



**ISTSS**

International Society  
for Traumatic Stress Studies  
**35th Annual Meeting**

**Trauma, Recovery, and Resilience:  
Charting a Course Forward**

**Poster Abstract Book**

**November 14-16, 2019**

**Pre-Meeting Institutes, November 13**

**Boston Marriott Copley Place  
Boston Massachusetts, USA**

**[www.istss.org](http://www.istss.org)**



Continuing Medical Education  
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the International Society for  
Traumatic Stress Studies

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## 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)

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## 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/Genetic (Bio/Gen)
- 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)
- Epidemiology (Epidem)
- (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)
- Medical/Somatic (Med/Som)
- Moral Injury (Moral)
- 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 (see complete listings on pages 55 - 65)

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:

### 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

### Immigrant/Refugee Track

Presentations on trauma in immigrant and refugee populations

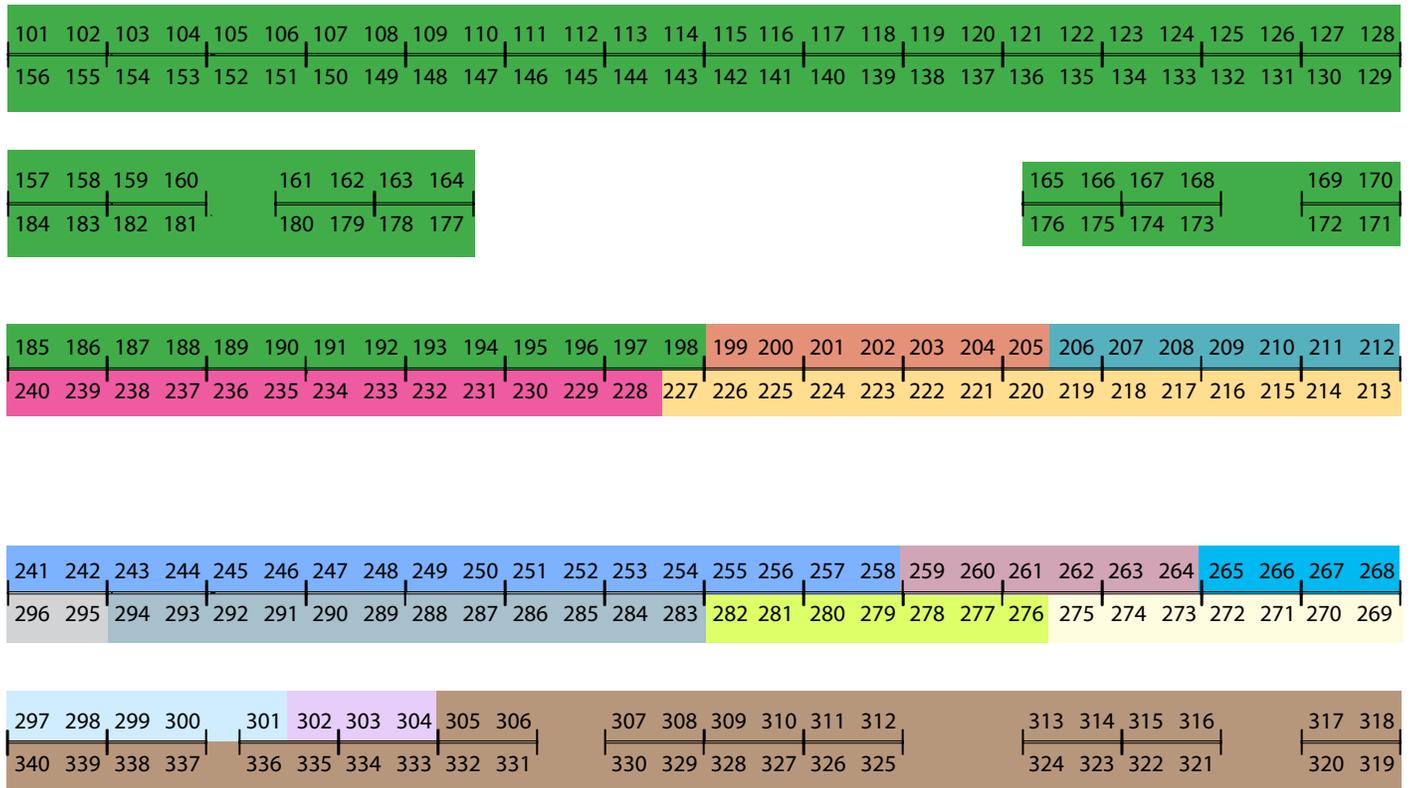
### Military/Veterans Track

Presentations on trauma in military and veteran populations

### Public Health Track

Presentations on trauma and public health

Poster Session One Map



Poster Session One, Thursday, November 14, 1:30 p.m.-2:45 p.m.

Clinical/Intervention Research	101 – 198	Culture/Diversity	269 – 275
Biological/Medical	199 – 205	Global Issues	276 – 282
Research Methodology	206 – 212	Prevention/Early Intervention	283 – 294
Clinical Practice	213 – 227	Technology	295 – 296
Public Health	228 – 240	Training/Education/Dissemination	297 – 301
Assessment and Diagnosis	241 – 258	Vicarious Trauma and Therapist Self Care	302 – 304
Community-Based Programs	259 – 264	Late Breaking Research	305 – 340
Social Issues-Public Policy	265 – 268		

## **Poster Session One Presentations**

Thursday, November 14, Gloucester

Poster viewing: 9:30 a.m.–1:30 p.m.

Author Attended Poster Session One

Thursday, November 14 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 14**

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.

## Poster Session One Presentations

Thursday, November 14

1:30 PM to 2:45 PM

### CLINICAL/INTERVENTION POSTERS

1-101

#### **Moderating Effect of Perceived Social Support on Intimate Partner Violence Severity and Help Seeking Behavior**

(Abstract #1310)

**Poster #1-101 (Clin Res, DV, Adult) I - Industrialized**

**Gloucester**

*Christl, Maria-Ernestina, DePrince, Anne  
University of Denver, Denver, Colorado, USA*

Help seeking behavior is critical for reducing negative effects after violent crime. Identifying factors that predict help seeking behaviors for survivors of intimate partner violence (IPV) is critical to identify those who are less likely to seek help after IPV. Survivors of IPV have been shown to engage in these behaviors more often after severe violent incidents. Much of the research on help seeking behaviors for survivors of IPV has focused on appraisals of the relationship and violence, characteristics of the relationship, and how others respond to the IPV. Although women have been found to most often rely on friends and family for help, little is known about whether women's perceived social support (PSS) affects her actions after IPV. Exploring the possible moderating effect of PSS on help seeking behavior for women who have experienced IPV would provide contextual information regarding these behaviors for IPV survivors. Participants (N=208) were recruited from police reports involving IPV. The Conflict Tactics Scale assessed IPV severity. The Interpersonal Support Evaluation List assessed PSS. Participants reported on their help seeking behaviors. Multiple regression analysis revealed that PSS moderated IPV severity and help seeking behaviors. Higher IPV severity and PSS were associated with fewer help seeking behaviors compared to women who reported lower PSS.

1-102

#### **Associations between Alexithymia and Partner Violence: The Moderating Effect of Anger Management Strategies**

(Abstract #304)

**Poster #1-102 (Clin Res, Aggress, DV, Adult) M - N/A**

**Gloucester**

*Darnell, Benjamin, Robinson, Diana, Lilly, Michelle  
Northern Illinois University, DeKalb, Illinois, USA*

Despite the observation that male perpetrators of violence have higher levels of alexithymia than non-offending men, research on this association in female perpetrators is limited. Further, the mechanisms linking alexithymia to perpetration of violence remain unclear. In a community sample of intimate partner violence (IPV) survivors (N = 168), associations between alexithymia (i.e., identifying and describing

emotions), anger management strategies, and IPV perpetration were examined, controlling for age and alcohol use. Analyses revealed that difficulty identifying emotions and describing emotions predicted psychological ( $\beta = 0.89$ ,  $t = 2.47$ ,  $p = .014$  and  $\beta = 1.38$ ,  $t = 2.81$ ,  $p = .005$ , respectively) and physical ( $\beta = 0.81$ ,  $t = 4.49$ ,  $p < .001$  and  $\beta = 1.09$ ,  $t = 4.37$ ,  $p < .001$ , respectively) IPV perpetration. A moderating effect was observed, such that IPV perpetration increased at higher levels of alexithymia when lower levels of effective anger management strategies were present ( $\beta = 0.03$ , 95% CI: 0.0003, 0.0545). This association was not observed for the describing emotions facet of alexithymia. Results indicate facets of alexithymia are predictive of IPV perpetration in women, above and beyond the effects of age and alcohol use. Interventions that simultaneously target emotional awareness and development of more effective anger management are warranted based on study findings.

### 1-103

#### **Associations between Partner Violence, Conservation of Resources, and Mental Health: The Moderating Effect of Ethnicity**

(Abstract #306)

**Poster #1-103 (Clin Res, Depr, DV, Ethnic, Adult) M - Industrialized**

**Gloucester**

*Robinson, Diana, Laman-Maharg, Benjamin, Lilly, Michelle*  
*Northern Illinois University, DeKalb, Illinois, USA*

Research indicates differential impacts of resource loss (RL) and resource gain (RG) on mental health outcomes following adverse life events. Yet, little is known regarding interethnic variability in the influence of RL and RG on mental health outcomes following intimate partner victimization (IPV). Among a community sample of IPV survivors ( $N = 126$ ), the associations between RL, RG, PTSD, and depression symptoms were examined. Analyses revealed that greater IPV exposure was associated with RL among both European Americans (EA;  $r = .31^{**}$ ) and African Americans (AA;  $r = .32^{**}$ ;  $ps < .01$ ). Notably, greater IPV exposure was associated with RG among EAs ( $r = .31^{**}$ ), but not among AAs ( $p > .05$ ). Regarding mental health outcomes, greater IPV exposure was associated with depression symptoms among EAs ( $r = .36^{**}$ ) and AAs ( $r = .48^{**}$ ;  $ps < .01$ ), while PTSD was associated with greater IPV exposure only among AAs ( $r = .39^{**}$ ). A significant moderating effect of ethnicity was observed ( $\beta = -0.06$ , 95% CI: -0.106, -0.008) such that PTSD symptoms increased significantly among AAs at high levels of RL ( $\beta = 0.07$ , 95% CI: 0.042, 0.108). For EA women, risk for PTSD symptoms was not significantly associated with RL ( $\beta = 0.02$ , 95% CI: -0.018, 0.054). Results indicate interethnic differences in the impact of RL and RG on mental health outcomes among a community sample of female IPV survivors.

### 1-104

#### **Veteran's Healthcare Administration Usage among a Non-treatment Seeking Sample of Veterans**

(Abstract #1440)

**Poster #1-104 (Clin Res, DV, Rape, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Hollis, Brittany<sup>1</sup>, Kelley, Michelle<sup>2</sup>*

<sup>1</sup>*Department of Veteran Affairs, Pittsburgh VA Medical Center, Pittsburgh, Pennsylvania, USA*

<sup>2</sup>*Old Dominion University, Norfolk, Virginia, USA*

Currently the Veteran's Health Administration (VHA; within the Department of Veterans Affairs [VA]) serves approximately 2 million patients and is the nation's largest integrated delivery system. There has been ample research looking at the efficacy of VA healthcare. However, there is little work that has been done assessing non-clinical Veteran samples and understanding why some Veterans choose not use VA healthcare. The current study examined three predictors of VHA usage (combat exposure, military sexual trauma [MST], and intimate partner violence [IPV]) in a non-treatment seeking sample. Logistic regression analyses revealed that while controlling for prior mental health issues, number of deployments, race, and gender, both combat exposure and IPV, but not MST, predicted VHA usage. Specifically, as combat exposure and incidents of IPV increased so did one's likelihood of seeking VHA services for a mental health concern. These findings have important implications for behavioral health in the VA because the experience of MST may be keeping Veterans from using the VA for mental health treatment. It is important that the VA continue to work on improvement and increasing efficacy while at the same time reaching out to support survivors of MST.

## 1-105

### **Hope and Self-Efficacy as Moderators of the Relationship between Intimate Partner Violence and Posttraumatic Stress Disorder**

(Abstract #1748)

**Poster #1-105 (Clin Res, DV, Mil/Vets, Gender, Adult) I - Industrialized**

**Gloucester**

*Luehrs, Rose<sup>1</sup>, Suvak, Michael<sup>1</sup>, Shayani, Danielle<sup>2</sup>, Iverson, Katherine<sup>2</sup>*

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

<sup>2</sup>*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

Hope and self-efficacy have been found to be positively associated with well-being following exposure to adversity (Bandura, 2001; Gilmann, et al., 2012). The current study used data from 266 female Veterans (Mean age = 52.55, 13.44; 71.4% White) from a larger investigation evaluating preferences for counseling in women with histories of intimate partner violence (IPV; Iverson et al., 2016). IPV was assessed at baseline (T1) using the Humiliation, Afraid, Rape, Kick Tool (HARK, Sohal, et al., 2007), with scores ranging from 0 (no IPV) to 4 (endorsement of 4 types of IPV), PTSD symptoms were assessed at Baseline and T2 (18 months post-baseline) using the PCL-5 (Weathers et al., 2013), with Hope (The Hope Scale, Snyder et al., 1991) and self-efficacy (General Self-Efficacy scale, GSE, Schwarzer & Jerusalem, 1995) assessed only at T2. In a regression that included main effects of IPV, hope, and self-efficacy and two-way interaction terms between IPV and hope and IPV and self-efficacy, the IPV x hope interaction term was significant ( $p = .046$ ) such that the IPV-PTSD relationship was stronger for participants endorsing low levels of hope than for participants endorsing high levels of hope. It appears that hope, but not general self-efficacy, buffers against the negative impact of IPV.

**1-106**

**An Open Trial to Preliminarily Evaluate and Refine the ‘Recovering from Intimate Partner Violence through Strengths and Empowerment’ (RISE) Counseling Intervention for Women who Experience IPV**

(Abstract #190)

**Poster #1-106 (Clin Res, DV, Adult) - Industrialized**

**Gloucester**

*Iverson, Katherine<sup>1</sup>, Driscoll, Mary<sup>2</sup>, Danitz, Sara<sup>3</sup>, Gerber, Megan<sup>4</sup>, Dichter, Melissa<sup>5</sup>, Wiltsey Stirman, Shannon<sup>6</sup>*

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*<sup>3</sup>VA National Center for PTSD, Women's Health Sciences Division, Boston, Massachusetts, USA*

*<sup>4</sup>Boston VA, Boston, Massachusetts, USA*

*<sup>5</sup>Department of Veterans Affairs Medical Center, Philadelphia, Pennsylvania, USA*

*<sup>6</sup>NCPTSD-Dissemination & Education Div, Palo Alto Healthcare System, Menlo Park, California, USA*

Many healthcare systems, including Veterans Health Administration (VHA), are implementing routine screening of women for past-year intimate partner violence (IPV). There is a need for evidence-based interventions for women who disclose IPV. We developed “Recovering from IPV through Strengths and Empowerment” (RISE) to fill this need. RISE is rooted in empowerment principles and consists of 6 modules (e.g., safety planning, enhancing social support, self-care) delivered in up to 6 sessions. Women VHA patients with past-year IPV were recruited to participate in an open trial. Evaluation was conducted using a mixed methods approach. We collected pre- and post-treatment measures of psychosocial health (general self-efficacy [GSE], patient activation measure [PAM], valued living [VLQ], and depression [CES-D]). We also conducted semi-structured exit interviews after RISE receipt. To date, 10 women completed the trial. From pre- to posttreatment, participants showed significant reductions in depressive symptoms and increases in self-efficacy, patient activation, and valued living (Cohen’s D: 0.54 – 0.72). Women expressed high satisfaction with RISE on quantitative and qualitative measures. Preliminary findings support the potential clinical utility and acceptability of RISE and inform refinements to the intervention for more rigorous effectiveness testing.

**1-107**

**Examining the Moderating Effect of Trauma Characteristics on Outcomes in an Integrated Treatment for Posttraumatic Stress Disorder and Substance Use Disorders**

(Abstract #1164)

**Poster #1-107 (Clin Res, CSA, Chronic, Clin Res, Sub/Abuse, Adult) - Industrialized**

**Gloucester**

*Saraiya, Tanya<sup>1</sup>, Fitzpatrick, Skye<sup>2</sup>, Lopez-Castro, Teresa<sup>3</sup>, Ruglass, Lesia<sup>4</sup>, Hien, Denise<sup>2</sup>*

*<sup>1</sup>Adelphi University, Derner Institute, New York, USA*

*<sup>2</sup>Rutgers University, Graduate School of Applied and Professional Psychology, Piscataway, New Jersey, USA*

*<sup>3</sup>City College of the City University of New York, The City College of New York, New York, New York,*

USA

<sup>4</sup>*Rutgers University, New Brunswick, New Jersey*

Despite the efficacy of integrated treatments for posttraumatic stress disorder (PTSD) and substance (including alcohol) use disorders (SUDs), some patients still do not improve. Theorists suggest that the age of trauma onset (trauma age) and cumulative trauma exposure (trauma count) exacerbate PTSD and SUDs, obstructing treatment response. This secondary analysis tested if these trauma characteristics moderated PTSD and SUD treatment outcomes in general and differentially across an integrated PTSD-SUD treatment, Concurrent Treatment for PTSD with Prolonged Exposure, and a non-trauma SUD treatment, Relapse Prevention. Participants (N = 82) with full or subthreshold PTSD and SUD were randomized to treatment and provided weekly measurements of PTSD and substance use. Generalized estimating equations revealed that there was no effect of trauma age,  $c2(1) = .11, p = .74$ , or count,  $c2(1) = .00, p = 1.00$ , on change in PTSD, or of trauma count on substance use change,  $c2(1) = .21, p = .64$ . However, earlier trauma ages predicted less reduction in substance use over time ( $B = -.01, SE = .00$ ),  $c2(1) = 11.38, p = .001$  across treatments. Results suggest that those with a multi-trauma history benefit similarly to PTSD-SUD treatments to others. However, individuals with an early age of trauma exposure may require additional treatment elements to reduce substance use regardless of modality.

1-108

### **The Impact of Intimate Partner Violence, Social Support, and Resilience across the Lifespan**

(Abstract #192)

Poster #1-108 (Clin Res, Chronic, Comm/Vio, Depr, Health, Adult) - N/A

Gloucester

*Kaplan, Stephanie<sup>1</sup>, Nillni, Yael<sup>2</sup>, Galovski, Tara<sup>3</sup>*

<sup>1</sup>*National Center for PTSD-Women's Health Sciences Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

<sup>2</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

<sup>3</sup>*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

The current study aims to examine the effects of protective factors (e.g., social support and resilience) on chronic exposure to intimate partner violence (IPV) and Veterans' mental health. This longitudinal study involves surveying Veterans four times over the course of 1 year. A random sample of approximately 3,000 females between the ages of 18 and 50 will be obtained from VA DoD Identity Repository (data collection to be complete in summer 2019) with a particular focus on Veterans living in high crime areas. Hierarchical linear regression models with the current sample (N=1509) demonstrated that IPV in the last 3 months was predicted by past IPV experiences (prior to 17, 18 to enlistment, during military service, after military service). This was true for sexual assault ( $B = .30, p > .001$ ), physical assault ( $B = .24, p > .001$ ), and emotional abuse ( $B = .41, p > .001$ ). SEM will be used to estimate the mediating effects of protective factors (social support and resilience) on the relationship between prior trauma history and IPV in the past 3 months. Effects of cumulative violence on psychological distress (PTSD and depression) will also be examined. By investigating the influence of protective factors on mental health outcomes in the context of cumulative trauma histories, we can better inform health related prevention programs and interventions for women veterans.

**1-109****PTSD Symptoms, Emotion Dysregulation, and Substance Use: A Micro-longitudinal Study of IPV-victimized Community Women**

(Abstract #1464)

**Poster #1-109 (Clin Res, DV, Sub/Abuse, Gender, Adult) - N/A****Gloucester***Forkus, Shannon<sup>1</sup>, Weiss, Nicole<sup>1</sup>, Risi, Megan<sup>1</sup>, Sullivan, Tami<sup>2</sup>*<sup>1</sup>*University of Rhode Island, Kingston, Rhode Island*<sup>2</sup>*Yale University School of Medicine, New Haven, Connecticut, USA*

Emotion dysregulation is a transdiagnostic construct with relevance to both posttraumatic stress disorder (Weiss et al., 2013) and substance use (Dvorak et al., 2014). However, research examining PTSD, emotion dysregulation, and substance use has relied on cross-sectional and correlational data. Further, this research has focused exclusively on difficulties regulating negative emotions. The goal of this study was to explore the proximal relations among PTSD symptoms, difficulties regulating negative and positive emotions, and substance use among community women who experience domestic violence. Measures were completed three times a day for 30 days. The mean number of PTSD symptoms and alcoholic drinks during each interval was 2.53 (SD=2.53) and 1.10 (SD=3.90), respectively. Marijuana, illicit drugs, and licit drugs were used in 19.9%, 8.1%, and 6.2% of intervals, respectively. PTSD symptoms were related to later difficulties regulating negative and positive emotions and substance use; difficulties regulating negative and positive emotions were related to later substance use. Using 1-1-1- random effects multilevel mediation modeling, difficulties regulating negative emotions mediated the associations among PTSD symptoms and substance use. Results suggest the utility of targeting emotion dysregulation in interventions aimed at reducing substance use among women with PTSD.

**1-110****Military Sexual Trauma and Risky Behaviors: A Systematic Review**

(Abstract #293)

**Poster #1-110 (Clin Res, Health, Rape, Mil/Vets, Gender, Adult) I - N/A****Gloucester***Forkus, Shannon<sup>1</sup>, Weiss, Nicole<sup>1</sup>, Goncharenko, Svetlana<sup>1</sup>, Mammay, Joseph<sup>1</sup>, Church, Michael<sup>1</sup>, Contractor, Ateka<sup>2</sup>*<sup>1</sup>*University of Rhode Island, Kingston, Rhode Island, USA*<sup>2</sup>*University of North Texas, Little Elm, Texas, USA*

Military sexual trauma (MST) is a serious and pervasive problem among military men and women. Recent findings have linked MST with various negative outcomes, including risky, self-destructive, and health-compromising behaviors. The current review summarizes the existing literature on the association between MST and risky behaviors among military men and women who have served in the US armed forces. We systematically searched five electronic databases (Pubmed, EMBASE, PSYCINFO, PILOTS, and CINAHL Plus) using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Of the initial 2021 articles, 33 met the inclusion criteria. Reviewed studies revealed three patterns of findings: (1) largely studied and consistent (i.e., suicidal behaviors, disordered eating), (2) mixed and in need of future research (i.e., alcohol and drug use, smoking), and (3)

underexamined (i.e., sexual behaviors, illegal/aggressive behaviors) or completely neglected (e.g., problematic technology use, gambling). The current systematic review advances literature by providing strong support for an association between MST and a wide range of risky behaviors. Moreover, it highlights important areas for future research.

### 1-111

#### **An Examination of the Relations among Moral Foundations, Moral Injury, and PTSD symptoms**

(Abstract #295)

**Poster #1-111 (Clin Res, Mil/Vets, Moral, Adult) I - N/A**

**Gloucester**

*Forkus, Shannon, Breines, Juliana, Weiss, Nicole*  
*University of Rhode Island, Kingston, Rhode Island, USA*

Military veterans are exposed to unique deployment stressors that can precipitate the onset of various psychological problems, including moral injury and posttraumatic stress disorder (PTSD). Vulnerability to these outcomes may be related to individual differences in moral foundations, which reflect belief systems comprised of varying sensitivities to different types of moral violations, including those that function to protect the individual (i.e., individualizing) and those that function to protect the group (i.e., binding). This study examined whether moral foundations significantly predicted moral injury and PTSD symptoms. Further, it examined whether specific types of moral injury (i.e., self-transgressions, others'-transgressions, and betrayal) explained the relation between moral foundations and PTSD symptoms. Participants were 203 military veterans (M age= 35.08, 77.30% male) who completed an online survey. The binding moral foundations significantly predicted PTSD symptoms and most moral injury types. Further, moral injury stemming from self-and other's-transgressions, separately, mediated the association between the binding foundations and PTSD symptoms. These findings suggest that certain moral foundations, particularly those that serve "binding" functions – loyalty, authority, and purity – may be important considerations in military mental health.

### 1-112

#### **Description of an International Codebook Development Process to Support the Creation of a Moral Injury Outcomes Scale**

(Abstract #639)

**Poster #1-112 (Clin Res, Clin Res, Res Meth, Mil/Vets, Moral, Adult) - Industrialized Gloucester**

*Coady, Alanna<sup>1</sup>, Carney, Jessica<sup>2</sup>, Ellickson-Larew, Stephanie<sup>3</sup>, Grunthal, Breanna<sup>1</sup>, Litz, Brett<sup>4</sup>*  
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Although there has been a recent surge in research on the harmful consequences of moral transgressions in war, called Moral Injury (MI), there has been no systematic analysis of stakeholders' phenomenological descriptions of MI. As such, the Moral Injury Outcomes Scale (MIOS) consortium aims to collect and analyze qualitative interview data from Veterans, service members, and military clinicians from Australia (AUS), the UK, US, and Canada. These qualitative data were analyzed to develop the MIOS codebook, an essential step in generating operational definitions of domains of impact and items for a gold-standard measure of MI. This presentation will describe how the codebook coalesced through thematic analysis to differentiate MI from PTSD and other trauma-related outcomes. 9 interviews (n=2, AUS; n=3, UK; n=4, US) were used to create the initial codebook. This multi-phase process included: transcribing and repeatedly reading the data, generating initial codes, and searching for and reviewing themes. International consortium members then tested it on their own interviews (N= 42) and provided iterative feedback. Sites' feedback was integrated by the [edited out for blind review] team to establish a final codebook that captures the phenomenological outcomes of moral transgressions for Veterans and Service Members from numerous countries, which will in turn inform a measure for MI.

**1-113**

**How Do We Treat Moral Injury? Perspectives from Military Personnel and Clinicians from Two Countries**

(Abstract #641)

**Poster #1-113 (Practice, Clin Res, Mil/Vets, Moral, Adult) - Industrialized**

**Gloucester**

*Houle-Johnson, Stephanie<sup>1</sup>, Murphy, Dominic<sup>2</sup>, Williamson, Victoria<sup>3</sup>, Greenberg, Neil<sup>4</sup>, Vincent, Colin<sup>5</sup>, Jetly, Rakesh<sup>6</sup>, Ashbaugh, Andrea<sup>1</sup>*

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Moral injury (MI) refers to the psychological, social, and spiritual consequences of exposure to events that transgress core moral beliefs (Litz et al., 2009; Shay, 2014). Importantly, debate is ongoing as to whether existing evidence-based treatments for traumatic stress address the proposed pathology associated with exposure to potentially morally injurious events (PMIEs), where guilt and shame rather than fear appear prominent. We will report convergent findings from two independent analyses examining treatment perceptions from the perspectives of military patients (n=10, Canada; n=6, UK) and clinicians (n=4, UK). Interview data were collected as part of a project on outcomes associated with PMIE exposure (the Moral Injury Outcomes Study). Thematic analyses demonstrated that both clinicians and patients emphasize a strong therapeutic relationship, a prerequisite to slowly unpacking PMIEs and their consequences. Further, education regarding MI was described as beneficial to both clinicians and patients, who reported that understanding the construct was therapeutic. Findings are consistent with those observed by Canadian clinicians (McIntyre-Smith et al., 2017), and emerging treatment paradigms for MI

(Gray et al., 2012). Results suggest that adaptations to evidence-based treatments for traumatic stress may be beneficial to those suffering from the effects of PMIE exposure.

### 1-114

#### **The Role of Veteran PTSD Service Dogs on Partners' Quality of Life and Relationship Functioning**

(Abstract #1833)

**Poster #1-114 (Clin Res, Mil/Vets, Adult) I - Industrialized**

**Gloucester**

*McCall, Christine<sup>1</sup>, Rodriguez, Kerri<sup>1</sup>, MacDermid Wadsworth, Shelley<sup>1</sup>, Meis, Laura<sup>2</sup>, O'Haire, Marguerite<sup>1</sup>*

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Research suggests that psychiatric service dogs, a complimentary treatment for veteran posttraumatic stress disorder (PTSD), can improve quality of life for veterans. However, the effect of service dogs on veterans romantic partners is understudied. We expected that partners of veterans with a service dog (service dog group) would report higher levels of individual functioning, quality of life, and relationship functioning compared to partners of veterans without a service dog (waitlist group). Pilot data from couples in which the veteran has a PTSD diagnosis were utilized. 43 partners in the service dog group and 27 on the waitlist completed online surveys measuring multiple domains: mental well-being, social functioning, work functioning and quality of life. Partners and veterans reported relationship satisfaction and family functioning. Regressions showed that service dog and waitlist partners did not statistically differ on any domain. Exploratory analyses examined correlations between spouse functioning and relationship functioning discordance. Correlations with relationship functioning discordance differed between groups, indicating potential complexities for family systems. Future directions regarding research on effects of psychiatric service dogs within a family system are discussed.

### 1-116

#### **Cognitive Processing Therapy: An Effective Approach to a Heterogenous Problem**

(Abstract #1527)

**Poster #1-116 (Clin Res, Clin Res, Cog/Int, Mil/Vets, Adult) - N/A**

**Gloucester**

*Roberge, Erika<sup>1</sup>, Weinstein, Harrison<sup>2</sup>, Bryan, Craig<sup>3</sup>*

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Posttraumatic stress disorder (PTSD) is experienced by approximately 20% of modern-era U.S. military veterans and is associated with increased risk of death by suicide. The Department of Veterans Affairs, Department of Defense, and Institute of Medicine recognize several empirically supported treatments as effective interventions for this complex and impairing ailment. However, clinicians may be weary of applying manualized treatments to more complex cases out of fear that the protocol will not generalize in

everyday practice or that they may incite a suicidal episode. Indeed, variable responses have been observed in response to such treatments, but the reason for this variability is not yet understood. The present study will examine responses to cognitive processing therapy (CPT) in a group of 256 treatment-seeking veterans diagnosed with PTSD who presented to a western-U.S. Veterans Affairs Medical Center for care. Demographic and clinically-related (e.g., trauma type and severity, current severity of suicide risk) variables will be examined as predictors of response to CPT. The implications of treatment planning for patients with varying presentations of PTSD and co-morbid concerns will be discussed.

1-117

**Suicidal Ideation Reduced by Cognitive Processing Therapy: Program Evaluation findings from the VA CPT Training Program**

(Abstract #1528)

**Poster #1-117 (Train/Ed/Dis, Clinical Practice, Train/Ed/Dis, Mil/Vets, Adult) - Industrialized**

**Gloucester**

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Given alarming suicide rates among Veterans, VA has identified suicide prevention as a high priority (Dept. of Veterans Affairs, 2018). Treating the co-existing MH conditions, such as PTSD, may reduce suicidality. Suicidal ideation significantly improved during Cognitive Processing Therapy (CPT) in civilian women (Gradus et al., 2013) and active duty military (Bryan et al., 2016). However, this has not been examined in a Veteran clinical population. The VA CPT Training Program collects program evaluation data for all Veterans seen by clinicians during training program participation. The current analysis examines the impact of CPT on the endorsement of suicidal ideation in a sample of 579 Veterans. A paired-samples t-test compared endorsement of PHQ-9 suicide ideation item (item 9; Likert rating, 0 = not at all; 3 = nearly every day) at session 1 and session 12 of CPT. Suicide item rating was significant reduced at session 12 ( $t = 9.20, p < .001$ ) with a medium effect size ( $d = 0.43$ ). While suicide ratings in this sample are not high at baseline ( $M = 0.64, SD = 0.88$ ), the significant reduction by session 12 ( $M = 0.31, SD = 0.64$ ), reflects an important reduction in the number of Veterans who are endorsing any suicide-related thinking. Additional analyses further explore the relationship between ratings of suicidal ideation at baseline to outcomes in CPT.

1-118

**PTSD Symptom Severity and Drop-out Risk Among First Responders, U.S. Veterans, and Civilians Presenting for Outpatient Evidence-Based Trauma-focused Treatment**

(Abstract #1529)

**Poster #1-118 (Practice, Assess Dx, Commun, Adult) - Industrialized****Gloucester***Sprunger, Joel<sup>1</sup>, Ngayan, Abigail<sup>1</sup>, Birkley, Erica<sup>1</sup>, Chard, Kathleen<sup>2</sup>*<sup>1</sup>*University of Cincinnati, Cincinnati, Ohio, USA*<sup>2</sup>*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

We examined pre-treatment PTSD symptom severity and dropout for treatment-seeking first responders (FR), veterans, and civilians in the same outpatient clinic. We hypothesized that, relative to civilians, veterans and FR would have: (1) higher pre-treatment PTSD symptom severity, and (2) higher rates of pre-treatment dropout. Participants (N = 60) were matched by age, sex, and race. Self- and clinician-reports determined PTSD. Participants were mostly Caucasian males age 23-57 (M = 39.25, SD = 8.64). Generalized linear models indicated civilian self-reported PTSD symptom severity (M = 57.9, SD = 9.48) was significantly higher relative to FR (M = 44.5, SD = 11.33, p = .001) and marginally higher than veterans (M = 51.0, SD = 14.68, p = .082). Civilians (M = 45.3), FR (M = 46.8) and veterans (M = 43.4) did not differ on clinician-rated PTSD. Dropout was 1.5 times more likely for Veterans versus civilians (p = .047); controlling for self-reported PTSD severity, these odds fell to marginal significance (p = .079); civilians and FR did not differ. Results suggest that FR-civilian differences in self- versus clinician-rated PTSD severity may indicate FR underreporting, fitness for duty, and stigma concerns. Assessment, treatment, and outcome implications are discussed.

1-119

**Family-Involved Prolonged Exposure: Strategies for Including Loved Ones in Treatment for an Ongoing Randomized Controlled Trial**

(Abstract #1530)

**Poster #1-119 (Clin Res, Clin Res, Fam/Int, Adult) - Industrialized****Gloucester***Meis, Laura<sup>1</sup>, Glynn, Shirley<sup>2</sup>, Isenhardt, Carl<sup>3</sup>, Spont, Michele<sup>4</sup>, Kehle-Forbes, Shannon<sup>5</sup>, Porter, Katherine<sup>6</sup>, Astin, Millie<sup>7</sup>, Smith, Erin<sup>6</sup>, Ackland, Princess<sup>8</sup>, Nelson, Dave<sup>8</sup>, Linden, Erin<sup>9</sup>, Chuick, Christopher<sup>9</sup>, Lamp, Kristen<sup>10</sup>, McManus, Eliza<sup>11</sup>, Pittman, Paige<sup>12</sup>, Montero, Jacklyn<sup>12</sup>, Eftekhari, Afsoon<sup>13</sup>, Berfield, Jillian<sup>12</sup>, Oakley, Taylor<sup>8</sup>, Hagel Campbell, Emily<sup>9</sup>, Polusny, Melissa<sup>14</sup>*<sup>1</sup>*Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA*<sup>2</sup>*VA Office of Mental Health Services and VA Greater Los Angeles Healthcare System, Los Angeles, California, USA*<sup>3</sup>*Phoenix VA Healthcare System, Phoenix, Arizona, USA*<sup>4</sup>*National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA*<sup>5</sup>*National Center for PTSD and Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA*<sup>6</sup>*VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan, USA*<sup>7</sup>*Atlanta VAMC/Emory University, Decatur, Georgia, USA*<sup>8</sup>*Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis,*

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Evidence-based psychotherapies (EBP) for PTSD, such as Prolonged Exposure (PE), result in clinically significant symptom relief for many. Yet, adherence among veterans (i.e., attendance and homework compliance) can be poor, potentially limiting the gains some veterans can achieve. Engaging families in PE may provide a powerful method for promoting treatment adherence. Our prior work has found that while 70% of veterans express some interest in involving family in their PTSD care, only 17% of EBP providers have had any contact with veterans' families. The objective of this ongoing study is to test a method of including a loved one (intimate partner, family member, or friend) in PE to improve family support for PE, enhance veterans' motivation for PE participation, and increase treatment adherence. We are conducting a practical, randomized controlled trial across three VA hospitals to compare veteran adherence to family-involved PE versus PE as delivered in routine care. For this presentation, we will (1) provide an overview of the study design, (2) describe our approach to family-involvement, and (3) present baseline descriptive data on participants enrolled to-date.

**1-120**

**Recent Traumatic Adversity and Parenting Quality in Parents Experiencing Homelessness: An Examination of Risk and Protective Factors**

(Abstract #1054)

**Poster #1-120 (Clin Res, Chronic, Fam/Int, Intergen, Adult) - Industrialized**

**Gloucester**

**Lucke, Cara<sup>1</sup>, Palmer, Alyssa<sup>1</sup>, Rahl-Brigman, Hayley<sup>2</sup>, Masten, Ann<sup>3</sup><sup>1</sup>University of Minnesota**

**<sup>2</sup>University of Minnesota, Institute of Child Development, 51 East River Road, Minneapolis, Minnesota, USA**

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Parents experiencing homelessness report higher adverse childhood experiences (ACEs) compared to the general population, which places them at risk for adversity throughout their life course (Widom et al. 2008). High adult adversity exposure poses serious challenges to parenting (Narayan 2015), and disrupts resilience for the next generation (Masten & Palmer 2019). In a sample of 100 parents experiencing homelessness (Mage =31; 94% female; 88% non-white), we studied how parents' recent life events related to observed parenting, in the context of potential protective factors (higher education, having a partner, older age at birth of first child, and lower perceived stress). Adversity was estimated by a sum of recent negative life events (e.g. battering relationship, neighborhood violence). Significant interaction effects in hierarchical regressions supported the hypothesis that recent adversity exposure of parents is related to lower parenting quality only in the context of high levels of perceived stress. This suggests that lower perceived stress buffers effects of recent adversity on observed parenting. Contrary to expectations,

adult adversity was linked to lower parenting quality among parents currently in partnership, which may reflect troubled family situations. Contributions of ACES to recent adversity exposure and observed parenting quality will also be discussed.

### 1-121

#### **The Role of Self Perceptions in the Relationship between Posttraumatic Stress Symptoms and Aspects of Parenting**

(Abstract #755)

**Poster #1-121 (Clin Res, Fam/Int, Prevent, Adult) M - Industrialized**

**Gloucester**

*Sager, Julia, Wamser-Nanney, Rachel*  
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PTSD symptoms are related to negative aspects of parenting (i.e. decreased parental satisfaction, efficacy, involvement). PTSD includes negative changes in cognitions about oneself, yet research has not examined whether parents' negative self-perceptions help explain the association between PTSD and parenting. This study investigated the indirect effect of self-perceptions on the link between PTSD symptom clusters and aspects of parenting (i.e. satisfaction, support, and involvement) among 241 trauma-exposed parents ( $M = 37.15$ ,  $SD = 8.20$ ; 62.2% female). Intrusion symptoms, trauma-related changes in feelings and thoughts, and changes in arousal and reactivity were negatively associated with all parenting indices ( $r_s = -.35$  -  $-.16$ ). Avoidance symptoms were only negatively related to satisfaction ( $r = -.15$ ). As expected, all significant relationships were mediated by parents' self-perceptions. Specifically, self-perceptions mediated the relationships with all parenting indices for the intrusion, negative alterations in feelings/thoughts and arousal/reactivity clusters. Self-perceptions also mediated the association between avoidance and parental satisfaction. Results suggest that parents' negative self-perceptions help explain the link between PTSD symptoms and parenting. Targeting self-perceptions may be an especially important intervention foci for trauma-exposed parents.

### 1-122

#### **Trauma Exposure, Posttraumatic Stress Symptoms, and Indices of Parenting**

(Abstract #936)

**Poster #1-122 (Clin Res, Fam/Int, Adult) M - Industrialized**

**Gloucester**

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

Trauma exposure and posttraumatic stress symptoms (PTSS) appear to increase the risk for parenting difficulties, yet, it is unclear whether trauma exposure and PTSS independently contribute to parenting indices or if there is an indirect effect of trauma on parenting through PTSS. The current study assessed whether trauma exposure is related to parenting indirectly through PTSS; and whether the current DSM-5 PTSD symptom clusters are each related to parenting indices among 225 trauma-exposed parents ( $M_{age} = 36.81$   $SD = 8.32$ ; 63.7% female; 52.9% White). Cumulative trauma had an indirect effect on parental satisfaction, support, and involvement, as well as appropriate limit setting and parental autonomy

via PTSS ( $Bs = -.25 - -.34$ ). Therefore, PTSS may better explain decrements in aspects of parenting than exposure to traumatic events. A multivariate regression revealed that trauma-related changes in reactivity and arousal symptoms were associated with parental support, satisfaction, and limit-setting. Intrusion symptoms were also tied to parental support ( $B = .08 - -.87$ ). In contrast to expectations, trauma-related changes in feelings and thoughts were not uniquely related to indices of parenting. PTSS, particularly trauma-related changes in reactivity and arousal symptoms, may be relevant in understanding and improving parenting among trauma-exposed parents.

### 1-123

#### **Scaling-up Psychological Interventions in Syrian Refugees in Switzerland - Results from the Pilot RCT**

(Abstract #991)

**Poster #1-123 (Clin Res, Global, Refugee, Civil/War, Adult) - Industrialized**

**Gloucester**

*Morina, Naser<sup>1</sup>, Schnyder, Ulrich<sup>1</sup>, Kiselev, Nikolai<sup>2</sup>, Moergeli, Hanspeter<sup>2</sup>, Pfaltz, Monique<sup>1</sup>, Schick, Matthias<sup>1</sup>*

<sup>1</sup>*Zurich University, Zurich, Switzerland*

<sup>2</sup>*Department of Psychiatry and Psychotherapy, University Hospital Zurich, University of Zurich, Switzerland*

**Introduction:** Around 125'000 officially registered refugees and asylum seekers are currently living in Switzerland, amongst those around 18'000 originating from Syria. Given the high prevalence of distress, they are vulnerable to the development of common mental health disorders. Appropriate interventions, which are effective and easy to deliver, are an urgent need. Within the framework of the STRENGTHS project we are aiming to test and implement individual Problem Management Plus (PM+) in Switzerland. PM+ is an evidence-based, low-intensity intervention and is delivered by trained lay-helpers. Currently, we are conducting a Pilot RCT aiming to test the feasibility and acceptability of PM+ in Syrian refugees.

**Methods:** 80 Syrians will be included and randomized either to the intervention ( $n=40$ ) receiving five sessions of PM+ or the enhanced treatment as usual control condition ( $n=40$ ).

Assessments and intervention will be carried out in three Swiss Cantons with the largest populations of Syrian refugees. Screening and assessments (pre, post, and 3-months follow-up) will be done online via a web-based screening tool called MAPSS.

**Results and Discussion:** Preliminary results of the Pilot RCT are positive and will be presented. Besides, the importance of implementing and scaling-up low-intensity interventions in high-income countries, such as Switzerland will be discussed.

### 1-124

#### **Scaling up Brief, Psychological Interventions with Syrian Refugees: Results of a Pilot Trial of the Adapted Problem Management Plus (PM+) Programme in the Netherlands**

(Abstract #992)

**Poster #1-124 (Clin Res, Anx, Commun, Depr, Refugee, Adult) - Industrialized**

**Gloucester**

*de Graaff, Anne<sup>1</sup>, Cuijpers, Pim<sup>1</sup>, Uppendahl, Jana<sup>1</sup>, Kieft, Barbara<sup>2</sup>, Sijbrandij, Marit<sup>1</sup>*

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**Background:** Since 2011, 49,143 first asylum requests from Syrian citizens have been registered in the Netherlands. 41% of the Syrian refugees in the Netherlands report elevated levels of psychological distress, but access to mental health care is hampered due to barriers such as long waitlists.

**Objective:** To pilot-test the effects of individual Problem Management Plus (PM+) among Syrian refugees in the Netherlands.

**Methods:** A pilot randomized controlled trial (RCT) was conducted among 60 Syrian refugees of 18 years and above with self-reported psychological distress (K10 >15) and functional impairment (WHODAS >16). Participants were randomized into PM+ in addition to usual care ( $n=30$ ) or usual care only ( $n=30$ ). Follow-up assessments took place at 1-week and 3-month post-intervention. Clinical outcomes were symptoms of anxiety and depression (HSCCL-25), posttraumatic stress disorder (PCL-5), functional impairment (WHODAS), and self-identified problems (PSYCHLOPS).

**Results:** Participants (age  $M=38.1$ , 40% male) reported baseline levels of 31.5 ( $SD=8.40$ ) on the K10 and 31.1 ( $SD=7.40$ ) on the WHODAS. 28 participants (93%) completed all 5 sessions.

**Conclusions:** Clinical outcomes will be discussed, along with barriers and facilitators for implementing PM+ in a high-income setting. The results of this study are used to inform a larger RCT with 380 Syrian refugees in the Netherlands.

## 1-125

### Is Shame Relevant to Anger and PTSD among Intimate Partner Violence Survivors?

(Abstract #1469)

Poster #1-125 (Clin Res, Affect/Int, DV, Adult) I - Industrialized

Gloucester

*Zakarian, Rebecca<sup>1</sup>, Burkley, Jacob<sup>1</sup>, Majeed, Rimsha<sup>1</sup>, Savage, Ulysses<sup>2</sup>, Dodson, Thomas<sup>1</sup>, Beck, J Gayle<sup>1</sup>*

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Although conceptualized as a core component of posttraumatic stress disorder (PTSD), anger has received greater attention in veterans relative to interpersonal trauma victims. Research suggests that anger dysregulation is associated with worsening PTSD trajectories. Shame has been theorized to underlie problematic anger and is associated with both internalizing anger (e.g. withdrawal) and externalizing anger (e.g. aggression). Female intimate partner violence (IPV) survivors ( $n=81$ ;  $Mage=38.6$ ,  $SD=12.9$ ; primarily African American [29.6%] and White [56.8%]) completed the PTSD Checklist for DSM-5 (PCL-5), the Internalized Shame Scale (ISS), and the State Trait Anger Inventory-2 (STAXI-2). Mediation analyses were conducted via Hayes' PROCESS macro. The STAXI-2 has four subscales of anger expression and control: Anger Expression-In, Anger Expression-Out, Anger Control-In, and Anger Control-Out. Although PTSD was significantly associated with each anger subscale, ISS shame scores mediated only the relationship between PCL-5 and Anger Expression-In ( $B=.10$   $SE=.03$ ,  $p<.001$ , 95%  $CI=.03-.12$ ). Findings suggest that among women IPV survivors, shame plays a role in the expression of anger directed towards the self, but not other forms of anger expression or control. Inward expressed anger may be an important clinical target for this population. Additional implications will be elaborated.

**1-126****Understanding Aggression in PTSD among Combat Veterans: The Role of Shame**

(Abstract #1086)

**Poster #1-126 (Clin Res, Affect/Int, Aggress, Mil/Vets, Adult) - Industrialized****Gloucester**

*Zakarian, Rebecca, McDevitt-Murphy, Meghan*  
*The University of Memphis, Memphis, Tennessee, USA*

PTSD is often accompanied by anger reactivity and aggression. Among veterans, PTSD and combat exposure alone do not fully account for repeated findings of heightened aggression. In rigidly hierarchical social contexts (e.g., military settings), loss of social status and exclusion from salient social structures are associated with shame. Acts of aggression may serve to quell vulnerable feelings of shame and regain social standing. For veterans, separation from the military and diagnosis of PTSD may be salient markers of social loss and exclusion, eliciting shame. This paper will present data from a cross-sectional study of 58 post-9/11 combat veterans (78.8% male), who completed the Personality Assessment Inventory (PAI) and the Shame Inventory and were administered the CAPS-IV to assess PTSD. The PROCESS macro was used to analyze shame scores as a mediator of the relationship between CAPS severity and PAI Aggression scores. Trait shame significantly mediated the relationship between CAPS total severity and the PAI Physical Aggression subscale ( $B = .08$ ,  $SE = .04$ ,  $95\% CI = .01-.18$ ), but not the Verbal Aggression or Aggressive Attitudes subscales. Findings suggest that shame is an important emotional component to incorporate when conceptualizing aggression problems in combat veterans with PTSD. Additional clinical and research implications will be elaborated.

**1-128****Trauma-Related Shame as a Prospective Predictor of Non-Medical Prescription Opioid Use and Motives for Use among Adults with PTSD**

(Abstract #1089)

**Poster #1-128 (Assess Dx, Affect/Int, Sub/Abuse, Adult) - Industrialized****Gloucester**

*Badour, Christal, Jones, Alyssa, Flores, Jessica, Hood, Caitlyn*  
*University of Kentucky, Lexington, Kentucky, USA*

Trauma-related shame prospectively predicts symptoms of posttraumatic stress disorder (PTSD) trauma. Less is known regarding whether trauma-related shame serves as a risk factor for other commonly comorbid outcomes. The current study examined whether trauma-related shame prospectively predicted non-medical prescription opioid use (NMPOU; i.e., use a) without a prescription, b) more frequently or in higher doses than prescribed, or c) for reasons other than prescribed) in a sample of 26 community-recruited adults (69.2% female) with clinical or subclinical PTSD who reported recent NMPOU. Participants completed the Clinician-Administered PTSD Scale for DSM-5 and Trauma-Related Shame Inventory and then tracked their PTSD symptoms, NMPOU, and motives for use daily for 28 days. Baseline trauma-related shame predicted days of NMPOU ( $B = .05$ ,  $SE = .02$ ,  $IRR = 1.06$  [ $95\% CI: 1.01-1.10$ ]), controlling for mean PTSD severity. Participants higher in trauma-related shame were less likely to report any NMPOU to get high ( $B = -.14$ ,  $SE = .07$ ,  $OR = .87$  [ $95\% CI: .75-.998$ ]) or to sleep ( $B = -.25$ ,  $SE = .12$ ,  $OR = .78$  [ $95\% CI: .61-.995$ ]). Trauma-related shame was unrelated to NMPOU to manage pain or to cope

with depression, anxiety, or trauma-related memories. These results add to a growing literature documenting the importance of trauma-related shame in PTSD. Implications for PTSD-opioid use comorbidity will be presented.

**1-129**

**Higher Percentage of Active Duty/Veteran Subjects in PTSD Drug Trials Predicts Lower Treatment and Placebo Response: A Meta-Analysis**

(Abstract #319)

**Poster #1-129 (Clin Res, Res Meth, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Katz, Elyse<sup>1</sup>, Brown, Martin<sup>2</sup>, Rasmussen, Ann<sup>3</sup>, Hoffman, Elaine<sup>4</sup>, Kan-Dobrosky, Natalia<sup>5</sup>, Lyons-Zinczyn, Heather<sup>1</sup>*

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**Background:** The objective of this study was to identify study-level characteristics predicting treatment and placebo response in completed PTSD drug trials for which the total score on Clinician-Administered PTSD Scale (CAPS) was available at baseline and study endpoint. **Methods:** The mean total CAPS score change from baseline and standard error for each treatment and placebo condition studied were obtained or calculated from available data and then used in the modelling. Study-level demographic and trial design characteristics were used as predictors in the models. **Results:** Of the 6000 records identified, 198 full-text reports were assessed for eligibility; 56 articles representing 5,393 patients with a primary diagnosis of PTSD were included in the final analysis. The factor most predictive of a decrease in CAPS score was the percentage of military personnel included in the study ( $R^2=56.8\%$ ,  $p<.0001$ ). **Conclusions:** Our results indicate that PTSD patients with a military history responded poorly to both placebo and drug treatments when compared to civilian/non-veteran cohorts. This information is essential for optimal design of future PTSD treatment trials. Furthermore, these results highlight the need for additional research to understand underlying mechanisms explaining treatment resistance in military-related PTSD and the need to explore new products and combination therapies.

**1-130**

**Effect of Trauma Exposure and Military Status on Resilience**

(Abstract #1719)

**Poster #1-130 (Clin Res, Prevent, Mil/Vets, Adult) I - N/A**

**Gloucester**

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Resilience is the combination of cognitive flexibility, use of resources, and overall grit that enables a person to overcome adversity. Resilience is often discussed with respect to trauma, with which it has a

bidirectional relationship such that resilience can improve outcomes related to trauma, and that trauma can also lead to increased resilience. Military personnel have long been studied for their resilience, due in part to the stress inherent to their selection and training, and in part to exposure to trauma inherent to their job. However, research has yet to tease apart the incremental and combined influences of trauma exposure and military status on resilience. In this study, we examined how resilience differed as a function of trauma exposure and military status in a sample of 252 civilians and servicemen and women, examining a latent measurement of resilience using a factorial ANOVA. We found that trauma and military status demonstrated both incremental main effects and an interactive effect such that military personnel had higher resilience following a trauma compared to trauma-exposed civilians. These results add to the growing body of literature suggesting that resilience is the combined result of individual and environmental factors, which has implications for interventions aimed at increasing resilience.

### 1-131

#### **The Association of Impulsivity, Locus of Control, and Self-Efficacy with Quality of Life in Post-9/11 Veterans with Symptoms of PTSD**

(Abstract #1737)

Poster #1-131 (Clin Res, Cog/Int, QoL, Mil/Vets, Adult) I - N/A

Gloucester

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Locus of control (LOC), self-efficacy [MSE1] [AB2] [AB3], and impulsivity have been shown to be associated with Posttraumatic Stress Disorder (PTSD). Specifically, an external locus of control has been linked with the avoidance symptom cluster while risk-taking behaviors and behavioral inhibition related to negative affect have been found to be more prevalent in veterans with PTSD. Fewer studies have examined the role of these constructs in psychosocial functioning and quality of life (QOL) among veterans experiencing PTSD symptoms. A sample of 109 veterans completed a survey that included measures of these constructs. It was hypothesized that lower impulsivity, higher self-efficacy, and greater internal LOC would be moderated by PTSD symptoms such that their positive effects on QOL would be stronger among those with higher PTSD. Separate linear regression models were conducted for three domains of QOL (social relationships, Adjusted R<sup>2</sup>=.172; environmental, Adjusted R<sup>2</sup>=.287; and physical, Adjusted R<sup>2</sup>=.380). Interaction effects were not significant in any models. In the final regression models, impulsivity was significantly associated with all three outcomes, PTSD symptoms only with physical and environmental functioning. These findings suggest that lower impulsivity, in the context of PTSD, may be uniquely important in conferring functional resilience.

1-132

**Therapist Perspective on Transdiagnostic Treatment: A Case Series**

(Abstract #287)

**Poster #1-132 (Clin Res, Cog/Int, Train/Ed/Dis, Mil/Vets, Adult) I - N/A**

**Gloucester**

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Despite numerous evidence-based psychotherapies, research rarely considers therapist modality preference. This case study examines therapist opinions on two transdiagnostic approaches for treating emotional disorders in trauma-exposed veterans, the Unified Protocol (UP) and Present Centered Therapy (PCT). Qualitative data from a hybrid effectiveness and implementation trial was used to examine therapist preference of the UP and PCT through understanding their perspective regarding preferred approach, the interventions impact on symptom change and quality of life, strengths, weaknesses, and perceived mechanisms of change for each treatment. Across all qualitative interviews there was a unanimous preference for the UP over PCT and a belief that the UP resulted in greater symptom reduction. Therapists were split on which treatment impacted quality of life more effectively. There was consistency across interviews that the UP was perceived to reduce symptoms through increasing emotional awareness and tolerance as well as providing education and skills to cope with emotions. The perceived mechanisms of change in PCT were less consistent and ranged from present-focused awareness to nonspecific factors like therapeutic alliance. Perceived strengths and weaknesses of each treatment and implications for routine care will be discussed.

1-133

**Negative Affect Mediates the Association between Negative Trauma Related Cognitions and Craving among Veterans with Co-Occurring Posttraumatic Stress Disorder and Alcohol Use Disorder**

(Abstract #923)

**Poster #1-133 (Clin Res, Affect/Int, Clin Res, Cog/Int, Sub/Abuse, Adult) M - Industrialized**

**Gloucester**

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Craving is an important treatment target among individuals with comorbid posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD), given that craving is associated with greater substance use and risk for relapse, and that AUD/PTSD is associated with greater craving than single disorders. Negative affect (NA) is implicated in negative reinforcement models of craving, such that experiencing NA leads to

craving for alcohol. It is important to identify factors that are associated with both NA and craving, as they may work to maintain NA and craving in AUD/PTSD. Negative trauma related cognitions about the self (NTRCS; “If I think about the (traumatic) event, I will not be able to handle it”) show promise because they are associated with increased NA and craving. We hypothesized that viewing oneself as unable to handle trauma related distress would be associated with increased NA, and this increased NA would be related to increased craving. We tested if NA mediated the relationship between NTRCS and craving in 145 treatment seeking Veterans with AUD/PTSD. NA mediated this relationship, suggesting that targeting NTRCS in AUD/PTSD treatment may be important for reducing both NA and craving.

### 1-134

#### **Using Cognitive Bias Modification to Alter Attachment Security**

(Abstract #516)

**Poster #1-134 (Clin Res, Affect/Int, Cog/Int, Adult) I - Industrialized**

**Gloucester**

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Bowlby’s attachment theory (Bowlby, 1973) suggests that working models developed from early experiences with caregivers can bias the cognitive appraisal a person makes of themselves and others. These working models typically reflect a person’s attachment style. Longstanding attachment research claims that once developed, attachment styles and internal working models remain stable throughout the lifespan and are difficult to shift. Given that insecure attachment is associated with poorer distress tolerance, ascertaining a way to alter unhelpful attachment-related biases, and thus increase attachment security may improve treatment outcomes for a range of clinical disorders, including posttraumatic stress disorder (PTSD). There is a growing body of research demonstrating how cognitive bias modification (CBM) techniques can shift biases in anxious individuals. The current study investigated whether CBM training adapted from Mathews and Mackintosh (2000) could shift attachment-related interpretive biases in a sample of 80 individuals with increased attachment-anxiety. The results provided preliminary evidence that CBM training may be effective in training individuals to interpret ambiguous information in a more secure way. If validated, this training may have significant implications for the treatment of PTSD and other clinical disorders characterized by insecure attachments.

