

Women Veterans ($n=83$) recruited primarily from mental health clinics completed self-report measures of mental and physical health symptoms. Stepwise multiple regressions and mediation analyses were conducted to determine which of the ACE domains would predict PTSD and physical health symptoms and test whether PTSD was a mediator between ACEs and physical health.

Cumulative ACEs ($\beta = .344, p < .05$) and adult interpersonal trauma ($\beta = .396, p < .01$) significantly and independently predicted PTSD symptom severity. The hyperarousal symptom cluster ($\beta = .700, p < .001$) was the only significant predictor of physical health problems. The total and direct effect of ACEs on physical health were not significant. However, the indirect effect through PTSD total score was significant (coefficient=.567, [95% CI: .087,1.15], as well as through avoidance (coefficient=.566, [95% CI: .103,1.13], and hyperarousal (coefficient=.720, [95% CI: .217,1.27]. Implications of these findings will be discussed.

4-155

The Role of the Interpersonal Theory of Suicide in the Association between Childhood Polyvictimization and Suicide Ideation

(Abstract #940)

Poster #4-155 (Clin Res, CPA, CSA, Clin Res, Complex, Adult) M - Industrialized **Roosevelt 1/2**

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Suicidal ideation is a robust predictor of suicide attempts, and currently studies on mechanisms between childhood polyvictimization and suicide ideation are lacking in the Latinx population. The interpersonal-psychological theory of suicide (IPTS) proposes that thwarted belongingness and perceived burdensomeness predict suicide ideation. The present study examined the mediating role of IPTS variables on the relation between polyvictimization (i.e., 15 childhood adverse events out of 34; Finkelhor et al., 2009) and suicide ideation. Participants were 217 college-students ($M = 21.5, 71.6\%$ female, 86.2% Latinx) in Southern Texas who were administered standardized questionnaires. Results indicated that 10.1% had exposure to childhood polyvictimization. The mediation model was significant ($R^2 = .08, F [3, 211] = 5.93, p < .001$) with polyvictimization associated with thwarted belongingness ($B = 5.69, p < .05$) and perceived burdensomeness ($B = 5.12, p < .001$); perceived burdensomeness, but not thwarted belongingness, was associated with SI ($B = .04, p < .001$). Perceived burdensomeness had a significant indirect effect on the association between polyvictimization and suicide ideation ($B = .18, p < .05$). Results preliminarily support the application of the IPTS for Latinx college students with childhood polyvictimization.

4-156

Examining the Relationship between Childhood Trauma Exposure, PTSD Symptoms, and Psychosocial Functioning in a Sample of Male Veterans

(Abstract #916)

Poster #4 - 156 (Clin Res, CPA, CSA, Roosevelt Mil/Vets, Adult) M - Industrialized 1/2

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Childhood trauma (CT) is associated with a range of adverse adult mental health sequelae (e.g., PTSD) in Veterans. However, little is known about the relationship between types of CT (i.e. physical abuse [CPA], sexual abuse [CSA]), PTSD, and psychosocial difficulties in those with subsequent military-related trauma exposure. To address this gap, this study examined relationships between CT, PTSD, and psychosocial functioning in a sample of male Veterans (n=106) with military service-related PTSD.

This study was a secondary analysis of baseline data from a RCT comparing three delivery modalities of Prolonged Exposure therapy. Multiple linear and logistic regression analyses were used to examine relationships between CT type (any CT, CSA, CPA), PTSD, and psychosocial functioning.

Among this sample, 47% endorsed a history of CT. Although CT was not significantly associated with overall PTSD symptoms, CSA was significantly associated with cluster D symptoms (B=2.32, p=.034). Those with any CT were 2.7 times more likely to report severe impairment in psychosocial functioning (OR=2.75, p=.039). These findings suggest that trauma-related cognitions associated with cluster D (e.g. self-blame, shame, guilt) may be especially salient among male Veterans with CSA histories. Additionally, this highlights the importance of assessing the impact of early trauma exposure on functioning.

4-157

Multidimensional Assessment of Resilience in College Students following Childhood Adversity

(Abstract #116)

Poster #4-157 (Clin Res, CPA, CSA, Chronic, QoL, Adult) M - Industrialized Roosevelt 1/2

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There is ongoing debate in the literature about the definition and prevalence of resilience following adversity. Studies that assess a single outcome find that most people are resilient. Studies that assess multiple outcomes find that few people are resilient across domains. This study investigated resilience across three life domains in college students with differing levels of adverse childhood experiences (ACEs).

Undergraduate students (N=8,997) at 20 two- and four-year schools in MN completed the 2015 College Student Health Survey. The three life domains were mental health, alcohol consequences, and academic performance. ACEs were assessed using a total score on the CDC ACEs measure. On the life domain measures, scores at or above 75%ile indicated thriving, scores between 25-75%ile were average, and scores below 25%ile indicated struggling. Similarly, ACEs total scores were categorized as high, medium, or low.

ACEs were significantly related to mental health, academic performance, and alcohol use. Specifically, students with high levels of ACEs, compared to those with low levels, were more likely to be struggling with academic performance (20% vs. 17%), mental health (44% vs. 18%), and alcohol consequences (33% vs. 21%). However, some students with high ACEs were in the thriving categories for academic performance (23%), mental health (17%), and alcohol consequences (42%).

4-158

Modeling Trajectories of PTSD and Interpersonal Relationship Functioning over Time: The Moderating Effect of Interpersonal Violence

(Abstract #1290)

Poster #4-158 (Clin Res, Affect/Int, Clin Res, Comm/Int, Adult) M - Industrialized **Roosevelt 1/2**

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Interpersonal relationship functioning influences the recovery trajectory following trauma exposure. Minimal research has examined the causal associations between interpersonal trauma (IPV), PTSD, and interpersonal functioning over time. This study examined the trajectories of PTSD and interpersonal relationship functioning within a community sample of trauma-exposed individuals in the year following exposure.

Adults exposed to a range of traumas within the last six months (N = 151) were administered the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and the three subscales of the Quality of Relationships Inventory (QRI; Depth, Conflict, and Support) at four time points, 4 months apart. Growth curve models indicated that PTSD, QRI Depth, and QRI Conflict significantly decreased in the year following exposure, but the QRI Support subscale did not. Initial PTSD was significantly higher for individuals with IPV as their index trauma, and there was a marginal but nonsignificant effect (p = .08) of IPV predicting faster decrease in PTSD symptoms over time. QRI Support decreased significantly faster following IPV but there were no effects of IPV on QRI Depth or Conflict. Results suggest that type of trauma moderates the trajectories of PTSD and interpersonal functioning in the year post-trauma. Brief interpersonally-based interventions may be indicated following IPV.

4-159

Reactions to a Sexual Assault Disclosure: Evaluation of an Alternative Scoring Method for the Social Reactions Questionnaire

(Abstract #1291)

Poster #4-159 (Clin Res, Rape, Adult) I - Industrialized **Roosevelt 1/2**

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Sexual assault survivors receive a range of reactions when they disclose. These reactions influence post-assault recovery. Specifically, receiving “negative” reactions (e.g., blaming, controlling responses) is associated with distress, negative cognitions, and maladaptive coping. Conversely, findings regarding “positive” reactions (e.g., support, belief, tangible aid) are mixed, with some linking these reactions to less self-blame and distress, while others find no relationship. One possible explanation for these inconsistencies is that survivors differ in their perception of the helpfulness or harmfulness of the reactions they receive. However, little research has examined survivors’ perceptions of these reactions and post-assault outcomes. Therefore, the current study examined college sexual assault survivors’ (n = 966) perceptions of the helpfulness and harmfulness of reactions they received, utilizing a modified Social Reactions Questionnaire. Results supported three types of harmful reactions (blaming, silencing, and stigmatizing) which were related to PTSD symptoms and avoidance coping. There were three types of helpful reactions (validation, sympathy, and tangible aid), which were associated with approach coping. Implications of the findings on perceptions of social reactions and post-assault recovery are discussed.

4-160

Associations between Social Reactions to Interpersonal Victimization and Psychopathology: A Meta-Analysis

(Abstract #1292)

Poster #4-160 (Social, CSA, Comm/Int, DV, Rape, Lifespan) I - Global **Roosevelt 1/2**

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Survivors of interpersonal victimization who choose to disclose their experience to others may receive a variety of social reactions (SR), both positive (e.g., emotional support, tangible aid) and negative (e.g., victim blame). Receiving negative SR has been associated with multiple forms of psychopathology, like depression, anxiety, and PTSD, but the evidence for the association between positive SR and psychopathology is more mixed. In this presentation, we will describe results from a meta-analysis of 955 estimates of the association between SR and psychopathology, obtained from 32 published and unpublished studies. Results obtained from multilevel meta-regression models indicate 1) SR that involve controlling a survivor, treating a survivor differently, or refocusing on the emotional needs of the disclosure recipient were the SR most strongly associated with psychopathology, 2) negative SR were significantly positively associated with all conditions tested, but positive SR were significantly positively associated with PTSD only, and 3) associations for both positive and negative SR were stable across race, age, gender, and time since assault. Results are consistent with cognitive-behavioral models of the development and maintenance of post-trauma psychopathology and highlight the need for interventions that reduce the frequency of negative SR beyond victim blame alone.

4-161

Longitudinal Examination of Men Partnered with Women Sexually Abused in Childhood Including, Depression, Relationship Satisfaction, and Parenting Behaviors

(Abstract #1293)

Poster #4-161 (Pub Health, CSA, Fam/Int, Pub Health, Adult) M - N/A **Roosevelt 1/2**

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Despite considerable research interest in the long-term functioning of mothers with CST histories and their children, little research has documented the characteristics of men partnered with women with CST histories. This gap in the literature is particularly salient from a family systems approach which views the family as a complex, dynamic, and integrated whole, in which each member influences and is influenced by all other members (Minuchin, 1988). In the current study, we examined men's psychological well-being, relationship stability, and parenting behaviors, across the first three years. The subsample (N=204) comes from the Family Life Project, a longitudinal study of low income families recruited at the birth of a child and representative of families in the six rural counties used for the study. Using propensity score methodologies, a subsample of women who experienced CST were matched on family of origin demographic variables. We use self-report and observational protocols to examine psychological well-being, defined by depression and anxiety; relationship stability as defined by emotional intimacy; and, parenting behaviors of men partnered with women reporting CST when the child was 6-, 24-, and 36-months old. Results suggest change across time with increasing depression, relationship instability, and intrusive parenting, and less sensitive parenting.

4-162

Reactions from Close Others and Mental Healthcare Use in a Community Sample of Recently Traumatized Individuals

(Abstract #601)

Poster #4-162 (Clin Res, Comm/Int, Fam/Int, Pub Health, Adult) I - Industrialized **Roosevelt 1/2**

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The present study examined whether social interactions following a traumatic event are associated with subsequent use of mental health services in a sample of recently traumatized adults ($N=118$). Participants were assessed for PTSD symptom severity, social support, and mental healthcare use at 4 points over the course of 1 year, using the Clinician-Administered PTSD Scale (CAPS), Social Reactions Questionnaire (SRQ), and Mental Healthcare Utilization form (MHU). Relationships were explored between initial symptom severity at time 1 (T1), subsequent reactions from close others at time 2 (T2), and eventual mental healthcare use at times 3/4 (T3/T4). PTSD symptom severity at T1 was positively associated with mental healthcare use at T3/T4 (Wald=4.15, $p=.042$; Exp(B)=1.02). PTSD symptom severity at T1 was positively associated with negative social reactions at T2 ($b=.19, t(117)=4.35, p<.001$), but not with positive social reactions. Positive social reactions at T2 were positively associated with mental healthcare use at T3/T4 (Wald=4.56, $p=.033$; Exp(B)=1.04); negative social reactions were not associated with subsequent mental healthcare use. Results suggest that PTSD symptoms may predict future negative social reactions, but positive social reactions may encourage traumatized individuals to seek mental health services. Implications for service delivery and access will be discussed.

4-163

Military and Veteran Caregivers' Perspectives of Stressors and a Mind-body Program

(Abstract #652)

Poster #4-163 (Clin Res, Fam/Int, Prevent, Civil/War, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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There are over one million post-9/11 military and veteran caregivers in the United States caring for an incapacitated loved one. Mind-body interventions such as the Stress Management and Resilience Training (SMART) programs have been shown to reduce stress and improve overall wellness. The present qualitative study aims to assess for stressors experienced by military and veteran caregivers, and examine the feasibility and accessibility of the SMART program in this population. A total of 13 caregivers (M (SD) age=41.25 (11.49), 92% female) participated in two 90-minute focus group and completed a survey. Web-based focus groups were conducted by two doctoral-level clinicians, were transcribed verbatim, and coded using inductive thematic analysis. Caregivers endorsed the following stressors: logistical barriers to care, demands inherent to caregiving role, concerns about children, worries about the future, exacerbation of the caregiver's health concerns, loss of social support, sacrifices made for their veteran, and difficult relationship dynamics between the veteran and caregiver. Caregivers endorsed satisfaction with the SMART program and preference for online delivery of the program. Our results informed the adaptation of the online SMART program military and veteran caregivers. Piloting and efficacy testing are warranted.

4-164

Same-Sex Couples and Sexual Minority Veterans in PTSD Care at the Veterans Health Administration: An Introduction to an Underserved Population

(Abstract #1307)

Poster #4-164 (Clin Res, Clin Res, Fam/Int, Orient, Mil/Vets, Adult) I - Industrialized | **Roosevelt 1/2**

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Even in the wake of the repeal of “Don’t Ask Don’t Tell” and the legalization of same-sex marriage in the United States, little is known about sexual minority Veterans (SMV), let alone same-sex couples, who seek care through the Department of Veterans Affairs Health Administration (VA). The current study examined seven same-sex couples (three male, four female) from a larger randomized controlled trial examining couples-based PTSD therapies ($N = 53$ dyads). The average same-sex couple was White, had some college education, 32 years old, reported good physical health, and relationship length was 3.7 years; none of the same-sex couples were married. Fifty-seven percent of SMV reported a history of self-harm/suicide attempts, compared to 25% of their heterosexual Veteran counterparts (non-SMV); 100% of SMV reported moderate to severe depression, compared to 70% of non-SMV. Examining past experienced traumas, 57% SMV reported childhood physical abuse compared to 14% of non-SMV, and 57% of SMV reported a history of military sexual trauma, contrast to 11% of non-SMV. Additional reported clinical characteristics among these same-sex couples and SMV will be discussed. These preliminary findings begin to illuminate this hard-to-reach group within the VA, and spotlight the need for greater clinical outreach to this population.

4-166

Service Connected Disability and Treatment Outcomes during Cognitive Processing Therapy for Veterans in Residential Treatment

(Abstract #819)

Poster #4-166 (Clin Res, Mil/Vets, Adult) I - N/A | **Roosevelt 1/2**

Hale, Andrew¹, Marston, Holly², Rodriguez, Jessica², Sage-Germain, Chelsea E³, Wright, Theodore², Martin, Shannon², Sripada, Rebecca¹

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Service-connection refers to monetary benefit paid to Veterans with disabilities resulting from disease or injury incurred or aggravated during their military service. Research on the association between disability status and treatment outcomes has had mixed results. The present study sought to examine the relationship between service-connected disability status on treatment outcomes during Cognitive Processing Therapy (CPT) in a residential PTSD treatment program. The sample consisted of 105 veterans with a PTSD diagnosis, of which 96 were seeking or were currently service-connected for a medical or mental health condition. Outcomes were assessed using the PTSD Checklist (PCL-S). Pre-treatment PCL scores were lower for the non-connected group ($M=58.7, SD=14.5$) relative to those with service-connection ($M=61.5, SD=12.2$). ANCOVA was used to examine the relationship between service-connection status and change in PTSD symptoms controlling for pre-treatment severity. Results suggested that service-connection was associated with less change in PTSD symptoms after treatment, $F(1, 102) = 4.29, p=.041$. Veterans without service-connection reported greater change ($M=-15.0, SD=14.6$) relative to those with service-connection ($M=-7.16, SD=12.2$). These findings highlight the need for additional research on the relationship between service-connection and treatment outcomes.

Presenters’ names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-167

What Traumatic Events Matter? An Investigation of PTSD Severity in Relation to Combat Experiences

(Abstract #1498)

Poster #4-167 (Clin Res, Assess Dx, Mil/Vets, Theory, Adult) M - Industrialized **Roosevelt 1/2**

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Combat exposure is a reliable risk factor for PTSD, and polytrauma has a large impact on PTSD (Shea et al., 2017). Studies have examined broad categories of traumatic experiences relative to PTSD (Stein et al., 2012) but few have studied specific combat events. This study examined the association between specific events and PTSD severity. It was predicted that multiple combat events result in greater severity than any single event, with indirect fire having the least symptomatic effect.

Participants (N=367; 79.0% male) completed the PCL-5 and military experience survey. A one-way ANOVA examined combinations of type of combat trauma (IED, direct fire, indirect fire) and multiple trauma with planned contrasts.

Results indicated significant differences in PCL-5 scores, $F(4, 359)=9.80, p<.001$, between no event and individual trauma, $t(359)=3.35, p=.001$, polytrauma, $t(359)=5.95, p<.001$, and IED experience, $t(359)=2.08, p=.038$. Differences were also observed between indirect fire and polytrauma, $t(359)=2.62, p=.009$. No other differences between the groups were found.

Findings indicate polytrauma did not have a greater effect on PTSD symptom severity than IED or direct fire but did compared to indirect fire suggesting that some events have less effect on symptoms. An examination of these events in relation to specific symptom clusters, implications, and limitations will be discussed.

4-168

Associations between Chronic Pain and Physical Functioning in Trauma-Exposed Veterans: Results from the Mind Your Heart Study

(Abstract #319)

Poster #4-168 (Clin Res, Health, Illness, QoL, Mil/Vets, Adult) I - N/A **Roosevelt 1/2**

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Prior studies have found high rates of chronic pain in Veterans and other populations experiencing trauma. However, little research has examined how pain impacts physical functioning in Veterans. We used data from a cohort of 345 Veterans recruited from two Veterans Affairs medical centers who reported a prior history of trauma and completed questionnaires to assess chronic pain (the Brief Pain Inventory-BPI) and physical function (subscale of the 36-item Short Form Survey). We used age-adjusted linear regression models to evaluate the associations between chronic pain and physical functioning. Greater pain severity was significantly associated with worse physical functioning ($B=-6.074, P<.001$), as was pain interference ($B=-5.729, P<.001$). Examining specific domains of interference, pain interference in mood and relations with others had a similar effect on physical functioning ($B=-3.981, P<.001$; $B=-3.939, P<.001$) as pain interference in walking ability ($B=-4.851, P<.001$) and general activity ($B=-4.053, P<.001$). Effects did not differ by PTSD status. Chronic pain is significantly associated with deficits in physical functioning in trauma-exposed Veterans with and without PTSD. This raises important questions about factors other than PTSD (such as post-traumatic depression, etc.) driving the development of pain-related disability in trauma-exposed Veterans.

4-169

Military Veteran Status and PTSD Symptomatology among Urban Firefighters: The Moderating Role of Emotion Regulation Difficulties

(Abstract #613)

Poster #4-169 (Clin Res, Chronic, Prevent, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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A significant portion of firefighters are military veterans, and both populations experience high rates of trauma and posttraumatic stress disorder (PTSD) symptomatology. We investigated the main and interactive effects of military veteran status (MVS) and emotion regulation difficulties (ERD) in firefighters. We hypothesized that firefighters who endorsed MVS and greater ERD would report higher PTSD symptom severity. The sample was comprised of 839 (93.9% male; Mage= 38.4, SD= 8.5) trauma-exposed firefighters who completed a web-based questionnaire battery. Structural equation modeling was employed. ERD were significantly, positively associated with PTSD symptom severity ($\beta = .30$, CI [.20, .41], $p < .001$). Significant interactive effects were noted ($\beta = -.07$, CI [-.14, -.01], $p = .020$); firefighters who endorsed MVS and greater ERD had the highest levels of PTSD symptom severity. As such, our findings highlight clinically-relevant implications, in that firefighters who present with a history of military service and higher levels of PTSD symptomatology may benefit from receiving treatment that incorporates ER-enhancement skills. It is imperative that future work examine the association between MVS and relevant cognitive mechanisms so as to potentially decrease risk for the development of PTSD symptomatology via effective screening, intervention and prevention programs.

4-170

Understanding Mental Health among Military Veterans in the Fire Service

(Abstract #756)

Poster #4-170 (Clin Res, Chronic, Prevent, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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A significant proportion of firefighters are military veterans, and both populations are exposed to chronic stress and trauma. Both populations also experience heightened risk for the development of psychopathology. Thus, firefighters who previously served in the military may be at potentially higher risk for adverse mental health outcomes. This investigation examined the mental health symptomatology of military veterans, as compared to non-veterans, in the fire service. We hypothesized that firefighters who endorsed military veteran status would have higher rates of psychopathology in comparison to non-military veteran firefighters. Age, gender, and race/ethnicity were used as covariates. The sample was comprised of 910 firefighters, 209 of whom endorsed military veteran status. One-way analyses of covariance were employed. The military veteran subsample reported significantly higher levels of sleep disturbance, depression, and posttraumatic stress symptom severity in comparison to the non-veteran subsample (p 's $< .05$); however, effect sizes were small (h^2 's $< .02$). Results highlight the need to improve our understanding of risk and resilience factors for firefighters who have served in the military, as this line of inquiry has potentially important clinical implications for mental health intervention and prevention efforts for this exceptionally understudied population.

4-171

Association of Psychopathology and Post-deployment Social Support with Suicidal Ideation among Soldiers with Untreated Alcohol Use Disorder

(Abstract #1174)

Poster #4-171 (Clin Res, Depr, Sub/Abuse, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Within the U.S. military, soldiers have the highest rate of suicide. PTSD, depression, and alcohol misuse predict suicidal ideation (SI) among other populations. However, it is crucial to identify specific risk and protective factors for SI among soldiers (e.g., deployment-related disruptions to social support), especially among those who may already be at risk, such as engaging in risky alcohol use. These factors are important to identify in building tailored prevention approaches to address the high rates of suicidality among soldiers.

Soldiers with untreated alcohol use disorder (N = 231) were surveyed. Soldiers were primarily male and White. A logistic regression model tested the following predictors of SI (reported by 12% of the sample): demographics, alcohol use, PTSD, depression, and post-deployment social support. Results indicated that less post-deployment social support (p = .02), higher PTSD severity (p = .03), higher depressive symptoms (p < .001), and higher alcohol-related symptoms (p = .05) were significantly positively associated with likelihood of reporting suicidal ideation.

Results indicate that clinicians addressing SI in soldiers should assess both psychopathology (e.g., PTSD, depression, alcohol use) and social support. Future research should test whether interventions that reduce psychopathology and bolster social support reduce SI among soldiers.

4-172

Night-to-Night Predictors of Trauma-related Disturbed Dreaming Reports Using Ambulatory Measurement

(Abstract #1194)

Poster #4-172 (Bio Med, Assess Dx, Sleep, Tech, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Predictors of disturbed dreaming (DD) from night-to-night have not been examined in a longitudinal within-subjects format. This study used non-laboratory data, ecological momentary assessment and mattress actigraphy, to predict morning reports of DD among Veterans diagnosed with PTSD. Thirty-one Veterans were engaged in an inpatient trauma recovery program. For up to six-weeks, they provided daily mood reports and morning reports of DD. Sleep efficiency and respiratory sinus arrhythmia (RSA) were derived from nightly mattress actigraphic data. An apnea-hypopnea index (AHI) was obtained using an ambulatory device. Mixed effects logistic regression modeling determined the effects of variables on DD reports. In total, 468 nights of sleep data were collected, in which 282 nights with DD reports were contrasted with 186 nights with no DD reports. After accounting for prior day mood, presence of a service canine, previous night DD reports, sleep efficiency, and days in treatment, elevated AHI (OR = 1.65, p = 0.02) and lower prior-night sleep RSA (OR = 0.69, p = 0.01) independently predicted greater odds of reporting DD the next morning. These results add to previous work linking greater dream recall to sleep disordered breathing and suggest that the parasympathetic system is implicated in DD processes.

4-173

Relationships between PSG Derived Sleep Measures and PTSD Arousal Symptoms in Civilian and Veteran Young Adults

(Abstract #1192)

Poster #4-173 (Clin Res, Anx, Clin Res, Sleep, Adult) M - Industrialized Roosevelt 1/2

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Insomnia is highly prevalent in posttraumatic stress disorder (PTSD), and is one of the arousal cluster symptoms. Many of the polysomnographic (PSG) findings in PTSD relate to rapid eye movement (REM) sleep, which is a state of increased central nervous system arousal relative to other sleep stages. Fragmented REM sleep following trauma predicts the later development of PTSD symptoms, and there is evidence for both heightened and attenuated REM sleep in PTSD. Little is known about the relation between REM sleep and PTSD arousal. The purpose of the present study was to determine relationships between REM sleep variables and PTSD arousal symptoms, and to determine which REM sleep measures were predictive of PTSD arousal symptoms. Seventy-one subjects (civilians n=44, veterans n=27) were included. Subjects underwent two nights of PSG. Sleep continuity (TST, SE, WASO, SL), sleep architecture (Stages N1, N2, N3, and REM sleep), and REM sleep variables (REM latency, number of REM segments) were assessed. Total PTSD arousal symptoms were assessed using the Clinician-Administered PTSD scale. REM sleep variables (R²=.190; p=.001) significantly predicted PTSD arousal symptoms. These data suggest that arousal mechanisms active during REM sleep may

also contribute to PTSD hyperarousal.

4-174

Adversities and Psychological Distress Compromise Cervical Cancer Survival: A Nationwide Cohort Study in Sweden

(Abstract #897)

Poster #4-174 (Clin Res, Anx, Death, Depr, Health, Adult) A - Industrialized Roosevelt 1/2

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³*Örebro University, Örebro, Sweden*

Introduction: Whether psychological distress around cancer diagnosis or disease course leads to increased cancer-specific mortality remains largely unknown in cervical cancer.

Methods: We included 4,245 patients with cervical cancer diagnosed during 2002-2011 in Sweden. Psychological distress was indicated by a diagnosis of depression, anxiety, stress reaction, or adjustment disorders, or by the occurrence of a life event, including death or severe illness of a family member, divorce, and job loss, from one year before cancer diagnosis onward. We calculated the hazard ratios (HRs) of overall and cancer-specific mortality among patients exposed to these severe stressors, compared to unexposed patients.

Results: 42% of patients were exposed to the severe stressors. These patients had an increased risk of both overall mortality (HR 1.25, 95% CI 1.10-1.42) and cancer-specific mortality (HR 1.33, 95% CI 1.14-1.54). Both associations remained statistically significant after further control of clinical prognostic indicators (e.g. tumor features and treatment). The increased risk was indicated for individual mental disorders and life events.

Conclusions: Stress-related mental disorders and stressful life events are prevalent among patients with cervical cancer, and are associated with reduced cancer-specific survival, independent of clinical prognostic indicators.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-175

Obsessive-compulsive Symptoms and Insomnia: Associations among a Treatment Seeking Veteran Sample

(Abstract #160)

Poster #4-175 (Clin Res, Anx, Depr, Sleep, Adult) I - N/A **Roosevelt 1/2**

Raines, Amanda, Franklin, C Laurel, Carroll, Michele
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Sleep disturbances have been found to be a prevalent and pernicious correlate of most, if not all, emotional disorders. A small but growing body of literature has recently found evidence for an association between sleep disturbances and obsessive-compulsive disorder (OCD). Though informative, the link between sleep difficulties and OCD symptoms has yet to be explored in a veteran population. Further, the degree to which this relationship is accounted for by relevant third variables is limited. Thus, the current study investigated the relationship between insomnia and OCD after controlling for probable depression and posttraumatic stress disorder (PTSD) status using an outpatient sample of veterans presenting to a general mental health clinic (N = 57). Sixty-one percent of the sample reported clinically significant OCD and 58% reported clinically significant insomnia. Results revealed distinct associations between the unacceptable thoughts/neutralizing compulsions domain of OCD ($r = .27, p = .04$), but not the contamination obsessions/washing compulsions, responsibility for harm obsessions/checking compulsions, or symmetry obsessions/ordering compulsions domains of OCD. These findings highlight the need for more research around OCD and sleep problems, as well as clinical work focused on sleep for patients reporting increased OCD symptoms.

4-176

Exploring Experiences of Trauma among Caribbean Psychiatric Patients

(Abstract #393)

Poster #4-176 (Clin Res, Acute, Clin Res, Cul Div, Nat/Dis, Adult) I - Latin Amer & Carib **Roosevelt 1/2**

Donald, Karina
Texas Woman's University, Denton, Texas

The purpose of this presentation is to describe the connections between art and trauma among Caribbean psychiatric patients. It is part of a phenomenological study on the exploration of the cultural relevance of group art therapy among Caribbean psychiatric patients. Prior to this study, art therapy and the art-making process had not been studied among English-speaking Caribbean psychiatric patients. A community-driven approach (Mansuri & Rao, 2003) was used to explore culturally-appropriate group art therapy sessions twice per week over a one-month period. Data collection included: audio-recorded group art therapy sessions, field notes and photographs of patients' artwork. The results showed that particular art-making activities and art materials encouraged patients' desire to verbally and visually express their past traumatic experiences related to natural disasters, political unrest and domestic violence. The types of trauma, art materials, and therapeutic activities will be described. The de-identified artwork of the patients will also be presented.

4-178

Asking for Help: Patterns of Help Seeking for Abuse Survivors before a Suicidal Crisis

(Abstract #666)

Poster #4-178 (Clin Res, Acute, Chronic, Adult) I - N/A **Roosevelt 1/2**

Bond, Allison, Fox, Amber, LaCroix, Jessica, Koltko, Viktor, Ponce, Jorge, Holloway, Marjan
Uniformed Services, University of the Health Sciences, Bethesda, Maryland

Exposure to emotional, physical, and/or sexual abuse may contribute to suicide risk (Afifi et al., 2016). While some survivors seek help, limited research exists on the specific sources approached by abuse survivors prior to a suicidal crisis. The current study examined help-seeking among military personnel and beneficiaries psychiatrically hospitalized following a suicidal crisis. Differences in help-seeking sources among individuals with and without abuse (emotional/physical/sexual) in either childhood or adulthood were explored. The Actual-Help Seeking Questionnaire (AHSQ; Rickwood et al., 2005) was used to evaluate help-seeking sources. Although the help-seeking tendencies were similar between groups, the frequencies at which sources were approached differed. Among individuals without a history of abuse, the most common help-seeking sources included (1) a mental health provider, (2) a friend, and (3) a significant other. Among individuals with a history of abuse, the most common help-seeking sources included (1) a significant other, (2) a mental health provider, and (3) a friend. Research to clarify the potential barriers to help seeking from a mental health provider among those with histories of abuse trauma is needed. Significant others can benefit from targeted programs that guide them through the process of connecting their loved ones to timely and appropriate care.

4-179

Influence of Betrayal Trauma on Narcissistic Hypersensitivity

(Abstract #623)

Poster #4-179 (Clin Res, Chronic, Adult) A - N/A **Roosevelt 1/2**

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Betrayal trauma theory posits that exposure to traumatic experiences with high levels of betrayal (i.e., betrayal trauma) adversely impact an individual's personality structure. This impact can be observed clinically in the form of personality pathology. One example of personality pathology is narcissistic hypersensitivity. Narcissistic hypersensitivity is the more covert counterpart of narcissistic grandiosity, which together comprises the broader narcissistic pathology (e.g., superficial, exploitative relations with other people) often found in trauma survivors. Despite the association between trauma and pathological narcissism, there has been little research on the association between exposure to betrayal trauma and narcissistic hypersensitivity specifically. In this study, we examined the incremental effect of betrayal trauma on narcissistic hypersensitivity in a sample of young adults (N = 494) using a Bayesian approach multiple regression. Results indicate that betrayal trauma was the only predictor of narcissistic hypersensitivity and this effect occurred for both men and women. These findings extend previous research on the association between betrayal trauma and personality pathology and highlight the importance of considering an individual's potential trauma history when conceptualizing and treating narcissistic and other forms of personality pathology.

4-180

Maturation of Personality Mediates the Relationship between Cumulative Trauma Exposure and Symptom Complexity

(Abstract #1134)

Poster #4-180 (Clin Res, Chronic, Complex, Adult) I - Industrialized | **Roosevelt 1/2**

Steinzor, Cazzie, Gray, Brandon, Doss, Rob, Lowmaster, Sara
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Research indicates that cumulative interpersonal trauma in childhood results in greater symptom complexity in adulthood when compared to acute trauma (Briere, Kaltman, & Green, 2008; Cloitre et al., 2009). However, the factors that account for this effect are unclear. One potential explanation may be that trauma impairs the developmental processes related to the maturation of personality, including self and interpersonal functioning. Deficits in personality maturation have been shown to result in higher symptom complexity in adulthood (Morey, 2011) and may explain the relationship between cumulative trauma and symptom complexity. Thus, the current study aimed to examine personality maturation as a mediator between cumulative trauma and symptom complexity. One hundred and twenty-five participants recruited via Amazon’s MTurk completed measures of trauma exposure, level of personality functioning, and symptom complexity. Results indicate personality maturation mediates the relationship between cumulative trauma exposure and symptom complexity. These findings underscore the key role of disturbances in personality development in psychological responses of individuals exposed to childhood traumatic events.

4-181

Latent Classes of Exposure to Traumatic and Stressful Life Events among Young Ethnic Minority Women

(Abstract #1575)

Poster #4-181 (Clin Res, Chronic, Comm/Vio, Adult) I - N/A | **Roosevelt 1/2**

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Research has shown that more severe typologies of trauma exposure are related to increased PTSD and depressive symptoms. However, the impact of co-occurring stressful and traumatic life events and the age at which violence exposure occurs remains poorly understood (Jenness, 2017), particularly among ethnic minority women. This study will examine profiles of childhood and adulthood traumatic and stressful life events in a predominantly ethnic minority sample of young women. Participants include 193 women (Mage = 30.7) of Latina (61.7%), Black (21.8%), White (8.3%), Multiracial (5.7%), and other (2.5%) backgrounds recruited from the community. Women completed the PTSD Checklist (PCL-C; Weathers et al., 1994), Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), Brief Symptom Inventory (BSI; Derogatis, 1993), and Life Stressor Checklist-Revised (LSC-R; Wolfe et al., 1996). Latent class analysis will identify patterns of stressor and trauma exposure. Relations between class, PTSD, and depressive symptoms will be investigated. Preliminary analyses show that cumulative trauma exposures are correlated with clinically elevated depressive ($r(166) = .34, p < .01$) and PTSD symptoms ($r(88) = .33, p < .01$). Better understanding ethnic minority women’s experiences, and their relation to mental health, will allow for more informed clinical care and preventive efforts.

4-182

Perceived Social Support Mediates the Relationship between Childhood Emotional Abuse and Non-remission of Chronic Major Depressive Disorder

(Abstract #263)

Poster #4-182 (Clin Res, Chronic, Comm/Int, Depr, Fam/Int, Adult) M - Industrialized **Roosevelt 1/2**

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Background: Although childhood emotional abuse (CEA) is a risk factor for onset and persistence of major depressive disorder (MDD) in adulthood, its mechanism remains poorly understood. This study examined whether perceived social support (PSS) from family or friends mediated the relationship between CEA and non-remission of MDD. Method: Participants were 62 individuals (Age: M = 44.8, SD = 13.2; 48% female) with chronic MDD (onset = 5 years). They received a structured diagnostic assessment and completed the Multidimensional Scale of PSS and Early Trauma Inventory Self-Report- Short Form at baseline and two-year follow-up. Results: At two-year follow-up, 36% of the sample continued to meet criteria for a current depressive episode. CEA correlated ($p < .05$) with lower PSS from family ($r = -.41$) and friends ($r = -.24$), and greater depression non-remission at follow-up ($r = .22$). Based on 4,000 bootstrapped samples, our model revealed a significant indirect effect of family, but not friend, PSS on the relationship between baseline CEA and non-remission two years later [$b = 0.03$, $SE = 0.02$; Bias Corrected 95 % CI: 0.01, 0.08]. Discussion: PSS from family mediated the relationship between CEA and non-remission of MDD. Developing therapeutic strategies to counter continued low familial support for depressed individuals with CEA may be important.

4-183

Latent Classes of Alcohol Consumption: Associations with Drinking Motives and Trauma-related Constructs

(Abstract #536)

Poster #4-183 (Clin Res, Bio Med, CPA, Dev/Int, Fam/Int, Child/Adol) M - Industrialized **Roosevelt 1/2**

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College is a high-risk time for alcohol consumption. College also encompasses the highest risk for interpersonal trauma (IPT) exposure, which increases propensity for risky alcohol use. Despite this trend of increased alcohol consumption, significant heterogeneity exists. The current study of students with an IPT history ($n = 1186$) sought to a) identify classes of alcohol consumption, and b) identify factors associated with class membership. Participants in the current analyses, taken from a large, longitudinal study, were on average 18.5 years old ($SD: .42$), primarily female (69.6%), and of varying races (e.g., 48.8% Caucasian, 20.4% African-American, 16.8% Asian). Results from mixture models suggest four classes: high-increasing ($n = 943$), low-increasing ($n = 147$), low-decreasing ($n = 57$), and high-decreasing ($n = 39$). Those who reported more alcohol use to conform were over-represented in classes involving increasing alcohol use, while those using alcohol to be social, to enhance abilities, or to cope broadly with distress were over-represented in classes with high initial levels. Those who used alcohol to cope with trauma-related distress were more likely to be in increasing classes. Finally, individuals with more IPTs or PTSD were over-represented in initially high or increasing use classes. Suggestions for future directions and implications of findings will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-184

Coping-related Drinking Motives Mediate the Relationship between Psychiatric Symptoms and Risk for Alcohol Use Disorder among Combat Veterans

(Abstract #537)

Poster #4-184 (Clin Res, Sub/Abuse, Adult) I - Industrialized **Roosevelt 1/2**

Hicks, Terrell

Virginia Commonwealth University, Richmond, Virginia

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) often co-occur, and one potential model for this relationship is the self-medication hypothesis (i.e., individuals with PTSD use alcohol to cope with symptoms of PTSD). While many studies have investigated drinking to cope (DTC) as a mediator of PTSD and AUD, the assessment of DTC that is most often used (Drinking Motives Questionnaire Coping Subscale) is quite broad in its assessment. Therefore, the purpose of this study was to determine if the mediational relationship of DTC between PTSD and AUD was specific to PTSD, or if DTC more broadly mediates the relationship between other psychiatric phenotypes (e.g., depression and anxiety) and AUD. Combat veterans (n=334) were interviewed using the CAPS for PTSD diagnosis and completed measures assessing their drinking motives, PTSD, depression, and anxiety symptoms. Three mediation models were conducted (e.g., PTSD diagnosis, anxiety, and depression), and DTC fully mediated the relationship between PTSD diagnosis, depression, and anxiety symptoms, and risk for AUD. These findings suggest that DTC explains the variance observed between overall psychiatric symptoms, not PTSD symptoms specifically, and risk for AUD. Results suggest that trauma-specific DTC measures need to be developed to have more specificity in testing the self-medication hypothesis of PTSD-AUD.

4-185

Examination of the Indirect Effects of Trauma-related Drinking and General Drinking to Cope on PTSD and Alcohol Use

(Abstract #538)

Poster #4-185 (Clin Res, Assess Dx, Clin Res, Sub/Abuse, Adult) M - Industrialized **Roosevelt 1/2**

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Alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD) frequently co-occur. Although it is well accepted that coping-oriented drinking is linked with AUD phenotypes, there is a paucity of research examining drinking to cope with trauma-related symptoms. In fact, there are no studies on trauma-related drinking to cope (TRD) specifically. The present study modified the Drinking Motive Questionnaire coping subscale to quantify the extent to which trauma-exposed participants reported TRD and sought to investigate the indirect effects of general drinking to cope and TRD on the relationship between PTSD and AUD symptoms. Participants included 1,896 individuals from a university-based longitudinal cohort study (70% female, 49.3% White, 20% Black, 16.4% Asian, 14.3% Other). Results indicated that general drinking to cope and TRD were related, yet distinct constructs ($r = .60$, $p < .001$). Therefore, a moderated mediation was conducted in MPlus covarying for sex and ethnicity. Both general drinking to cope and TRD significantly mediated the relationship between PTSD and AUD, with general drinking to cope accounting for 19.5% and TRD for 33.7% of the variance in the relationship. Additional analyses to be presented will include potential moderation by sex and extension of the current analyses to other risky alcohol phenotypes.

4-186

The Effect of Hypervigilance on the Observing Facet of the Five-Facet Mindfulness Questionnaire

(Abstract #1295)

Poster #4-186 (Clin Res, Assess Dx, Res Meth, Adult) I - Industrialized Roosevelt 1/2

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Increasingly, mindfulness-based interventions are employed to treat mental illnesses, including PTSD. A commonly used measure of mindfulness is the Five Facet Mindfulness Questionnaire (FFMQ). Despite widespread use as an outcome variable, there are unresolved issues with the validity of the measure, particularly the Observing facet. Researchers have suggested several possible explanations for the observing facet's differential predictive validity compared to the other four facets, including that hypervigilance may be associated with higher scores on the Observing subscale. The current study tested whether controlling for hypervigilance causes the Observing facet to predict common psychological symptoms in a similar manner to the other four facets. Undergraduates (N = 285, 76.8% Female, 60.4% White, Mage = 19.54, SD = 2.0) at a Midwestern U.S. university completed a survey on stressful events, the PTSD Checklist for DSM-5 (PCL-5), the FFMQ, and other symptom questionnaires. When controlling for hypervigilance, the FFMQ Observing facet became significantly associated in the expected directions with the other mindfulness facets ($r = .213, p = .003$), depression ($r = -.200, p = .008$), and stress ($r = -.238, p = .001$). These findings suggest that hypervigilance among trauma-exposed individuals may confound mindfulness scores in research on mindfulness-based interventions for PTSD.

4-187

The Implementation of a Positive Psychology Protocol to Promote Well-being in Victims of Terrorism

(Abstract #814)

Poster #4-187 (Clin Res, Assess Dx, Complex, Adult) A - Industrialized Roosevelt 1/2

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Fourteen years after the 11th of March attacks in Madrid, victims might be demanding new approaches of treatment focusing on addressing current psychological needs. Empirical data support behavioral cognitive therapy as the main option to treat posttraumatic stress disorder (PTSD), however victims of terrorism do not always recover to adequate levels of well-being even after receiving psychological treatment.

A positive psychology protocol was applied to 13 victims, without PTSD, members of the 11-M Affected by Terrorism Association. The general objectives of the protocol were: (a) Increase the frequency and intensity of positive emotions; (b) develop key areas of well-being as life meaning and acceptance and (c) promote perception of benefits. Phi Pemberton index (PHI), Positive and Negative Affect Schedule (PANAS), Responsive to positive Affect (RPA), Posttraumatic Growth (PTG), enjoyment orientation scale (EOS) and SYS savor and sabotage scale (SYS) were applied before the treatment, immediately after treatment and 3 months later. Nonparametric statistical methods were used. Results showed a significant increase in well-being, positive affect, enjoyment orientation, emotional and personal savor as well as a significant decrease of negative affect and sabotage from pre- to follow-up. Posttraumatic growth did not show any significant changes.

4-188

Examining the Connection between Trauma Exposure and Emotion Regulation: The Moderating Role of Socioeconomic Status

(Abstract #1536)

Poster #4-188 (Clin Res, Chronic, Complex, Cul Div, Health, Adult) I - Industrialized | **Roosevelt 1/2**

Clifford, Aimee¹, Carter, Sierra¹, Kim, Ye Ji¹, Duncan, Anna¹, Bradley, Bekh², Jovanovic, Tanja¹
¹Emory University School of Medicine, Atlanta, Georgia
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Literature has shown that trauma exposure is correlated to elevated emotion dysregulation (ED). Yet, limited research has examined the influence of socioeconomic status (SES) in this relationship amongst vulnerable populations. In this study, we hypothesized that in an urban African American (AA) population, SES moderates the relationship between trauma exposure and ED. Our sample included 4700 AA adults recruited as part of the Grady Trauma Project, an NIH-funded study of risk and resilience related to PTSD. Participants were recruited from a public hospital; interviews included demographic characteristics (self-report of income, education, and employment), the Traumatic Events Inventory (TEI), and the Emotion Dysregulation Scale (EDS). We utilized a hierarchical linear regression model to analyze the relationship between trauma exposure and ED and to investigate SES as a potential moderator, controlling for age and gender. Results revealed a significant relationship between trauma exposure and ED ($t=22.70, p<.01$), and SES and ED ($t=-12.56, p<.01$). Moderation analyses indicated a significant interaction between trauma exposure and SES on ED, indicating that trauma exposure was significantly related to ED for those with lower SES ($p<.01$). These results indicate that low-SES individuals may benefit from additional social welfare programming post-trauma.

4-190

Research Findings from Sexual Assault Survivor-Informal Supporter Dyads

(Abstract #1297)

Poster #4-190 (Clin Res, Rape, Adult) M - Industrialized | **Roosevelt 1/2**

Ullman, Sarah
University of Illinois Chicago, Chicago, Illinois

This presentation reviews methodological challenges and presents substantive empirical findings from a dyadic study of 45 matched pairs of sexual assault survivors and their informal support network members (e.g., family, friends, romantic partners) who completed semi-structured interviews. Thematic analysis was conducted using a collaborative team approach to all phases of the research. Findings are presented related to effects of disclosure and social reactions on survivors, changes in relationship quality, and impacts on supporters, including PTSD. Implications for improving support to survivors disclosing assault and strategies for helping supporters cope with assault disclosure and impact on survivors and themselves are provided.

4-191

Obsessive-compulsive Symptom Profiles following High-betrayal Sexual Victimization

(Abstract #1308)

Poster #4-191 (Clin Res, Rape, Adult) M - N/A | **Roosevelt 1/2**

Pinciotti, Caitlin, Darnell, Benjamin, Ellis, Robyn, Reffi, Anthony, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois

Existing literature suggests a connection between sexual victimization and contamination, with theories proposing that victimization featuring greater betrayal (i.e. perpetrated by someone trusted) leads to greater disgust and contamination concerns. The current study tested this theory and examined whether other obsessive-compulsive (OC) dimensions were influenced by betrayal in a sample of 166 undergraduates. Profile analysis was run to determine whether betrayal predicted four OC dimensions measured by the DOCS controlling for PTSS. Betrayal groups were as follows: Individuals

victimized by strangers, by friends, by family/significant others, or non-victimized individuals, with victimization perpetrated by friends and family/significant others conceptualized as involving greater betrayal than strangers. Significant flatness and levels tests suggested, respectively, that OC dimensions differed from one another and betrayal groups differed in overall mean OC symptoms; the parallel test was trending. Post-hoc ANOVAS revealed that those victimized by friends reported significantly more contamination symptoms compared to those victimized by strangers and non-victimized individuals. Those victimized by friends reported marginally more just-right symptoms compared to non-victimized individuals. The findings support the theory that betrayal increases contamination symptoms.

4-192
CPT in Community Mental Health: Front-Line Application with Co-Occurring Psychosis

(Abstract #1085)

Poster #4-192 (Pub Health, Clin Res, Clinical Practice, Commun, Adult) I - Industrialized **Roosevelt 1/2**

Williams, Amy
Cohen Military Family Clinic at Metrocare; UT Southwestern, Dallas, Texas

The state of Texas community mental health centers initiated a Cognitive Processing Therapy (CPT) Training Program in 2010 as a result of the increased need for the dissemination and availability of evidence-based PTSD treatments for the community. As a result, CPT trainings have yielded 195 rostered CPT providers, who largely provide clinical care at community mental health centers. Many of the clinicians work with individuals whose co-occurring disorders include the presence of psychosis. The current presentation will use survey data from 2010 until 2018 to identify and describe institutional and clinician-specific barriers regarding the implementation of CPT for PTSD in individuals with co-occurring psychosis. In addition, this presentation will provide case studies from CPT consultation that describe the “real world” use of CPT with co-occurring psychosis by front-line clinicians. Challenges and successes will be reviewed from an implementation perspective. Qualitative feedback

from clinicians working in community mental health settings will also be reviewed in efforts to better address the ways in which training initiatives can support clinicians working with these complex populations.

4-193
Current Practices in the Provision of Cognitive Processing Therapy for Veterans with Posttraumatic Stress Disorder and Co-Occurring Serious Mental Illness: A Survey Study

(Abstract #1087)

Poster #4-193 (Clin Res, Clin Res, Clinical Practice, Commun, Train/Ed/Dis, Adult) I - Industrialized **Roosevelt 1/2**

Aakre, Jennifer¹, Sacks, Stephanie², Brown, Gregory³, Chard, Kathleen⁴, Goldberg, Richard⁵
¹Minneapolis VA Health Care System, Minneapolis, Minnesota
²Private Practice, Boca Raton, Florida
³Academic Medical Center, Austin, Texas
⁴Cincinnati VA Medical Center, Cincinnati, Ohio
⁵University of Maryland, Baltimore, Maryland

Posttraumatic stress disorder (PTSD) commonly co-occurs in Veterans with serious mental illness (SMI), including schizophrenia-spectrum disorders, bipolar disorders, and depression with psychotic features. This study assessed whether Veterans with PTSD and coexisting SMI receiving treatment at the U.S. Department of Veterans Affairs (VA) were offered evidence based psychotherapies (EBPs) for PTSD consistent with VA/DOD Clinical Practice Guidelines, and identified barriers preventing use of EBPs within the VA. 33% (n=474) of all VA providers certified in Cognitive Processing Therapy (CPT), 39% (n=39) of all Psychosocial Rehabilitation and Recovery Center Coordinators, and 29% (n=40) of all EBP Coordinators responded to an online survey. Results indicate 57% of CPT provider respondents (n=270) used CPT, an EBP for PTSD, with one or more Veterans with coexisting SMI. The majority of respondents (69%-77%) indicated such Veterans have access to PTSD EBPs at their site, but also endorsed barriers to receiving care (58%-72%) including lack of referrals for PTSD treatment, clinician fears around providing such treatment for Veterans with SMI, and concerns about patient

stability. This study provides evidence that VA’s National Roll-out efforts for EBPs for PTSD have reached Veterans with PTSD and coexisting SMI, while also identifying possible systemic and clinician-specific barriers.

4-194
Cognitive Processing Therapy (CPT) for Veterans with Posttraumatic Stress Disorder and Co-Occurring Schizophrenia-spectrum Disorders: Data from the Veterans Affairs CPT Training Program
(Abstract #1088)

Poster #4-194 (Clin Res, Train/Ed/Dis, Adult) I - Industrialized **Roosevelt 1/2**

Sacks, Stephanie¹, Healy, Ellen², Chard, Kathleen³
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²*VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts*
³*Cincinnati VA Medical Center, Cincinnati, Ohio*

According to the most recent Veterans Health Administration (VHA) National Psychosis Registry Data available, out of all VHA users with a diagnosed psychotic disorder, 28.5% also had a Posttraumatic Stress Disorder (PTSD) diagnosis (Bowersox, Visnic, Valenstein, & McCarthy, 2014). Unfortunately, these complex Veterans are often denied evidence-based treatments for PTSD due clinician fears and hesitation to treat PTSD in this population and because they are rarely referred for PTSD treatment (Aakre, Sacks, Chard, & Goldberg, unpublished). The present investigation examined VA Cognitive Processing Therapy (CPT) Training Program data of 39 Veterans with PTSD and a psychotic disorder treated by therapists in the CPT Training Program. Our Intent-to-Treat (ITT) repeated measures analyses indicate that Veterans with PTSD and psychosis who underwent CPT experienced a significant reduction in self-reported PTSD and depressive symptomatology. In addition, we found no significant difference in symptom outcomes or attrition between Veterans with PTSD and no psychotic disorder and those with PTSD and a psychotic disorder. Furthermore, since these cases were completed by therapists in the CPT Training Program under guidance of expert CPT consultants, fidelity and adherence to the protocol was

maintained, meaning that the protocol did not have to be substantially altered for these clients.

4-195
Malingering Effects on the Post-treatment Outcome Reporting among Military Personnel with PTSD
(Abstract #1337)

Poster #4-195 (Clin Res, QoL, Adult) Roosevelt I - Industrialized 1/2

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¹*University of Central Florida, Orlando, Florida*
²*North Dakota State University, Fargo, North Dakota*

The assessment of PTSD symptoms within the military community relies heavily on subjective reporting. Thus, the presence of malingering is problematic for clinical and empirical goals, and it is vital that we explore the potential impact of malingering in outcome data. The current study examined the effects of malingering on changes in PTSD symptoms and quality of life after a three-week intensive outpatient program. Methods: The sample consisted of Veteran and active-duty personnel (n=112). A dual trajectory latent growth curve analysis was employed to examine the relationship between PTSD symptoms (assessed via CAPS) and quality of life predicted by the degree of malingering (assessed via M-FAST) across three time-points: POST, 3MO, and 6MO. Results: The resulting model indicated an acceptable model fit, $\chi^2(16, N=96)=21.2, p=.16, CFI=.99, RMSEA=.058,$ and $SRMR=.080$. Malingering did not predict the quality of life; however, it significantly predicted PTSD symptoms. Specifically, a high degree of malingering predicted less reduction in PTSD symptoms over time ($b=1.973, p=.010$). Discussion: Despite the use of clinician-administered measure for PTSD, malingering was found to significantly influence outcomes. Findings emphasize the importance of assessing and addressing malingering in this population for accurate reporting of clinical and empirical outcomes.

4-196

Tension Tapping Technique and Perceived Well-being during Group Acceptance and Commitment Therapy in Incarcerated Men: A Proposed Study

(Abstract #1272)

Poster #4-196 (Clin Res, Cul Div, QoL, Adult) I - N/A **Roosevelt 1/2**

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²*Virginia Department of Corrections, Capron, Virginia*

The reported rate of trauma in the U.S. in incarcerated offenders is twice that of the general population. About 95% of offenders report physical abuse prior to incarceration, and 75% report sexual abuse. In PTSD, symptoms frequently manifest as experiential avoidance, resulting in the individual's avoidance of all thoughts, memories, and other stimuli causing the undesired emotions. Using contextual behavior therapies, specifically Acceptance and Commitment Therapy (ACT), the individual is taught to use mindfulness and acceptance techniques to diffuse elevated emotions. The diffusion of emotions and mindfulness are demonstrated to have more long-term effect than cognitive behavioral therapies, because the aversive stimuli are addressed and attended. Additionally, complementary therapies, such as Thought Field Therapy (TFT) and Emotional Freedom Technique (EFT) are effective in reducing PTSD symptoms in diverse populations, and in varied circumstances or conditions. Tension Tapping Technique (TTT) is purely somatic, eliminates the use of verbal language, and is predicted to have results consistent with EFT and TFT in the perceived well-being of incarcerated males in the U.S.