### 1-135

#### **Relationships between Intrapersonal Variables and Perceptions of Social Support**

(Abstract #4)

**Poster #1-135 (Clin Res, Affect/Int, Cog/Int, Adult) M - Industrialized**

**Gloucester**

*Reiland, Sarah, Robinson, Ta’Niss, McLaughlin, Rachel*  
*Winthrop University, Rock Hill, South Carolina, USA*

Social support is often considered to be a reflection of one’s environment, or a social influence on physical and mental health; however, perceived social support is also a product of intrapersonal factors. Variables such as personality, willingness to seek help, and self-esteem could affect perceptions of

support, and it is also possible that mental health symptoms that are associated with avoidance and social withdrawal could contribute to perceptions of low support. We conducted an exploratory study in 136 college students to examine the relationships among personality factors, mental health symptoms (PTSD and depression), and social support perceptions. Lower levels of perceived support were associated with greater PTSD and depression symptoms, hostility, and reluctance to ask anyone for help. Lower perceived support was also related to lower levels of self-esteem, conscientiousness, and optimism. Although these findings provide preliminary support for the notion that the perception of available support is influenced by personality and other intrapersonal factors, the cross-sectional nature is a limitation. A quasi-experimental design to further test this model is also presented. Attending to intrapersonal variables that influence the perception of social support could be targeted to promote resilience in vulnerable populations.

**1-136**

**Event Type and Mental Health Symptoms: Event Centrality as Mediator**

(Abstract #3)

**Poster #1-136 (Clin Res, Cog/Int, Adult) M - Industrialized**

**Gloucester**

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*Winthrop University, Rock Hill, South Carolina, USA*

Although rates of trauma exposure in the general population exceed 50 percent, the majority of people do not develop PTSD (Kessler et al., 2005). Interpersonal traumas may be more likely to lead to PTSD symptoms than non-interpersonal events (Ogle et al., 2013), but the mechanisms of this relationship are unclear. This study proposes that interpersonal events are more likely than other events to be considered important to the person's identity. According to the Hopelessness Model of Depression (Abramson et al., 1989), adverse mental health outcomes after trauma are most likely when the event is considered to be important to the person and the outcomes very negative. The current study examined the relationship between the perceived importance of a potentially traumatic event to PTSD and depression symptoms in a sample of 314 undergraduate students. Consistent with expectations, event importance was a significant mediator of the relationship between event type and mental health symptoms. Findings suggest that the importance of an event to one's identity might underlie the relationship between event characteristics and mental health outcomes and be a salient target for prevention and treatment efforts.

**1-137**

**Changes in Trauma-Related Cognitions Predict PTSD and Depression Symptom Severity in an Outpatient Treatment Sample**

(Abstract #907)

**Poster #1-137 (Clin Res, Cog/Int, Depr, Adult) I - Industrialized**

**Gloucester**

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Change in trauma-related cognitions has been proposed to be a mechanism of change in posttraumatic stress disorder (PTSD) treatment, and changes in cognitions have predicted changes in PTSD symptom severity in controlled trials (e.g., Zalta et al., 2014). The present sample consisted of 183 treatment-seeking adults at a trauma-specialty outpatient clinic. Each participant completed self-report measures of PTSD symptom severity (PCL-5), depression (BDI), and trauma-related cognitions (PTCI) at intake (Time 1) and 12 weeks later (Time 2), as part of routine clinical care. Initial analyses found both PCL-5 and BDI total scores decreased significantly from Time 1 to Time 2. Hierarchical linear regressions found changes in PTCI-Self subscale ( $\beta = .52, p < .01$ ) and PTCI-World subscale ( $\beta = .16, p < .05$ ) predicted Time 2 PTSD, after controlling for Time 1 PTSD and depression,  $R^2\text{change} = .34, p < .01$ . Only change in the PTCI-Self subscale predicted Time 2 BDI in the second hierarchical regression,  $\beta = .61, p < .01, R^2\text{change} = .35, p < .01$ . Results indicate changes in negative beliefs about one's self predict PCL-5 and BDI scores at Time 2, even after controlling for symptom severity at Time 1. Changes in one's beliefs about the world also predict PCL-5 scores; however, cognitions about self-blame do not predict PCL-5 or BDI total scores in a treatment effectiveness study.

### 1-138

#### The Impact of Attentional Deficits on Symptom Improvement over Treatment for Chronic PTSD

(Abstract #823)

Poster #1-138 (Clin Res, Clin Res, Cog/Int, Adult) I - Industrialized

Gloucester

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Attention deficits are associated with more severe posttraumatic stress disorder (PTSD) symptomology (Vasterling et al., 1998). Deficits may develop with PTSD (e.g. McNally, 2006) or be a risk factor for the development of PTSD (Aupperle et. al., 2012), but recovery in PTSD symptomology over prolonged exposure (PE) is associated with improvement in these deficits (Echiverri et. al., 2016). However, little is known about whether baseline attention deficits impact the effectiveness of PTSD treatments. In this analysis, participants were 134 men and women with PTSD completed the Flanker task (Eriksen & Eriksen, 1974), measuring participants' inhibitory attentional control, prior to receiving either PE or PE in combination with sertraline. At baseline, higher attention deficit was associated with age ( $r = -.207, p = .016$ ), but not with PTSD severity, nor any PTSD sub-scale. Multi-level modeling explored change in PTSD symptoms from baseline to post-treatment. Preliminary results suggest that, when controlling for age, worse attentional deficit at pre-treatment ( $M = 4.33, SD = .61$ ) did not moderate symptom PTSD reduction ( $\beta = -2.41, ns$ ). Understanding the relationship between attention deficit and extinction learning is key to parsing the mechanisms underlying PE. These findings suggest that attention deficit may not negatively impact the effectiveness of PE.

**1-139****Randomized Controlled Trial Testing Mobile-Based Attention Bias Modification for Posttraumatic Stress Using Personalized Word Stimuli**

(Abstract #1706)

**Poster #1-139 (Clin Res, Anx, Clin Res, Cog/Int, Adult) M - Industrialized****Gloucester***Tripp, Paige<sup>1</sup>, Niles, Andrea<sup>1</sup>, Woolley, Josh<sup>1</sup>, Pesquita, Ana<sup>2</sup>, Neylan, Thomas<sup>3</sup>, O'Donovan, Aoife<sup>1</sup>**<sup>1</sup>University of California, San Francisco and San Francisco VAMC, San Francisco, California, USA**<sup>2</sup>University of Birmingham, Birmingham, United Kingdom**<sup>3</sup>San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

Although behavioral therapies are effective for posttraumatic stress disorder (PTSD), patient access is limited. Attention bias modification (ABM), a cognitive training intervention that aims to reduce attention bias for threat, can be broadly disseminated using technology. We remotely tested an ABM mobile app for PTSD symptoms (PTSS). Participants with clinically significant PTSS (PTSD Checklist > 33; N=689; M age = 32; 80% female) were randomly assigned to personalized ABM, non-personalized ABM, or placebo training. ABM was a 12-day modified dot-probe paradigm with threatening and neutral words. Primary outcomes of PTSS and anxiety were collected at baseline, post-training, and 5-week follow-up. Mechanisms, assessed during treatment, were attention bias and self-reported threat sensitivity. Data collection was completed in 10 months with 75% of participants that completed day one on the app completing at least 10 out of 12 total training sessions. No group differences emerged on outcomes or attention bias. Non-Personalized ABM showed greater reduction in self-reported threat sensitivity during training compared to Placebo ( $p=.044$ ). This study is the largest mobile-based trial of ABM to date. Data highlight high feasibility and acceptability of a remotely conducted PTSD intervention. However, our specific form of ABM was not efficacious in reducing PTSD severity.

**1-140****The Impact of Moral Injury Appraisals on Psychological Outcomes: A Novel Experimental Paradigm**

(Abstract #941)

**Poster #1-140 (Clin Res, Cog/Int, Res Meth, Moral, Adult) I - Industrialized****Gloucester***Hoffman, Joel, Nickerson, Angela**University of New South Wales, School of Psychology, Sydney, New South Wales, Australia*

Cognitive models of post-traumatic stress disorder (PTSD) propose the way a traumatic event is appraised has an important role in PTSD symptoms (Ehlers & Clark, 2000). There is evidence that negative appraisals about events violating moral expectations (i.e. moral injury) may contribute to reactions that do not always fit traditional post-traumatic profiles. However, the causal relationship is not well understood. Participants were 123 undergraduate students, who listened to an audio scenario involving a car crash, and then viewed distressing images related to the scenario. Before the recording, they were randomly primed to focus on aspects of the scenario regarding moral violations by: 1) themselves (MI-Self), 2) others (MI-Others), or 3) no one (No-MI). Emotions, physiological responses (heart rate, blood pressure) and intrusions were recorded as outcome variables. Results indicated significant interaction

effects of experimental group x anxiety on outcomes. Specifically, those with lower anxiety in the MI-Self group experienced more guilt, sadness and intrusions compared to the No-MI group. Those with high anxiety in the MI-Self group also had less intrusions compared to the No-MI group. To our knowledge, this is the first study to show the causal relationship between moral injury appraisals and PTSD symptoms in an analogue sample.

**1-141**

**The Role of Trauma Exposure in Severity of Khat Dependence among Somalis in Mogadishu**

(Abstract #1262)

**Poster #1-141 (Clin Res, Global, Health, Sub/Abuse, Civil/War, Adult) - E & S Africa Gloucester**

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Khat is an amphetamine-like stimulant cultivated in Eastern Africa and the Arabian peninsula that induces a state of euphoria and arousal in users. Khat has a longstanding history of use embedded within the cultures of these regions. Due to changing patterns of use and the adverse effects of dependence, khat has become a growing public health concern. “Binge chewing” of khat has been associated with mental illness and the onset of psychotic symptoms in Somali populations across the globe (Duresso et al., 2018). This project aims to identify the role of trauma in severity of khat dependence among Somalis living in Mogadishu. Preparatory interviews to develop a culturally adapted structured interview were completed in August 2018. Ninety participants were recruited through a combination of convenience and limited snowball sampling in areas frequented by khat chewers in Mogadishu. The interview assessed: (1) khat use, (2) severity of dependence, (3) expectations around use, (4) motives for use, (5) potentially traumatic events, and (6) mental health symptoms (i.e., depression, anxiety, posttraumatic stress, psychosis). Preliminary results show statistically significant associations between potentially traumatic events and severity of dependence, as well as between severity of dependence and mental health symptoms.

**1-142**

**The Burden of 9/11-related Conditions and everyday Social Functioning of World Trade Center Responders**

(Abstract #15)

**Poster #1-142 (Clin Res, Depr, Health, QoL, Terror, Adult) I - Industrialized Gloucester**

*Mazzone, G. Mitchell<sup>1</sup>, Ruggero, Camilo<sup>2</sup>, Kotov, Roman<sup>1</sup>, Waszczuk, Monika<sup>1</sup>  
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Long-term physical and mental health sequelae of the 9/11 disaster are known to impair social functioning, however, the impact of WTC-related illness on everyday social interactions and impairment has not been studied. To address this, social functioning was measured in 452 responders (mean age=55.2, SD=8.7, 89.4% male) using (1) PROMIS Ability to Participate in Social Roles and Activities,

and (2) two-weeks of daily diary tracking the number of, and satisfaction with, social interactions. Three linear regression analyses were used to predict each social functioning variable by demographics, the severity of 9/11 exposures, physical health (lower respiratory symptoms, GERD, and pain), and mental health (a composite of PTSD and depression symptoms). The results indicate that only better mental health ( $\beta=-.30$ ) and being in a relationship ( $\beta=.17$ ) were significantly associated with the higher number of daily social interactions. Moreover, worse mental health ( $\beta=.25$ ) indicated dissatisfaction with these daily interactions. Social functioning impairment was predicted by worse mental health ( $\beta=.38$ ) and additionally by lower respiratory symptoms ( $\beta=.21$ ) and pain ( $\beta=.42$ ). Together, these findings suggest that mental health may have a widespread impact on the daily social life of responders, indicating that mental illness is a primary burden on social functioning in this population.

### 1-143

#### **Predicting PTSD Treatment Outcome: An Investigation of Flashbacks and Symptom Reporting Style**

(Abstract #17)

**Poster #1-143 (Clin Res, Assess Dx, Clinical Practice, Depr, Adult) M - Industrialized Gloucester**

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Recent research suggests those who overreport on symptom validity tests also report higher levels of dissociative symptoms, although the cause for this relationship is yet unexplained (Merckelbach, Boskovic, Pesy, Dalsklev, & Lynn, 2017). The presence of dissociative symptoms is related to poorer outcomes for a variety of presenting problems (Kleindienst, et al., 2011; Rufer, et al., 2005), but evidence for the impact of dissociative symptoms on the treatment of PTSD is mixed (Wiener & McKay, 2013). To date, no research has investigated the relationship between MMPI-2-RF (Ben-Porath & Tellegen, 2008) exaggeration and reporting of PTSD-related flashbacks (a dissociative symptom core to the diagnosis). Further, updated validity scales included in the MMPI-2-RF specific to overreporting of somatic, cognitive, and memory concerns are of particular interest in this line of inquiry. Relationships between report of flashbacks (PTSD Checklist-5; Weathers, et al., 2013), MMPI-2-RF validity scales, and treatment outcomes are explored among 250 veterans in a PTSD residential treatment program who engaged in evidence-based treatment. Better understanding of the relationship between flashbacks, MMPI-2-RF response style, and treatment outcome may lead to early identification of treatment non-responders, and, ultimately, enhanced treatments to increase effectiveness for such patients.

### 1-144

#### **Angels in the Nursery: Memory Quality and Carryover across the Perinatal Period in Ethnically Diverse, Traumatized Women**

(Abstract #25)

**Poster #1-144 (Clin Res, Dev/Int, Fam/Int, Intergen, Adult) I - Industrialized Gloucester**

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This study examined the continuity of “angels in the nursery,” positive memories with childhood caregivers, in women from the prenatal to postnatal period. Angels in the nursery are conceptualized as protective factors that buffer against intergenerational trauma and promote resilience. Ethnically-diverse pregnant women with trauma histories completed the Angels in the Nursery Interview, assessing childhood memories of feeling loved, understood, or safe, during pregnancy (N=101) and 3-4-months postnatal (N=77). Results indicated that prenatal and postnatal memory quality (level of positivity, detail, and elaboration) were significantly, but modestly correlated, as were prenatal and postnatal carryover of the memory (mothers’ descriptions of connecting their childhood memory to their parenting of offspring). An exploratory cluster analysis of memory quality and carryover revealed three groups at each time period: High (high scores on memory quality and carryover), Mixed (high memory quality but moderate scores on carryover) and Low (low scores on both). From pregnancy to postnatal, a substantial minority of women changed groups (i.e., from High to Mixed or Low, or Mixed to Low) that reflected poorer overall recollection. Mothers whose loving memories of childhood decline from prenatal to postnatal may be targets for trauma-informed intervention, elaborated upon in this talk.

**1-145**

**Effect of a Mindfulness Based Behavioral Intervention on Empathy and Mindful Non-Attachment among Young Adults with Childhood Maltreatment**

(Abstract #48)

**Poster #1-145 (Clin Res, CPA, Clin Res, Complex, Neuro, Adult) M - Industrialized Gloucester**

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Childhood maltreatment (MAL) has pervasive impact on psychological health. We tested whether changes in empathy and mindful non-attachment related to prosocial behaviors among young adults with mild to moderate MAL after a Mindfulness-Based Intervention (MBI).

We analyzed scores on the mindful Non-Attachment Scale (NAS) and Interpersonal Reactivity Index (IRI), Mindfulness Attention Awareness Scale (MAAS), Beck Depression Index (BDI), State-Trait Anxiety Index-Trait subscale (STAI-t), Perceived Stress Scale (PSS) and PTSD CheckList (PCL), from 14 young adults with MAL (3 males), compared to 19 matched subjects (7 males) on a waiting list, average age: 25.88, SD: 2.37. At baseline, a negative correlation existed between severity of MAL and empathy ( $p < 0.05$ ).

There were significant group by time interaction with scores of PSS, NAS, and the fantasy subscale of IRI ( $p < 0.05$ ). In the MBI group only, score changes of NAS significantly ( $p < 0.05$ ) correlated with MAAS ( $r = 0.713$ ), PSS ( $r = -0.598$ ), STAI-t ( $r = -0.776$ ), BDI ( $r = -0.629$ ) and PCL ( $r = -0.554$ ); score changes of IRI-personal distress subscale significantly correlated with PSS ( $r = 0.597$ ) and STAI-t ( $r = 0.729$ ), while IRI-empathic concern subscale correlated with PCL ( $r = 0.626$ ).

This pilot study reveals the effect of MBI on non-attachment and empathy, as well as their relationships with changes in psychological symptoms.

1-147

**The Impact of Post-Trauma Nightmares on Resilience**

(Abstract #309)

**Poster #1-147 (Clin Res, Sleep, Adult) I - N/A**

**Gloucester**

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Post-trauma nightmares (PTNMs) are a common form of sleep disturbance among individuals who have experienced trauma. A study found worse psychological and physical health outcomes, as well as more overall sleep difficulties for individuals who reported PTNMs compared to those without PTNMs. In addition, research has shown individuals with fewer sleep disturbances before and after a traumatic experience are more resilient than those with more sleep problems. The present study seeks to examine potential differences on measures of resilience (e.g., posttraumatic growth, active coping, and self-efficacy) between a group of trauma-exposed individuals with and without PTNMs. We hypothesize individuals with PTNMs will be less resilient than those without PTNMs. The study examined survey responses from a sample of 174 undergraduate students attending a Midwestern University. To determine whether resiliency measures were significantly different between the two groups, an independent samples t-test was conducted. Interestingly, those with PTNMs reported more posttraumatic growth ( $M = 48.97$ ,  $SD = 28.26$ ) than those without PTNMs ( $M = 28.58$ ,  $SD = 27.52$ ), and this was statistically significant,  $t(154) = -4.54$ ,  $p < .001$ . No significant group differences were found for active coping and self-efficacy. This warrants examining mechanisms promoting posttraumatic growth among those with PTNMs.

1-148

**Legal Concerns and PTSD in Civilian Adults Seeking Treatment Following a Recent Trauma**

(Abstract #515)

**Poster #1-148 (Clin Res, Clinical Practice, Prevent, Adult) I - Industrialized**

**Gloucester**

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Legal stress has been shown to maintain PTSD symptoms and prolong grief; this is yet to be demonstrated in those seeking treatment following a recent trauma. The current study examined the relationship between legal concerns, PTSD, and depression in civilian adults seeking treatment within 2 years of a trauma. Participants ( $N = 135$ ; 24 male, 111 female,  $M$  age = 45.5 years,  $M$  months post-trauma = 6.6) completed the CES-D, the PCL, and a needs assessment that included concerns about criminal charges and lawsuits (Zatzick et al., 2001). Concerns about lawsuits (26%,  $n = 35$ ) were more common than concerns about criminal charges (15%,  $n = 20$ ). Concerns about lawsuits, but not about criminal charges, were associated with greater depression ( $F(1,134) = 7.43$ ;  $p = .01$ ) and PTSD ( $F(1,134) = 4.30$ ;  $p = .04$ ). Combined legal concerns were associated with greater depression ( $F(1,134) = 6.04$ ;  $p =$

.02) but not PTSD ( $F(1,134) = 1.36; p = .25$ ). Unresolved legal concerns may impact distress in treatment-seeking recent trauma survivors and warrant careful assessment and consideration in case conceptualization and treatment planning.

### 1-149

#### **The Mediating Role of Depression in the Association between Posttraumatic Stress Symptoms and Negative Affect Reactivity for those with a History of Multiple Traumas** (Abstract #575)

Poster #1-149 (Clin Res, Chronic, Depr, Adult) I - N/A

Gloucester

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The current investigation examined depressive symptoms as a mediator between posttraumatic stress symptoms (PTSS) and negative affect (NA) using a stress induction paradigm in participants with differing trauma histories. Based on the dysphoria model (Simms et al., 2002), posttraumatic stress disorder (PTSD) and depression are highly comorbid (e.g., Brown et al., 2001) due to shared symptoms of NA. Research has supported associations between NA, depression, and PTSD (e.g., Post et al., 2011, 2016). In the current study, participants (N=64) completed self-report questionnaires, watched a video clip containing violent sexual content, then reported feelings of NA following stress induction. Results demonstrated that depressive symptoms mediated the relation between PTSS and NA for individuals who reported multiple past traumas ( $c'=.14, p < .05$ ). Alternatively, for those with no past trauma or one past trauma, the indirect mediation pathway of depressive symptoms was not significant ( $c'=-.11, n.s.$  and  $c'=.32, n.s.$ , respectively). Our results suggest the detrimental additive effect of multiple traumas likely has a compounding effect on the depressive symptoms of posttraumatic stress leading to increased NA when exposed to a stressor. These findings may have important implications for interventions targeting comorbid PTSD and depression in individuals with multiple trauma history.

### 1-150

#### **An Exploration of Cardiovascular Response to Fear Acquisition in Individuals with PTSD and Trauma-Related Dissociation** (Abstract #576)

Poster #1-150 (Clin Res, Bio/Int, Adult) M - Industrialized

Gloucester

*Merker, Julia<sup>1</sup>, Seligowski, Antonia<sup>2</sup>, Hill, Sarah<sup>1</sup>, Wolff, Jonathan<sup>1</sup>, Kaufman, Milissa<sup>3</sup>, Lebois, Lauren<sup>3</sup>  
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There is a dearth of literature on the physiological underpinnings of phenotypic variation in individuals with PTSD. The aim of this study was to examine cardiovascular response to fear acquisition among individuals with PTSD and trauma-related dissociation. Participants were 38 treatment-seeking

individuals with a PTSD diagnosis and varying levels of trauma-related dissociation, including some with dissociative identity disorder. Multidimensional Inventory of Dissociation severe pathological dissociation scores were used as a continuous measure of dissociative symptoms. Cardiovascular response, specifically heart rate (HR), was collected as part of a laboratory-based fear acquisition paradigm. A repeated measures ANCOVA found a significant interaction between HR and severe pathological dissociation scores,  $F(1,34) = 14.76, p = .001$ . Individuals with more dissociation showed a higher initial HR response to fear acquisition followed by a steep HR downregulation, while individuals with fewer dissociative symptoms remained relatively static across the fear acquisition paradigm. These underlying physiological differences suggest that individuals with prominent severe pathological dissociative symptoms may experience variation in fear learning due to lower emotional engagement (i.e., HR deceleration). This may impact outcomes of PTSD treatments that incorporate these processes.

### 1-151

#### **The Impact of Alcohol Use on the Relationship between Post-traumatic Stress Symptoms and Men's Intimate Partner Violence Perpetration**

(Abstract #607)

**Poster #1-151 (Clin Res, Aggress, DV, Sub/Abuse, Adult) M - Industrialized**

**Gloucester**

*Maldonado, Ana, Arora, Ishita*

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Negative outcomes of trauma exposure, such as post-traumatic stress symptoms (PTSS), anger and alcohol use, have been implicated as key risk factors for perpetrating intimate partner violence (IPV). However, research has yet to elucidate the interplay of these factors in men's violence. During intake at an abuser intervention program, male IPV perpetrators provided self-report data on PTSS, anger, alcohol use, and emotional and physical abuse. In the hypothesized moderated mediation model, PTSS increases risk for IPV through anger; and alcohol use moderates the associations between anger and IPV, and between PTSS and IPV. Results were consistent with mediation. However, alcohol use only moderated the relationship between PTSS and IPV. As expected, as alcohol use increased, there was a significantly stronger, positive relationship between PTSS and emotional abuse. Contrary to expectations, at low levels of alcohol use, there was a significant, positive relationship between PTSS and physical assault, however, as alcohol use increased, this relationship became weaker. In fact, at high levels of alcohol use, there was a significant, negative relationship between PTSS and physical assault. These findings support the development and application of trauma-informed interventions for IPV perpetrators that incorporate emotion regulation, distress tolerance and healthy coping skills.

### 1-152

#### **Neural Predictors of Treatment Response in Posttraumatic Stress Disorder (PTSD)**

(Abstract #637)

**Poster #1-152 (Clin Res, Clin Res, Clinical Practice, Neuro, Bio/Gen, Adult) M - N/A**

**Gloucester**

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Although there are several viable treatment options available for PTSD, not all options work for every individual. Close to half of those who complete psychotherapy will still exhibit symptoms of the disorder. Functional magnetic resonance imaging (fMRI) has been used to understand the neural mechanisms that underlie PTSD and may be useful in predicting treatment response. In the current study, participants diagnosed with PTSD ( $n = 16$ ) viewed fearful versus happy facial expressions while brain activation was examined in a 1.5T fMRI scanner. All participants then received eight once-weekly sessions of prolonged exposure (PE) therapy. PTSD symptom severity was measured during an initial clinical evaluation using the Short-PTSD Rating interview (SPRINT) and again during the last treatment session to determine symptomatic improvement. Correlational analyses were conducted between pre-treatment brain activation and SPRINT percent improvement scores. Our results showed that individuals with relatively greater pre-treatment activation in the rostral anterior cingulate cortex (rACC;  $r(14) = .752, p = .001$ ) and subgenual ACC ( $r(14) = .704, p = .002$ ) had a better response to PE. While these results are promising, future studies should assess the strength of these neuroimaging measures relative to other clinical and cognitive measures in predicting treatment response.

**1-154**

**Talking about Sexual Assault: Factors that Differentiate those who Disclose and those who Don't**

(Abstract #51)

**Poster #1-154 (Clin Res, Rape, Adult) I - Industrialized**

**Gloucester**

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The aim of the current study was to determine whether self-blame and sexual assault characteristics were predictive of disclosure of sexual assault. It was hypothesized that women who reported lower levels of self-blame, who did not use substances prior to or during the sexual assault, and who did not know the perpetrator would be more likely to disclose their sexual assault.

Data were collected via an online survey that assessed unwanted sexual experiences and psychological outcomes amongst college students. The final sample was comprised of 142 female college students that experienced unwanted sexual contact within the past year.

Self-blame was positively associated with likelihood of disclosure (Beta = .270,  $p = .045$ , OR = 1.310).

Substance use by the survivor during the experience and the relationship between the survivor and perpetrator was not related to likelihood of disclosure in the model.

These results suggest that survivors who believe they are more responsible for their sexual assault are more likely to tell someone about the assault. Survivors who blame themselves for the assault may disclose the event as a way of reducing their feelings of guilt; however, those who disclose may experience more reactions of blame from others, which may increase self-blame. Future research should explore the direction of the relationship between self-blame and disclosure.

**1-155****Shame and Physiological Arousal in Survivors of Adult Sexual Assault: An idiographic Network Approach**

(Abstract #1810)

**Poster #1-155 (Clin Res, Rape, Adult) I - Industrialized****Gloucester***Howe, Esther, Reeves, Jonathan, Fisher, Aaron**University of California, Berkeley, Berkeley, California, USA*

Adult sexual assault (ASA) is pervasive and costly to individuals and society. Recent work suggests that ASA-related post-traumatic stress disorder (PTSD) may diverge from other forms of PTSD due to the dominance/subordination social interaction inherent in ASA, the associated shame, and feedback loops between shame and physiological arousal (Freed & D'Andrea, 2015). In addition to group-level differences between ASA and non-ASA PTSD, research suggests heterogeneity of PTSD presentations between ASA survivors (Dworkin, et al., 2017). To untangle these group- and individual-level differences, experts have called for idiographic analyses of post-ASA PTSD symptoms. No known studies have taken this approach. Fisher et al. (2017) described a data-driven approach for assessing intraindividual variation between symptoms. The present study used this method to examine intraindividual covariance between shame- and arousal-related symptoms in five ASA survivors with chronic PTSD. Data were drawn from thirty days of ecological momentary assessment surveys, and subjected to idiographic network analysis. Each network included daily severity ratings of fear, guilt, shame, negative thoughts about self, self-blame, arousal, physical reactions, hypervigilance, and alertness on a 0-100 scale. Networks will be described in detail. Strengths and challenges of this approach will be discussed.

**1-156****Comparing Factors and Experiences of Posttraumatic Growth in Sexual and Nonsexual Trauma Survivors**

(Abstract #1309)

**Poster #1-156 (Clin Res, Rape, Adult) I - Industrialized****Gloucester***Meador, Cassandra<sup>1</sup>, Lee, Jenny<sup>1</sup>, Scholl, James<sup>2</sup>, Cranston, Christopher<sup>3</sup>, Davis, Joanne<sup>1</sup>**<sup>1</sup>University of Tulsa, Tulsa, Oklahoma, USA**<sup>2</sup>Boston University Medical Campus Center for Multicultural Training in Psychology, Boston, Massachusetts, USA**<sup>3</sup>Johns Hopkins University School of Medicine, Baltimore, Maryland, USA*

Research has shown interpersonal trauma types (e.g., sexual assault) may have more detrimental psychological effects than other trauma types (e.g., natural disaster), and may lead to a lower likelihood for posttraumatic growth (PTG). Given that self-blame for rape and maladaptive coping mechanisms might be associated with a lower level of PTG, this study hypothesized sexual assault survivors would have higher self blame and maladaptive coping mechanisms and lower PTG than survivors of nonsexual trauma. Undergraduate students were asked about their experience of PTG, attribution of the assault, and coping mechanisms. An independent samples t-test was conducted to assess differences between sexual

and nonsexual trauma survivors. Sexual assault survivors reported significantly higher self-blame ( $M=7.07$ ,  $SD=5.76$ ) than nonsexual trauma survivors ( $M=4.57$ ,  $SD=4.57$ ),  $t(152)=-3.44$ ,  $p < .001$ , and significantly lower experiences of PTG ( $M=48.17$ ,  $SD=29.25$ ) than nonsexual trauma survivors ( $M=33.96$ ,  $SD=29.72$ ),  $t(146)=-2.61$ ,  $p < .05$ . However, no significant differences were found in maladaptive coping for sexual assault survivors ( $M=2.64$ ,  $SD=2.75$ ) and nonsexual trauma survivors ( $M=2.49$ ,  $SD=3.39$ ),  $t(163)=-.261$ , n.s. Therefore, researchers should be aware that trauma from sexual violence may affect the degree to which survivors can experience posttraumatic growth and self-blame.

### 1-157

#### **Sexual Violence and Moral Injury among Internally Displaced Women in Colombia**

(Abstract #1733)

**Poster #1-157 (Clin Res, Rape, Refugee, Gender, Moral, Adult) M - Latin Amer & Carib**

**Gloucester**

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Internally displaced women are at high risk of becoming a target of sexual violence in the context of Colombia's history of armed conflict. Traumatic experiences like sexual violence can have long-lasting psychological effects on women. These experiences can alter a person's moral understanding of the world which then impacts their coping in the aftermath of the event. Three women from internally displaced communities in Colombia participated in an in-depth interview where they discussed their experience of sexual violence. The women's narratives were examined by open coding of grounded theory. All participants disclosed a sexual violence event that resulted in moral injury. Eleven out of the twelve moral injury constructs were identified. Predominant themes of other-directed moral injury in the interviews included feeling alienated in their community, feeling anger towards others, and experiencing doubts and suspicions about the behavior of others. The women also endorsed self-directed moral injury such as feeling shame and having low self-worth because of their experience. Possible implications for clinical practice with internally displaced women living in Colombia are discussed.

### 1-158

#### **Intensive Trauma-Focused EMDR and PC with Victims of Crime: Replication with a Larger Sample**

(Abstract #1333)

**Poster #1-158 (Clin Res, CPA, CSA, DV, Rape, Adult) M - Industrialized**

**Gloucester**

*Camden, Abigail, Gamache, Nicole, Lasser, Kym, Chapman, Rebecca, Rattner, Bambi, Greenwald, Ricky*  
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Intensive trauma-focused therapy (e.g., 9:00am–5:00pm for several consecutive days) can reduce treatment time and enable clients to return to pre-trauma functioning much sooner than via conventional weekly therapy. Previous research demonstrated the efficacy of intensive trauma-focused eye movement desensitization and reprocessing (EMDR) or progressive counting (PC) to significantly reduce PTSD

symptoms for victims of crime (Greenwald, Camden, Gamache, Lasser, Chapman, & Rattner, 2018). However, further research is needed. Thus, we sought to replicate these findings with a larger sample. Participants included 96 victims of crime (74 women, 13 men, 9 nonbinary;  $M_{age} = 42.51$ ). At three treatment timepoints, participants were administered a battery of measures including the Trauma Symptom Inventory (Briere, 2011). Results demonstrated statistically and clinically significant improvements on all measures from pre-treatment to post-treatment and follow-up: Trauma Symptom Inventory,  $t(90) = 9.69, p < .001$ , Problem Rating Scale,  $t(89) = 14.37, p < .001$ , Stability and Ability Scale,  $t(87) = 7.95, p < .001$ , and Quality of Life,  $t(93) = -9.23, p < .001$ . Outcomes were similar for EMDR and PC. The present results support previous findings and bolster the use of intensive trauma-focused therapy for victims of crime. Further implications and subanalyses are discussed.

### 1-159

#### **Examining Income as a Moderator of the Relationship between Childhood Trauma Severity and Psychopathology in Adulthood**

(Abstract #1753)

**Poster #1-159 (Clin Res, Anx, CPA, CSA, Adult) I - Industrialized**

**Gloucester**

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Childhood trauma is known to increase risk for psychopathology. In adulthood, resources such as greater income, may buffer against the effects of childhood trauma. Data was collected from survivors of childhood interpersonal trauma (N=90) who attended an eligibility session for a study evaluating a resiliency intervention. Participants completed self-report measures assessing demographics, childhood trauma (degree of emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse), and psychopathology (depression, anxiety, and stress symptoms). Correlational analyses showed that higher levels of emotional abuse were associated with higher levels of depression ( $r = .246, p = .019$ ) and stress ( $r = .227, p = .032$ ). Higher levels of emotional neglect were associated with higher levels of depression ( $r = .252, p = .017$ ). Multivariate multiple regression analyses were conducted for each childhood trauma type to examine the interaction between income and childhood trauma in predicting psychopathology. There was a significant interaction between income and physical neglect in predicting stress ( $p = .038$ ) such that the relationship between physical neglect and stress was weaker for those with higher income. Childhood trauma was weakly associated with psychopathology in this sample and income did not have a consistent role in moderating this relationship.

### 1-160

#### **Investigating the Gender Difference in Trauma Related Nightmare Experiences**

(Abstract #1361)

**Poster #1-160 (Clin Res, CPA, CSA, Chronic, Sleep, Adult) I - Industrialized**

**Gloucester**

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**Introduction:** Studies have shown that the prevalence of posttrauma nightmares differs between genders, with females experiencing higher rates of PTNs. The purpose of this study is to determine if the relationships between several factors contribute to the gender gap in PTN occurrences.

**Methods:** Participants (N = 1,498) completed an online survey approved by the associated IRB, which included demographic measures (age, gender, & class), the Life Events Checklist (LEC), the PTSD Checklist for the DSM-V (PCL-5), the Adverse Childhood Experiences scale (ACE), and a questionnaire on PTNs. Hierarchical logistical regressions were used for analyses.

**Results:** With a bottom up model, we found that multiple traumas (B= -3.93, p<0.001), ACEs (B = 0.17, p < 0.01), and gender (B= -1.05, p< 0.01) significantly predicted weekly PTN occurrences. When the interaction term of (gender\*multiple trauma) was added, only multiple traumas (B= 0.41, p <0.001) and ACE (B= 0.17, p< 0.01) significantly predicted weekly PTNs.

**Conclusion:** Multiple traumas, ACEs, and gender all predicted weekly PTN occurrences. When the interaction term of gender and multiple traumas was added, gender did not significantly predict weekly PTNs, suggesting the relationship between gender and multiple traumas may help explain the gender gap. Future studies should further investigate the relationships between these three factors.

## 1-162

### **Characteristics Associated with Marijuana Use in Veterans with and without PTSD: Results from the Mind Your Heart Study**

(Abstract #860)

Poster #1-162 (Clin Res, Clin Res, Depr, Ethnic, Adult) I - N/A

Gloucester

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As the rates of marijuana use increase in the U.S., marijuana is being promoted as a potential alternative treatment option for posttraumatic stress disorder and other physical and mental ailments. Since the prevalence of PTSD is significantly higher in Veterans than in civilian populations, it is important to understand factors associated with current marijuana use in Veterans with PTSD. We used cross-sectional baseline data from a cohort of 746 Veterans Affairs patients (257 with current PTSD assessed by the CAPS) who reported on past-year marijuana use. 28.3% of those with PTSD and 23.5% of those without used marijuana in the last year (p=.35). Among patients with PTSD, those with vs. without past year marijuana use did not differ in demographics, physical activity, physical function, social support, depressive symptoms or PTSD symptoms. In the full sample, those who used marijuana had lower depressive symptoms based on the PHQ-9 (p=.01), lower annual income (p<.01), and were younger (p<.001). There were differences in distribution of marijuana use by ethnicity, with more African Americans using vs. not and less Asians using vs. not (p=.01). Though past-year marijuana use was not associated with substantial differences in this cross-sectional study, future longitudinal work should examine the impact of marijuana use on Veterans' PTSD symptoms, health, and function.

**1-163****A Multi-Method Examination of the Impact of Trauma History and Posttraumatic Psychological Reactions on Self-Compassion and Attachment**

(Abstract #934)

**Poster #1-163 (Clin Res, Affect/Int, Res Meth, Adult) I - Industrialized****Gloucester**

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We examined how trauma exposure and related variables impacted associations between attachment and self-compassion (SC). Attachment was assessed using self-report measures of specific relationship and general attachment patterns and an attachment Implicit Association Test (IAT). SC was investigated via self-report measures and a self-compassionate writing task manipulation (Leary et al., 2007). 159 participants (49.1% female, M age = 34.89, 77.4% White) were recruited using Amazon's Mechanical Turk. PTSD symptom severity was associated negatively with self-report measures of SC and secure attachment, positively with insecure attachment. Childhood trauma was negatively associated with SC, secure attachment and IAT scores (positively with insecure attachment). Significant trauma x manipulation (neutral vs. SC writing condition) interactions indicated that different types of trauma exposure impacted the SC attachment association differently. The SC induction mitigated the positive association between non-interpersonal trauma and avoidant attachment but produced greater levels of avoidant attachment and lower state SC compared to the control task in participants with greater childhood trauma. This suggests that non-interpersonal trauma and childhood trauma have differing impacts, and that SC training may affect people differently depending on trauma exposure and attachment style.

**1-164****Thought Suppression and PTSD: The Mediating Role of Negative Urgency**

(Abstract #943)

**Poster #1-164 (Clin Res, Chronic, Clin Res, Adult) A - Industrialized****Gloucester**

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The current study examined the role of negative urgency (Lynam et al., 2006), or acting rashly under conditions of negative affect, in the association between thought suppression and PTSD among 642 young adults. Thought suppression (Aikins et al., 2009; Magee et al., 2012) and impulsivity (Contractor et al., 2018; Roley et al., 2017) have been positively associated with PTSD independently. However, their joint mechanisms to PTSD are not well known. Thought suppression may contribute to impulsivity which, in turn, may predict PTSD.

This hypothesis was tested via multiple regression with bootstrapping (1000 replications). Gender and negative affect were included as covariates. Significant direct effects were observed from thought suppression ( $b = .20$ ;  $p < .001$ ) and negative urgency ( $b = .26$ ;  $p < .001$ ) on PCL scores, full model  $F(4, 615) = 118.04$ ,  $p < .001$ ,  $R^2 = .43$ . Negative urgency mediated 24% of the indirect effect within this

relationship,  $ab = .06$  (CI .037 - .096). Results demonstrate that negative urgency partially accounts for associations between thought suppression and PTSD. Results are congruent with self-control depletion models (Gay et al., 2011; Muraven & Baumeister, 2000), where attempts to avoid distressing thoughts weaken the ability to inhibit and regulate behaviors, under negative affect. These difficulties in self-regulation, in part, further contribute to PTSD.

## 1-165

### **Treatment-Resistant PTSD? Impact of Previous Non-Response on PTSD Treatment Outcomes**

(Abstract #1721)

**Poster #1-165 (Clin Res, Clin Res, Adult) M - Industrialized**

**Gloucester**

*Walker, Rosemary<sup>1</sup>, Baier, Allison<sup>2</sup>, Klein, Alexandra<sup>3</sup>, Benhamou, Kathy<sup>4</sup>, Feeny, Norah<sup>2</sup>, Zoellner, Lori<sup>1</sup>*

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<sup>4</sup>*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

Treatment-resistant posttraumatic stress disorder (PTSD) has not been well defined (Dunlop, Kaye, Youngner & Rothbaum, 2014). Previous treatment may indicate more chronic course and decrease future buy-in (Dunlop et al., 2014). The impact of prior treatment was examined in 150 participants who received either sertraline and prolonged exposure therapy (PE) or PE alone in a randomized controlled trial. Previous trauma-focused psychotherapy treatment and antidepressant trials were assessed via clinical interview at baseline. In quantifying type and duration, 37.3% had received previous trauma-focused therapy for at least 8 weeks, and 40.7% had been on an antidepressant for at least 8 weeks. Across both treatment conditions, history of an 8-week trial of an antidepressant predicted PTSD improvement, such that those with a previous trial improved more than those without a previous, 8-week trial of an antidepressant ( $\beta = -3.21$ ,  $F[1, 142.07] = 4.10$ ,  $p = .045$ ). History of 8-weeks or longer of trauma-focused psychotherapy did not moderate PTSD symptom improvement. Treatment resistance may be a spectrum phenomenon, with a failed trial alone not reaching significant interference with future treatment (Dunlop et al., 2014). It is possible some individuals experience partial symptom improvement on an antidepressant and this makes them more optimistic when engaging in future psychotherapy.

## 1-166

### **Program Evaluation of a PTSD Psychoeducation Group for Veterans considering VA Mental Health Care**

(Abstract #1781)

**Poster #1-166 (Clin Res, Clin Res, Clinical Practice, Adult) I - Industrialized**

**Gloucester**

*De Vita, Martin<sup>1</sup>, Possemato, Kyle<sup>1</sup>, Milk, Kyle<sup>2</sup>, Steiger, Shawne<sup>2</sup>, Higham, Jane<sup>2</sup>, Tubbs, Christy<sup>2</sup>*

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Patients with PTSD are often reluctant to engage in trauma-focused psychotherapy due to lack of knowledge and negative expectations. Psychoeducation may enhance PTSD treatment engagement and shared decision-making with providers. This program evaluation examined a VA clinic-based psychoeducation group for Veterans diagnosed with PTSD. The structured group consisted of seven 90-minute sessions addressing the following topics: (1) Civilian Readjustment; (2) Effects of Trauma; (3) Trust, Safety, and Self-Care; (4) Coping and Healing; (5) Survival Strategies and Relationships; (6) Substance Use and Medication; and (7) PTSD Treatment. We collected pre-post data from 4 group cohorts (20 total Veterans). Primary outcome measures were the Illness Management and Recovery Scale (IMRS), PTSD Checklist for DSM-5 (PCL-5), and Public Health Questionnaire-4 (PHQ-4). Within subjects t-tests revealed statistically significant improvements in IMRS total scores  $t(19) = 3.59, p = .002$ , as well as significant reductions in PCL-5 total scores,  $t(19) = 2.83, p = .011$ , and symptom clusters C (avoidant), D (negative mood and cognitions), and E (arousal). PHQ-4 depression subscale scores were also significantly reduced,  $t(19) = 2.33, p = .031$ . These preliminary findings suggest that PTSD psychoeducation may promote recovery and may be associated with modest PTSD symptom improvements.

### 1-167

#### **External Facilitation Improves EBP Reach in VA PTSD Clinics – Early Results from a Formative Evaluation**

(Abstract #1725)

**Poster #1-167 (Clin Res, Clinical Practice, Adult) M - Industrialized**

**Gloucester**

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An external facilitation model was used to improve use of evidence-based psychotherapies (EBPs) for PTSD in two outpatient PTSD. An external facilitator completed a site visit and 6 months of active phone consultation and other facilitation activities with a site champion. Results: EBP reach more than doubled during the 6-month intervention period in both clinics. However, they had different trajectories of improvement. Having an engaged, committed champion with the ability to make structural changes was reported as the key ingredient to improving reach. Other strategies such as showing outcome data, in-person site visits, and resources from a toolkit were also perceived as helpful. Conclusions: external facilitation shows promise as a way to increase utilization of evidence-based practices in outpatient mental health clinics.

### 1-168

#### **What Domains of Outcome Best Predict PTSD Patients' Perceived Improvement in an Intensive, Acute Care Setting?**

(Abstract #1742)

**Poster #1-168 (Clin Res, Clinical Practice, Adult) M - N/A**

**Gloucester**

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Background: In the present study, we examined the association between various domains of treatment outcome and PTSD patients' global assessment of improvement to assess which domains best predict perceived improvement.

Methods: Three hundred and two patients diagnosed with PTSD receiving treatment in an intensive, acute care setting completed a series of questionnaires upon intake and discharge that included measures of the following: (1) the severity of transdiagnostic symptoms, (2) coping ability, (3) positive mental health, (4) functioning, and (5) general sense of well-being and life satisfaction. Patients also rated their overall sense of improvement at the end of treatment. Percent of change from intake to discharge was calculated for each RDQ subscale. We used univariate and multivariate regression analyses to assess which domains of outcome best predict PTSD patients' perceived improvement.

Results: PTSD patients' global assessment of improvement score was significantly associated with changes in all RDQ subscales. However, only changes in transdiagnostic symptom severity and coping ability were independent predictors of PTSD patients' global assessment of improvement score.

Discussion: Our results support the notion that changes in transdiagnostic symptom severity and coping ability best predict PTSD patients' perceived improvement in an intensive, acute care setting.

**1-169**

**Effects of Civilian Trauma on Executive Functioning**

(Abstract #1802)

**Poster #1-169 (Clin Res, Acc/Inj, Acute, Cog/Int, Adult) I - Industrialized**

**Gloucester**

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Chronic symptoms of posttraumatic stress disorder (PTSD) may have significant negative effects on cognitive functioning. The current study aimed to examine executive function in a sample of adult traumatic injury survivors (n=62) six months post-trauma. Participants were administered the Clinician-Administered PTSD Scale (CAPS) and completed a computerized neuropsychological assessment battery (WebNeuro). Results indicated that participants meeting criteria for PTSD (n=31) completed significantly fewer incongruent trials during a timed Stroop task compared to matched trauma-exposed controls,  $t(58)=-2.09$ ,  $p=.04$ . On a trail-making task, participants with PTSD were also significantly slower to both complete the task,  $t(60)=2.12$ ,  $p=.04$ , and correctly sequence letter-number connections,  $t(60)=2.01$ ,  $p<.05$ , than controls. No group differences were observed in motor skills or reaction times on other cognitive tasks (i.e., tasks involving a single stimulus or that are less reliant on cognitive flexibility). These findings suggest that symptoms of PTSD may be associated with deficits in executive functioning.

such that those with PTSD are slower to complete more complex tasks requiring cognitive control (e.g., inhibition, attention switching).

### 1-170

#### **Romantic Relationship Attachment and Suicidal Thoughts in Veteran Couples**

(Abstract #1816)

**Poster #1-170 (Clin Res, Fam/Int, Adult) M - Industrialized**

**Gloucester**

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Insecure romantic attachment (i.e., high anxious and/or avoidant) is related to poorer mental health (e.g., PTSD and Depression); however, no studies have examined the relation between relationship attachment and suicidal ideation in veteran couples. Given the insecurity and fear prevalent in a relationship in which one person has thoughts of suicide, we hypothesize that these couples would have more insecure attachment. Couples (N = 72) completed baseline assessments of romantic attachment and suicidal thoughts prior to engagement in a couples-based PTSD treatment study. Veterans who endorsed suicidal thoughts had significantly higher anxious (M= 4.42, SD= 1.42) and avoidant (M= 3.81, SD= 1.28) attachment compared to veterans who did not endorse suicidal thoughts (anxious; M= 4.42, SD= 1.42; F= 3.90, p= .05) and (avoidant; M= 3.81, SD= 1.28; F= 4.86, p= .03). Veteran's partners also endorsed significantly higher anxious attachment (M= 2.73, SD= 1.20) when veterans reported having suicidal thoughts compared to when they did not (M= 4.66, SD= 1.58; F= 11.53, p= .001). Insecure attachment likely prevents Veteran couples from engaging in vulnerable interactions required to intervene with suicidal thoughts. Implications for couples' treatments will be discussed.

### 1-171

#### **Feasibility of Using Interpretation Bias Training for Posttraumatic Cognitions to Change the P600 Component**

(Abstract #1799)

**Poster #1-171 (Clin Res, Anx, Adult) I - Industrialized**

**Gloucester**

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Interpretation of ambiguous events as threatening may contribute to the maintenance of anxiety disorders including PTSD. Researchers have used Cognitive Bias Modification (CBM-I) to modify interpretation bias (Hayes et al., 2010). Recent studies have used EEG measures of interpretation bias to increase construct validity (P600; Moser et al., 2012). The P600 is elicited by an unexpected stimulus. In the current study, we tested the feasibility of P600 as an index of change in expectancy violation after CBM-I for posttraumatic cognitions. EEG was collected before and after training. Participants listened to 40

ambiguous sentence stems, resolved by a negative or neutral word. In the CBM-I task, participants responded with whether the situation presented was likely, and were given feedback consistent with a neutral interpretation. Preliminary results ( $N = 11$ ) show an increased P600 to negative words (i.e. were less expectant of negative endings) after training, indicating a reduction in negative bias ( $t(10) = -2.36$ ,  $p = .04$ ). These results suggest that the N400 may be a useful indicator of change in bias after CBM-I training. Change in results after continued enrollment and after addition of a control group will be discussed.

**1-173****A Qualitative Investigation of the Management of Negative Emotions Following Exposure to Trauma-Related Images: The Association between Emotion Regulation and Psychopathology for Traumatized Refugees**

(Abstract #1401)

**Poster #1-173 (Clin Res, Complex, Cul Div, Depr, Adult) I - Global****Gloucester***Specker, Philippa<sup>1</sup>, Garber, Ben<sup>2</sup>, Nickerson, Angela<sup>2</sup>*<sup>1</sup>*University of New South Wales, Sydney, New South Wales, Australia*<sup>2</sup>*University of New South Wales, School of Psychology, Sydney, New South Wales, Australia*

Introduction: Refugees are often exposed to traumatic reminders that may elicit distress. Despite this, little is known about the emotion regulation strategies that refugees spontaneously employ under stress, nor how their approaches may differ depending on levels of psychopathology. This was the first study to qualitatively investigate spontaneous emotion regulation among refugees, and explore its relationship with PTSD and MDD. Method: Semi-structured clinical interviews were conducted with 82 refugees following a 5 minute exposure to trauma-salient images. Interview transcripts were analyzed iteratively using thematic analyses, and comparisons were drawn between those with, and without, PTSD and/or MDD. Results: Regarding emotional responses to the images, fear and anger reactions were more common among those with PTSD/MDD, while sadness was equally reported across groups. Individuals with PTSD/MDD were more likely to report using maladaptive emotion regulation strategies including distraction and suppression, while reappraisal and acceptance strategies were utilized equally across groups. Discussion: Our findings demonstrate the value of qualitative inquiry to uncover differences in spontaneous emotion regulation following stressor exposure. Understanding how psychopathology may influence stress management has important implications when developing treatments for refugees.

**1-174****Treatment Outcome for Trauma in Refugee and Immigrant Population**

(Abstract #1407)

**Poster #1-174 (Clin Res, Clin Res, Cul Div, Refugee, Adult) I - N/A****Gloucester***Ho, Shuen-En<sup>1</sup>, O'Boyle, Mattie<sup>1</sup>, Berliner, Lucy<sup>2</sup>*<sup>1</sup>*Seattle Pacific University, Seattle, Washington, USA*<sup>2</sup>*University of Washington/Harborview Medical Center, Harborview Center for Sexual Assault and Traumatic Stress, Seattle, Washington, USA*

More than 600,000 refugees have resettled to the US in the past decade (Steel et al., 2009). Specific challenges are encountered in the process of migration and resettlement. The increased stress in the process of migration and resettlement may bring increased risk for mental health problems including posttraumatic stress disorder, anxiety, and depression. There is currently little evidence of effectiveness and limited generalizability of mental health care for the refugee population. A large proportion of 18-54% refugees receiving PTSD treatment still show no improvement after treatment. This study is interested in understanding treatment outcome in refugee and immigrant group compared with others. Data was collected from the electronic medical record at the Harborview Center for Sexual Assault and Traumatic Stress. Participants of treatment completed baseline assessment and outcome measure with questions from the PHQ-9, GAD-7, and ICD trauma symptoms. A total of 398 participants completed both baseline assessment and outcome measure. A two-way ANOVA was conducted to evaluate the effects of immigrant/refugee status and length in treatment on change in symptoms endorsement. The result indicated significant interaction effect between time in treatment and immigrant/refugee status. Further research in this area can help therapist conceptualize treatment fitted for this group.

### 1-175

#### **A Multicenter Open-Label Trial to Evaluate Effectiveness and Feasibility of Complicated Grief Treatment for Japanese Patients with Complicated Grief**

(Abstract #1419)

Poster #1-175 (Clin Res, Clin Res, Cog/Int, Death, Grief, Adult) M - Global

Gloucester

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**Objective:** Complicated grief (CG) is associated with poor mental and physical health consequences. Complicated grief treatment (CGT) (Shear et al. 2005) is effective in treating CG patients bereaved by traumatic death. We examined the feasibility and effectiveness of CGT for CG patients in Japan whose view of life and death might have differed from that of Westerners.

**Methods:** This is a multicenter open-label study. The participants met the CG criteria (Inventory of complicated grief, ICG  $\geq 30$ ). We evaluated the rate of CG, the severity of symptoms of CG (ICG), depressive symptoms (BDI-II), and some psychometric measures pre and post treatment.

**Results:** Eighteen cases were registered from 2009 to 2015. A total of 18 cases (aged 31–55 years) completed CGT. Ten cases (55.6%) did not meet CG criteria after CGT. The severity of CG and depression post treatment were significantly low compared to pretreatment by liner mixed model ( $p < .01$ ). The effect of CGT was maintained for 64 weeks. The large effect size (Cohen's  $d$ ) was observed on ICG (1.8, 95%CI 1.07 – 2.47), and no adverse events were noted.

**Conclusions:** CGT proved to be an effective and safe treatment for Japanese patients with CG. It seems that CGT is more acceptable to bereaved Japanese patients who have a Buddhist background as it was in accordance with their view of life and death, after modifications in some components.

1-176

**Traumatic Brain Injury and Cognitive Processing in Tortured and Traumatized Refugees**  
(Abstract #1428)

Poster #1-176 (Clin Res, Bio/Int, Refugee, Torture, Adult) M - Industrialized

Gloucester

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Objectives: Traumatized refugees often report traumatic brain injuries (TBIs) as part of their traumatic exposure. A combination of TBI and PTSD often have greater impairments in cognitive functioning and poorer functional outcomes. We compare cognitive functioning measured with Symbol Digit Modality Test (SDMT) on tortured and traumatized refugees with and without TBIs. Second, we examine the relationship between cognitive functioning, history of TBI, and the severity of symptoms. Third we investigate the relationship between cognitive functioning and outcomes in a multidisciplinary treatment. Method: 141 adult refugees referred to the Danish Institute Against Torture (DIGNITY) in Copenhagen were assessed on PTSD, depression, pain, disability and SDMT. With an ANOVA we tested for differences on the measures between participants who had or had not lost consciousness during TBI. Paired-sample t-test was used to investigate pre-to-post treatment changes.

Results: Those who lost consciousness during TBI performed significantly worse on SDMT. Reductions in PTSD, depression, and anxiety in treatment were not accompanied by improvements in cognitive functioning.

Conclusion: The present study provides important information on the level of cognitive functioning in tortured refugees with a history of TBIs.

1-177

**Burnout or Moral Injury? Examining PTSD Symptom Severity and Emotion Regulation Difficulties in Health Care Providers**

(Abstract #1772)

Poster #1-177 (Clin Res, Chronic, Moral, Adult) M - Industrialized

Gloucester

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Burnout is well-studied among health care providers and is associated with posttraumatic stress symptoms (PTSS) and emotion regulation (ER) (Gillespie & Melby, 2003; Bakker & Heuven, 2006; Popa et al., 2010; Collopy et al., 2012). However, emerging research suggests moral injury as a better explanation for stress among these professionals (Papazoglou & Chopko, 2017). The current study aims to determine if the relationship between ER and PTSS severity is mediated by burnout symptoms and/or by moral injury. Participants (n=455) were registered nurses (RNs) and emergency medical technicians (EMTs), with most identifying as female (65.3%) and White/Caucasian (65.9%) and with an average age of 34.55 (SD = 7.41). Participants completed the DERS-16 (Bjureberg et al., 2016), the OBI (Demerouti, 1999), the MIQ (Currier et al., 2015), and the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013). A mediation analysis was conducted using Model 4 in PROCESS for SPSS (Hayes, 2013).

Results indicated that when both burnout and moral injury were entered as mediators in the relationship between ER and PTSS severity, only moral injury had a significant indirect effect. The results indicate a partial mediation ( $e = .244$ ,  $a1 = .242$ ,  $p < .001$ ,  $b1 = 1.009$ ,  $p < .001$ ,  $c' = .6408$ ,  $p < .001$ ).

The findings may inform future research and treatments that address these variables in health care providers.

### 1-178

#### **The Impact of Perceived Social Support and Morally Injurious Events on PTSD Symptoms in Veterans**

(Abstract #1454)

**Poster #1-178 (Clin Res, Moral, Adult) I - Industrialized**

**Gloucester**

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Morally injurious events (MIEs) are experiences that transgress deeply held moral beliefs or expectations, including committing transgressions (Transgressions-Self) and perceiving betrayals (Betrayal). MIEs are associated with posttraumatic stress disorder (PTSD). One explanation for this association is the tendency for people who experience MIEs to feel disconnected from others, which may increase risk for PTSD.