4-197

Preliminary Results of a Randomized Pilot Trial of the PE Coach Mobile Application

(Abstract #1113)

Poster #4-197 (Clin Res, Tech, Adult) I - Industrialized **Roosevelt 1/2**

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³*VA Puget Sound Health Care System / Seattle Division, Seattle, Washington*

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Prolonged Exposure (PE) is an evidence-based treatment for PTSD that has been broadly disseminated throughout the VA. Although efficacious, there are barriers to PE implementation that may impact the reach of the treatment to some Veterans or barriers that interfere with participation in recovery-oriented homework tasks. PE Coach is a mobile application (app) that may mitigate some of the barriers to treatment. The app is designed to be installed on the patient's mobile device and is used during and after each therapy session to support the tasks of the manualized therapy. This study will support a pilot randomized trial to evaluate the impact of the app on clinically relevant outcomes. After using the app for 3 of the first 6 sessions of therapy, Veterans will indicate their preference for PE with or without PE Coach and will complete their PE treatment according to that choice; this choice will serve as a primary outcome for this study. Additional outcomes will include homework adherence, drop out/missed/rescheduled appointments, patient and therapist ratings of the working alliance, patient perceived credibility and convenience, and confidence in the treatment. PTSD symptoms, depression, and functional impairment will also be assessed for patients in the trial. This poster will present preliminary outcomes for this trial.

4-198

The Impact of Social Stress on Coping Responses and Symptom Outcomes in a High Adversity Child Population

(Abstract #1345)

Poster #4-198 (Clin Res, Anx, Clin Res, Depr, Prevent, Child/Adol) I - Industrialized **Roosevelt 1/2**

Nunez, Alejandro, Lara, Jannet, Litke, Shannon, Espil, Flint, Matlow, Ryan, Carrion, Victor
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Children in under-resourced communities experience high rates of stress, trauma and adversity leading to disproportionate rates of mental health issues. It is critical to understand the mechanisms that bolster or hinder coping and psychological well-being in children. This study investigates the relationship of social stress (SS) with involuntary stress responses (e.g. physiological arousal, emotional arousal) and psychological outcomes (e.g. anxiety, depression) in children enduring trauma and socio-environmental adversities. A sample of 3rd and 5th grade students (n=1,068) from a predominately Latino, historically underserved community completed self-report versions of the Behavioral Assessment System for Children and Response to Stress Questionnaire. Linear regression analyses indicated social stress has a significant unique contribution to negative symptoms, in which depression and anxiety were positively associated with SS (depression $\beta = .439$, anxiety $\beta = .460$, $p < .05$), and also interestingly, with physiological arousal ($\beta = .466$, $p < .05$) and emotional arousal ($\beta = .453$, $p < .05$). Results therefore highlight specific associations of social stress with physiological responses and particular psychological symptoms in high adversity child populations. These findings suggest that interventions effectively targeting SS may correspond with reductions in involuntary stress responses.

4-199

Using Mindful Yoga Therapy to Address Stress-Related Outcomes for At-Risk Youth in Juvenile Court Diversion Program

(Abstract #1125)

Poster #4-199 (Clin Res, Affect/Int, Commun, Cul Div, Health, Child/Adol) I - Industrialized **Roosevelt 1/2**

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³Nielsen Company, Cincinnati, Ohio
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Purpose: Many youth grow up under stressful circumstances which can lead to maladaptive behaviors. Cognitive Behavioral Treatment (CBT) is the most widely used evidence-based approach to improve mental health yet complementary skills are needed to address self-awareness, sleep hygiene and emotional regulation. Mindful Yoga Therapy (MYT) is a trauma-informed, evidence-based program offered in conjunction with CBT that promotes positive coping and self-regulation skills to enhance wellbeing. Methods: MYT was introduced as a pilot program to four cohorts of students from a Midwestern behavioral treatment school, adjunct of the juvenile court. Program surveys included two validated instruments, the Perceived Stress Scale (PSS), the EPOCH Measure of Adolescent Wellbeing and questions relating to participants' sleep patterns. Participants' perceived physical and emotional wellbeing was recorded. Results: Results indicated significant reductions in PSS scores ($p = .004$). While the changes in EPOCH scores were not significant, participants demonstrated improvements in the subscales. Participants reported a greater ability to fall asleep and demonstrated improvement in physical and emotional wellbeing. Conclusions: MYT had a positive impact on the overall wellbeing. Future studies will expand this pilot program to assess the impact of MYT on a larger sample of youth.

4-200

Children's Perception of Coping Efficacy and Symptoms Following Trauma

(Abstract #616)

Poster #4-200 (Clin Res, Assess Dx, CPA, CSA, Comm/Vio, Child/Adol) M - Industrialized **Roosevelt 1/2**

Campbell, Claudia, Sager, Julia, Wamser-Nanney, Rachel
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Childhood trauma can have a profound impact on children's subsequent functioning, including posttraumatic stress symptoms (PTSS) and other difficulties. In the aftermath of trauma children often implement a variety of coping strategies in an attempt to reduce their distress. Furthermore, while evidence suggests that active coping is likely more beneficial in the long-term, some children may utilize more passive strategies, perhaps perceiving the methods to be effective in the present. The associations between children's perceived efficacy of their coping strategies and their level of difficulties are unclear. The current study analyzed the relationship between children's reported perceived efficacy of passive and active coping strategies and their current PTSS, internalizing, and externalizing symptoms among 174 treatment-seeking children (6-18; $M = 9.91$, $SD = 3.44$). In contrast with expectations, efficacy of active or passive coping was not associated with either child- or parent-reported PTSS, internalizing, or externalizing symptoms. Perceived efficacy of coping strategies may be unrelated to current levels of difficulties, or children may have limited insight regarding the efficacy of their coping strategies. A greater understanding of children's perceptions regarding coping effectiveness may be useful in promoting adaptive long-term functioning following trauma.

4-201

The Impacts of Disaster Severity and Prior Trauma Exposure on PTSD and Alcohol Use in Adolescents

(Abstract #883)

Poster #4-201 (Clin Res, Nat/Dis, Child/Adol) I - Industrialized **Roosevelt 1/2**

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³Medical University of South Carolina, Charleston, South Carolina
⁴Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia

The impact of natural disaster exposure on posttraumatic stress disorder (PTSD), and alcohol use has been examined in youth, but has not been examined in combination with prior traumatic events. Thus the current study's purpose was to examine whether severity of natural disaster and pre-disaster trauma load impacted adolescent PTSD symptoms and alcohol use. We hypothesized that greater disaster exposure and greater trauma load would increase an adolescent's risk for PTSD symptoms and alcohol use. Data were collected from a longitudinal study of tornado-exposed adolescents (larger study $n=2,000$). Those who were present for the tornado were included in these analyses ($n=1,829$). Regression analyses indicated that greater disaster exposure severity ($B = .15$, $SE=.04$, $p<.001$) and higher trauma load ($B = .37$, $SE=.07$, $p<.001$) were associated with increased PTSD symptoms. Additionally, more prior traumas were associated with greater alcohol use ($B = .31$, $SE=.08$, $p<.001$; $OR=1.36$), while disaster severity was not associated with alcohol use ($B = -.05$, $SE=.05$, $p>.001$; $OR=.95$). These results suggest that adolescents who experience prior traumatic events and to a lesser extent, greater disaster severity, are high-risk groups on whom prevention efforts should be focused. Additional implications of study findings will be discussed.

4-202

A Longitudinal Study Examining How Coping Impacts Posttraumatic Stress Symptomatology among Bereaved Youth

(Abstract #790)

Poster #4-202 (Clin Res, Death, Grief, Child/Adol) I - Industrialized **Roosevelt 1/2**

*Hasselle, Amanda, Howell, Kathryn
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Posttraumatic stress symptoms (PTSS) often emerge among bereaved youth. This study seeks to understand how coping strategies employed in response to a death impact PTSS across time. Participants included 46 treatment-seeking youth aged 8-18 ($M=12.3$, $SD=2.3$; 51% Male; 53% White, 47% Black) who cited the death of a loved one as their lifetime most traumatic event. Data collection is ongoing, with 27 6-month follow-up interviews completed to date. Preliminary correlation analyses were run, followed by hierarchical regression models to explore the impact of coping styles (i.e., Positive Cognitive Restructuring, Avoidance, Support Seeking) on PTSS at baseline and follow-up, controlling for child sex/race and family income. The final regression models predicting PTSS at baseline ($F(6, 40)=3.07$; $p<.05$) and follow-up ($F(6, 20)=2.94$; $p<.05$) were significant. At baseline, more use of avoidant coping was significantly associated with more PTSS ($B=2.94$, $p<.05$). At follow-up, more use of support seeking coping strategies was significantly associated with fewer PTSS ($B=-3.40$, $p<.05$). Findings suggest that the adaptive value of coping responses varies across time, such that coping styles that are detrimental to mental health in the short-term may be innocuous over time, while coping styles that appear disadvantageous in the short-term may promote long-term mental health.

4-203

Abuse Characteristics and Trauma Symptoms in Children: Examining the Role of Maternal Support

(Abstract #1258)

Poster #4-203 (Clin Res, CSA, Clinical Practice, Commun, Fam/Int, Lifespan) M - Industrialized **Roosevelt 1/2**

*Wamser-Nanney, Rachel, Sager, Julia, Campbell, Claudia
University of Missouri St. Louis, St. Louis, Missouri*

Sexual abuse severity has been identified as a predictor of children's symptom trajectories following disclosure. However, the mechanisms underpinning this relationship remain unclear. Maternal emotional support and maternal blame/doubt have previously corresponded with trauma-related outcomes among sexually abused children and thus may act as an intervening variables between abuse severity and functioning. The aim of the present study was to investigate whether maternal emotional support and blame/doubt mediated the relationship between child-reported abuse severity and posttraumatic stress symptoms (PTSS) among 148 treatment-seeking children ($M = 9.70$, $SD = 2.85$; 66.5% female, 58.5% White). Abuse severity was positively tied to both child- and caregiver-reported PTSS. Maternal blame/doubt partially mediated the relationship between abuse severity and child-reported PTSS; however, a mediation was not observed for caregiver-reported PTSS. Maternal emotional support also did not mediate the associations between abuse severity and either child- or caregiver-reported PTSS. Findings suggest that the relationship between abuse severity and PTSS among children is not driven by levels of maternal emotional support. Nonetheless, maternal blame/doubt may be an important mechanism in understanding child-reported PTSS symptoms.

4-204

Early Exposure to Intimate Partner Violence and Preschool-aged Child Interactive Behaviors

(Abstract #1260)

Poster #4-204 (Clin Res, Depr, Dev/Int, DV, Fam/Int, Child/Adol) I - Roosevelt 1/2 Industrialized

Kobayashi, Jade, Bernard, Nicola, Levendosky, Alytia, Bogat, G. Anne
Michigan State University, East Lansing, Michigan

The early mother-child relationship is an important context for child psychosocial development. Cross-sectional studies have established relationships between traumas such as intimate partner violence (IPV) and child behavioral outcomes. However, additional longitudinal research is needed to identify sensitive periods for trauma exposure. The current longitudinal study examined child interactive behaviors as predicted by IPV, maternal depression, and self-reported parenting behaviors assessed yearly from infancy to preschool age. Preliminary analyses of an observed free-play of 155 mother-child dyads at age 4 indicated that IPV at age 1 predicted more positive, proximal, and dependent child behaviors. IPV and maternal depression together at age 1 predicted more negative, disobedient, and distressed behaviors. Thus, children exposed to IPV, but not maternal depression may engage in behaviors that maintain maternal closeness. Children exposed to both IPV and maternal depression may engage in more negative behaviors due to a perceived lack of safety within the early mother-child relationship. These findings suggest that the first year of life may be a sensitive period for children's response to relational trauma. The relationship between stressors during this period and later interactive behaviors may also indicate a pathway for the development of later mental health problems.

4-205

Maltreatment and Childhood Aggression: The Role of Maternal Sensitivity and Responsivity

(Abstract #1261)

Poster #4-205 (Prevent, Aggress, CPA, Fam/Int, Neglect, Lifespan) M - Roosevelt 1/2 Industrialized

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²Mt. Hope Family Center, Rochester, New York
³University of Minnesota, Minneapolis, Minnesota

Childhood aggression is a precursor for long-term physical and mental health problems (Tremblay et al., 2004). This study examines maternal sensitivity and responsivity as mechanisms through which maltreatment leads to aggression in toddlerhood. Longitudinal data was collected from 111 mothers and their infants at 12, 26, and 38 months old. The sample was racially diverse and impoverished. Mothers were the perpetrator in most cases. The study utilized a multi-informant approach, including CPS records and observation of the mother-child interaction. Maternal sensitivity was measured using Q-sort methodology to assess maternal affect, attentiveness, communication, and interaction style. Responsivity, measured by maternal report, assessed sense of closeness with, and ability to respond effectively to, the child. To address study aims, Structural Equation Modeling was conducted. Maltreatment predicted less maternal sensitivity and responsivity one year later. Less sensitivity and responsivity predicted more toddler aggression. Mediation was tested using 95% asymmetric confidence intervals. Results indicated that maternal sensitivity, 95% CI [0.134,2.849], and responsivity, 95% CI [0.584,3.332], mediated the relation between maltreatment and aggression. This suggests that a relational intervention focused on improving maternal responding could redirect this maladaptive trajectory.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-206

Aggregate Trauma, Nonsuicidal Self-injury, and Trajectory of Suicidal Thoughts and Behaviors: A Systematic Review

(Abstract #1239)

Poster #4-206 (Clin Res, Assess Dx, Chronic, Complex, Prevent, Lifespan) M - Global **Roosevelt 1/2**

Lennon, Jack¹, Hassan, Ikram¹, Mohit, Ali¹, Barnes, Christopher²

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Nonsuicidal self-injury (NSSI) receives less attention than other suicidal thoughts and behaviors (STB) as it relates to a result of aggregate trauma and STB trajectory. We conducted a systematic review to identify available research examining aggregate trauma and STB trajectory, then focused specifically on NSSI as a result of aggregate trauma as well as NSSI sequelae. We conducted a search of the PubMed, psychINFO, and Medline databases using the following keywords: trauma, NSSI, suicide, multiple traumas. We then employed the following inclusion criteria: 1) study conducted within 10 years; 2) article focused on aggregate trauma/trauma profile; 3) article compared NSSI to other STB; 4) individuals without personality disorder diagnosis, head trauma, or other neurological insult. Review found evidence supporting role of NSSI in STB trajectory and effects of trauma on STB. Fewer studies focus specifically on NSSI outcomes and aggregate trauma. Relevant studies supported NSSI as consequence of aggregate trauma, often arising prior to other STB. Greatest effect sizes found for interpersonal negative events. We utilized table format to report relevant data points. A forest plot illustrates between-group effect sizes across studies. We discuss strengths/limitations of research within this area and propose recommendations for future studies.

4-207

Strong Families Moving Forward: Program Evaluation of a Model Adapted for Veterans

(Abstract #1449)

Poster #4-207 (Clin Res, Fam/Int, Lifespan) I - Industrialized **Roosevelt 1/2**

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Veteran family members often face transition and relationship challenges after military service. The current model is an adaptation of Strong Families Strong Forces, an evidence-based, post-deployment reintegration program that was originally designed for National Guard and Reserve families with children age 0-5 years. Previous findings (DeVoe et al, 2016) indicated greater reductions in parenting stress and mental health distress relative to those on a waitlist condition. The adapted model, Strong Families Moving Forward, was implemented at the Steven A. Cohen Military Family Clinic at Metrocare. Adaptations included changing language to fit veterans and transition, expanding the modules to address a broader age range of children, and broadening the concept of “separation” beyond deployment. Data from 35 families (121 individuals) was collected between January 2017 and March 2018. Family members completed self-report measures of depression (PHQ-9), anxiety (GAD-7), PTSD (PCL-5), relationship quality (RDAS-1), quality of life (Q-LES-Q-SF), parenting questionnaire (APQ), and children’s symptom checklist (CIS) at pre- and post-treatment. We highlight the challenges and successes of applying the model to a diverse population of veteran families with complex presenting concerns. These are summarized with program evaluation data outcomes.

4-208

Sources of Trauma in Autism Spectrum Disorder: A Qualitative Study of Caregiver Perspectives

(Abstract #405)

Poster #4-208 (Clin Res, Assess Dx, Complex, Theory, Lifespan) I - Industrialized **Roosevelt 1/2**

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²**University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania**

Research suggests individuals with autism spectrum disorder (ASD) may encounter greater childhood adversity and other significant stressors associated with ASD (e.g. sensory sensitivities, stigma). This mixed methods study explored potential sources of trauma as described by caregivers of individuals with ASD and evaluated congruence between these qualitative reports and standard trauma checklists. Participants (N=15) were caregivers of a person with ASD and caregiver-reported traumatic experience. Caregivers completed qualitative interviews and standard measures of potentially traumatic events (PTE), including the adversity screen of the Child PTSD Symptom Scale (CPSS)/Posttraumatic Diagnostic Scale (PDS) and Trauma History Questionnaire (THQ). Interviews were transcribed and submitted to thematic content analysis by multiple raters. On measures, caregivers endorsed traditional PTEs including: bullying, death of a loved one, emotional abuse, physical, and sexual abuse. Nearly half also endorsed “other traumas” which were illuminated by qualitative interviews and included: loss of relationships, traumatic transitions, social rejection/alienation, betrayal, and sensory sensitivities. Findings suggest that a range of traumas may be missed by traditional measures and that definitions of PTEs should be expanded for individuals with ASD to improve screening, diagnosis and treatment.

4-209

Exploring PTSD Symptom Change during a Self-monitoring Assessment Protocol via Time-Series Analyses

(Abstract #520)

Poster #4-209 (Clin Res, Clin Res, N/A) I - N/A **Roosevelt 1/2**

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Research indicates that self-monitoring leads to an increase in a vast number of health-promoting behaviors and a subsequent decrease in psychiatric symptoms. Preliminary research suggests that brief, self-monitoring of PTSD symptoms can be beneficial as well. As an example, Dewey et al (2015) evaluated the impact of self-monitoring on severity of posttraumatic stress in a sample of trauma-exposed college students (n =33). Participants carried an Android device which prompted them to report DSM-IV posttraumatic stress symptoms and negative emotions six times daily for two weeks. Results indicated that the symptom monitoring period was associated with a significant reduction in symptom severity compared to a control time condition. The current study uses exploratory time-series analyses to describe how symptoms in three cases from the above study changed over time. These cases were selected for analysis because of their high response rate, denial of current or past PTSD intervention and reduced PTSD symptoms following the monitoring protocol. Results indicate the presence of curvilinear trends for 7 of 9 PTSD symptom clusters, which can be described as an initial deceleration of symptom severity followed by a smaller change in the second half of the monitoring period. Results will be discussed in light of using self-monitoring as a viable, brief intervention for PTSD.

ASSESSMENT/DIAGNOSIS

4-210

Relations between PTSD and Major Depressive Episode Symptom Clusters: Effect of PTSD Severity

(Abstract #15)

Poster #4-210 (Assess Dx, Affect/Int, Depr, Adult) M - Industrialized | **Roosevelt 1/2**

Contractor, Ateka¹, Greene, Talya², Dolan, Megan¹, Elhai, Jon³

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Posttraumatic stress disorder (PTSD) and major depressive episode (MDE) are highly comorbid following traumatic experiences and cumulatively associated with functional impairment. To examine mechanisms for the PTSD-MDE comorbidity, we investigated their cluster-level associations. Using data obtained from Amazon's Mechanical Turk, 368 trauma-exposed participants were split into two subsamples: those with (n=163) and without (n=185) probable PTSD. In both subsamples, confirmatory factor analyses indicated an optimal 7-factor Hybrid PTSD model. Results of Wald tests of parameter constraints indicated that in both subsamples, PTSD's dysphoric arousal factor strongly related to somatic depression compared to all/most other Hybrid Model factors. Additionally, in both subsamples, PTSD's negative affect, externalizing behaviors, and anhedonia factors each strongly related to non-somatic depression compared to PTSD's anxious arousal factor. Thus, PTSD's dysphoric arousal symptoms account for PTSD's shared variance with somatic depression, while the NACM/dysphoria and AAR symptoms (excluding anxious arousal) account for PTSD's shared variance with non-somatic depression. Our findings inform the discussion on PTSD's specific/non-specific factors tied to diagnostic modifications, and the use of transdiagnostic treatment protocols for PTSD-MDE symptoms.

4-211

An Ecological, Developmental Psychopathology Model of Posttraumatic Stress Symptomatology Severity

(Abstract #1614)

Poster #4-211 (Assess Dx, Comm/Int, Depr, Dev/Int, Fam/Int, Adult) I - Industrialized | **Roosevelt 1/2**

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Not all trauma-exposed individuals develop posttraumatic stress disorder (PTSD; Breslau et al., 1998). Of those who do develop PTSD, severities differ, and symptoms may be subclinical. It is therefore imperative to explore what factors lead to the development of PTSD and its severity, or protect against it. Although much previous research (e.g., Kleim et al., 2007) has addressed this aim, to our knowledge, previous work has not considered risk and resilience factors in conjunction with an ecological (Bronfenbrenner, 1979), developmental psychopathology model of PTSD. Glackin and Gray (2016) recommended conceptualizing psychopathology through ecological, developmental psychopathology models. Thus, the present study aimed to evaluate this model of PTSD, using variables at multiple levels of ecology. Participants comprised 116 individuals who had experienced a trauma in the past 5 years. Measures included the Posttraumatic Diagnostic Scale (Foa, 2013) and the Adverse Childhood Experiences questionnaire (Bynum et al., 2009), among others. Results of multiple hierarchical regression controlling for gender and race/ethnicity revealed that the model was significant, $F(21, 64) = 5.64, p < .001$, and accounted for 64.9% of the variance in PTSD. Exploratory mediations, and group differences by PTSD symptom severity group, are reported, and clinical implications are discussed.

4-212

Are ICD-11 PTSD and CPTSD Different from Depression and Anxiety? A Network Analysis Perspective

(Abstract #1205)

Poster #4-212 (Assess Dx, Aggress, Anx, Complex, Depr, Adult) A - Industrialized **Roosevelt 1/2**

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Two new sibling PTSD disorders – PTSD and CPTSD – have been proposed to be part of the ICD-11 but have been tested insufficiently among patients other than in mental health service and trauma centers. In addition, no study has researched the possibility that these disorders are different from depression and anxiety. Accordingly, we used the ICD-11 International Trauma Questionnaire and BSI among a sample of 234 men drawn randomly from a national sample of 2600 men receiving treatment for domestic violence in Israel. We aimed to explore the cluster symptoms and to identify the centrality of symptoms by estimating graphical lasso networks of CPTSD, depression, and anxiety symptoms, and inspecting network node centrality measures. The ICD-11 PTSD and CPTSD symptoms were strongly connected within the two disorders, except for dissociation which was part of the re-experiencing cluster. Symptoms of depression and anxiety belonged to a different cluster and were weakly connected to the CPTSD symptoms. Feeling uncontrollably angry, distant from people, easily startled, and ashamed were the most central symptoms. These findings strengthen the validity of the ICD-11 PTSD and CPTSD disorders; additionally, the network revealed central symptoms that might be important targets for specific interventions among this population.

4-214

Gender-based Differential Predictors of Suicide Ideation and Suicide Attempts in Psychiatric Aeromedical Evacuations from OEF and OIF

(Abstract #1128)

Poster #4-214 (Clin Res, Clinical Practice, Cog/Int, Grief, Gender, Adult) I - Industrialized **Roosevelt 1/2**

Hale, Willie¹, Straud, Casey¹, Moore, Brian², Lara-Ruiz, Jose², Baker, Monty³, Gardner, Cubby⁴, Young-McCaughan, Stacey¹, Mintz, Jim¹, Cigrang, Jeffrey⁵, Peterson, Alan¹

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Over 10% of the military aeromedical evacuations (AE) out of the OEF and OIF theaters have been for psychiatric reasons. Suicide ideation and attempted suicide are among the most serious reasons for psychiatric AE. Research examining factors that distinguish individuals at risk for suicide ideation and attempts from other psychiatric conditions necessitating a psychiatric AE is scant. It is important to determine whether different factors predict these outcomes for male and female service members, 1) given that prior research in civilians show that men and women attempt and complete suicide at different rates, and 2) that they face different stressors in combat environments. Data was collected retrospectively on a large cohort of military personnel AE'd from OIF/OEF between 2001 through 2013 for primary psychiatric disorders. Results showed that females were more likely than males to return stateside due to suicide attempts, but not ideation, relative to other necessitating diagnoses. Of all demographic factors, only theater (OEF) predicted a necessitating diagnosis of suicide ideation for both males and females. With respect to suicide attempts, being a Marine served as a protective factor for males only, whereas being active duty, having an advanced degree, and being junior grade were risk factors for females. Clinical and operational implications will be discussed.

4-215

An Evaluation of Relationship Status and Gender as Factors Associated with Psychiatric Aeromedical Evacuations from Combat Zones among OEF/OIF Service Members

(Abstract #1130)

Poster #4-215 (Prevent, Assess Dx, Fam/Int, Mil/Vets, Gender, Adult) I - Global | **Roosevelt 1/2**

Moore, Brian¹, Straud, Casey², Hale, Willie², Gardner, Cubby³, Baker, Monty⁴, Lara-Ruiz, Jose¹, Cigrang, Jeffrey⁵, Hancock, Allison², Mintz, Jim², Young-McCaughan, Stacey², Peterson, Alan²

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Abstract: Deployment to a combat theater is an extremely stressful experience for military service members (SM) as they prepare for the exigencies of a combat zone. In addition to the stress of combat, service members are also managing everything they leave behind, such as family and personal responsibilities, which contributes significant stress to the SM and their family. The stress of managing military and family responsibilities can be explained by Role Strain Theory, which postulates the strain of competing responsibilities increases an individual's stress. This study examined relationship status and gender factors related to psychiatric aeromedical evacuation (AE) from combat theater. Participants were 8862 SM that were AE from theater due to psychiatric reasons between 2004-2011. Results demonstrated there was a significant relationship between gender and relationship status for PTSD ($p < .001$) and anxiety disorders ($p = .03$). Specifically, results indicated married men and women were twice as likely to be AE due to PTSD compared to their never married peers. Divorced and married women were also at increased risk of AE due to anxiety disorders, while divorced men presented the lowest risk. Based on our findings, the combination of being deployed, while also attempting to manage family responsibilities may increase the risk of psychiatric problems and AE.