The current study examined the moderating role of perceived social support, as a measure of social connection, on the relation between MIEs and PTSD symptoms. Participants ( $N = 109$ ) completed the Moral Injury Events Scale, the PTSD Checklist-Civilian Version, and the Multidimensional Scale of Perceived Social Support. Step-wise regression models were conducted to test the interaction of type of MIES and social support on PTSD symptoms. Results showed no significant interaction of Transgressions-Self and social support, however, the interaction of Betrayal and social support significantly predicted PTSD symptoms ( $p = 0.03$ ). Findings suggest that, among Veterans with high levels of Betrayal, those with low perceptions of social support, as compared to high levels of social support, had higher PTSD symptom severity. Implications suggest social support serves as a protective factor.

### 1-180

#### **Test Equating between the UCLA PTSD Reaction Index for DSM-IV and DSM-5**

(Abstract #1466)

**Poster #1-180 (Clin Res, Assess Dx, CPA, Prevent, Pub Health, Child/Adol) - Industrialized**

**Gloucester**

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The UCLA PTSD Reaction Index (PTSD-RI; Steinberg, Brymer, Decker, & Pynoos, 2004) has been widely used to evaluate DSM-IV post-traumatic stress disorder (PTSD) symptoms in children and adolescents (Hawkins & Radcliffe, 2006). Given the changes of PTSD diagnostic criteria in DSM-5, PTSD-RI for DSM-5 (PTSD-RI-5) was developed (Pynoos & Steinberg, 2014). Thus, there has been a need to link the two measures and compare the total scores for research and clinical purposes. The present study used classical test theory to equate the scores between PTSD-RI-IV and PTSD-RI-5. Data were obtained from the Ambit Network, a National Child Traumatic Stress Network Category III Treatment and Services Center, which trained clinicians in TF-CBT. Sample included 569 children who filled out the PTSD-RI-IV and 915 children who filled out the PTSD-RI-5 (N=1,484; M<sub>age</sub> = 12.82 years, SD = 3.29 years, 40.5 % males). Using PTSD-RI-IV as base scale, linear equating, equipercentile equating, and equipercentile equating with log-linear pre-smoothing were conducted to link the observed scores from both measures. Evaluation of linking methods suggested linear equating had the best fit with the data. Score conversion table was obtained. Findings will provide practical implications in connecting two measures, as well as comparing the impact of changes in DSM onto the clinical cut-off scores from two measures.

## 1-181

### **Gender Differences in the Factor Structure of the UCLA PTSD-RI DSM-IV and DSM-5**

(Abstract #1467)

**Poster #1-181 (Res Meth, Assess Dx, Res Meth, Child/Adol) - Industrialized**

**Gloucester**

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The UCLA PTSD Reaction Index for DSM-IV and DSM-5 have shown that they have good psychometric properties, but there is a lack of research on how gender affects the factor structure of the measures. Therefore, the present study examined the gender effect and the gender difference in the factor structure of the PTSD-RI-IV (APA, 2000) and PTSD-RI-5 (APA, 2013). The study used the Ambit Network data, which implemented trauma-informed practice and treatment across a diverse population of age between 7 and 18, with a total of 567 children (60% male) in PTSD-RI-IV and 909 children (58.4%) in PTSD-RI-5. To examine the gender difference within each measure, confirmatory factor analysis and multi-group analysis was conducted. The PTSD-RI-IV with 3-factor model showed boys reporting higher PTSD and both genders showed equivalent factor structure except for one loading in Criterion C and several residual covariates. The PTSD-RI-5 with 4-factor model also showed higher PTSD for boys and variation in Category D between gender and a few residual covariates showed a better fit. Factor structure for both PTSD-RI will be suggested.

**1-182**

**The UCLA PTSD Reaction Index for DSM-5 Brief Form: A Screening Tool for Trauma-Exposed Youth**

(Abstract #1468)

**Poster #1-182 (Assess Dx, Clinical Practice, Prevent, Pub Health, Child/Adol) - Industrialized**

**Gloucester**

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Youth who experience potentially traumatic events are at risk for posttraumatic stress disorder (PTSD). Although measures are available to assess these youth, brief screening tools are currently needed. We conducted two studies to develop and validate the UCLA PTSD Reaction Index for DSM-5-Brief Form (RI-5-BF). Study 1 used Item Response Theory (IRT) to derive the RI-5-BF from the RI-5 and assess its internal consistency using a sample of 486 trauma-exposed youth (Mage=13.32 years, SD=2.90). Study 2 used Receiver Operating Characteristic (ROC) analyses and diagnostic efficiency statistics to assess the discriminant-groups validity and clinical utility of the RI-5-BF in identifying youth at different levels of PTSD risk using a sample of 41 treatment-seeking youth (Mage=12.44 years, SD=2.99). Study 1 IRT models identified the 11 most informative items across their respective subscales. Study 2 ROC analyses indicated that an RI-5-BF score of 21 maximized sensitivity and specificity. Diagnostic likelihood ratios provided support for the measure's clinical utility in differentiating between different levels of PTSD risk. The RI-5-BF exhibited excellent internal consistency in both studies. Findings support the validity of the RI-5-BF as a brief screening measure for PTSD in youth and its utility for identifying youth meriting further assessment and consideration for treatment.

**1-183**

**The Impact of Severity of Disaster Exposure: Cascading Effects across Parental Distress, Adolescent PTSD Symptoms, and Parent-Child Conflict and Communication**

(Abstract #260)

**Poster #1-183 (Clin Res, Comm/Int, Fam/Int, Nat/Dis, Child/Adol) M - N/A**

**Gloucester**

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Natural disasters are common and have deleterious impacts on individual members of families, and relationships among family members. Given the inter-related nature of caregiver, offspring, and family factors, longitudinal work is needed to clarify their associations post-disaster. The current study used a cascade model with participants from a web-based intervention study (n=1269 adolescents, age 12-17) to investigate whether disaster severity impacted adolescent posttraumatic stress disorder (PTSD) symptoms, parent distress, and parent-child conflict/communication, and whether these factors influenced one another. This sample included adolescents and their caregivers who were at home during tornadoes in Missouri and Alabama in 2011, the 4th deadliest tornado outbreak in US history. Controlling for adolescent sex, race, treatment, prior trauma, alcohol use and depressive symptoms, and household income, families who experienced greater severity had adolescents who reported more PTSD symptoms and caregivers with more distress. Additionally, more parent distress predicted more adolescent PTSD symptoms, which was associated with parent-child communication/conflict. Post-disaster efforts aimed at providing resources to families who experience greater disaster severity may reduce parent distress and adolescent PTSD, decreasing poor parent-adolescent interactions.

**1-184**

**Sexual Abuse Disrupts Sustained Attention by Perturbing Fronto-Parietal Network Functioning: A Preliminary Study**

(Abstract #262)

**Poster #1-184 (Clin Res, CSA, Complex, Child/Adol) M - Industrialized**

**Gloucester**

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Maltreatment has a negative impact on brain function with sexual abuse having potentially a particularly adverse impact. Two core functions that may be disrupted by sexual abuse/maltreatment are response inhibition and sustained attention. However, little work has attempted to disentangle the specific detrimental impact of sexual abuse, relative to other forms of maltreatment, particularly in adolescent participants. In this study, we used a go/no-go task to examine the relationship between sexual abuse severity and the functional integrity of neurocircuitries mediating response inhibition/sustained attention in 63 adolescent females. In contrast to predictions, sexual abuse was not associated with impairment in response inhibition whether indexed behaviorally or via BOLD response. However, sexual abuse was associated with disrupted sustained attention; increasing levels of sexual abuse were associated with increased errors on go trials, longer RTs on low frequency go trials and compromised recruitment of fronto-parietal regions in response to low frequency stimuli particularly low frequency go trials. Although preliminary, these findings may help to delineate targets for interventions designed to ameliorate the impact of sexual abuse.

**1-185**

**Are We Helping? Mental Health Interventions in African Children: A Meta-Analytic Review**

(Abstract #1811)

**Poster #1-185 (Clin Res, CPA, CSA, Complex, Cul Div, Child/Adol) M - E & S Africa Gloucester**

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In a climate where there is a mandate to increase the capacity to support global mental health, this is the first comprehensive meta-analysis to examine where the field stands in understanding the effectiveness of psychological interventions created for and implemented with children in African countries. Searches for empirical randomized-controlled trials of psychological interventions with children in African countries were carried out in major databases. The current study combines the results of 23+ studies to find out the overall effectiveness of these interventions and then goes on to examine the moderators of effectiveness looking at nine different potential moderators. Two moderators reach the level of significance allowing us to reject the null hypothesis, namely that mental health outcomes and time over which the intervention is administered moderate the effectiveness of an intervention. Some of the instances in which the null hypothesis could not be rejected turned out to be positive for the purposes of this study namely that the education level of facilitators and the format of the group do not show a significant impact on the effect size of these interventions. This study concludes that the creation and development of psychological interventions should continue, and that potential moderating variables should be more closely examined.

**1-186**

**A Pilot Randomized Clinical Trial Examining Mindfulness Based Stress Reduction for Youth with Early Life Adversity**

(Abstract #638)

**Poster #1-186 (Clin Res, Affect/Int, CPA, Prevent, Child/Adol) M - Industrialized Gloucester**

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Background: Early life adversity (ELA) is one of the strongest predictors of poor mental health outcomes later in life. There is a need to identify preventive interventions that target the disrupted psychological mechanisms in ELA-exposed individuals in order to inhibit subsequent psychopathology.

Objectives: To assess the impact of mindfulness on symptoms and emotion regulation in youth exposed to ELA.

Methods: Thirty-nine youth (age[*sd*]: 14.28[.76]) with  $\geq 3$  adverse childhood experiences were randomized to an eight-session mindfulness-based stress reduction intervention (MBSR) or control group (CTL). The primary outcome was the Mood and Feelings Questionnaire, while the secondary outcomes,

related to emotion regulation, included the Difficulties in Emotion Regulation Scale and behavior on the Emotional Conflict Task.

Results: MBSR was associated with a reduction in mood symptoms from baseline to follow-up (95%CI: .26 to 4.96;  $p < .05$ ,  $d = .65$ ). Emotional awareness increased from baseline to follow-up (95%CI: .23 to 4.59;  $p < .05$ ,  $d = .39$ ), which was accompanied by increases in response times during emotional conflict regulation (95%CI: -102.73 to 2.90;  $p = .06$ ,  $d = .73$ ).

Conclusion: MBSR may be effective in targeting psychological mechanisms disrupted by ELA and improving outcomes in youth.

Trial Registration: NCT03633903

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### 1-187

#### **Risk Behaviors and Relationship Violence as Predictors of School Connectedness among Rhode Island Middle School Students**

(Abstract #312)

**Poster #1-187 (Clin Res, Commun, DV, Prevent, Rape, Child/Adol) M - Industrialized Gloucester**

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Students who do not feel connected to their school community are at risk for poor academic performance, tobacco and substance use, emotional distress, experiences of violence, and gang involvement (Blum, 2005; Bond et al., 2007; CDC, 2018). The present research examined school connectedness among a sample of 3017 middle school students. Students completed an anonymous survey, indicating whether they drank alcohol, smoked marijuana, used any other substances, received detention, had been suspended or expelled, or experienced violence. The influence of violence perpetration and victimization experiences on school connectedness were examined in a multiple regression model with school included as a cluster-level. Scores for school connectedness were regressed on measures of bullying, sexual abuse, and dating abuse, as well as peer deviance, misconduct, alcohol use, drug use, and grades. Results showed that both dating violence victimization ( $\beta = -.144$ ,  $p = .027$ ) and dating violence perpetration ( $\beta = -.114$ ,  $p = .049$ ) were negatively correlated with school connectedness. These findings highlight the importance of including dating violence prevention programming in middle schools.

### 1-188

#### **Social Functioning and PTSD Symptom Change among Youth in Residential Care: A Multilevel Cross-Lagged Growth Analysis**

(Abstract #559)

**Poster #1-188 (Clin Res, Comm/Int, Child/Adol) M - Industrialized**

**Gloucester**

*Lord, Kayla<sup>1</sup>, Suvak, Michael<sup>1</sup>, Hodgdon, Hilary<sup>2</sup>*

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Research has identified impaired social functioning as a risk factor for and outcome of posttraumatic stress disorder (PTSD) in youth. Residential facilities often assess symptom reduction and social functioning for evaluation purposes (Bettmann & Jaspersen, 2009); however, only one study analyzed temporal relationships between PTSD and social functioning during residential treatment (Ellis et al., 2012). The current study applied lagged multivariate growth modeling to quality improvement data from 464 youth (M age = 15.79, range = 12-18; 55.9% female; 48.5% White) from 13 residential facilities of a large behavioral health provider in New England. PTSD symptoms (PTSD-RI-5) and social functioning (Child Behavior Checklist – Social Problems (CBCL-SP); Child Depression Inventory – Interpersonal Problems (CDI-IR)) were assessed at admission and every three months for the duration of stay. On average participants endorsed experiencing 5.22 of 22 traumas/adverse events assessed by the Trauma History Profile. Results indicated that PTSD prospectively predicted CBCL-SP ( $b = .28, p = .003$ ) but not vice versa; and PTSD prospectively predicted CDI-IR ( $b = .02, p < .001$ ) and vice versa ( $b = .82, p = .009$ ). This suggests targeting PTSD symptoms and social functioning difficulties simultaneously in residential care may lead to maximal decreases in both outcomes for youth.

### 1-189

#### **Exploring the Ecological Resilience Model: Associations between Resilience Resources and Trait Resilience**

(Abstract #634)

**Poster #1-189 (Clin Res, Death, Theory, Child/Adol) I - Industrialized**

**Gloucester**

*Hasselle, Amanda, Napier, Taylor, Howell, Kathryn  
University of Memphis, Memphis, Tennessee, USA*

Resilience is traditionally conceptualized from a trait-based perspective as thriving amidst adversity. Alternatively, Ungar's social-ecological resilience model emphasizes multiple, interacting systems that promote adaptation. This study explores how resilience resources at the individual, relational and contextual levels (Child and Youth Resilience Measure; CYRM) promote trait resilience (Connor-Davidson Resilience Scale; CD-RISC) among 102 bereaved, treatment-seeking youth (age 8-17). First, an EFA was conducted on the CD-RISC. A 3-factor model emerged as the best fit for the current sample. Next, three regression models explored associations between resilience resources and components of trait resilience. Older age ( $\beta = .36, p < .001$ ) and higher individual resilience resources ( $\beta = .30, p < .05$ ) were associated with greater sense of personal control in overcoming adversity ( $F(3, 102) = 9.80; p < .001$ ). Higher individual resilience resources ( $\beta = .28, p < .05$ ) were associated with more tenacity/determination ( $F(3, 102) = 11.04; p < .001$ ). More contextual resilience resources ( $\beta = .64, p < .001$ ) were associated with more spiritual aspects of resilience ( $F(3, 102) = 10.27; p < .001$ ). Results provide some support for Ungar's model, suggesting that specific resilience resources may facilitate individuals' ability to "bounce back." Results also highlight areas for improvement in operationalizing resilience.

**1-190****Trauma Exposure, Attachment Beliefs, and Strengths as Predictors of Posttraumatic Adaptation**

(Abstract #1381)

**Poster #1-190 (Clin Res, Complex, Child/Adol) I - Industrialized****Gloucester***McCarthy, Katherine<sup>1</sup>, Suvak, Michael<sup>2</sup>, Blaustein, Margaret<sup>3</sup>, Demirpençe Seçinti, Dilara<sup>1</sup>, Hodgdon, Hilary<sup>1</sup>*<sup>1</sup>*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*<sup>2</sup>*Suffolk University, Boston, Massachusetts, USA*<sup>3</sup>*Center for Trauma Training, Needham, Massachusetts, USA*

Adverse childhood experiences are consistently linked to behavioral health problems (e.g., Windle et al., 2018), but there is little research on the role of children's strengths (BERS-2; Epstein, Mooney, Ryser, & Pierce, 2004) or attachment beliefs (TABS; Pearlman, 2003) on posttraumatic adaptation. This study investigated mental health symptoms, strengths, and attachment beliefs in 70 children ages 8-16 ( $M$  age = 11.51, 60% female) with a history of at least two types of trauma exposure. Children and their caregivers completed the DTD-SI, CAPS-CA-5, THP, PTSD-RI, CBCL, TABS, and BERS-2 prior to starting outpatient therapy. Participants endorsed on average 6.43 of the 22 traumas assessed by the THP. Significant positive correlations emerged between number of trauma types and caregiver reports of child psychopathology ( $r$ 's .28 to .43) and child reports of DTD symptoms ( $r = .40$ ). Caregiver reports of child symptoms were negatively associated with strengths ( $r$ 's -.59 to -.65) and positively associated with attachment beliefs ( $r$ 's .22 to .43). Multiple regression analyses indicated that trauma exposure and strengths, but not attachment beliefs, remained significantly associated with caregiver reports of symptoms when evaluating all simultaneously. Future research will examine whether these factors predict treatment outcome in children receiving trauma-informed outpatient therapy.

**1-191****Mediating Effect of Attitudes towards Abuse on the Association between Childhood Sexual Abuse and Adulthood Sexual Violence in Intimate Partner: Differences across Gender**

(Abstract #844)

**Poster #1-191 (Clin Res, Aggress, CSA, Gender, Lifespan) M - Industrialized****Gloucester***Cano-Gonzalez, Ines<sup>1</sup>, Cantu, Jorge<sup>1</sup>, Hsieh, Claire<sup>1</sup>, Trujillo, Oscar<sup>1</sup>, Viñas-Racionero, Rosa<sup>2</sup>, Charak, Ruby<sup>1</sup>*<sup>1</sup>*University of Texas Rio Grande Valley, Edinburg, Texas, USA*<sup>2</sup>*University of Virginia, Charlottesville, Virginia, USA*

The aim of the present study was to examine the mediating role of the acceptability of abuse in affective relationships in the association between childhood sexual abuse (CSA) and sexual perpetration during adulthood. Participants were 501 (380 women, 120 men) Hispanic college-going students in the age range of 18-29 years ( $M_{\text{female}} = 20.60$ ,  $SD_{\text{female}} = 2.50$ ;  $M_{\text{male}} = 20.72$ ,  $SD_{\text{male}} = 2.36$ ) attending a University in South Texas. Findings indicated that in men, CSA was significantly associated with perpetration of sexual violence against partners ( $\Delta R^2 = .02$ ,  $F(1, 500) = 11.56$ ,  $p < .001$ ). For both men and women, CSA

predicted favorable attitudes towards abuse (women:  $\beta = .20, p < .001$ ; men:  $\beta = .30, p < .05$ ) and sexual perpetration (women,  $\beta = .02, p < .01$ ; men,  $\beta = .10, p < .001$ ). Also, favorable attitudes towards abuse predicted sexual perpetration (women:  $\beta = .29, p < .001$ ; men:  $\beta = .25, p < .01$ ). However, favorable attitudes towards abuse only had a significant indirect effect in women ( $\beta = .01$  [95% CI = .002 to .02]). These findings suggest the need for educational programs designed for targeting favorable attitudes towards violence, especially among survivors of CSA.

### 1-192

#### **Intergenerational Effects of Maternal Childhood Trauma and Familial Support and Psychopathology in Pregnancy on Preschoolers' Mental Health**

(Abstract #835)

**Poster #1-192 (Clin Res, CPA, Depr, Intergen, Lifespan) I - N/A**

**Gloucester**

*Cunningham, Molly<sup>1</sup>, Svelnys, Cassandra<sup>1</sup>, Bosquet Enlow, Michelle<sup>2</sup>, Wright, Rosalind<sup>3</sup>*

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Maternal traumatic experiences in childhood may have intergenerational effects on child mental health. The magnitude of these effects may be influenced by maternal mental health in pregnancy, a vulnerable time for experiencing psychological difficulties. This study examined the joint impact of maternal childhood trauma and familial support and maternal pregnancy symptoms of depression and PTSD on preschoolers' internalizing symptoms in a sociodemographically diverse pregnancy cohort of mother-child dyads (N = 86). Multiple regression analyses revealed that maternal depression in pregnancy was associated with increased child internalizing problems at ages 3.5 and 5 years, particularly among children whose mothers had a childhood trauma history. Maternal PTSD in pregnancy also interacted with maternal childhood trauma history in predicting child internalizing symptoms. Maternal familial support in childhood appeared to act as a protective factor against the effects of maternal PTSD symptoms in pregnancy on child internalizing symptoms. These results highlight the potential impact of maternal childhood traumatic and supportive experiences on offspring mental health and point to the need for a lifetime approach to understanding intergenerational trauma effects. The findings have implications for identifying at-risk families in pregnancy so that interventions may be applied.

### 1-193

#### **Comparison of Pharmacologic and Nonpharmacologic Study Characteristics from the PTSD-Repository**

(Abstract #622)

**Poster #1-193 (Clin Res, Health, Res Meth, Lifespan) M - N/A**

**Gloucester**

*Cheney, Tamara<sup>1</sup>, Hsu, Frances<sup>1</sup>, O'Neil, Maya<sup>2</sup>, Harik, Juliette<sup>3</sup>, Hamblen, Jessica<sup>4</sup>, Mcdonagh, Marian<sup>1</sup>*

<sup>1</sup>*Oregon Health and Science University, Portland, Oregon, USA*

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Using data from the PTSD-Repository, a comprehensive dataset of randomized controlled trials (RCTs) on posttraumatic stress disorder (PTSD), we sought to compare characteristics of studies of pharmacologic and nonpharmacologic interventions, including population characteristics, PTSD and harms outcome reporting. Out of a total of 318 RCTs, 84 were categorized as pharmacologic, 213 as nonpharmacologic, and 21 as mixed. Sex, race, and military versus community population distributions were similar across study types. Pharmacologic studies were more likely to exclude participants with comorbid depression or substance use disorder. Loss of PTSD diagnosis was assessed in only 7% of pharmacologic studies, compared to 52% of mixed and 42% of nonpharmacologic studies. In contrast, pharmacologic (55%) and mixed studies (57%) more often measured clinically meaningful response than nonpharmacologic studies (40%). Reporting on adverse event withdrawals or serious adverse events was more frequent in pharmacologic (83% and 40%) than nonpharmacologic studies (27% and 22%). This analysis highlights key differences in characteristics of RCTs of pharmacologic and nonpharmacologic interventions. To allow for more meaningful comparisons, future studies should improve the consistency of assessment and reporting across pharmacological and nonpharmacological intervention studies.

**1-194**

**Parental Mental Health and Emotion Regulation on Child Developmental Outcomes**

(Abstract #1836)

**Poster #1-194 (Clin Res, Chronic, Dev/Int, Lifespan) M - N/A**

**Gloucester**

*Gilchrist, Michelle, Mall, Alyssa, Martinez-Torteya, Cecilia  
DePaul University, Chicago, Illinois, USA*

Parent difficulties with Emotion Regulation (ER) have been proposed as a potential mechanism by which parents' traumatic stress exposure impacts children's emotion regulation (Pat-Horenczyk et al., 2015), which, in turn, influences children's overall adjustment. The current study will evaluate whether maternal ER difficulties mediate the relation between maternal traumatic stress exposure reported during a baseline assessment (T1) and children's biobehavioral ER eight months later (T2). Participants are 71 mother-child dyads recruited from three Head Start programs in a large urban midwestern city. Mothers completed questionnaires about maternal traumatic stress exposure (T1) and difficulties in emotion regulation and child behavior (T2). Preliminary analyses indicate maternal lifetime trauma is significantly correlated with maternal difficulties in emotion regulation ( $r(71) = .29, p < .01$ ) and child emotional reactivity ( $r(69) = .29, p = .02$ ). Exploratory analyses using cortisol as a measure of emotional reactivity will also be conducted. Better understanding the transmission of risk associated with maternal trauma exposure, and children's emerging biobehavioral regulation, can support the refinement of early intervention services for this population.

**1-195****Mothers' Use of Emotional Language Predicts Emotion-Related Problems in Children Exposed to Trauma**

(Abstract #882)

**Poster #1-195 (Clin Res, Dev/Int, DV, Fam/Int, Prevent, Lifespan) I - N/A****Gloucester**

*Bayerl, Georgia, Bogat, G. Anne, Cochran, Kara, Andrews, Carolyn  
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When children are exposed to traumatic events, the inability to regulate their emotions can decrease resilience to problem behaviors. Mothers' emotion language provides the scaffolding upon which children build their own emotion regulation skills. In homes with betrayal traumas, including intimate partner violence (IPV), prior research indicated that the children of mothers who were less able to elaborate emotions when reminiscing about emotional events had higher levels of behavior problems compared to children whose mothers were more skilled at elaboration. However, no research has examined how early use of mother's spontaneous emotion language affects behavior problems later in a child's life. We hypothesized that mother's use of negative emotion language and her experiences of IPV when the child was age 4 would predict child externalizing behavior at age 10. Transcripts of 88 mothers' speech during a free play situation with their four-year-olds were analyzed using LIWC2015. A 2 (IPV/no IPV) x 2 (high/low negative emotion language) ANOVA found that IPV was related to more child externalizing behavior; however, mother's use of negative language was only related to externalizing behavior when IPV was present. Mothers' negative language may play a role in the development of child externalizing symptoms in households with IPV, suggesting possible avenues for interventions.

**1-196****Parent Uncertainty Management and Child Resilience in Pediatric Cancer**

(Abstract #1712)

**Poster #1-196 (Clin Res, Cog/Int, Fam/Int, Illness, Lifespan) I - Industrialized****Gloucester**

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It is well established that children generally adjust to and cope with a pediatric cancer diagnosis and treatment, but their parents are at high risk of developing traumatic stress symptoms (TSS) related to their child's illness. One emerging resilience factor that may differentially explain child TSS risk is how parents manage illness-related uncertainty and talk about related worries with their children. Although it can have upsides for some, uncertainty has been found to be a leading source of chronic stress in pediatric illness and can feel particularly threatening to those who have experienced trauma. A doctoral candidate in clinical psychology will present findings from a mixed-methodology study of parent uncertainty and its impacts on child emotion regulation and post-traumatic stress symptomatology in youth with cancer. Conducted at Lucile Packard Children's Hospital, this study surveyed parents of children diagnosed with pediatric cancer. Preliminary analyses indicate that parents' uncertainty management may serve as a protective factor for children with pediatric cancer. Final data will be presented. A snapshot of relevant

literature, model of the uncertainty meaning-making process, and clinical implications will be briefly discussed to contextualize findings.

### 1-197

#### **Treatment of Patients with PTSD with “SARA” Program: A Feasibility Study**

(Abstract #1359)

**Poster #1-197 (Clin Res, Acute, Chronic, Rape, Lifespan) I - Global**

**Gloucester**

*Konno, Rieko<sup>1</sup>, Konishi, Takako<sup>2</sup>, Asano, Keiko<sup>2</sup>, Yamamoto, Konomi<sup>3</sup>*

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<sup>3</sup>*Graduate School of Human and Social Sciences, Musashino University, Tokyo, Japan*

Konno et al. conducted a survey of medical records of outpatients who received an initial examination after a sexual assault. The findings suggested that performing a continuous cognitive-behavioral therapy at an early stage after the assault and soon after completion of preparations for a medical examination, may lead to a better status (Konno et al., 2017). Accordingly, we developed an online program which are tools for treatment continuation (Konno et al., 2018). In this study, the safety and feasibility of this program are examined. For two years, this program was provided for a three-month period to outpatients post their initial examination after experiencing a sexual assault, and a psychological examination was conducted at the time of their visit. The results of the psychological examination and the frequency of treatment dropout rates were quantified and analyzed. For the 19 subjects in this study, the time between the assault and their visit was observed to be three months or less for nine patients, and more than three months for ten patients. Of the subjects, two discontinued medical treatment, others improved significantly from pre- to post program on both PTSD and depression measures. All subjects did not experience any adverse effects. This suggests that the program “SARA” may have prevented discontinuations, and encouraged the continuation of the treatment.

### 1-198

#### **Deconstructing the Veterans Health Administration Military Sexual Trauma Screener (MST): Threatened/Forced Sexual Assault is Associated with More Severe Mental Health Outcomes**

(Abstract #1371)

**Poster #1-198 (Clin Res, Health, Rape, Mil/Vets, Prof) M - Industrialized**

**Gloucester**

*Andresen, Felicia, Blais, Rebecca*

*Utah State University, Logan, Utah, USA*

The VA assesses for MST upon initiation of care using a 2-item screener that asks whether a service member/veteran experienced (1) unwanted touching, cornering, pressure for sexual favors, or verbal remarks, or (2) threatened/forced sexual contact during military service. An affirmative answer to either item is collapsed into a single yes/no response. This study explored whether responses to different MST experiences (MST screener checklist) were associated with higher PTSD (PCL-5), depression (PHQ-8),

or suicidal ideation (SI; PHQ-9, Item 9) in 717 female service members/veterans. Screener responses were coded three ways: (1) verbal-only (i.e., pressure for sexual favors, verbal remarks), physical-only (i.e., touching, cornering, threatened/forced sexual contact), or both, (2) assault MST (i.e., threatened/forced sexual contact) vs all others, and (3) number of MST experiences (range=0-5). Service members/veterans endorsed SI and higher PTSD when MST included physical forms ( $p < .05$ ). Depression was higher when both physical and verbal forms were endorsed ( $p < .01$ ). Assault MST was associated with SI ( $\chi^2[30.0]=1$ ) and higher PTSD ( $B=20.5$ ) and depression ( $B=4.3$ ) ( $p < .01$ ). More forms of MST were associated with higher PTSD ( $B=5.5$ ), depression ( $B=1.2$ ), and SI endorsement ( $\chi^2[5]=26.3$ ) ( $p < .01$ ). Collapsing the two MST screening items into a single response may obscure risk of distress.

## BIOLOGICAL/MEDICAL POSTERS

1-199

### **An Eye Tracking Study of Expectancy Bias in Trauma Survivors**

(Abstract #1659)

**Poster #1-199 (Bio Med, Bio Med, Cog/Int, Adult) M - Industrialized**

**Gloucester**

*Kimble, Matthew, Hyatt, Andrew  
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Attention in trauma-related disorders has been characterized by both vigilance and avoidance of trauma-related or aversive stimuli. This study used eye-tracking technology to investigate how cumulative trauma, as well as hypervigilance and dissociative symptoms, affected attentional patterns to anticipated negative stimuli and actual negative stimuli. A sample of forty-two trauma participants recruited from the community had a choice about where to look on a computer screen knowing which segments of the screen negative stimuli were likely to appear. Participants could look at those stimuli for as long as they chose before pushing a button to move onto the next trial. A measure of hypervigilance predicted looking to quadrants in which a negative stimulus was to appear. Cumulative trauma predicted avoidance of those stimuli. Neither cumulative trauma or symptom profiles predicted how long participants looked at the negative pictures once they were presented. These data suggest that hypervigilance is associated with looking for threats that are not yet present, and that cumulative trauma may be associated with motivation to avoid negative stimuli. The findings are discussed with respect to the characteristics of the sample and the limited dissociative pathology.

1-200

### **Script-Driven Imagery in Women with PTSD Following a Traumatic Childbirth: An fMRI Investigation**

(Abstract #266)

**Poster #1-200 (Bio Med, Affect/Int, Social, Neuro, Gender, Adult) M - Industrialized**

**Gloucester**

*Berman, Zohar<sup>1</sup>, Kaim, Arielle<sup>2</sup>, Reed, Taylor<sup>2</sup>, Shin, Lisa<sup>3</sup>, Dekel, Sharon<sup>1</sup>  
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<sup>3</sup>Tufts University, Medford, Massachusetts, USA*

Accumulating evidence suggests that as many as one third of women experience their delivery as psychologically traumatic, and some also proceed to develop childbirth-related posttraumatic stress disorder (CB-PTSD). Nevertheless, the neural aberrations which may underlie this condition are completely unknown. Here we use fMRI to investigate neural responses to trauma memory recall, a central process in the development and maintenance of PTSD, in women who report a highly stressful childbirth, with and without CB-PTSD. Sixty postpartum women will be enrolled in this study. Using the well-validated script-driven imagery procedure, BOLD responses to personalized “scripts” portraying the childbirth experience will be compared between the groups. Associations with obstetric and psychosocial factors will also be assessed. Differences in BOLD responses to trauma memory recall in

women with CB-PTSD compared with non-CB-PTSD controls are expected, including increased limbic and diminished prefrontal activations. Furthermore, CB-PTSD-related neural alterations are expected to be linked with the obstetric and psychosocial factors. Gaining insights into CB-PTSD's neural mechanisms is a critical step in the efforts to enhance our understanding of this overlooked condition, and may help to map and distinguish among postpartum psychopathologies to inform better care of postpartum women.

## 1-201

### **Cardiorespiratory Fitness is Related to Better Cardiometabolic Health and Lower PTSD Severity**

(Abstract #1717)

**Poster #1-201 (Bio Med, Health, Pub Health, Adult) M - Industrialized**

**Gloucester**

**James W. Whitworth<sup>1,2,3</sup>, Scott M. Hayes<sup>4,5</sup>, Ryan J. Andrews<sup>6</sup>, Jennifer R. Fonda<sup>2,3,7</sup>, Brigitta M. Beck<sup>2</sup>, Lilly B. Hanlon<sup>2</sup>, Catherine B. Fortier<sup>2,7</sup>, William P. Milberg<sup>2,7</sup>, Regina E. McGlinchey<sup>2,7</sup>**

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PTSD is linked to cardiometabolic disease and physical inactivity. Cardiorespiratory fitness (CRF) is a predictor of cardiometabolic health and is modifiable by aerobic exercise, which has been shown to reduce PTSD severity. However, the relationships among CRF, cardiometabolic health, and PTSD severity are unclear. As such, this study examined the relationships between CRF (peak oxygen uptake;  $VO_{2peak}$ , and ventilatory threshold; VT), cardiometabolic health (HbA1c, blood lipids, blood pressure; BP), and PTSD severity in veterans with PTSD. Participants ( $n=13$ ) were  $35.3 \pm 8.1$  yrs, with a body mass index of  $28.7 \pm 3.5$ , and completed a cardiopulmonary exercise test, a fasting blood draw, and a clinical interview. Correlations between CRF and cardiometabolic health were examined, and differences in PTSD severity were explored as a function of CRF (low-to-moderate vs. high CRF). Our analyses revealed that  $VO_{2peak}$  was correlated with high-density lipoproteins  $\rho=.60$  and diastolic BP  $\rho=-.56$ ,  $p's < .05$ . VT was correlated with HbA1c  $\rho=-.61$ , and diastolic BP  $\rho=-.56$ ,  $p's < .05$ . Higher CRF was associated with lower total PTSD severity  $\beta=-.84$ ,  $p=.01$ , avoidance/numbing  $\beta=-.71$ ,  $p=.02$ , and hyperarousal symptoms  $\beta=-.89$ ,  $p=.01$ , adjusting for age and smoking. In sum, this study suggests that greater CRF is associated with better cardiometabolic health and lower PTSD severity in veterans with PTSD.

**1-202****The Disembodied Self - Using an Experimental Approach to Study the Neural Correlates of Dissociation**

(Abstract #204)

**Poster #1-202 (Bio Med, Bio/Int, Neuro, Adult) M - Industrialized****Gloucester**

*Mertens, Yoki, Daniels, Judith, Aleman, André*  
*University of Groningen, Grote Groningen, Netherlands*

Peritraumatic dissociation, e.g. an out-of-body experience (OBE) during a traumatic event, is an established risk factor for post-traumatic stress disorder (PTSD). However, its neural basis is not yet well understood. Experimental neuroscience and lesion studies suggest that disrupted brain function in the temporo-parietal junction (TPJ), a critical hub for multisensory integration, is associated with such anomalous bodily experiences. To explore neural markers of disrupted embodiment, we investigated how a transcranial magnetic stimulation (TMS)-induced temporary inhibition of the TPJ affects 1) dissociative experiencing including susceptibility to OBEs, and 2) the brain network of body awareness in healthy participants. First, we tested the paradigm to manipulate bodily self-consciousness called the OBE illusion and threat-evoked changes in heart rate as objective marker of OBEs. Secondly, functional connectivity patterns and the OBE paradigm were assessed before and after TMS (n = 26) vs. sham TMS (n = 26). It was expected that a virtual lesion at the TPJ increases self-report dissociation, elicit stronger OBE sensations, and disrupt the brain network of body awareness (e.g. insula, posterior parietal cortex, premotor cortex). Results will be discussed within the framework of dissociative processing.

**1-203****Effects of Peritraumatic Coping on Physiological Responding to Trauma Cues**

(Abstract #1797)

**Poster #1-203 (Bio Med, Acute, DV, Bio/Int, Rape, Adult) I - Industrialized****Gloucester**

*Kecala, Natalia, Griffin, Michael*  
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Research examining physiological responses to trauma cues shows a consistent subset of "nonresponders" in participants with PTSD with suppressed responding. The defense cascade model posits that individual response to a stressor progresses along the defense curve, and those exhibiting hyporeactivity to trauma cues have progressed toward a shutdown response, of which dissociation is the extreme. The present study aimed to categorize participants' peritraumatic responses into distinctive subtypes and determine if the use of specific peritraumatic coping categories predicted reactivity to cues 2-4 weeks posttrauma. 55 female assault survivors reported peritraumatic reactions within one month of their assault; heart rate reactivity (HRR) was measured using a scripted-imagery paradigm of participants' trauma narratives. An EFA was used to compare a 2-factor (active, passive) and 3-factor model (active, passive, dissociative). The 3-factor model provided a significant improvement: 18 of the 22 items loaded cleanly onto factors capturing active, passive, and dissociative responses, suggesting that dissociation is a distinct category of peritraumatic coping. The model accounted for 31% of variance, although descriptive indices did not

indicate good fit. SEM will be used to test the ability of this model to predict HRR to the scripted audio and imagery segments of the paradigm.

**1-204**

**Hippocampal Diffusion Integrity and PTSD in Children**

(Abstract #1831)

**Poster #1-204 (Bio Med, Bio Med, Res Meth, Neuro, Bio/Gen, Child/Adol) I - Industrialized**

**Gloucester**

*Bustamante, Daniel, Neale, Michael  
Virginia Commonwealth University, Richmond, Virginia, USA*

Compromised integrity of the hippocampi (e.g., reduced volume, structural abnormalities) is associated with posttraumatic stress disorder (PTSD). Most of the extant neuroimaging research in PTSD has studied adults. The present study extends this research by using data from children ( $n=4521$ ,  $Age, months=120.02$ ,  $SD=7.3$ ) from the first release of the Adolescent Brain Cognitive Development (ABCD) Study, a longitudinal long-term assessment of brain development and childhood health in the U.S. Traumatic events, PTSD symptoms criteria and diagnosis were reported and assessed through the K-SADS for DSM-5. Values of hippocampal volumes were obtained through Diffusion Tensor MRI measures of fractional anisotropy, longitudinal, transverse and mean diffusion. Preliminary results from unstandardized linear regression models point to impairment in functioning due to PTSD as a predictor of risk levels from fiber diffusion in left ( $t(1) = 2.64$ ,  $p = 0.008$ ) and right ( $t(1) = 3.2$ ,  $p = 0.0014$ ) hippocampi structure. We present a path model that evaluates the direct effects of genetic factors (i.e. zygosity and single nucleotide polymorphisms [SNPs]), traumatic events on PTSD, as well as their indirect effect through the assessment of hippocampi integrity. This model allows for establishing correlations, direction of causality and for the assessment of feedback loops between the variables.

**1-205**

**Children of Superstorm Sandy: Epigenetic and Developmental Consequences of a Natural Disaster**

(Abstract #257)

**Poster #1-205 (Bio Med, Dev/Int, Gen/Int, Health, Nat/Dis, Lifespan) - N/A**

**Gloucester**

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Accumulating evidence shows that in-utero exposure to maternal trauma is associated with mental health challenges later in life, yet underlying biological mechanisms that link the two has not been well documented. This study capitalized on the advent of Superstorm Sandy (SS), which resulted in traumatic conditions randomly “assigned” to pregnant women and their offspring, providing the opportunity for a quasi-experiment of in-utero stress exposure. We found that SS exposure had considerable detrimental influences on the course of child temperamental development in childhood (ages 6-60 months), evidenced in greater impulsivity, fearfulness, emotion dysregulation, and elevated hair cortisol at 36 months. When

the associations between SS trauma and epigenetic regulation of the HPA-axis candidate genes were examined as possible underlying biological mechanisms, we found SS-trauma induced altered temperament mediated through epigenetic regulation. SS-trauma was associated with increased placental expression of several HPA-axis genes (HSD11B2, SLC6A4, NR3C1, NR3C2, CRHR1, and CRHR2). Taken together, our findings provide initial evidence that fetal programming caused by maternal trauma in pregnancy will set up certain trajectories of child development that prepare them to be vigilant and reactive to future trauma at the cost of an increased risk for developmental psychopathology.

## RESEARCH METHODOLOGY POSTERS

1-206

### **Dependence and Intimate Partner Abuse: A Betrayal Trauma Perspective**

(Abstract #473)

**Poster #1-206 (Social, DV, Res Meth, Theory, Adult) - Industrialized**

**Gloucester**

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Measures of closeness within victim-offender relationships are often used when studying Betrayal Trauma Theory (BTT; Freyd, 1994) among adults, but dependence can vary widely within close relationships. We will discuss a study that identified subgroups among women experiencing intimate partner abuse (IPA) based on dependence characteristics, and whether women in higher-dependence subgroups were more likely to experience outcomes associated with BTT. Within a sample of 236 non-treatment-seeking women who had experienced a police-reported IPA incident, latent class analysis (LCA) was used to identify classes based on dependence. In line with BTT, we examined whether women in higher-dependence classes were more likely to experience betrayal-trauma outcomes. The LCA revealed three subgroups: low-, medium-, and high-dependence. As predicted based on BTT, women experiencing greater dependence were more likely to maintain the relationship with the offender, report higher dissociation scores, and be more disengaged with victim services; revictimization and quality of memory for the target IPA incident were unrelated to dependence class. This study indicates that, even among close adult relationships, dependence can vary and that variation relates to women's health and behaviors. Implications for BTT research and IPA victim support and intervention will be discussed.

1-207

### **Patterns of Intimate Partner Violence and their Effect on Profiles of Mental Health Problems**

(Abstract #474)

**Poster #1-207 (Res Meth, Assess Dx, Depr, DV, Sub/Abuse, Adult) - Industrialized**

**Gloucester**

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Intimate partner violence (IPV) comes in many forms (physical, sexual, and psychological), and has pernicious effects on exposed women's mental health. Research suggests that different IPV forms are differentially associated with different mental health symptoms. Alternatively, the complex trauma literature suggests that the co-occurrence of stressors results in more complex symptom profiles. However, there is little research on how different IPV forms combine to influence profiles of symptoms. Such research is important given that co-occurrence of multiple forms of IPV is common among IPV survivors. In this study we examine how patterns of physical, sexual, and psychological IPV victimization co-occur with profiles of depressive, dissociative, alcohol use, and other trauma-related symptoms in a sample of 654 undergraduate women using model-based clustering and configural frequency analysis. Results suggest that no one IPV form was associated with any specific problem, but that exposure to all three IPV forms was associated with internalizing and high severity symptom profiles, and that the absence of any IPV was associated with mild distress and light drinking profiles. These results underscore the utility of studying the cumulative effects of IPV within a person-centered framework and have implications for the comprehensive assessment of IPV experiences for exposed women.

**1-208****IPV Perpetration Examined within a Multi-Level Perspective**

(Abstract #475)

**Poster #1-208 (Clin Res, Chronic, DV, Fam/Int, Lifespan) - Industrialized****Gloucester**

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Although person-oriented approaches to studying intimate partner violence (IPV) have typically emphasized classification methods (Bogat, Levendosky, & von Eye, 2005), longitudinal analyses that model within-person effects may also be useful for understanding intraindividual variation in IPV perpetration. IPV perpetration may be a reactive response to contextual stress and threats to the romantic relationship. Stable characteristics such as negative personality traits or attachment insecurity may moderate this process, but these influences have not been examined at both the individual and the population level. Without examining both, it is difficult to determine whether predictors at the population level influence IPV perpetration at the individual level. 104 heterosexual dyads completed daily diaries of IPV perpetration and stress over a 28-day period. Relationship insecurity and trait-level emotional lability were modeled as moderators of the relationship between daily stress and IPV perpetration. This model was also tested by disaggregating daily stress into within- (variation in one's own ratings of stress) and between-person (variation across subjects) effects. Attachment insecurity and emotional lability moderated the influence of daily stress on IPV perpetration, and variation in daily stress within individuals, but not between individuals, predicted IPV perpetration.

**1-209****The Relationship between Parent and Child Posttraumatic Stress Symptoms (PTSS):  
Results from an International Data Archive**

(Abstract #700)

**Poster #1-209 (Res Meth, Acute, Fam/Int, Prevent, Child/Adol) - Global****Gloucester***Silverstein, Michael<sup>1</sup>, Kassam-Adams, Nancy<sup>2</sup>*<sup>1</sup>*Drexel University, Philadelphia, Pennsylvania, USA*<sup>2</sup>*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*

Parents play a key role in child recovery after acute trauma; understanding the relationship between parent and child PTSS in the peri- and post-trauma periods is key to clarifying this role. A growing number of prospective studies track PTSS and related symptoms in children and their parents exposed to acute trauma, but many have small Ns, limiting power and generalizability. Using data from the Prospective studies of Acute Child Trauma and Recovery (PACT/R) Data Archive ([www.childtraumadata.org](http://www.childtraumadata.org)), we pooled participant-level data from 9 studies (N=675 parent-child dyads) that prospectively assessed PTSS during both peri- and post-trauma periods (1-30 days and 3-12 months post-trauma, respectively). We harmonized PTS symptom count and PTSS presence across 14 different measures used to assess child or parent PTSS. Parent symptoms had a weak but significant association with later child PTSS. Poisson regression analyses indicated that both parent and child peri-trauma PTSS independently predicted later parent and child PTSS. In a model including demographic factors (child age, race, parent education), parent peri-trauma PTSS did not remain a significant predictor of later child PTSS. Harmonization is underway for additional datasets. Integrative cross-study analyses of participant-level data are a promising approach to understanding interactions between parent and child PTSS.

**1-210****Parental Factors Following Paediatric Injury or Serious Illness: Prospective Influence on  
Child's Post-traumatic Stress Symptoms**

(Abstract #701)

**Poster #1-210 (Assess Dx, Acc/Inj, Acute, Fam/Int, Med/Som, Child/Adol) -  
Industrialized****Gloucester***Sadeh, Yaara<sup>1</sup>, Silberg, Tamar<sup>1</sup>, Dekel, Rachel<sup>1</sup>, Brezner, Amichai<sup>2</sup>*<sup>1</sup>*Bar-Ilan University, Ramat Gan, Israel*<sup>2</sup>*The Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat Gan, Israel*

**Aim:** Posttraumatic stress symptoms (PTSS) are common following pediatric traumatic medical events (TMEs), and prior research has suggested that related parental factors may impact child and family outcomes. This study's purpose was to examine parental PTSS, adaptive and maladaptive parental coping strategies, and communication regarding the TME as mechanisms in the development of child's PTSS over time.

**Methods:** Participants were 90 children hospitalized for an injury or serious illness diagnosis and their parents and assessed at 2-time points: T1 (1-2 months post-TME) and T2 (8-10 months post-TME). All

participants completed measures of child's PTSS at T1 and T2. Parents also rated parental PTSS at T1 and T2 and coping and communication regarding the TME at T2.

Results: Parents' PTSS at T1 and T2 was significantly related to the child's self-reported symptoms. Greater parental PTSS at T1 predicted greater parental maladaptive coping strategies at T2. There was an indirect effect of parental PTSS at T1 on child's PTSS at T2 through parental maladaptive coping strategies at T2.

Conclusion: The results demonstrate the impact of pediatric TMEs on families. This study can serve as a basis for designing and providing targeted interventions to families following a child's traumatic injury or serious illness diagnosis.

## 1-211

### **Empowering Parents Post-Pediatric Injury: Preliminary Results from a Randomized Controlled Trial**

(Abstract #702)

#### **Poster #1-211 (Prevent, Acc/Inj, Acute, Prevent, Med/Som, Child/Adol) - Industrialized Gloucester**

*Marsac, Meghan<sup>1</sup>, Sprang, Ginny<sup>2</sup>, Kindler, Christine<sup>2</sup>, McGar, Ashley<sup>2</sup>, Kohser, Kristen<sup>3</sup>, Draus, Jr, John<sup>2</sup>, Kassam-Adams, Nancy<sup>3</sup>*

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Injury is one of the most prevalent potentially traumatic events that children can experience, often resulting in persistent physical and psychological challenges. Parents are key in supporting their child's recovery but often do not have the knowledge on how to best guide their child. The Cellie Coping Kit for Children with Injury is a self-guided, low-cost intervention that empowers parents as coaches. In this presentation, we report on preliminary feasibility and outcomes of a pilot randomized controlled trial. 75 children (aged 8–12) and their primary caregiver participated. Each dyad completed a baseline assessment and was randomly assigned to an immediate intervention group or waitlist group. Follow-up assessments were completed at 6, 12, and 18 weeks. Study feasibility was a challenge with only 35% of families consenting to the study (19% refused, 44% were missed). Intervention feasibility was strong: approximately 80% of families in the intervention group used the intervention, 80% learned new skills, and 90% would recommend the intervention to other families. Additional analyses examining differences in posttraumatic stress and quality of life are underway. This low cost intervention is promising: families can learn evidence-based skills from the intervention. More research is needed on intervention outcomes and on how to integrate the intervention into standard care.

**1-212****Child Perceptions of Parental Social Support and Parent-Child Agreement in Child Posttraumatic Stress Symptoms**

(Abstract #703)

**Poster #1-212 (Clin Res, Acc/Inj, Comm/Vio, Fam/Int, Prevent, Child/Adol) - Industrialized****Gloucester**

*Myers, Rachel<sup>1</sup>, Garcia, Stephanie<sup>1</sup>, Everett, Valerie<sup>1</sup>, Feske-Kirby, Katherine<sup>1</sup>, Vega, Laura<sup>1</sup>, Fein, Joel<sup>2</sup>, Kassam-Adams, Nancy<sup>3</sup>*

<sup>1</sup>*Children's Hospital of Philadelphia Violence Prevention Initiative, Philadelphia, Pennsylvania, USA*

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How children perceive their parents' social support and constraints regarding disclosure of traumatic experiences may affect discussion of symptoms with parents, resulting in discrepancies in how parent and child appraise child posttraumatic stress symptoms (PTSS). Using baseline data from an RCT evaluating a brief posttraumatic stress intervention among violently injured youth, we examined associations between child reports of parental social support / constraints and agreement in parent-child reports of child PTSS. Youth age 9 to 17 (57% male, 88% Black) were identified in an urban pediatric emergency department in the US. There was variation in perceptions of child PTSS severity (mean absolute difference between parent- and child-reported CPSS-5 scores = 16.3+10.5). Perceived social support and low social constraints were correlated ( $r=0.50$ ); greater support was associated with greater comfort discussing trauma-related concerns. Difference in CPSS score was negatively correlated with child-reported social support ( $r=-0.54$ ) and social constraints ( $r=-0.42$ ). In youth reporting greater parent social support or lower constraints on trauma discussions, the absolute difference in PTSS ratings was smaller. Parents' broad support and openness to trauma-related topics may contribute to youth disclosure of, and parent attentiveness to, youth PTSS, potentially facilitating recovery.

## CLINICAL PRACTICE POSTERS

1-214

### **When to Change the Treatment Plan: An Analysis of Diminishing Returns in VA Patients undergoing PE and CPT**

(Abstract #30)

**Poster #1-214 (Clin Res, Clin Res, Clinical Practice, Mil/Vets, Adult) - Industrialized Gloucester**

*Sripada, Rebecca<sup>1</sup>, Ready, David<sup>2</sup>, Ganoczy, Dara<sup>1</sup>, Astin, Millie<sup>2</sup>, Rauch, Sheila<sup>3</sup>*

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Objective: Evidence-based treatments for posttraumatic stress disorder (PTSD) often produce significant symptom reduction within eight sessions. However, some patients take longer to respond and a better understanding of predictors of later response can help guide treatment.

Method: The cohort consisted of all VA patients with a PTSD diagnosis who received at least eight sessions of documented evidenced-based treatment within a six-month period in FY16-FY17 and had at least two PTSD symptom assessments. We examined the proportion of patients who achieved meaningful change (defined as at least 50% reduction in self-reported PTSD symptoms), both within the first eight sessions and subsequently.

Results: Fourteen percent of patients achieved meaningful change within eight sessions and 10% subsequently. Those who experienced at least 20% symptom reduction by session eight were twice as likely to subsequently achieve meaningful change as compared with the overall sample. Patients receiving service-connected disability compensation were less likely and white patients more likely to achieve meaningful change.

Conclusions: Without some degree of symptom reduction by session eight, patients are unlikely to achieve meaningful change if treatment is not enhanced or changed.

1-215

### **Short-, Medium-, and Long-Term Outcomes of a Cognitive Processing Therapy-Based Three-Week Intensive PTSD Treatment Program**

(Abstract #1302)

**Poster #1-215 (Practice, Clin Res, Cog/Int, Mil/Vets, Adult) I - N/A Gloucester**

*Steigerwald, Victoria, Smith, Dale<sup>1</sup>, Brennan, Michael, Pollack, Mark, Held, Philip  
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Objective: Little is known about long-term outcomes of intensive treatment programs (ITPs). We investigated whether PTSD and depression symptom reductions can be maintained up to 12 months following completion of a 3-week Cognitive Processing Therapy (CPT)-based ITP for veterans with PTSD.

Methods: PTSD (PCL-5), depression (PHQ-9), and negative posttrauma cognitions (PTCI) were assessed during the 3-week ITP and at 3, 6, and 12 months post-treatment. Longitudinal trends and timepoint contrasts across baseline, end-of-program, and 3-, 6-, and 12-month follow-up for 164 veterans were examined with random effects models.

Results: Treatment gains were maintained long-term ( $d = 1.20$ ). There was a statistically significant increase in PCL-5 ( $d = .23, p = .004$ ) and PHQ-9 scores ( $d = .15, p = .026$ ) between ITP completion and 3-month follow-up. PTCI change during the ITP was a significant predictor of PCL-5 ( $p < .001$ ) and PHQ-9 ( $p = .003$ ) change over time.

Conclusion: Significant PTSD and depression symptom reductions resulting from completion of a 3-week CPT-based ITP can be maintained long-term. Reductions in negative posttrauma cognitions over the course of the ITP predicted maintenance of treatment gains. This study demonstrates the long-term effectiveness of the ITP and suggests the importance of targeting negative posttrauma cognitions during participation.

## 1-216

### **Examining the Effectiveness of a Cognitive Processing Therapy-Based Intensive Treatment Program for Moral Injury-Based PTSD**

(Abstract #1518)

**Poster #1-216 (Practice, Clin Res, Mil/Vets, Moral, Adult) I - N/A**

**Gloucester**

*Steigerwald, Victoria, Bagley, Jenna, Smith, Dale, Pollack, Mark, Held, Philip  
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Objective: Determine whether moral injury (MI)-based PTSD can be effectively treated in a 3-week Cognitive Processing Therapy (CPT)-based intensive treatment program (ITP).

Methods: 128 combat veterans with PTSD were classified as MI-positive or MI-negative based on 5 rating methods: self-reported MI on the 3 subscales of the Moral Injury Events Scale (MIES), clinician-rated MI based on the index trauma targeted during CPT, and blind rater-categorized index trauma. PTSD (PCL-5) and depression (PHQ-9) symptoms and posttraumatic cognitions (PTCI) were assessed before, during, and after the ITP. We conducted MANOVAs with each MI rating method and the PCL-5, PHQ-9, and PTCI scores at pre-treatment, various timepoints during treatment, and post-treatment.

Results: PCL-5, PHQ-9, and PTCI scores all decreased significantly over the course of treatment ( $ps < .001$ ). There were no significant differences between MI-positive veterans and MI-negative veterans in PCL-5, PHQ-9, or PTCI score changes over time, regardless of MI rating method used ( $ps > .05$ ).

Conclusion: Our findings suggest that treatment outcomes of veterans with and without MI-based index traumas, regardless of MI rating method, did not differ significantly. This indicates that MI-based PTSD was effectively treated in the 3-week CPT-based ITP and that existing evidence-based PTSD treatments can be effective for MI-based PTSD.

1-217

**Decreasing Negative Trauma-Related Cognitions: The Warrior Renew Program**

(Abstract #901)

**Poster #1-217 (Practice, Clinical Practice, Complex, Rape, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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Cognitive theories of PTSD emphasize the importance of specific types of appraisals in the development and maintenance of PTSD, particularly with regard to the appraisal of ongoing threat and self-blame. Previous research demonstrated the efficacy of Warrior Renew (WR, formerly called Renew) at reducing posttraumatic negative thinking (Katz, 2008). WR is an intensive outpatient sexual trauma treatment program. This study provides additional evidence for the previous results (Katz 2008; 2014; 2016) demonstrating the reduction of trauma-related thoughts and beliefs following completion of WR. The Posttraumatic Cognitions Inventory (PTCI) scores pre- and post-completion of Warrior Renew for 50 female Veterans were examined. Completion of the Warrior Renew program was found to be associated with reduced negative trauma-related cognitions, particularly the negative cognitions about self and self-blame subscales of the PTCI.

1-218

**Warrior Care Network and Clinical Utilization: Moving PTSD Treatment Forward**

(Abstract #1644)

**Poster #1-218 (Practice, Clinical Practice, Cog/Int, Complex, Mil/Vets, Adult) A - Industrialized**

**Gloucester**

*Ricketts, Nicole*

*Wounded Warrior Project, Jacksonville, Florida, USA*

More than 2.5 million soldiers have deployed to Iraq and Afghanistan. Over half of those have deployed more than once increasing their exposure to traumatizing events. As PTSD rates continue to rise, so do the rates of seeking PTSD treatment. Essential concerns regarding efficiency/efficacy for treatment modalities and access to care has risen. Research shows that less than half of veterans returning home receive psychological services (Hester, 2017). The flaws in our health system is impeding access to adequate care. Less than one-third receive evidence-based treatments (Reisman, 2016). If veterans can overcome those challenges, an important and related issue once in care, is substantial dropout rates. Literature shows, there are substantial dropout rates within PTSD therapies, particularly evidence-based treatments (Najavits, 2015). To address this challenge, Wounded Warrior Project has partnered with Academic Medical Centers to create the Warrior Care Network (WCN). The aim of WCN is to provide an innovative, comprehensive, and evidence-based treatment model to combat PTSD. Findings on the effectiveness of this program are promising. Participants report initial symptoms at the severe to moderate

range to minimal upon completion and with a 94% completion rate. The treatment model WCN has developed has important implication for clinicians and moving PTSD treatment forward.

### 1-219

#### **Integrated Treatment of Posttraumatic Stress Disorder and Chronic Pain May Reduce Both PTSD and Fibromyalgia Symptoms in Women Veterans**

(Abstract #915)

**Poster #1-219 (Practice, Complex, Health, Illness, Mil/Vets, Adult) I - Industrialized Gloucester**

*Samph, Stephanie<sup>1</sup>, Lacefield, Katharine<sup>2</sup>, Otis, John<sup>3</sup>, Carlin, Elisabeth<sup>4</sup>*

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

<sup>3</sup>*VA, VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>4</sup>*Department of Veterans Affairs Medical Center, Washington, District of Columbia, USA*

A diagnosis of PTSD is associated with higher rates of comorbid psychiatric conditions and physical health problems (Shipherd et al., 2007). Among the most commonly reported physical health problems is chronic pain. For women veterans, chronic pain symptoms—especially fibromyalgia syndrome (FMS), a diagnosis characterized by chronic widespread pain, fatigue, sleep problems, and other somatic and psychological symptoms—frequently co-occur with PTSD. The current pilot study assessed PTSD and FMS symptoms in a small sample of women Veterans to pilot feasibility and preliminary effectiveness of Otis and colleagues' 12-session individual psychotherapy treatment combining elements of CBT for Chronic Pain and Cognitive Processing Therapy. Of the eight Veterans who completed the pre-treatment questionnaires, five completed mid- and post-treatment questionnaires. The mean pre-treatment score on the Fibromyalgia Impact Questionnaire (FIQ) was 82.81 and the mean pre-treatment PTSD Checklist (PCL-C) score was 72.5. At post-treatment, the mean FIQ score decreased to 68.9 and the PCL-C score decreased to 60.8, both clinically significant improvements. These preliminary results suggest that integrated treatment of PTSD and FMS symptoms may help to improve both chronic pain and PTSD symptoms in women Veterans with PTSD.

### 1-221

#### **Individualized Somatic Psychotherapy for Medical Trauma**

(Abstract #1251)

**Poster #1-221 (Practice, Clin Res, Clinical Practice, Complex, Med/Som, Adult) I - N/A Gloucester**

*Gentry, Miya<sup>1</sup>, Rabinowitz, Emily<sup>2</sup>, Phili, Antigone<sup>3</sup>, Lipton, Rachel<sup>2</sup>, Carleton, Jacqueline<sup>5</sup>*

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Introduction: Medical trauma is a ubiquitous but unique form of trauma that has distinct implications for the dysregulation of the nervous system and reclaiming bodily autonomy. Treating medical trauma

requires integrating interdisciplinary care models to address the impact of the trauma on the mind and body.

Case Presentation: 36-year old female survived an 8-hour cardiac ablation procedure in which, while conscious, 116 electrical pulses/shocks were delivered to her heart. The patient's PTSD manifested with significant psychosomatic symptoms including heart palpitations, pain, along with hypervigilance and dissociation.

Management and Outcome: In 60 psychotherapy sessions, the psychotherapist created an individualized care protocol that included body informed methods such as Somatic Experiencing and EMDR, relational psychoanalysis, yoga, and art. The patient's symptoms of nervous system dysregulation began to subside, intimate relationships were repaired, and new career options emerged.

### 1-222

#### **Espacios Seguros: Trauma-Sensitive Group Facilitation with the Latinx Community**

(Abstract #1702)

**Poster #1-222 (Practice, Chronic, Clinical Practice, Complex, Cul Div, Adult) M - Industrialized**

**Gloucester**

*Horgan, Jenna<sup>1</sup>, Saavedra, Lissette<sup>2</sup>, Misra, Shilpi<sup>2</sup>, Yaros, Anna<sup>2</sup>, Atkinson, Christa<sup>1</sup>, Crowley, Martha<sup>1</sup>*  
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*<sup>2</sup>RTI International, Research Triangle Park, North Carolina, USA*

The Bienestar y Esperanza program, funded by the hope & grace initiative, is made up of 3 groups grounded in the evidence base and developed to treat trauma-related symptoms, depression and anxiety in women. The program is offered at El Futuro, a non-profit organization that provides bilingual, culturally-sensitive, evidence-based, and trauma-informed mental health and substance use services, for underserved Latinx families in an outpatient, community health clinic setting. It consists of 3 culturally adapted groups: *Mente Sana* (a DBT-based skills group) *Logrando la Calma* (a group integrating trauma sensitive yoga and Mindfulness-Based Stress Reduction techniques) and *Movimientos Conscientes* (a Trauma Center Trauma Sensitive Yoga group). Over 70 women have already undergone treatment in one of the 3 groups. The focus of this presentation will be on trauma-sensitive group facilitation with Latinx immigrants with a range of mental health diagnoses, including post-traumatic stress disorder, major depressive disorder, and generalized anxiety disorder. This study will present quantitative findings related to symptom reduction on the DASS rating scale and qualitative results from focus groups. The resulting findings will discuss implications of culturally adapted trauma-sensitive treatment groups for women.

### 1-223

#### **Intimate Partner Violence Perpetration, Posttraumatic Stress Disorder, and Guilt: The Moderating Role of Parenting Status**

(Abstract #1141)

**Poster #1-223 (Practice, Aggress, DV, Gender, Moral, Adult) I - N/A**

**Gloucester**

*Taverna, Emily, Marshall, Amy*

*Penn State University, University Park, Pennsylvania, USA*

Veteran research has long recognized the role of perpetrating violence on subsequent PTSD and guilt, particularly with regard to moral injury. In the context of IPV, mental health consequences of perpetration have been minimally examined. It has been inferred from cross-sectional studies that PTSD and shame precipitate IPV perpetration; however, the dyadic nature of IPV suggests that the opposite directionality may also exist. Because the saliency of violent behavior may vary by social roles, we examined parenting status and gender as moderators of the associations between physical IPV perpetration and PTSD and guilt. Among 64 heterosexual community couples (128 individuals), multilevel models revealed that IPV perpetration is associated with PTSD and guilt, with the strongest effects for state guilt. Parenting status serves as a significant moderator such that, compared to non-parents, parents experience a stronger association between IPV perpetration and guilt. Parenting status is not a moderator of the association between IPV victimization and guilt, supporting our model. Findings suggest that emotional consequences of IPV perpetration may occur, and call for longitudinal studies. Interventions targeting IPV perpetration may be more effective if incorporating emotional processing of violence perpetration, in turn reducing the overall societal burden of trauma caused by IPV.

**1-224**

**A Canine-Assisted Service Dog Training Group for Veterans with PTSD**

(Abstract #1202)

**Poster #1-224 (Practice, Affect/Int, Cog/Int, Train/Ed/Dis, Adult) I - Industrialized Gloucester**

*Mohlenhoff, Brian<sup>1</sup>, Decker, Matthew<sup>2</sup>*

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<sup>2</sup>*Paws for Purple Hearts, Napa, California, USA*

The presenters describe the implementation of a canine-assisted service dog training PTSD therapy group at a major Veterans Affairs medical center. Four male veterans enrolled in this pilot group, comprised of eleven sessions over the course of approximately 3 months. Group participants ranged in age between 37 and 52 years, including veterans with PTSD stemming from combat, military sexual trauma and childhood trauma. Patients identified individualized recovery-oriented goals for the group. Certified dog trainers, experienced in working in mental health settings and with veterans, brought up to three dogs to each session. Group members were introduced to brief lesson plans focused on specific dog skills (such as opening a handicap entrance) and coached in training those skills to the dogs. Group lessons included background in learning theory and explicitly emphasized concepts fundamental to understanding the neuropsychological mechanisms of PTSD and PTSD treatment. The group proved logistically feasible and agreeable to patients, with no drop-out and 4 no-shows (9% of planned patient visits) over the course of the group. The group furthered recovery goals by facilitating present-centered activity and positive affect, conveying core concepts in PTSD and PTSD treatment and providing opportunities to practice affect regulation and positive social interactions.

**1-225****The Effect of Multiple Traumatic Events on Coping Strategies in Female Interpersonal Trauma Survivors**

(Abstract #1814)

**Poster #1-225 (Practice, DV, Adult) I - Industrialized****Gloucester***Chesher, Rebecca<sup>1</sup>, Griffin, Michael<sup>2</sup>*<sup>1</sup>*University of Missouri St. Louis, Psychology Department, St Louis, Missouri, USA*<sup>2</sup>*University of Missouri St. Louis, St. Louis, Missouri, USA*

Previous research suggests that trauma survivors with greater PTSD severity evidence more passive coping strategies. However, trauma survivors who have experienced multiple traumas may be more resilient to the effects of multiple traumas due to learned coping strategies. The current study examined the relationship between the number of traumas female interpersonal trauma survivors (N=58) experienced and if they were more likely to use a disengagement or engagement coping style when experiencing trauma symptoms. Coping strategies were assessed using the Coping Strategies Inventory at 1 month and 8 months post-trauma. The trauma history was assessed during the initial interview. Results show that the number of traumas experienced by participants significantly predicted engagement coping styles at 8 months post-trauma ( $p=.04$ ), but not at 1 month post-trauma ( $p=.81$ ). Additionally, the number of traumas did not predict disengagement coping styles at 1 month ( $p=.49$ ) or 8 months ( $p=.28$ ) post-trauma. This suggests that trauma survivors with more traumas may have learned more helpful engagement style coping strategies. Further analyses show significantly different coping styles across time depending on if the trauma survivor experiences a single trauma or multiple traumas.

**1-226****Human Trafficking and the Opioid Crisis: Clinical Intervention with a Minor Sex Trafficking Survivor Suffering from Opioid Use Disorder**

(Abstract #1762)

**Poster #1-226 (Practice, Chronic, Complex, Sub/Abuse, Self-Care, Child/Adol) M - Industrialized****Gloucester***Hopper, Elizabeth**Trauma Center at Justice Resource Institute, The Trauma Center at JRI, Brookline, Massachusetts, USA*

This case study will present the case of an adolescent female with a history of early childhood abuse and sex trafficking who was struggling with complex trauma symptoms and an opioid use disorder. Discussion will focus on the intersections of trauma and substance use and multiple barriers to treatment. We will consider interrelationships among members of the treatment team and managing transitions in placement and level of care. Relational dynamics will be also be explored, including secondary trauma exposure for providers engaged in working with this high risk client. Implications for gaps in our service systems for individuals suffering from comorbid complex trauma and substance use disorders will be discussed, and recommendations for systems change will be discussed.

1-227

**Predictors of Post-Traumatic Stress Injuries among Firefighters and First Respondents**

(Abstract #1648)

**Poster #1-227 (Practice, Assess Dx, Prevent, Other) M - Industrialized**

**Gloucester**

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Firefighters are regularly exposed to critical incidents in the line of duty. Such incidents, including situations involving death or grave injuries, may negatively impact on their mental health in the form of a posttraumatic stress injury (PTSI). A sample of 691 Montreal firefighters completed an online self-report questionnaire assessing common mental health disorders related to PTSI (i.e., generalized anxiety disorder, depression, post-traumatic stress disorder), possible risk and protective factors, comorbidities, and the consequences on functioning at work. Findings indicated that 33.8% of participants were likely suffering from at least one of the three disorders. About 5.6% likely had posttraumatic stress disorder. Participants with a likely mental health disorder were at greater risk of expressing suicidal ideation and having their level of functioning at work negatively impacted. In addition, 69.6% of firefighters who had a problem with alcohol use were also likely to have a mental health disorder. The factors related to an increased risk of PTSI were greater exposure to critical incidents, stress related to professional pressures, and the use of harmful coping strategies such as behavioral disengagement, substance use and self-blame. The use of positive reframing as a coping strategy served as a protective factor.

## PUBLIC HEALTH POSTERS

1-229

### **Displacement and Health Correlates among Survivors of Typhoon Haiyan**

(Abstract #960)

**Poster #1-229 (Pub Health, Comm/Int, Health, Pub Health, Adult) I - E Asia & Pac Gloucester**

*Labarda, Charlie, Chan, Christian*  
*University of Hong Kong, Hong Kong, China*

**Objective:** Displacement from one's home after a natural disaster results not only in physical separation from significant others but also in profound disruptions of psycho-social processes such as attachment and identity. It is important to examine the impact of post-disaster household displacement on the physical and mental health status of the affected populations. The present study examined the association among frequency of displacement after a disaster, health status and psychological adjustments among survivors in the aftermath of the 2013 Super Typhoon Haiyan in the Philippines.

**Method:** The study surveyed 345 typhoon survivors using randomized cluster samples in 13 towns in Eastern Philippines, four years after the disaster using self-report measures to assess their physical and mental health status.

**Results:** More frequent displacement was found to be negatively associated with subjective health ratings; but positively associated with posttraumatic stress symptoms, depression, anxiety, stress and severity of traumatic exposure.

**Conclusion:** Findings underscore the detrimental impact of displacement on health outcomes following a natural disaster. Frequent displacement poses a challenge to the provision of adequate health services for these vulnerable populations, especially in low and middle-income countries where mental health resources are largely unavailable.

1-230

### **Sleep Disturbances and Psychological Adjustments after Disaster among Survivors of Typhoon Haiyan**

(Abstract #971)

**Poster #1-230 (Pub Health, Comm/Int, Health, Nat/Dis, Pub Health, Adult) I - E Asia & Pac Gloucester**

*Labarda, Charlie, Chan, Christian*  
*The University of Hong Kong, Hong Kong, China*

**Objective:** This study aimed to investigate the longitudinal relationship between sleep problems and posttraumatic stress, anxiety, stress, and depressive symptoms among adult survivors of a disaster.

**Methods:** Respondents were 168 adults selected through random cluster sampling from a list of relocated survivors in the worst-hit community by Typhoon Haiyan in the Philippines. Data were collected through self-report measures using questionnaires in two waves of the survey conducted between July 2017 and February 2018.

**Results:** Results showed that sleep disturbance at Time 1 is associated with posttraumatic stress, anxiety,

and stress but not depression at Time 2. Sleep disturbance at T1 and T2 is associated with posttraumatic stress, depression, anxiety and stress symptoms at T1 and T2, respectively.  
Conclusion: Study adds evidence to the importance of tracking sleep problems among disaster survivors longer term. The implication for the use of screening tools for sleep disturbances to identify groups at high risk for poor psychological adjustments in post-disaster settings is discussed.

### 1-231

#### **Incidence and Cognitive Correlates of Strangulation in Intimate-Partner Violence**

(Abstract #578)

**Poster #1-231 (Pub Health, Chronic, Complex, DV, Health, Adult) I - Global**

**Gloucester**

*Valera, Eve<sup>1</sup>, Daugherty, Julia<sup>2</sup>, Scott, Olivia<sup>3</sup>, Berenbaum, Howard<sup>4</sup>*

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<sup>4</sup>*University of Illinois, Urbana-Champaign, Champagne, Illinois, USA*

Globally, intimate partner violence (IPV) is experienced by approximately 1 in 3 women and represents the number one cause of homicide and violence to women. Within IPV, up to 80-90% of injuries reported are to the neck and higher, and includes lethal and non-lethal strangulation. Strangulation can represent a form of acquired brain injury if an alteration in consciousness (AIC) is associated with the event. As such, cognitive sequelae might be expected, but such sequelae of non-lethal strangulation in IPV has not been evaluated in a systematic manner. Here we used several neuropsychological measures and the Brain Injury Severity Assessment (BISA) interview to examine the association between strangulation-induced AICs and several measures of cognitive functioning. Results indicated that 25% of the sample sustained at least one AIC from strangulation with nearly half of the women reporting more than one. Additionally, number of strangulation-induced AICs was associated with a woman's ability to learn a list of words that were read to her five times. This association was not accounted for by other brain injuries the woman may have sustained via her abuse. This is the first report to assess strangulation in this manner and demonstrate a link to cognitive functioning. These data contribute to our knowledge of strangulation and its effects in women who have experienced IPV.

### 1-232

#### **Help-Seeking Intention after Experiencing a Natural Disaster among Chinese College Students: An Application of the Extended Theory of Planned Behavior (E-TPB)**

(Abstract #681)

**Poster #1-232 (Pub Health, Health, Nat/Dis, Pub Health, Gender, Adult) A - E Asia & Pac**

**Gloucester**

*Shi, Wei, Hall, Brian*

*Global and Community Mental Health Research Group, Department of Psychology, Faculty of Social Sciences, University of Macau, Macau, China*

Typhoon Hato struck Macao on August 24, 2017. It was the strongest storm experienced there in the past 50 years. This study aims to explore the efficacy of the extended Theory of Planned Behavior (E-TPB) in explaining intention to seek professional mental health help (PMHH) after experiencing this natural disaster among Chinese college students. 817 participants (N Male = 232) were recruited using convenience sampling method at the University of Macau. All participants completed an online questionnaire measuring their responses to six constructs (intention, attitude, subjective norm, perceived behavioral control, self-stigma, and social stigma) derived from the E-TPB via electronic surveys. Zero-order correlations, confirmatory factor analysis (CFA), Structural Equation Modeling (SEM) and multi-group analyses were conducted. Results indicated that subjective norm ( $\beta=0.374$ ,  $p<.001$ ) had the strongest influence on the intention to seek PMHH. Five explanatory variables in the E-TPB model explained 56.36% of the variance in intention to seek PMHH among Chinese college students ( $X^2(161) = 776.98$ ,  $p < .001$ , RMSEA=0.068, CFI =0.959, and TLI=0.952). The results were invariant across gender. Implications of these results for linking students to mental health services will be discussed.  
**Keywords:** Intention, E-TPB model, Chinese college students

### 1-233

#### **What Role Does Justice Play in Healing? Qualitative Findings from Sexual Assault Survivor Focus Groups**

(Abstract #1508)

**Poster #1-233 (Pub Health, Health, Rape, Social, Adult) I - Industrialized**

**Gloucester**

*Scoglio, Arielle, Molnar, Beth, Meeker, Samantha*  
*Northeastern University, Boston, Massachusetts, USA*

Sexual violence is a critical public health issue across the globe. Survivors of sexual violence face barriers in seeking traditional criminal justice following an assault and frequently experience negative physical and mental health consequences, some of which may be debilitating and chronic. Research around survivors' needs is limited but recent studies have begun to capture the non-linear pattern of survivors' conceptualization of justice, referred to as Kaleidoscopic Justice. This study sought to amplify survivor voices by utilizing nine focus groups (45 participants) to examine survivor perspectives on the meaning of justice and how it may play a role in the healing process. Thematic analysis in NVivo was used to code focus group transcripts and identify common themes. Findings include that survivors focused on the non-linear nature of healing, the impact of relationships on healing, and working towards the prevention of future assaults on others. Some survivors described experiences of procedural justice, while others identified alternative forms of justice- such as personal healing, educational attainment, and activism. Perspectives on traditional criminal justice were mixed, in line with very low prosecution and conviction rates for sexual assault in the U.S. and a general sense from highly publicized cases that criminal proceedings are not on the side of the survivor.

1-234

**What is the Meaning of Justice and Healing from Sexual Assault According to Organizations that Interface with Survivors after an Assault? A Qualitative Study**  
(Abstract #1533)

Poster #1-234 (Pub Health, Health, Rape, Social, Adult) I - Industrialized

Gloucester

*Marine, Susan<sup>1</sup>, Scoglio, Arielle<sup>2</sup>, Meeker, Samantha<sup>2</sup>, Molnar, Beth<sup>2</sup>*

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<sup>2</sup>*Northeastern University, Boston, Massachusetts, USA*

Sexual violence is a widespread public health issue that impacts both individuals and systems. While research around survivors' needs is limited, recent studies have begun to capture the non-linear pattern of survivors' conceptualization of justice, referred to as Kaleidoscopic Justice. Policy and legislation related to sexual violence has changed significantly in past decades and continues to transform as this understanding of justice changes. To inform such policies, this study conducted qualitative interviews (n=15) with organizations that interface with survivors after an assault. These organizations included police departments, district attorney's offices, community rape crisis centers, hospital-based programs and college-based programs across Massachusetts. Thematic analysis revealed common themes related to justice and healing with potential implications for future policy, intervention, and prevention efforts. Specifically, barriers to seeking justice and healing were identified, such as accessibility of services, reporting procedures, and problematic justice-related procedures. Key informants discussed themes related to the meaning of healing and process of healing for survivors they worked with and the many possible meanings of justice in the context of sexual violence.

1-235

**Mental Healthcare Engagement and Barriers to Care among Veterans with PTSD**  
(Abstract #1543)

Poster #1-235 (Pub Health, Pub Health, Social, Epidem, Adult) I - Industrialized

Gloucester

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<sup>2</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

<sup>3</sup>*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

PTSD affects 11-20% of Veterans, yet only a fraction seek out and receive mental healthcare. The current study examined the influence of demographic factors (i.e., education, parental status, income, rurality, and community crime level) on engagement in mental healthcare, as well as barriers to seeking mental healthcare, among Veterans with PTSD. A total of 2,124 Veterans living across the U.S. completed a mail-based survey. Of the total sample, 599 Veterans (28%) met criteria for PTSD using the PCL (i.e., PCL  $\geq$  33) and were included in analyses. A total of 26.5% of participants with PTSD had not engaged in mental healthcare in the past year. A logistic regression revealed that higher education (OR=1.60, p<.02) and lower household income (OR=.91, p<.05) predicted more engagement in mental healthcare in the past

year. A total of 45.8% were not engaged in mental healthcare and reported reasons for not engaging in mental healthcare. Higher education was associated with fearing judgement from others (OR=2.06,  $p<.05$ ) and job security (OR=2.00,  $p<.05$ ); lower household income was associated with lacking insurance coverage (OR=.75,  $p<.05$ ); and living in a high crime area was associated with distance/transportation to care (OR=2.22,  $p<.05$ ). These results may inform strategies to improve outreach.

**1-236**

**Resilience Moderates the Relationship between Household Dysfunction in Childhood and Postpartum Depression in Adolescent Mothers in Peru**

(Abstract #1600)

**Poster #1-236 (Pub Health, CPA, Chronic, DV, Global, Child/Adol) M - Latin Amer & Gloucester Carib**

*Carroll, Haley<sup>1</sup>, Gelaye, Bizu<sup>2</sup>, Rondon, Marta<sup>3</sup>, Sanchez, Sixto<sup>4</sup>*

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<sup>4</sup>*Universidad Peruana de Ciencias Aplicadas, Lima, Peru*

Well-established evidence suggests violence experienced in childhood increases the risk of depression across life including during the perinatal period. As adolescent mothers living in post-conflict countries such as Peru experience high burden of childhood abuse, understanding protective factors that alleviate the effects of this violence is of great importance. Thus, the present study investigates the mediating role of resilience on the relation between adverse experiences in childhood, specifically household dysfunction, and postpartum depression in adolescent mothers in Peru. Methods: Participants were 14-18 years old and had given birth at a hospital in Lima (n = 789). Structured interviews were used to assess postpartum depression (PHQ-9) and household dysfunction (familial substance use, incarceration, or mental disorders). Resilience was assessed by the Connor-Davison Resilience Scale-10. Result: 23% of participants reported household dysfunction in childhood and 10% reported moderate levels of depression. Resilience partially mediated the relationship between the exposure to family substance use (27% mediated), incarceration (46% mediated), or mental disorders (36% mediated) as a child and postpartum depression in adolescence. Conclusion: Resilience mediates the relation between household dysfunction in childhood and postpartum depression in adolescent mothers in Peru

**1-237**

**Natural Disasters and Children: Understanding Vulnerability in the Context of Schools**

(Abstract #939)

**Poster #1-237 (Pub Health, Dev/Int, Health, Nat/Dis, Res Meth, Child/Adol) I - Gloucester Industrialized**

*Medzhitova, Julia<sup>1</sup>, Caldwell, Cherish<sup>2</sup>, Colgan, Courtney<sup>1</sup>, Killenberg, Parker<sup>3</sup>, Esnard, Ann-Margaret<sup>2</sup>, Lai, Betty<sup>1</sup>*

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Children are among the most vulnerable groups exposed to disasters. Disasters are linked to psychological distress and challenges with adjustment in children. Understanding the impact of disasters on children's education is critical, as the learning environment is essential for their intellectual and socioemotional development. Further, education risk can exacerbate disaster-driven psychological distress. Limited research has focused on identifying factors which give rise to post-disaster educational risk. This poster will demonstrate how open access data repositories can be used to identify these risk factors. Hurricane Ike made landfall in the Texas Gulf Coast during the 2008-2009 school year. Schools located in one of 29 FEMA-designated disaster areas which were closed for ten or more instructional days during the hurricane served as the primary unit of analysis ( $n=464$ ) [NSFGrant#1634234]. Performance on the Texas Assessment of Knowledge and Skills served as a proxy for educational achievement. Data was made publicly available by the Texas Education Agency. Visualization techniques [random jitter manipulation, color gradient application, variable stratification] were used to create detailed scatterplots from this dataset. English proficiency, economic disadvantage, and post-disaster mobility were identified as risk factors for post-disaster educational vulnerability.

1-238

**Fear of Cancer Progression, Rumination, and PTSD among Cancer Patients and Their Family Caregivers: An Actor-Partner Interdependent Mediation Model**

(Abstract #389)

Poster #1-238 (Pub Health, Acute, Cog/Int, Lifespan) I - E Asia & Pac

Gloucester

*Zhen, Rui<sup>1</sup>, Zhou, Xiao<sup>2</sup>*

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Cancer diagnosis is a major trauma for both patients and family caregivers, which may elicit their posttraumatic stress disorders (PTSD). Fear of cancer progression (FoP) and rumination are important risk factors of PTSD, but previous research only assessed their unique role from a perspective of either patients or caregivers, and few examined their interdependent roles from a dyadic perspective. To fill this gap, this study aimed to examine the mediation role of rumination between FoP and PTSD in dyadic level. In this study, we recruited one hundred and twelve pairs of cancer patients and family caregivers from Anhui province, China. These participants were asked to complete self-report questionnaires, and actor-partner interdependent mediation model were conducted. The results showed that both in patients and caregivers, FoP was positively and directly associated with PTSD, and also associated with PTSD via rumination. In the dyadic level, caregivers' FoP positively led to patients' PTSD by elevating patients' rumination, but patient's FoP and rumination had no significant effect on caregivers' PTSD. Our findings suggested that not only patients' own FoP and rumination, but also their family caregiver's FoP could increase patients' PTSD, while only caregiver's own FoP and rumination could caregiver's PTSD.

**1-239****Predicting PTSD and Depression in Burn Survivors: The Role of Body Image Dissatisfaction and Perceived Stigmatization**

(Abstract #577)

**Poster #1-239 (Pub Health, Acc/Inj, Illness, Pub Health, Care, Lifespan) I - N/A Gloucester***Su, Yi-Jen**Chang Gang University, Taiwan, Republic of Taiwan*

Background: Burn injuries have been recognized as a potentially traumatic event resulting in posttraumatic stress disorder (PTSD) and major depression. Burn injuries often lead to disfiguring scars and the associated body image concern. Using a one-year prospective design, this study investigated the role of Body image dissatisfaction (BID) and perceived stigmatization in predicting PTSD and depressive symptoms post-burn. Method: Participants were 111 burn survivors of the 2015 Formosa Fun Coast Water Park explosion in Taiwan. The mean age at the event was 22.9 years, with the average TBSA burned of 50.25%. Participants completed the surveys at two and three years after the explosion. Results: BID and perceived stigmatization were both concurrently and prospectively correlated with PTSD and depressive symptoms. BID, but not overall perceived stigmatization, significantly predicted additional variance in subsequent PTSD symptoms, after controlling for concurrent PTSD symptoms, demographic and burn-related variables. Similar findings were revealed for depressive symptoms. Further analysis showed that PTSD and depressive symptoms can be differentially predicted by specific stigmatizing acts (hostile behavior and absence of friendly behaviors, respectively). Conclusion: Body image dissatisfaction and perceived stigmatization may contribute to PTSD and depressive symptoms post-burn.

**1-240****PTSD and Social Support in a 9/11 Exposed Cohort: A Cross-Lagged Panel Analysis**

(Abstract #731)

**Poster #1-240 (Pub Health, Pub Health, Surv/Hist, Epidem, Prof) A - Industrialized Gloucester***Li, Jiehui<sup>1</sup>, Liu, Sze Yan<sup>1</sup>, Leon, Lydia<sup>1</sup>, Schwarzer, Ralf<sup>2</sup>, Cone, James<sup>1</sup>**<sup>1</sup>New York City Department of Health and Mental Hygiene, New York, New York, USA**<sup>2</sup>Freie University of Berlin, Berlin, Germany*

The inverse relationship between posttraumatic stress disorder (PTSD) and perceived social support has been consistent in the literature. However, research into the longitudinal relationship between PTSD and social support among survivors of large-scale trauma has been limited. The present study assessed relationships between PTSD and social support in a sample of 23,350 World Trade Center Health Registry enrollees exposed to the 9/11 terrorist attacks who completed four waves of surveys over more than a decade (2003-2016). PTSD symptoms were measured using the 17-item PTSD-Checklist (PCL) at each Wave. Social support was measured at Waves 3 and 4. We used a cross-lagged panel analysis to examine the longitudinal effects of PTSD and social support over a thirteen year period, with Lavaan package in R, adjusting for demographics and 9/11 responder status. PCL scores between waves were highly correlated ( $r: 0.61$  to  $0.76$ ,  $p < 0.001$ ). Cross-lagged effects were significant. PTSD at W2 predicted social support at Wave 3 ( $\beta = -0.10$ ,  $p < 0.01$ ), PTSD at Wave 3 predicted social support at Wave 4 ( $\beta = -$

0.05,  $p < 0.01$ ). Social support at Wave 3 buffered PTSD symptoms at Wave 4 ( $\beta = -0.03$ ,  $p < 0.05$ ). Our findings suggest there is a bidirectional causal effect over thirteen years after 9/11.

## ASSESSMENT AND DIAGNOSIS POSTERS

1-241

### Postpartum PTSD: The Hidden Trauma of Childbirth

(Abstract #318)

Poster #1-241 (Assess Dx, Clin Res, Pub Health, Adult) M - Global

Gloucester

*Dekel, Sharon<sup>1</sup>, Orr, Scott<sup>2</sup>, Pitman, Roger<sup>3</sup>*

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Although traumatic stress in response to childbirth has been described in the literature, the notion of whether childbirth can evoke a traumatic-stress pathology remains controversial. We applied a psychophysiological approach to study childbirth-related posttraumatic stress disorder (CB-PTSD). No study used biological methods. Postpartum women were assessed using the well-validated script driven imagery procedure. Subjects provided descriptions of their childbirth and other-stressor. Physiological assessment conducted during symptom provocation, i.e., imagery of childbirth following hearing of recorded script, revealed association between physiologic reactivity and CB-PTSD status. Skin conductance, heart rate, and EMG responses were higher in the CB-PTSD compared to the non-CB-PTSD group. Effect sizes were very large and mean scores of the CB-PTSD group were above the working PTSD cut-off reported in research. No group differences were found for other-stressor. Findings indicate that women with CB-PTSD show the same specific, physiological abnormalities repeatedly documented in individuals with non-childbirth-related PTSD. Conclusion: Our work offers strong validation to the specificity of CB-PTSD diagnosis to the causal childbirth event. An estimated 4 million women give birth in the US annually. For a significant minority, childbirth can leave the same scares as the war.

1-242

### Beyond postpartum blues: Psychobiological factors associated with childbirth-related PTSD

(Abstract #1229)

Poster #1-242 (Clin Res, Depr, Pub Health, Intergen, Neuro, Adult) - Global

Gloucester

*Dekel, Sharon<sup>1</sup>, Berman, Zohar<sup>2</sup>, Orr, Scott<sup>3</sup>, Mayes, Linda<sup>4</sup>, Shin, Lisa<sup>5</sup>, Pitman, Roger<sup>6</sup>*

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Exposure to an event that is not merely unpleasant but evokes a sense of threat and danger can evoke a posttraumatic stress syndrome. Some women have a traumatic response following parturition and some may go on to develop childbirth-related posttraumatic stress disorder (CB-PTSD). This traumatic condition has been overlooked. In this presentation, we will discuss the psychological and biological factors implicated in the manifestation of CB-PTSD and their role in the transmission of disease effects to the child. We will present empirical data derived from (1) large representative sample of pregnant women treated in an urban hospital in the US and followed in the immediate postpartum and a month later, and (2) targeted sample of women at risk for CB-PTSD. Our findings demonstrate alternations in physiological and potential neural factors associated with CB-PTSD and with observed impairment in maternal bonding and also reveal the role of stress-related hormones in postpartum adaptation or failure thereof. This work may stimulate novel preventive biological interventions and warrant more biological-oriented research on to elucidate the nature of CB-PTSD.

1-243

### **Losing the Unborn: PTSD Following Late Pregnancy Loss and Stillbirth**

(Abstract #1230)

**Poster #1-243 (Assess Dx, Depr, Fam/Int, Gender, Adult) - Industrialized**

**Gloucester**

*Horesh, Danny<sup>1</sup>, Nukrian, Malka<sup>2</sup>*

<sup>1</sup>*Bar-Ilan University, Ramat-Gan, Israel*

<sup>2</sup>*Hadassah Hospital, Jerusalem, Hadassah Ein-Karem Hospital, Women's division, Jerusalem, Israel*

**Objective:** Late pregnancy loss (PL) is recognized as a difficult experience. This study aimed to examine: 1. The prevalence of PTSD and depression following late PL and stillbirth. 2. The role of spousal relationship measures in vulnerability and resilience following PL.

**Methods:** 103 women, ages 23-47 (M=33.91), were recruited at a large Israeli hospital. They completed self-report questionnaires assessing PTSD (the PCL-5), MDD, Dyadic Adjustment, and Dyadic Self-Disclosure. On average, participants were 19.41 months post-loss, and the mean pregnancy week of loss was 27.7.

**Results:** We have found a heavy burden of PTSD (33.3%) and MDD (29.3%) following late PL. Women with higher levels of PTSD/MDD were: younger, more secular, and had experienced PL at a later gestational week. PTSD and MDD were associated with less spousal consensus and satisfaction, as well as with less dyadic self-disclosure.

**Discussion:** In late PL, mothers must cope with shattered expectations regarding motherhood. The loss and its accompanying medical procedures may involve exposure to difficult sights, smells and sounds, which may induce PTSD. PL is often a dyadic trauma. Thus, the quality of the spousal relationship following PL may significantly affect the woman's ability to cope. Mental health professionals are therefore encouraged to develop novel interventions for couple's therapy following late PL.

**1-244****Assessing PTSD Due to Discrimination in Marginalized Ethnic Groups**

(Abstract #1116)

**Poster #1-244 (Assess Dx, Chronic, Cul Div, Ethnic, Adult) I - Industrialized****Gloucester**

*Printz, Destiny, George, Jamilah, Williams, Monnica*  
*University of Connecticut, Storrs, Connecticut, USA*

Many marginalized ethnic groups experience higher rates of posttraumatic stress disorder (PTSD) and symptom impairment compared to White counterparts. This disparity can be explained by the psychological impact of discrimination, which can exacerbate symptoms by way of microaggressions, institutional racism, or racial violence. Overt (intentional and blatant discriminatory acts) and covert discrimination (passive acts of prejudice) have been linked to symptoms of PTSD, anxiety, substance abuse, and other disorders. DSM-5 PTSD criteria does not allow cumulative discriminatory events to qualify as a traumatic experience which may limit treatment for clients of color experiencing PTSD symptoms, without a traumatic event that currently qualifies for Criteria A. Clinicians may have difficulty conceptualizing racial trauma as a trigger to PTSD until this problem is more widely recognized, particularly for therapists who are unfamiliar with such experiences themselves. This presentation will provide a brief theoretical basis for conceptualizing cumulative discrimination as traumatic, limitations of gold-standard measures of PTSD, and the validity of two new racial trauma measures: The UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS) and the Trauma Symptoms of Discrimination Scale (TSDS). Application of these measures in clinical care, forensics, and research will be discussed.

**1-245****Heart Rate Variability of PTSD Patients in Trauma-Related Words Condition: A Preliminary Study**

(Abstract #42)

**Poster #1-245 (Assess Dx, Health, Illness, Med/Som, Adult) I - Industrialized****Gloucester**

*Ishida, Tetsuya, Oe, Misari, Fujimoto, Shintaro, Urasaki, Takahiro, Uchimura, Naohisa*  
*Department of Neuropsychiatry, Kurume University School of Medicine, Kurume-shi, Fukuoka-ken, Japan*

PTSD has been linked with elevated sympathetic control and a recent meta-analysis (Nagpal et al. 2013) showed that HRV is a potential psychophysiological indicator. In this preliminary study, we used trauma-related words paradigm and tried to examine whether HRV would be declined greater in a trauma-related words condition than in a control (landscapes) condition. Seven PTSD patients (female=4, age=31.14±12.73) and seven healthy participants (female=5, age=29.3±5.44) were examined. HRV was measured for 5 minutes under two conditions; participants were asked to watch photos of landscapes in a control condition, whereas were asked to read displayed 15 trauma-related words in a stimulus condition. IRB approval was obtained by Kurume University (No. 16156). Greater standard deviation of normal to normal R-R intervals (SDNN) in stimulus condition was observed in healthy participants; no differences between the two conditions were observed in PTSD patients. In addition, greater Low Frequency (LF) in stimulus condition was observed in healthy participants; whereas less LF was observed in PTSD patients.

Reduced LF in PTSD patients was in line with a previous study (Green et al. 2016). Our results may indicate that patients with PTSD have difficulties with discriminating trauma-related stimuli. Hypervigilance symptoms of PTSD patients may persist throughout the tasks.

**1-246****Prevalence and Impact of Interpersonal Trauma and Posttraumatic Stress Disorder in Adults with Autism Spectrum Disorders**

(Abstract #460)

Poster #1-246 (Assess Dx, Complex, Health, Illness, Epidem, Adult) I - N/A

Gloucester

*Reuben, Katherine, Stanzione, Christopher  
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Individuals with autism spectrum disorders (ASD) commonly report interpersonal trauma, and many factors associated with ASD are theorized to worsen posttraumatic outcomes (Kerns, Newschaffer, & Berkowitz, 2015). Despite this, there is little to no research on the prevalence and impact of interpersonal trauma in adults with ASD. This study explored the relationship between ASD, trauma, and posttraumatic stress disorder (PTSD) with online survey data collected from 768 autistic adults. 72% of participants reported experiencing sexual assault, other unwanted or uncomfortable sexual experiences, or physical assault. 44% met the criteria for a provisional diagnosis of PTSD on the PTSD Checklist for DSM-5, but only 19% had previously received a diagnosis of PTSD. Participants who had experienced interpersonal trauma were significantly more likely to meet the criteria for PTSD (OR = 2.49; 95% CI: 1.75, 3.54) and reported significantly higher psychoform dissociation ( $F(1, 687) = 39.23, p < .001$ ), somatoform dissociation ( $F(1, 684) = 31.56, p < .001$ ), generalized anxiety ( $F(1, 687) = 6.77, p = .009$ ), and impairment with daily life functioning ( $F(1, 686) = 21.33, p < .001$ ). Increased screening for a history of interpersonal trauma and PTSD in autistic adults is recommended in order to improve posttraumatic outcomes in this vulnerable yet historically underserved population.

**1-247****Systematic Review and Meta-Analysis on Acute Stress Disorder: Rates Following Specific Types of Traumatic Events**

(Abstract #101)

Poster #1-247 (Assess Dx, Acute, Prevent, Train/Ed/Dis, Self-Care, Adult) M - Global Gloucester

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Worldwide, elevated rates of exposure to traumatic events place individuals at risk of developing post-traumatic reactions such as acute stress disorder (ASD). Peculiarly, studies regarding the rates of ASD report widely varying results, even when examining the same types of traumatic events. The first purpose of this systematic review and meta-analysis was to identify rates of ASD following different types of traumatic events (i.e., war-related, life-threatening illness, interpersonal, accident-related, and disaster-related). A second goal was to assess the methodological and trauma-related factors influencing these rates. A total of 91 samples from 88 studies including 27,096 participants were identified within 6 databases and the grey literature. Rates of ASD ranged from 14.0% (k=7) for war-related trauma to 31.2% (k=19) for interpersonal trauma. Interpersonal trauma was significantly more likely to lead to ASD than other types of events, except for disaster-related trauma. Differing assessment instruments, types of exposure and geographical locations, as well as the intentional nature of certain events contributed to heterogeneity in rates within each type of traumatic event. This systematic review and meta-analysis sheds light on vulnerable populations and highlights the scarcity of studies for certain types of traumatic events.

1-248

**Conversion of the Abbreviated PCL-5 to the Full PCL-5 Using Genetic Programming**  
(Abstract #563)

Poster #1-248 (Assess Dx, Assess Dx, Res Meth, Adult) I - N/A

Gloucester

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Posttraumatic Stress Disorder (PTSD) is a major public health concern, and thus the assessment of PTSD symptoms is a critical component of research and treatment. PTSD is comprised of 20 total symptoms which can be difficult and burdensome to assess on a regular basis in research and clinical practice. The PTSD Symptom Checklist for the DSM-5 (PCL-5) is a 20-item commonly used self-report measure to assess PTSD symptoms, and measures symptom severity on a Likert Scale (0-4). An abbreviated 8-item version of the PCL-5 was developed to reduce time and burden of the measure. However, total scores on the abbreviated measure (0-32) do not directly translate to scores on the full measure (0-80), which limits the interpretability of the abbreviated measure. The current study aimed to convert scores of the abbreviated measure to meaningful scores on a scale comparable to the full measure. Participants were a community sample of 1151 trauma exposed individuals. Genetic Programming (GP) was used to create an equation that translated scores on the original version from each item to scores comparable to the full measure. The abbreviated measure converted scores were, on average,  $M = 2.66$  points, 95% CI [2.51, 2.82] different from the full measure scores. This equation increases the interpretability of the abbreviated measure, which has important implications for its utility.

**1-249****Investigating Posttraumatic Stress Disorder and Disordered Eating: The Roles of Alexithymia and Self-Objectification**

(Abstract #1357)

**Poster #1-249 (Assess Dx, Affect/Int, Health, Adult) M - Industrialized****Gloucester***Lockett, McKenzie, Pyszczynski, Tom, Gourley, Francis**University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

Trauma exposure is associated with a number of negative psychological outcomes, including alexithymia, self-objectification, and disordered eating. However, the associations of these constructs have not been fully investigated. Understanding how these different constructs relate to one another may inform conceptualization and treatment of PTSD and eating disorders. In a sample of 243 participants, path analysis via Structural Equation Modeling (SEM) was utilized to multivariately estimate pathways among PTSD symptoms, alexithymia, self-objectification, and three components of disordered eating: bulimia, diet restricting, and oral control. Fit indices indicated the proposed model fit the data very well,  $\chi^2 = .227$ ,  $df = 3$ ,  $p = .63$ ,  $\chi^2/df = .28$ ; TLI = 1.02, CFI = 1.00, RMSEA = .00. PTSD symptoms directly predicted self-objectification ( $\beta = .30$ ,  $p < .001$ ), alexithymia ( $\beta = .34$ ,  $p < .001$ ), bulimia ( $\beta = .31$ ,  $p < .001$ ), oral control ( $\beta = .32$ ,  $p < .001$ ) and diet restricting ( $\beta = .27$ ,  $p < .001$ ). PTSD indirectly predicted diet restricting ( $\beta = .15$ ,  $p < .001$ ) and oral control ( $\beta = .06$ ,  $p < .001$ ) through self-objectification. PTSD indirectly predicted bulimia through alexithymia and self-objectification ( $\beta = .14$ ,  $p = .03$ ). The present study suggests that alexithymia, PTSD, and objectification are all interrelated phenomena that occur with various types of disordered eating.

**1-250****Are Bereavement and Prolonged Grief Symptoms an Important Part of the Clinical Picture Presented by Individuals Seeking Treatment for Post-Traumatic Distress?**

(Abstract #1393)

**Poster #1-250 (Assess Dx, Death, Depr, Res Meth, Grief, Adult) - Industrialized****Gloucester***Djelantik, Manik<sup>1</sup>, Robinaugh, Don<sup>2</sup>, Kleber, Rolf<sup>1</sup>, Smid, Geert<sup>3</sup>, Boelen, Paul<sup>1</sup>*<sup>1</sup>*Utrecht University, Utrecht, Netherlands*<sup>2</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*<sup>3</sup>*Centrum 45, Arq Research, Diemen, Netherlands*

We investigated the co-occurrence and relationships between prolonged grief disorder (PGD), post-traumatic stress disorder (PTSD), and major depressive disorder (MDD) symptoms in a patient sample of a specialized trauma clinic. 642 of a total of 1,572 patients (41%) reported bereavement in the intake procedure. 458 bereaved patients completed PTSD, PGD and MDD questionnaires. Latent Class Analyses showed that 65% of these patients were member of a class with elevated PGD symptoms. Network analyses revealed that symptoms related to social isolation and diminished sense of self bridged the communities of PGD, PTSD and MDD. Furthermore, violent loss and loss of close kin were associated with specific symptom pathways through “more difficulty accepting the loss” and “difficulty moving on in life”, respectively. In conclusion, this study suggests that clinicians and researchers should be aware of

bereavement and PGD symptoms in order to adequately capture the clinical presentation of treatment seeking trauma-exposed populations.

**1-251**

**Validation of a Clinician-administered Diagnostic Measure of ICD-11 PTSD and Complex PTSD: The International Trauma Interview**

(Abstract #1427)

**Poster #1-251 (Assess Dx, Clinical Practice, Adult) M - Industrialized**

**Gloucester**

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Background: The recently proposed ICD-11 includes substantial changes to the diagnosis of posttraumatic stress disorder (PTSD) and introduces the diagnosis of Complex PTSD (CPTSD). The International Trauma Interview (ITI) has been developed for clinicians to assess the diagnostic criteria of this new diagnosis but has not yet been evaluated.

Objectives: The objective was to evaluate the interrater agreement, reliability and the convergent, discriminant and structural validity of the Swedish ITI.

Methods: In a prospective study, 186 self-recruited adults who had experienced a potentially traumatic event were assessed with the ITI and answered questionnaires for symptoms of posttraumatic stress, other psychiatric disorders, functional disability, and quality of life (QoL).

Results: The diagnostic rate was 16% for PTSD and 6% for CPTSD. Interrater agreement was ( $\alpha=.76$ ), calculated with 12% of the sample. The ICD-11 model proved an excellent fit to the data and analysis of composite reliability indicated acceptable internal reliability. Associations with measures of other psychiatric disorder were low to moderate. Both PTSD and CPTSD scores were associated with higher functional disability and lower QoL.

Conclusion: The Swedish ITI shows promise as an instrument to assess ICD-11 PTSD and CPTSD and results render support for the ICD-11 model of PTSD.

**1-252**

**The Mediating Effect Distress Tolerance has on the Relationship Between Post Traumatic Stress Symptoms and Interpersonal Theory of Suicide Constructs**

(Abstract #1511)

**Poster #1-252 (Assess Dx, Acute, Complex, Health, Adult) M - Industrialized**

**Gloucester**

*Martinez, Margot, Gonzalez, Vanessa, Cavazos, Valeria, Cantu, Jorge, De La Fuente, Alexandra, Charak, Ruby*

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The current study examined the indirect effect of distress tolerance and distress regulation on the relations between Post Traumatic Stress symptoms (PTSS) and constructs within the Interpersonal Psychological theory for suicidal behaviors, including, perceived burdensomeness and thwarted belongingness. Participants were 223 emerging adults in the age range of 18 to 29 years ( $M=20.49$ ,  $SD=2.49$ ; 75.8% female, 84.4% Hispanic) currently attending a University in South Texas. Findings demonstrated a significant association between PTSS, and distress tolerance ( $B=-.01$ ,  $p<.001$ ), distress regulation ( $B=-.01$ ,  $p<.05$ ), and perceived burdensomeness ( $B=.17$ ,  $p<.001$ ). The association between distress tolerance and perceived burdensomeness ( $B=-2.43$ ,  $p<.05$ ), and thwarted belongingness ( $B=1.42$ ,  $p<.05$ ), and between distress regulation and perceived burdensomeness ( $B=1.29$ ,  $p<.05$ ) were significant. The remaining pathways were non-significant. There were significant indirect effects of distress tolerance on PTSS-thwarted belongingness association ( $B=-.02$ ,  $CI=-.04$  to  $-.01$ ), and between PTSS and perceived burdensomeness ( $B=.03$ ,  $CI=.01$  to  $.06$ ). There was a significant indirect effects of distress regulation between PTSS and perceived burdensomeness ( $B=-.01$ ,  $CI=-.025$  to  $-.002$ ). Further research is critical in creating treatments better suited for individuals with PTSS.

### 1-253

#### **Resilience to Trauma Exposure in U.S. Military Veterans: Application of a Novel Classification Approach in a Nationally Representative Sample**

(Abstract #586)

**Poster #1-253 (Assess Dx, Comm/Int, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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Most trauma-exposed individuals are resilient and do not develop chronic posttraumatic stress disorder (PTSD). To date, little is known about protective factors associated with resilience in nationally representative samples of trauma survivors, such as military veterans. We examined protective factors associated with resilience in a nationally representative sample of 3,157 U.S. veterans in the National Health and Resilience in Veterans Study. To operationalize resilience, we used a novel residual-based measure of resilience (Amstadter et al., 2014), which assesses differences between an individual's severity of PTSD symptoms and their predicted PTSD symptom score based on cumulative trauma burden and specific trauma exposures in the entire population. Multivariable linear regression analysis revealed that secure attachment style (relative variance explained [RVE]=28.0%), purpose in life (RVE=26.2%), perceived social support (RVE=18.8%), community integration (RVE=13.7%), dispositional gratitude (RVE=10.0%), acceptance-based coping (RVE=3.1%), and planning-based coping (RVE=0.2%) were independently associated with greater resilience. These results demonstrate the utility of a novel approach to classifying resilience and suggest that several psychosocial factors, which may be targeted in prevention and treatment, are associated with resilience in trauma-exposed U.S. veterans.

1-254

**Future Orientation and PTSD in OEF/OIF Veterans**

(Abstract #1531)

**Poster #1-254 (Assess Dx, Assess Dx, Mil/Vets, Adult) M - N/A**

**Gloucester**

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People who consistently choose rewards that are closer in time may believe that the future is uncertain or has limited value. Prior to 2013, diagnostic criteria for PTSD included an item that reflected a sense of a foreshortened future. With the advent of the DSM-5, this item was incorporated into the broader negative cognitions criterion. The current analyses were conducted to examine whether delay discounting (DD) is associated with PTSD and post-traumatic cognitions. The sample included 36 veterans with PTSD and 42 combat exposed-veterans without PTSD. The latter group included veterans who had recovered from PTSD. Participants completed a DD task making choices between hypothetical monetary rewards offered at varying time points. A hyperbolic function curve was calculated and log-transformed prior to analyses. Results showed that PTSD was associated with a steeper discounting curve, reflecting a tendency to value smaller, short-term rewards. Notably, there were no differences in DD between veterans with PTSD and those who had recovered. Results suggest that veterans with PTSD place less value on future outcomes. The association of DD in people who had recovered from PTSD may reflect a pre-existing world view, or alternatively, a scarring based on traumatic exposure.

1-255

**Why Do We Call an Animal That Quacks a Horse? Problems with the Definitions and Screening of Military Sexual Trauma**

(Abstract #1669)

**Poster #1-255 (Assess Dx, Clin Res, Rape, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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Military sexual trauma (MST) is a pervasive problem across all branches of the armed forces (20-43% of women, 1-5% of men). While MST is assessed in different ways, the VA's 2-item assessment has been criticized, in part, because it appears to imply that a sexual assault and sexual harassment should be treated the same. This study (n=487 veterans) sought to explore if different types of "MST" might best be thought of as separate categories. Four categories of MST (verbal sexual harassment, assault/groping/touching, coerced rape, forced rape) were used to compare associations and differences in variables of mental health and daily function.

Results indicate a variety of significant (statistical and clinical) differences among the four groups' profile and severity of substance use, PTSD, depression, sleep, etc. These results represent differences in the mental health and daily functioning across the MST profiles, which may support the idea that the VA's

definition of MST is insufficient at providing a realistic and clinically relevant screening of sexual trauma within a veteran population. Future directions for research should examine treatment responses among the different categories of trauma. Would certain profiles of MST best be treated by certain therapies, or certain priorities of treatment (i.e. treating depression first)?

**1-256**

**Eye movement/Eyetracking in the Assessment of Combat PTSD, TBI, Moral Injury, and Sexual Assault**

(Abstract #1789)

**Poster #1-256 (Assess Dx, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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Recent studies using eye tracking technology have indicated promising results of eye movement as a biomarker for identifying PTSD and TBI. Best psychological assessment includes discriminating specificity in aspects of PTSD and TBI and Sexual Assault and Moral Injury and is important to the future of military and civilian Mental Health. We have completed two eyetracking studies, one study addressing assessment of PTSD and TBI and another addressing executive functioning among combat PTSD individuals. We have found support for Eyetracking measurement and we have new information on advancing this research. This poster presentation reviews our two completed and future proposed studies.

Our PTSD group, TBI group and control group had significant differences on RBANS Total Percent as based from the compilation of the five index scores (Immediate Memory, Visuospatial/Constructional, Attention, Language, and Delayed Memory). There were also significant results, indicating that the mTBI groups performance was much lower than those participants in the PTSD and Control group(s). Our second study found that discrimination of executive functioning among PTSD subjects by eyetracking may best be assessed among subjects with active PTSD symptoms. We have additional proposals to study sexual assault victims and Moral Injury subjects with eyetracking.

**1-257**

**Measuring Real-World Risk Behaviors as a Read-Out of Resilience**

(Abstract #99)

**Poster #1-257 (Assess Dx, Complex, Social, Theory, Child/Adol) M - Industrialized**

**Gloucester**

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Early adverse experiences and risk behavior can interact in ways that expose youth to additional trauma. Considerable research has focused on resilience, to determine if enhancing this individual factor may help to avoid or mitigate this interaction. Recently, future orientation has been explored as an indicator of resilience. In our study, we assess the Adapted Autobiographical Interview (AAI) as a novel

probe of future orientation and relate it to real-world risk behaviors. **Methods:** Girls, ages 11 -13 years old (N = 78), completed sessions delivering the AAI, Future Time Perspective Task, the Future Orientation Scale, and Risk Questionnaire. We assessed concordance between theoretically different future orientation measures and their association with risk behavior. **Results:** Analysis confirms AAI and other measures probe distinct constructs within future orientation. Controlling for psychosocial variables, AAI and other measures of showed insignificant or weak association with real-world risk behavior. **Conclusions:** In contrast with other findings, our study suggests that future orientation does not appear to function as a domain of resilience. Since many studies exploring future orientation rely on impulsivity and sensation seeking as proxies for risk behavior, our study highlights the importance of measuring real-world risk behaviors directly to assess resilience.

## 1-258

### **The Relationship between Posttraumatic Stress Disorder, Trauma Centrality, Posttraumatic Growth and Psychiatric co-Morbidity among Chinese Adolescents with past Trauma: Is Academic Stress a Moderator?**

(Abstract #987)

**Poster #1-258 (Assess Dx, Affect/Int, Anx, Assess Dx, CPA, Child/Adol) I - E Asia & Gloucester Pac**

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**Objectives:** This study examined the mediation of trauma centrality on the path between posttraumatic stress disorder (PTSD), posttraumatic growth (PTG), and psychiatric co-morbidity, and whether academic stress levels would moderate the direct and indirect link.

**Method:** Nine hundred and forty-eight Chinese secondary students (N=948, M=462, F=486, M<sub>age</sub>=15.28, SD<sub>age</sub>=0.542) completed the Posttraumatic Stress Diagnostic Scale for DSM-5, Centrality of Events Scale, Posttraumatic Growth Inventory, General Health Questionnaire-28, and Educational Stress Scale for Adolescents.

**Results:** After controlling for levels of academic stress and demographic variables, structural equation modeling in Mplus7.4 showed that PTSD positively predicted psychiatric co-morbidity ( $\beta = +0.596$ ,  $p < 0.001$ ), but negatively predicted PTG ( $\beta = -0.305$ ,  $p < 0.001$ ). Trauma centrality mediated the impact of PTSD on PTG ( $\beta = 0.305$ , 95% CI= 0.304 to 0.514) and psychiatric co-morbidity ( $\beta = -0.086$ , 95% CI= -0.122 to -0.028) respectively. Latent moderated structural equations further indicated that academic stress levels moderated the impact of trauma centrality ( $\beta = 0.012$ ,  $p < 0.05$ ) and PTSD ( $\beta = 0.041$ ,  $p < 0.001$ ) on psychiatric co-morbidity only.

**Conclusion:** Following past trauma, Chinese students developed psychological distress and simultaneously positive changes. These traumatic reactions could be influenced.