4-216

Characteristics of Military Personnel during Psychiatric Aeromedical Evacuations from Iraq and Afghanistan

(Abstract #1129)

Poster #4-216 (Assess Dx, Acc/Inj, Prevent, Mil/Vets, Adult) M - Global | **Roosevelt 1/2**

Lara-Ruiz, Jose¹, Hale, Willie², Straud, Casey², Baker, Monty³, Gardner, Cubby⁴, Young-McCaughan, Stacey², Hancock, Allison², Mintz, Jim², Cigrang, Jeffrey⁵, Peterson, Alan²

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Studies have found that different demographic and military characteristics contributed to the psychiatric aeromedical evacuation (AE) of military personnel. This study examined differences in AE factors between Afghanistan and Iraq, and determined the most common psychiatric diagnoses associated with AE. A total of 7,752 military personnel were included in this study. Of the total sample, 2,920 were evacuated from Afghanistan and 4,832 from Iraq. Results indicated that the following factors increased the likelihood of AE. Age increased the likelihood of evacuations in Iraq, $2 (5, N = 4,781) = 48.69, p = .001$. Race increased the likelihood of evacuations in both Afghanistan, $2 (9, N = 2,920) = 54.88, p = .001$, and Iraq, $2 (9, N = 4,832) = 56.52, p = .001$. In terms of military characteristics, military component ($2 (1, N = 4,622) = 63.52, p = .001$) and rank ($2 (5, N = 4,770) = 49.88, p = .001$) increased the likelihood of AE in Iraq. In contrast, being in a combat support occupation contributed to evacuations in Afghanistan ($2 (3, N = 2,920) = 29.88, p = .001$). The top three psychiatric conditions associated with AE included depressive disorders, adjustments disorders, and Posttraumatic Stress Disorder. Findings from this study may be used to create interventions to prepare military personnel to better cope in combat environments and with additional family-related stress.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-217

Acute Blast Injury Assessment during Military Deployment: Differences in Psychological and Neurocognitive Outcomes

(Abstract #1237)

Poster #4-217 (Assess Dx, Acc/Inj, Clinical Practice, Mil/Vets, Adult) M - Global **Roosevelt 1/2**

Lara-Ruiz, Jose¹, Straud, Casey², Hale, Willie², Hansen, Hunter², Shah, Dhiya², Baker, Monty³, Bryant, Richard⁴, Gardner, Cubby⁵, Isler, William⁶, Young-McCaughan, Stacey², Hancock, Allison², Mintz, Jim², Cigrang, Jeffrey⁷, Peterson, Alan²
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Traumatic brain injury (TBI) has been associated with variety of psychiatric symptoms and cognitive impairment. This study examined the impact of TBI history on current psychiatric and neuropsychological symptoms. Military personnel were assessed for psychiatric and neuropsychological symptoms after exposure to a blast. To assess for acute stress and PTSD symptoms the Acute Stress Disorder Scale (ASDS) and the PTSD Checklist-Military Version (PCL-M) were used. To assess for neuropsychological functioning the Military Acute Concussion Evaluation (MACE), Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), and the Automated Neuropsychological Assessment Metrics, Version 4.0 (ANAM4) were used. Results revealed there was a significant difference between TBI history and ASDS scores, $F(3, 324) = 6.00, p = .001$. Similarly, there was also a significant difference between TBI history and PCL-M scores, $F(3, 485) = 9.86, p = .001$. There was also a significant difference between the TBI history and MACE immediate memory scores, $F(3, 479) = 2.70, p = .045$. Additionally, differences were observed between the TBI history and ANAM-4's matching to

sample ($F(3, 150) = 6.00, p = .001$) and mathematical processing ($F(3, 150) = 6.00, p = .001$) subtests. Findings indicate a more chronic history of TBIs contributes to greater psychiatric and neuropsychological symptoms.

4-218

Cumulative Combat Experiences, Posttraumatic Stress Disorder, and Posttraumatic Growth among Military Personnel Assessed after a Blast Exposure

(Abstract #1236)

Poster #4-218 (Clin Res, Acc/Inj, Chronic, Complex, Mil/Vets, Adult) M - M East & N Africa **Roosevelt 1/2**

Hansen, Hunter¹, Straud, Casey¹, Hale, Willie¹, Moring, John¹, Lara-Ruiz, Jose², Moore, Brian², Bryant, Richard³, Baker, Monty⁴, Isler, William⁵, Young-McCaughan, Stacey¹, Mintz, Jim¹, Cigrang, Jeffrey⁶, Peterson, Alan¹

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Since 9/11/2001, approximately three million U.S. military service members (SM) have deployed to the Middle East in support of military operations. During deployment, military service members are frequently exposed to severe traumatic events that can increase the risk of developing posttraumatic stress disorder (PTSD). While distress following a traumatic event is a common experience, research on posttraumatic growth (PTG) has found that individuals may also thrive and overcome such events in positive ways. The study explored associations between the number of combat experiences, PTSD, and PTG among active duty SM following a blast-related injury. Results demonstrated positive correlations between the number of combat experiences, PTSD, and PTG ($r = .42$ to $.55$). Next, the sample was stratified by PTSD diagnosis. Findings indicated combat experiences and PTG remained positively correlated

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

for both those with ($r = .47$) and without PTSD ($r = .33$), whereas combat experiences and PTSD severity were only correlated for those without PTSD ($r = .48$). Among SM reporting a prior history of head injury, combat experiences predicted PTG. Results indicate that: 1) exposure to combat can simultaneously have deleterious effects and facilitate positive growth, and 2) that prior history of head trauma can also lead to positive changes.

4-219

Patterns of Acute Stress Disorder and the Impact of Neuropsychological Symptoms in a Sample of Blast-Injured Military Service Members: A Latent Profile Analysis

(Abstract #1238)

Poster #4-219 (Prevent, Acc/Inj, Assess Dx, Clinical Practice, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

Straud, Casey¹, Hale, Willie¹, Moring, John¹, Lara-Ruiz, Jose², Bryant, Richard³, Baker, Monty⁴, Hansen, Hunter¹, Cigrang, Jeffrey⁵, Isler, William⁶, Young-McCaughan, Stacey¹, Peterson, Alan¹

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Blast exposure is one of the most common combat injuries sustained by OEF/OIF service members (SM), and can lead to severe, lasting functioning problems. The validation of neuropsychological and psychiatric instruments following blast exposure is therefore critical to mitigate further injury. The current study explored latent profiles of acute stress disorder (ASD) symptoms in SM following blast exposure. Demographic variables and neuropsychological symptoms, such as loss of consciousness (LOC), were evaluated as determining factors related to ASD profile classes. We conducted six latent profile analyses model solutions for ASD symptoms. Model comparisons indicated a three-class solution was the best fitting model. The three-

classes were defined as mild, moderate, and severe. Results indicated neuropsychological symptoms, such as disorientation after a blast, $2(2, 314) = 18.22$, headaches after a blast, $2(2, 312) = 16.38$, dizziness after a blast, $2(2, 312) = 20.23$, and LOC from a blast, $2(2, 315) = 10.22$, were significantly related to ASD symptom class ($p < .01$). SM in the moderate or high ASD symptom classes were more likely to report the presence of neuropsychological symptoms compared to service members in the low ASD symptom class based on odds ratios. Results suggest ASD profiles can inform clinical practice, screening, and treatment for blast-injured SM.

4-220

TBI or Not TBI? Is that Really a Question? The Lack of Relation between Head Injuries and Diagnoses of TBI in Veterans

(Abstract #1659)

Poster #4-220 (Assess Dx, Acc/Inj, Illness, Mil/Vets, Care, Adult) I - Industrialized **Roosevelt 1/2**

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TBI is of increasing concern in military and civilian worlds; however, TBI diagnosis is impeded by inadequate historical information about suspect head injury (HI) events in military and civilian life, and the overlap between TBI and PTSD symptoms. We completed a state-wide survey of 1,100 West Virginia veterans of all eras (WWII to present), at the request of the WV Legislature Veterans Committee. Veterans reported military and civilian events commonly associated with HI, symptoms related to HI, and symptoms of PTSD. Half (49%) of the veterans reported at least one suspect event in childhood (27%), adulthood (29%), or during the military (34%), including falls, hits, and explosions. Some 43% reported at least one post-concussive symptom (PCS; e.g., loss of consciousness or memory) immediately after a suspect event; 38% reported at least one symptom in the weeks after an event. Total number of PCS (immediately or weeks after) was related to number of suspect events; $r = .67$ & $.53$, respectively, $p < .01$). PCS and military trauma were related to PTSD symptoms (R-square $.27$, $p < .001$). Of critical importance, a high percentage of veterans, even with high levels of

suspect events, were not diagnosed with (and thus not being treated for) TBI. We discuss why signs of TBI are being missed; implications of missing such cases; and the relation between events, PCS, and diagnosis.

4-221

Measurement of Psychopathology in a Highly Traumatized General Outpatient Clinic: The Clinical Global Impression Scale (CGI) is not Enough

(Abstract #1043)

Poster #4-221 (Assess Dx, Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

McAleavey, Andrew¹, Peskin, Melissa², Becket-Davenport, Colleen¹, Difede, JoAnn²
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The clinical Global Impression Scale (CGI) is a clinician-rated measure of overall psychiatric illness, which is widely used in clinical trials. However, the CGI has only two single-item measures of overall patient illness severity (CGI-S) and improvement (CGI-I), and several studies have failed to demonstrate reliability and validity. In this study we sought to determine whether the CGI adds to a clinical assessment beyond validated self-report scales, among a highly-traumatized sample conducted at the NYPH Military Family Wellness Center at Weill Cornell Medicine, where PTSD is the presenting concern for ~66% of patients. In this sample of 544 CGI ratings by 12 therapists of 50 patients, 49.6% of the variance in CGI-S ratings were at the client level, and 36.5% was at the therapist level. That is, the CGI-S appears to be a highly stable rating of patients and therapists, with little variability over treatment. The CGI-I was only moderately strongly clustered, with 20.4% and 10.9% of its variance at the levels of patient and therapist, respectively. At intake, the CGI-S appears to correlate meaningfully with the PCL total score ($r = .73$), but not the PHQ-9 ($r = .084$) or GAD-7 ($r = .13$). Analyses of change suggest only moderate correlations with treatment outcome. The CGI provides limited information beyond comprehensive self-report measures in this highly-traumatized setting.

4-222

Does PTSD Moderate the Association between Neuropsychological Functioning and Health Behaviors in Iraq and Afghanistan Veterans?

(Abstract #1660)

Poster #4-222 (Assess Dx, Health, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Posttraumatic Stress Disorder (PTSD) is associated with a host of poor outcomes, including negative health behaviors (e.g., poor diet, lack of physical activity, and substance use), which increase chronic disease risk. Despite the association between PTSD and negative health behaviors, determinants of this link are not well-investigated. In particular, one understudied mechanism of poor health behaviors is neuropsychological functioning, including difficulties with memory, and learning. These challenges may undermine engagement in health promoting behavior, and therefore increase chronic disease risk. Iraq and Afghanistan veterans (N = 130) participated in a pilot study of post-deployment functioning. Participants were administered the Clinician Administered PTSD Scale, neuropsychological measures, and a self-report measure of health promoting behavior. Preliminary regression analyses indicate that poorer performance on short-delay free recall, long-delay free recall, and total recognition discriminability were associated with poor health behaviors. Moderation analyses will be presented. These findings indicate that difficulties with neuropsychological functioning may lead to poor health behaviors, which, in turn, may increase risk for chronic disease in veteran populations.

4-223

Exploring Coexistence of PTSD and Internet Addiction

(Abstract #1411)

Poster #4-223 (Assess Dx, Health, Adult) M - Global Roosevelt 1/2

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Introduction: The etiological link from trauma exposure to PTSD has been well documented in literature. Addiction following trauma has also been reported. Moreover, Internet addiction is newly known as a popular behavioral problem of addiction, especially in adolescents and young adults. This prospective study thus aimed to explore the potential co-occurrence of posttraumatic stress disorder (PTSD) and Internet addiction in those who had past trauma experiences.

Methods: Participants were 526 young adults (56.7% females). They completed the Posttraumatic Diagnostic Scale for DSM-5 (PDS-5), Chen Internet Addiction Scale (CIAS), and background questionnaire at baseline assessment as well as one-month and three-month follow-up.

Results: This study yields 12.7% of possible PTSD and 29.7% of possible Internet Addiction at baseline, with gender ratio (F:M) approximately 2:3 and 1:1, respectively. Estimated comorbidity of PTSD and Internet Addiction yields 7.6-9.7% for each assessment. Panel analyses show that PTSD may be more likely to precede Internet addiction.

Conclusion: Though as a preliminary exploration with indeed not a population-representative sample, the findings are intriguing, suggesting that a prospective study with longer duration design may be indicative to unfold a new avenue for etiological research and clinical intervention of trauma, PTSD, and Internet addiction.

4-224

Do Children of Danish Military Deployed Fathers have Poorer Well-being than Children of Civilian Controls?

(Abstract #288)

Poster #4-224 (Assess Dx, Aggress, Fam/Int, QoL, Mil/Vets, Child/Adol) M - Industrialized Roosevelt 1/2

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Military deployment increases risk of traumatic event exposure as well as the risk of PTSD and other mental illnesses (Gates et al., 2012). This may affect family life, e.g. child well-being in terms of e.g. poorer academic outcomes (De Pedro et al., 2011) and behavioral problems (Creech et al., 2014). However, no knowledge of child well-being of Danish military deployed personnel exists. We examined well-being among a representative sample of >1,500 children (aged 7, 11- and 15 years) of formerly deployed Danish fathers using 2016 survey data. Well-being was examined by areas such as family life, self-evaluated school outcomes and problems (loneliness, The Strength and Difficulties Questionnaire (SDQ), and externalizing behavior). First, well-being was analyzed among children of formerly deployed fathers compared to >4,500 children of civilian fathers (controls). Second, well-being was analyzed among children of fathers with mental health problems compared with a) children of formerly deployed fathers without mental health problems and b) children of civilian fathers with mental health problems. Children of formerly deployed fathers are generally doing as well as civilian controls. However, children of formerly deployed fathers with mental health problems are more challenged and have poorer well-being than children of formerly deployed fathers without mental health problems.

4-225

Parent Posttraumatic Stress, Parenting Behavior, and Family Functioning in Families of Children with Cancer

(Abstract #445)

**Poster #4-225 (Assess Dx, Fam/Int, Roosevelt
Illness, Child/Adol) I - Industrialized 1/2**

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Few studies have examined relationships between parent distress related to a child's cancer, their parenting of other children in the family, and broader family functioning. We investigated whether parenting mediated associations between parent cancer-related posttraumatic stress symptoms (PTSS) and family functioning. 126 caregivers (88% mothers) of children with cancer self-reported cancer-related PTSS. Caregivers and their healthy children (N=126; aged 8-17) also completed parenting and family functioning measures. Ordinary least squares path analysis with bootstrapping suggested that parenting (psychological and behavioral control) mediated the relationship between parent PTSS and family functioning. There was a significant indirect effect of parent PTSS on family enmeshment through parent self-reported psychological control ($ab=.04$, $SE=.02$, $95\%CI=.01-.07$). Sibling-reported parental behavioral control mediated the association between parent PTSS and chaotic family environment ($ab=.02$, $SE=.01$, $95\%CI=.002-.05$). In both models, direct effects of parent PTSS on family functioning were also significant, suggesting partial mediation. Caregiver cancer-related PTSS may shape parenting of healthy siblings, which in turn may impact broader family functioning. Findings highlight the importance of interventions for parents of children with cancer to support the family as a whole.

GLOBAL ISSUES

4-226

Does Daily Experiences of Refugees and Conflict-Affected Populations tell Anything about their Mental Health?: A Systematic Review and Meta-analysis

(Abstract #425)

Poster #4-226 (Global, Chronic, Health, Refugee, Civil/War, Lifespan) M - Global Roosevelt 1/2

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In this era of increasing forced migration, providing refugees or conflict-affected people with appropriate psychosocial supportive service and care is critical. Yet, in order to do it, we need to understand what factors are related to their mental well-being. Previous literature have revealed that daily life experiences associate with psychological well-being. Hence, the present study provides a comprehensive, quantitative review performed by meta-analysis examining the association between daily life experience and mental well-being among refugees and conflict-affected populations. Analysis of 50 studies including 47,108 subjects with mean age of 28 revealed that impaired activity of daily living was significantly associated with depressive symptoms and post-traumatic stress symptoms. Associations of on-going adversities with depressive symptoms and general mental health were also discovered. Meta-regression analysis found that neither population age nor exposure to pre-migratory traumatic experience moderated these associations. Although there was significant heterogeneity between the included studies, Egger's regression intercept did not significantly deviate from zero, suggesting minimal publication bias. Based on these results, how changes in everyday life experience of refugees and conflict-affected populations explain their mental health will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-227

**Daily Stressors, Resource Loss, and Coping:
A Qualitative Study with Return Migrants in
Northern Sri Lanka**

(Abstract #426)

**Poster #4-227 (CulDiv, Comm/Int,
Global, Refugee, Civil/War, Adult) M
- S Asia** **Roosevelt
1/2**

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Forcibly displaced individuals typically encounter significant daily stressors following displacement, which can negatively impact mental health above and beyond previous traumas. In Sri Lanka, a 26-year civil war resulted in the uprooting of families and communities from familiar ecological contexts. Many experienced not only direct exposure to violence, but also secondary trauma associated with displacement such as lengthy and dangerous journeys and inadequate resources or shelter. Applying the conservation of resources theory and daily stressors model, this qualitative study sought to explore the characteristics of such stressors, the impact of resource loss, and coping strategies in return migrants. Forty-two participants from primary healthcare clinics in northern Sri Lanka participated in interviews with locally-trained research assistants. Preliminary thematic analysis indicates that socioeconomic factors, demise of social norms (e.g., collectivist to individualist shift), and change in family structure (e.g., death or disappearance of family members), all adversely impact mental health. Coping approaches include support-seeking for older individuals and escape-avoidance in younger populations. By understanding daily stressors and subsequent coping mechanisms, future research and

clinical practice can be adapted to accommodate how such factors impact psychopathology.

4-228

**Sustainability of Living Index (SOLI):
Measuring Everyday Processes and
Mechanisms in Adaptation to Trauma**

(Abstract #428)

**Poster #4-228 (Assess Dx, Chronic,
Comm/Int, Pub Health, Res Meth,
Lifespan) M - Industrialized** **Roosevelt
1/2**

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Everyday life experiences may be a missing yet essential component for investigating the link between traumatic exposure and health. This talk aims to describe the development of Sustainability of Living Index (SOLI), a self-report instrument for validly and reliably measuring everyday processes that can be applied to illustrate the processes that lead to psychological resilience. A total of 1,512 community dwelling adults were recruited across four studies, which developed the items, tested factorial structure and measurement invariance, and established different forms of validity. Confirmatory factor analysis identified two second-order factors each with four first-order factors, namely primary routines/life fabrics (i.e., personal hygiene, eating, sleep, and duties at home), and secondary routines/life fabrics (i.e., exercising, leisure at home, social activities, and work involvement). Measurement invariance was identified between demographic groups. Selective subscale scores were associated with established measures of psychiatric symptoms, psychological well-being, coping, and daily life experiences in predicted directions. Scores differed between people with high and low lifetime traumatic exposure, but not between people with and without chronic stress. Application of SOLI to assessment and intervention among different trauma-affected populations will be discussed.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

PUBLIC HEALTH

4-230

Suspicion and Detection of Trafficking by Healthcare Providers

(Abstract #1619)

Poster #4-230 (Pub Health, Care, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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This is a secondary analysis of a study examining interactions of sex trafficking victims with the healthcare system; the aim of this analysis is to determine whether healthcare providers suspected or could have suspected trafficking, and how the women ultimately escaped trafficking. Women were included if they were eighteen years or older, had a history of sex trafficking, received care at the EMPOWER Clinic, and consented to participation. Participants were administered a structured interview via phone or in person asking about healthcare access experiences when they had been trafficked. A total of 24 women were interviewed, and 27 healthcare visits were reported by 12 (50.0%) women. Out of the 27 visits, women thought the provider suspected trafficking in 7 (25.9%) of visits, and women reported trafficking in 2 (7.4%) of visits. Reasons that the women thought the provider knew included that the provider knew the trafficker (2 visits), asked about the number of sexual partners (2 visits), seemed concerned (1 visit), or said that they knew (1 visit). In only 1 visit did a woman think that something could have helped identify her as a trafficking victim. When trafficked women see healthcare providers, the providers rarely suspect trafficking, but women cannot identify many factors that would improve identification.

4-231

Undiagnosed Somatic Health Symptoms Predict Specific PTSD-Symptom Clusters

(Abstract #1491)

Poster #4-231 (Pub Health, Bio Med, Health, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Somatic health symptoms have been linked with decreased quality of life and increased symptom severity in PTSD patients (Cyr et al., 2014; Pacella et al., 2012). However, few investigations have examined the role of specific PTSD-symptom clusters, which may be able to predict and differentiate distinct somatic symptoms. The current study sought to address this knowledge gap by completing a thorough investigation and exploration of the effect of PTSD symptom clusters on undiagnosed somatic complaints. A total of 989 participants self-reported demographic, PTSD and somatic symptoms on an online survey system. Canonical correlations and logistic regressions were computed to explore the relationship between somatic complaints and PTSD symptoms. Results indicated a gender by PTSD symptom interaction across the PTSD symptom clusters. For example, being female with higher chronic-pain symptoms increased the odds of meeting re-experiencing cluster criteria by 13.5 times; cardiopulmonary symptoms increased the odds by five times. First and foremost, this investigation reasserts the importance of changes in physiological systems following stressful life events, which then appear to have strong bidirectional relationships. The public health and clinical applications of these findings will be discussed, as well as the potential for more symptom-specific physiological research.

4-232

The Influence of Pain-related Appraisals and Trauma-related Pain on Disability in Chronic Pain

(Abstract #1352)

Poster #4-232 (Pub Health, Cog/Int, Health, Illness, QoL, Adult) I - N/A **Roosevelt 1/2**

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Chronic pain is heavily cited in disability claims, costing the U.S. over \$560 billion annually. Numerous studies failed to show a direct relationship between pain severity and disability (e.g. Karoly et al., 2007; Crombez et al., 1999), calling to question the potential mediating role of pain-related appraisals in disability. As pain frequently accompanies psychological trauma we hypothesized a stronger influence of appraisals on disability when chronic pain stems from a traumatic event. In an online sample of 576 adults with chronic pain either related (N = 214) or unrelated (N = 362) to a traumatic event, we examined pain severity, pain-related appraisals (fear avoidance beliefs, belief of injustice, and self-blame) and functional outcomes on the World Health Organization Disability Assessment. Path analysis revealed fear avoidance beliefs and beliefs that pain is unfair mediated the relationship between pain severity and disability, regardless of whether the pain was caused by a traumatic event. Additionally, there was evidence of moderated mediation: self-blame appraisals mediated the relationship between pain severity and disability only among those with trauma-related pain. These results demonstrate the importance of assessing appraisals in chronic pain patients and the utility of targeted CBT interventions in the treatment and prevention of pain-related disability.

4-233

Unemployment after Military Deployment: Using 6-Months Screening Questionnaires to Predict New Employment

(Abstract #559)

Poster #4-233 (Pub Health, Health, Prevent, Pub Health, Social, Other) M - Industrialized **Roosevelt 1/2**

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Soldiers leaving the armed forces after military deployments may carry with them experiences and mental health problems that affect their ability to acquire new employment. However, research on labor market outcomes after military deployment remains vague on the identification of predictive factors.

The aim of this study was to identify experiences and mental health problems that predict the chance of getting employment when unemployed, among Danish soldiers (n=3928) returning from their first ever deployment in the period 2002-2012. A 6-months postdeployment screening questionnaire was used to identify veterans with screening levels of PTSD and depression and to assess deployment experiences of trauma exposure and social support. Detailed register data were used to model time to transition from unemployment to employment in the time between 6 months and five years post-deployment using Cox regression. Models accounted for gender and time changing variables such as age, education and era.

Hazard Ratios of getting employment will be presented to indicate how the screening levels of PTSD and depression, and experiences during deployment, may predict getting employment when unemployed.

Systematic postdeployment identification of soldiers at risk of prolonged unemployed periods may aid in changing undesired labour market trajectories.

4-234

Problematic Drinking Behavior in Young Adults Exposed to Childhood Abuse

(Abstract #970)

Poster #4-234 (Pub Health, CPA, CSA, Neglect, Sub/Abuse, Adult) A - Industrialized **Roosevelt 1/2**

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The link between childhood abuse and problematic drinking behavior is well established. Less research has focused on contextual factors as potential pathways for this association. This study investigated 1) whether childhood violence predicts problematic drinking behavior in young adulthood; and 2) if a person's social context influences this association. The sample included 681 respondents (aged 19-37 years) from a follow-up study (2017) conducted via phone interviews derived from a community telephone survey collected in 2013. The logistic regression analyses showed that victims of childhood abuse reported significantly more problematic drinking behavior compared to the controls (OR= 1.92, 95% CI:1.30-2.83). Adjusted analysis revealed that social support barriers (OR= 1.60, 95% CI:1.17-2.20) and social problems(>2: OR= 3.97, 95% CI: 1.56-10.12) (e.g. being dependent on social welfare or having a partner with substance abuse), increased the risk of problematic drinking behavior among young adults exposed to childhood abuse. Our findings emphasize the need to focus on a person's social context when investigating why some childhood victims of abuse develop problematic drinking behavior in young adulthood. Knowledge about these risk factors provides clinicians with a tool to prevent problematic alcohol use among their clients.

4-235

Associations between Housing Instability, Mental Health, and Exposure to Violence in a Sample of Somali Youth

(Abstract #1201)

Poster #4-235 (Pub Health, Comm/Int, Comm/Vio, Refugee, Social, Lifespan) M - Industrialized **Roosevelt 1/2**

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The psychological consequences of trauma exposure prior to refugee resettlement are compounded by ongoing stressors in the new country, including housing instability that can trigger feelings of pre-migration displacement. Estimates suggest that only 5% of Somali-American households own their homes, exposing the majority to incredible risks in the rental market (e.g., rent hikes, evictions, and discriminatory housing practices). This study involves cross-sectional analyses of data collected during the fourth timepoint of the Somali Youth Longitudinal Study: an investigation of risk and resilience factors among Somali refugees (age 18-35) resettled in North America. Preliminary analyses from wave three revealed that 10.6% of our sample endorsed housing discrimination in the past year. Additionally, participants who endorsed discrimination reported more symptoms of posttraumatic stress (M=1.55, SE=0.12) than those who did not experience this inequity (M=1.30, SE=0.03), $t(238) = 1.99, p < 0.057$. This difference between groups trended toward statistical significance. To further investigate the effect of housing instability, a MANOVA will be used to compare differences between groups (youth who did not move, those who moved voluntarily, and those who were forced to relocate in the past year) across victimization experiences and mental health symptomology. Results will be presented.

4-236

Sniper-related Television Viewing, Perceived Safety, Social Support, and Psychological Responses following Active Shooter Events

(Abstract #247)

Poster #4-236 (Pub Health, Comm/Vio, Depr, Prevent, Terror, Adult) M - Industrialized **Roosevelt 1/2**

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For more than 3 weeks in October 2002, a series of sniper attacks in the Washington, D.C. metropolitan area left 10 people dead and 3 others wounded. We examined the relationship among sniper-related television viewing, perceived safety, social support, and psychological responses in community residents. Participants were 1238 Washington, D.C. area residents aged 17-90 (M=41.7 years) who completed the Impact of Event Scale-Revised, Patient Health Questionnaire, and items pertaining to perceived safety, social support, and sniper-related TV viewing. Relationships among TV viewing, perceived safety, social support, and depressive and posttraumatic stress symptoms were examined using multivariate linear regression analyses. Almost 39% of participants watched 2+ hours of daily sniper-related TV. More sniper-related TV viewing and decreased perceived safety and social support were related to increased depressive symptoms, after adjusting for demographics. The relationship of perceived safety to depression was modified by social support. Higher levels of TV viewing and decreased safety, but not social support, were associated with posttraumatic stress. The influence of media exposure and perceived safety, and the differential effect of social support, on psychological response have implications for individual and community interventions by community leaders and health care providers.