## COMMUNITY-BASED PROGRAMS POSTERS

1-259

### **Posttraumatic Growth among Individuals in Prostitution Enrolled in Two Levels of an Alternative Court Program**

(Abstract #352)

**Poster #1-259 (Commun, Acute, Chronic, Complex, Rape, Adult) M - Industrialized Gloucester**

*Wong, Priscilla, Schultz, Tammy, Canning, Sally  
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Trauma is rife among individuals in prostitution. To address prostitution effectively, The Changing Actions to Change Habits (CATCH) Court is a U.S. alternative court program that offers defendants charged with prostitution, the opportunity of treatment-oriented services (Franklin County Municipal Court, 2016). The CATCH Court offers: (a) the CATCH 101 program, a psychoeducational course, and (b) the CATCH full program, a two-year treatment-oriented and nonadversarial probationary program. Currently, limited studies have examined posttraumatic growth (PTG) among individuals in prostitution. The purpose of this study is to examine the level of PTG in this population and compare the level of PTG between the CATCH 101 and CATCH full participants. All participants completed the Posttraumatic Growth Inventory – Short Form (PTGI-SF; Cann et al., 2010) and a demographics form. Univariate analysis and one-way ANOVA will be conducted. It is expected that participants in both programs will exhibit levels of PTG within the range of those reported in similar populations. Moreover, it is expected that the CATCH full participants will demonstrate significantly higher levels of PTG compared to the CATCH 101 participants. Despite experiencing trauma, individuals in prostitution may develop PTG with the assistance of alternative court programs such as the CATCH Court.

1-260

### **Heteronormativity Moderates the Relationship between Just World Belief and Victim Blaming in a Same-Sex Sexual Assault**

(Abstract #668)

**Poster #1-260 (Commun, Comm/Int, Rape, Orient, Adult) I - Industrialized Gloucester**

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<sup>3</sup>Oakland University, Rochester, Michigan, USA*

Research suggests that strong beliefs in a just world are associated with victim blaming toward survivors of sexual assault. Similarly, heteronormative attitudes (HA) have also been found to be associated with victim blaming in same-sex sexual assaults. The current study aims to tie these lines of research together. Participants were 349 (62.2% female) college students who were recruited through a psychology subject pool. Participants completed the Heteronormative Attitudes and Beliefs Scale and the Distributive Justice for Others (DJ) subscale. Afterwards, participants read a vignette in which a same-sex sexual assault occurred. Following the vignette, participants were asked how much they agree with the statement “If the

[victim name] didn't want to have sex, they shouldn't have gone over to the [perpetrator name's] house", on a scale from 1 "strongly disagree" to 6 "strongly agree."

Hierarchical multiple regression analysis revealed a significant interaction between DJ and HA to predict victim blaming ( $\beta = -.12$ ,  $t = -2.20$ ,  $p = .02$ ). Simple slopes analysis revealed that when HA was high there was no association between DJ and victim blaming ( $\beta = -.05$ ,  $t = -0.49$ ,  $p = .622$ ). However, when HA was low, DJ significantly predicted victim blaming ( $\beta = .26$ ,  $t = 2.54$ ,  $p = .012$ ).

Results suggest that future interventions should aim to change homophobic attitudes and just world beliefs.

### 1-261

#### **Development of Posttraumatic Growth among Former Gang Members Leads to Messages of Wisdom to Deter Youth Gang Involvement**

(Abstract #1303)

**Poster #1-261 (Commun, Commun, Comm/Int, Comm/Vio, Adult) I - Industrialized Gloucester**

*Totaan, Jessica, Reyes, Maria, Stevens, Trevor, Hetebrink, Isaiah, Hausdorff, Malgorzata, Valdez, Christine*

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Growing literature documents posttraumatic growth (PTG) among trauma survivors, but no known research explores the transformative process among former gang members who experience inordinately high levels of trauma as both perpetrators and victims. Herman's (1992) final phase of trauma recovery entails creating a new sense of self and future; in some cases, taking on a survivor mission to heal and grow. With a sample of former gang members ( $N = 28$ ;  $M$  age = 44; 87.5% male), this qualitative study examined PTG development and pearls of wisdom to share with communities affected by violence. Participants completed semi-structured interviews assessing trauma and gang experiences. Results reveal PTG developed through Tedeschi and Calhoun's (2004) pathway. Findings suggest wisdom can be configured into anecdotes and advice to deter gang involvement. Themes of messages to dissuade gang involvement include: learn from their experiences (75%), avoid incarceration/death (57%), consequences of loss (54%), and false sense of family (54%). This population gained wisdom from unique histories marked by violence, making them suitable to be social change activists in underserved communities. Implications will be discussed for developing a community-based speaker-bureau program run by former gang members to decrease violence and promote recovery via mentorship and resonating with vulnerable youth.

### 1-263

#### **The Role of Social Support on PTSD among Mothers of Young Children with Experiences of Trauma Across the Lifespan**

(Abstract #1278)

**Poster #1-263 (Commun, Clin Res, Complex, Cul Div, Fam/Int, Lifespan) - Industrialized**

**Gloucester**

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Mental health challenges due to traumatic life experiences in parents of young children can negatively impact parental functioning or parenting capacity, resulting in poor parent-child relationships. Alleviating parents' trauma-related symptoms may help improve parenting capacity and prevent negative relational and developmental outcomes. Research posits that social support is protective of maladaptive parenting for parents with a history of childhood maltreatment (e.g., Dixon et al., 2009). Yet, little is known about protective factors of parental PTSD among those who experienced trauma later in life. The present study tested the effect of family functioning/resiliency and social support on the association between traumatic life events (TLE) and PTSD symptoms in a diverse community sample of northeastern U.S. mothers (79% Latinx) with young children enrolled in a dyadic parenting intervention. Baseline data collected at time of enrollment (N=39) was analyzed using multiple regression predicting maternal PTSD. Results showed a moderation effect of social support, but not family functioning/resiliency, on the association between TLE and PTSD symptoms. Social support was protective of PTSD for mothers with low TLE, but not for those with high TLE, suggesting that social support may not be a strong enough protective factor for those exposed to high levels of trauma.

**1-264**

**Working with Victims of Intrafamilial Homicide: Response to Symptoms of Traumatic Loss and Grief**

(Abstract #1657)

**Poster #1-264 (Commun, Commun, Grief, Lifespan) I - Industrialized**

**Gloucester**

*delMas, Sara, Moreland, Angela, Pastrana, Freddie, Rheingold, Alyssa*  
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Survivors of intrafamilial homicide are at significant risk for prolonged maladjustment and distress, and may benefit from support or interventions that respond to traumatic loss and grief. To examine the response that is currently in place to address these symptoms, as well as their effectiveness, qualitative interviews were conducted with 22 community partners that implement services and engage with survivors of intrafamilial homicide. Partners had been working in the victim services field for a range of 1 to 28 years (M=15.18) and worked with 1-20 victims of intrafamilial homicide per year. Qualitative data analysis consisted of content analysis informed by grounded theory, to identify themes/patterns that emerged. Results indicated that nine overarching themes emerged, which included types of services offered by the organization (92%), what can be done to improve services by partnering agencies (76%), steps to service provision (92%), formalization of the process (88%), service coordination: referring out (92%), receiving referrals from partner agencies (92%), organization self-assessment and improvement (88%), overall community improvement (80%), and child-specific services (72%). Findings demonstrate the importance of a formalized process with victims of intrafamilial homicide, due to the unique symptoms and trauma-related concerns with traumatic loss and grief.

## SOCIAL ISSUES-PUBLIC POLICY POSTERS

1-265

### **Resilient Parents... Resilient Communities Establishing Interventions to Increase Resilience**

(Abstract #1765)

**Poster #1-265 (Social, Commun, Nat/Dis, Prevent, Intergen, Adult) M - Industrialized Gloucester**

*Bremault-Philips, Suzette*

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The Fort McMurray Wood Buffalo (FMWB) 2016 wildfire was the most devastating natural disaster in modern Canadian history. 88,000 people were evacuated from the area including some 1850 women who were pregnant or soon to conceive. The fire impacted the mental health and physiology of FMWB residents. Signs of stress appeared immediately in some individuals; in others, it may yet be years before the full impact surfaces. The effect of stress and trauma on mothers and their children, as well as potential intergenerational impacts has been demonstrated through animal and human research, and longitudinal studies post-disaster. The objectives of this project are to examine the impact of the wildfire on pregnant women and their children, and the effectiveness of an evidence-based expressive writing intervention on pregnant women post disaster. 208 pregnant women who experienced the FMWB wildfire completed questionnaires and were randomly assigned to an expressive-writing (EW), neutral or no-writing group. Participants in the EW group were asked to complete 15-minute writing sessions on 4 consecutive days. Quantitatively, those who did not to answer the trauma-related question had the highest means scores on all measures with the exception of the CD-RISC-25, and those who reported that the fire was their most traumatic event (36%- 10/28) were found to be the most resilient.

1-266

### **The Development of Women's Sexual Assertiveness: A Study of Intergenerational Influence**

(Abstract #144)

**Poster #1-266 (Social, Dev/Int, Fam/Int, Prevent, Gender, Adult) I - Industrialized Gloucester**

*Press, Nikki<sup>1</sup>, Walsh, Kate<sup>2</sup>*

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With rising cultural attention to women's sexual wellbeing comes an increased need for research on women's sexual empowerment and satisfaction. Prior research has outlined an intergenerational transmission of risk for negative sexual outcomes like sexual violence (e.g., Testa, Hoffman, & Livingston, 2011) and suggests the possibility of intergenerational influence on the development of positive sexual values and skills. Sexual assertiveness has been identified as one such aspect of women's sexual wellbeing (Hurlbert, 1991; Kelley, Orchowski, & Gidycz, 2015) whose development is little understood. The current study examines adult women's narratives of their development of sexual assertiveness and consequent communication about sex with their adolescent daughters. Interviews were

conducted with thirteen women in a major northeastern city and analyzed using a grounded theory approach. Results yielded thirteen themes that comprise four theoretical constructs: 1. Learn about women's sexual role from the social world, 2. Develop sexual self-schema through personal experiences, 3. Navigate sexual assertiveness in a long-term relationship, and 4. Relay protective hopes for daughters. The beginnings of a theory for sexual assertiveness development are presented and clinical implications are discussed.

**1-267**

**The Effects of Chronic Exposure to Community Violence on Urban Male Adolescents' World View**

(Abstract #438)

**Poster #1-267 (CulDiv, Clinical Practice, Comm/Vio, QoL, Child/Adol) M - Industrialized**

**Gloucester**

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Exposure to community violence (CV) is a major health concern due to its association with increased risk of potential injury, death, and adverse psychological outcomes. Between 50-96% of adolescents living in urban environments have been exposed to CV. CV exposure has been closely associated with adolescent African American males, who are disproportionately represented in urban communities. Given their rate of exposure to CV, as well as the additional stressors encountered by people of color in the United States, it is vital to understand the ways CV shapes individuals' worldview. This phenomenological study explored CV-exposed adolescent African American males' perceptions about how various intersecting factors impact their assumptions about the world, and the resources and strengths they perceive to be available for them. The analysis of the themes revealed participants' perceptions about how they cope with CV, how violence shaped their understanding of the world, others, and themselves, and the value of education and available career options. Themes concerning their expectations of death, and understanding that street life limits opportunities were identified. The participants acknowledged the value of support and the role their friends, family, and school played in their lives. Clinical implications of these findings and directions for future research will be discussed.

**1-268**

**The Impact of Immigration Detention on Trajectories of Change in Posttraumatic Stress Symptoms among Farsi/Dari Speaking Asylum-Seekers Refugees and Immigrants in Australia**

(Abstract #1284)

**Poster #1-268 (Social, Global, Rights, Refugee, Adult) M - Industrialized**

**Gloucester**

*Wells, Ruth<sup>1</sup>, Rostami, Reza<sup>2</sup>, Solaimani, Jila<sup>1</sup>, Berle, David<sup>3</sup>, Hadzi-Pavlovic, Dusan<sup>4</sup>, Silove, Derrick<sup>5</sup>, Steel, Zachary<sup>6</sup>*

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Little is known about the mental health impact of immigration detention post release. Aim: Examine the impact of prior detention on trajectories of posttraumatic stress symptoms (PTS) across 12-months. Methods: Representative community sampling was recruited of 411 Farsi/Dari-speaking asylum seekers, refugees and immigrants. Detention length (none; <24; >24 months), visa status and PTS (Harvard Trauma Questionnaire) were collected every 2 months for 1 year. Linear mixed models examined the prospective association of detention length with PTS over time, controlling for visa status, trauma events and gender. Results: Visa status ( $p < 0.001$ ), detention length ( $p < 0.001$ ) and a detention by time interaction ( $p < 0.001$ ) significantly predicted PTS over 12 months. Detention > 24 months (severe PTS, HTQ = 2.76) had a decreasing trend of over time ( $p = 0.07$ ), 0-2 years detention (moderate PTS) significantly increased ( $p = 0.005$ ) and no detention (low PTS) had no significant change ( $p = 0.84$ ). Detention >24 months was above clinical cut-offs at 12 months. Conclusions: Immigration detention impacts on PTS trajectories post release. After > 2 years in detention, people show a very severe PTS profile with some improvement over time. Less than 2 years in detention is associated with worsening PTS compared to no increase for those with no detention especially for those applying for refugee protection

## CULTURE/DIVERSITY POSTERS

1-269

### **A Psychotherapeutic Approach to Perpetrators of Abusive Violence Incorporating Psychoanalysis, Cognitive Therapy, and Eastern Religion**

(Abstract #450)

**Poster #1-269 (CulDiv, Aggress, Clinical Practice, Mil/Vets, Moral, Adult) I - Global Gloucester**

*Pitman, Roger*

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Objective. Guilt, shame, and remorse over the perpetration of abusive violence, or atrocities, is a refractory psychological problem in combat veterans. Exposure is of limited value. Cognitive therapy has more to offer, considering that these emotions often are fueled by maladaptive cognitions. A role for psychoanalysis has been neglected, as have insights achieved by Eastern religion. The present objective is to improve psychotherapy of perpetrators by drawing upon these neglected resources.

Methods. Literature review, comparative philosophical and religious study, clinical cases

Results. Central to the problem of perpetrator guilt and shame is the maladaptive cognition, "I act of my own free will. I could have chosen not to commit this evil act, but I chose to commit it. Therefore, I deserve to feel guilty." We counter, as did the Buddha, that the notion of a personal self with free will is an illusion. This illusion is related to a failure to understand the dependent origination of all phenomena conditionally from other phenomena through a plurality of causes.

Conclusions. Understanding the causes of an atrocity reduces the misimpression that it was a personal

choice, and with it the associated guilt. This understanding requires not only elucidation of external factors, but also of intrapsychic factors through a psychoanalytic uncovering approach.

**1-270**

**PTSD and Risky Behaviors among Trauma-Exposed African Americans: Religiosity as a Protective Factor**

(Abstract #269)

**Poster #1-270 (CulDiv, Aggress, Cul Div, Adult) I - Industrialized**

**Gloucester**

*Thomas, Emmanuel, Weiss, Nicole*

*University of Rhode Island, Kingston, Rhode Island, USA*

Posttraumatic stress disorder (PTSD) is linked to a wide range of risky behaviors. However, a relative dearth of literature has identified factors that may buffer this association. Moreover, the majority of research in this area has been conducted in predominantly White samples. Addressing these limitations, the present study examined the role of religiosity as a moderator of the relation between PTSD and risky behaviors among African Americans. Participants were 220 trauma-exposed African American students enrolled in a historically black college in the southern United States (68% female; Mage=22.30). A moderating effect of religiosity on the relation between PTSD symptom severity and aggressive behavior,  $B=-0.01$ ,  $p=.01$ , but not alcohol, drugs, or non-suicidal self-injury (Bs ranging from  $-.01$  to  $-.001$ , ps ranging from  $.06$  to  $.67$ ), was detected. PTSD symptoms severity was more strongly related to aggressive behavior among individuals that were low,  $B=.96$ ,  $p<.001$ , versus high,  $B=0.52$ ,  $p<.001$ , in religiosity. Results suggest religiosity as a potential protective factor against aggression—but not alcohol, drugs, or non-suicidal self-injury—among African Americans who experience symptoms of PTSD. Thus, it may be beneficial to target religiosity, such as through behavioral activation, in the treatment of PTSD among religious individuals.

**1-271**

**#PRSeLevanta: One Year after Hurricane Maria in Puerto Rico**

(Abstract #299)

**Poster #1-271 (CulDiv, Global, Nat/Dis, Adult) I - N/A**

**Gloucester**

*Rodriguez-Guzman, Von Marie<sup>1</sup>, Bogen, Katherine<sup>2</sup>, Nugent, Nicole<sup>3</sup>, Orchowski, Lindsay<sup>1</sup>, Garcia-Ramirez, Grisel<sup>4</sup>*

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<sup>4</sup>*University of California, Berkeley, Berkeley, California, USA*

The present study aims to characterize online communications that unfolded on Twitter one-year after Hurricane Maria made landfall in Puerto Rico, describing patterns that emerged in tweets from Puerto Rico relative to tweets from the mainland United States (U.S.). NVivo and NCapture were used to collect the Twitter hashtags #Maria (N=499), #PRSeLevanta (N=622) for five consecutive days at the one-year

anniversary time point of Hurricane Maria in Puerto Rico. After data cleaning and discarding tweets without Geographic Information System (GIS), the researchers coded Spanish and English tweets using thematic content analysis. Themes were a mix of future focus and past reflections and included commentary on psychological symptoms, coping, and politics. GIS software was used to geo-map tweets to describe coding patterns as coming from Puerto Rico or from the continental U.S. Implications for using social media to understand post disaster processes, including how these processes are affected by post-disaster diaspora, will be discussed.

**1-272**

**Coping and Resilience among Transgender Individuals**

(Abstract #1774)

**Poster #1-272 (CulDiv, Clinical Practice, Cul Div, Gender, Adult) I - Industrialized Gloucester**

*Gorman, Kaitlyn<sup>1</sup>, Pantalone, David<sup>1</sup>, Shipherd, Jillian<sup>2</sup>, Carter, Alice<sup>1</sup>*

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Transgender and gender nonconforming (TGNC) individuals frequently experience stress pertaining to their gender identity. However, little research has been done to explore how TGNC individuals cope with, or build resilience from, gender related stress. In the proposed study, we aim to elucidate the coping strategies TGNC individuals used, including which strategies they found to be effective and which were ineffective, in terms of coping with gender related stress. Additionally, we will investigate the specific factors reported by TGNC individuals as critical in the development and maintenance their resilience to identity-related stressors. Participants (N = 30) completed a semi-structured interview through which they explored their understanding and experience with resilience in the face of and coping with gender related stress. Data analysis was guided by the theory and methods of consensual qualitative research (CQR) methodology, an inductive method that holds an importance of words over numbers, and allows for an integration of multiple viewpoints by ensuring that the research team reach a consensus during coding. Results from the current study will indicate if further research is needed to explore the efficacy of new interventions to best target the specific strengths and skills that will support TGNC individuals.

**1-273**

**An Examination of the Impact of Communal Orientation Types on PTSD by Race and Ethnicity**

(Abstract #241)

**Poster #1-273 (CulDiv, Comm/Int, Ethnic, Adult) I - Industrialized Gloucester**

*Suazo, Nazaret<sup>1</sup>, Reyes, Miranda<sup>2</sup>, Weiss, Nicole<sup>1</sup>*

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*<sup>2</sup>University of Rhode Island, Department of Psychology, Kingston, Rhode Island, USA*

There are ethnic and racial differences in the prevalence of posttraumatic stress disorder (PTSD; Roberts et al., 2011). Theoretical accounts of PTSD have taken into consideration the role of contextual factors in the etiology and maintenance of PTSD symptoms (Maercker & Horn, 2012). However, a dearth of empirical studies have examined culturally relevant factors that may explain racial and ethnic differences in PTSD. The current study examined the potential role of communal orientation (horizontal individualism [independence that emphasizes equality], vertical individualism [independence that emphasizes hierarchy], horizontal collectivism [interdependence that emphasizes equality], vertical collectivism [interdependence that emphasizes hierarchy]) in PTSD symptom severity. Participants were 400 (100 each Asian, Black, Hispanic, White) trauma-exposed individuals recruited from the community (M age=43.87, 70.9% female). In the total sample, horizontal individualism and horizontal and vertical collectivism were significantly and negatively related to PTSD symptom severity. Among the racial and ethnic subsamples, PTSD symptom severity was significantly and negatively related to horizontal individualism for Blacks and horizontal individualism and collectivism for Asians. These findings suggest the need for culturally sensitive assessment and treatment options for PTSD.

**1-274****Examining Racial/Ethnic Differences in Attitudes towards Violence among U.S. Young Adults Exposed to Trauma**

(Abstract #1754)

**Poster #1-274 (CulDiv, Comm/Vio, Ethnic, Child/Adol) I - Industrialized****Gloucester***Muradwij, Nawal<sup>1</sup>, Amoh, Nana<sup>2</sup>, Sissoko, Gina<sup>1</sup>, Allwood, Maureen<sup>1</sup>*<sup>1</sup>*John Jay College, CUNY, New York, New York, USA*<sup>2</sup>*The Graduate Center, City University of New York/John Jay College of Criminal Justice, New York, New York, USA*

Community Violence Exposure (CVE) is linked to the endorsement of attitudes normalizing violence (Allwood & Bell, 2008) and adverse mental health (Fowler, 2009). Research examining racial/ethnic disparities in such attitudes related to subtypes of community violence is scarce. Understanding the ways attitudes towards violence differ across racial/ethnic groups is important given that youth from low-income, marginalized groups are increasingly exposed to more severe traumatic violence, putting them at increased risk for negative trauma-related cognitions. Using psychometrically sound measures, this study examined racial/ethnic differences in types of CVE and attitudes towards violence among a diverse sample of adolescents (n=115). Preliminary results revealed significant mean race/ethnicity differences in exposure to traumatic violence,  $F(2, 109)=10.20, p<.001$ , and indirect violence,  $F(2, 109)=5.16, p<.05$ . African-Americans reported significantly more exposure to Traumatic Violence compared to Whites and Latinxs, and more Indirect Violence compared to Whites. However, African-Americans did not report significantly higher pro-violence or reaction-to-violence attitudes compared to the other groups. Findings suggest that African-American youth may engage in coping that buffers against the risk of developing negative trauma-related cognitions in the face of violence exposure.

1-275

**Development and Initial Evaluation of a Web-Based Resource for Behavioral Health Providers Caring for Native American Veterans**

(Abstract #1773)

**Poster #1-275 (CulDiv, Clinical Practice, Train/Ed/Dis, Mil/Vets, Prof) I - Industrialized**

**Gloucester**

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American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander (Native American) veterans of the US Armed Forces are more likely to serve in combat positions and have war trauma exposure, leading to high rates of post-traumatic stress disorder (PTSD) and alcohol abuse and dependence relative to other ethnic groups of veterans. Yet, these veterans often live in remote and rural areas and have unmet healthcare needs. With over half of Native American veterans receiving some of their care outside the US Department of Veterans Affairs (VA), there is a critical need to increase behavioral health providers' awareness and competency in treating Native American Veterans' health concerns. The Community Provider Toolkit (CPT), an online resource developed by VA and National Center for PTSD provides key resources and tools to providers seeing veterans in their communities. Given the unique needs of Native American veterans, a web-based resource specifically for these populations was developed and launched on the CPT website in 2018, with 219 views of the section on Native American Veterans. Since 2013, the CPT website has been viewed more than 200,000 times. This presentation will discuss the development and utility, as well as preliminary evaluation results, of this resource designed to increase the quality of care provided to Native American veterans.

## GLOBAL ISSUES POSTERS

1-276

### **Preliminary PTSD Data from Rural Ethiopian Patients with Severe Mental Illnesses** (Abstract #965)

**Poster #1-276 (Assess Dx, Global, Adult) - Global**

**Gloucester**

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A debate in global mental health research centers on the validity of post-traumatic stress disorder (PTSD) in non-Western, low and middle income countries. One camp posits that trauma and PTSD are Western cultural phenomena that pathologize normal suffering and weaken traditional responses (Bracken et al., 2016). Alternatively, many researchers have put forth research on cultural expressions of distress, including trauma-related symptoms and syndromes (Hinton et al., 2011). Results suggest that PTSD may have universal and culture-specific features (Michalopoulos et al., 2015).

The present study analyzes qualitative interviews from 48 stakeholders in a rural district of Ethiopia. Participants described events that they considered traumatic, the effects of such events, and the interaction between these symptoms and severe mental illnesses (SMI). Participants included patients with SMI (n=14), caretakers (n=12), health care providers (n=13), and community and religious leaders (n=9) in contact with SMI patients. Themes included common local traumatic events (e.g., marital kidnappings), common local responses to traumatic events (e.g., headaches), as well as community (e.g., seeking justice from village elders) and individual coping strategies for dealing with these events. Results are discussed in light of overlap and distinction with medical criteria for trauma and PTSD.

1-278

### **Psychiatric Assessment of Asylum Seekers: Ethical Dilemmas** (Abstract #1281)

**Poster #1-278 (Global, Health, Rights, Refugee, Adult) M - Industrialized**

**Gloucester**

*Quadrio, Carolyn<sup>1</sup>, Steel, Zachary<sup>2</sup>, Aronson, Eric<sup>3</sup>, Driscoll, Helen<sup>4</sup>*

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<sup>3</sup>*Psychologist in Private Practice*

<sup>4</sup>*Headspace, Collingwood, Victoria, Australia*

Psychiatric assessment of asylum seekers in detention is unique: the situation of detention is the proximal trauma. Most develop some combination of symptoms of PTSD and/or depression; it may reach the point

of 'mental death': all hope is lost; the will to survive is extinguished.

The first priority in trauma care is: ensure safety, remove from the threat. Here, instead, psychiatric diagnosis converts suffering into mental illness, medication is prescribed: the problem is located in the individual rather than the environment.

Three case examples from offshore detention:

A young woman raped by islanders was separated from family and treated in a clinic. She deteriorated and was transferred to hospital in Australia, alone, without family.

An 18 year old with no history of mental illness reached the point of mental death after five years of detention. He refused food; he was eventually tube fed, diagnosed as psychotic depression and given ECT.

After young man immolated; his wife watched over him as he died slowly and agonisingly over three days. There was little clinical care provided for either of them. She was later diagnosed with PTSD and depression and treated with medication.

Conclusion: Are there options for the clinician?

**1-279**

**Understanding Complicated Grief in the Face of Traumatic Losses Due to Terrorism: A Mixed- Methods Study in an Internally Displaced People's Camp in Nigeria**

(Abstract #985)

**Poster #1-279 (Global, Complex, Refugee, Terror, Grief, Adult) I - W & C Africa Gloucester**

*Canales, Andrea<sup>1</sup>, Ahmed, Patience<sup>2</sup>, Camphouse, Jamie<sup>1</sup>, Noll, Anna<sup>3</sup>, Kozel, Gianna<sup>2</sup>, Eriksson, Cynthia<sup>2</sup>*

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

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For more than a decade Nigerian communities have experienced traumatic losses by the radicalized Islamic terrorist group, Boko Haram. This mixed-method analysis was conducted in an Internally Displaced People's camp in Jos, Nigeria, making use of focus groups and structured interviews. The first aim of this study was to understand symptoms of complicated grief when factoring: 1) proximity of attachment to the deceased, 2) if there was a clear death outcome or not, 3) and whether or not participants were prevented from traditional burial rites. The second aim was to understand the construct of grief in a Nigerian IDP context and the way adaptive grieving was perceived by community members. Quantitative results indicated all types of relational losses were connected to distinct forms of emotional and physical distress. Furthermore, spousal loss explained a significant portion of the variance of depression symptoms even after accounting for demographics and traumatic exposures. Losses due to kidnapping, disappearance, and prevention of proper burial led to significantly higher levels of emotional and physical distress. The qualitative analysis revealed how those who remain connected to communal relationships and activities were perceived as positively adapting to grief and loss. Finally, a preliminary grounded theory of complicated grief is offered for the IDP context in Nigeria.

**1-280**

**When Torture Survivors Recover and Heal: Exploring the Human Capacity for Resilience**  
(Abstract #1035)

**Poster #1-280 (Global, Rights, Refugee, Torture, Gender, Adult) M - Global**

**Gloucester**

*McQuaid, PhD, Jennifer<sup>1</sup>, McKenzie, MD, Katherine<sup>2</sup>*

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In 2016, over 65 million people were forcibly displaced as a result of human rights violations or conflict (UNHCR, 2016, 2017). Asylum seekers are at risk for developing PTSD, depression, and chronic pain (McKenzie, et al., 2018; Patel, 2016). Research suggests that rates of emotional distress are linked not only to premigration trauma, but to stressors experienced post-migration. In spite of high rates of distress, many survive and build new lives. This workshop will combine theory and practice, using case material to explore the following question: How can research help us understand humans' capacity to remain optimistic and emotionally connected to loved ones in the aftermath of severe persecution? A psychologist and an internist who specialize in asylum and human rights will present the case of an Angolan couple of Congolese descent who survived physical and sexual torture because of their national identity. In spite of this persecution, they draw on their strengths to tip the balance of trauma in favor of recovery.

Research on outcomes associated with physical injury and rape as a weapon of war will be presented. Case material will be presented, grounded in current research on resilience. Discussion will focus on translating research into clinical practice.

**1-281**

**Perceived Microaggression in the Context of Continuous Traumatic Stress (CTS)**

(Abstract #478)

**Poster #1-281 (Res Meth, Aggress, Sub/Abuse, Terror, Civil/War, Child/Adol) - Industrialized**

**Gloucester**

*Schiff, Miriam, Pat-Horenczyk, Ruth*

*Hebrew University of Jerusalem, Mount Scopus, Jerusalem, Israel*

This study adapted and validated the Racial and Ethnic Microaggressions scale (Nadal, 2011) to Arab and Jewish youth in Israel. We also examined the associations between perceived microaggression and posttraumatic stress symptoms among Arab and Jewish adolescents in the context of CTS. The random representative sample included 200 Arab and 213 Jewish youth (13-17 years old). Results showed that 58% of both Arab or Jewish adolescents reported no indicator of microaggression. Of those encountering at least one indicator, Arabs reported much higher incidents of microaggression. For example, 40% of Arabs and 7% of Jewish adolescents reported that "someone's body language showed they were scared of me, because I'm Arab/Jewish". Additionally, 22% of Arabs and 3% of Jewish youth reported that "someone avoided eye contact with me because I'm Arab/Jewish". Exploratory followed by multigroup confirmatory factor analysis revealed two factors for both populations with similar goodness of fit: Assumption of inferiority and assumption of criminality and microinvalidation. Associations between

trauma history, PTSD symptoms and assumption of inferiority among those who experienced at least one indicator of microaggression were much higher among Arab than Jewish youth. In sum, CTS has vast negative consequences and minorities are a vulnerable population in ethnopolitical conflict zones.

## **PREVENTION/EARLY INTERVENTION POSTERS**

**1-283**

**Parent Perspectives on Risk of Maltreatment for Children with Developmental Disabilities**  
(Abstract #942)

**Poster #1-283 (Clin Res, CPA, CSA, Clin Res, Fam/Int, Child/Adol) M - Industrialized Gloucester**

*Rogers, Karen<sup>1</sup>, Kim, Lydia<sup>2</sup>*

<sup>1</sup>*University of Southern California Keck School of Medicine, Los Angeles, California, USA*

<sup>2</sup>*Children's Hospital Los Angeles, Los Angeles, California, USA*

Children with autism and other developmental disabilities (DD) are at markedly increased risk of sexual abuse, physical abuse, neglect and peer victimization. Specific unique risk factors for victimization among this population identified in the literature include individual and family factors. To date, no research has assessed these risk factors among children with and without DD. Due to the increased need for care and advocacy for children with DD, parents' understanding and ability to meet these needs is an essential resource for development and well-being. This qualitative study explores views of children's risk for victimization associated with their disability, including perceived risk and protective factors, for a diverse population of caregivers.

Caregivers for children with developmental disabilities being seen in a large urban community mental health center were invited to participate in one of two group interviews. One group addressed caregivers' perceived risk of victimization among their children, with a specific focus on caregivers' identified need for information and support, and potential research questions for further scientific study. The second group explored caregivers' view of a proposed measure of individual and family risk factors for victimization. Results from this study and suggestions for future research will be reviewed.

**1-284**

**Relationships between Callous-Unemotional Traits and PTSD Symptoms in Undergraduates: A Gender-Based Multi-Group Analysis of Correlations**  
(Abstract #779)

**Poster #1-284 (Prevent, Aggress, Dev/Int, Gender, Adult) M - Industrialized Gloucester**

*Ellis, Robyn, Awada, Samantha, Orcutt, Holly, Shelleby, Elizabeth*

*Northern Illinois University, Department of Psychology, DeKalb, Illinois, USA*

Positive relationships between trauma exposure, PTSD symptomatology and callous-unemotional (CU) traits (i.e., lack of guilt and empathy, and the callous use of others for personal gain) have been established (Sharf et al., 2014). The relationships between PTSD and CU traits is also robust (e.g.,

Kimonis, 2009), although the majority of the research has been conducted on juvenile delinquents. The current study sought to replicate and extend the findings of Sharf and colleagues (2014) with a population of undergraduates ( $n = 179$ , 51.4% male). Participants completed measures of trauma exposure, PTSD symptoms, and CU traits. The current study failed to fully replicate Sharf and colleagues (2014), finding only arousal symptoms significantly correlated with CU traits ( $r = .17, p = .02$ ). Multi-group analysis of correlations suggests differing patterns of relationships between CU trait subtypes (i.e., callous, unemotional and uncaring) and PTSD symptom clusters based on gender. Specifically, only callousness significantly related to arousal symptoms in women ( $r = 0.24, p = .03$ ), whereas callousness and unemotional traits significantly correlated with multiple PTSD clusters in men. This study represents the first to establish relationships between CU traits and PTSD symptom clusters in an undergraduate population; implications and future directions will be discussed.

**1-285**

**Childhood Maltreatment, Daily Heterosexist Experiences, and their Association with Intimate Partner Cyber-Perpetration among Lesbian, Gay, and Bisexual Emerging Adults: The Mediating Role of Anger**

(Abstract #1743)

**Poster #1-285 (Prevent, CPA, DV, Orient, Tech, Adult) M - Industrialized**

**Gloucester**

*Trujillo, Oscar<sup>1</sup>, Villarreal, Lillianne<sup>1</sup>, Christ, Nicole<sup>2</sup>, Charak, Ruby<sup>1</sup>*

<sup>1</sup>*University of Texas Rio Grande Valley, Edinburg, Texas, USA*

<sup>2</sup>*University of Toledo, Toledo, Ohio, USA*

This study aimed to compare models investigating the effect of universal—childhood maltreatment—and specific risk factors—daily heterosexist experiences—on intimate partner cyber-perpetration as mediated by anger. Participants were 277 emerging adults between 18 to 29 years ( $M = 25.39, SD = 2.77$ ; 26.7% Hispanic/Latinx) old comprising 26.6% gay, 16.6% lesbian and 57.8% bisexual individuals recruited through Amazon MTurk. Most were in a current romantic relationship (86.6%) and 13.4% had previously been in a relationship. Nearly 69% reported exposure to at least one childhood maltreatment type, 28.2% reported anger problems, and 69% reported perpetrating one of three types of cyber aggression: sexual, psychological, and stalking. Findings indicated a significant association between childhood maltreatment ( $\beta = .12, p < .05$ ), LGB-related victimization ( $\beta = .37, p < .05$ ), and LGB-related discrimination ( $\beta = .25, p < .05$ ) with anger, and anger and cyber-perpetration ( $\beta_{\text{range}} = .25 - .36, p < .05$ ). The indirect effects of anger were stronger between cyber-perpetration and childhood maltreatment ( $\beta = .18, p < .05$ ), followed by discrimination ( $\beta = .14, p < .05$ ), and victimization ( $\beta = .12, p < .05$ ). Anger as a mechanism between universal and specific risk factors and cyber-perpetration in LGB adults.

**1-286**

**The Mediating Role of Anger in the Association between Childhood Maltreatment and Intimate Partner Cyber-Perpetration in young Adult Hispanic Men and Women**

(Abstract #1823)

**Poster #1-286 (Prevent, Aggress, CPA, DV, Tech, Adult) M - Industrialized Gloucester**

*Trujillo, Oscar, Villarreal, Lillianne, Cantu, Jorge, Charak, Ruby*  
*University of Texas Rio Grande Valley, Edinburg, Texas, USA*

This study aimed to compare the effect of childhood maltreatment on intimate partner cyber perpetration mediated by anger between men and women. Participants were adults between ages 18 to 29 (Males:  $M=20.64$   $SD=2.33$ ; Females:  $M=20.61$   $SD=2.40$ ). Nearly 56% of male and 60% of female participants were currently in a romantic relationship. About 74% of males and 65% of females reported exposure to at least one childhood maltreatment type. Nearly 52% of males reported having anger problems and 65% reported perpetrating one of three types of cyber aggression: sexual, psychological, and stalking. In females, nearly 54% reported having anger problems and 71% reported perpetrating cyber aggression. Findings indicated a significant association between childhood maltreatment with anger in females ( $\beta=.74$ ,  $p < .01$ ) but not in males. Findings indicated a significant association between childhood maltreatment, anger and cyber perpetration in both males ( $\beta = .03$ ,  $p < .0001$ ) and females ( $\beta = .02$ ,  $p < .0001$ ). The indirect effects of anger were stronger between cyber-perpetration and childhood maltreatment among men ( $\beta = .005$ ,  $SE=.002$ ,  $CI = .002-.009$ ) than women ( $\beta = .004$ ,  $SE = .001$ ,  $CI=.002-.006$ ). The mediating role of anger in the association between childhood maltreatment among females was more significant although the effect size was stronger in males.

**1-287**

**Drinking to Feel Good and Stop Feeling Bad After College Sexual Assault: The Association between Positive and Negative Urgency with Drinking Motives and Consequences**

(Abstract #1507)

**Poster #1-287 (Prevent, Clin Res, DV, Rape, Sub/Abuse, Adult) M - Industrialized Gloucester**

*Hahn, Christine<sup>1</sup>, Hahn, Austin<sup>1</sup>, Zinzow, Heidi<sup>2</sup>, Thompson, Martie<sup>2</sup>, Kilpatrick, Dean<sup>1</sup>, Gilmore, Amanda<sup>1</sup>*

<sup>1</sup>*Medical University of South Carolina, Charleston, South Carolina, USA*

<sup>2</sup>*Clemson University, Clemson, South Carolina, USA*

The primary aim of the current study was to test the role of urgency and drinking motives on the association between PTSD symptoms and alcohol outcomes following sexual assault (SA). Participants were 122 college women aged 18 to 24 who experienced a SA since age 18 and reported drinking at least one alcoholic drink per week. Results of a path analysis indicated the model demonstrated good fit to the data with  $X^2(11, N = 122) = 11.57$ ,  $p = .397$ ;  $RMSEA = .021$ ;  $CFI = .997$ ;  $SRMR = .062$ . PTSD symptoms had significant direct association with negative urgency and an indirect association with alcohol-related consequences, but not weekly drinking. Negative urgency was directly associated with coping motives for drinking, while positive urgency had a direct association with enhancement motives. Enhancement motives were positively associated with weekly drinking, but not alcohol-related

consequences. Coping motives for drinking were inversely associated with weekly drinking, and positively associated with alcohol-related consequences. Results suggest that women with SA-related PTSD symptoms and difficulties regulating distress are at risk to drink to cope, which may lead to alcohol-related consequences. Interventions that reduce PTSD symptoms and increase skills to regulate behavior when distressed may reduce alcohol-related consequences.

**1-288****Differential Associations between Childhood Maltreatment, Callous-Unemotional Behaviors, and Post-traumatic Stress Symptoms based on Maltreatment Type and Gender**  
(Abstract #1339)**Poster #1-288 (Prevent, Aggress, CPA, CSA, Neglect, Adult) M - Industrialized****Gloucester**

*Awada, Samantha, Ellis, Robyn, Orcutt, Holly, Shelleby, Elizabeth*  
*Northern Illinois University, Department of Psychology, DeKalb, Illinois, USA*

Child maltreatment is associated with post-traumatic stress symptoms (PTSS) and callous-unemotional behaviors (CUB; e.g., Dargis et al., 2016). CUB include lack of empathy and a disregard for others, which are linked to riskier and more violent behaviors (Frick et al., 2003). One theory that helps to explain the association between maltreatment and CUB suggests that maltreated children may dull emotions to cope with distress, manifesting as generalized callousness (Del Giudice et al., 2011). Relatedly, one study found overlap between PTSS (i.e., avoidance, intrusions, negative mood, reactivity) and CUB clusters (i.e., uncaring, unemotional, callousness), differing by gender (Sharf, et al., 2014). As such, research is needed to disentangle links between maltreatment and CUB and PTSS. The current, cross-sectional study included 189 college students ages 19-39 ( $M=19.62$ ,  $SD=2.71$ ). Using path analysis, results indicated maltreatment was differentially linked to CUB and PTSS clusters based on gender and type. For males, emotional neglect linked to more unemotional behaviors ( $b=0.31$ ,  $p=0.01$ ), sexual abuse was related to fewer unemotional behaviors ( $b=-0.19$ ,  $p=0.04$ ) and physical abuse was linked to fewer uncaring behaviors ( $b=-0.31$ ,  $p<.001$ ). There were no associations between maltreatment and CUB for females. Several types of maltreatment were linked with PTSS clusters across genders.

**1-289****The Association between Childhood Maltreatment and Risky Substance Use: Mediating Role of Callous-Unemotional Behaviors**  
(Abstract #1368)**Poster #1-289 (Prevent, CPA, Sub/Abuse, Adult) M - Industrialized****Gloucester**

*Awada, Samantha, Ellis, Robyn, Orcutt, Holly, Shelleby, Elizabeth*  
*Northern Illinois University, Department of Psychology, DeKalb, Illinois, USA*

Child maltreatment is linked to risky behaviors in adolescence and adulthood, including alcohol and drug use (e.g., Carlson et al., 2015). Recent research has posited that this association may operate through callous-unemotional behaviors (CUB), defined as a lack of empathy, diminished affect, and uncaring behaviors (Frick et al., 2003). For example, the Adaptive Calibration Model suggests that children

experiencing maltreatment may dampen their emotional responses to cope with distress, leading to the development of callous-unemotional behaviors (CUB) and, subsequently, risky behavior (Del Giudice et al., 2011). However, few studies have explored CUB as a mediator in the association between child maltreatment and risky substance use. The current, cross-sectional study included 183 college students ages 19-39 ( $M=19.62$ ,  $SD=2.71$ ). A path analysis was conducted examining the mediating role of CUB in the association between child maltreatment and risky drug and alcohol use while controlling for gender, race/ethnicity, and post-traumatic stress symptoms. More child maltreatment was associated with higher CUB ( $b=0.23$ ,  $p=.002$ ); higher CUB was linked to riskier drug ( $b=.17$ ,  $p=0.03$ ) and alcohol use ( $b=0.17$ ,  $p=0.004$ ). CUB mediated the association between child maltreatment and riskier alcohol use ( $b=0.041$ ,  $p=0.04$ ) but not riskier drug use. Implications of findings will be discussed.

### 1-290

#### **Examining Transdiagnostic Factors among Firefighters with Co-Occurring PTSD and Alcohol Use Disorder**

(Abstract #1617)

**Poster #1-290 (Clin Res, Clin Res, Sub/Abuse, Adult) - Industrialized**

**Gloucester**

*Lebeaut, Antoine, Zegel, Maya, Bartlett, Brooke, Vujanovic, Anka*  
*University of Houston, Houston, Texas, USA*

Firefighters are at heightened risk of posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD). Improving our understanding of transdiagnostic factors underlying PTSD and AUD can inform evidence-based interventions. This study included firefighters with PTSD/AUD ( $n=27$ ), PTSD-alone ( $n=35$ ), AUD-alone ( $n=125$ ), and trauma-exposure-only ( $n=470$ ). Levels of anxiety sensitivity (AS; fear of anxiety-related sensations), distress tolerance (DT; perceived ability to withstand negative emotions), emotional dysregulation (ED; difficulties in modulating emotions), and mindfulness (present-centered awareness and acceptance) were examined across groups. We hypothesized that firefighters with PTSD/AUD would have higher levels of AS and ED and lower levels of DT and mindfulness compared to other groups. Covariates included age, sex, race/ethnicity, and years in the fire service. Firefighters with PTSD/AUD reported higher levels of AS and ED and lower levels of DT and mindfulness compared to other groups. Levels of AS and ED were greater and mindfulness lower among firefighters with PTSD/AUD and PTSD-alone compared to other groups. Both ED and mindfulness did not significantly differ between firefighters with AUD-alone and those with trauma-exposure-only. Findings suggest the potential clinical utility of targeting transdiagnostic factors in PTSD/AUD interventions for firefighters.

### 1-291

#### **Examining Trajectories of Resilience among First Responders**

(Abstract #1619)

**Poster #1-291 (Prevent, Chronic, QoL, Other) - Industrialized**

**Gloucester**

*Dolezal, Michael<sup>1</sup>, Holguin, Jeff<sup>2</sup>, Rennebohm, Sam<sup>2</sup>, Bentley, Jacob<sup>2</sup>*

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*<sup>2</sup>Seattle Pacific University, Seattle, Washington, USA*

Connor and Davidson (2003) conceptualize resilience as one's ability to adaptively cope with stressors, and provide evidence suggesting that decreasing symptoms of posttraumatic stress disorder (PTSD) increased resilience. Given the duty-related and regular trauma exposure experienced by first responders, additional research is needed to understand fluctuations in resilience over time. We hypothesized that resilience would fluctuate over 12 months and that decreases in PTSD symptoms over this time would be associated with increased resilience. We also hypothesized that engaging in adaptive coping would predict increased resilience whereas maladaptive coping would predict decreased resilience. Participants were  $n = 39$  first responders recruited from two fire departments in the Pacific Northwest as part of a larger longitudinal study. Hierarchical linear modeling results suggest that resilience remained stable over time, but that it did fluctuate as a function of PTSD symptoms ( $b = -.39, p < .001$ ). Greater use of social support coping was associated with increased resilience ( $b = 3.10, p = .03$ ) and a statistical trend was observed for adaptive emotion focused coping ( $b = 1.10, p = .06$ ). Clinically, these findings argue for the importance of the relationship between social context and resilience in promoting psychological health among first responders.

1-292

**Low Adoptive Parent Stress Buffers the Effect of Cumulative Risk on Later Substance Abuse in Children Adopted from Foster Care**

(Abstract #1321)

Poster #1-292 (Prevent, Dev/Int, Fam/Int, Sub/Abuse, Child/Adol) - N/A

Gloucester

*Blake, Austin<sup>1</sup>, Langley, Audra<sup>2</sup>, Waterman, Jill<sup>2</sup>*

<sup>1</sup>*Arizona State University, Tempe, California, USA*

<sup>2</sup>*UCLA, Los Angeles, California, USA*

Children exposed to trauma are more susceptible to substance abuse in adolescence (Solis et al., 2012), but little is known about whether adoption may buffer the effect of trauma on substance use. Given the relation between parenting stress and child behavior problems (Deater-Deckard, 2006), managing parenting stress may be key for adoptive parents to prevent substance use among adoptees, especially those with higher-risk backgrounds.

In a longitudinal study of 82 adoptees, we tested whether cumulative pre-adoptive risk (maltreatment, age of adoption, number of foster placements, ever living with a biological parent, and amount of time in foster care), parenting stress (Parenting Stress Index; Abidin & Abidin, 1990), and the interaction between the two predicted substance use in adolescence.

Adoptive parents' stress about parenting, more so than their stress about their children, predicted children's later substance use, controlling for post-adoption trauma, child behavior problems, and child age. Pre-adoptive risk did not predict substance use. Domains of stress that impacted substance use included stress about their competence as parents, health, attachment to their children, and depressive symptoms. Higher-risk children were impacted more by variations in parent stress: they engaged in less substance use if parents experienced lower stress. Implications will be discussed.

1-293

**Building Resilience in Children Following Adoption: Recognizing the Role of Parenting Protective Factors through the Adoption Experience**

(Abstract #1323)

**Poster #1-293 (Prevent, CPA, Neglect, Child/Adol) - Industrialized****Gloucester***Santacrose, Diana<sup>1</sup>, Langley, Audra<sup>2</sup>, Fernandez Oromendia, Mercedes<sup>1</sup>, Waterman, Jill<sup>2</sup>**<sup>1</sup>University of California, Los Angeles Department of Psychiatry and Biobehavioral Sciences, Los Angeles, California, USA**<sup>2</sup>UCLA, Los Angeles, California, USA*

Despite high rates of children in the child welfare system, there has been a promising trend of increased adoptions in recent years (U.S. Department of Health and Human Services, 2018). Adopted children, however, are four times more likely to have behavioral difficulties compared to those living with birth parents (Zill, 2018). Researchers delineated pre-adoption child risk factors associated with children's long-term psychological symptoms following adoption (Nadeem et al., 2017), yet less is known about parenting protective factors that may play a role in children's adjustment following adoption. Positive parenting practices, self-efficacy, perception of parent-child attachment, and satisfaction with the adoption experience were assessed in 82 adopted children and their families at 2 months post-placement, whereas child internalizing and behavior problems were assessed yearly for five years. Results suggest that adoption satisfaction, positive parenting strategies, and parenting self-efficacy significantly predicted child's behavior problems three years post-placement ( $p < .05$ ), whereas pre-placement risk factors (e.g., history of maltreatment, age at placement) and perceived attachment were not significant predictors. Findings indicate the importance of supporting parents early in the post-placement period. Clinical implications and future research will be discussed.

1-294

**Evaluation of Massachusetts Project LAUNCH: Enhancing Equity and Services for Infant and Early Childhood Mental Health in Community-Based Pediatric Medical Homes**

(Abstract #1367)

**Poster #1-294 (Prevent, Commun, Complex, Fam/Int, Care, Lifespan) M - Industrialized****Gloucester***Wolfe, Jessica, Nayak, Sameera, Molnar, Beth**Northeastern University, Boston, Massachusetts, USA*

Massachusetts Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a community-based program to support healthy socio-emotional development in children ages 0-8, particularly for immigrant and communities of color facing many sources of traumatic stress including homelessness, caregiver mental illness/substance abuse, or violence victimization, by embedding a mental health clinician and family partner in pediatric medical homes. This is a mixed-methods study to evaluate the effectiveness of LAUNCH. Changes in scores on behavioral health assessments for children ( $n=225$ ) (Ages & Stages Social/Emotional (ASQ-SE) and Child Behavior Checklist (CBCL)) and their caregivers ( $n=186$ ) (Parenting Stress Index (PSI) and Patient Health Questionnaire-9 (PHQ-9)) for the first round of

LAUNCH were analyzed using growth modeling. Both LAUNCH children and caregivers showed significant improvements over time ( $p < .05$ ). Focus groups and semi-structured interviews with staff and LAUNCH caregiver participants from the current expansion of LAUNCH were thematically analyzed. Qualitative results indicate that the family partner role is particularly important for the model; their lived experience plays a salient role in family engagement. Thus the LAUNCH model is uniquely suited to engage families experiencing traumatic stress and address early childhood behavioral health challenges.

## TECHNOLOGY POSTERS

1-295

### **Virtual Treatment for Veteran Social Anxiety Disorder: A Case Study Comparison of 360° Video and 3D Virtual Reality**

(Abstract #225)

**Poster #1-295 (Tech, Anx, Clinical Practice, Res Meth, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Nason, Erica, Trahan, Mark, Metsis, Vangelis, Smith, Kenneth, Selber, Katherine  
Texas State University, San Marcos, Texas, USA*

Virtual environments have been increasingly used in conjunction with traditional cognitive behavior treatments for disorders, such as posttraumatic stress disorder and social anxiety disorder. Research has found virtual environments can be effectively used as an alternative to in vivo or imaginal exposure. However, research has yet to compare the costs and benefits of different platforms, such as 3-dimensional virtual reality (VR) and fully immersive 360° video, for creating virtual environments. The current case study compares the qualitative experiences of veterans with social anxiety during prototyping of a grocery store environment in both 3-dimensional VR and fully immersive 360° video. Participants were student veterans enrolled in an undergraduate program with symptoms of posttraumatic stress disorder and social anxiety disorder. Participants were randomly assigned to two conditions, 3-D VR environment ( $n = 8$ ) and 360° video ( $n = 6$ ) providing qualitative feedback about user experience of exposure to a crowded grocery store. After experiencing the virtual environments, participants were interviewed about their perceptions of immersion, feasibility, and acceptability of the modality. Portions of the interviews will be presented along with recommendations for clinical researchers seeking to implement virtual technology into clinical treatments.

1-296

**Mediating Effects of Personality Pathology on the Associations between Childhood Abuse and Neglect and Intimate Partner Cyber Violence Perpetration among Hispanic Emerging Adults**

(Abstract #1390)

Poster #1-296 (Tech, Aggress, CPA, CSA, Cul Div, Adult) M - Industrialized

Gloucester

*Cantu, Jorge<sup>1</sup>, Charak, Ruby<sup>2</sup>*

<sup>1</sup>*The University of Texas Rio Grande Valley, Edinburg, Texas, USA*

<sup>2</sup>*The University of Texas Rio Grande Valley, Department of Psychological Sciences, Edinburg, Texas, USA*

The present study investigated the mediating roles of negative affect (NA) and antagonism (AN) personality pathologies on the associations between childhood emotional (CEA), sexual (CSA) abuse and physical neglect (CPN) and psychological, sexual, and stalking intimate partner cyber violence perpetration (IPCVP). Participants were 910 Hispanic emerging adults attending a University in South Texas, who were or have been in an intimate partner relationship. Pathway analysis indicated significant associations between forms of childhood abuse and neglect and personality pathologies ( $\beta = -.726 - 1.191$ ,  $p < .05$ ) and between personality pathologies and forms of IPCVP ( $\beta = .013 - .023$ ,  $p < .05$ ). Indirect effect analysis indicated NA had indirect effects on the associations between CEA and CPN and psychological IPCVP ( $\beta = .015$ ,  $p < .01$ ;  $\beta = -.009$ ,  $p < .05$ ), and on the associations between CEA, CSA, and CPN and stalking IPCVP ( $\beta = .021$ ,  $p < .001$ ;  $\beta = .006$ ,  $p < .05$ ;  $\beta = -.013$ ,  $p < .001$ ). Additionally, AN had indirect effects on the associations between CEA and CSA and psychological IPCVP ( $\beta = .014$ ,  $p < .01$ ;  $\beta = .006$ ,  $p < .05$ ), on the association between CEA and stalking IPCVP ( $\beta = .010$ ,  $p < .10$ ), and on the associations between CEA and CSA and sexual IPCVP ( $\beta = .012$ ,  $p < .001$ ;  $\beta = .006$ ,  $p < .05$ ).

## TRAINING/EDUCATION/DISSEMINATION POSTERS

1-297

### **A Comprehensive Approach towards Building a Resilient Community with Awareness and Response Capability for Disaster Preparedness and Management**

(Abstract #679)

**Poster #1-297 (Train/Ed/Dis, Acc/Inj, Assess Dx, Commun, Prevent, Adult) I - S Asia Gloucester**

*Misra, Rajeev, Bharti, Surendra, Singh, Somya*

*King George's Medical University, Chowk, Lucknow, Uttar Pradesh, India*

Disaster is an umbrella term for various incidents that affect human existence to its core and can cause life long traumas. When a disaster strikes the first to respond to rescue are the bystander. There seems to be a universal need for and value of good samaritans in the wake of any trauma or disaster. Keeping this in mind a comprehensive AAAS (aware-alert-action-survival) program was developed by us to establish the foundations for disaster preparedness and management. AAAS covers a wide scope of training modules, which are Emergency medical care that includes basic life support, Choking and first aid, It also raises awareness on Health care Waste Management & Triage, Health & Hygiene, Psychology First Aid and youth & Fitness. The aim of these training modules is to educate and train the public health workforce, Police department and general public to stay prepared and respond to all kinds of natural and man-made disasters. The training program focuses into developing the community's skills that are required for community resilience, Incident management, Information management, Countermeasures and Mitigation, Surge Management and biosurveillance. In this paper we describe the development of the AAAS program highlighting the current picture of the traumatic effects caused by the disaster and to discuss the phases, goals and workings of the AAAS program in detail.

1-298

### **Integrating Anxiety and Depression Intervention in the Context of High Community Stress: Challenges in Pediatric Primary Care**

(Abstract #872)

**Poster #1-298 (Train/Ed/Dis, Anx, Commun, Depr, Care, Child/Adol) M - N/A Gloucester**

*Tompson, Martha<sup>1</sup>, Pincus, Donna<sup>1</sup>, Beardslee, William<sup>2</sup>, Erlich, Sonia<sup>3</sup>, Durham, Michelle<sup>4</sup>, Valentine, Sarah<sup>4</sup>*

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

<sup>2</sup>*Harvard Medical School/Children's Hospital Boston, Boston, Massachusetts, USA*

<sup>3</sup>*Boston Medical Center, Boston, Massachusetts, USA*

<sup>4</sup>*Boston University School of Medicine, Boston, Massachusetts, USA*

Integration of mental health (MH) interventions into pediatric primary care (PC) has received increased attention in the past decade. Such integration may prevent more difficult problems later in development, and families who would not seek specialized child MH services may seek utilize PC, particularly in low income communities where there is frequently little access to MH services despite significant need. Yet, PC staff face challenges in integration. In this case study we describe lessons learned from Transforming

& Expanding Access to MH care in Urban Pediatrics (TEAM UP) for Children – an initiative to build capacity of 3 health centers to deliver evidence-based integrated MH care. We focus on challenges in integrating anxiety/depression care. TEAM UP developed a learning community to identify, assess, triage and treat MH concerns within PC and emphasizing provision of care to underrepresented minority populations coping with trauma, adversity and stress in low SES communities. Common staff concerns included that a) brief anxiety/depression treatment might not address underlying, ongoing, or contributing trauma and b) posttraumatic stress symptoms cannot be improved if youth continue to face adversity. We describe how we addressed these issues through a common factors approach, focusing on building family and child strengths, resilience and connecting to larger systems.