4-237

Emotion Regulation Mediates the Relationship between Anxiety and Aggression

(Abstract #1551)

Poster #4-237 (Pub Health, Aggress, Roosevelt Anx, Adult) M - N/A **1/2**

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The purpose of the present study was to understand factors that may account for increased aggression in individuals with anxiety. This study examined dimensions of emotion regulation difficulties (global, goal-directed behaviors, impulse control difficulties and strategies), anxiety, and types of aggression (verbal and physical). Individuals ($n=334$, age $M=35.41$) from the community were recruited through Craigslist and completed an online questionnaire. Anxiety symptoms were positively correlated with overall emotion regulation difficulties and with both verbal and physical aggression. Direct and indirect paths were examined using separate models for verbal and physical aggression. Bootstrapped mediation analyses indicated a significant indirect path from anxiety symptoms to verbal aggression through global emotion regulation difficulties ($R^2=.053$, $F(2,291)=8.140$, $p<.001$). A separate bootstrapped mediation analysis indicated a significant indirect path from anxiety symptoms to physical aggression through specific emotion regulation difficulty subscales: goal-directed behaviors, impulse control difficulties, and strategies ($R^2=.143$, $F(4,296)=12.326$, $p<.001$). The results highlight the importance of emotion regulation in preventing aggression in individuals with anxiety.

4-238

Trauma and Developmental Disabilities: A Review and Reevaluation

(Abstract #332)

Poster #4-238 (Pub Health, Assess Dx, CPA, CSA, Neglect, Child/Adol) I - Industrialized **Roosevelt 1/2**

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²Private Practice and Zucker School of Medicine at Hofstra/Northwell, NY, New York

There is recognition of the importance of understanding associations between childhood disabilities and maltreatment risk (e.g., APA, 2016). We review evidence about associations between child maltreatment and varied developmental disabilities (DDs) with focus on autism, intellectual developmental disability, learning disabilities and speech/language disorders. We address methodological issues that limit the available literature: (a) varying and at times problematic bases for identifying youngsters as having a disability, (b) groupings combining disabilities that have heterogeneous maltreatment profiles (e.g., higher rates of maltreatment with inclusion of groups having emotional disturbance or disruptive behaviors as a primary issue), and (c) for associations that are observed, limited consideration of direction of causality or control for covarying factors, such as demographic risk of ACES. We conclude that there is evidence of elevated risk of DD in populations of maltreated youngsters that needs to be taken into account in care and treatment. However, there is need for caution about global statements of elevated risk of maltreatment due to DDs. Our analysis is consistent with Hoover and Kaufman's (2018) conclusions specifically about ASD that while this group is at risk for increased ACES and bullying, there is not evidence of elevated levels of maltreatment.

4-239

Assessing Traumatic Reactions in Youth with ASD: A Delphi Survey of Experts in ASD and Childhood Trauma

(Abstract #335)

Poster #4-239 (Assess Dx, Clinical Practice, Prof) M - Industrialized **Roosevelt 1/2**

Kerns, Connor¹, Berkowitz, Steven², Robins, Diana¹, Shattuck, Paul¹, Newschaffer, Craig¹
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²University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania

The assessment of post-traumatic stress disorder (PTSD) is complicated in youth with ASD due to overlapping symptoms, communication barriers and few clinical guidelines. This study evaluated consensus among experts regarding important indicators of a traumatic reaction in youth with ASD. Stratified purposeful sampling was used to recruit 72 experts in ASD (46%), childhood trauma (25%) or both (29%). Experts had 5-10 years experience (49%) in these areas or more (51%). Via a 2-round, Delphi survey experts rated the importance of 49 symptoms, from 0(not at all) to 5(very), for determining when a child with ASD is experiencing a traumatic reaction. Symptoms were derived from the empirical literature and a qualitative study of adults with ASD and caregivers. A revised symptom list including mean Round 1 ratings was then rated again by experts (n=66). Whereas 10 "important" symptoms were identified by consensus (>75% agreement) in Round 1, 23 symptoms met consensus in Round 2. Many, but not all, "important" symptoms reflected existing PTSD criteria, with some variations (e.g. trauma re-enactments in repetitive play/speech) and distinct symptoms (e.g. reliance on others, loss in adaptive skills and communication). Expert consensus suggests adherence to and some divergence from DSM PTSD criteria for youth with ASD.

4-240

Impact of Trauma, Stigma, and Discrimination on Ethnic Minorities and Men who have Sex with Men (MSM) Living with HIV: A Systematic Review

(Abstract #140)

Poster #4-240 (Pub Health, Ethnic, Illness, Pub Health, Orient, Prof) I - Industrialized **Roosevelt 1/2**

Ovalles, Annell, Mungalsingh, Gabriella, Rubio, Lissette, Gonzo, Wandeth, Gonzalez, Joseph City University of New York Graduate School of Public Health and Health Policy, New York, New York

HIV-related stigma and discrimination are viewed as an impediment to combating the HIV epidemic, which disproportionately impacts ethnic minorities and MSM. Ethnic minorities and MSM have a higher lifetime prevalence of trauma and chronic stress, which can lead to high-risk behaviors and high prevalence of HIV. HIV-related stigma and discrimination can create significant barriers to HIV testing, restrict use of prevention programs, and hinder the adoption of preventive behaviors such as condom use and disclosure of HIV status to sex partners. A systematic review of the literature was conducted using PUBMED, MEDLINE, CINAHL, and PsychINFO. Ethnic minorities and MSM with HIV have increased death rates compared to Non-Hispanic whites, which is associated with historical trauma and chronic stressors related to living in impoverished, segregated areas at the structural level. At the individual level, stigma exists when there is a higher risk of trauma, lack or loss of social support, and lack of coping skills, which negatively influence mental and physical well-being. Future research should aim to understand the social factors associated with increased risk of HIV infection for ethnic minorities and MSM. We recommend investigating HIV-related stigma and discrimination as a social process and adopt an intersectional framework among co-occurring trauma, stigma, and discrimination.

4-241

Associations between Exposure to Child Maltreatment, Persistent Cigarette Smoking, and Nicotine Dependence

(Abstract #231)

Poster #4-241 (Pub Health, CPA, CSA, Sub/Abuse, Aging, Lifespan) M - Industrialized **Roosevelt 1/2**

Cammack, Alison, Suglia, Shakira Emory University, Atlanta, Georgia

There is evidence child maltreatment is linked with smoking, but few studies have specifically examined persistent smoking and nicotine dependence. Using data from The National Longitudinal Study of Adolescent to Adult Health, we examined the relationship between retrospectively self-reported child maltreatment (parent/caregiver perpetrated emotional, physical, and sexual abuse, and neglect, and non-parent/caregiver perpetrated sexual abuse) and smoking behaviors in early adulthood (Mean age=29y). Outcomes were current daily smoking among individuals who had reported ever being a regular smoker (persistent smoking; N=3,612) and nicotine dependence via the Fagerstrom scale. Adjusting for race, age, sex, other drug use, and socioeconomic status, neglect (aRR=1.11,95% CI:1.02-1.21) and non-parent/caregiver sexual abuse by force (aRR=1.20,95%CI:1.04-1.38) were associated with persistent smoking in men and women, but an association with any abuse by a parent/caregiver was only present among women (aRR=1.14,95% CI:1.05-1.23). Most forms of maltreatment and sums of maltreatment (aRR for 2+ vs 0 exposures:1.63,95%CI:1.42-1.87) were associated with nicotine dependence in men and women. These data suggest that in a nationally representative sample, child maltreatment is associated with persistent smoking and nicotine dependence, and this association may be moderated by sex.

CLINICAL PRACTICE

4-242

MMPI-2 Personality Variables as Predictors of Treatment Response for Veterans Receiving Residential Treatment for PTSD
(Abstract #1150)

Poster #4-242 (Practice, Assess Dx, Clinical Practice, Rape, Mil/Vets, Adult) M - N/A **Roosevelt 1/2**

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Although many Veterans with PTSD respond to outpatient evidence-based treatment, a significant number do not, and may be referred to residential care for further targeted treatment. Such residential treatments generally include individual and/or group evidence-based treatments for PTSD as well as multiple other group, community integration, and milieu-based interventions. This study seeks to understand which Veterans appear to respond to such a residential treatment approach by examining personality variables as predictors of outcome. Archival data from 147 male and female Veterans who attended VA residential treatment programs for PTSD due to Military Sexual Trauma (MST) or combat trauma from 2013 to 2014 were examined. Clinically significant response to treatment was measured using pre- and post-treatment PTSD Checklist (PCL) scores. Personality variables were measured by the restructured scales of the MMPI-2, including somatic complaints (RC1), low positive emotions (RC2), cynicism (RC3), and antisocial behavior (RC4). Prior research has demonstrated the clinical utility of the MMPI-2; however, limited research has explored the predictive value unique to Veterans receiving treatment in PTSD residential programs. Results of this study have implications to inform treatment planning and initiating trauma-focused treatments for Veterans in residential PTSD programs.

4-243

PTSD with Comorbid Psychosis in Migrants and Refugees
(Abstract #1595)

Poster #4-243 (Practice, Acute, Assess Dx, Clinical Practice, Cul Div, Adult) I - Global **Roosevelt 1/2**

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Migrants, refugees and individuals from war torn countries have an estimated prevalence rate of PTSD of 10-30% compared to the US prevalence of PTSD of 7% with similar or higher prevalence of PTSD comorbid psychosis (PTSD psychosis) than US Americans. Some data suggests that first and second-generation migrants are at high risk of psychosis. There are limitations to examining PTSD psychosis in migrants and refugees including, but not limited to cultural and language barriers, cultural appropriateness of psychosis, fear of legal consequences (i.e deportation) and many more. Equally important is identifying and proposing evidence based clinical practices to help these individuals such as cultural formulation interviews or cultural consultation services. Thus, we conducted a systematic review to identify, describe and diagnose PTSD psychosis in migrants and refugees using 38 databases, a panel of three reviewers and a critical appraisal tool to review the literature. Through this comprehensive process, we hope to better characterize PTSD psychosis in migrants and refugees and to provide evidence-based practices for clinicians.

4-244

War Zone Exposures and Psychological Changes

(Abstract #14)

Poster #4-244 (Practice, Acute, Clinical Practice, Mil/Vets, Adult) M Roosevelt 1/2 - Industrialized

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²*Institute of Military Psychiatry, Norwegian Armed Forces Joint Medical Services, Oslo, Norway*

³*Oslo University, Oslo, Norway*

Objective: This study attempts to investigate how three qualitatively different traumatic exposure types affects the continuum of positive to negative psychological posttraumatic changes.

Method: Twelve potentially traumatic events was chosen and grouped into three variables; Personal Threat, Moral Stress and Witnessing. The exposure types were compared in their associations with psychological distress, and with reports of negative, positive or no posttraumatic changes in a veteran sample (N = 4,053) after deployment to Afghanistan.

Results: Results suggest that, measured by the posttraumatic change scale (PTCS), specific exposure types significantly ($p < .001$) influenced distinct patterns of posttraumatic changes. On a total scale level, exposure to Personal Threat did not significantly differ between negative change and positive change groups. In contrast, the negative change group showed significantly more exposure to Moral Stress and Witnessing. Compared to the no-change group, both negative change and positive change groups were significantly more exposed to all traumatic stressor types. Furthermore, Personal Threat was less associated with psychological distress, when compared to Moral Stress and Witnessing exposure types.

4-245

Recovery from Post-traumatic Stress Disorder in Canadian Armed Forces Veterans and the Impact of Culture, Belonging and Identity on this Journey

(Abstract #557)

Poster #4-245 (Practice, Mil/Vets, Adult) I - Industrialized Roosevelt 1/2

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Culturally-shaped beliefs influence a person's ability to interpret and ascribe meaning to the world; so too do traumatic experiences encountered within one's culture (Litz et al., 2014; Wilson, 2008). The experience of PTSD within the Canadian Armed Forces (CAF) veteran population has been described as complex and under researched (Pare, 2013). Interpretive phenomenology was chosen to capture the recovery journey of three veterans' following a course of evidence-based treatment for PTSD. Three superordinate themes evolved: 1) culture has an important role in recovery; 2) recovery is a journey; 3) relationships are critical throughout recovery. Participants experienced a re-definition of themselves within the context of culture and relationships; with family, fellow soldiers, and within the larger cultural milieu. Revelations were understood as occurring at various points throughout the recovery journey. Findings from the qualitative inquiry have been incorporated into a recovery-focused group protocol (Meaning Group), adapted to address areas deemed critical by research participants; what is emerging is a unique, co-constructed addition to clinical programming. Quantitative and qualitative pre, mid and post evaluation measures are currently being used to assess and refine the protocol and support CAF members, veterans and their families at key points in the recovery journey.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-246

An Examination of the Relationship between PTSD Symptoms, Pain, and Substance Use among Post-9/11 Veterans Seeking VA Healthcare

(Abstract #1488)

Poster #4-246 (Practice, Sub/Abuse, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Since 2001, approximately 3 million troops have served in the Middle East, with the VA system experiencing a steady increase of post-9/11 Veterans seeking healthcare services. Many post-9/11 combat Veterans are struggling with trauma-related disorders, chronic physical ailments, and the misuse of alcohol and/or other substances. The current study evaluated Veterans presenting for an initial primary care appointment at the Post-Deployment Clinic of a large VA medical center. We predicted that in this sample, both PTSD symptoms and pain would contribute to alcohol and substance use. Participants were 1307 combat Veterans; mean age = 32.14, SD = 10.56, 85.8% male. Bivariate correlations indicated significant relationships between alcohol, substance use, and PTSD symptoms based on the 5-factor model. In a logistic regression controlling for significant variables from bivariate analyses, PTSD symptoms, particularly emotional numbing, predicted substance use (OR = 1.13, p < .001). Pain was not significantly related to alcohol or substance use across all analyses. Results suggest that combat Veterans are open to discussing self-medication of their trauma symptoms within a primary care setting. Clinical implications may include the implementation of brief concurrent PTSD and substance use disorders interventions in primary care settings.

4-247

Differential Treatment Response among U.S. Veterans Compared to Civilians Receiving Cognitive Processing Therapy for PTSD in an Academic Medical Center Clinic

(Abstract #747)

Poster #4-247 (Practice, Clin Res, Cog/Int, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Alarming, 20-36% of patients dropout of PTSD treatment (Imel et al., 2013). Analyzing an Academic Medical Center PTSD sample, we randomly selected civilians matched by age, sex, and race to our veteran sample. Across groups, there was a small effect size ($d = -.21$; Wald 95% C.I. [-.24 - -.19]) improvement in PTSD over the course of CPT ($\chi^2(1) = 300.70$, $p = .000$); among civilians, there was a medium effect size improvement ($d = -.73$; Wald 95% C.I. [-1.40 - -.07]) in PTSD over the course of CPT ($\chi^2(1) = 4.65$, $p = .031$). There was a small effect-size ($d = -.07$) difference between groups in the rate of change of self-reported PTSD over the course of treatment ($\chi^2(1) = 5.22$, $p = .022$; Wald 95% C.I. [-.13 - .01]), indicating that veterans improved at a slower rate. Average PCL-5 score improvement for veterans was 22.42 compared to 34.13 for civilians. Civilians had significantly higher baseline self-reported PTSD than veterans ($F(1) = 4.65$, $p = .038$). There was no difference between groups on baseline CAPS-5 scores ($F(1) = .65$, $p = .42$). There was a trending toward significant difference in dropout after intake as 40.0% of veterans versus 15.0% of civilians dropped out and did not begin CPT ($\chi^2(1) = 3.22$, $p = .073$). Our data suggest that veterans may have significant dropout rates and reduced PTSD treatment response (compared to civilians) within clinics outside the VA.

4-248

Decreased Health Care Utilization following the Completion of an Intensive Outpatient Treatment Program for Female MST Survivors

(Abstract #407)

Poster #4-248 (Practice, Clinical Practice, Health, Rape, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Military Sexual Trauma (MST) is a term used by the Department of Veterans Affairs to refer to experiences of sexual trauma, ranging from repeated or threatening sexual harassment to sexual assault, that occurred while the Veteran was serving in the military. Many MST survivors have complex physical and mental health problems, including PTSD, chronic pain, substance abuse, and homelessness. MST survivors are often high utilizers of healthcare services. Evidence-based and cost-effective treatment for MST is essential. This study examined the impact on healthcare utilization for a sample of 50 female Veterans completing a VA intensive outpatient MST treatment program (IOP.) Specifically, completion of the Warrior Renew program was associated with decreased emergency department visits and inpatient psychiatric hospitalizations, in addition to decreased PTSD and depression symptoms and fewer negative trauma-related cognitions. Results suggest that Warrior Renew is an effective, cost-efficient mental health intervention that reduces health care costs in a group of typically high health care service consumers.

4-249

The Prevalence of Trauma and PTSD amongst Psychiatric Patients with Serious Mental Illness (SMI)

(Abstract #1416)

Poster #4-249 (Practice, Chronic, Health, Illness, Adult) M - Industrialized **Roosevelt 1/2**

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Purpose: PTSD may complicate illness trajectories and possibilities of remission in patients with SMI, but this is not well-documented. The purpose of the study is to identify the prevalence of PTSD and trauma in patients with SMI and see whether this complicates their illness.

Methods: Interviews based on Trauma History Questionnaire and PTSD Symptom Scale Interview were conducted by an experienced psychiatric consultant with all patients in six low-security psychiatric wards who had a diagnosis of major depression, bipolar disorder or psychosis. Patients with cognitive disturbances, language difficulties and serious thought disorder were excluded. To test the hypothesis that PTSD and trauma complicates SMI their association with length of hospitalization / no. of hospitalizations over 10 years will be conducted. An estimated 150-200 patients with SMI will be interviewed.

Results: Preliminary analysis based on 84 interviews show that 77% has experienced serious traumatic events. Of these, 42% has PTSD in addition to SMI. The majority of patients has experienced more than one serious traumatic event. Only one patient had been diagnosed with PTSD prior to the interview.

Conclusions: The study points towards the need for trauma-informed assessment and care in the treatment of patients with SMI.

4-250

ACEs' Effects on Subjective Health and the Mediating Role of Emotion Regulation Difficulties

(Abstract #1362)

Poster #4-250 (Practice, Affect/Int, Health, Adult) I - Industrialized **Roosevelt**
1/2

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Adverse childhood experiences (ACEs) have been shown to have significantly deleterious effects on an individual's overall health (Felitti et al., 1998), including poor subjective experiences of health (Khrapatina & Berman, 2017). Difficulties in emotion regulation (DERs), which reflect the inability to identify, interpret, and manage strong emotions, may be one mechanism through which ACEs affect health. Successful emotion regulation has been associated with high levels of self-reported health, whereby DERs has been linked to poor self-reported health (Kinnunen et al., 2005). The current study seeks to determine whether DERs (Gratz & Roemer, 2004) mediate the relationship between ACEs and subjective experiences of health. Utilizing a sample of students from a mid-sized university in rural Appalachia, the mediating role of DERs was tested using the PROCESS macro for SPSS with bootstrapping (5000 samples). Results demonstrated that DERS did significantly mediate the relationship between ACEs and self-reported health [$R^2 = .12$, $F(2,616) = 43.60$, $p < .000$; indirect effect of DERS total $t(616) = -7.01$, $p < .000$, $CI = -.04, -.02$]. The identification of DERs as one mechanism through which ACEs increases the risk of poor self-reported health offers one target for interventions designed to mitigate the negative outcomes of ACEs and promote resilience in the face of past adversity.

4-251

Perceived Injustice and Posttraumatic Appraisals Moderate Relationships between Pain, PTSD, and Somatization

(Abstract #1070)

Poster #4-251 (Practice, Clin Res, Cog/Int, Health, Adult) I - N/A **Roosevelt**
1/2

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Psychological trauma often involves physical pain, which may serve as a trauma reminder. Both pain and PTSD are associated with disabling outcomes and somatization. Posttraumatic (e.g. self-blame) and pain-related appraisals (e.g. injustice of injury) may drive somatic symptoms, which are highly predictive of healthcare usage. We hypothesized that the relationship between pain severity and somatization would be moderated by perceived injustice and posttraumatic appraisals. A sample of 214 community participants with trauma-related pain were recruited from Amazon mTurk. Measures assessed pain severity, perceived injustice, posttraumatic cognitions, and somatization. Multiple regression revealed a significant interaction between pain severity and perceived injustice ($B = -2.04$, $p < .05$) and posttraumatic cognitions ($B = 2.41$, $p < .05$) on somatization. An examination of simple slopes showed that as pain severity and perceived injustice increased, so did somatic perceptions. Even at low pain severity, when appraisals of perceived injustice were high, somatization was high. Additionally, comorbid chronic pain and appraisals related to circumstances surrounding the trauma and injury appear to amplify somatic experiences. Effective pain treatment interventions in trauma-exposed populations may benefit from specifically targeting perceived injustice and posttraumatic appraisals.

4-252

Somatic Burden and Perceived Cognitive Problems in Trauma-Exposed Adults with PTSD, mTBI, or Pain

(Abstract #599)

Poster #4-252 (Practice, Cog/Int, Adult) I - N/A **Roosevelt 1/2**

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Chronic pain, mild traumatic brain injury (mTBI), and posttraumatic stress disorder (PTSD) are associated with self-reported cognitive deficits that are sometimes not reflected in objective test results. Similarly, patients may report somatic burden across multiple systems (e.g. gastrointestinal, cardiopulmonary) beyond what is expected, indicating a potential generalization of impairment across cognitive and somatic domains. We hypothesized that relationships between pain severity, PTSD symptoms, mTBI history, and self-report of cognitive problems would be mediated by somatic burden in a sample of 313 trauma-exposed college students. Structural equation modeling revealed excellent overall fit indices ($\chi^2 = .04, p = .85; 2/df = .04; TLI = 1.02; CFI = 1.00; RMSEA = .00, CI = .00 -.09$). There was a significant indirect effect of somatic burden in the relationships between PTSD symptoms ($\beta = .34, p < .001$) and pain severity ($\beta = .48, p < .001$) on perceived cognitive problems, but not with mTBI. PTSD continued to exert a direct effect ($\beta = .23, p < .001$). Generalized somatic symptoms influence the relationship between pain and PTSD and perceptions of cognitive functioning. Therapy targeting appraisals related to perceived cognitive functioning and somatic burden may be beneficial.

4-253

Effect of Psychological Interventions Involving a Significant Other for the Treatment of Post-traumatic Stress Disorder (PTSD): A Systematic Review

(Abstract #1048)

Poster #4-253 (Practice, Clinical Practice, Comm/Int, Fam/Int, Adult) M - N/A **Roosevelt 1/2**

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Background: Social support (SS) is an important factor in the development and maintenance of PTSD. Authors suggest involving a relative or significant other (SO) in treatment, to improve the SS and thus promote recovery. The effectiveness of these interventions has been tested by a limited number of studies with heterogeneous methodologies. Methods: A systematic review, following PRISMA guidelines, was conducted to determine the effects of interventions involving a SO on PTSD symptoms and perceived SS. Of the 2528 studies identified in Pubmed, PsycInfo, Cochrane and Embase, nine studies met the eligibility criteria. Results: All studies reported that the intervention reduced PTSD symptoms. Three studies indicated that it resulted in a loss of diagnosis for all participants and 6 studies that this effect was present in a majority. An improvement in SS was reported by four studies. Intervention modalities and methodological characteristics were examined. Discussion: These results suggest that interventions that include SO are effective in treating PTSD. Nevertheless, the varied methods and the limited results do not make it possible to clearly determine their level of effectiveness. More research should evaluate the addition of a SO in the intervention for PTSD.

4-254

Quality Improvement Implications for Service Enhancement in a VA PTSD Clinical Team

(Abstract #1513)

Poster #4-254 (Practice, Clinical Practice, Commun, QoL, Adult) I - N/A **Roosevelt 1/2**

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The need for effective Posttraumatic Stress Disorder (PTSD) treatments is well established. An integral part of improving programming offered for PTSD treatment in a clinical setting is an understanding of factors related to treatment engagement for the specific population served. The aim of our quality improvement project is to better understand patient and treatment-related factors of Veterans seeking PTSD treatment and relationships to treatment engagement, as measured by attendance and completion. Our clinic population includes individuals often underrepresented in research, primarily Veterans identifying as racial minorities and presenting with comorbid psychiatric conditions. We examined program data on the percentage of Veterans who complete PTSD treatments offered in the clinic (including evidence-based psychotherapies) to determine the relationship between treatment engagement and type of therapy. Additionally, we examined the relationship between various patient-related factors on treatment engagement to better respond to our population’s needs. Discussion of program evaluation data includes implications for improvement in measuring outcomes related to symptom reduction and recovery, as well as potential for additional treatments needed to address gaps in services, including interventions that focus on areas of improved functioning beyond symptom reduction.

TRAINING/EDUCATION/ DISSEMINATION

4-255

Training of Professionals - Impact on Vulnerable Populations

(Abstract #810)

Poster #4-255 (Train/Ed/Dis, Comm/Int, Dev/Int, Train/Ed/Dis, Prof) I - Industrialized **Roosevelt 1/2**

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In recent years, we have been organizing a transdisciplinary interuniversity certificate in victimology and psychotraumatology at the Free University of Brussels. The purpose of the training is to develop a quality intake and support for individuals and communities involved in traumatic events. The teaching focuses on crisis management as well as medium and long-term interventions. These courses are aimed at professionals in the field such as psychologists, doctors, police officers, social workers, lawyers, humanitarian workers, etc. We will examine how the training of professionals impacts the care of the victims and particularly that of the most vulnerable communities.

During the training session, questionnaires were handed out in order to evaluate training quality. Field actors were met two years post-training in two focus groups, which were composed according to target audiences ; i.e. vulnerable and non-vulnerable. Lastly, we analysed the correlation between the proposed training and the impact on the victims.

The intention of this study is to propose additional training trajectories for professionals in order to improve intake, identification of needs and assistance for the most vulnerable populations.

4-256

Targeted Assessment and Context-Tailored Implementation of Change Strategies (TACTICS) to Increase EBP Use in U.S. Military Treatment Facilities
(Abstract #1517)

Poster #4-256 (Train/Ed/Dis, Mil/Vets, Prof) M - Industrialized **Roosevelt 1/2**

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Background: Efforts to increase use of Prolonged Exposure (PE) in the U.S. the military health system have had mixed results because they did not address organizational barriers.
Objectives: We outline design of multi-site trial testing a tailored implementation strategy (Targeted Assessment and Context-Tailored Implementation of Change Strategies: TACTICS) for increasing EBP use. We will determine whether TACTICS has effects over and above clinician training in: 1) increasing the proportion of PTSD patients who receive PE, and 2) improving patients' mean symptom scores on the PCL-5.
Methods: This is a cluster-randomized stepped wedge trial in 9 military behavioral health clinics. Behavioral health providers at each clinic receive a 2-day training in PE with training available for 5 to 15 months. They then receive TACTICS over a 5-month period. (Timing of TACTICS onset is randomized). TACTICS includes: a) qualitative needs assessment interviews with leadership and staff; b) selecting change strategies to address local barriers; c) weekly telephone coaching to help the site execute their change plan. Use of PE and patient PCL scores will be determined by chart review.
Results: The study is in the start-up phase.
Conclusion: This project outlines a potentially novel approach to increasing EBP reach and use of a stepped-wedge design to test clinic-level change strategies.

COMMUNITY-BASED PROGRAMS

4-257

Barriers and Facilitators to Implementing Trauma Treatment Groups for Drug Court Participants
(Abstract #1281)

Poster #4-257 (Commun, Clin Res, Commun, Sub/Abuse, Train/Ed/Dis, Adult) I - Industrialized **Roosevelt 1/2**

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Substance use disorders (SUDs) significantly increase the likelihood that an individual will engage in and be sanctioned for criminal behavior, as 60 to 80 percent of arrests are for crimes related to or motivated by drugs or alcohol (Belenko & Peugh, 1998). A high percentage of drug court participants have a history of trauma exposure (Sartor et al., 2012; Wolf et al., 2015), which can interfere with successful completion of drug court requirements (Wolf et al., 2015). Concurrent treatment of SUDs and traumatic stress has led to the best outcomes (e.g., Covington, 2008; Gatz et al., 2007). Clinicians and researchers from University of Arkansas (UA) and University of Arkansas for Medical Sciences (UAMS) recently offered group-based trauma treatments at the UA clinic which were highly unattended. Despite expressed interest, participant follow through and commitment was low. Therefore, we engaged our community partners in a needs assessment to better understand factors that influence individuals' participation. We will share perspectives on experiences with drug court and views of mental health treatment obtained from semi-structured interviews with key stakeholders (administrators, counselors, and participants) and highlight findings from qualitative analyses about specific incentives to encourage participation, and barriers to engaging in and completing treatment.

4-258

Fostering Psychological Recovery in the Aftermath of Hurricane María: Lessons Learned from Using a Community Participatory Approach in Puerto Rico
(Abstract #1282)

Poster #4-258 (Train/Ed/Dis, Commun, Cul Div, Ethnic, Nat/Dis, Lifespan) I - Industrialized **Roosevelt 1/2**

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On September 2017, Hurricane María ravaged Puerto Rico. Natural disasters can have enduring trauma-related impact on individuals’ emotional, behavioral, and social functioning (Osofsky et al., 2009). Psychological First Aid (PFA) is an evidence-based approach that aims to bolster resiliency and reduce the risk for posttraumatic stress symptoms in the early post-disaster recovery phases (La Greca & Silverman, 2009). As María made landfall, our team began developing the Puerto Rico Psychological Relief Program (PRPRP), an evidence-informed, multi-phase, trauma-focused intervention model designed to respond to the needs of PR youth in post-disaster recovery. Three weeks after the hurricane, the PRPRP team provided PFA and trauma psychoeducation training to school personnel (e.g., social workers, principals) as part of this initiative. In this presentation, we discuss the: (1) real-time development of PRPRP; (2) lessons learned in establishing interdisciplinary community partnerships (e.g., Puerto Rico Department of Education); (3) successes, challenges, and recommendations in early engagement of affected, underserved, Spanish-speaking communities, including the need for culturally sensitive adaptations and sensitivity to logistical challenges; and (4) implications of incorporating mental health trainees in psychological response efforts post natural disasters.

4-259

Supporting Youth in the Aftermath of Hurricane Harvey: Lessons Learned and Ongoing Recovery Efforts
(Abstract #902)

Poster #4-259 (Commun, Nat/Dis, Pub Health, Child/Adol) M - Global **Roosevelt 1/2**

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Hurricanes are expected to increase in intensity and frequency in coming years, adversely impacting on millions of youth worldwide. A growing body of research indicates how youth typically respond to hurricanes and factors that can exacerbate or mitigate their effects. The emerging findings have important implications for post-disaster risk screening, assessment, and intervention. This presentation will describe clinical and research initiatives taking place through the Harvey Resiliency and Recovery Program (HRRP) housed within the Trauma and Grief Center at Texas Children’s hospital. The HRRP is dedicated to providing “in-house” evidence-based assessment and interventions to hurricane-affected youth, enhancing access to best practice trauma-informed care, and training community clinicians in these practices. Using data gathered from an ongoing needs assessment, this presentation will describe the impact of Hurricane Harvey and its aftermath on Houston youth, including hurricane exposure-related risk factors in this population. Case studies with Hurricane Harvey survivors will be used to demonstrate how pre-existing traumas and losses can exacerbate the impact of natural disasters, and how this information can inform assessments and treatment of hurricane-exposed youth. In the conclusion, lessons learned and directions for ongoing recovery efforts will be discussed.

CULTURE/DIVERSITY

4-260

Social Support as a Moderator between Syndemics and Posttraumatic Stress among Women Experiencing Adversity

(Abstract #602)

Poster #4-260 (CulDiv, Chronic, Clin Res, DV, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Syndemic theory proposes that three adversities (Substance Abuse, Violence, and AIDS/HIV; i.e., SAVA) tend to co-occur and uniquely affect racial/ethnic minorities and the urban poor. Research suggests that the clustering of these adversities is related to increased psychopathology, but few studies have examined protective factors that may weaken the relationship between SAVA and psychopathology. This study assessed the relationship between SAVA and posttraumatic stress symptoms (PTSS), as well as the moderating effect of social support on this relationship. Participants included 178 women (Mage=35.2, SD=8.4; 71% Black) who were living with HIV, experiencing intimate partner violence, and/or using illicit substances. Women were recruited from community organizations in the U.S. Midsouth and completed hour-long interviews. Analyses were conducted using PROCESS for SPSS. Findings indicated that experiencing more SAVA was associated with greater PTSS ($r=.19$; $p<.01$). Higher social support was associated with lower PTSS ($r=-.15$; $p<.05$). Results supported the moderating role of social support ($\beta=.03$; $p<.05$), as the relationship between SAVA and PTSS was weaker at average and high levels of social support. Findings highlight the protective role of having a broad support network. Thus, intervention strategies are needed to bolster sources of support among women experiencing adversity.

4-261

Gender as a Moderator of PTSD Symptoms and Schemas of Intimacy, Esteem and Power in Intimate Partner Relationships

(Abstract #854)

Poster #4-261 (CulDiv, Cog/Int, Mil/Vets, Gender, Adult) M - Industrialized **Roosevelt 1/2**

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Interpersonal schemas regarding intimacy, esteem, and power are often affected by posttraumatic stress disorder (PTSD). For example, trauma reinforces pre-existing negative schemas or replaces pre-existing positive schemas with negative beliefs. Due to the differential effect of socialization and military culture on male and female veterans, the influence of trauma on these interpersonal schemas may differ based on gender. The current study investigated whether gender moderates the relationship between PTSD symptoms and perceptions of intimacy, esteem, and power in intimate partner relationships. Data were collected from 91 veterans with a diagnosis of PTSD who were currently in an intimate partner relationship. Three moderator analyses were conducted, with intimacy, esteem, and power entered as predictors of PTSD symptoms and gender entered as a moderator of this relationship. Gender only moderated the relationship between perceived power and PTSD symptoms ($p<.05$). For female veterans, the perception of less power in intimate partner relationships was associated with greater PTSD symptoms. The opposite relationship was observed in male veterans. As power schemas are an important target of evidence-based treatments for PTSD, providers should consider that the effect of trauma on power schemas may differ based on gender.

4-262

Traditional Rural Values, Posttraumatic Stress, and Posttraumatic Growth among Rural and Urban Undergraduates

(Abstract #142)

Poster #4-262 (CulDiv, Comm/Int, Adult) I - Industrialized **Roosevelt 1/2**

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Rural populations are an underrepresented group in traumatic stress research. While some research (Wagenfeld, 2003) suggests that rural values may include self-reliance, a distrust of outsiders, religiosity, emphasis on family, and fatalism, other scholars argue that these values may no longer distinguish rural populations. The present study examined whether rural versus urban undergraduates show higher levels of these traditional rural values, PTSS, and PTG and whether these values predict PTSS and PTG. Rural undergraduates experienced higher PTSS severity, $t(211) = 2.27, p = .025, d = 0.35$, and distrust for outsiders, $t(211) = -2.16, p = .032, d = 0.34$, while urban undergraduates attended church significantly more often, $t(211) = -2.62, p = .009, d = 0.40$. In regression analyses, distrust of outsiders, emphasis on family, intrinsic religiosity, and fatalism were significant predictors of PTSS, $F(6, 206) = 12.74, p < .001, Adj. R^2 = .25$, and intrinsic religiosity was a significant predictor of PTG $F(6, 206) = 2.57, p = .020, Adj. R^2 = .04$. Our findings indicate that some cultural differences between rural and urban undergraduates exist despite the potential influence of education or generation and that certain traditional rural values predict PTSS severity in particular. Our results provide useful information in adapting trauma interventions for rural trauma survivors.

4-263

Resilience among Syrian Refugees in Germany: The Relationships between Coping Self-Efficacy, Individual Attributes, Community Resources, and PTSD in a Community Based Sample

(Abstract #758)

Poster #4-263 (CulDiv, Assess Dx, Comm/Int, Refugee, Civil/War, Adult) M - Industrialized **Roosevelt 1/2**

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Background: Few studies to date have investigated both common and culturally unique aspects of resilience and coping in refugees. The purpose of the present study was to investigate the relationship between trauma coping self-efficacy, community resources, and PTSD in a population of Syrian refugees residing in Germany.

Methods: Data from ten semi-structured face-to-face interviews and 127 questionnaires measuring PTSD (PCL-5), coping self-efficacy (CSE-T), resilience (RS-11), and access to community resources were collected.

Results: Logistic regression analyses indicated months in Germany ($\beta = -0.33, odds\ ratio = 10.79, p = .001$), employment ($\beta = 8.96, OR = 6.213, p = .013$), no PTSD diagnosis ($\beta = 9.09, OR = 24.03, p = .000$), food security ($\beta = 13.78, OR = 11.17, p = .001$), financial security ($\beta = 9.04, OR = 12.94, p = .000$) increased the likelihood of coping self-efficacy. Both RS-11 and CSE-T scores were inversely associated with PTSD symptoms ($r = -0.249, p = .005$ and $r = -0.544, p = .000$). Qualitative findings indicated that resilience is inhibited by factors such as being separated from family members, lack of German language, insecure asylum status, and being discriminated by community.

Discussion: Results suggest the emerging Syrian conceptualization of resilience advocates for deeper exploration of more culturally sensitive assessments and mental health treatment approaches.

4-264

Collectivism and Post-Traumatic Growth

(Abstract #817)

**Poster #4-264 (CulDiv, Cul Div,
Ethnic, Fam/Int, Nat/Dis, Prof) I -
Industrialized** **Roosevelt
1/2**

*Joshi, Aishwarya, Sasakawa, Yuichi
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Individualistic and collectivistic perspectives have been a subject of great investigation in the field of cross-cultural social psychology since the early 1980's (McCarthy, 2005). However, the majority of coping research has been based on a Western conceptualization of adaptation with little consideration for the cultural context (Moore & Constantine, 2005; Wong & Wong, 2006). The purpose of this session is to explore the correlation between collectivistic familial structures and post-traumatic growth and the development of resilience within ethnic minorities. By examining coping strategies of both individualistic and collectivistic familial structures the presenters will highlight strategies and its impact on post-traumatic growth after the occurrence of a natural disaster. The session further aims to challenge perceptions that western culture is predominantly individualistic. While individualistic perceptions are prevalent in the US, the presenter will also shed light on the communalistic perspectives that are embedded in many Western families. Lastly, the session aims to provide strategies for development of familial interdependence and a strong social support network.

**PREVENTION/EARLY
INTERVENTION**

4-265

**An Exploration of the Relationship between
Interpersonal Violence Prevention
Programming at a Midwestern University
and Student Perception of Campus Response
to Sexual Violence**

(Abstract #4)

**Poster #4-265 (Prevent, Commun,
Rape, Adult) I - Industrialized** **Roosevelt
1/2**

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This study explored the relationship between attending interpersonal violence prevention training and the degree to which participants believe campus administration will appropriately respond to interpersonal violence on campus. A Midwestern university has recently implemented an Office of Violence Prevention and Education to strengthen interpersonal violence prevention programs on campus. As a part of this program, the university distributes a campus climate survey at the beginning of each semester that investigates numerous factors related to interpersonal violence on campus. Over the 2017-2018 year, 302 students, of the 652 completing the survey, reported participating in interpersonal violence prevention training on campus, and answered questions regarding the degree to which they found the training helpful and their perception of the university's response to interpersonal violence on campus. Results suggest individuals largely viewed the trainings as at least somewhat useful (87.77%) and individuals who viewed the trainings as helpful were significantly more likely to view the campus response in a positive light ($F[48, 1053.66] = 1.945, p < .001$). Specific differences will be explored in detail and implications and future directions for training development will be discussed.

4-266

Understanding the Association between Adverse Childhood Experiences and Parenting Stress and Efficacy among Military Parents

(Abstract #1597)

Poster #4-266 (Prevent, Clin Res, Complex, Mil/Vets, Adult) I - Global | **Roosevelt 1/2**

Barlaan, Devin

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Men and women who serve in the military report more adverse childhood experiences (ACEs) than do civilians. Having had ACEs may impact later parenting experiences. In a civilian sample, mothers with ACEs reported higher parenting stress than mothers without ACEs. High parenting stress was also associated with lower parenting-efficacy. In an experimental paradigm in which mothers were given a difficult-to-soothe baby, mothers self-reported lower parenting-efficacy if they also reported ACEs. Given that efficacy is a malleable skill that can be developed by effectively coping with challenges, we wondered if being in the military could foster efficacy in otherwise at-risk parents. Military families are observed to experience myriad stressors associated with military family demands. Coping with these experiences could develop efficacy. We predict that compared to studies with civilian samples, military and veteran parents in our sample would experience higher efficacy and lower stress. We also predict that within our sample, that there would not be a correlation between ACEs and parenting-efficacy and stress. Eleven participants who self-referred to a pilot parenting intervention research program completed questionnaires assessing ACEs, stress and parenting-efficacy. Preliminary data will be analyzed using a Z-test for the first hypothesis and a correlation for the second.

4-267

Trajectories of Depression and Anxiety after Exposure to Traumatic Stress: The Roles of Genetic Risk and Contextual Promotive Factors

(Abstract #575)

Poster #4-267 (Prevent, Anx, Depr, Health, Genetic, Adult) M - Industrialized | **Roosevelt 1/2**

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Prior research suggests a number of factors that may influence the trajectory of psychopathology following traumatic stress exposure. This study utilizes hierarchical linear modeling to predict trajectories of depression and anxiety over time as a function of traumatic stress exposure. The current dataset includes cross-sectional and longitudinal data from four cohorts of undergraduate students at a large, public, urban university at four timepoints (n = 2232). Analyses examine the direct and interactive roles of genetic risk of environmental sensitivity and the promotive factors of parenting behaviors and social support on depression and anxiety trajectories when controlling for cumulative hereditary risk for depression and anxiety. Gender, hereditary risk, and history of trauma were significantly associated with anxiety and depressive symptom trajectories over time. Parental behavior (autonomy granting and involvement) and social support additionally yielded statistically significant effects on participants' trajectories of depression over time, though these factors did not influence the trajectories of anxiety. Genetic predisposition for environmental sensitivity did not have a statistically significant impact on the trajectory of either outcome, although polygenic risk analyses are ongoing.

4-268

Warfighter Self-Reported Sleep Quality Varies as a Function of Military Variables and Robustly Predicts Posttraumatic Stress Symptoms after a Simulated Deployment Training Operation

(Abstract #432)

Poster #4-268 (Prevent, Chronic, Roosevelt Prevent, Sleep, Adult) M - N/A 1/2

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Methods: 427 US Army Soldiers completed a self-report survey prior to and immediately following a simulated deployment training operation. Results: Soldiers with at least 11 years of service had significantly less pre-training TST than recently enlisted Soldiers, $F(2,355)=3.91, p=.021$. Soldiers at E7-E9 reported sleeping the least, while officers/warrant officers reported sleeping the most $F(3,375)=2.75, p=.042$. Recently enlisted Soldiers had significantly lower PTSS than Soldiers with at least one year of service, $F(2,356)=4.39, p=.013$. At post-training, enlisted Soldiers reported sleeping significantly less than officers, $t(327)=-2.29, p=.022$. Soldiers with more than 11 years of service had significantly less TST than recently enlisted Soldiers, $F(2,309)=3.35, p=.036$. Enlisted Soldiers had significantly greater PTSS compared to officers, $t(67.68)=-2.24, p=.028$, and those with at least 11 years of service had significantly greater PTSS than Soldiers with less time served, $F(2,306)=3.10, p=.047$. Pre-training ISI proved to be a robust predictor ($\beta=.35, p=.001$) of post-training PTSS [$R=.44, R^2=.20, F(1,55)=13.35, p=.001$]. Conclusion: Poor sleep quality prior to training operations may help determine sleep-related targets for engagement aimed at reducing PTSS risk and ultimately, enhancing Soldier lethality.

4-269

Social Outcomes of Childhood Trauma in Women

(Abstract #1571)

Poster #4-269 (Prevent, Aggress, Roosevelt CPA, Neglect, Gender, Adult) I - N/A 1/2

Miron, Noga, Monti, Elisa, D'Andrea, Wendy
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Childhood trauma may affect personality, including empathy and aggression, but prior work focuses largely on male samples. In the current study, a community sample of 80 women completed measures of trauma, psychopathy, dissociation, and empathy. We hypothesized that childhood neglect would negatively correlate with empathic abilities and that childhood abuse would predict delinquency and aggressiveness, indexed by the "erratic lifestyle" subscale of the Self Report Psychopathy questionnaire. Further, dissociation was hypothesized to mediate these relationships. We found a significant indirect effect of childhood physical abuse (but not other types of abuse) on erratic lifestyle ($b=0.018, 95\% \text{ CI } [0.001, 0.044]$), defined by irresponsibility and impulsivity. The direct effect was insignificant, indicating that dissociation, not arousal, fully mediated this relationship ($b=-.005, p=.767$). We also found a significant indirect effect of childhood physical neglect on callous affect ($b=-0.028, 95\% \text{ CI } [-.058, -.003]$). Here too, the direct effect was insignificant, indicating that low empathic concern fully mediated these relationships ($b=-.017, p=.287$). These findings suggest that dissociative symptoms following childhood physical abuse are likely to lead women to take on an erratic lifestyle. Physical neglect, on the other hand, may impact women's empathy.

4-270

Maternal Attitudes towards Aggression Moderate Associations between Maternal Experiences of early Adversity and Behavior Problems in Preschooler
(Abstract #1334)

Poster #4-270 (Prevent, Aggress, Comm/Vio, Fam/Int, Pub Health, Child/Adol) I - N/A **Roosevelt 1/2**

Pickett, Chloe, Cristian, Chloe, Swerbenski, Hannah, Carreras, Justin, Glackin, Erin, Gray, Sarah
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Maternal experiences of early adversity have been associated with behavior problems in children (Bosquet-Enlow, Englund, & Egeland, 2016). Children’s perceptions of parental attitudes towards aggression have been linked to children’s use of aggression (Blake, Lease, Olejnik, & Turner, 2010). The present study tested the association between maternal experiences of early adversity, maternal attitudes about aggression, and preschoolers’ behavior problems among a sample of 63 predominantly African American, low-income mothers (Mage=30.12 years, SD=5.50) and their 4 and 5 year-old children (Mage=57.87 months, SD=6.53). Accounting for covariates, mothers’ attitudes about aggression (COTS), CI [.923, 3.431], $p=.001$, and mothers’ early exposure to adverse experiences (ACE), CI [.072, 4.850], $p=.04$, both predicted children’s behavior problems. Moreover, main effects were qualified by a significant ACExCOTS interaction, $DF=7.37$, $p=.009$, with maternal beliefs about the instrumental value of aggression associated with child behavior problems only among mothers with lower rates of early adversity. Findings highlight that both maternal beliefs about aggression and mothers’ histories of adversity pose risk for preschoolers’ behavior problems and that mothers’ beliefs about aggression may be protective for young children whose mothers do not have significant histories of early adversity.

4-271

Youth Violence in Mexico: Decreasing Risk and Fostering Positive Development through a School Based Psychosocial Program
(Abstract #1097)

Poster #4-271 (Prevent, Commun, Comm/Int, Comm/Vio, Child/Adol) M - Latin Amer & Carib **Roosevelt 1/2**

del Socorro De la Mora Carnalla, María¹, Castañeda Leija, Sonia Elizabeth¹, Segura López, Mario Jaime Misael¹, Arrendondo Vizcarra, William Alejandro¹, Black, Amy², Gupta, Sonali²
¹Heartland Alliance, Monterrey, Nuevo Leon, Mexico
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Mexican youth are at high risk of exposure to gender-based, family, and community violence and engagement in criminal activity. The DHARTE project aimed to address the negative impact of exposure to violence, deter the possibility of violent behavior, and decrease the probability of engagement in criminal activity through a three year project implemented within 10 schools in the Monterrey Metropolitan Area, Nuevo Leon, Mexico. The project targeted youth in 6th through 9th grade as well as parents of youth. The intervention consisted of two psychosocial groups, each addressing a different level of risk of both becoming a victim or perpetrator of violence. Each group was implemented once per week for the duration of the school year with the general goals of addressing risk factors and supporting healthy development including life skills and positive relationships. Program impact was measured using the Strengths and Difficulties Questionnaire and the Evaluación de Riesgo Individual, a context and culture specific tool designed to measure youth’s level of risk derived from the Structured Assessment of Violence Risk in Youth measure. Mid-project qualitative data indicates that students participating in the program show significant positive behavior change, including reduced incidences of fighting and increased cooperation between peers.

4-272

Primary Prevention of Post-Traumatic Stress Disorders for Mountain Workers Exposed to Cumulative Traumatic Events

(Abstract #982)

Poster #4-272 (Prevent, Cog/Int, Comm/Int, Dev/Int, Bio/Int, Other) M - N/A **Roosevelt 1/2**

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Prevention of PTSD appears as relevant for mountain workers, they are exposed to Traumatic Events (TE) and at high risk to develop PTSD. Our aim was to develop and evaluate feasibility and effectiveness of two Primary Prevention Interventions (PPI). They focused on remediation of risk factors for PTSD. A Psychological Intervention (PI), (N= 49), targeted psychological factors (coping flexibility, psychoeducation). A physio-psychological intervention PPI, (N= 67), coupled the same training with a training to increase vagal flexibility (biofeedback techniques). We assessed psychological and physiological measures to test them (by pre-intervention, 1 and 6 months post intervention). Results showed for both an increase of the positive affects 1 month post intervention (PANAS scale measured; = 3.14; t(171)=2.32). 6 months post intervention, an improvement in vagal recovery was observed in the PPI group but not in the PI group (measured as the High Frequency component of the Heart Rate Variability (HRV) response to postural changing = -13.49; t(175)=-2.16). This result, revealed the potential impact of HRV training for improving adaptive ability of stress reaction and consequently for increasing psychological resilience face to trauma. Qualitative results showed a good feasibility and a real interest in PPI by the institutions. We will discuss the generalization of PPI.

RESEARCH METHODOLOGY

4-273

PTSD Symptom Networks among Virginia Tech Shooting Survivors Vary by Use of Social Support

(Abstract #1512)

Poster #4-273 (Res Meth, Comm/Int, Roosevelt Adult) M - Industrialized 1/2

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Social support is regarded as one of the strongest resilience-promoting factors following exposure to a potentially traumatic event. Network analysis, which utilizes graph theory, has been employed by clinical researchers in recent years to study relationships among symptoms. The current study sought to investigate symptomatic differences between students whose tendency to seek social support increased following the Virginia Tech shootings on April 16, 2007, and students whose tendency to seek social support decreased. R (R Core Team, 2014) was used to conduct the network analyses. The sample reporting a decrease in tendency to seek social support had more severe detachment ($t = 2.52, p < .05$) and sleep difficulty ($t = 2.87, p < .05$) symptoms. Differences in the number and strength of symptom connections appeared when comparing the adaptive LASSO networks between groups. Nightmares, concentration, and intrusive thoughts were all less influential in the group who reported a decrease in tendency to seek social support (degree differences ranging from .19-.25). In the group that reported a decrease in tendency to seek social support, there were observed negative relationships between nightmares and concentration and between foreshortened future and avoidance of thoughts that were not present in the increased tendency group.

4-275

Sleep Disruption and Emotion Regulation Moderating the Relationship between Childhood Trauma and Emotional Eating

(Abstract #1496)

Poster #4-275 (Res Meth, CPA, Health, Neglect, Sleep, Adult) I - Industrialized **Roosevelt 1/2**

Pickett, Scott, Parkhill, Michele, Kozak, Andrea, Echeverri, Brenda
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Past research has proposed an association between childhood trauma (CT) and disordered eating (DE). Emotion regulation (ER) partially mediates this relationship and additional studies have linked sleep characteristics to disordered eating. Thus, indicating that ER and sleep should be explored as potential factors in CT and eating psychopathology. This study examined the interactions between CT, sleep disruptions, and ER difficulties and their association with DE. Data were collected from 343 undergraduates at a Midwestern university. CT was assessed using the Childhood Trauma Questionnaire (CTQ; Bernstein and Fink, 1993), sleep disturbances using the Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989), ER using the Difficulties in Emotion Regulation Scale (DERS; Gratz and Roemer, 2004), and eating patterns through the Dutch Eating Behaviour Questionnaire (DEBQ; van Strien et al., 1986). Regression analyses revealed a three-way interaction between childhood emotional abuse, ER difficulties, and sleep disturbances ($\beta = 2.144$; $p = .049$). Further exploratory analyses demonstrated an interaction between emotional neglect and sleep disruptions ($\beta = .437$; $p = .044$). The findings in this study support past research on the relationship between childhood emotional maltreatment and emotional eating, and adds sleep disruptions as a promising moderator in aforesaid relationship.

4-276

Accurate Prediction of Susceptibility versus Resilience to Psychopathology in Maltreated Individuals Using a Structural Network Model

(Abstract #1568)

Poster #4-276 (Res Meth, CPA, Complex, Depr, Neuro, Adult) A - N/A **Roosevelt 1/2**

Ohashi, Kyoko, Anderson, Carl, Khan, Alaptagin, Teicher, Martin
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Childhood maltreatment (MAL) is a major risk factor for psychopathology. However, some maltreated individuals appear resilient to the psychiatric sequelae of MAL with similar brain abnormalities as individuals with psychopathology. Critical aim was to identify brain alterations that enable resilient individuals to compensate for abnormalities and maintain mental well-being. We constructed fiberstream network using DTI in healthy unmedicated 18–25 year-olds ($n=342, n=192$ MAL) to develop predictive models for resiliency and susceptibility to MAL. We found nearly identical alterations in global fiberstream network between resilient and susceptible individuals. We confirmed our a priori hypothesis that resilient subjects had lower nodal efficiency in the right amygdala compared to susceptible or control participants. We identified reduced nodal efficiency in 8 other nodes in resilient subjects. Finally, we showed that models based on global network architecture and nodal efficiency could differentiate resilient and susceptible individuals with near perfect within sample and good predictive accuracy. These findings indicate that MAL individuals have sparse fiber networks with greater small-worldness that increase vulnerability to psychopathology and suggest that resilience may result from the decreased ability of specific nodes to propagate information throughout the network.