**1-299**

**Assessing the Mental Health Impact of Interpersonal Poly-victimization Across the Life-course in a Male Population**

(Abstract #1200)

**Poster #1-299 (Train/Ed/Dis, Assess Dx, Chronic, Lifespan) I - Industrialized**

**Gloucester**

*Burns, Carol, Armour, Cherie*

*University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom*

Interpersonal poly-victimizations are a specific type of traumatic experience that include physical, sexual or psychological attacks and much research has concentrated on female only samples. Being a victim of one form of victimisation experience increases the risk of further victimisation experience resulting in poly-victimization and elevates the likelihood on negative mental health outcomes. Using data from 15,794 adult males who completed the NESARC III, a Latent Class Analysis of interpersonal victimisation experiences was conducted to establish profiles of interpersonal poly-victimization. Subsequently regression analysis was conducted to establish risk of psychopathology across a range of psychopathologies. A three-class solution. Class 1 was categorised by low/no endorsement and was labelled 'normative', Class 2 was categorised by high endorsement of childhood indicators and was labelled 'childhood', Class 3 showed a moderate endorsement across the life-course and was labelled 'life-course'. Interpersonal poly-victimization profiles showed increased risk of negative mental health outcomes and experiences of interpersonal poly-victimization are robustly associated with adult psychopathology in males in a dose response fashion. Interventions and support services should therefore be developed and implemented that are targeted to gender specific distinctiveness.

**1-300**

**Trauma-Informed Ministry: A Framework and Recommendations**

(Abstract #582)

**Poster #1-300 (Train/Ed/Dis, Commun, Other) I - Industrialized**

**Gloucester**

*Krotz, Kathryn, Rommen, Julie, Craig, Robert, Lankheet, Hannah, Eriksson, Cynthia  
Fuller Graduate School of Psychology, Pasadena, California, USA*

Like most social service organizations, a large percentage of the population that comprises faith-based organizations is estimated to have experienced trauma. As such, ministry workers and mental health practitioners have a unique opportunity to work together to address the needs of trauma survivors in ministry contexts. A variety of trauma focused services, or treatment protocols for addressing trauma symptoms, have been developed to address issues of faith and spirituality related to trauma. However, there has been little emphasis upon conceptualizing ministry contexts as an opportunity to implement a trauma-informed framework. In order to identify a framework for trauma-informed ministry that meets the standard for trauma-informed care, a literature review uncovered various characteristics or qualities that deem an organization to be trauma-informed, and a table was made that described the standard for trauma-informed care to be implemented within ministry contexts. Narrative data obtained from a survey of 211 full or part-time ministry workers was coded using trauma-informed characteristics to understand what ministry workers currently report they are doing insofar as addressing trauma within their ministry contexts. Suggestions for further training are made in light of the results of the literature review and narrative coding.

### 1-301

#### **Implementation of PTSD Evidence Based Practice in Rural Settings is more than just Training: Qualitative and Quantitative Findings from Trained Rural VA Providers**

(Abstract #716)

**Poster #1-301 (Train/Ed/Dis, Clinical Practice, Mil/Vets, Prof) M - Industrialized Gloucester**

*Cuccurullo, Lisa-Ann<sup>1</sup>, Montano, Macgregor<sup>2</sup>, Breen, Kristen<sup>1</sup>, Bernardy, Nancy<sup>1</sup>*

*<sup>1</sup>National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

*<sup>2</sup>White River Junction VA Medical Center, White River Junction, Vermont, USA*

About 11-20% of combat Veterans are diagnosed with PTSD. Despite evidence for specific psychotherapies, gaps exist between practices identified as effective and routine clinical care. In 2017, the Department of Veterans Affairs and Department of Defense (VA/DoD) issued a revised Clinical Practice Guideline (CPG) for PTSD, identifying individual trauma-focused psychotherapies as first-line treatments.

Approximately 40% of VA-enrolled Veterans live in rural areas; therefore it is critical to understand rural VA PTSD care. Thomas (2009) suggested that a lack of trained providers in evidence based psychotherapy (EBP) as a major barrier to effective care. Thus the National Center for PTSD, with the VA Office of Rural Health, has provided five EBP trainings to 21 VA rural providers. Upon completion of the training, follow up surveys were conducted assessing utilization practices in the trained EBP. This study examines the quantitative and qualitative findings regarding implementation of these EBPs by the trained providers. Findings suggest barriers to implementation go beyond training including stigma, system wide disparities in mental health education, and access difficulties. Provider generated solutions will be discussed in relationship to the CPG and identified barriers. Findings will be synthesized based on widening PTSD implementation practices beyond provider training.

## VICARIOUS TRAUMA AND THERAPIST SELF CARE POSTERS

1-302

**The Cost of Not Treating Work-related PTSD Symptoms in a Sample of Lawyers**  
(Abstract #884)

**Poster #1-302 (Self-Care, Pub Health, Epidem, Other) M - Industrialized**

**Gloucester**

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As per the DSM-5, several types of workers can experience indirect exposure to aversive details of trauma in the course of professional duties, and are at risk of developing post-traumatic stress symptoms (PTSS). The frequency and cost of this exposure remains largely unknown. We conducted an eight-month longitudinal study investigating the prevalence and economic burden of work-related PTSS in a sample of Canadian lawyers (n = 159). Lawyers were categorized between those with (i) low/no PTSS, (ii) incident (current) PTSS, (iii) (past) PTSS in remission, and (iv) persistent PTSS, according to the PCL-5 cut-off score. Costs related to health services used, prescription drugs, sick leaves, loss of productivity, and consultations of professionals were tabulated. As expected, compared to those with no PTSS, lawyers with remitted PTSS incurred higher costs due to sick leaves and mental health professionals' consultations. However, lawyers with persistent PTSS incurred a total average of \$19 809 more than lawyers in remission. Overall, the results indicate that lawyers suffering from persistent PTSS consistently incurred significantly higher costs than other groups, except on sick leaves and mental health consultations. Treatment implications are discussed.

1-303

**Vicarious Trauma in the Legal Workplace Environment: What We Know and Don't Know**  
(Abstract #900)

**Poster #1-303 (Self-Care, Res Meth, Other) I - N/A**

**Gloucester**

*Leonard, Marie-Jeanne<sup>1</sup>, Saumier, Daniel<sup>2</sup>, Brunet, Alain<sup>1</sup>*

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There is a growing literature regarding the negative mental health impact of exposure to traumatic content cases among lawyers. For instance, many are obliged to be exposed to traumatic material, including child pornography, tapes of rape, murder evidence, and so on. This exposure places them at risk of developing posttraumatic stress disorder (PTSD) due to extreme and repeated exposure to such traumatic elements. However, there is limited research on the prevalence and consequences of being exposed to traumatic material among lawyers. We conducted a scoping review to identify and summarize research papers investigating this question. The scoping review yielded 143 published studies. A total of 9 original published studies assessing PTSD-like symptoms among lawyers were retained and analyzed. The studies suggest that lawyers suffer from PTSD-like symptoms due to their exposure to traumatic material. While PTSD symptom levels varied widely across studies, they identified several risk factors among lawyers,

like weekly hours worked, past trauma history and female gender. We discuss those results and how their divergence could be influenced by the limitations unique to investigating lawyers. We also offer recommendations for future studies, including what the ideal control group is, how to properly assess exposure to traumatic elements, and what orientation studies should take.

**1-304**

**From Fear to Trust: The Role Of Front-Line Managers in Supporting Child Welfare Workers Affected by Client Violence**

(Abstract #573)

**Poster #1-304 (Self-Care, Aggress, CPA, Prof) I - Global**

**Gloucester**

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Working with vulnerable families in the context of child welfare can sometimes constitute a risk factor for experiencing client violence. Front-line managers and their organizations endeavor to find a delicate balance between promoting worker safety and ensuring therapeutic goals. This study sought to contribute to this exercise by interviewing 30 child welfare workers who had recently experienced an act of client violence. Participants took part in a 45 to 90 minutes interview on supervisor support in the aftermath of client violence less than one month after the event (i.e., Time 1 = acute phase), and then two months after to reflect on their adaptation (i.e., Time 2). Results suggest that in terms of emotional support workers adjusted their expectations based on their previous relationship with managers rather than their personal needs. Also, the level of need also depended on the level of distress reported. The more distress professionals felt, the more they tended to expect punishment for or distance from clients (i.e., removing a child from his current unit) and the smaller the margin of error was for managers (i.e., greater odds of being disappointed). This presentation will conclude by discussing solutions managers and organizations can put in place to help improve perceptions of support among professionals affected and thereby build on professional resilience.

## LATE BREAKING RESEARCH

1-305

### **Acute and Chronic Stress upon Educators: Impact on Seclusion and Restraint**

(Abstract #1900)

**Poster #1-305 (Assess Dx, Aggress, Other) A - Industrialized**

**Gloucester**

*Mathieu, Caroline Alexandra<sup>1</sup>, Geoffrion, Steve<sup>2</sup>*

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*<sup>2</sup>Université de Montreal, École de psychoéducation, Université de Montréal, Montreal, Quebec, Canada*

The objective of this study is to investigate how the acute and chronic stress of educators impact the use of restraint and seclusion (R&S) in residential treatment for children from an exploratory perspective. The data used for this study come from a project to help childcare workers manage their stress. This project was conducted with 70 educators in residential treatment centers for youths in Montreal, Canada. Chronic stress was assessed by the Trier Inventory for the Assessment of Chronic Stress and we used the saliva collection to calculate the acute stress with two different calculations: CAR and AUC. Cross-lagged structural equation models were conducted and the results indicate that there is no direct recurrent effect between R&S, acute or chronic stress.

1-306

### **Parent-Child Discordance about Peer Victimization Experiences: Associations to Sexual Abuse Status and Adjustment**

(Abstract #1991)

**Poster #1-306 (Assess Dx, CSA, Pub Health, Res Meth, Social, Child/Adol) M - Industrialized**

**Gloucester**

*Tremblay-Perreault, Amélie, Hébert, Martine, Amédée, Laetitia Mélissande  
Université du Québec à Montréal (UQAM), Montréal, Quebec, Canada*

This study used latent class analysis to identify groups of parent-child dyads differing by patterns of (dis)agreement in their reports of child peer victimization. Analyses examined how classes were related to child sexual abuse status and behavioral and social outcomes. A total of 720 children aged 6-12 victims of sexual abuse and 173 non-victims and their caregiver completed a questionnaire on child peer victimization experiences. Children, parents and teachers assessed the child's psychosocial adjustment, namely internalizing and externalizing behavior problems, loneliness and interpersonal trust. Two patterns of discordance (self-report > parent-report and self-report < parent-report) and two concordant patterns (victims and non-victims) were identified. Compared to non-sexually abused children, victims of sexual abuse were five times more likely to report lower levels of peer victimization relative to their parents than to report higher levels. Children who were identified as targets of peer victimization by their parent and themselves displayed the most problematic adjustment pattern, followed by children who under-reported relative to their parents. The findings suggest that researchers and practitioners should be

vigilant when interpreting self-reports of peer victimization, as victims of sexual trauma tend to minimize their experiences of peer victimization.

**1-307**

**Kids Do the Darndest Things: Correlations between Skin Conductance Reactivity and Trauma Exposure within Urban Youth**

(Abstract #2001)

**Poster #1-307 (Assess Dx, Assess Dx, Chronic, Tech, Bio/Gen, Child/Adol) I - Industrialized**

**Gloucester**

*Wanna, Cassandra<sup>1</sup>, Stenson, Anais<sup>2</sup>, Jovanovic, Tanja<sup>1</sup>*

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Physiological response may provide an effective, non-invasive method of identifying children who are at risk of developing trauma-related psychopathology. For this study, the Traumatic Events Screening Inventory Child Report (TESI-C) was administered to 9-year old children (N=43) while recording their skin conductance (SC) using eSense, a low-cost mobile application. Caregivers of the children completed the Traumatic Events Screening Inventory Parent Report (TESI-P). We derived a physiological reactivity score by subtracting the SC level at the start from the maximum SC during the TESI-C. There was a significant correlation between the SC reactivity score and the number of traumatic events children reported experiencing on the TESI-C ( $r=0.40$ ,  $p=0.01$ ) but not the number of events caregivers recorded on the TESI-P,  $p=0.67$ . Further, boys reported exposure to a greater number of traumas ( $M=5.71$ ,  $SD=3.65$ ) than girls ( $M=3.68$ ,  $SD=2.17$ );  $t(41)=2.23$ ,  $p=0.03$ . Therefore, we also examined the association between SC and trauma exposure for boys and girls separately. There was a significant correlation between SC and trauma exposure in girls ( $r=0.51$ ,  $p=0.02$ ) but not boys,  $p=0.16$ . Future longitudinal studies will explore these sex differences as the children age, and incorporate other factors to elucidate the relationship between trauma, psychophysiological arousal, and anxiety disorders.

**1-308**

**Intergenerational Transmission of Trauma – Underdiagnosis of Psychiatric Disorders among Children and Adolescents to Parents with Torture- and War-Trauma? A Register-Based Study of Refugees in Denmark**

(Abstract #2002)

**Poster #1-308 (Assess Dx, Health, Pub Health, Torture, Epidem, Child/Adol) M - Industrialized**

**Gloucester**

*Bager, Line, Agerbo, Esben, Skipper, Niels, Laursen, Thomas*

*The National Centre for Register-Based Research, Department of Economics and Business Economics, Aarhus University, Aarhus, Denmark*

Current evidence suggest an underutilization of mental health services in refugee populations despite a higher prevalence of mental health disorders. This study investigated the risk of psychiatric diagnosis in 20,226 children to severely traumatized refugee parents in Denmark. The unique clinical sample consisted of refugee parents with confirmed torture- and war-trauma and outcomes were investigated using population-level data.

Risk of receiving a psychiatric diagnosis was estimated in a Cox proportional hazards regression model. Children were followed from either January 1 1986, date of birth or immigration to their 18th birthday, date of first psychiatric diagnosis or 31 December 2016.

Children with parents from the Middle East and Northern Africa had a hazard ratio of 0.58 (95%CI: 0.53;0.64) for those with parental trauma and 0.70 (95%CI: 0.67;0.72) for those without as compared to Danish-born children. For children from the Former Yugoslavian Republic the corresponding estimates were 0.50 (95%CI: 0.42;0.60) and 0.62 (95%CI: 0.58;0.65).

The results suggest that children to traumatized parents have a lower risk of being diagnosed with a psychiatric disorder. These findings are contradictory to research done on intergenerational transmission of trauma and family functioning, potentially suggesting considerable underdiagnosis of psychiatric disorders in this group.

### 1-309

#### **Acute Inflammation and Startle Reactivity Following Salmonella Typhi Vaccine: A Pilot Study**

(Abstract #1953)

**Poster #1-309 (Bio Med, Affect/Int, Clin Res, Health, Res Meth, Adult) I - N/A**

**Gloucester**

*Smirnova, Mary<sup>1</sup>, Woodward, Eleanor<sup>2</sup>, Tripp, Paige<sup>1</sup>, Lancaster, Cynthia<sup>1</sup>, Neylan, Thomas<sup>3</sup>, O'Donovan, Aoife<sup>2</sup>*

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<sup>3</sup>*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

**Introduction:** Traumatic stress is associated with elevated inflammation that may cause exaggerated threat sensitivity and posttraumatic stress symptoms. The polysaccharide form of the typhoid vaccine elicits an acute inflammatory response and provides a useful tool for experimentally examining the effects of inflammation. Here, we examined the effects of typhoid vaccine on physiological responding in a fear-potentiated startle paradigm.

**Methods:** Twenty-four healthy males (Mean age = 38.1±13.4; Range = 20-60) were randomized to typhoid vaccine or placebo. Blood was drawn immediately before and at 2 and 4.5 hours after vaccine/placebo. At approximately 3 hours post-vaccine, we administered a fear-potentiated startle paradigm to assess physiological reactivity to startling sounds under low, medium and high threat.

**Results:** Participants who received the typhoid vaccine showed increases in inflammatory markers, including interleukin-6 at 4.5 hours,  $F(1,20)=6.85$ ,  $p=.02$ , and tumor necrosis factor- $\alpha$  at 2 hours,  $F(1,21)=7.38$ ,  $p=.01$ . Receiving typhoid vaccine versus placebo was associated with greater heart rate reactivity to startle probes under low threat.

**Discussion:** The typhoid vaccine elicits an inflammatory response that may be associated with increases in threat sensitivity. Inflammation may play a role in the relationship of trauma exposure with exaggerated threat sensitivity.

**1-310****Harsh parenting exposure, ratio of reactive salivary alpha amylase over cortisol, and aggression in emerging adults**

(Abstract #2082)

**Poster #1-310 (Bio Med, Aggress, Fam/Int, Bio/Int, Adult) M - N/A****Gloucester***Chong, Li Shen<sup>1</sup>, Olezeski, Christy<sup>2</sup>, Merritt, Edward<sup>1</sup>, Clegg, Rachel<sup>1</sup>, Gordis, Elana<sup>1</sup>*<sup>1</sup>*University at Albany, State University of New York, Albany, New York, USA*<sup>2</sup>*Westchester Jewish Community Services, Central Yonkers Clinic, White Plains, New York, USA*

The combined effects of the hypothalamic-pituitary-adrenal axis and sympathetic nervous system are associated with atypical development (Bauer et al., 2002). Ali and Pruessner (2012) found the ratio of reactive salivary alpha-amylase (sAA) over cortisol (AOCg) to be a sensitive multi-system marker of stress dysregulation. We examined whether AOCg covaried with a history of harsh parenting as well as with current aggression and anger in 185 emerging adults. Participants self-reported their exposure to harsh parenting experiences, as well as current anger, hostility, physical and verbal aggression, and positive and negative affect. In addition, participants provided saliva samples around a social stress task. Saliva was assayed for cortisol and sAA. AOCg was significantly positively correlated with positive affect and negatively correlated with anger, hostility and experiences of harsh parenting. Regression analysis examined whether harsh parenting, AOCg and their interaction accounted for current anger, hostility and aggression. Analyses revealed that AOCg accounted for significant variance in anger and hostility. The interaction between AOCg and harsh parenting was marginally significant in accounting for anger and physical aggression. Our findings suggest that AOCg may be a useful indicator of multisystem stress reactivity.

**1-311****The Long-Term Psychosocial Impact of Individual Adverse Childhood Experiences Associated with Environmental Instability**

(Abstract #2086)

**Poster #1-311 (Clin Res, CPA, CSA, Complex, Health, Adult) M - Industrialized****Gloucester***Babad, Sara<sup>1</sup>, Zwilling, Amanda<sup>2</sup>, Carson, Kaitlin<sup>1</sup>, Nikulina, Valentina<sup>3</sup>*<sup>1</sup>*Queens College, City University of New York, Flushing, New York, USA*<sup>2</sup>*CUNY-The City College of New York, Queens, New York, USA*<sup>3</sup>*Queens College, City University of New York, Psychology Department, Flushing, New York, USA*

The impact of individual and cumulative adverse childhood experiences (ACEs) on interpersonal domains of relationship status and negotiation and on intrapersonal domains of self-esteem and loneliness has not been explored in emerging adults. The current study examines these relationships in undergraduates (N = 436, M age = 19.73, 22% Hispanic, 33% Asian, 37% Caucasian). Three ordinary least square regressions and one multinomial logistic regression were run with individual and cumulative ACEs as predictors; self-reported self-esteem, loneliness, negotiation, and relationship status as outcomes; and relevant covariates. Emotional abuse and neglect were negatively related to self-esteem. Emotional neglect was negatively related to loneliness. Having an incarcerated family member was associated with increased

ability to negotiate. Cumulative ACEs were not related to interpersonal or intrapersonal domains, suggesting that a dose-response relationship between ACEs and these domains may not exist in emerging adults. In fact, only individual ACEs reflecting environmental instability were related to intrapersonal and interpersonal outcomes, suggesting environmental pathways from ACEs to emerging adult internal and functional difficulties.

### 1-312

#### **Examining the Association between Trauma Exposure and Work-Related Outcomes in Women Veterans**

(Abstract #1972)

**Poster #1-312 (Clin Res, Health, QoL, Mil/Vets, Gender, Adult) I - Industrialized Gloucester**

*Sienkiewicz, Megan<sup>1</sup>, Amalathas, Aneline<sup>2</sup>, Iverson, Katherine<sup>3</sup>, Smith, Brian<sup>4</sup>, Mitchell, Karen<sup>5</sup>*

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Women veterans have high rates of trauma exposure, which are associated with numerous health consequences; however, less is known about the impact of trauma on employment. We examined whether military-related and non-military trauma types were associated with work-related outcomes. 198 women veterans in New England completed two mailed surveys 12 months apart. Surveys assessed trauma exposure, depression and posttraumatic stress disorder (PTSD) symptoms at Time 1, and occupational functioning and employment status (unemployed, out of the workforce, employed) at Time 2. Depression and PTSD symptoms were examined as mediators. High rates of childhood sexual abuse (25.3%), childhood physical abuse (17.2%), adult sexual assault (36.4%), adult physical assault (20.2%), military-related trauma (38.9%), and military sexual trauma (54.5%) were reported. Nearly half (47.5%) were out of the workforce. Only military-related trauma was associated with occupational functioning ( $B = -6.72$ , 95% CI:  $-11.75, -1.70$ ); depression and PTSD symptoms mediated this association (both  $p < .05$ ). Only MST was associated with employment status (odds ratio=2.50); PTSD symptoms mediated this association ( $p < .05$ ). Military trauma exposure is associated with work-related outcomes. Findings can inform screening for military trauma exposures, mental health, and work-related needs among women veterans.

### 1-313

#### **A National Investigation of the Role of Military Sexual Trauma on the Effectiveness of VA PTSD Residential Treatment**

(Abstract #1950)

**Poster #1-313 (Clin Res, Rape, Mil/Vets, Adult) M - Industrialized Gloucester**

*Holliday, Ryan<sup>1</sup>, Holder, Nicholas<sup>2</sup>, Gross, Georgina<sup>3</sup>, Monteith, Lindsey<sup>4</sup>, Maguen, Shira<sup>5</sup>, Smith, Noelle<sup>6</sup>*

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The Department of Veterans Affairs (VA) has implemented initiatives to promote veterans' recovery from the sequelae of military sexual trauma (MST), including posttraumatic stress disorder (PTSD). MST can impact emotion regulation, interpersonal functioning, perceptions of trust/safety, and psychiatric comorbidity, which may impede PTSD treatment. VA PTSD Residential Rehabilitation Treatment Programs (RRTPs) may facilitate treatment by offering increased structure, support, and adjunctive care. Limited research has examined the effect of MST on PTSD RRTP outcomes. Using data from 7,918 men and women veterans participating in a VA PTSD RRTP, the impact of MST on program completion and changes in PTSD symptoms were examined. Rates of program completion were similar between those who did and did not report experiencing MST. Multilevel modeling was used to examine the impact of MST on PTSD symptoms after accounting for sociodemographics and program completion. MST survivors endorsed more severe PTSD symptoms at admission; however, symptoms were similar by discharge. MST survivors had larger initial reductions in symptoms, followed by a greater recurrence over time. MST survivors appear able to participate in and benefit from PTSD RRTPs. The increased recurrence of symptoms following discharge from treatment indicates the need for strategies to maintain post-treatment gains.

**1-314**

**The Impact of Disclosure on Resilience Resources during Help-Seeking for Sexual Assault**  
(Abstract #1986)

**Poster #1-314 (Clin Res, Clin Res, Rape, Adult) M - Industrialized**

**Gloucester**

*Shor, Rachel*

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

This study aimed to inform best practices in supporting a vulnerable group: women who have experienced sexual assault and are seeking help. Deciding when and how much to disclose is a component of help-seeking about which survivors can control. However, past research has studied disclosure dichotomously and assumed that more disclosure is helpful, but this assumption has been untested. We explored two practice-relevant gaps in the literature: (1) how much survivors varied in their disclosure to mental health providers; and (2) how the degree of disclosure was related to symptomology and resilience resources. Data were collected through online surveys from 171 female survivors of sexual assault who had sought some type of mental health treatment in their lifetime. As expected, survivors varied in how much they disclosed to mental health providers during treatment about their sexual assault. Path analysis results

showed that greater posttraumatic distress ( $b=.31, p=.00$ ) and less self-stigma ( $b=-.29, p=.00$ ) were related to how much survivors disclosed, and that amount of disclosure was related to self-efficacy ( $b=.29, p=.00$ ). This study promotes a survivor-focused approach by recognizing the rights of survivors to decide what they are willing and able to disclose, which may maximize the reach and effectiveness of help-seeking efforts.

### 1-315

#### **Avoidance Coping Partially Accounts for the Relationship between Trauma-Related Shame and PTSD Symptoms**

(Abstract #1984)

Poster #1-315 (Clin Res, Affect/Int, Rape, Adult) I - N/A

Gloucester

*Tipword, Jordyn, Brown-Iannuzzi, Jazmin, Jones, Alyssa, Badour, Christal*  
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Previous research has demonstrated a consistent link between experiencing shame following exposure to trauma and higher levels of posttraumatic stress; that is, individuals who experience more trauma-related shame also tend to experience more severe PTSD symptoms. However, existing research has yet to thoroughly investigate the factors that might underlie this relationship. The present study investigated the role of avoidance and approach coping strategies in accounting for the relationship between trauma-related shame and PTSD symptom severity in a sample of community-recruited women who had experienced interpersonal trauma ( $N = 60$ ;  $M_{age} = 35.25$ ;  $SD = 13.33$ ). PTSD symptoms were assessed via the Clinician-Administered PTSD Scale, trauma-related shame was assessed via the Trauma-Related Shame Inventory, and trauma-related coping was assessed via the Brief COPE. Indirect effects analyses revealed that use of avoidance coping strategies partially accounted for the relationship between trauma-related shame and PTSD symptom severity ( $B = .15, SE = .07, 95\% CI [ .04, .31]$ ), whereas use of approach coping strategies did not ( $B = -.03, SE = .03, 95\% CI [ -.11, .01]$ ). This suggests that avoidance coping may be particularly influential in shaping the shame-PTSD relationship. Future research should seek to replicate this finding in a prospective study.

### 1-316

#### **Resilience in Trauma-Exposed Individuals: Evaluating the Relationship Between Resilience and Neural and Behavioral Correlates of Attention Regulation**

(Abstract #1951)

Poster #1-316 (Clin Res, Affect/Int, Chronic, Cog/Int, Bio/Int, Adult) M - Industrialized

Gloucester

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Previous research has suggested that individuals resilient in the face of trauma are able to adapt to stressful situations and shift behaviors as needed (Block & Block, 2006). Recent evidence suggests that resilience is associated with enhanced executive functioning skills, including attention-regulation skills (Zelazo, Blair, & Willoughby, 2016). Participants were tested in a conflict resolution task in which they were asked to discriminate faces on trustworthiness while ignoring distracting faces. Measures of resilience (CD-RISC-25), discrimination reaction time (RT), and rejection positivity (RP: a neural measure of inhibitory control) were recorded in each of 66 participants. Trials in the conflict resolution task were separated into congruent and incongruent to derive separate measures of Stroop interference in RT and RP. We predict a negative association between resilience and Stroop interference in RT and RP. Moreover, using a median split of scores on the CD-RISC-25 across the 66 participants, we predict that those high in resilience will have significantly smaller Stroop interference in RT and RP than those low in resilience. Finally, we expect that Stroop interference will be larger in participants exposed to high amounts of trauma compared with low trauma or healthy controls.

**1-317****Facets of Social Support are Differentially Predictive of Anxiety, Depression, and Alcohol Misuse among Young Adults with Traumatic Injury**

(Abstract #1967)

**Poster #1-317 (Clin Res, Acc/Inj, Anx, Depr, Sub/Abuse, Adult) M - N/A****Gloucester***George, Brianna<sup>1</sup>, Guzman, Alexia<sup>1</sup>, Cohen, Joseph<sup>2</sup>, Gilmore, Amanda<sup>3</sup>, Bountress, Kaitlin<sup>4</sup>**<sup>1</sup>Virginia Commonwealth University, Richmond, Virginia, USA**<sup>2</sup>University of Illinois, Champaign, Illinois, USA**<sup>3</sup>Georgia State University, Atlanta, Georgia, USA**<sup>4</sup>Department of Psychiatry, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, Virginia, USA*

Traumatic injury and the psychological distress (e.g., depression, anxiety, alcohol misuse) resulting from it are significant concerns in the country particularly among young adults. Social support is one factor that is potentially important for all of these outcomes. Furthermore, race, age and gender have been found to impact these mental health outcomes. Thus, this study tested (1) whether effects of support from a significant other, family, friends, and a general support factor predict depressive symptoms, anxiety symptoms, and likelihood of alcohol misuse and (2) whether age, gender and race differentially predict the likelihood of these mental health outcomes in a sample of young adults in the emergency room (n=76; Mage= 24.32 (SD=3.4); 76% White). Results of this study show that broad social support was inversely associated with depression and anxiety symptoms, but was not associated with alcohol misuse. None of the specific social support factors (i.e. family, friend and special person) were associated with anxiety or depressive symptoms or alcohol misuse. Race and age were marginally associated with alcohol misuse, but not anxiety or depressive symptoms. Findings highlight the importance of broad social support in potentially impacting anxiety and depression.

**1-318****Preliminary Study Examining the Mediational Link between Mild Traumatic Brain Injury, Acute Stress, and Post-Traumatic Stress Symptoms Following Acute Trauma**

(Abstract #1993)

**Poster #1-318 (Clin Res, Acc/Inj, Acute, Adult) M - N/A****Gloucester***Thalla, Palguna, Miller, David, Mathews, Jeremy, Grau, Aaron, Shih, Chia-hao*  
*University of Toledo Medical Center, Toledo, Ohio, USA*

The presence of mild traumatic brain injury (mTBI) increases PTSD symptoms in the months following injury, but the factors that link mTBI and PTSD development is still unclear. Acute stress responses after trauma have been associated with PTSD development. mTBI may impair cognitive functions and increase anxiety immediately after trauma. It is possible that mTBI can quickly increase acute stress symptoms resulting in PTSD development in the subsequent months. To test this possibility, eighty patients were recruited from the emergency rooms of local hospitals. Post-mTBI, acute stress, and PTSD symptom severities were measured using the Rivermead Post-Concussion Symptoms Questionnaire (RPCS), PTSD Checklist (PCL), and Acute Stress Disorder Scale (ASDS), respectively. Results of a mediation analysis indicated that ASDS, at 2 weeks post-trauma, mediated the relationship between RPCS at 2 weeks and PCL scores at 3 months post-trauma. Further analyses showed that the mediation effect is significant only in patients with mTBI. These findings present preliminary evidence suggesting that acute stress disorder symptoms may be one of the mechanisms involved in the development of PTSD among these trauma survivors who have experienced a mTBI, which provides a theoretical basis for early intervention of PTSD prevention after mTBI.

**1-319****Prevalence of Potentially Morally Injurious Events among Treatment-Seeking Veterans in an Outpatient and an Intensive Treatment Program**

(Abstract #1996)

**Poster #1-319 (Clin Res, Mil/Vets, Moral, Adult) I - N/A****Gloucester***Bravo, Karyna, Boley, Randy, Mustafic, Hasan, Klassen, Brian, Van Horn, Rebecca, Held, Philip*  
*Rush University Medical Center, Chicago, Illinois, USA*

**Introduction:** Experiencing potentially morally injurious events (PMIE) serves as a risk factor for negative post-deployment mental health. PMIE are estimate at 10.8% for situations involving self-transgression, 25.5% for other-transgression and for 25.5% betrayal in a nationally representative sample of veterans. Little is currently known about the prevalence of PMIEs in treatment-seeking veterans. **Methods:** Data was collected from veterans attending an outpatient mental health program (OP; n=190) or an intensive treatment program (ITP; n=275). Self-reported measures were completed as part of the intake process. The Moral Injury Event Scale assessed prevalence rate; subscales include self-transgression, other transgression and betrayal. Items were assessed dichotomously according to Wisco et al. 2018 rating methods. **Results:** Approximately 24.7% of combat veterans in the ITP acknowledged self-transgressions, 51.6% endorsed other-transgression, and 21.5% experienced betrayal. In OP care, 23.7% reported transgressions by self, 46.8% endorsed other-transgression, and 24.7% experienced

betrayal. **Conclusion:** Veterans seeking treatment experience MIE at higher rates than previously reported. MIE might hinder a veteran's ability to make sense of service-connected traumas. Due to the high prevalence rate of (MIE), further research is needed to evaluate its impact on treatment outcomes.

1-320

**Dance/Movement Therapy for Trauma-Exposed Refugee Youth: Addressing Emotional and Somatic Aspects of Trauma-Related Psychopathology**

(Abstract #1982)

**Poster #1-320 (Clin Res, Anx, Clin Res, Commun, Refugee, Child/Adol) I - M East & N Africa Gloucester**

*Grasser, Lana, Al Saghir, Heba, Wanna, Cassandra, Spinei, Jenna, Saad, Bassem, Javanbakht, Arash Wayne State University, Detroit, Michigan, USA*

**Objective:** To investigate the relationship between somatic and psychiatric symptoms in Syrian and Iraqi refugee youth, and the efficacy of dance/movement therapy (DM).

**Methods:** PTSD symptoms (PTSS), anxiety, depression, and somatic symptoms were assessed in n=69 Syrian and Iraqi refugees ages 7-17. A pilot sample of youth (n=16) underwent 12 weeks of DM and completed measures pre and post treatment. Sessions included deep breathing, guided movement improvisation for emotional expression, and group discussion.

**Results:** Regression analyses showed somatic symptoms significantly predicted PTSS ( $R^2=.238$ ,  $F=20.93$ ,  $p<.001$ ), anxiety ( $R^2=.248$ ,  $F=10.87$ ,  $p<.001$ ) and depression symptoms ( $R^2=.281$ ,  $F=26.23$ ,  $p<.001$ ). For youth who completed DM, a significant decrease in PTSS ( $t(15)=3.24$ ,  $p=.006$ ) and anxiety symptoms ( $t(15)=3.63$ ,  $p=.002$ ) was observed pre-to-post treatment; these improvements were significantly better than a no-treatment control (n=16),  $t=3.84$ ,  $p=.001$  for PTSS and  $t=3.37$ ,  $p=.002$  for anxiety.

**Conclusion:** Somatic symptoms predict trauma-related psychopathology and may be seen as a less explored integral component of trauma. This relationship indicates that somatic symptoms could be targeted when treating psychopathology in this population. DM holds promise as a successful integrative care method that addresses psychological and somatic aspects of trauma-related disorders.

1-321

**Web-Based Workshop Dissemination of Cognitive Processing Therapy for Posttraumatic Stress Disorder in the Cohen Veterans Network**

(Abstract #1901)

**Poster #1-321 (Clin Res, Clinical Practice, Tech, Train/Ed/Dis, N/A) I - N/A Gloucester**

*Chard, Kathleen<sup>1</sup>, Renno, Stephanie<sup>2</sup>*

<sup>1</sup>*Cincinnati VA Medical Center, 3200 Vine Street, Cincinnati, Ohio, USA, 45220*

<sup>2</sup>*Cohen Veterans Network, Stamford, Connecticut, USA*

There is a clear base of evidence supporting Cognitive Processing Therapy (CPT) to treat Posttraumatic Stress Disorder (PTSD). Despite successful implementations in numerous health systems, CPT training

remains resource intensive. There remains a challenge of retaining the quality, essential skills practice, and interactivity of training methodologies used in the trials that have proven CPT's effectiveness and efficacy, while increasing accessibility and efficiency of training in low-resourced or wide-spread organizations. The Cohen Veterans Network (CVN) is a nation-wide non-profit organization that provides evidence-based treatment for mental health issues. To best train it's nation-wide group of clinicians in CPT, a web-based workshop was developed in collaboration with CPT developer Kathleen Chard. The training model included live, synchronous training via webinar with trainers and clinicians were present on both audio and video. Modifications were so that attention and connection with experts was maintained despite limitations of physical location. Satisfaction, achievement of learning objectives and general comments on training were overall positive and endorsed this activity. The described web-based method of training and its specific modifications may serve as a model for future training efforts.

**1-322**

**Resilience among Female First Responders: An Analysis of Posttraumatic Growth**

(Abstract #1909)

**Poster #1-322 (Clin Res, Anx, Chronic, Depr, Gender, Other) I - Industrialized**

**Gloucester**

*Burda, Kristen, Kamena, Mark  
Wright Institute, Berkeley, California, USA*

The purpose of the study is to examine the relationship between treatment-related symptom improvement and self-reported posttraumatic growth (PTG) among female first responders. This study uses archival data from the West Coast Post-trauma Retreat, a six-day residential treatment program founded in 2001 to support first responders suffering from post-traumatic stress injury (PTSI, i.e., PTSD). The program consists of group narrative therapy based on Critical Incident Stress Management, Eye Movement Desensitization and Reprocessing (EMDR), psychoeducation, and peer support. Quantitative data from female clients (N = 59) was analyzed using a paired-samples t-test to understand the effectiveness of the treatment program as measured by reductions in self-reported PTSI symptoms. A linear regression analysis was used to examine the relationship between PTSI symptom improvement and PTG. 16 out of 18 clinical scales showed highly statistically significant reductions in symptom severity. A regression analysis of pre/post-treatment difference scores of PTSI symptoms and PTG found statistically significant positive correlations between these variables in 8 of the 18 scales, the strongest of which was a moderate relationship between anxiety reduction and post-traumatic growth. Reduction of PTSI thus might be associated with a sense of positive transformation among female first responders.

**1-323**

**What is the Role of Mentorship in Trauma and Resilience for Ethnic Minority Youth?: A CBPR Program for Latinx Youth**

(Abstract #1934)

**Poster #1-323 (Clin Res, Commun, Comm/Int, Ethnic, Prevent, Lifespan) M - Industrialized**

**Gloucester**

*Taghavi, Ida<sup>1</sup>, Kia-Keating, Maryam<sup>2</sup>*

<sup>1</sup>*University of California, Santa Barbara, Department of Counseling, Clinical & School Psychology, Gevirtz Graduate School of Education, Santa Barbara, California, USA*

<sup>2</sup>*University of California, Santa Barbara, Dept. Couns, Clinical, School Psychology, University of California, Santa Barbara, Santa Barbara, California, USA*

Mentorship predicts youth resilience and empowerment (Israelashvili & Wegman-Rozi, 2005), particularly those facing complex adversities (Keller, 2011). However, there is a gap in the literature exploring natural mentors involved in participatory action and preventive intervention. Community-based participatory research (CBPR) is a transformative approach to research, bridging science and social action through community engagement (Wallerstein & Duran, 2011). Moreover, ethnic minority and specifically, Latinx youth may face unique contextual stressors related to poverty, immigration, political climate, and racism, not adequately addressed by traditional interventions. Utilizing a socio-ecological, protective and promotive framework (Kia-Keating et al., 2011), the current study examined the ways in which participatory action work and the use of mentors might buffer risk and promote resilience for Latinx youth (8-12 years old) engaged in a trauma-focused prevention program. A qualitative phenomenological analysis (Colaizzi, 1978) was conducted with seven bilingual, bicultural Latinx youth mentors (19-22 years old). Four themes emerged, encapsulating the reciprocal experiences in mentorship: sense of community belonging, shared experience of sociocultural challenges, value of culturally centered mentorship relationships, and mutual growth in one's sense of resilience.

**1-324**

**The Trauma Informed Library Transformation (TILT) Academic-Community Partnership: Assessing Readiness for Trauma Informed Care in a Public Library**  
(Abstract #2075)

**Poster #1-324 (Commun, Comm/Int, Train/Ed/Dis, Other) I - Industrialized**

**Gloucester**

*Elkins, Jennifer, Caplan, Mary, Sharkey, Caroline, Scheyett, Anna, Lee, Sunwoo*  
*University of Georgia, Athens, Georgia, USA*

Public libraries play a vital role as a public space, hub and safe haven open to all with innovative programming and services. This poster presents the first phase of an innovative academic-community partnership focused on transforming a regional library into an inclusive trauma-informed space with trauma-informed services for library staff, patrons and the community. An 18-item needs assessment was administered to library staff via Qualtrics from December 3, 2018 to January 22, 2019. Of the 140 library staff contacted, 93 responded to the survey (response rate=66%). Staff reported low level of confidence in serving people who experience: substance abuse (mean=2.67, SD=1.19); violence (mean=2.67, SD=1.09); criminal justice system involvement (mean=2.92, SD=1.19); homelessness (mean=3.11, SD=1.16); and mental illness (mean=3.13, SD=1.05). Staff were most uncomfortable handling disruptive behavior, mental illness, anger/aggression; misbehavior; and racism. 94.2% of staff believed their library should become trauma-informed. Staff also expressed concerns about feeling overwhelmed, extra work, patron privacy, and whether they could offer quality social support services. This poster will discuss how results and key themes from the needs assessment inform library staff training, community engagement, and development of focus groups to inform library policy and practices.

**1-325**

**Mental Health, Stressful Life Events, and Intersectionality in a Sample of Low-SES College Students**

(Abstract #2140)

**Poster #1-325 (CulDiv, Anx, Depr, Ethnic, Gender, Adult) I - Industrialized**

**Gloucester**

*Calebs, Benjamin, Burke, Natalie, Lewine, Richard*  
*University of Louisville, Louisville, Kentucky, USA*

Research on socioeconomic status and mental health highlights the negative mental health consequences of poverty (Evans & Cassels, 2014). Having multiple marginalized identities can increase risk for poor mental health (Ulbrich, Warheit, & Zimmerman, 1989). Secondary data analysis in an ongoing study was conducted to examine associations between multiple marginalized identities and mental health in a sample of low-SES college students (N = 54), with an annual household income below 150% of the federal poverty line and full financial support during college through a scholarship. Rates of stressful life events, psychological distress, and trait resilience were compared across multiple groups, including White/European American and Racial/Ethnic Minority, Male and Female+Sex/Gender Minority, and Urban and Rural. Significant differences were found for sex/gender, with males scoring lower than females+ for depression (M = 4.42; M = 10.44), anxiety (M = 6.21; M = 18.61), and PTSD symptoms (M = .38; M = 1.52), but higher on trait resilience (M = 3.75; M = 3.37). Results highlight the importance of intersectionality for identifying targets for addressing mental health disparities. Findings also highlight the potential impact of providing financial support for low-SES college students, which may reduce negative consequences of combined forms of marginalization

**1-326**

**Leadership Best Practices for Managing Soldiers with PTSD**

(Abstract #2025)

**Poster #1-326 (Journalism and Trauma, Train/Ed/Dis, Adult) I - N/A**

**Gloucester**

*Bowen, Shari*  
*University of Phoenix, Phoenix, Arizona, USA*

The past 10 years of constant conflict in Iraq and Afghanistan attribute to a high rate of soldiers returning to daily duties suffering with persistent symptoms of Post-Traumatic Stress Disorder (PTSD), and leaders who face difficulties effectively managing these soldiers. This qualitative study used three iterations of the Delphi method to identify leadership best practices that met the needs and requirements of managing soldiers with PTSD. A panel with a minimum of 20 psychologist/counselor experts and leadership professionals were desired; however, recruitment yielded 22 who completed the study. The expert panel provided open and closed ended subjective responses to the study question. The survey service collected and summarized the raw data and the study was manually analyzed. The research question was, "What are the leader best practices among an expert panel of professional leaders and psychologist/counselor for managing soldiers with PTSD?" The findings in this research did build consensus of 16 leadership best practices for managing soldiers with PTSD. These leadership best practices may provide leaders knowledge to improve innovation and strategic leadership managing soldiers with PTSD.

1-327

**Resilient Family: A Pilot Study of a Stress Management Group for Military-Connected Families**

(Abstract #1946)

Poster #1-327 (Practice, Commun, Mil/Vets, Adult) M - Industrialized

Gloucester

*Xu, Bingyu<sup>1</sup>, Lynch, Elyse<sup>1</sup>, Chudnofsky, Rana<sup>1</sup>, Park, Elyse<sup>2</sup>, Denninger, John<sup>2</sup>, Sylvia, Louisa<sup>2</sup>*

<sup>1</sup>*Massachusetts General Hospital, Home Base Program, Charlestown, Massachusetts, USA*

<sup>2</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

**Background:** Military service, especially deployment, is associated with increases in stress and reductions in overall wellness for military-connected families. The aim of the current study is to examine the acceptability and effectiveness of a mind-body program for military-connected families.

**Methods:** “Resilient Family” is a 6-week, mind-body, stress management program. Participants (N=11; 91% Female, Mean Age=46.45) completed pre- and post-program surveys, including the Patient Health Questionnaire (PHQ-8), Perceived Stress Scale (PSS), General Self-Efficacy Scale (GSE), Sleep Disturbance Scale (PROMIS-SD), Resilience Scale (RS-14), and Generalized Anxiety Disorder questionnaire (GAD-7).

**Results:** Participants experienced significant decreases in stress (PSS;  $t(10)=3.13$ ,  $p=0.01$ ), increases in self-efficacy (GSE;  $t(10)=-3.25$ ,  $p<0.01$ ) (Cohen’s  $d > 0.80$ ), and marginally significant reductions in depression (PHQ-8;  $t(10)=1.91$ ,  $p=0.08$ ). The majority (82%) of participants reported that the length of the sessions was optimal; however, more than half (55%) reported that they would prefer more sessions. All participants (100%) reported that “Resilient Family” was helpful, very relevant and would recommend it to other military-connected families.

**Conclusions:** These pilot data suggest that “Resilient Family” may improve stress and self-efficacy in military-connected families.

1-328

**Prevalence of Eating Disorders and their Association with PTSD Symptoms in Treatment Seeking Veterans and Service Members**

(Abstract #2057)

Poster #1-328 (Practice, Mil/Vets, Adult) I - Industrialized

Gloucester

*Lynch, Elyse<sup>1</sup>, Maggiolo, Nicolette<sup>2</sup>, Goetter, Elizabeth<sup>3</sup>, Tanev, Kaloyan<sup>3</sup>, Spencer, Thomas<sup>3</sup>, Sylvia, Louisa<sup>3</sup>*

<sup>1</sup>*Home Base, A Red Sox Foundation and Massachusetts General Hospital Program, Charlestown, Massachusetts, USA*

<sup>2</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*

<sup>3</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

Background: Individuals with post-traumatic stress disorder (PTSD) are at elevated risk for eating disorders (EDs). We examined the self-reported prevalence of eating disorders in military veterans and

service members and their association with PTSD symptoms.

Method: Veterans (N=70;74% male) completed the SCOFF questionnaire, the Posttraumatic Stress Disorder Checklist (PCL-5), and a question evaluating previous ED diagnosis during an intake evaluation for outpatient care. We examined descriptive statistics to determine prevalence of EDs and conducted a chi-square test to examine the relation between past ED diagnosis and SCOFF scores, and unpaired t-tests to assess the association between the SCOFF and PTSD symptoms.

Results: We found that 14.29% of participants met criteria for an eating disorder per the SCOFF. The chi-square test indicated a significant relation between self-reported past ED diagnosis and SCOFF outcome,  $X^2(1, N=70)=6.09, p < .014$ . On average, participants with an ED had PTSD symptom scores that were double that of those without an ED ( $M=60.33, SD=17.41$  and  $M=34.53, SD=21.4$ , respectively;  $t(62)=-3.4304, p < .01$ ).

Conclusion: These data suggest that screening for EDs in veterans and service members could be useful given their prevalence in this population and their association with PTSD symptoms.

### 1-329

#### **Examining the Impact of a Culturally-Competent PTSD Treatment Program and Mobile Application on Trauma Symptoms among Displaced Syrians.**

(Abstract #2179)

**Poster #1-329 (Practice, Commun, Complex, Cul Div, Refugee, Adult) M - M East & N Africa Gloucester**

*Zarzour, Hadia*

*Loyola University Chicago, Chicago, Illinois, USA*

For more than eight years, the war in Syria has caused varying degrees of trauma for the Syrian people, particularly those living in the northern city of Idlib where a series of bombings occurred for several months. As a result, it is estimated that about 500 children were killed among 3000 civilians in 2018 & 2019. While the prevalence of post-traumatic stress disorder and other psychological problems has skyrocketed, so has the need for mental health support. The significant gap in meeting the needs due to the lack of qualified mental health professionals highlights the importance of alternative solutions to provide treatment for trauma symptoms. Insan, a non-profit organization focuses on psychosocial support by designing a PTSD 12-Step program modifying it to be more culturally and spiritually sensitive. This program has been adapted for mobile application to increased accessibility in crisis areas. This presentation will introduce Insan's 12-Step program and their mobile application while demonstrating its impact on displaced, trauma afflicted groups in northern Syria. Insan Team conducted pre and post tests using Trauma Inventory to measure Post Traumatic Growth. Findings have indicated increased post-traumatic growth and decreased post-traumatic stress symptoms.

**1-331**

**Prevalence and Risk Factors of Depression among Women from Refugee, Conflict-affected, and Australian-Born Backgrounds**

(Abstract #2085)

**Poster #1-331 (Pub Health, Depr, Health, Refugee, Epidem, Adult) M - Industrialized Gloucester**

*Rees, Susan, Klein, Louis*

*School of Psychiatry, Faculty of Medicine, University of New South Wales, Sydney, Australia*

[Published earlier this year in *JAMA* doi:10.1001/jamanetworkopen.2019.3442] We compared the prevalence of major depressive disorder (MDD), trauma exposure, and other psychosocial risk factors among women who identified as refugees, women from the same conflict-affected countries, and Australian-born women. This cross-sectional study was undertaken in 3 public antenatal clinics in Sydney and Melbourne, Australia, between January 2015 and December 2016. 1335 women (685 consecutively enrolled from conflict-affected backgrounds and 650 randomly selected from the host nation) participated. We principally used two measures: the MINI and a WHO measure for intimate partner violence (IPV). Women who identified as refugees had the highest prevalence of MDD, followed by women from other conflict-affected backgrounds, and women born in the host nation. Women who identified as refugees reported higher exposure to both general and refugee-related traumatic events than both conflict-affected and Australian-born women. Women who identified as refugees reported higher rates of psychological IPV than women born in the host nation. Women identifying as refugees reported a higher prevalence of MDD and all related indicators of adversity. Assessing whether women attending antenatal clinics self-identify as refugees may help identify risks for MDD and a range of associated psychosocial adversities.

**1-332**

**Functional Neuroimaging of Post-Traumatic Stress Disorder: A Meta-Analysis**

(Abstract #2084)

**Poster #1-332 (Res Meth, Affect/Int, Anx, Bio/Int, Neuro, Adult) I - Industrialized Gloucester**

*Grunberg, Kollin, Miller, Chris, Stoltenberg, Jessica*

*California State University, Fresno, Fresno, California, USA*

**Objective:** Conflicting results and low power studies indicate a need for a quantitative summary of the primary functional magnetic resonance imaging (fMRI) studies. This study seeks to identify the neural abnormalities of PTSD identified in the fMRI literature and build a whole-brain, neural representation of task-based hyperactivities and hypoactivities.

**Methods:** We conducted the largest to date meta-analysis of existing fMRI studies (N =45 ) that compares PTSD patients (N =744) to age-matched healthy controls (N = 912 ) using multilevel kernel density analysis and a voxelwise, whole-brain approach. These primary studies utilized tasks categorized with one or more of the following labels: affective processing, positive valence, negative valence, executive functioning, and symptom provocation.

**Results:** Patients with PTSD showed reliable ( $\alpha = 0.05 - 0.001$ ) patterns of neural abnormalities compared to healthy controls. These include brain regions responsible for stimulus detection, affective

arousal, memory consolidation, and emotion regulation. The results will help better diagnose PTSD and further develop treatments such as transcranial magnetic stimulation.

**1-333**

**Burnout and Resilience among Mental Health Workers at the National Mental Health Hospital of Guatemala**

(Abstract #1924)

**Poster #1-333 (Self-Care, Cul Div, Prof) M - Latin Amer & Carib**

**Gloucester**

*Kozel, Gianna<sup>1</sup>, Noll, Anna<sup>2</sup>, Nolty, Anne<sup>3</sup>*

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

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

<sup>3</sup>*Headington Institute, Pasadena, California, USA*

Common symptoms of vicarious trauma parallel those of direct trauma, and include intrusive thoughts or dreams, increased aggression or irritation, social withdrawal, and disruptions in feelings of safety and security. Stressors attached to working with traumatized clients can lead to symptoms of burnout, second to compassion fatigue, where professionals experience a sort of secondary victimization (Figley, 1995). A Hispanic study of burnout among the personnel of the National Mental Health Hospital in Guatemala (Gutiérrez & King, 2011) has suggested that there is a prevalence rate of 12.24%, but largely among staff and personnel not directly involved in patient care.

For this qualitative study, 6 mental health providers from the national hospital completed Snyder's Adult Trait Hope scale along with the Maslach Burnout inventory to help better understand resilience in this population. They responded to qualitative questions regarding their experience at the hospital as well as their experience of being a mental health worker. We found subclinical signs of emotional exhaustion, alongside hope scores which indicate moderate to high levels of agency within their vocation and the sense that they have the capability to reach their goals. Within the qualitative data, the participants reported a sense of control along with a sense of personal satisfaction and vocational fulfillment.

**1-334**

**Investigation of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress Profiles of Refugee Resettlement Workers in the U.S.**

(Abstract #1990)

**Poster #1-334 (Self-Care, QoL, Refugee, Self-Care, Adult) I - Industrialized**

**Gloucester**

*Min, Moonkyung<sup>1</sup>, Akinsulure-Smith, Adeyinka<sup>2</sup>*

<sup>1</sup>*Ewha Womans University, Seoul, Republic of Korea*

<sup>2</sup>*City College of New York, New York, New York, USA*

Refugee resettlement workers play an important role in every facet of refugees' resettlement process. However, there is a dearth of studies that empirically examine various secondary impacts on refugee resettlement workers, such as compassion satisfaction, burnout, and secondary traumatic stress that could result from working with traumatized clients. This study investigated the professional quality of life of

U.S. refugee resettlement workers by exploring patterns of secondary impacts using latent profile analysis (LPA) and how personal and work-related variables predict membership in each profile using multinomial logistic analysis. 193 refugee resettlement workers in 6 out of 9 VOLAGs in the U.S. who had direct interaction with clients were included in the analysis. Results revealed four types of secondary impact profiles: (a) “compassion satisfaction-leading group” (29.1%), (b) “moderate group” (34.9%), (c) “burnout-leading group” (27.5%), and (d) “secondary traumatic stress-leading group” (8.5%). Among the personal and work-related variables, unhealthy coping, Trait Emotional Intelligence, language skills, work hours, and relationship with supervisors significantly predicted membership in different profiles. The results can be used to develop intervention strategies to mitigate the impact of exposure to clients' trauma and promote the resettlement workers' mental health.

### 1-335

#### **Perceptions of School Based Safety**

(Abstract #2038)

**Poster #1-335 (Social, Comm/Vio, Social, Terror, Gender, Adult) I - Industrialized Gloucester**

*Mayville, Sarah, Ray, Travis, Schmidt, Michael, Parkhill, Michele  
Oakland University, 2200 N Squirrel Rd, Rochester, Rochester, Michigan, USA*

Abstract: In light of the recent uptick in school shootings on high school and university campuses, the current study aimed to examine college students' perceptions of their safety while on campus, and what they perceived would create a safer environment. A survey was created to examine which specific factors would make perceptions of safety in schools higher or lower. A total of 215 college students from a large Midwestern university in the United States were surveyed. Overall, implementing policies to reduce access to guns was perceived to have the greatest positive impact on school safety. However, results suggest distinct perceptions held by women and men. Female participants valued increased safety training (Female:  $M = 5.73$ ,  $SD = 1.03$ ; Male:  $M = 5.06$ ,  $SD = 1.12$ ) and stricter policies regarding the purchasing of weapons (Female:  $M = 6.15$ ,  $SD = 1.10$ ; Male:  $M = 5.59$ ,  $SD = 1.29$ ) significantly more than men (training:  $t[213] = -4.02$ ,  $p < .01$ ; policies:  $t[213] = -3.10$ ,  $p < .01$ ). In contrast, men ( $M = 3.87$ ,  $SD = 1.39$ ) rated the allowance of weapon carrying, such as firearms, on school grounds significantly higher as contributing to greater perceptions of safety ( $M = 3.33$ ,  $SD = 1.53$ ),  $t(213) = 2.27$ ,  $p = .024$ ). These results add to the ongoing dialogue about policy changes that could be implemented to better protect students from a public safety threat, such as an active shooter.

### 1-336

#### **The Mediation Effect of Emotional Dysregulation in the Association between Witnessing Parental Violence and Cyber-Perpetration in Adulthood**

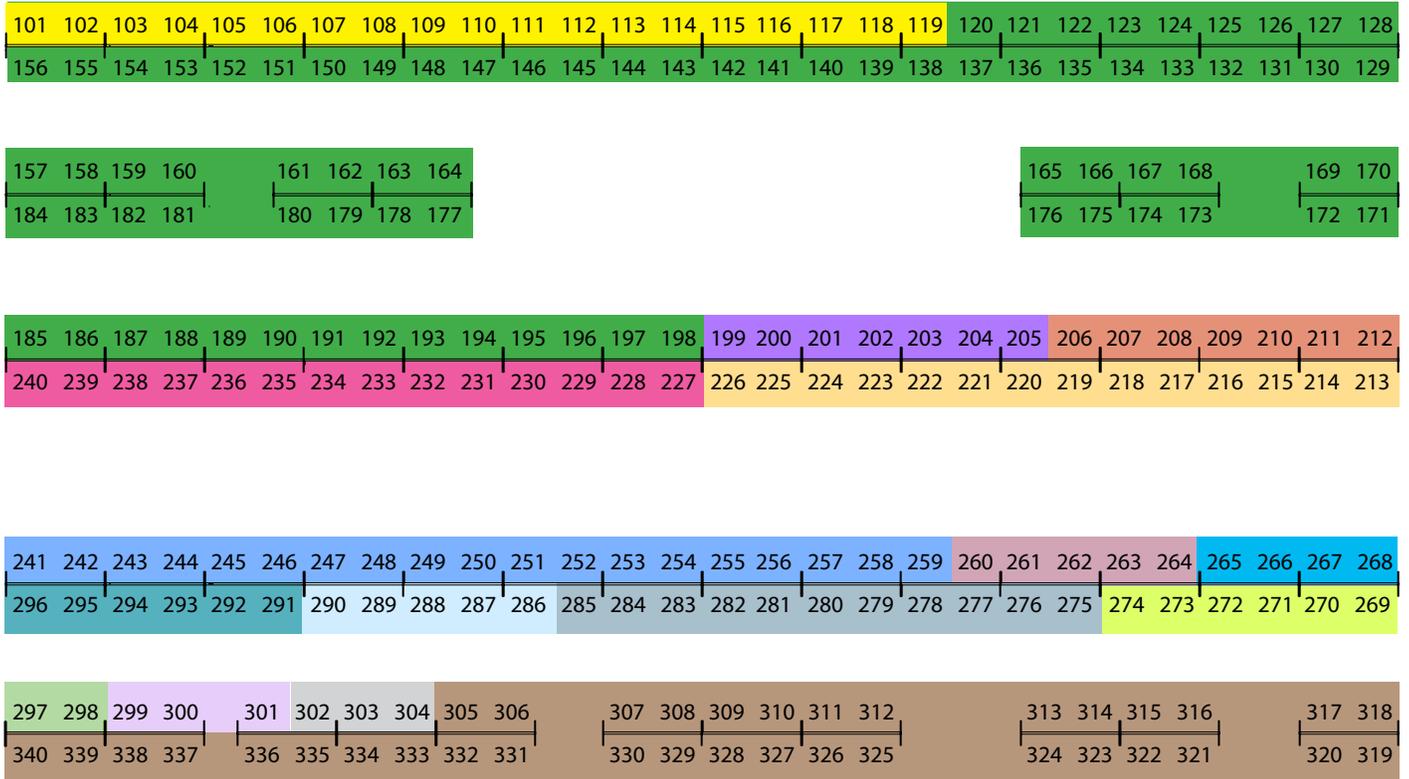
(Abstract #2107)

**Poster #1-336 (Tech, CPA, Clin Res, DV, Tech, Adult) I - Global Gloucester**

*Garcia Goo, Hideki, Cano-Gonzalez, Ines, Strait, Megan, Razo, Gisselle, Charak, Ruby  
University of Texas Rio Grande Valley, Edinburg, Texas, USA*

Witnessing parental violence is a type of childhood maltreatment and can lead to problems in emotion regulatory skills such as impulsivity and lack of understanding of one's emotions under distress. In turn, emotion dysregulation is associated with adulthood intimate partner violence, leading to a cycle of violence. Furthermore, the gender of the perpetrating parent may affect this association. The present study aimed to establish the mediating role of emotional dysregulation in the association between witnessing parental violence (both father-to-mother and mother-to-father) and technology-mediated perpetration of violence during adulthood. 1,275 participants (72.5% women), ages 18-49 ( $M = 20.69$ ,  $SD = 2.95$ ), were recruited from predominantly Hispanic student population of a University in South Texas. Findings indicated a significant indirect effect of emotional dysregulation in the association between witnessing father-to-mother violence and cyberpsychological perpetration ( $\beta = .024$ ,  $p < .005$ ), cybersexual perpetration ( $\beta = .012$ ,  $p < .05$ ) and cyberstalking ( $\beta = .022$ ,  $p < .005$ ). No significant indirect effects, however, were found when the perpetrating parent was the mother. Thus, clinical interventions focusing on regulating emotions (e.g., STAIR) should be directed towards those with exposure to parental violence, especially when the exposure was to father-to-mother violence.

Poster Session Two Map



Poster Session Two, Thursday, November 14, 5:45 p.m.–7:00 p.m.

Student Poster Award Finalist	101 – 119	Global Issues	269 – 274
Clinical/Intervention Research	120 – 198	Prevention/Early Intervention	275 – 285
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Assessment and Diagnosis	241 – 259	Technology	302 – 304
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## **Poster Session Two Presentations**

Thursday, November 14, Gloucester

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 143.

## **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 14**

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.

## Poster Session Two Presentations

Thursday, November 14

5:45 PM to 7:00 PM

### STUDENT POSTER AWARD FINALISTS

2-101

#### Psychophysiological Correlates of Posttraumatic Stress Symptoms in a Sample of Trauma-Exposed Adolescents

(Abstract #1606)

Poster #2-101 (Assess Dx, Health, Bio/Int, Child/Adol) M - Industrialized

Gloucester

*Kilshaw, Robyn<sup>1</sup>, Kerig, Patricia<sup>1</sup>, Kidwell, Mallory<sup>2</sup>*

<sup>1</sup>*University of Utah, Department of Psychology, Salt Lake City, Utah, USA*

<sup>2</sup>*University of Utah, Salt Lake City, Utah, USA*

Studies of the psychophysiology underlying PTSD have made important contributions to our understanding of risk and resilience following trauma exposure (TE). However, little of this research has been extended to youth; further, few studies have taken into account the fact that many TE youth present with significant posttraumatic stress symptoms (PTSS) in specific clusters, despite not meeting full diagnostic criteria for PTSD. To address these gaps, the present study included 396 TE youth (75% boys; 57% ethnic minority; Mage=16) who completed a self-report measure of PTSS; psychophysiological data (respiratory sinus arrhythmia and electrodermal response) were also collected at baseline, during an emotionally evocative task, and at recovery. Controlling for baseline responsivity, symptoms of re-experiencing and dissociation were associated with lower physiological reactivity during the task ( $ps < .05$ ) and significantly higher responsivity during recovery ( $ps < .001$ ). Furthermore, re-experiencing and hyperarousal symptoms were associated with lower baseline responsivity ( $ps = .02$ ). These results suggest that specific PTSS clusters are associated with dampened physiological reactivity and a protracted return to baseline in adolescents. These findings have important implications for the understanding and treatment of TE youth who present with divergent patterns of PTSS.

2-103

#### Sexual Assault is Associated with Increased Baseline Startle but not Dark-Enhanced Startle in a Large Urban Sample of Highly Traumatized Men and Women

(Abstract #819)

Poster #2-103 (Bio Med, Assess Dx, Chronic, Health, Rape, Adult) M - Industrialized

Gloucester

*Rothbaum, Alex<sup>1</sup>, Michopoulos, Vasiliki<sup>2</sup>, Maples-Keller, Jessica<sup>2</sup>, Ressler, Kerry<sup>3</sup>, Feeny, Norah<sup>1</sup>, Jovanovic, Tanja<sup>4</sup>*

<sup>1</sup>*Case Western Reserve University, Cleveland, Ohio, USA*

<sup>2</sup>*Emory University School of Medicine, Atlanta, Georgia, USA*

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Trauma exposure is a risk factor for impaired quality of life, including physical, mental, and general wellbeing. In populations such as low-income minorities living in urban environments, trauma exposure is often chronic, furthering risk for adverse health sequelae. What remains to be determined is why sexual assault may confer an increased risk of negative sequelae compared to non-sexual trauma. We examined baseline and dark-enhanced startle in 241 highly traumatized, low-income African American men and women living in an urban environment. Startle reactivity was measured using electromyogram recordings of the eyeblink muscle and compared in those who have been traumatized without sexual assault to those who were sexually assaulted. Significant group differences were observed in baseline startle adjusting for age, sex, and PTSD diagnosis ( $p=0.035$ ,  $hp2=.019$ ), with higher startle responses in those with sexual assault compared to those with other trauma. However, there were no differences in dark-enhanced startle, even when adjusted for sex ( $p=0.281$ ,  $hp2=.005$ ). Our results suggest that sexual trauma confers risk for increased arousal and hyperactivation of the fear response but not generalization of fear beyond general trauma exposure. This suggests evidence-based treatments will be effective, though those with sexual trauma may initially appear more symptomatic.

## 2-104

### **The Effects of Psychotherapies for PTSD on Quality of Life in the Civilian Population: a Meta-Analysis of Randomized Controlled Trials**

(Abstract #124)

**Poster #2-104 (Clin Res, Clin Res, Health, QoL, Adult) M - Industrialized**

**Gloucester**

*Fortin, Maxime<sup>1</sup>, Fortin, Christophe<sup>2</sup>, Savard-Kelly, Patrick<sup>3</sup>, Guay, Stéphane<sup>2</sup>, El-Baalbaki, Ghassan<sup>1</sup>*

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**Introduction:** Post-traumatic stress disorder (PTSD) has a negative impact on quality of life (QoL). The WHOQOL Group (1995) defines QoL as « The individuals' perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns ». This meta-analysis describes the effects of the psychotherapies for PTSD on QoL in the civilian population.

**Methodology:** Articles were systematically extracted from the scientific literature using specific keywords, MeSH terms and 13 databases. Two investigators evaluated eligibility and completed data extraction. The AMSTAR and PRISMA guidelines were applied. The Comprehensive Meta-Analysis software was used for calculations.

**Results:** Of the 3431 articles evaluated, nine randomized controlled trials studied the effect of at least one psychotherapy for PTSD on QoL between pre- and post-treatment. The pooled effect sizes across psychotherapies were medium (Hedges'  $g=0.630$ ; waitlist-controlled;  $k=7$ ) and small ( $g=0.367$ ; active-controlled;  $k=7$ ) for QoL. The corresponding PTSD effect sizes were high ( $g=-1.364$ ; waitlist-controlled) and small ( $g=-0.400$ ; active-controlled).

**Discussion:** Clinical implications of the results, the actual state of the scientific literature on the subject as well as the possible research avenues will be discussed.

**2-105****The Importance of Leadership: Organizational Readiness to Change and Leadership Implementation Predicts Patient Outcomes Above and Beyond Clinician Experience.**

(Abstract #424)

**Poster #2-105 (Clin Res, Mil/Vets, Adult) I - N/A****Gloucester***Lange, Lindsay<sup>1</sup>, Jacoby, Vanessa<sup>2</sup>, Dondanville, Katherine<sup>2</sup>, Fina, Brooke<sup>2</sup>, Marsden, Arthur<sup>2</sup>, Karp, Jeremy<sup>2</sup>*<sup>1</sup>*Baylor University, Waco, Texas, USA*<sup>2</sup>*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*

Dissemination and implementation of evidence-based treatments (EBTs) for PTSD is of critical concern for healthcare organizations. Organizational variables have been shown to be salient factors impacting effective adoption of EBTs (e.g., Aarons et al., 2014; Carman, 2015). The STRONG STAR Training Initiative (SSTI) trains mental health providers in EBTs for PTSD, specifically cognitive processing therapy (CPT) and prolonged exposure (PE). Using SSTI data, the current study examined the relations between readiness to change, leadership support, and patient outcomes. Study participants included 68 mental health providers in healthcare settings across Texas. Measures included the Organizational Readiness to Change Assessment (ORCA) and the Implementation Leadership Scale (ILS). Patient outcomes were measured by pre to post change on the PTSD Checklist for DSM-5 (PCL-5). A linear regression showed that higher provider ratings on the ILS were related to greater reductions their patients' PCL-5 scores ( $r = .45 - .65, p < .05$ ), even after controlling for provider years of experience ( $t(49) = 3.55, p < .001, b = .465$ ). Higher ORCA scores related to greater patient reductions in PCL-5 scores for providers using CPT ( $r = .30, p < .05$ ), but not PE ( $r = .07$ ). Organizational and clinical implications of the findings will be discussed.

**2-106****PTSD Symptoms and Suicidality in University Students: The Role of Distress Tolerance**

(Abstract #1579)

**Poster #2-106 (Clin Res, Affect/Int, Clin Res, Health, Adult) M - Industrialized****Gloucester***Kratovic, Layla, Smith, Lia, Vujanovic, Anka  
University of Houston, Houston, Texas, USA*

Posttraumatic stress disorder (PTSD) is a strong predictor of suicide attempts and has been shown to independently predict suicidal ideation and suicide attempts. Distress tolerance (DT), which refers to the capacity to tolerate negative emotional and/or physical states, is a cognitive-affective factor with clinical relevance to PTSD and suicidality. No studies to date have examined the associations of PTSD symptoms, DT, and suicidal ideation or suicide risk among undergraduate students, a population at risk for suicidal ideation and behavior. It was hypothesized that greater PTSD symptom severity and lower perceived DT, respectively, would be associated with greater suicidal ideation and suicide risk (i.e., suicidality); and that PTSD symptom severity would exert an indirect effect on suicidality through perceived DT. Covariates included trauma load, negative affectivity, and gender. Participants were comprised of 819 trauma-exposed undergraduate students (78.0% female; Mage= 22.0). Results indicated

that greater PTSD symptom severity and lower DT, respectively, were significantly associated with greater suicidal ideation and suicide risk. Further, PTSD symptom severity exerted an indirect effect on suicidal ideation ( $\beta = .02$ ; CI [.008, .03]) and suicide risk ( $\beta = .01$ ; CI [.006, .02]) through perceived DT. Clinical and research implications are discussed.

## 2-107

### **Increased Childhood Trauma Leads to an Abnormal Immune Cell Response to a Typhoid Vaccination**

(Abstract #1632)

**Poster #2-107 (Clin Res, CPA, CSA, Health, Adult) M - Industrialized**

**Gloucester**

*Woodward, Eleanor<sup>1</sup>, Smirnova, Mary<sup>1</sup>, Mathalon, Daniel<sup>1</sup>, Woolley, Josh<sup>1</sup>, Neylan, Thomas<sup>2</sup>, O'Donovan, Aoife<sup>1</sup>*

<sup>1</sup>*University of California, San Francisco and San Francisco VAMC, San Francisco, California, USA*

<sup>2</sup>*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

**Background** Childhood psychosocial stressors affect innate and adaptive immune system development. Adults with a history of childhood maltreatment have higher basal levels of inflammation, including systemic inflammatory cytokines, immune cells and acute phase proteins. Little is known about how adults with childhood trauma respond to an acute inflammatory challenge in the form of a vaccine.

**Methods** 24 healthy adult men were recruited for this pilot study (mean age = 38, range 20-60). Subjects were given the Childhood Trauma Questionnaire (CTQ) at baseline. 12 subjects were randomized to receive a typhoid vaccination and 12 received a placebo. Complete blood count with differential was assessed prior to vaccine, at two hours and four and a half hours after vaccine.

**Results** Subjects with more childhood trauma in the typhoid group (CTQ range within experimental group = 37-55) showed a reduction in platelets ( $r = -.655$ ,  $p = .025$ ) and an increased response in lymphocytes ( $r = .662$ ,  $p = .026$ ) compared to those with less trauma.

**Conclusions** Subjects with more childhood trauma mounted an abnormal response to the typhoid vaccination, evidenced by reduced changes in platelets and increased changes in lymphocytes. This effect was driven by higher levels of sexual and physical abuse. Further research is needed to clarify the relationship between childhood trauma and immune system dysfunction.

## 2-108

### **It Changed My Life: The Effect of Event Centrality, Coping Self Efficacy and Posttraumatic Cognitions on PTSD symptoms**

(Abstract #1740)

**Poster #2-108 (Clin Res, Cog/Int, Adult) M - Industrialized**

**Gloucester**

*Brickman, Sophie<sup>1</sup>, Benight, Charles<sup>1</sup>, Samuelson, Kristin<sup>2</sup>*

<sup>1</sup>*UCCS, Psychology Department, Colorado Springs, Colorado, USA*

<sup>2</sup>*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

Appraisals of traumatic events, including event centrality (the extent to which an individual construes a traumatic event as a central part of their identity), posttraumatic cognitions and coping self efficacy have demonstrated unique predictive power for PTSD symptoms, but have yet to be examined together. The present study explored the role of these appraisals on the maintenance or remission of PTSD symptoms in a trauma-exposed sample participating in cognitive training. Participants (N=170) completed the PTSD Checklist for DSM-5 (PCL-5), Posttraumatic Cognitions Inventory, Centrality of Event Scale and Coping Self-Efficacy Scale. The PCL-5 and CSE were re-administered after two-months (T2). Each appraisal independently predicted PTSD symptoms and the best fit model contained all appraisals; CSE ( $\beta = -.18, p < .05$ ), event centrality ( $\beta = .29, p < .001$ ) and posttraumatic cognitions ( $\beta = .47, p < .001$ ), ( $R^2 = .62, p < .001$ ). Preliminary path analysis accounting for PTSD symptoms at T1 and CSE at T2 demonstrated that initial CSE ( $\beta = .28$ ) and event centrality T1 ( $\beta = .20$ ) were significant predictors of T2 PTSD symptom scores. Results suggest all three appraisals predict initial PTSD symptoms. Initial appraisal about the significance of a traumatic event and one's ability to cope may also contribute to the maintenance or remission of PTSD symptoms during cognitive training.

## 2-109

### The Role of Self-compassion in the Relationship between Moral Injury and Psychological Distress among Military Veterans

(Abstract #969)

Poster #2-109 (Clin Res, Mil/Vets, Moral, Adult) M - N/A

Gloucester

*Manalo, Mernyll<sup>1</sup>, Hassija, Christina<sup>2</sup>*

<sup>1</sup>*California State University, San Bernardino, California, USA*

<sup>2</sup>*California State University, Department of Psychology - SB425, San Bernardino, California, USA*

While there is considerable research linking trauma to psychological distress (PD), such as posttraumatic stress disorder (PTSD), among military populations, some service members may develop other variants of psychological difficulties following exposure to traumatic life events. For example, moral injury (MI) is conceptualized to occur when a person perceives their response to a morally challenging situation as a transgression that may lead to an incongruence with morals producing negative affect (i.e., shame and guilt; Litz et al., 2009). The current study investigates whether self-compassion (SC), a potential resilience factor, plays a moderating role in the indirect relationship between MI and PD through SC. Among 178 military veterans, findings indicate potential MIs, guilt, shame, and SC significantly predicted PTSD symptoms, *Multiple R* = .795, adjusted *R*<sup>2</sup> = .623, *F*(4,173) = 74.238, *p* < .05. Furthermore, a conditional process analysis of our data suggests that the indirect effect of MI on PTSD through current state guilt is significantly moderated at the 16th, 50th, and 84th percentile scores of SC; *b* = -.1389, *SE* = .0893, 95% CI [-.3498, -.0045]; *b* = -.2386, *SE* = .0615, 95% CI [-.3752, -.1341]; *b* = -.3228, *SE* = .0994, 95% CI [-.5406, -.1518]; respectively. Findings are expected to have important implications for treatment conceptualization for military populations.

**2-110****An Overview of Systematic Reviews and Meta-Analyses on Resilience and Protective Factors in Post-Traumatic Stress Disorder**

(Abstract #1642)

**Poster #2-110 (Clin Res, Prevent, N/A) I - N/A****Gloucester**

*Campodonico, Carolina, White, Rebecca, Berry, Katherine, Haddock, Gillian, Varese, Filippo*  
*University of Manchester, Manchester, United Kingdom*

Mental health researchers are increasingly focusing on the identification of individual differences that might explain different reactions to trauma, in order to identify factors that consistently predict lower vulnerability to PTSD and promote resilience. However, recent systematic reviews and meta-analyses offered highly heterogeneous findings, preventing the creation of a definitive list of factors negatively related to PTSD vulnerability. The present overview of reviews was conducted to compile a list of all resilience and protective factors for PTSD identified in the literature; to critically appraise the operational definitions that have been used; and to examine the quality of existing systematic reviews and meta-analyses on the topic. Coping, optimism, self-efficacy, social support and trait resilience were the variables more frequently associated with improvement of traumatic symptoms. However, a lack of a standardise operational definition of resilience was identified, suggesting that reviews on this topic have similar limitations to the primary literature. Despite previous variances in findings, this evidence synthesis suggests that different factors could lower the risk of developing enduring PTSD symptoms in trauma-exposed individuals. Interventions targeting these factors may represent promising options for preventing PTSD in trauma-exposed and/or at-risk groups.

**2-111****Nightmare Severity as a Unique Predictor of Suicide Risk in a Transgender Sample**

(Abstract #349)

**Poster #2-111 (CulDiv, Health, Pub Health, Sleep, Gender, Adult) I - Industrialized****Gloucester**

*Andrew, Shianne<sup>1</sup>, Cogan, Chelsea<sup>1</sup>, Scholl, James<sup>2</sup>, Davis, Joanne<sup>1</sup>*

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<sup>2</sup>*Boston University Medical Campus Center for Multicultural Training in Psychology, Boston, Massachusetts, USA*

Previous research has shown that trauma exposure and PTSD are commonly linked to sleep disturbance and nightmares. Research also shows that nightmare severity is associated with psychopathology and that recurrent nightmares are related to increased suicide risk in trauma-exposed individuals. There is no research to date, however, which explores these relationships in transgender populations, who have been shown to report high levels of trauma exposure. The current study included 155 transgender individuals and examined trauma exposure, PTSD severity, and frequency and severity of nightmares in relation to suicide risk. We hypothesized that nightmare frequency and severity would uniquely predict suicidality in trauma-exposed individuals. Results indicated that both trauma exposure and PTSD symptom severity as well as frequency and severity of nightmares individually predict suicide risk within the sample. However, when examining the contribution of all factors together, only nightmare severity was

significantly related to suicide risk. The overall model was significant at  $F(4, 26) = 2.95, p = 0.04$ , and nightmare severity was significantly related at  $\beta = -0.45, p = 0.04$ . These findings suggest that nightmare severity may play a unique role in suicide risk beyond that of PTSD severity among trauma-exposed populations and within transgender populations specifically.

## 2-112

### **A Qualitative Exploration of Migration Trauma among Unaccompanied Minors from Central America**

(Abstract #1687)

**Poster #2-112 (CulDiv, Comm/Int, Fam/Int, Global, Refugee, Child/Adol) I - Global Gloucester**

*Bouche, Vicky<sup>1</sup>, Sztainer, Maya<sup>2</sup>, Sheikh, Rehan<sup>3</sup>, Palacios, Mercedes<sup>3</sup>, Patel, Sita<sup>3</sup>*

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Comprising one quarter of the 75 million children in the U.S., immigrant youth are among the fastest growing and most vulnerable populations. Despite the mounting need for empirically-based, trauma-informed intervention, there is limited research on the impact of migration trauma, especially family separation and reunification, among unaccompanied minors (UAMs). This qualitative study used a community-based participatory approach to partner with a public school and interview recently-arrived ninth and tenth graders ( $n=45$ ) from El Salvador, Guatemala, and Honduras. Results from the thematic analysis demonstrate three key reasons for UAM migration including: 1) fleeing gang-related violence, 2) reuniting with family, and 3) seeking higher quality of life. Two-thirds of participants reported separation from their parents for five or more years, and associated feelings of sadness and depressive symptoms. Family reunification evoked a wide spectrum of feelings, including happiness, sadness, anger, and a lack of affection. To promote recovery and resilience following migration-related traumatic stress, UAMs require culturally-responsive, trauma-informed care. This study deepens our understanding of UAM experiences and can therefore inform clinical practice with this underserved and highly vulnerable population.

## 2-113

### **Post-Trauma Psychopathology in Journalists: The Influence of Institutional Betrayal and World Assumptions**

(Abstract #100)

**Poster #2-113 (Journalism and Trauma, Assess Dx, Journalism, Sub/Abuse, Adult) I - Gloucester Industrialized**

*Dadouch, Zena<sup>1</sup>, Mielock, Alyssa<sup>2</sup>, Lilly, Michelle<sup>1</sup>*

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Journalists are often exposed to potentially traumatic content through their profession. High levels of exposure have been found to predict high levels of psychopathology among journalists, including posttraumatic stress, alcohol use, and depressive symptoms. This study assessed the roles of world views, institutional betrayal, and work-related trauma exposure on symptoms of PTSD and depression. One hundred and fifteen journalists completed the online study. Greater exposure to work-related trauma was positively correlated with PTSD. Regression analyses revealed that experiences of institutional betrayal moderated the relationship between shattered world assumptions and PTSD and alcohol use, but not depression. Specifically, among individuals who reported greater institutional betrayal, the relationship between benevolence of the world and PTSD and alcohol use was stronger. Results highlight the role of organizational factors in exacerbating symptoms of pathology in a traumatized group. Implications include conducting more research on different micro- and macro-level factors that could contribute to pathology in this group. Recommendations include destigmatizing the disclosure of psychological needs to editors and news agencies and introducing more trainings for journalists focused on trauma and maintaining psychological well-being.

## 2-114

### **Relative Effects of Sexual Assault and Other Traumatic Life Events on Suicidality**

(Abstract #254)

**Poster #2-114 (Journalism and Trauma, CSA, Complex, Depr, Rape, Adult) I - N/A Gloucester**

*Watters, Kayleigh, Yalch, Matthew  
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Sexual assault is a common form of traumatic stress that is associated with a number of mental health problems. One such problem is suicide. Suicidal thinking and related behaviors are common among survivors of many kinds of traumatic experiences because suicide represents a way to escape memories of emotions related to traumatic events. Research suggests a strong association between the experience of sexual assault specifically and an increased likelihood of attempting suicide. However, it is unclear whether sexual assault is more strongly associated with suicidality than are other traumatic experiences. In this study, we examine the relative effects of sexual assault and other traumatic experiences on suicidality in a sample of men and women recruited from Amazon's Mechanical Turk (N = 171) using a Bayesian approach to multiple regression estimated using Hamiltonian Markov chain Monte Carlo simulation. Results show that sexual assault has a medium-sized positive effect on suicidality over and above other potentially traumatic experiences, which did not credibly predict suicidality. These results highlight the especially pernicious influence of sexual assault and thus suggest the need for early intervention with sexual assault survivors in order to prevent suicidal behaviors.

## 2-115

### **A Network Approach to Examining the Links between Adverse Childhood Experiences and Post-Traumatic Stress Symptomatology in Adulthood**

(Abstract #1151)

**Poster #2-115 (Prevent, CPA, CSA, Chronic, Dev/Int, Adult) A - Industrialized Gloucester**

*Weiss, Marina<sup>1</sup>, Lopez-Castro, Teresa<sup>1</sup>, Saraiya, Tanya<sup>2</sup>, Stanley, Damian<sup>2</sup>, Papini, Santiago<sup>3</sup>, Hien, Denise<sup>4</sup>*

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<sup>3</sup>*University of Texas at Austin, Austin, Texas, USA*

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Adverse Childhood Experiences (ACEs), including abuse (physical, emotional, and sexual), neglect (emotional and physical), and household dysfunction (mental illness, incarceration, divorce, intimate partner violence or substance abuse in the household), are associated with adverse physical and mental health outcomes, but less research has examined the relative impact of ACEs on PTSD symptoms in adulthood. Toward this aim, we used network analysis to examine associations among childhood abuse, neglect, and household dysfunction, and adulthood PTSD symptoms in the re-experiencing, avoidance, emotional/cognitive, and hyperarousal clusters. Participants (N=232) recruited from a large, urban university and an online community platform completed the MINI Adverse Childhood Experiences Scale and the PTSD Checklist for DSM-5. The network estimated using the mixed graphical model approach demonstrated strong links among ACE nodes, and among PTSD nodes, but only childhood neglect formed a bridge between the two via its link to the emotional/cognitive disturbance symptom cluster. This finding suggests that neglect in childhood may be a marker of vulnerability to PTSD in this population. Further research can test the hypothesis that patients with high severity in the emotional/cognitive disturbance cluster would benefit from an intervention that targets the sequelae of childhood neglect.

## 2-116

### **G x I Effects of a Parenting Program on Child's PTSD in Military Families**

(Abstract #1404)

**Poster #2-116 (Prevent, Gen/Int, Prevent, Civil/War, Child/Adol) M - Global**

**Gloucester**

*Li, Lijun<sup>1</sup>, Zhang, Jingchen<sup>2</sup>, Gewirtz, Abigail<sup>2</sup>*

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Recent advances in examining intervention moderators have focused on gene x intervention (GxI) interactions, and FKBP5 has been proved to play a role in PTSD. This study examined data from an RCT of a parenting intervention program (After Deployment, Adaptive Parenting Tools/ADAPT) for military families. We tested the GxI interaction by examining whether the ADAPT intervention might particularly benefit children with genetic vulnerability to PTSD.

The whole sample consists of 336 families with 60% families randomized to the intervention condition. Children's PTSD severity was measured using the UCLA Child/Adolescent PTSD Reaction Index at baseline, 1-year, and 2-year post baseline. A subsample of 199 children aged between 7-12 who were eligible to provide PTSD score are used in current analyses. Genetic vulnerability was indexed with SNPs related to PTSD (i.e.,FKBP5).

We conducted a mixed model to examine the GxI effects. Results indicated that the intervention effect on children's PTSD severity was different based on children's genotype ( $FGXI(2,170.574)=6.286, p=.002$ ). Implications are discussed with regard to identifying potential variables such as genes which would allow

for more efficient intervention delivery options. The future direction of this study is to explore the mediation effect of parenting practices in the genetic moderated intervention effect.

**2-117**

**Psychological Resilience from Early Adversity Predicting Healthy Lifestyle Behaviors in Young Adulthood**

(Abstract #222)

**Poster #2-117 (Pub Health, CPA, Depr, Health, Epidem, Adult) I - Industrialized Gloucester**

*Nishimi, Kristen, Koenen, Karestan, Coull, Brent, Kubzansky, Laura  
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This study's objective is to evaluate if higher psychological resilience, or positive psychological health among individuals exposed to early adversity, may increase likelihood of engaging in a healthier lifestyle in young adulthood relative to those who are less resilient or in poor psychological health for other reasons. Using longitudinal data (Growing Up Today Study, n=3961), we defined psychological resilience stringently by early adversity exposure and psychological health (PH) in young adulthood (low psychological distress, high positive affect). Individuals were classified as: *resilient* (adversity, PH), *less-resilient* (adversity, low PH), *vulnerable* (no adversity, low PH), and *psychologically healthy* (no adversity, PH). Healthy lifestyle behavior (HLB) was an index of: no smoking, moderate alcohol consumption, regular physical activity, healthy diet, and ideal body weight at baseline and 5 years later. 18.7% of the sample were resilient, 58.9% were less resilient, 13.6% were vulnerable and 8.9% were psychologically healthy. Adjusting for covariates, regression analyses found resilient, less resilient, and vulnerable groups had lower HLB over 5 years, versus psychologically healthy. Less resilient had the lowest HLB (all  $p < .05$ ). Resilient individuals had healthier lifestyles than less-resilient, but were not comparable to unexposed, healthy peers.

**2-118**

**The Network Structure of PTSD in Adolescents Exposed to Earthquake**

(Abstract #1591)

**Poster #2-118 (Pub Health, Complex, Health, Theory, Epidem, Child/Adol) I - E Asia & Pac Gloucester**

*Li, Yuanyuan, Zheng, Xin, Fan, Fang  
South China Normal University, Guangzhou, China*

**Object:** This study aims to explore network structure of PTSD in adolescents systematically, and provide guidance for effective intervention.

**Method:** Data were analyzed from 1045 severe trauma-exposed Chinese adolescents in the WEAHC Study (Grant No.16JJD190001). We estimated regularized partial correlation networks of DSM-IV PTSD symptoms at 6, 12, 18, 24 months (T6m, T12m, T18m, T24m) after the earthquake, and examined their temporal stability.

**Results:** Adjacency matrices of four networks in adolescents were highly correlated ( $r=0.60-0.78$ ).

Flashback, hypervigilance, foreshortened future was among the more central nodes in at least three networks among adolescents. The four wave networks of PTSD in adolescents did not differ significantly with each other with regard to connection rate and network structure ( $p > 0.05$ ), while the T24m network had higher global strength significantly than the T6m and T12m networks (T6m-T24m: global strength 7.64 vs 8.26,  $p=0.04$ ; T12m-T24m: global strength 7.70 vs 8.26,  $p=0.02$ ).

**Conclusions:** Longitudinal comparison demonstrate the two-year stability of DSM-IV PTSD symptoms network structure in earthquake exposed Chinese adolescents. Post-disaster interventions can adopt multi-symptom combined intervention, such as intervene in some core symptoms like flashback, hypervigilance and foreshortened future in the same time.

## 2-119

### **Religious Coping and PTSD Symptoms: A Mixed Methods Study of Internally Displaced Adolescents in Nigeria**

(Abstract #1219)

**Poster #2-119 (Self-Care, Refugee, Res Meth, Self-Care, Child/Adol) A - W & C Africa Gloucester**

*David, Onyekachi*

*University of Copenhagen, Copenhagen, Denmark*

**Objectives:** The purpose of this mixed method study was to identify the lived experiences of how internally displaced adolescents (IDAs) uses religious coping to respond to possible post-traumatic stress disorder (PTSD).

**Methods:** A sequential exploratory mixed methods design comprising a qualitative first part followed by a quantitative second part was employed. In-depth-interview, data from 15 IDAs were analysed to understand how IDAs responded in their contextual view of religious coping and reaction of PTSD symptoms. The quantitative part recruited 136 IDAs to explore if age of IDAs moderate negative religious coping predictability of PTSD symptoms.

**Results:** IDAs used negative and positive religious coping to re-interpret their displacement event, such as the will of a loving or purposeful God, as a results of punishment from God. In terms of PTSD symptoms, qualitative data revealed the compelling stories of IDAs in re-experiencing the attack of the Boko Haram in form of flashbacks and nightmares. The result showed an inverse relationship between negative religious coping with PTSD symptoms. Further, negative religious coping significantly predicted PTSD symptoms for younger but not for older IDAs.

**Conclusion:** IDAs religious coping appraisal following displacement and its associations with symptoms PTSD is not simple.

## CLINICAL/INTERVENTION RESEARCH POSTERS

2-120

### Neural Markers for Detecting Suicidal Ideation in Veterans

(Abstract #359)

Poster #2-120 (Clin Res, Mil/Vets, Neuro, Adult) I - N/A

Gloucester

*Stumps, Anna<sup>1</sup>, Amick, Melissa<sup>2</sup>, Rothlein, David<sup>1</sup>, DeGutis, Joseph<sup>1</sup>, McGlinchey, Regina<sup>3</sup>, Esterman, Michael<sup>1</sup>*

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Neural differences in the frontolimbic network, including the amygdala, anterior cingulate cortex (ACC), and dorsolateral prefrontal cortex (DLPFC), have been implicated in patients with suicidal ideation (SI) and attempted suicide. However, these neural differences have yet to be characterized in Veterans with comorbid mental health issues. We investigated differences in resting-state fMRI connectivity of the hypothesized frontolimbic network in 273 OEF/OIF/OND Veterans (M age = 31.37) with and without SI recruited through the Translational Research Center for TBI and Stress Disorders (TRACTS). Using a network and seed-based approach, we analyzed the functional connectivity (FC) of the SI group (n = 24) with both Major Depressive Disorder (pMDD) and Post-Traumatic Stress Disorder (PTSD), the Psychiatric control group (n = 37, MDD and PTSD but no SI) and trauma-exposed controls (n = 107, without MDD or PTSD). The SI group showed significantly reduced negative coupling between the amygdala and DLPFC as well as the dorsal ACC, compared to both groups without SI. The FC between the amygdala and ACC significantly predicted SI group membership, even when controlling for severity of PTSD and MDD. These results suggest that FC in the frontolimbic network could be a marker of suicide risk that complements current suicide risk assessments and better characterizes at-risk individuals.

2-121

### Windows to Mental Healthcare for Vulnerable Populations: Expanding Evidence-Based Treatment via Telehealth

(Abstract #417)

Poster #2-121 (Clin Res, Chronic, QoL, Tech, Mil/Vets, Adult) M - Industrialized

Gloucester

*Pennington, Michelle<sup>1</sup>, Rostockyj, Jessica<sup>1</sup>, Coe, Elizabeth<sup>1</sup>, Kimbrel, Nathan<sup>2</sup>, Meyer, Eric<sup>3</sup>, Gulliver, Suzy<sup>1</sup>*

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In an effort to increase access to evidence-based care, Baylor Scott & White Research Institute launched a telehealth clinic for Texas veterans/veteran family members (V/VFM) and firefighters (FF). The clinic

aims to improve the behavioral health of these populations by providing evidence-based, culturally-aware treatment for individuals with PTSD, SUD, depression, and related disorders via live online video sessions. To date, 10 V/VMFs and 10 FFs have completed treatment. This poster presents a preliminary comparison of symptom trajectories in treatment completers thus far. Results indicate decreases in PTSD symptoms and increases in quality-of-life (QOL). Mixed between-within subjects ANOVAs were conducted to compare V/VMFs and FFs on PTSD symptoms and QOL from pre- to post-treatment. There was a statistically significant effect for time on PTSD symptoms,  $\Lambda=.59$ ,  $F(1, 18)=12.28$ ,  $p=.003$ ; psychological QOL,  $\Lambda=.62$ ,  $F(1, 18)=11.14$ ,  $p=.004$ ; and environmental QOL,  $\Lambda=.72$ ,  $F(1, 18)=6.98$ ,  $p=.017$ , but no differences between the two samples. Physical and social QOL also increased, though not significantly. Both populations were satisfied with telehealth, with 95% indicating they would use it again. These results are promising for the future of telehealth and treating hard to reach populations. Data collection is currently ongoing and further results and implications will be discussed.

## 2-122

### **Deployment Stressors and Mental Health in Military Mothers: Testing the Military Family Stress Model**

(Abstract #778)

Poster #2-122 (Clin Res, Fam/Int, Rape, Mil/Vets, Adult) M - Industrialized

Gloucester

*Rahl-Brigman, Hayley<sup>1</sup>, Lucke, Cara<sup>2</sup>, Gewirtz, Abigail<sup>2</sup>*

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This study examined deployment-related stressors and mental health in a sample of deployed military mothers (N= 117; minority status= 16%). Prior research demonstrates that deployed mothers exhibit elevated levels of clinical symptoms (Gewirtz et al. 2014), and the military family stress model identifies three stressors that mothers may experience during deployment: combat exposure, separation from children, and sexual harassment and assault (Gewirtz et al. 2018). Since the association between these stressors and clinical symptoms are not well understood among deployed mothers, this study tested the hypothesis that these stressors will be associated with mental health outcomes when included as predictors in a structural equation model. Two models were tested with these predictors and either PTSD or depression as the outcome. The proportion of deployed mothers at risk for clinical depression (39% vs. 21%; Radloff 1977) and PTSD (12% vs. 8%; Kilpatrick et al. 2013) were higher in this sample than observed in normal populations. The model predicting depression had poor model fit. The model predicting PTSD had good model fit, and sexual harassment and assault was the only significant predictor. Results suggest that deployed mothers have elevated levels of PTSD and depression, and sexual harassment and assault during deployment is associated with PTSD in deployed mothers.

**2-123****Military Behavioral Health and Pastoral Care Providers' Attitudes and Approaches toward Moral Injury and Moral Healing**

(Abstract #297)

**Poster #2-123 (Clin Res, Clinical Practice, Mil/Vets, Moral, Adult) M - Industrialized Gloucester***Evans, Wyatt<sup>1</sup>, Hawkins, Lataya<sup>2</sup>, Fina, Brooke<sup>1</sup>, Dondanville, Katherine<sup>1</sup>*<sup>1</sup>*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*<sup>2</sup>*Carl R. Darnall Army Medical Center, Fort Hood, Texas, USA*

The recent proliferation of research into moral injury among military personnel has elucidated a need for greater understanding of the construct and for provider training in interventions capable of restoring wellbeing. However, military behavioral health and pastoral care providers report variable awareness/attitudes toward this experience among service members and wide ranging views on how to facilitate recovery. This study included qualitative interviews with ten providers serving active duty soldiers on a U.S. Army installation conducted as part of an international effort to develop a measure of moral injury. Three participants were civilian behavioral health providers (BHPs), three were uniformed BHPs, two were uniformed chaplains trained as pastoral care providers, and two were uniformed chaplains dually trained in behavioral healthcare. Results revealed divergent attitudes/approaches to moral injury between military and civilian providers as well as between chaplains and BHPs. Uniformed providers and chaplains related more developed conceptualization and treatment planning, with dually trained providers describing the most nuanced understanding of moral injury and healing. Implications for training military BHPs—particularly those in civilian service or with a narrower scope of training—in identification, assessment, and intervention with moral injury will be presented.

**2-124****Understanding the Role of Different Forms of Forgiveness in Moral Injury Outcomes in Deployed Veterans.**

(Abstract #1139)

**Poster #2-124 (Clin Res, Mil/Vets, Moral, Adult) I - Industrialized****Gloucester***Stevens, Laur, McCormick, Wesle, Isaak, Steve, Borgogna, Nichola, Currier, Josep**University of South Alabama, Mobile, Alabama, USA*

With negative emotions and cognitions playing prominent roles in moral injury (MI; Currier et al., 2018) and posttraumatic stress disorder (PTSD; American Psychiatric Association, 2013), forgiveness (Davis et al., 2015; Fehr et al., 2010) may significantly affect posttraumatic distress over time. To examine potential temporal associations, 173 previously deployed veterans completed the Forgiveness of Others, God, and Self Scale (FOGS; Toussaint & Webb, 2006), Expressions of Moral Injury Scale-Short Form (EMIS-SF; Currier et al., 2018), and PTSD Checklist for DSM-5 (PCL-5; Blevins et al., 2015) at two time points, six months apart. Two regressions were conducted entering demographics and timepoint 1 of EMIS-SF or PCL-5 as covariates, the six FOGS subscales as predictors, and timepoint 2 of EMIS-SF or PCL-5 as outcome variables. Both models were significant: EMIS-SF,  $F(6, 167) = 22.763$ ,  $p < .001$ , adjusted  $R^2 = .55$ ; PCL-5,  $F(6, 166) = 52.695$ ,  $p < .001$ , adjusted  $R^2 = .75$ . Over time, self-forgiveness (B

= -.223,  $p = .002$ ) predicted MI severity while self- (B = -.154,  $p = .005$ ) and other- (B = -.153,  $p = .001$ ) forgiveness predicted PTSD severity. Results highlight aspects of forgiveness that may allay posttraumatic distress. Our presentation will discuss potential clinical implications for forgiveness.

## 2-125

### Written Exposure Therapy vs Cognitive Processing Therapy for Veterans with Posttraumatic Stress Disorder

(Abstract #1605)

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

Gloucester

*Bliss, Sebastian<sup>1</sup>, Zaturenskaya, Mariya<sup>1</sup>, Marx, Brian<sup>2</sup>, Resick, Patricia<sup>3</sup>, Sloan, Denise<sup>2</sup>*

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Given the current high demand for trauma-focused PTSD treatment within the Department of Veterans Affairs, there is a great need for efficient treatment approaches that are well tolerated and effective. Written Exposure Therapy (WET; Sloan and Marx, 2019) is a five session trauma-focused protocol that has been found to significantly reduce PTSD symptom severity (Sloan et al., 2012) and has been found to be non-inferior to the more time intensive Cognitive Processing Therapy (CPT; Sloan et al., 2018). However, these studies have primarily examined civilian patient samples. The goal of the present study was to examine the efficacy of WET with a veteran sample. We analyzed a veteran subsample ( $n = 33$ ) from a larger study comparing participants randomized into WET ( $n = 17$ ) or CPT ( $n = 16$ ) to investigate efficacy of WET and CPT, as well as dropout rates. Findings indicated that veterans assigned to both treatment conditions had significant PTSD symptom severity reductions from baseline to follow-up assessment (all  $p$ 's  $< .001$ ), with no significant differences in symptom reduction between WET and CPT ( $p$ 's  $> .50$ ). Notably, there was a significant difference in dropout rate, with just one veteran dropping out of WET (6%) whereas 8 (50%) veterans dropped out of CPT. Taken together, these results indicate that WET is an efficacious and well-tolerated PTSD treatment for military veterans.

## 2-126

### The Impact of Hazardous Alcohol Use in Cognitive Processing Therapy (CPT) among Active Duty Military Service Members with Posttraumatic Stress Disorder (PTSD): Does Treatment Modality Matter?

(Abstract #1162)

Poster #2-126 (Clin Res, Clin Res, Clinical Practice, Sub/Abuse, Mil/Vets, Adult) - Industrialized

Gloucester

*Straud, Casey<sup>1</sup>, Dondanville, Katherine<sup>2</sup>, Hale, Willie<sup>1</sup>, Wachen, Jennifer<sup>3</sup>, Mintz, Jim<sup>1</sup>, Litz, Brett<sup>1</sup>, Roache, John<sup>4</sup>, Yarvis, Jeffrey<sup>5</sup>, Young-McCaughan, Stacey<sup>1</sup>, Peterson, Alan<sup>1</sup>, Resick, Patricia<sup>6</sup>*

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Given the deleterious effects of comorbid PTSD and hazardous drinking, it is imperative to identify efficacious treatments for patients with these co-morbid problems. The primary aim of this study was to examine PTSD symptom severity reductions from pre- to post-treatment as a function of baseline alcohol use (with or without hazardous drinking) and treatment modality (individual v. group). Additionally, we evaluated reductions in the proportion of participants who endorsed hazardous drinking (AUDIT score  $\geq 5$ ) from pre-to post-treatment. Participants included 266 active duty military service members randomized to cognitive processing therapy (CPT) in a group or individual format. Mixed effects regression with repeated measures and generalized linear modeling were used to address the aims of this study. At baseline, all participants met at least four of the five DSM-5 criteria for PTSD and 17% of participants endorsed hazardous drinking. Main effect of time and simple main effects of group by time indicated there were significant PTSD symptom reductions following treatment regardless of treatment modality or baseline hazardous drinking level (all  $p$ 's  $< .01$ ). There was also a significant reduction in the proportion of participants who endorsed hazardous drinking at post-treatment ( $p = .01$ ). Detailed findings, clinical implications, and future directions will be discussed.

2-127

### **Nightmare Deconstruction and Reprocessing: Pilot Study of a Three-Stage Exposure-Based Treatment for PTSD-Related Nightmares and Insomnia**

(Abstract #347)

**Poster #2-127 (Clin Res, Clin Res, Sleep, Mil/Vets, Bio/Gen, Adult) M - Industrialized Gloucester**

*Spangler, Patricia<sup>1</sup>, Azad, Alvi<sup>1</sup>, West, James<sup>1</sup>, Zhang, Lei<sup>2</sup>, Gill, Jessica<sup>3</sup>, Dempsey, Catherine<sup>4</sup>*

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Nightmares and insomnia are signature symptoms of posttraumatic stress disorder (PTSD) and are often refractory following evidence-based treatment. Current EBTs such as Prolonged Exposure and Cognitive Processing Therapy do not target sleep symptoms. The current study is investigating Nightmare Deconstruction and Reprocessing (NDR), a three-stage treatment that utilizes exposure, meaning-making, reprocessing, dream reconstruction, and rehearsal. Study aims: (1) test NDR's plausibility for treating PTSD-related nightmares in military service members and (2) test the feasibility of methods planned for a future large-scale randomized controlled trial. Treatment plausibility will be tested by analyzing pre-to-post-treatment changes in nightmare and insomnia severity and physiologic and biologic stress markers. Methods testing includes collection of blood samples within a prescribed circadian window (0800-1200) and participant compliance with daily download of physiologic data from the Empatica E4 wristband. We are recruiting 30 combat veterans at Walter Reed National Military Medical Center. Primary outcomes

are nightmare and insomnia severity. The E4 records actigraphic data, heart rate variability, and electrodermal activity. BDNF and inflammatory markers will be assayed from blood samples taken at baseline, first exposure to nightmare images, and post-treatment.

**2-128**

**Mobile Cognitive Training for Military Veterans with Alcohol Use Disorder and Co-occurring Posttraumatic Stress Disorder**

(Abstract #602)

**Poster #2-128 (Clin Res, Clin Res, Cog/Int, Tech, Mil/Vets, Adult) M - Industrialized Gloucester**

*Meffert, Brienna<sup>1</sup>, Gomez, Mayra<sup>2</sup>, Lucas, Emma<sup>2</sup>, Mosich, Michelle<sup>2</sup>, Lee, Hyun Kyu<sup>3</sup>, Heinz, Adrienne<sup>1</sup>*  
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Alcohol Use Disorder (AUD) and Posttraumatic Stress Disorder (PTSD) are characterized by overlapping deficits in memory and executive functioning, both of which are associated with poor clinical and functional outcomes. The objective of the study was to investigate pre- to post-training trends in clinical and neuropsychological outcomes using an experimental mobile cognitive training that targeted working memory, inhibition, attention, and cognitive bias. Fifty-four veterans ( $M$  age = 39.46,  $SD$  = 10.29; 87% Male; 53.7% Caucasian) with AUD and PTSD were recruited to complete (1) psychiatric and neuropsychological assessments at baseline, (2) six weeks (~22 hours) of placebo games or cognitive training sessions, and (3) post-training assessments. Results from paired samples t-tests indicated that participants in both training groups improved on separate and overlapping clinical and neuropsychological outcomes. Specifically, individuals in the cognitive training condition demonstrated significant improvements in PTSD symptoms, psychosocial functioning, working memory, and cognitive flexibility. Further, no group-by-time interactions were observed. Targeting neurocognitive disruptions that underlie both AUD and PTSD with an mobile cognitive training represents an innovative, empirically-informed, and potentially high-yield approach for optimizing recovery outcomes.

**2-129**

**Massed Cognitive Processing Therapy in Active Duty Military: Design of a Randomized Clinical Trial**

(Abstract #1764)

**Poster #2-129 (Clin Res, Cog/Int, Mil/Vets, Adult) I - Industrialized Gloucester**

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Cognitive Processing Therapy (CPT) is one of the most effective treatments for posttraumatic stress disorder (PTSD). However, many individuals, particularly active duty service members, may have difficulty committing to a full course of therapy due to scheduling demands. Administering CPT in an intensive, 5-day format may increase rates of treatment completion and produce faster symptom improvement. This study will test the efficacy of massed CPT (MCPT) compared to standard CPT delivery. A sample of 140 active duty service members will be randomly assigned to receive MCPT delivered in group and individual sessions in an intensive outpatient setting (12 sessions in 5 days) or standard CPT (12 individual sessions over 6 weeks). Participants will be assessed at baseline, and one month and 4 months following the conclusion of the therapy. Additionally, each group will be assessed at the one-month posttreatment time point for the other condition. The assessment measures will consist of gold-standard measures of mental health and functioning, as well as non-specific factors of treatment. Predictors of treatment response will also be explored. If determined to be efficacious, MCPT would provide an efficient and accessible modality of evidence-based PTSD treatment that would improve access to care by reducing the amount of time required for treatment.

**2-130**

**An Exploration of how Nightmares Change from Transcription to Rescription in Exposure Relaxation and Rescripting Therapy in the Veteran Population**

(Abstract #68)

**Poster #2-130 (Clin Res, Cog/Int, Complex, Sleep, Mil/Vets, Adult) M - Industrialized Gloucester**

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Exposure, Relaxation, and Rescripting Therapy (ERRT), a cognitive-behavioral therapy for trauma nightmares, is shown to reduce nightmare frequency. One potential mechanism of change is the way the nightmares are rescripted during treatment. The present analyses examined the changes in nightmare content from the original narrative to the rescripted version. Twenty Veterans partook in a study examining the efficacy of ERRT in a military sample. The participants' original narrative and rescriptions were analyzed using Linguistic Inquiry and Word Count (LIWC). Variables are expressed as a percent of the number of occurrences in the entire text. We hypothesized that there would be significant changes in emotion words, affective and cognitive processes, and drives from the transcriptions to rescriptions. These changes were examined with t-tests, and Mixed ANOVAs were used to test for differences between combat and non-combat related nightmares. Results showed significant decreases in word count ( $p > .001$ ), and significant increases in emotion words ( $p > .006$ ), specifically positive emotion words ( $p > .03$ ). Non-combat related nightmares were found to have greater decreases in word count than combat related nightmares ( $p > .02$ ). These findings show that the emotional content of nightmares can be significantly changed during treatment, which may have impacts on frequency or severity.

**2-131****Randomized Controlled Trial of Allostatic Neurotechnology to Treat Mild Traumatic Brain Injury**

(Abstract #150)

**Poster #2-131 (Clin Res, Cog/Int, Mil/Vets, Adult) M - Industrialized****Gloucester***Roy, Michael<sup>1</sup>, Bellini, Paula<sup>2</sup>, Marino, Gustavo<sup>2</sup>, Cole, Wesley<sup>3</sup>, Choi, Young<sup>4</sup>, Tegeler, Charles<sup>5</sup>*<sup>1</sup>*Uniformed Services University, Bethesda, Maryland, USA*<sup>2</sup>*Uniformed Services University School of Medicine, Bethesda, Maryland, USA*<sup>3</sup>*Womack Army Community Hospital, Fort Bragg, Fort Bragg, North Carolina, USA*<sup>4</sup>*Womack Army Medical Center, Fort Bragg, North Carolina, USA*<sup>5</sup>*Wake Forest School of Medicine, Winston-Salem, North Carolina, USA*

Persistent symptoms after mild traumatic brain injury (mTBI) may be related to altered neural oscillations. Studies in mTBI patients show high amplitudes at both low and high frequencies. The objective of this randomized controlled trial is to determine whether closed-loop acoustic echoing neurotechnology will reduce mTBI symptom severity significantly more than a sham control, in a military population. We report preliminary results of this trial comparing 10 ~1-hour sessions of acoustic echoing featuring notes reflecting one's brain electrical activity, vs. randomly generated tones. Participants and outcomes assessors are blinded to treatment allocation.

To date, 15 (67% male, mean age 87, 3 deployments, 4 TBIs) of a target of 106 participants have completed baseline assessment at either Walter Reed National Military Medical Center or Fort Bragg, of whom 9 have completed a post-intervention assessment; we will provide updated results at the time of the meeting, when many more will have completed the study. The primary outcome measure, the Neurobehavioral Symptom Inventory (NSI) score, improved from a mean of 43.4 (SD 15.7) before the intervention, to 23.2 (SD 8.1) after,  $p=.003$ , for all participants, both active and sham. We remain blinded as to who received the echoing vs. randomly generated, but these preliminary results suggest that this novel approach is quite promising.

**2-134****Spirituality and Moral Injury among Military Personnel: A Mini-Review**

(Abstract #1732)

**Poster #2-134 (Clin Res, Mil/Vets, Moral, Adult) M - Industrialized****Gloucester***Bremault-Philips, Suzette**University of Alberta, Edmonton, Alberta, Canada*

Moral injury (MI) results when individuals are exposed to morally injurious events that conflict with their beliefs. While biopsychosocial aspects of MI are more commonly addressed, less is known of the spiritual dimension and how to incorporate it into treatment. The purpose of this study was to gain a greater understanding of the relationship between spirituality/religion (S/R) and MI as experienced by military members and veterans and consider how S/R might be better integrated into prevention and treatment strategies. A mini review of peer-reviewed articles published between 2000 and 2018 regarding the relationship between spirituality and MI among military personnel and veterans was conducted. Twenty-

five articles were included. Six themes were identified and explored, including (i) Spirituality: A potential cause of and protective factor against MI, (ii) Self and identity: Lost and found, (iii) Meaning-making: What once was and now is, (iv) Spirituality as a facilitator of treatment for MI, and (v) Faith communities: Possible sources of fragmentation or healing. S/R was found to both mitigate and exacerbate MI, as well as be affected by it. A type of S/R struggle, use of S/R strategies (e.g., forgiveness, review of S/R beliefs, S/R practices and (re)connection with S/R communities), and integration of S/R perspectives into general interventions may support healing.

**2-135****Forgiveness: A Key Component of Healing from Moral Injury**

(Abstract #1751)

**Poster #2-135 (Clin Res, Mil/Vets, Moral, Adult) M - Industrialized****Gloucester***Bremault-Philips, Suzette**University of Alberta, Edmonton, Alberta, Canada*

Moral injury (MI) can shatter one's being at the deepest level, leaving military members and veterans who have been exposed to morally injurious events interiorly conflicted and struggling with cognitive dissonance, negative self-attributions, guilt, and shame. Further, relationships with self, others, the world, and the sacred/Transcendent can be fractured, and beliefs and values rooted in orienting-systems (OSs) fragmented. Forgiveness can help members and veterans recognize the weight of their (in)actions, let go of negative emotions, and mend relationships. The study aimed to consider ways giving and receiving forgiveness can help restore (1) one's sense of self; and (2) relationships with self and others (horizontally) and the sacred/Transcendent (vertically). Drawing on forgiveness practices associated with spiritual/religious (S/R) traditions in addition to those more recently identified in the literature may enable healing that might otherwise be unattainable. More expansive collaboration between mental health professionals and S/R practitioners may better help individuals restore relationships horizontally and vertically and reconcile conflicting OSs. Research is needed regarding the relationship between MI and forgiveness, S/R components of forgiveness, the role of OSs in MI, and the importance of healing both vertical and horizontal relationships through forgiveness.