4-277

Somatic Pre-Sleep Arousal and Poor Sleep Quality Indirectly Predict the Relationship between Relationship Violence Victimization, Depression, Anxiety, and Stress Symptoms
(Abstract #1091)

Poster #4-277 (Res Meth, Anx, Depr, Roosevelt DV, Sleep, Adult) I - Industrialized 1/2

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The current study examined whether pre-sleep arousal (PSA) and poor sleep quality indirectly explain the relationship between relationship violence victimization and depression, anxiety, and stress symptoms. Via online survey methodology, relationship violence victimization, somatic PSA, sleep quality, depression, anxiety, and stress were assessed using validated measures. Three serial mediation model analyses for somatic PSA and depression, anxiety, and stress were conducted using PROCESS Macro for SPSS. In each analysis, relationship violence victimization was entered as the independent variable, depression, anxiety, or stress as the dependent variable, and somatic PSA, and sleep quality were entered as serial mediators. The models for somatic PSA and depression, anxiety, and stress were significant, $F(3,303) = 68.74$, $R^2 = .41$, $p < .001$, 95% CI [.40- 1.14]; $F(3,307) = 143.97$, $R^2 = .58$, $p < .001$, 95% CI [.001 - .4], and $F(3,306) = 85.59$, $R^2 = .46$, $p < .001$, 95% CI [.41-1.09], respectively. The results suggest somatic PSA and poor sleep quality indirectly explain the relationship between relationship violence victimization and depression, anxiety, and stress. The findings support previous research suggesting pre-sleep arousal may be exacerbated by relationship violence victimization and contribute to poor sleep quality and subsequent depression, anxiety, and stress symptoms.

SOCIAL ISSUES – PUBLIC POLICY

4-278

Tonic Immobility versus Fighting Back: Does Peritraumatic Behavior affect Perpetrator Aggression during Sexual Assault?
(Abstract #1548)

Poster #4-278 (Social, Rape, Adult) I Roosevelt - Industrialized 1/2

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Tonic immobility (TI) has been understood evolutionarily as the ultimate defense response among mammals. Among animals, this response acts to deter predators. Although TI has been observed in humans during trauma, the function of TI in humans remains unclear. In the current study, we explored the function of TI in humans to determine if it serves as a protective mechanism to impede the attack behaviors of human predators. Female undergraduates ($N = 124$) who endorsed at least one incident of either child (CSA) or adult (ASA) sexual assault and experienced TI as a result completed quantitative and qualitative measures of correlates and sequelae of TI. Contrary to expectations, the majority of participants reported that the onset of TI did not change perpetrator behavior (CSA = 87.9%; ASA = 60.5%). Among the minority who did report a change, no consistent change was reported (i.e., perpetrator aggression did not uniformly decrease). Interestingly, participants who actively struggled prior to experiencing TI were also not more likely to report that the perpetrators' behaviors changed than participants who did not struggle ($X^2 = 1.73$, $p = .19$ for CSA group; $X^2 = 1.30$, $p = .26$ for ASA group). Findings suggest that TI does not deter human predators. Further, peritraumatic survivor behavior

does not appear to consistently influence perpetrator behavior.

4-279

Living in Paradox: A Qualitative Study of Political Violence Related Trauma, Its Intergenerational Transmission, and Resilience Strategies among Repressed Families' Offspring

(Abstract #1661)

Poster #4-279 (Social, Fam/Int, Rights, Intergen, Adult) A - C & E Europe & Indep **Roosevelt 1/2**

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ILia State University, Tbilisi, Georgia

The study examines the impact of repression-related trauma, its intergenerational transmission, and resilience strategies among offspring of families who underwent political repressions during Stalin's rule in Georgia. In-depth interviews were conducted with the 13 representatives of the second generation (mean age 81) and 15 representatives of the third generation (mean age 52). Data analyses revealed four contradictory (paradoxical) resilience strategies: (1) Performing well at school and job places for achieving academic and professional excellence; at the same time, trying to be "invisible", because visibility was perceived as bringing possible repression, (2) Integration into the totalitarian system (i.e. becoming a member of Young Communists Union); at the same time, trying to separate from the system, i.e. carry out spiritual practices forbidden by the totalitarian state, (3) Overprotective parenting combined with Parentification of children, (4) Perceiving and relying on social support, twinned with perceiving hostility from the social surroundings and corresponding cautiousness. Interplay of these paradoxical strategies will be demonstrated based on the Psycho-Socio-Political Model of Intergenerational Transmission of Trauma elaborated as a result of the study. Implications for dealing with the totalitarian past, derived from the study, will be shared.

4-280

Measuring Media Exposure to Acute Mass Violence in an Era of Technology, Social, Media, and Terrorism

(Abstract #139)

Poster #4-280 (Social, Comm/Vio, Journalism, Pub Health, Terror, Adult) I - Industrialized **Roosevelt 1/2**

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Researchers have assessed the influence of media exposure to acute mass violence (e.g., terror attack) on distress in populations not directly experiencing the trauma; however, the field has yet to achieve consensus on measuring media exposure. To address this, we developed a measure using the most relevant items from media exposure surveys and accounting for evolving social media. We asked a sample of youth and adults (N = 1,249), ages 14 – 59 years old about average time spent consuming news in general, time spent viewing coverage of specific terror attacks, and their emotional reactions to the media coverage. A confirmatory factor analysis specifying a 4-factor model was run on a subsample of the data (n = 308), and the data fit the model well, $\chi^2(38) = 77.895, p < .001, RMSEA = .058 [90\% CI = .040, .077], CFI = .970, and SRMR = .052$. Measurement invariance was examined on the remainder of the participants (n = 937) to determine whether the model was invariant across participant sex. Analyses support that the factor structure of the measure was consistent across male and female participants. Implications on measuring media exposure to terrorism will be discussed.

4-281

Non-Military Community Members' Attitudes toward Individuals with Combat-Related PTSD

(Abstract #1)

Poster #4-281 (Social, Comm/Int, Adult) I - Industrialized | **Roosevelt 1/2**

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One of the most consistent barriers to mental health services is the fear of the stigmatization that can accompany a mental health diagnosis. Military members have reported the belief that non-military community members experience less empathy for soldiers who have combat-related PTSD as opposed to individuals with a non-military related PTSD diagnosis. Community members attitudes towards combat-related PTSD may reflect a just world perspective, a belief that people generally get what they deserve in life. Research regarding community member's views on military mental health issues is lacking in current literature. This study sought to enhance the understanding of community attitudes toward individuals with combat-related Posttraumatic Stress Disorder (PTSD). 255 participants utilized an anonymous web based survey to provide their demographic information and complete measures from an adapted version of the Community Attitudes on Mental Illness Scale, and the Global Belief in a Just World Scale. Hierarchical regression analyses show that just world beliefs, education level, gender, and level of contact were found to be small, but statistically significant predictors of stigmatizing attitudes toward individuals with combat-related PTSD. These findings support the development of community-based interventions to address stigmatization of individuals with combat-related PTSD.

4-282

Linking Cumulative Trauma to Chronic Homelessness among Veterans: The Mediating Roles of Emotion Dysregulation and Maladaptive Responses to Intrusions

(Abstract #547)

Poster #4-282 (Social, Clin Res, Comm/Int, Complex, Mil/Vets, Adult) M - Industrialized | **Roosevelt 1/2**

Macia, Kathryn, Moschetto, Jenna, Waelde, Lynn
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Despite significant efforts to end veteran homelessness over the past decade, veterans are still overrepresented among the homeless. Research suggests that trauma exposure and mental health problems are associated with homelessness among veterans, though most studies have focused on diagnostic status, which provides little information about how psychological factors may contribute to homelessness. This study investigated whether maladaptive responses to intrusions, intrusion distress, and emotion regulation problems mediated the relationship between cumulative interpersonal and military trauma and homelessness chronicity (episodes and duration) among 239 veterans in community homeless programs. Structural equation analyses supported a sequential mediation process in which maladaptive responses and distress about intrusions precipitated emotion regulation problems in mediating the relationship between cumulative trauma and number of homeless episodes. Multigroup models indicated this mediation effect was most pronounced among OEF/OIF/OND era veterans, and among veterans who served between Vietnam and OEF/OIF/OND eras, a sequential mediation effect was found for duration of homelessness. Findings suggest responses to trauma-related intrusions and emotion dysregulation may have implications for chronic problems with homelessness, particularly among veterans of more recent cohorts.

4-283

The Attachment and Cultural Systems Model of Sexual Violence

(Abstract #1076)

Poster #4-283 (Social, Comm/Int, Dev/Int, Rape, Theory, Lifespan) I - Industrialized **Roosevelt 1/2**

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It's been widely reported that 1 in 4 women in college will experience rape or sexual violence as an undergraduate, and the #MeToo movement has shed light on a comparable crisis in the workplace. The pervasive nature of assault can result in lasting trauma in individuals as well as subsequent generations via intergenerational transmission. In the United States, roughly 70% of young adults who graduate high school enroll in college, where in addition to formal learning, they continue to build upon knowledge of scripts relating to interpersonal relationships and sexual encounters. How can we address the complex challenges posed by high incidences of sexual violence on college campuses and workplaces? A rich understanding of the interacting systems and legacy of the challenge will facilitate the development of the requisite multidimensional and dynamic solutions. In order to conceptualize the history and current structures relevant to the problem, it is useful to draw upon Bronfenbrenner's Ecological Model for Human Development, and well-developed research on "Hookup Culture" and the relationship between intimate partner violence and individual attachment style. The Attachment and Cultural Systems Model (ACSM) of Sexual Violence offers a frame to organize knowledge, future research, and lasting interventions that address the requisite systems involved.

4-284

Impact of the Soviet-Afghan War on the First Post-Soviet Generation: Correlated Outcomes from the Study of Intergenerational Trauma Transmission of Returned Soviet Veterans

(Abstract #68)

Poster #4-284 (Social, Comm/Int, Fam/Int, Social, Mil/Vets, Lifespan) I - C & E Europe & Indep **Roosevelt 1/2**

Denejkina, Anna

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A PhD study on intergenerational transmission of combat-related trauma from parent to child - focusing on returned Soviet veterans of the Soviet-Afghan war 1979-89- shows a correlation between immigration and understanding of trauma. The qualitative study included veterans and (now adult) children of veterans of the Soviet-Afghan war (n40), with the sample of veterans taken from Russia, and sample of children taken from Russia, Ukraine (and other former Soviet countries), Australia and United States.

A thematic analysis and comparison of interviews and survey responses showed children of veterans who emigrated with their families from the former Soviet Union into Western countries, like the United States or Australia, had a better understanding of PTSD and trauma (including an acceptance of traumatic stress as a mental health condition) than children who remained in the former Soviet Union. The latter group showed a poor understanding of trauma, and a resistance to accept trauma despite describing symptoms related to PTSD in their veteran parent, including episodes of domestic violence, alcohol abuse; silence about the war.

These findings highlight issues around mental health education (MHE) in the former Soviet Union, posing difficulties for future trauma research with these vulnerable populations unless MHE, collective trauma and high rates of DV are taken into consideration.

BIOLOGICAL/MEDICAL

4-285

The Impact of PTSD Symptom Clusters on Trajectories of Cortisol Awakening Responses in Women with PTSD from Intimate Partner Violence

(Abstract #1361)

Poster #4-285 (Bio Med, Bio Med, DV, Adult) I - N/A | **Roosevelt 1/2**

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Previous mixed findings concerning the relationship between PTSD and cortisol may be due to heterogeneity in symptom presentation that typifies PTSD. The present study examined DSM-IV PTSD clusters (hyperarousal, re-experiencing and avoidance) as separate moderators for the trajectory of cortisol awakening responses (CAR) using a multi-level modeling approach. We recruited 273 women from local domestic violence shelters. 172 participants met for PTSD resulting from intimate partner violence. Of those, 158 participants provided saliva samples (waking, 15-minutes, 45-minutes, and 1-hour) across two days. The Clinician Administered PTSD Scale (CAPS) was administered to assess PTSD symptoms. Multi-level modeling was used to examine how different PTSD symptom clusters impacted the trajectory of CAR. Initial analyses indicated that the cortisol data fit a quadratic function; thus, the quadratic term was included in subsequent moderation analyses to evaluate both the moderating effect of the linear and quadratic function. Hyperarousal symptoms (but no other symptom clusters) moderated the linear function of cortisol levels. Results were consistent even after accounting for the influence of confounding variables (e.g., cortisol outliers, smoking status and sampling time). The findings demonstrate an overall blunted CAR for women reporting higher hyperarousal symptoms.

4-286

Investigating the Impact of the “Soul Eating Emotion”: Intimate Partner Violence, Shame, and Physical Health

(Abstract #691)

Poster #4-286 (Bio Med, Affect/Int, DV, Health, Care, Adult) M - Industrialized | **Roosevelt 1/2**

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¹*University of South Alabama, Mobile, Alabama*
²*University of Manitoba, Winnipeg, Manitoba, Canada*

Intimate partner violence (IPV) is linked to adverse health conditions (CDC, 2018); level of physical health symptomology may be related to physiological responses to distinct emotional states (i.e., shame; Parrott, 2004). Social-self threat and shame-related thoughts and feelings are associated with increased cortisol and proinflammatory cytokine activity, each of which increase risk for disease (Dickerson, Gruenewald, & Kemeny, 2004). We utilized Hayes’ (2017) PROCESS model to test the hypothesis feelings of shame would mediate the relation between IPV and physical health among a sample of women receiving care at a women’s clinic (n=92; M age=33 years; 88% Black). "Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your intimate partner?" was a significant predictor of shame (b=1.53, SE=.46, p<.01); shame subsequently predicted physical health symptoms (b=.19, SE=.07, p<.01). Consistent with full mediation, IPV was no longer a significant predictor of physical health after controlling for shame (b=.57, SE=.32, p=.08). The model accounted for 8% of variance in physical health. Interventions specifically aimed at reducing feelings of shame among victims of IPV may be particularly efficacious in preventing the development or exacerbation of adverse physical health outcomes. Additional directions and implications to be discussed.

4-287

Sleep Structure and Sleep Quality in Young Women who Suffered Sexual Assault and Developed PTSD

(Abstract #596)

Poster #4-287 (Bio Med, Rape, Sleep, Roosevelt Adult) I - Latin Amer & Carib 1/2

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The global increase in violence against young women has an impact on the prevalence of PTSD. Sleep disturbances are central in PTSD. We aimed to analyze the sleep structure and quality parameters in young women with PTSD. We conducted a case-controlled study including women aging 18-45 years who suffered sexual assault and developed PTSD. Non-PTSD control group, who has never experienced sexual abuse, was matched by age and sex:48 PTSD and 45 controls. Full polysomnography(PSG), Epworth Sleepiness Scale(ESS), Pittsburgh Sleep Quality Index(PSQI), Beck Depression Inventory(BDI), Fatigue Impact Scale(FIS),Insomnia Severity Index(ISI) and Clinician-Administered PTSD Scale(CAPS 5) were assessed. GLM and regression models were performed. Patients mean age was 25.2±0.9 vs 27.6±1.0 for the control group(p=0.08).CAPS mean score in PTSD-group was 42.8± 9.6. BDI,FIS,PSQI,ISI scores were worse in PTSD group (p<0.05, all).All PSG parameters including sleep stages, did not change between groups, except microarousal index/hour of sleep which was significantly higher in PTSD group (p=0.03).PSQI was associated with CAPS 5 score independently of depression, fatigue, and sleep fragmentation (Beta1.5,p<0.01).Fatigue and Sleep quality are significantly affected in young women with PTSD, but not sleep stages. Sleep fragmentation in PTSD group did not explain poor sleep in this group of patients.

4-288

Biological Assessment of Disturbed Sleep in Post-Traumatic Stress Disorder, a Systematic Review

(Abstract #1003)

Poster #4-288 (Bio Med, Assess Dx, Roosevelt Bio Med, Sleep, Adult) I - Global 1/2

**Maguire, Daniel, Armour, Cherie
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In post-traumatic stress disorder (PTSD), sleep disturbances constitute the greatest proportion of treatment requests, correlate with PTSD symptom severity and often remain following primary cognitive and psychopharmacological PTSD therapies (McLay et al. 2010; Belleville et al. 2011; Raskind et al. 2018). In Combat Veterans, pre-deployment nightmares are predictive of PTSD symptomology post-deployment (Van Liempt et al. 2013). Coupled with the role of sleep in memory consolidation, suggests ineffective sleep as a central factor in PTSD pathogenesis. This is further suggested by increased expression of inflammatory biomarkers in disrupted sleep, and the high comorbidity of metabolic syndrome in PTSD (Livingston et al. 2015; Violanti et al. 2006). The current review systematically examined if biological markers are altered in PTSD patients following targeted treatment of sleep. A search strategy using Medical Subject Headings; 'Sleep initiation and maintenance disorders', 'Stress disorders, post traumatic', 'Biomarkers' and associated keywords, identified 433 research articles, of which 39 were retained for full text analyses. While this review aims to provide an insight into sleep biology in PTSD, specifically targeting sleep also has the potential to widen patient participation in treatment interventions by circumventing the stigma associated with PTSD-specific treatments.

4-289

Altered White Matter Diffusivity of the Cingulum Angular Bundle in PTSD

(Abstract #1615)

Poster #4-289 (Bio Med, Bio Med, Depr, Mil/Vets, Neuro, Adult) M - N/A **Roosevelt 1/2**

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Prior studies showed PTSD-related alterations in white matter integrity, but most have used region-based approaches. We address this limitation by investigating the relationship between PTSD severity and fractional anisotropy (FA) using a novel, tract-based approach. Structural and diffusion MRI were acquired from sixty-seven combat-exposed US Veterans and processed using FSL/FreeSurfer (TRACULA). Partial correlations were conducted between PTSD severity and FA of the cingulum and uncinate fasciculi covarying for age, sex, and head motion. Only FA of the left cingulum angular bundle (CAB) was positively correlated with PTSD symptom severity ($r=0.433$, $p=0.001$, $df=57$) and remained significant after Bonferroni correction. Conclusions: This finding may imply greater organization of the CAB with increasing PTSD severity. The CAB connects directly to the cingulate cortex and the hippocampal subiculum, critical nodes of the default mode network, as well as being implicated in neurodegeneration pathology, decision-making, and executive functions, which may help explain previously shown alterations in this network in PTSD. Further study of white matter tract integrity in PTSD is warranted, particularly to investigate whether the CAB connections with both higher-order cognitive functioning and emotion processing regions contribute to the pathophysiology and comorbidity of PTSD.

LATE BREAKING POSTERS

4-291

Impact of Military-Specific Variables on Trends in the Rate of Initial Diagnosis of Posttraumatic Stress Disorder in the Military from 2007-2015

(Abstract #1863)

Poster #4-291 (Assess Dx, Assess Dx, Mil/Vets, Adult) A - Industrialized **Roosevelt 1/2**

Cook, Jeffrey¹, Paxton, Maegan², Phillips, Jennifer³, Patel, Avni², Koehlmoos, Tracey², Riggs, David²

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Providing effective support and treatment for Posttraumatic Stress Disorder (PTSD) is a priority of the Department of Defense. Thus, it is critical to know how rates of PTSD differ across military-specific variables, including component (Active Duty [AD] or Reserve Component [RC]), branch of service, and rank. This study examined the rates of initial diagnoses of PTSD across these variables in the US Military between 2007 and 2015. Data, consisting of direct care inpatient and outpatient records for AD and RC military were accessed via the Military Health System Data Repository. ICD-9 codes for the initial diagnosis of PTSD were identified and rates calculated based on counts from the Defense Enrollment Eligibility Reporting System (DEERS). During the study period, rates of initial PTSD diagnosis were higher for AD members, with both AD and RC rates peaking in 2012 before declining through 2015. Rates were consistently highest for the Army, followed by the Marines, lowest for the Coast Guard, and intermediate for Navy and Air Force. Enlisted personnel had higher rates of PTSD than officers, and PTSD rates were inversely related to rank in both the Enlisted and Officer categories. These findings highlight subgroups within the military with higher rates of PTSD diagnosis, which can enable DoD to tailor prevention and treatment interventions for these groups.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-292

Impairment of Verbal Learning Strategies in Veterans with Posttraumatic Stress Disorder
(Abstract #1883)

Poster #4-292 (Assess Dx, Assess Dx, Cog/Int, Mil/Vets, Adult) I - Industrialized | **Roosevelt 1/2**

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Instances of traumatic stress are inflated in veterans, often leading to intrusive symptoms and cognitive impairment making it difficult to reintegrate into society. Understanding the alterations in verbal learning and memory faced by those with posttraumatic stress disorder (PTSD) may allow the employment of appropriate compensatory strategies conducive to more successful reacclimation. The current study retrospectively examined verbal learning strategies on the California Verbal Learning Test in 30 veterans diagnosed with PTSD and 30 veterans with no diagnosis referred for neuropsychological evaluation. Intrusive errors were greater in individuals with PTSD, approaching but not achieving significance. Both groups showed reduced primacy recall and profound recency effects as well as impairment in serial clustering scores. These results support past findings of verbal cognitive impairment in PTSD but also suggest that subclinical populations may benefit from the availability of resources for trauma-informed care and accommodation strategies. Future studies exploring cognitive deficits associated with subclinical trauma-exposed populations with self-reported depression or distress may also be warranted to elucidate the effects of asymptomatic perceived distress on mental health and cognition.

4-293

Does Canine Companionship Improve Sleep in Severe Deployment-Related PTSD
(Abstract #1760)

Poster #4-293 (Bio Med, Bio/Int, Sleep, Adult) M - Industrialized | **Roosevelt 1/2**

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Introduction: Elevated basal heart rate, elevated cardiac disease risk, and poor sleep have been reported in Veterans with PTSD. We employed a within-subjects design to examine the impact of canine companionship on subjective sleep and sleep HR in Veterans engaged in residential treatment. Methods: 30 male Veterans provided an aggregate sample of 3000+ hours of mattress actigraphy providing objective estimates of sleep HR and sleep efficiency. An overlapping sample of 39 Veterans provided 879 morning reports of time to fall asleep and morning restedness. Additional predictors included daytime mood reports collected via EMA. Dependent variables were compared over nights with and without canine companionship using linear mixed effects modeling.

Results: Faster sleep onset was predicted by elevated actigraphic sleep efficiency ($p = 0.001$) and reduced prior day negative affect ($p = 0.01$). Morning restedness was predicted by elevated prior day positive affect ($p = 0.03$). Neither was associated with canine companionship. Sleep heart rate exhibited an effect of time of night and an unexpected effect of day of week; however, sleep heart rate was actually slightly higher when dogs were present ($p = 0.000006$), though only by 0.7 BPM.

This study does not support the proposition that canine companionship improves sleep or lowers basal HR in PTSD.

4-294

Preliminary Evidence of Excess Myelination in Threat Mediating Brain Regions in PTSD
(Abstract #1784)

Poster #4-294 (Bio Med, Bio Med, Bio/Int, Neuro, Adult) A - Industrialized **Roosevelt 1/2**

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⁴Weill Cornell Medical College, New York, New York

Introduction: Post-hoc analyses of structural MRI data suggested the presence of supra-normal levels of myelination in the amygdala in chronic, combat-related PTSD. In the CNS, myelination demonstrates plasticity over and above that observed in neurons, with some portion of that plasticity being activity- and NMDA-dependent. Myelination, while accelerating axonal transmission, also inhibits net synaptogenesis and axonal sprouting, potentially leading to aplastic, lowered-dimensionality representations mediating threat-related behavior. Methods: 13 combat Veterans (2 female, 7 PTSD+) underwent structural MRI at 3T employing a multi-T2 pulse sequence (FastT2, Nguyen et al) designed to directly estimate myelin water fraction for the diagnosis and staging of demyelinating diseases such as multiple sclerosis. Amygdala and hippocampal VOIs were extracted using FreeSurfer v6.0 and subjected to MWF estimation, both procedures automated and executed blind to diagnosis. Results: PTSD was associated with elevated MWF in hippocampus (Mann-Whitney U, $p = 0.022$), but not in amygdala (Mann-Whitney U, $p = 0.625$). This preliminary study provides mixed support for the hypothesis that threat-mediating structures are hyper-myelinated in PTSD. Further research is warranted in light of the possibility that CNS myelination/re-myelination presents novel targets for pharmacotherapy in PTSD.

4-295

Examining Associations between Military Sexual Trauma and Non-Military Physical/Sexual Assault and Eating Disorder Symptoms in Male and Female Veterans
(Abstract #1781)

Poster #4-295 (Clin Res, Rape, Mil/Vets, Gender, Adult) I - N/A **Roosevelt 1/2**

McCaughey, Virginia, Street, Amy, Mitchell, Karen
National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts

Male and female veterans may have elevated rates of eating disorders (EDs). Military sexual trauma (MST) is one of many risk factors that enhances vulnerability to these conditions. Women experience MST and other non-military assaults at a higher rate, but associations between these assaults and EDs when considering gender is understudied. We examined impacts of MST and non-military assaults on EDs in men and women. The sample included 697 veterans (92.1% male) with a mean age of 63 years. The National Stressful Events Survey (NSES) and the Eating Disorder Diagnostic Scale (EDDS) were administered in a larger battery of questionnaires. Probable ED diagnoses were 4.4% of men and 11.8% of women; 0.9% of men and 16.7% of women reported MST; 7.9% of men and 50.4% of women reported non-military assault. Multiple linear regression models were used to estimate impacts of MST and non-military assault on EDs controlling for age and BMI. MST and non-military assault were associated with EDs in the full sample, but only non-military assault was significant in the male subsample. No associations were significant for women due to low subsample size. Notably, effects of MST on EDs were stronger for women ($sr=.23$) than men ($sr=.15$). Results emphasize the relevance of non-military assault to EDs among male veterans and potential importance of investigating EDs among females with MST histories.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-297

Does Evidence-Based Treatment for Posttraumatic Stress Disorder Improve Marital, Parental, and Family Functioning?: A Literature Review

(Abstract #1874)

Poster #4-297 (Clin Res, Assess Dx, Chronic, Fam/Int, Res Meth, Adult) I - Industrialized **Roosevelt 1/2**

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Approximately, 7.8% civilians, 29% of veterans, and 5-13% of active duty service members meet diagnostic criteria for posttraumatic stress disorder (PTSD; Bagalman, 2013; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Milliken, Auchterlonie, & Hoge, 2007). For some, family encouragement is associated with PTSD treatment initiation (Sayer et al., 2009), and anecdotally, individuals seeking treatment for PTSD endorse improving marital, parental, and family functioning as goals for treatment. A literature review of the current randomized and waitlist-controlled trials examining evidence-based psychotherapies for PTSD (e.g., Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization Reprocessing, etc.) was conducted in order to determine the extent to which these trials examined marital, parental, and/or family functioning outcomes pre- and post an evidence-based treatment for PTSD. While some trials examined social adjustment and quality of life as secondary outcomes, no trials utilized a gold standard assessment of marital, parental, or family functioning as a primary or secondary outcome. Discussion will include the recommendation of measures above and beyond symptoms reduction with a focus on measures that may correlate with patient treatment goals.

4-298

Sexual Assault and Rape Myth Acceptance among High-Risk College Groups

(Abstract #1877)

Poster #4-298 (Clin Res, Prevent, Rape, Adult) I - Industrialized **Roosevelt 1/2**

Amaya, Stephanie, Alzalde, Andrea, Binion, Kendal, Trujillo, Kayla, Gray, Matt

University of Wyoming, Laramie, Wyoming

Several large-scale, empirical studies have consistently found that approximately 1 in 5 college women will be sexually assaulted during their time in college. Notably, it is posited that membership in fraternities, sororities, and ROTC may place students at an even higher risk of victimization. It is possible that these high-risk groups may promote norms and attitudes accepting of rape myths, which in turn is associated with higher rates of victimization and perpetration. As such, the current study aimed to compare the experience of sexual violence and endorsement of rape myths across these groups. Participants included undergraduate, graduate, and professional students who were invited to participate in a campus-wide sexual misconduct survey (N = 1897, 20%). The survey included the Administrator Researcher Campus Climate Collaborative (ARC3) and Illinois Rape Myth Acceptance Scale (IRMA). Results indicated that women in ROTC (X²= 16.718, p = .001) and men in fraternities (X²=10.141, p = .001) were at a significantly higher risk of experiencing sexual violence. Additionally, while men consistently endorsed more RMA than women across all groups (F (1, 2190) = 23.596, p < .001), those in ROTC obtained significantly higher IRMA scores than all other groups independently of gender (F (3, 2190) = 3.407, p < .001). Implications for targeted interventions are discussed.

4-299

Holistic Healing Arts Retreat for Trauma and Resilience

(Abstract #1884)

Poster #4-299 (Clin Res, Chronic, Clin Res, Commun, Gender, Adult) M - N/A **Roosevelt 1/2**

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The objective of this research project was to examine the effectiveness of the Holistic Healing Arts Retreat for trauma. This research project addresses the need for empirical evidence pertaining to the effects of holistic approaches delivered within a retreat model for trauma-related outcomes. This rigorously designed, randomized clinical trial compared a 5-day Holistic Healing Arts Retreat (n=49) to a wait-list control (n=60). Women were recruited from community agencies (Latina, 37%; Caucasian, 38%; African American 8%; Other, 17%). Assessments were conducted at baseline, 1, 4 and 7 months following completion of the retreat. The holistic retreat addresses five areas: safety, community, awareness, expression and integration through discussion of the effects of trauma and oppressive cultural and historical contexts; outdoor physical challenge; present moment awareness; body awareness; expressive movement; expressive art and individual body work. Attention to a nurturing environment (nutrition, bodywork, nature) is also central to the retreat model. No differences were found between groups at baseline. Results of linear mixed effects models, adjusted for age and trauma exposure (SLESQ) examining differences at 1- 4- and 7-month assessments across mental health showed improvements for trauma, depression, and perceived stress as well as for self-compassion and hope outcomes.

4-300

Hyperarousal as a Mediator of Response to Mantram Repetition for PTSD

(Abstract #1885)

Poster #4-300 (Clin Res, Clin Res, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Hyperarousal appears to be an important driver of other posttraumatic stress disorder (PTSD) symptoms. We were interested, therefore, in whether change in hyperarousal predicts treatment response to a spirituality-based intervention. Secondary analyses were conducted on data from a randomized controlled trial in which Veterans with PTSD were assigned to the Mantram Repetition Program (MRP) or Present-Centered Therapy (PCT). We hypothesized that reductions in hyperarousal would mediate improvements in the sum of the other PTSD symptoms and in spiritual wellbeing but that the reverse models would not reach significance. In time-lagged multilevel mediation models, hyperarousal mediated reductions in the composite score of DSM-IV re-experiencing and avoidance in both treatments with a nonsignificantly stronger effect in MRP. Although the composite of the other PTSD symptoms mediated reductions in hyperarousal in both groups, the effect was weaker in this direction. Hyperarousal mediated improvements in spiritual wellbeing in MRP but not PCT, and reverse models were not significant for either group. Thus, reducing hyperarousal appears to drive change in other PTSD symptoms and, in the MRP group, in spiritual wellbeing. The implication of this work is that interventions focused on management of hyperarousal may play an important role in recovery from PTSD.

4-301

The Effects of Parental Attachment on Young Adult Depression and Resilience Following Exposure to Trauma

(Abstract #1871)

Poster #4-301 (Clin Res, Acute, Depr, Fam/Int, Child/Adol) I - Industrialized Roosevelt 1/2

Schwartz, Napier, Howell, Kathryn, Schwartz, Laura University of Memphis, Memphis, Tennessee

While parental attachment has been studied in relation to development, little research has examined how attachment affects psychopathology and resilience across varying trauma experiences. This study aims to address this research gap, while also assessing the role of demographic and trauma-related factors. Participants included 475 young adults (79% female, 51% White) from a MidSouth university who self-selected their lifetime most traumatic event (MTE) from death, divorce, violence, or illness. Hierarchical linear regressions were run to predict depression and resilience from sex, race, income, and cumulative trauma in Model 1, MTE added in Model 2, and avoidant and anxious parental attachment added in Model 3. The final model for depression was significant, $F(10, 464)=4.97, p<.001, Adj R^2=9.7\%$, with higher anxious attachment ($\beta =.23, p<.01$), loss ($\beta =4.9, p<.01$), and sexual violence ($\beta =6.6, p<.01$) associated with higher levels of depression. The final resilience model was significant, $F(10, 464)=5.15, p<.001, Adj R^2=10.0\%$, with higher avoidant ($\beta =-.46, p<.001$) and higher anxious ($\beta =-.27, p<.01$) attachment indicating lower levels of resilience, regardless of MTE. Given attachment's effect on both positive and negative outcomes, providers should focus on strengthening parent-child relationships to buffer against psychopathology and bolster resilience following trauma.

4-302

A Psychobiological Profile of Trauma-Exposed South African Youth

(Abstract #1887)

Poster #4-302 (Clin Res, Bio Med, Commun, Comm/Int, Comm/Vio, Child/Adol) M - E & S Africa Roosevelt 1/2

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Physiological data has been collected primarily within a western context. This psychobiological overview of trauma-exposed youth participating in Waves for Change (W4C), a trauma-informed surfing therapy program in Cape Town, South Africa aims to expand that work to South Africa. The majority of W4C students have faced multiple adverse childhood events. Consistent with the literature which suggests that traumatic stress affects physical, emotional and cognitive health, we measured resting heart rate variability (HRV) that provides a physiological index of neurological adaptivity to stress. HRV can be decomposed to reflect sympathetic nervous system activity, which is associated with fight-or-flight activity - high values create risk for aggression and hypervigilance - and parasympathetic nervous system, which is associated with self-regulation and self-soothing behaviors. W4C students' (N=93) mean parasympathetic activity was 84.37ms² (SD=37.26ms²) and mean sympathetic activity was 2335.65ms² (SD=2728.84ms²). Although the parasympathetic activity was within normal range (males: M=101.19ms², SD=37.38ms²; females: M=83.07ms², SD=31.68ms²), the sympathetic activity was significantly elevated as compared to age-related norms ($t(291)=2.418, p=0.0162$). This study demonstrates the feasibility of conducting trauma-focused psychophysiological research outside of a western context.

4-303

Associations of Particular Adverse Childhood Experiences and Post-Traumatic Stress Symptomatology in Urban Young Adults

(Abstract #1748)

Poster #4-303 (Commun, CPA, CSA, Dev/Int, Neglect, Lifespan) M - Industrialized **Roosevelt 1/2**

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Positive summary scores from the Adverse Childhood Experiences (ACE) Scale have been shown to powerfully predict physical and mental health outcomes (Felitti et al, 1998), but less is known about the relation of individual items to discrete posttraumatic stress symptoms. This study aimed to identify which specific adversities predicted posttraumatic stress disorder (PTSD) symptom clusters and diagnosis. Participants (N=232) recruited from a large, urban university and an online community platform (Age: M = 22.78, SD = 5.11; % Women, 67.75) completed the MINI Adverse Childhood Experiences Scale (MINI ACE) and the PTSD Checklist for DSM-5 (PCL-5). Linear regression analyses showed that endorsement of emotional neglect via the MINI ACE was the strongest item-level predictor for PTSD diagnosis, more than any other single item ($R^2=.090$, $F(1,230)=22.63$, $\beta=.299$, $p<.001$). Endorsement of emotional neglect was also more significantly associated with Cluster C (Avoidance) ($R^2=.068$, $F(1,230)=16.78$, $\beta=.261$, $p<.001$) than any other single item. Given the pernicious role of avoidance in the etiology of posttraumatic stress, these results suggest that endorsement of childhood emotional neglect may mark particular vulnerability to PTSD. These findings have implications for preventative interventions in at-risk urban young adults.

4-304

The Impact of Flexibility of Session Location on Intervention Completion

(Abstract #1875)

Poster #4-304 (Commun, Clin Res, Fam/Int, Prevent, Adult) I - Industrialized **Roosevelt 1/2**

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³**Boston University School of Social Work, Boston, Massachusetts**

Active duty military families experience a range of challenges and increases in stress throughout the deployment cycle (Chandra et al., 2010). Thus, it is important that military families have easy access to support during this time. One way to make supportive and therapeutic programming accessible is through professional home-visits, which has proven beneficial for children (Sweet & Appelbaum, 2004). The present study examined the relationship between program completion and session location (in-home vs. in-office) in a large randomized control trial investigating the effectiveness of Strong Families Strong Forces, a parental stress preventative program for active duty military families with young children experiencing a deployment. Analyses showed an equal number of program completers and non-completers for families who utilized only one appointment type (ie., exclusively in-home or in-office). Additionally, there were no differences in likelihood of program completion between exclusively in-home and in-office families. However, families who utilized both in-home and in-office appointment opportunities were less likely to discontinue the program than those who utilized only one appointment type. These findings suggest that while session location may not impact program completion, flexibility to choose an in-home or in-office session throughout a program may aid in retention.

4-305

Mediators of Black-White Disparities in Inflammation and Physical Health: Cumulative Stress, Social Maladjustment and Health Behaviors

(Abstract #1756)

Poster #4-305 (CulDiv, Bio Med, Comm/Int, Pub Health, Aging, Older) Roosevelt M - Industrialized 1/2

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The accumulation of stress throughout the lifespan has been shown to have a significant impact on health disparities between Black and White Americans. Stress likely operates through intervening psychosocial, behavioral and biological mechanisms. The current study investigated the mediating effects of cumulative stress, social maladjustment, health behaviors, and systemic inflammation on racial health disparities among older adults. Analyses utilized data from a community sample of 1,577 Black and White adults. Stress was modeled as a latent variable with four indicators: Ongoing stressful life events, traumatic events in childhood and adulthood, and discrimination. Additional mediators examined included social maladjustment (e.g., frequency of arguments), health behaviors (e.g., tobacco and alcohol use), and systemic inflammation (i.e., interleukin-6). Physical health was assessed via self-report of health perceptions, pain, and role limitations. Analyses suggested that Black participants reported poorer physical health indirectly through elevated stress, greater social maladjustment or fewer health behaviors (examined in separate models), and elevated inflammation. When social maladjustment and health behaviors were included as parallel mediators in the same model, only the indirect effect through health behaviors was maintained.

4-306

Bridging the Silence Gap: A Trauma-Informed Skills-Based Approach to Addressing Racism

(Abstract #1765)

Poster #4-306 (CulDiv, Clinical Practice, Complex, Train/Ed/Dis, Prof) I - N/A Roosevelt 1/2

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Despite the inclusion of empathy-based, cultural competency training for mental health providers as an essential component of mental health training, a large “silence gap,” continues to exist in the comfort levels of mental health providers in addressing racism, and most specifically, racial trauma (Hemmings & Evans, 2018). To explore the benefits of providing targeted, skills-focused racial trauma trainings, a pilot 90-minute workshop was developed by Alauna Curry, MD and provided to a group of mental health professionals. The workshop highlighted the complexities of addressing racism in mental health treatment, noting the difficulties racism as complex trauma presents on an individual and societal level, and imparting practical strategies for improving emotional awareness and empathetic communication surrounding race and racism topics. Pre-and-post workshop measures on knowledge, awareness, and skills will be reviewed along with detailed efforts to expand the pilot workshop into a comprehensive, evidence-based training for mental health professionals. Specific interpersonal communication strategies, combined with the use of empathy skills, has the potential to significantly improve the psychological experience of both the provider and patient during racially-impacted interactions. Implications for mental health professionals working with racial trauma will be discussed.

4-307

Enlisting Support of Command and Family Members: Military Culture Considerations in Prolonged Exposure Therapy for PTSD with Active Duty Military Service Members

(Abstract #1776)

Poster #4-307 (Practice, Clin Res, Train/Ed/Dis, Mil/Vets, Adult) M - Industrialized **Roosevelt 1/2**

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Over 15 years of deployments in support of combat operations across the Middle East have increased the risk of posttraumatic stress disorder (PTSD) in active duty military personnel, which has significantly amplified the need for trauma-focused, evidence-based treatments (EBT) within military healthcare systems. While EBT options for PTSD exist, treatment outcomes have not been as robust for active duty military personnel and combat veterans when compared to civilians, suggesting that there are unique factors that make PTSD in active duty military personnel more challenging to treat. Further, contemporary literature available lacks clinical guidance in addressing specific components of military culture and lifestyle in the delivery of Prolonged Exposure (PE) with active duty military populations.

This presentation will highlight the outcomes of a recently published manuscript which underscore the role of military culture and lifestyle in PTSD symptom expression and recovery. We delineate clinical strategies to successfully conduct PE with active duty military personnel, including approaches to overcoming logistical difficulties when implementing PE, such as obtaining support of command and family members. Lastly, we present clinical techniques to common themes that emerge when working with active duty military personnel. Case examples are provided to illustrate these concepts.

4-308

Metaphors in the Body

(Abstract #1881)

Poster #4-308 (Practice, Complex, Health, Adult) I - Industrialized **Roosevelt 1/2**

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Childhood trauma exposure has been linked to somatization and dissociation. Failure to integrate traumatic experiences may result in symbolization outside of language in the form of somatic symptoms. This study investigates the integration between nonverbal and verbal representations of emotional experiences by assessing how trauma is symbolized within the body. In this study, 74 community-dwelling participants were given the Childhood Trauma Questionnaire to determine childhood trauma exposure and the Stressful Life Experiences Metaphor Scale for endorsement of key metaphors used to describe stressful life experiences. Participants then mapped each of the endorsed metaphors onto a body silhouette. The study found a significant relationship between degree of childhood trauma exposure and metaphor use, $r(72)=0.28$, $p=0.02$, and greater sensation selected on the body silhouette, $r(72)=0.36$, $p=0.01$. Additionally, a correlation between metaphor use and increased sensation was found, $r(74)=0.73$, $p<0.001$. These results suggest that those with experiences of childhood trauma may use verbal metaphors and nonverbal representations to integrate stressful life experiences into a cohesive narrative; in other words, broadening the individual's experience to encompass psychosomatic factors support the individual's experience of trauma within their self-narrative.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-309

The Investigation of Differences in PTSD Symptom Presentation among Treatment-Seeking Vietnam and OEF/OIF Veterans

(Abstract #1882)

Poster #4-309 (Practice, Assess Dx, Clinical Practice, Mil/Vets, Adult) I - Industrialized Roosevelt 1/2

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An emerging body of research on the effect of trauma on veterans from differing combat eras has identified cohort factors (e.g., style of war, societal views of war) that may impact PTSD symptom presentation amongst Vietnam and OEF/IEF veterans (e.g., Fontana & Rosenheck, 2008; Friedman, 2005). Extant research on differences in PTSD cluster (e.g., intrusions, avoidance, etc.) and overall severity across combat eras is limited and inconclusive. For instance, Erbes, Curry, and Leskela (2009) found higher self-reported PTSD severity in Vietnam as compared to OEF/OIF veterans; however, Fontana and Rosenheck (2008) and Lunney, Schnurr, and Cook (2014) reported contradictory results. Others have found no significant differences in PTSD presentation and severity in the context of combat era (Bourn, Sexton, Raggio, Porter, & Rauch, 2016; Chard, Schumm, Owens, & Cottingham, 2010). Given this conflicting body of research, this study aims to compare PTSD cluster and overall severity among treatment-seeking Vietnam and OEF/OIF veterans. The current study utilizes demographic (e.g., combat era) and self-report measures (e.g., PCL-5) from intake paperwork completed by veterans at the Salt Lake City VA over a two-year period. This study will contribute to the extant literature regarding PTSD presentation and combat era, as well as to best practices in the assessment and treatment of veterans.

4-310

PTSD Outcomes from DBT Treatment: a Naturalistic Data Analysis in Private Practice

(Abstract #1889)

Poster #4-310 (Practice, Clin Res, Adult) I - N/A Roosevelt 1/2

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DBT has effectively treated those with BPD, who often have complex trauma histories (Wagner, et al., 2007) and symptom profiles of suicidality, substance use, and persistent interpersonal dysfunction that mirror the “serious comorbidity” in those with PTSD who are excluded from CBT (Bradley, et al., 2005). Considering the development of modified DBT programs that address PTSD with BPD (Bohus, et al., 2012; Harned, 2012), this study examines DBT treatment impacts on PTSD symptomatology regardless of co-occurring BPD. Nonparametric analyses of follow-up versus intake PCL-5 data from private practice clients enrolled in standard DBT treatment programs (n=21) found significantly-reduced secondary scores overall (Mdn = 49 v. Mdn = 55), $Z = -2.260$, $p = .024$, in Criteria B subscales (Mdn = 9 v. Mdn = 15), $Z = -2.662$, $p = .008$, and in Criteria E subscales (Mdn = 12 v. Mdn = 15), $Z = -2.514$, $p = .012$ when compared to initial assessment. Findings of decreased trauma-related emotional distress, hyperarousal and self-destructive behavior, but not negative cognition or avoidance are consistent with the intended DBT outcomes of reduced emotional dysregulation and self-destruction that disrupt psychosocial functioning and may clarify which PTSD symptom profiles are responsive to DBT. Naturalistic study and private practice sampling limitations along with future research are considered.

4-311

The Impact of Gender Dyads of Sexual Victimization on PTSD and SUD Outcomes

(Abstract #1878)

Poster #4-311 (Prevent, Rape, Sub/Abuse, Gender, Adult) I - N/A **Roosevelt 1/2**

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Rates of substance use disorders are higher in men than women; but women are more likely to turn to substances to self-medicate post-traumatic stress symptoms. Women show a two-fold increase in developing PTSD following trauma exposure. These disparities may be particularly relevant in victims of sexual trauma where the impact of gender of victim and perpetrator on presentations of these disorders is not well established. The present study examined whether three sexual victimization victim/perpetrator gender dyads (female/male, male/female, male/male) differentially related to substance use, PTSD symptom severity, and coping strategies. 218 participants seeking treatment for alcohol and opioid use disorders were recruited from a voluntary medical detoxification center. 89 disclosed unwanted sexual experiences or sexual assault and 37 were willing to complete a detailed questionnaire about sexual victimization. There were no differences between dyad groups in PTSD symptom severity, type of coping strategies, or frequency of recent substance use. However, there was an effect of gender of victim on type of substance. Women reported higher opioid use while men reported higher alcohol use. The findings do not demonstrate expected gender differences in PTSD outcomes or distinction between dyads but do support a gender difference in SUD type following sexual trauma.

4-312

Patterns of Session Attendance and Program Engagement among Military Families Participating in Strong Families Strong Forces

(Abstract #1880)

Poster #4-312 (Prevent, Clin Res, Fam/Int, Mil/Vets, Adult) I - Industrialized **Roosevelt 1/2**

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Approximately, 2.7 million service members have deployed in support of operations post 9/11 and of those service members, 40% are parents (DOD, 2016). A higher number of deployments are associated with an increase in family distress (Chandra et al., 2011). Strong Families Strong Forces (SFSF) is a primary prevention program designed to support active duty military families across the deployment cycle including pre-, during-, and post-deployment. In order to better understand program engagement, the current study examined the patterns of session attendance among families participating in a randomized controlled trial to test the efficacy of SFSF. Results indicated that the number of sessions a family completed during pre-deployment was weakly related to sessions completed at post-deployment ($r = .28, p < .01$). The number of sessions that the home-front parent completed during deployment was moderately related to sessions completed at post-deployment ($r = .67, p < .01$); however, this relationship became non-significant after controlling for deployment length. Findings suggest that families who experience longer separations may engage more regularly in supportive programming.

Presenters' names are in bold.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type) Presentation Level, Region

4-313

Predictors of Trauma-Specific Quality of Life in Older Adults after a Traumatic Injury

(Abstract #1866)

Poster #4-313 (Pub Health, Acc/Inj, Acute, Aging, Older) I - Industrialized **Roosevelt 1/2**

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Background: Older adults (> 65 years) comprise an increasing proportion of the trauma population. In this study the Trauma-specific Quality of Life (T-QoL) instrument was used to assess biopsychosocial outcomes among older adult trauma patients.

Methods: A cross-sectional assessment of 386 patients was carried out at a level 1 trauma center. The 43-item T-QoL tool was administered three months post-injury. Differences between patients based on age (<65/ >65 years) were assessed and multivariate linear regression was used to model the dependence of T-QoL and sub-scale scores on potential covariates including age, sex, race, education level, self-reported income, census block group income, mechanism of injury, and insurance status.

Results: Compared to participants who were <65 years, being >65 predicted higher total T-QoL score (β :.22.07, SE:4.66, p<.0001). Sex, race, and insurance status also significantly predicted T-QoL. Age of >65 significantly predicted increased scores on the Emotional Wellbeing (β :.10.89, SE:1.91, p<.0001), Recovery Resilience (β :.0.99, SE:0.47, p=0.0350), and Peritraumatic Experience (β :.1.63, SE:0.29, p<.0001) subscales, but not the Functional Limitations subscale (β :.1.71, SE:1.10, p=0.1218).

Conclusions: Age of >65 years significantly predicts QoL after injury, suggesting that older adult trauma patients have unique protective biopsychosocial factors.

4-314

The Media’s Influence on Perceptions of Evacuation Zone Status before Hurricane Irma in Miami and Stress Outcomes in its Aftermath

(Abstract #1886)

Poster #4-314 (Pub Health, Comm/Int, Health, Nat/Dis, Pub Health, Adult) I - N/A **Roosevelt 1/2**

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The media plays an important role in encouraging evacuation behavior before a hurricane. But the media can be a double-edged sword. While providing necessary information about the threat of a severe weather event, repeated exposure to sensationalized media can also contribute to pre- and post-storm distress. In addition, little is known about how media exposure influences perceptions of evacuation orders (in advance of a hurricane). We examined how the content of media in the days and hours prior to Hurricane Irma’s landfall was associated with perceptions of evacuation zone status before landfall and psychological outcomes in its aftermath. We surveyed 102 residents of the Miami-metro area in the 60 hours before Hurricane Irma’s landfall in the U.S. We also examined forecast advisories from the National Hurricane Center and other government and news sources. Participants spent an average of 8.70 hours per day (SD=7.79) consuming media about Hurricane Irma. Also, even though Miami was never in a mandatory evacuation zone, about one-quarter of the sample reported that they had evacuated or planned to, about one-half reported they would not evacuate because they were not in an evacuation zone, and the remainder reported that they would not evacuate for other reasons. Greater media exposure in advance of the hurricane was associated with greater distress in its aftermath.

4-315

Why Won't You Help? Examining the Effects of Sex & Victimization on Bystander Intervention Behaviors

(Abstract #1785)

Poster #4-315 (Social, Comm/Int, DV, Rape, Gender, Adult) M - N/A | **Roosevelt 1/2**

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There has been a recent push toward preventing interpersonal victimization by educating bystanders to actively intervene in risky situations. However, victims of sexual assault, intimate partner violence, or stalking may incur feelings of vulnerability in situations calling for intervention, leading to a lower likelihood of engaging in active bystander behaviors. We explore if sex, victimization status (i.e., victim or non-victim), and victimization type (i.e., sexual assault, IPV, or stalking) are influential to an individual's motivation to engage in bystander behaviors. University students (N=415) completed an online questionnaire containing measures of sexual assault, IPV, stalking, and bystander behaviors. Female victims of sexual assault or stalking were significantly more likely to engage in bystander behaviors than male victims of sexual assault or stalking. Sex and IPV victimization did not interact to predict bystander behaviors. Male victims of sexual assault or stalking were the least likely to engage in bystander behaviors when compared to the other groups. Findings can be interpreted to suggest that gender norms may affect whether male victims intervene as a bystander. Specifically, being a victim of sexual assault or stalking may challenge men's masculine identity, making them less likely to engage in bystander behaviors which may expose vulnerability.

4-316

Mothers' Reports of Behavioral Symptoms among Children Detained at Family Detention Centers in the U.S.

(Abstract #1828)

Poster #4-316 (Social, Chronic, Ethnic, Global, Refugee, Child/Adol) I - Latin Amer & Carib | **Roosevelt 1/2**

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This study investigated children's behavioral problems through mothers' reports, and explored detention-related variables possibly associated with these symptoms. We interviewed 42 female immigrants from Honduras, El Salvador, and Guatemala who had been in family detention centers in Texas for at least two weeks, asking about their experience up to detention and behavior problems exhibited by their child using the Strengths and Difficulties Questionnaire. The children spent an average of 22.2 days (*SD*=21.0) in transit before reaching the U.S., were held at the border for an average of 2.9 days (*SD*=1.3), and in the family detention center for an average of 35.6 days (*SD*=24.8); 16 children (38.1%) were separated from their parents by U.S. immigration authorities. 33 children (78.6%) showed clinically significant Emotional Problems, 21 (50%) had Conduct Problems, 19 (45.2%) exhibited Hyperactivity, and 24 (57.1%) had Peer Problems. None of the variables analyzed were correlated with the children's total difficulty score. The results suggested that the majority of children had significant behavior problems, but there was no clear link between specific aspects of detention analyzed and problem severity. Nevertheless, children warrant special attention in the detention process, and further research must examine the characteristics of detention that correspond to behavioral problems.

4-317

Increased Heart Rate Variability Predicts Reduction in Dissociation while using a Digital Health Intervention for Trauma Recovery

(Abstract #1791)

Poster #4-317 (Tech, Clin Res, Complex, Adult) M - Industrialized **Roosevelt 1/2**

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The present study investigated the relationship between heart rate variability (HRV) and the trauma related symptom of dissociation. HRV is the variation in beat-to-beat intervals in the heart and high HRV is associated with positive physical and mental health outcomes. Dissociation is a measure of the degree of detachment from physical and emotional experiences. In this study, 74 trauma survivors (87.8% female, $M_{age} = 35.11$ years) completed two of six modules of a theoretically based trauma recovery digital health intervention (DHI) each week for three weeks.

Electrocardiography (ECG) was measured while participants were using the intervention and dissociation was measured at the beginning of the session and after each module. Root square means of successive differences (RMSSD) was calculated from the raw ECG data as an HRV measure. A linear mixed effects model of the relationship between RMSSD and dissociation was performed. We found increased RMSSD predicted dissociation reduction ($\beta = -.09$; 95% CI[-0.155, -0.028], AIC = 1306.2). This model is significantly better than the model without RMSSD (AIC = 1312.1, $\chi^2(1) = 7.91$, $p = .004$). Our findings suggest that enhancing physiological capacity to manage one's stress response may also enhance coping capabilities while using a DHI.

4-318

Recurrence of Skin Conductance and Engagement and Arousal Ratings in a Web Intervention for Trauma Survivors

(Abstract #1847)

Poster #4-318 (Tech, Clin Res, Adult) M - Industrialized **Roosevelt 1/2**

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This study aimed to improve a theory-based web intervention for trauma survivors using machine learning to enhance engagement in the intervention. Two of the primary factors were rater's engagement and arousal ratings based on users' facial expressions; thus, it is important to test the accuracy of the ratings. We tested whether the engagement and arousal ratings increased when skin conductance (SC) also increased while users were using the web intervention. SC measures the sweat levels in the sweat glands, indicating the sympathetic nervous system activity. Seventy-five trauma survivors ($M_{age} = 33.31$, 85.3% female) worked on the web intervention once a week for three weeks. We measured users' SC and filmed their facial expressions while they worked on the web intervention. Trained raters rated recorded facial expressions on how engaged and aroused they were. We tested whether SC and the ratings cooccurred using a cross-recurrence quantification analysis (CRQA). The percentage of recurrent points forming vertical line structures in a recurrence plot was higher for the arousal ratings (22.6%) than the engagement ratings (12.9%), $t(52) = 3.55$, $p < .001$. The results indicate that the raters performed well on picking up cues for arousal, but not engagement, from the facial expressions. The findings can be applied to the improvement of the web intervention.