**2-136****Effects of TBI and PTSD Symptoms on the Neurobehavioral Symptom Inventory Subscales among United States Active Duty Service Members**

(Abstract #164)

**Poster #2-136 (Clin Res, Mil/Vets, Adult) M - Industrialized****Gloucester***Tate, Larissa<sup>1</sup>, Paxton, Maegan<sup>1</sup>, French, Louis<sup>2</sup>, Law, Wendy<sup>3</sup>, Sullivan, Katherine<sup>2</sup>, Riggs, David<sup>1</sup>*<sup>1</sup>*Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*<sup>2</sup>*National Intrepid Center of Excellence, Bethesda, Maryland, USA*<sup>3</sup>*Walter Reed National Military Medical Center, , Maryland, USA*

TBI and PTSD have been labeled “signature wounds” of the conflicts in Iraq and Afghanistan. These conditions can result in neurobehavioral concerns for service members (SMs), including concentration difficulties, headaches, and insomnia. Despite their frequent comorbidity and overlapping symptoms, there is a dearth of knowledge regarding the combined effects of TBI and PTSD on subjective neurobehavioral complaints. This study examined the effect of TBI and PTSD symptoms (PTS) on Neurobehavioral Symptom Inventory (NSI) subscales using data from 71 active duty SMs collected as part of a larger clinical database. Results indicated a significant difference between the groups (TBI, PTS, and comorbid TBI/PTS) on NSI subscales. Notably, SMs with comorbid TBI and PTS endorsed more symptoms on both the somatosensory and vestibular subscales than those with TBI alone. On the affective subscale, SMs with comorbid TBI and PTS and those with PTS-only endorsed more symptoms than those with TBI-only. SMs with comorbid TBI and PTS or PTS-only endorsed more symptoms on the cognitive subscale than those with TBI-only. These results suggest there may be something unique about the comorbidity and their subsequent influence on subjective neurobehavioral complaints. Findings illustrate the complexity of the relationship between PTSD and TBI and highlight the need for further research in this area.

## 2-137

**To be Resilient is to be Mindful? Mindfulness Accounts for Associations between Resilience and Self-Conscious Emotions after Trauma Narrative Task among Veterans with PTSD**  
(Abstract #1048)

Poster #2-137 (Clin Res, Clin Res, Mil/Vets, Theory, Adult) M - Industrialized

Gloucester

*Szabo, Yvette, Russell, Michael, McGuire, Adam*

*VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*

Resilience is widely conceptualized as a buffer against negative trauma-related sequela. Mindfulness has been posited to be one way through which resilience exerts its protective effects. The present study examined whether mindfulness may account for the protective effect of resilience on negative emotions among Veterans with posttraumatic stress disorder (PTSD) asked to recall their index trauma. Veterans with PTSD ( $M_{age}=49.02$ , 91.7% male) participated in an experimental study to identify the role of positive psychology in the mechanisms of PTSD. The present study focused on measures of resilience and trait mindfulness given at baseline, along with state measures of shame, guilt and general negative affect after a written trauma narrative. We tested indirect effects with bootstrapping including age, income and PTSD symptoms as covariates. There were significant indirect effects of resilience on shame ( $b=-0.29$ ,  $SE=0.12$ ) and guilt ( $b=-0.27$ ,  $SE=0.12$ ) through mindfulness. However, this effect was not observed for general negative affect. These findings may suggest the ability to engage in mindfulness may play an important role between resilience and the experience of self-conscious emotions in particular (i.e., shame and guilt), when faced with trauma memories or reminders. Clinical and theoretical implications for emotion regulation within PTSD will be discussed.

## 2-138

**Resilience Predicts Posttraumatic Cognitions after Trauma Reminder Task and Positive Emotion Induction in Veterans with PTSD: Relevance for Treatment**  
(Abstract #1493)

**Poster #2-138 (Clin Res, Clin Res, Mil/Vets, Adult) - Industrialized****Gloucester***Szabo, Yvette, Russell, Michael, McGuire, Adam**VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*

Personal resources, including resilience, can be protective for posttraumatic stress disorder (PTSD) by reducing negative trauma-related beliefs (Zang et al., 2017). Given that prior research has used cross-sectional designs, the present study tested whether resilience was associated with posttraumatic cognitions (PTCs) after recalling the index event among Veterans with PTSD. Veterans ( $n=48$ ;  $M_{age}=49.02$ , 92% male) completed baseline measures, then completed a written trauma narrative and watched positive videos as part of an experimental study focused on how trauma reminders and positive emotion relate to PTSD mechanisms. Baseline resilience predicted lower negative PTCs after the trauma narrative ( $\beta=-0.43$ ,  $p<.01$ ), and after the positive emotion induction ( $\beta=-0.36$ ,  $p=.02$ ), controlling for PTSD symptoms and amount of combat exposure. Follow-up analyses suggest this effect was observed for PTCs focused on negative views of the self, and not negative views of the world or self-blame. This study points to a role for resilience in buffering against negative trauma-related beliefs. Associations primarily with negative views of the self may suggest that processes such as self-esteem and hardness (Bonanno, 2004) protect against shattering of beliefs following trauma. Targeting skills that foster resilience may help to reduce negative PTCs, which are thought to be central to PTSD.

**2-139****Does Resilience Predict Treatment Outcomes in Veterans with PTSD?**

(Abstract #1492)

**Poster #2-139 (Practice, Clin Res, Dev/Int, Adult) - Global****Gloucester***Williams, Wright<sup>1</sup>, Sciarrino, Nicole<sup>1</sup>, Newsome, Mary R<sup>2</sup>, Chiu, Pearl<sup>3</sup>, King-Casas, Brooks<sup>4</sup>, Graham, David<sup>1</sup>*<sup>1</sup>*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA*<sup>2</sup>*Baylor College of Medicine, Houston, Texas, USA*<sup>3</sup>*Virginia Tech Carilion Research Institute, Virginia, USA*<sup>4</sup>*Salem VA Medical Center, University of Virginia School of Medicine, Virginia Tech Carilion School of Medicine, Roanoke, Virginia, USA*

Pre-treatment resilience may predict the treatment response of Veterans with PTSD, offering a behavioral marker for personalized treatment and clients who struggle in treatment. We measured pre and post-treatment resilience in Study 1, 61 Veterans who chose group Cognitive Processing Therapy or Treatment-as-usual, and Study 2, 17 Veterans randomized to a Meditation or Essential Skills Group. Study 1, pre-treatment Conner Davidson Resilience Scale (CD-Risc) scores correlated with post-treatment CAPS ( $r=-.422$ ,  $p=.005$ ) and PCL scores ( $r=-.385$ ,  $p=.004$ ). Resilience did not improve after treatment, but trended significant in Veterans with a clinically significant CAPS or PCL (Repeated Measures ANOVA,  $F= 3.282$ ,  $p=.08$ ). Veterans failing effort testing were significantly less resilient before and after treatment, but no less likely to succeed in treatment. Study 2 pre-treatment CD-Risc scores significantly correlated with post-treatment PCL5 ( $r=-.772$ ,  $p=.000$ ), PHQ9 ( $r=-.678$ ,  $p=.002$ ), Quality-of-life ( $r=.753$ ,  $p=.001$ ), and Trust ( $r=.589$ ,  $p=.02$ ) scores. Stepwise linear regression predicting post-treatment PCL5 scores using CD-Risc and the Trust scale scores achieved an adjusted R<sup>2</sup> of .757. Measuring pre-

treatment resilience may be useful in planning and individualizing treatment for low and high resilience Veterans, but resilience is complex—one of several predictors of treatment outcomes.

## 2-140

### **Resilience in College Students from Poverty: A Case for Within-Group Variability**

(Abstract #1494)

**Poster #2-140 (Practice, Anx, Chronic, Cul Div, Adult) - Industrialized**

**Gloucester**

*Warnecke, Ashlee, Lewine, Richard*

*University Of Louisville, Louisville, Kentucky, USA*

College students from poverty are often viewed as likely to have poor outcomes. However, resilience within this group may enable success. The present study examines within group differences in students from poverty (N = 54), who fall below the 150% Federal poverty level. There was a significant relationship between overall resilience and other resiliency factors. There were no significant relationships between overall resilience and stressful/traumatic life events, mental health, or academic outcomes. Individual resiliency items revealed several significant relationships (e.g., having a hard time making it through stressful events correlated with number of events ( $\rho = -.30, p < .05$ )). Due to differences in poverty level and whether or not a student had experienced a traumatic event, four groups were created: extreme poverty (< \$9,999)/no trauma (EPNT), extreme poverty/trauma (EPT), moderate poverty ( $\geq$  \$10,000)/no trauma (MPNT), and moderate poverty/trauma (MPT). The MPT group reported less overall resilience than other groups (p-values < .05). There was a marginally significant difference between groups in anxiety ( $p = .07$ ; MPT > EPT). These data support examination of within group differences, as well as the hypothesis that in some, exposure to adversity increases resilience. This research has implications for clinicians, educators, and administrators.

## 2-141

### **Humor as Resilience: The Role of Coping Humor in the Association between Posttraumatic Stress and Suicidality in Firefighters**

(Abstract #1495)

**Poster #2-141 (Clin Res, Affect/Int, Chronic, Clin Res, Health, Adult) - Industrialized Gloucester**

*Smith, Lia<sup>1</sup>, Tran, Jana<sup>2</sup>, Fletcher, Elizabeth<sup>1</sup>, Vujanovic, Anka<sup>1</sup>*

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Firefighters are at risk for posttraumatic stress disorder (PTSD) and suicidal ideation and behavior. Coping humor, which refers to the use of humor in coping with life stressors, represents a clinically targetable resilience factor with established relevance to both PTSD symptoms and suicide risk. No studies to date examined PTSD and coping humor in relation to suicidality among firefighters. We hypothesized that higher PTSD and lower coping humor (and the interaction) would be associated with heightened suicidal ideation, suicide risk and suicide-related correlates (i.e., thwarted belongingness [TB]; perceived burdensomeness [PB]). Covariates included number of years in the fire service, trauma load,

and distress tolerance (i.e., perceived ability to withstand negative emotions). Participants included 82 firefighters (73% male, Mage=40.9). PTSD symptom severity was positively associated with suicidal ideation ( $\beta=.28, p<.05$ ), suicide risk ( $\beta=.44, p<.001$ ), TB ( $\beta=.44, p<.001$ ), and PB ( $\beta=.22, p<.05$ ). Coping humor was negatively associated with suicidal ideation ( $\beta=-.24, p<.05$ ), TB ( $\beta=-.26, p<.01$ ), and PB ( $\beta=-.25, p<.01$ ), but not suicide risk. Coping humor moderated the association between PTSD and suicidal ideation ( $\beta=-.38, p<.001$ ), TB ( $\beta=-.29, p<.01$ ), and PB ( $\beta=-.33, p<.001$ ). Future work may explore clinical interventions incorporating humor to build resilience among firefighters.

## 2-142

### **Nonjudgmental Acceptance: Associations with Trauma- and Substance Cue-Reactivity in Inner-City Adults with Posttraumatic Stress and Substance Use Disorders**

(Abstract #1446)

**Poster #2-142 (Clin Res, Affect/Int, Clin Res, Cog/Int, Sub/Abuse, Adult) - Industrialized**

**Gloucester**

*Smith, Lia, Lebeaut, Antoine, Vujanovic, Anka  
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Posttraumatic stress disorder (PTSD) and substance use disorder (SUD) comorbidity is prevalent, complex, and difficult to treat. Better understanding associations between mindfulness facets and cue reactivity has great potential to advance treatment of PTSD/SUD. Nonjudgmental acceptance, or the capacity to tolerate and accept emotional experiences, is a mindfulness facet with clinical relevance to PTSD and SUD. The present investigation evaluated whether higher nonjudgmental acceptance would predict lower emotional reactivity to trauma and substance cues in an experimental paradigm. Participants included 58 low-income, inner-city adults (49.1% women; Mage = 45.73, SD = 10.00) with PTSD/SUD. A script-driven cue reactivity paradigm was utilized. Covariates included PTSD symptom severity (CAPS-5), number of SUD diagnoses, and gender. Higher nonjudgmental acceptance, as indexed via self-report, was significantly predictive of greater self-reported safety/control in response to trauma cues ( $\Delta R^2 = .11, p < .05$ ). Higher nonjudgmental acceptance did not significantly predict safety/control ratings in response to substance cues ( $\Delta R^2 = .09, p = .06$ ). Results suggest that higher levels of mindfulness may elicit greater feelings of safety/control in response to trauma cues, as compared to substance cues, in adults with PTSD/SUD. Clinical and research implications are discussed.

## 2-144

### **The Role of Negative Emotional Dysregulation in the Association between PTSD Cluster and Reckless/Self-Destructive Behaviors**

(Abstract #845)

**Poster #2-144 (Clin Res, Affect/Int, Clin Res, Adult) I - Industrialized**

**Gloucester**

*Keegan, Fallon<sup>1</sup>, Jin, Ling<sup>1</sup>, Weiss, Nicole<sup>2</sup>, Contractor, Ateka<sup>3</sup>*

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Ineffective negative emotional regulation theoretically and empirically explains the link between posttraumatic stress disorder (PTSD) and reckless and self-destructive behaviors (RSDBs). The current study uniquely examined the role of negative emotional regulation in the association between four heterogeneous PTSD clusters (intrusions, avoidance, negative alterations in cognition and mood [NACM], and alterations in arousal and reactivity [AAR]) and an overall measure of RSDBs. Trauma-exposed participants (n=410) recruited via Amazon's Mechanical Turk completed self-report measures assessing PTSD symptoms (PTSD Checklist for DSM-5) difficulties in negative emotion regulation (Difficulties in Emotion Regulation Scale–Brief Version), and engagement in RSDBs (Posttrauma Risky Behaviors Questionnaire). Four mediation analyses were conducted using PROCESS Model 4. The bias-corrected bootstrap revealed a significant indirect effect of negative emotional dysregulation in RSDBs' relation with intrusions ( $b = .29$ ,  $SE = .06$ , 95% CI [.19, .41]), avoidance ( $b=.79$ ,  $SE=.13$ , 95% CI [.56, 1.09]), NACM ( $b=.19$ ,  $SE=.05$ , 95% CI [.10, .28]), and AAR ( $b=.28$ ,  $SE=.06$ , 95% CI [.17, .42]). Thus, negative emotional dysregulation explained the association between each PTSD symptom cluster and RSDBs. Treatments targeting negative emotional dysregulation may reduce RSDBs for trauma-exposed individuals.

## 2-145

### Relation of Positive Memory Recall Count and Accessibility with Post-trauma Mental Health

(Abstract #883)

Poster #2-145 (Clin Res, Affect/Int, Adult) I - Industrialized

Gloucester

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Positive memory processing deficits affect the etiology and/or maintenance of posttraumatic stress disorder (PTSD) and depression symptomatology, and emotion and cognitive regulation. Using the Contractor et al. (2018) conceptual model, we examined the predictive relation between positive memory count and reported accessibility and post-trauma mental health indicators (PTSD subscale severity of intrusions, avoidance, negative alterations in cognition and mood [NACM], and alterations in arousal and reactivity [AAR]; post-trauma cognition facets; positive and negative affect; depression severity). A trauma-exposed community sample (n=203; Mage = 35.40 years; 61.10% female; 41.90% with probable PTSD based on PTSD Checklist for DSM-5 cut-off score > 31) recruited via Amazon's Mechanical Turk completed self-report measures of interest. Analyses included linear regressions, with a correction of multiple comparison using a Benjamini-Hochberg critical value of .02. Intrusion and AAR severity, self-blame, and negative affect significantly, negatively predicted count of recalled positive memories. NACM and AAR severity, negative cognitions about self, and negative affect significantly, negatively predicted accessibility of recalled positive memory. Thus, recall and accessibility of positive memories are associated with post-trauma mental health and are relevant in trauma therapy.

2-146

**Childhood Trauma History and Peritraumatic Responses as Vulnerability Factors for Post-trauma Psychopathology Course: A Prospective Longitudinal Investigation in Acute Injury Patients**

(Abstract #1037)

Poster #2-146 (Clin Res, Acc/Inj, CPA, CSA, Adult) - Industrialized

Gloucester

*Mouthaan, Joanne<sup>1</sup>, Kullberg, Marie-Louise<sup>2</sup>, Schoorl, Maartje<sup>2</sup>, de Kleine, Rianne<sup>2</sup>, Krause, Anne<sup>3</sup>, Elzinga, Berner<sup>3</sup>, Sijbrandij, Marit<sup>4</sup>, Olf, Miranda<sup>5</sup>*

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The impact of trauma history and peritrauma factors on post-injury psychopathology has been well established, yet we know little about symptom trajectories of patients with differential traumatic history backgrounds. As childhood trauma is specifically associated with sensitized stress responses and risk of posttraumatic stress disorder (PTSD) to adult trauma, we aim to investigate the impact of childhood trauma history on psychopathology after acute adult physical injury and whether differences in symptom severity and course are related to peritraumatic responses. PTSD, depression and anxiety were assessed clinically (CAPS-IV; MINI) and via self-report (IES-R; HADS) at 1-3 wks (T1) and 1 (T2), 6 (T3) and 12 months (T4) post-injury (N=852). Trauma history (interview) and peritraumatic responses (PDI; PDEQ-R) were collected at T1. Patients showed a varied trauma history with 1 in 3 indicating childhood trauma. Latent growth modeling and class analysis results are discussed on longitudinal outcomes with trauma history (type, childhood exposure, frequency, perceived burden) and peritraumatic responses as characteristics. Further exploration of trauma history, peritraumatic responses and psychological symptom course after recent trauma could help identify patients at risk for persistent trauma-related mental health issues, and raise an avenue for screening and early intervention.

2-147

**Normalization of Behavioral and Neural Alterations in Childhood Abuse-Related PTSD after CPT and DBT-PTSD**

(Abstract #1039)

Poster #2-147 (Clin Res, Bio Med, CPA, CSA, Neuro, Adult) - Industrialized

Gloucester

*Herzog, Julia<sup>1</sup>, Niedtfeld, Inga<sup>1</sup>, Priebe, Kathlen<sup>1</sup>, Mueller-Engelmann, Meike<sup>2</sup>, Steil, Regina<sup>2</sup>, Bohus, Martin<sup>3</sup>, Schmahl, Christian<sup>1</sup>*

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fMRI studies in patients with childhood abuse (CA)-related PTSD have shown increased Stroop interference coupled with altered limbic (amygdala, insula) and prefrontal (dlPFC; dACC) brain activation during the processing of threatening stimuli, reflecting enhanced emotional processing and impaired cognitive control. There is some evidence that treatment can normalize these behavioral and neural activation patterns. However, studies are rare and heterogeneous. We assessed classic and emotional Stroop performance during fMRI in CA-related PTSD patients before and after a one-year outpatient treatment program with Dialectical Behavior Therapy (DBT-PTSD) and Cognitive Processing Therapy (CPT). At baseline, 28 female CA-related PTSD patients exhibited greater Stroop interference coupled with increased activation in the dlPFC, dACC and insula during the processing of trauma-related words compared to two control groups. 35 female CA-related PTSD patients showed a normalization of behavioral and neural patterns. i.e. faster reaction times, less errors and decreased activation in the amygdala, insula, dlPFC and dACC during the processing of trauma-related words. We found further evidence that successful treatment in CA-related PTSD is associated with improved selective attention and inhibition, indicating greater cognitive control over threatening stimuli and thus PTSD symptoms.

## 2-148

### **Effectiveness of an Emotional Working Memory Training in Borderline Personality Disorder**

(Abstract #1445)

**Poster #2-148 (Clin Res, Affect/Int, Chronic, Cog/Int, Complex, Adult) - Industrialized Gloucester**

*Krause, Anne<sup>1</sup>, Walther, Julia-Caroline<sup>2</sup>, Schweizer, Susanne<sup>3</sup>, Lis, Stefanie<sup>4</sup>, Elzinga, Bernet<sup>5</sup>, Schmahl, Christian<sup>2</sup>, Bohus, Martin<sup>6</sup>*

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Borderline personality disorder (BPD) is associated with emotion dysregulation, interpersonal problems, and high rates of childhood trauma. Symptoms often persistent even after successful psychosocial treatments. A computerized emotional working memory training (eWMt), targeting inhibitory control of socio-emotional stimuli, previously showed beneficial transfer effects on emotion regulation (Schweizer et al., 2013). Objective of our study was to evaluate the effectiveness of this eWMt in BPD. In a randomized control trial, n=68 female BPD patients, with childhood trauma history, were assigned to either the eWMt (n=37) or an active control group (cognitive feature match task, CFMt: n=31). At baseline and after 20 days training, participants performed an adapted emotional Sternberg paradigm (delayed-response WM task with / without distractors), and an emotion regulation task. The eWMt group significantly improved their n-back level ( $p < .05$ ,  $d = 1.34$ ) and showed stronger improvements in emotion regulation over time, indicated by a better down-regulation of negative emotions after training ( $p < .05$ ,  $d = 3.04$ ). These improvements were related to improved performance speed in the Sternberg task. These novel findings provide preliminary evidence that eWM training may be a cost-effective add-on intervention, augmenting emotion regulation skills in BPD.

2-149

**An Examination of Refugee Mental Health Following Torture Experiences: The Mediating Role of Psychological Flexibility in Traumatic Stress Reactions**

(Abstract #1306)

**Poster #2-149 (Clin Res, Chronic, Cul Div, Refugee, Torture, Adult) M - Global****Gloucester***Gray, Brandon, Dewey, Lauren, Fondacaro, Karen**University of Vermont, Connecting Cultures, Burlington, Vermont, USA*

Refugees endure numerous traumatic experiences, including torture (Nickerson et al., 2017). However, many report severe stress reactions while also demonstrating significant resilience (Ssenyonga, Owens, & Olema, 2013). Among these individuals, torture survivors report greater symptom severity (Steel et al., 2009) as well as greater resilience (e.g., Kira et al., 2006) relative to refugees who were not tortured. The contrast of these associations suggests differential processes leading to these outcomes. Psychological inflexibility is one cognitive process predictive of difficulties, including PTSD symptoms (Meyer et al., 2018), poor quality of life (Kashdan, Morina, & Priebe, 2009), and functional impairment (Dutra & Sadeh, 2018). However, this process has rarely been studied among refugees or relative to torture. Thus, we examined psychological inflexibility as a mediator of the relationship between torture status and traumatic stress reactions among resettled refugees ( $n=59$ ; 51% female; mean age = 42.3; 63% reported torture). Participants completed measures during clinical intake procedures at an outpatient clinic. Psychological inflexibility fully mediated the relationship between torture status and traumatic stress reactions ( $ab = .224$ ; 95% CI: 0.02-0.48) in a simple mediation model using 5,000 bootstrapping iterations. Implications for refugee mental health are discussed.

2-150

**Sleep Structure in Refugees Diagnosed with PTSD - A Polysomnographic Study**

(Abstract #647)

**Poster #2-150 (Clin Res, Chronic, Health, Refugee, Sleep, Adult) M - Industrialized****Gloucester***Ansbjerg, Mia<sup>1</sup>, Sandahl, Hinuga<sup>1</sup>, Baandrup, Lone<sup>2</sup>, Jennum, Poul<sup>3</sup>, Carlsson, Jessica<sup>1</sup>**<sup>1</sup>Competence Center for Transcultural Psychiatry, Ballerup, Denmark**<sup>2</sup>Psychiatric Center Glostrup, Nordstjernevej, Glostrup, Denmark**<sup>3</sup>Danish Center for Sleep Medicine, Glostrup, Denmark*

**BACKGROUND:** PTSD is associated with sleep disturbances which may persist or worsen symptoms of PTSD, constituting a risk for poor outcome of psychiatric treatment. Treatment of sleep disturbances may accelerate recovery in PTSD. **The aim** is to examine sleep structure in refugees with PTSD. The hypothesis is that sleep architecture in refugees with PTSD differ from healthy controls and that patients have increased dream activity and incidences of sleep disorders (*REM sleep without atonia, REM sleep behaviour disorder, sleep apnea and periodic limb movements*). **METHOD:** The project is a cross-sectional study with 20 refugees and 20 healthy controls. Polysomnography (PSG) was carried out for one night in their own homes to study the occurrence of sleep disorders. All patients were invited to an initial consultation with a doctor. Patients who gave informed consent were invited to participate in the project. Self-administered ratings and semi-structured interviews were used to collect

information on mental health, sleep quality, sleep length and nightmares. Healthy controls filled out the same ratings and had PSG. **RESULTS:** Inclusion ended February 2019. Results will be available medio 2019. **CONCLUSION:** There is little knowledge on treatment of sleep disturbances in trauma-affected refugees. This study will be the first to record changes that occur during sleep in refugees with PTSD.

## 2-151

### **Examining how Internal and External Forms of Resilience Protect against Different Types of Psychopathology in Pregnant Women Exposed to IPV**

(Abstract #552)

**Poster #2-151 (Clin Res, Chronic, Clin Res, Depr, DV, Adult) M - Industrialized**

**Gloucester**

*Miller-Graff, Laura<sup>1</sup>, Howell, Kathryn<sup>2</sup>, Paulson, Julia<sup>1</sup>, Jamison, Lacy<sup>2</sup>*

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Pregnant women are at high-risk for experiencing intimate partner violence (IPV) and distress as a result. However, mounting evidence suggests some women effectively draw on individual, relational, and community resilience resources to maintain healthy functioning. The current study uses a multisystemic resilience framework to examine differential effects of women's internal locus of control (individual resilience), social support (relational resilience) and obtainment of public assistance (community resilience) on depression and posttraumatic stress symptoms (PTSS). Multivariate regression models explained significant variance in women's depression ( $F=4.53$ ,  $R^2=24.0\%$ ,  $p<.001$ ) and PTSS ( $F=5.92$ ,  $R^2=29.2\%$ ,  $p<.001$ ). Adversity and resilience factors were differentially related to psychopathology, with child adversity contributing to higher depression ( $\beta=1.32$ ,  $p<.01$ ). Recent IPV was related to higher PTSS ( $\beta=0.04$ ,  $p<.001$ ). A higher internal locus of control was associated with lower depression ( $\beta=-1.22$ ,  $p<.050$ ). Social support was related to lower PTSS ( $\beta=-.31$ ,  $p<.01$ ). Results indicate that individual and relational resilience factors may be more critical than instrumental community resources in reducing psychopathology. Interventions aimed at promoting multisystemic resilience may need differential tailoring to reflect women's adversity history and current mental health.

## 2-152

### **Pregnancy Wanted-ness does Not Moderate the Relationship Between Intimate Partner Violence Exposure and PTSD in Pregnant Women**

(Abstract #1794)

**Poster #2-152 (Clin Res, DV, Gender, Adult) I - Industrialized**

**Gloucester**

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Intimate partner violence (IPV) is of high public health concern and is associated with deleterious mental health outcomes, including posttraumatic stress symptoms. Research suggests that women are at greatest risk for experiencing IPV during pregnancy; further, women's recent IPV exposure predicts unexpected pregnancy. Despite this alarming phenomenon, there is extremely limited research on how the desirability of becoming pregnant affects women's health in the perinatal period. In this study, we examined pregnancy wanted-ness as moderator in the relationship between IPV and women's mental health during pregnancy. In a sample of pregnant women in the US (N = 85) we found that PTSD symptoms were related to exposure to physical assault ( $r = .26$ ), sexual coercion ( $r = .33$ ), and injury ( $r = .25$ ). 34% of mothers (n = 29) and 31% of fathers (n = 27) had wanted the pregnancy. Pregnancy wanted-ness did not moderate the relationship between IPV exposure and PTSD symptoms. These findings suggest that IPV exposure in pregnancy is a significant risk factor for PTSD severity, but that whether the pregnancy was wanted does not influence this relationship.

## 2-153

### Trauma Exposure, Posttraumatic Stress, and Binge Eating Symptoms: Results from a Nationally Representative Sample

(Abstract #666)

Poster #2-153 (Clin Res, Health, Gender, Epidem, Adult) M - Industrialized

Gloucester

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**Background:** This study examined associations between trauma exposure, number and type of posttraumatic stress disorder (PTSD) symptoms, and binge eating (BE) symptoms.

**Method:** We analyzed data from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N=36,309). A validated clinical interview assessed lifetime DSM-5 PTSD and BE symptoms. Zero-inflated negative binomial regressions examined associations between trauma exposure/PTSD status, index trauma, and PTSD clusters with number of BE symptoms, among males and females separately.

**Results:** After adjustment, compared to trauma exposure, subthreshold and threshold PTSD were associated with a greater number of BE symptoms (brange: 0.44-0.99) and no trauma exposure was associated with fewer BE symptoms (brange: -0.35- -0.41), for both males and females. Compared to witnessed trauma, child maltreatment was associated with greater BE symptoms among females ( $b=0.27$ ) and combat-related trauma was associated with fewer BE symptoms among males ( $b=-0.61$ ). Finally, negative mood and cognition symptoms were associated with greater BE symptoms among both sexes (brange:0.09-0.12) and hyperarousal symptoms were associated with greater BE symptoms among males only ( $b=0.09$ ).

**Conclusion:** BE is associated with PTSD characteristics among both sexes, including type of index trauma and number and type of PTSD symptoms.

2-154

**Is Growth Related to the Severity of an Event? An Examination of Posttraumatic Growth in a Sample of Undergraduate Students Exposed to Stressful and Traumatic Life Events**  
(Abstract #223)

Poster #2-154 (Clin Res, Cog/Int, Adult) I - Industrialized

Gloucester

*Sommer, Jordana, Mackenzie, Corey, Starzyk, Katherine, El-Gabalawy, Renee*  
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Background: The aim of this study was to determine whether there are differences in PTG and event-related correlates (e.g., resentment, growth, closure, subjective distance, suffering) between individuals who experienced stressful versus traumatic events.

Method: Undergraduate students (N=253) at the University of Manitoba self-reported their worst lifetime stressful or traumatic event and completed the Post Traumatic Growth Inventory. Events were categorized as stressors or traumas in accordance with DSM-5 criteria. Independent samples t-tests identified whether differences existed in PTG and event-related correlates according to whether the event was a stressor or a trauma.

Results: Nearly equal proportions of students experienced a stressor compared to a trauma (49.8% vs. 50.2%). Although groups did not differ in total PTG, those who experienced a trauma had higher scores on PTG subscales Relating to Others ( $t=-3.12, p<.01$ ) and Appreciation of Life ( $t=-3.30, p<.01$ ) and those who experienced a stressor reported greater event-related resentment ( $t=2.95, p<.01$ ).

Conclusion: Stressful and traumatic events differed in the type of PTG and amount of event-related resentment experienced. Future research should aim to understand outcomes of PTG among those exposed to stressful and traumatic events and how to facilitate increased growth in these individuals.

2-155

**Faith, Hope, Love, and Understanding?: An Empirical Examination of the Factorial Structure of “Meaning Made” After a Stressful Event**  
(Abstract #1500)

Poster #2-155 (Clin Res, Affect/Int, Cog/Int, Adult) M - Industrialized

Gloucester

*Despotes, Andrea, Valentiner, David*  
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Under meaning-making theory, distress experienced after a stressful event stimulates meaning-making processes aimed at reducing a discrepancy between event appraisal and one’s “global meaning.” If this process leads to new “meaning made,” the discrepancy is reduced, resulting in positive adjustment. The present study examined the factorial structure of “meaning made” using an MTurk sample ( $N = 372$ ) of mostly middle-aged ( $M = 39.58, SD = 9.99$ ) and White (82.8%) participants, half of whom were female (50.3%). Participants identified their most stressful event and completed scales from six measures: the Integration of Stressful Life Experiences Scale (Holland et al., 2010); Posttraumatic Growth and Depreciation Inventory-50 (Baker et al., 2008; Tedeschi et al., 2017); Perceived Benefit Scales (McMillen & Fisher, 1998); Changes in Outlook Questionnaire (Joseph et al., 1993; Joseph et al., 2005); Cognitive Processing of Trauma Scale (Williams et al., 2002); and Grief and Meaning Reconstruction Inventory

(Gillies et al., 2015). Exploratory factor analysis of scales, performed on a random subsample, suggested four factors: Disillusionment, Resilience, Connectedness, and Understanding. Confirmatory factor analysis, performed on a separate subsample, supported the proposed factor structure. Findings represent an advancement in measurement of “meaning made.”

## 2-156

### **Change in Positive and Negative Affect in Evidence-Based Treatments for PTSD**

(Abstract #984)

**Poster #2-156 (Clin Res, Affect/Int, Adult) A - N/A**

**Gloucester**

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PTSD is associated with elevated negative affect (NA; Brown et al., 2018) and difficulties experiencing positive affect (PA; Litz et al., 2002). Evidence-based treatments for PTSD such as prolonged exposure (PE) may reduce NA by targeting PTSD symptoms (Brown et al., 2018). Reductions in NA may facilitate increases in PA (Litz et al., 2002), but few studies have examined changes in PA over PTSD treatment. This study examined changes in PA and NA in adults (N = 150) with chronic PTSD in PE or PE plus sertraline. Participants completed measures of PA and NA (PANAS; Watson, Clark, & Tellegen, 1988) at ten weekly treatment sessions. Preliminary results from linear mixed models found that PA increased ( $\beta = .24$ , SE = .09,  $p < .001$ ), NA decreased over treatment ( $\beta = -.38$ , SE = .09,  $p < .001$ ), and treatment condition did not moderate these effects. Results are consistent with models suggesting that NA can interfere with PA by intruding on positive situations (e.g., DaPierro et al., 2018). Induced PA may also enhance subsequent extinction learning (Zbozinek & Craske, 2017). Future studies should examine whether increases in PA facilitate treatment response, and whether NA must be targeted before increases in PA can occur, or if PA may be targeted directly in treatment to improve outcomes.

## 2-157

### **Do Adjuvant Interventions Improve Treatment Outcome in Adult Patients with Posttraumatic Stress Disorder Receiving Trauma-Focused Psychotherapy? A Systematic Review**

(Abstract #1095)

**Poster #2-157 (Clin Res, Affect/Int, Cog/Int, Fam/Int, Adult) M - Global**

**Gloucester**

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Trauma-focused psychotherapies (TF-PT) are recommended as first-line treatments for PTSD. But many patients fail to respond or have comorbid symptoms or disorders that only partially decline with TF-PT. There is growing interest in augmenting TF-PT through adjuvant interventions. The systematic review

aims to assess whether adjuvant interventions improve outcome among adult PTSD patients receiving TF-PT. We searched the databases PubMed, Web of Science, Cochrane Library, and PILOTS for controlled trials examining whether adjuvant interventions lead to more symptom reduction in adult PTSD patients. Thirteen randomized controlled trials fitted the inclusion criteria. These were evaluated for internal risk of bias using the Cochrane Handbook for Systematic Review of Interventions. Most studies have a substantial risk for bias, mainly due to small sample sizes. Thus, no strong conclusion can be drawn from the current empirical evidence. Preliminary evidence suggests that exercise and cortisol administration may have an adjuvant effect on PTSD symptom reduction. Breathing biofeedback showed a trend for an adjuvant effect. Currently, it is not possible to formulate evidence-based clinical recommendations regarding adjuvant interventions. There is an urgent need for realization of sufficiently powered studies to separate plausible ideas from interventions proven to work in practice.

## 2-159

### **Reading between the Lines: Narrative Representations of Distress and Growth in Individuals Exposed to Stress and Trauma**

(Abstract #1471)

**Poster #4-167 (Clin Res, Affect/Int, Cog/Int, Theory, Adult) M - Industrialized**

**Gloucester**

*Brickman, Sophie<sup>1</sup>, Wright, Ellen<sup>2</sup>*

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Trauma-exposed individuals often report highly correlated distress and growth, but the expression through narratives has yet to be explored. The current study investigated differences and similarities in narrative constructs associated with distress and growth after stressful events. An undergraduate sample ( $N = 42$ ) reporting a highly stressful event completed the PTSD Checklist for DSM-5, Posttraumatic Growth Inventory and a trauma narrative coded using Linguistic Inquiry and Word Count software. Linear regression models demonstrated different narrative constructs predicted distress ( $R^2 = .62$ ) and growth ( $R^2 = .93$ ). Distress and growth were significantly predicted by lower positive emotion ( $\beta = -2.35, p < .01$  and  $\beta = -4.88, p = .01$ , respectively). Predictors specific to growth included higher presence of analysis ( $\beta = .87, p = .02$ ), affect ( $\beta = 12.09, p < .01$ ), anger ( $\beta = 1.32, p = .03$ ), focus on the past ( $\beta = .80, p = .03$ ), lower levels of negative emotion ( $\beta = -11.57, p < .01$ ) and sadness ( $\beta = -.82, p = .02$ ). Predictors specific to distress included higher presence of emotional tone ( $\beta = 2.61, p < .01$ ) and negative emotion ( $\beta = 2.65, p < .01$ ), and lower levels of cause ( $\beta = -.37, p = .04$ ) and discrepancy ( $\beta = -.72, p < .01$ ). Results suggest growth and distress experiences both include psychological struggle and are represented by different narrative constructs.

**2-160****Application of PTSD Alcohol Expectancy Symptom Clusters to the Four Dimensional Model of PTSD: Support from Moderations of the Relationship between Posttraumatic Stress Symptoms and Alcohol Use**

(Abstract #180)

**Poster #2-160 (Clin Res, Sub/Abuse, Adult) I - Industrialized****Gloucester***Himmerich, Sara<sup>1</sup>, Ellis, Robyn<sup>2</sup>, Orcutt, Holly<sup>2</sup>*<sup>1</sup>*Northern Illinois University, DeKalb, Illinois, USA*<sup>2</sup>*Northern Illinois University, Department of Psychology, DeKalb, Illinois, USA*

Alcohol expectancy theory is especially relevant for understanding the role of alcohol use in posttraumatic stress (PTS). Previous research suggests greater endorsement of positive alcohol expectancies is positively associated with alcohol use, problem drinking, and increased posttraumatic stress disorder (PTSD) symptomatology. The purpose of the current study was to investigate associations among specific PTSD symptom clusters, PTSD alcohol expectancies, and alcohol use through examination of a novel proposed factor structure of PTSD alcohol expectancies. Participants included 336 undergraduates at a large Midwestern university who completed measures of trauma exposure, PTS symptomatology, PTSD alcohol expectancies, and alcohol use. Moderation analyses found positive alcohol expectancies influenced the relationship between posttraumatic stress and alcohol use. Additionally, each of four proposed symptom clusters of PTSD alcohol expectancies moderated the association between corresponding PTSD symptom clusters and alcohol use. No support for the utility of negative alcohol expectancies was found. The current study provides support for a PTSD symptom domain-specific approach for measuring alcohol expectancies, as well as evidence for PTSD alcohol expectancies as a link between symptoms of posttraumatic stress and alcohol.

**2-161****Mental Health Stigma and Barriers to Care in World Trade Center Responders: Data from a Health Monitoring Cohort**

(Abstract #211)

**Poster #2-161 (Clin Res, Assess Dx, Adult) I - Industrialized****Gloucester***DePierro, Jonathan<sup>1</sup>, Lowe, Sandra<sup>2</sup>, Feder, Adriana<sup>2</sup>, Pietrzak, Robert<sup>3</sup>*<sup>1</sup>*Mount Sinai School of Medicine, Dept of Psychiatry, WTC Health Program, New York, New York, USA*<sup>2</sup>*Mount Sinai School of Medicine, Dept of Psychiatry, New York, New York, USA*<sup>3</sup>*National Center for PTSD, VA Connecticut Healthcare System, West Haven, Connecticut, USA*

While research has characterized the prevalence and risk factors of mental disorders in World Trade Center rescue, recovery, and cleanup workers ("WTC responders"), little is known about mental health stigma and barriers to care in this population. The present study examined these concerns in 16,339 WTC responders (8,996 police and 7,343 non-traditional [e.g. construction or utility workers]) who completed self-report measures during their initial WTC Health Program medical exam on average of four years

after 9/11/01. Endorsement of any stigma item (e.g. “negative job consequences”) was significantly higher in non-traditional (26%) vs. police responders (20%); there were no significant group differences (non-traditional: 56%; police: 58%) with respect to endorsing any barrier to care (e.g. “I’m too busy”). The same pattern held in a subsample screening positive for posttraumatic stress disorder, depression, and/or alcohol misuse (n=1,050 police; n = 2,727 non-traditional). Within symptomatic police and non-traditional responders, pre-9/11 psychiatric history and self-rated mental health service need predicted lower likelihood of endorsing any stigma or barrier to care item. These results underscore the importance of occupation-sensitive approaches to reducing stigma and barriers to care, and promoting mental health service utilization in WTC and other disaster responders.

## 2-162

### **Examination of the Structural Relations between PTSD Symptoms and Reckless/Self-Destructive Behaviors**

(Abstract #226)

**Poster #2-162 (Clin Res, Assess Dx, Clin Res, Adult) M - Industrialized**

**Gloucester**

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Posttraumatic stress disorder (PTSD) symptoms co-occur with reckless and self-destructive behaviors (RSDBs; e.g., substance use). To better understand comorbidity mechanisms between RSDBs and PTSD symptom clusters, this study examined their latent-level relations. This study utilized a cross-sectional approach administering self-report surveys (PTSD Checklist for DSM-5 and the Posttrauma Risky Behaviors Questionnaire [PRBQ]) to a convenience, Amazon’s Mechanical Turk sample of 417 trauma-exposed community participants. Confirmatory factor analyses revealed that the seven-factor PTSD Hybrid Model provided optimal fit to the data. Wald chi-square tests of parameter constraint results indicated the strongest relation of the RSDB factor with PTSD’s externalizing behaviors factor ( $r = .70$ ) and weakest relation with PTSD’s avoidance factor ( $r = .37$ ); PTSD’s anhedonia factor ( $r = .53$ ) had a stronger relation to the RSDB factor compared to PTSD’s anxious arousal factor ( $r = .43$ ). Results (1) provide support for the construct validity of the PTSD Hybrid Model factors in relation to RSDBs; (2) indicate that PTSD’s positive affect factor may be strongly embedded in the PTSD-RSDB relation, supporting the emotion dysregulation viewpoint and trauma interventions addressing emotion dysregulation (including for positive emotions); and (3) provide additional psychometric support for the PRBQ.

## 2-163

### **Quick Screening of Malingering in Veterans with Military Sexual Trauma.**

(Abstract #678)

**Poster #2-163 (Clin Res, Acute, Assess Dx, Complex, Rape, Adult) I - Industrialized**

**Gloucester**

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Time constraints associated with an influx of veterans at the Veteran Affairs make it difficult to efficiently and accurately assess for malingering of posttraumatic stress disorder (PTSD). This study assesses the utility of the Trauma Symptom Inventory-2 (TSI-2) Atypical Response Scale (ATR) combined with the Trauma-Related Guilt Inventory (TRGI) reverse scored items, as a means of mitigating the risk of incorrectly differentiating dissimulation from genuinely distressed individuals (e.g., acute dissociation). Using the ATR and Dissociative scale (DIS) scaled scores, veterans (n=334) were divided into 3 groups: overreporting/dissociative, non-overreporting/dissociative, or the non-clinically relevant group. Although the overreporting/dissociative group scored similar to the non-overreporting/dissociative group on total guilt score, the groups differed on the total of TRGI reverse items: Kruskal-Wallis H,  $\chi^2(2)=18.99, p < .001$ . The non-overreporting/dissociative group scored higher on the TRGI reverse items (M=22.23, SD=6.39) than the overreporting/dissociative group (M=18.37, SD=7.93) and non-clinically relevant group (M=17.52, SD= 8.07), indicating possible malingering by the overreporting/dissociative group. The combined ATR scale and TRGI reverse scored items provides an option to quickly screen for dissimulation and conduct further testing on a case by case basis.

## 2-164

### **Conditional Love: Examination of Posttrauma Social Support Provision from the Perspective of Concerned Significant Others**

(Abstract #658)

**Poster #2-164 (Clin Res, Acc/Inj, Acute, Comm/Int, Fam/Int, Adult) M - Industrialized Gloucester**

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

<sup>2</sup>*University of Vermont, Dept of Psychology, Burlington, Vermont, USA*

Social support is a protective factor against PTSD. The present study examined how concerned significant others (CSOs; N=144) provided tangible, emotional, esteem, informational, and network support to a trauma survivor (TS). Relevant covariates, such as relationship functioning, were also assessed. Results suggested significant differences in frequency of support by type,  $F(4, 572) = 54.42, p < .001$ . Post hoc comparisons suggested no significant differences in the frequency of tangible, emotional, and esteem support. However, informational support was offered significantly less than tangible, esteem, and emotional support (*diffs* = 1.00 to .60,  $p$ 's < .01). Similar results were obtained for network support (*diffs* = 1.63 to 1.24,  $p$ 's < .01). Relationship functioning was significantly associated with the amount of tangible ( $b = .09, p < .001$ ), emotional ( $b = .08, p < .001$ ) and esteem support ( $b = .11, p < .001$ ) that CSOs offered.

Results suggested that CSOs provide tangible, emotional and esteem support with the greatest frequency. CSOs who reported poorer relationship functioning also provided less emotional, esteem and tangible support. These support types are each highly personal, requiring intimacy and contact with the TS relative to informational and network support. Thus, provision of the latter support types is less affected by the quality of the relationship.

2-165

**Mirroring Partner Speech: Associations with Couple Aggression and Feelings of Annoyance**

(Abstract #73)

**Poster #2-165 (Clin Res, Aggress, Chronic, DV, Fam/Int, Adult) I - Industrialized Gloucester**

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Language style matching (LSM) occurs when two people mirror speech patterns. Some studies indicate LSM is associated with positive relationship outcomes, while others indicate LSM is associated with elevated emotional states. The current study examines couple aggression as a predictor of LSM as well as LSM patterns during naturally-occurring periods of annoyance.

Seventy-eight young adult dating couples ( $M$  months together: 32;  $SD$ : 26) were periodically recorded during one day via mobile devices. Their conversations were transcribed and linguistic analyses were used to compute the proportion of similar function words between partners. Couples completed hourly surveys assessing feelings of annoyance toward their partner, as well as a one-time survey assessing couple aggression within the past year.

Multilevel analyses testing links between couple aggression and LSM indicated that higher couple aggression was associated with lower levels of LSM ( $b = -.52, p = .01$ ). Moderation analyses indicated that aggression significantly moderated the link between feelings of annoyance and LSM ( $b = .12, p = .01$ ); the link was only significant at high levels of couple aggression (1  $SD$  above the mean;  $b = .03, p = .01$ ).

Findings suggest that while highly aggressive couples may be less attuned to each other overall, they may mirror reactive speech during periods of annoyance.

2-166

**Beyond Combat: Assessing Health Sequelae of Traumatic Brain Injury Related to Intimate Partner Violence among Women Veterans**

(Abstract #282)

**Poster #2-166 (Clin Res, Bio Med, DV, Health, Adult) I - Industrialized Gloucester**

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Studies of traumatic brain injury (TBI) and its attendant health effects largely focus on TBIs sustained during military service, yet overlook TBIs experienced beyond combat. TBI resulting from intimate partner violence (IPV-related TBI) impacts women Veterans, however the long-term health sequelae of IPV-related TBI are unclear. Among a longitudinal sample of women Veterans who reported IPV-related

TBI with (n=13) or without (n=20) persistent symptoms (e.g., past-week balance problems, memory lapses, or dizziness), we examined IPV, psychiatric, and physical health outcomes at baseline (T1) and 18-months later (T2). We conducted linear regressions to model if T1 IPV-related TBI with persistent symptoms predicted worse health outcomes at T2, in comparison to T1 IPV-related TBI without persistent symptoms. Controlling for known covariates (i.e., military sexual trauma; MST), IPV-related TBI with persistent symptoms at T1 was significantly associated with worse outcomes at T2 across all health domains. After controlling for MST and probable PTSD at T1, IPV-related TBI with persistent symptoms remained significantly associated with worse T2 symptoms of insomnia, depression, and physical health. Women who experience IPV-related TBI with persistent symptoms demonstrate continued poor symptoms 18-months later, necessitating screening and interventions that target persistent symptoms.

## 2-168

### **Emotional Engagement during Prolonged Exposure: A Case Study Investigating Subjective and Objective Distress Concordance**

(Abstract #1384)

Poster #2-168 (Clin Res, Affect/Int, Bio Med, Res Meth, Tech, Adult) M -  
Industrialized

Gloucester

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This N of 1 study explores emotional engagement, measured subjectively and objectively, during Prolonged Exposure treatment. Auditory cues were added during in-session imaginal exposures to facilitate emotional engagement with the trauma memory in an individual with a longstanding history of avoidant coping. In an effort to assess engagement with emotional distress, physiological measures of skin conductance and heart rate were gathered over a course of 19 Prolonged Exposure sessions. Treatment course suggests that symptom alleviation increased after emotional engagement with traumatic memory, consistent with clinician observed changes in emotional engagement. Similarly, correlational analyses demonstrate increased concordance between the individual's self-reported and physiological responses with protocol modification, from  $r = -.27$  ( $p = .326$ ) during first imaginal session to  $r = .79$  ( $p = .020$ ) after auditory cues were integrated into the imaginal exposures. Treatment implications of individualizing manualized trauma-focused treatments and using physiological data during imaginal exposures to enhance trauma processing are discussed. Future research directions include examining the impact of increasing "accurate" insight into distress across multiple individuals and treatment modalities.

**2-169****Predictive Value of Co-morbid Depression on Treatment Outcomes of Exposure, Relaxation, and Rescripting Therapy (ERRT) for Individuals with PTSD and Trauma-Related Nightmares**

(Abstract #89)

**Poster #2-169 (Clin Res, Clin Res, Depr, Sleep, Adult) M - Industrialized****Gloucester***McDermott, Timothy, Cogan, Chelsea, Paquet, Caitlin, Crowley, Matthew, Lee, Jenny, Davis, Joanne  
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Previous work has shown that co-morbid depression can have deleterious effects on treatment outcomes for individuals with PTSD. However, no study to date has examined the predictive value of co-morbid depression on outcomes of Exposure, Relaxation, and Rescripting Therapy (ERRT). Using retrospective data from two randomized clinical trials of ERRT for individuals with PTSD and trauma-related nightmares, we hypothesized that higher pre-treatment depression symptoms (BDI) would predict worse treatment outcomes for measures including PTSD symptoms (CAPS), nightmare severity, and nightmare frequency. Two-stage hierarchical regressions were conducted for each symptom measure, and 37 participants were included. To control for differences in pre-treatment scores, Stage 1 regressed post-treatment outcomes on pre-treatment scores. Stage 2 added pre-treatment BDI scores as a predictor to examine whether these predicted more variance in post-treatment outcomes than pre-treatment scores alone. Even after controlling for pre-treatment differences, results showed that pre-treatment BDI scores predicted significantly worse outcomes in post-treatment CAPS scores ( $p < .001$ ) but not nightmare severity or nightmare frequency ( $p$ 's  $> .14$ ). In conclusion, this study demonstrates the importance of co-morbid depression in the treatment of individuals with PTSD and trauma-related nightmares using ERRT.

**2-170****An Exploratory Examination of the Acceptability, Feasibility, and Components of a Positive Memory Technique for PTSD from the Perspective of Trauma-Exposed Clients**

(Abstract #126)

**Poster #2-170 (Clin Res, Clin Res, Clinical Practice, Adult) M - Industrialized****Gloucester***Caldas, Stephanie<sup>1</sup>, Jin, Ling<sup>2</sup>, Dolan, Megan<sup>2</sup>, Dranger, Paula<sup>3</sup>, Contractor, Ateka<sup>1</sup>*<sup>1</sup>*University of North Texas, Denton, Texas, USA*<sup>2</sup>*University of North Texas, Department of Psychology, Denton, Texas, USA*<sup>3</sup>*Valparaiso University, Valparaiso, Indiana, USA*

Encoding, consolidation, and/or retrieval difficulties of both traumatic and positive memories are associated with traumatic experiences and posttraumatic stress disorder (PTSD) symptomology. However, PTSD interventions primarily address only traumatic memories as elements of change. As a formative step in intervention research, we explored the perspectives of trauma-exposed individuals with current/past mental health treatment on therapeutically addressing positive memories. A treatment-seeking sample from a community mental health center ( $n = 60$ ) and a community sample from Amazon's Mechanical Turk ( $n = 123$ ) were queried on the acceptability, feasibility, and delivery/components of a potential positive memory technique. In addition, participants were administered measures examining

traumatic experiences (Life Events Checklist for DSM-5 or Stressful Life Events Screening Questionnaire) and PTSD severity (PTSD Checklist for DSM-5). Results indicated interest/willingness in therapeutically discussing positive memories; most endorsed benefits were improved mood, positive thoughts, and self-esteem. Few barriers were identified (e.g., lack of evidence) compared to feasibility factors (e.g., improved satisfaction/tolerability and engagement in PTSD treatment). Results provide formative support for developing and integrating a positive memory technique into PTSD interventions.

## 2-171

### **Victims of Childhood Abuse, Shame, and the Moderating Role of Experiential Avoidance** (Abstract #408)

**Poster #2-171 (Clin Res, CPA, Adult) M - N/A**

**Gloucester**

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Shame is often an emotional reaction in survivors of abuse and a strong predictor of PTSD symptoms (Andrews et al., 2000). Experiential avoidance (EA) has been shown to mediate depression symptoms, suggesting that the unwillingness to feel, and/or the attempt to control feelings of shame may be an important factor in later psychopathological symptoms (Carvalho et al., 2015). Furthermore, EA appears to influence PTSD symptoms over time (Tull et al., 2004). The current study sought to investigate whether EA moderates the effect of shame on PTSD in a population of child abuse survivors. Undergraduates who have experienced child abuse ( $n = 246$ , 70.3 % Female,  $Age = 19.42$ ,  $SD = 2.48$ ) at a large Midwestern university completed measures of childhood abuse, shame, experiential avoidance and PTSD symptoms. The overall model was significant,  $F(3, 242) = 28.56$ ,  $p < .01$ , with EA significantly moderating the relationship between shame and PTSD ( $\beta = .01$ ,  $p < .01$ ). These results suggest that increasing EA strengthens the relationship between shame and PTSD. Implications and future directions discussed.

## 2-172

### **Do PTSD and Depression Symptoms Impact Changes in Pain Scores for Individuals in an Acceptance-Based Pain Treatment** (Abstract #330)

**Poster #2-172 (Clin Res, Health, Adult) M - Industrialized**

**Gloucester**

*Holens, Pamela<sup>1</sup>, Buhler, Jeremiah<sup>2</sup>, Joyal, Brent<sup>2</sup>*

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Posttraumatic stress disorder (PTSD) and depression are common comorbid conditions among individuals with chronic pain. Both conditions are theorized to negatively impact treatment outcomes for individuals engaged in chronic pain treatment and to increase the likelihood of symptom severity and additional psychiatric diagnoses. Data from a randomized controlled trial of an acceptance-based behavioral

treatment for chronic pain were examined to determine whether PTSD and depression scores impacted pain-related outcomes in a sample of military, veterans, and police. In particular, we examined the predictive nature of pre-treatment PTSD and depression scores on changes in scores on pain-related measures from pre-treatment to post-treatment. Pain-related outcomes in this study included pain-related disability, pain catastrophizing, kinesiophobia, and pain acceptance. Of the four pain-related outcome variables, only pain acceptance score changes were significantly predicted by participants' baseline scores on measures of PTSD and depression. Implications of these findings are discussed.

**2-173****The Role of Trauma Type in Predicting Posttrauma Nightmares**

(Abstract #368)

**Poster #2-173 (Clin Res, Clinical Practice, Cog/Int, Sleep, Theory, Adult) M - Industrialized****Gloucester***Davis, Joanne<sup>1</sup>, Scholl, James<sup>2</sup>, Cranston, Christopher<sup>3</sup>, Paquet, Caitlin<sup>1</sup>*<sup>1</sup>*University of Tulsa, Tulsa, Oklahoma, USA*<sup>2</sup>*Boston University Medical Campus Center for Multicultural Training in Psychology, Boston, Massachusetts, USA*<sup>3</sup>*Johns Hopkins University School of Medicine, Baltimore, Maryland, USA*

Previous research has found that different types of traumatic events can uniquely impact the presence and severity of psychological sequelae. Specifically, research has shown that the experience of interpersonal violence is associated with increased risk for developing PTSD. Research has not examined the relationship between trauma type and the development of posttrauma nightmares (PTNM). PTNMs have been associated with increased severity of PTSD. Therefore, it is hypothesized that specific types of traumatic experiences will be associated with an increased risk of developing nightmares. To test this hypothesis, data was collected from 228 undergraduates at a Midwestern University, such as demographic information, the trauma assessment for adults, trauma research nightmare survey, and the PTSD checklist for DSM-5. Traumatic experiences were categorized into six major types: sexual violence, physical violence, serious accident, serious illness, sudden death, and natural disaster. Results of logistic regression analyses indicated that of these types, serious illness and physical violence predicted PTSD, and sexual violence predicted PTNM ( $p < .01$ ). These results support the hypothesis that certain types of trauma predict PTSD and nightmares. Research such as this can help to elucidate the role of nightmares in the development and maintenance of PTSD.

**2-175****Evaluating the Effects of Physical Activity as Add-on to Psychiatric Treatment as Usual (TAU) in Trauma-affected Refugees with PTSD. A Pragmatic RCT.**

(Abstract #688)

**Poster #2-175 (Clin Res, Chronic, Global, Refugee, Civil/War, Adult) I - M East & N Africa****Gloucester***Nordbrandt, Maja<sup>1</sup>, Carlsson, Jessica<sup>1</sup>, Sonne, Charlotte<sup>1</sup>, Mortensen, Erik<sup>2</sup>*

<sup>1</sup>*Competence Center for Transcultural Psychiatry, Ballerup, Denmark*

<sup>2</sup>*Copenhagen University, Copenhagen, Denmark*

Method: Randomised controlled trial, 3-armed parallel group superiority study, conducted at Competence Centre for Transcultural Psychiatry, Denmark. Participants were adult trauma-affected refugees with PTSD. Allocation ratio was 1:1:1, stratified for PTSD severity and gender. Participants were randomised to receive individual physiotherapy (Basic Body Awareness Therapy (group B) or mixed physical activity (group M)) one hour/week for 20 weeks plus TAU, or TAU only (group C). The primary outcome was PTSD severity measured by Harvard Trauma Questionnaire (HTQ).

Results: Of the 338 patients included (C/B/M=110/114/114), 318 patients were eligible for intention-to-treat analysis (C/B/M=104/105/109). On the primary outcome, intention-to-treat as well as per-protocol analyses showed small but significant improvement on scores from pre- to post-treatment in all three groups but with no significant difference in improvement between groups.

Conclusions: The findings do not provide evidence that either BBAT or mixed physical activity as add-on treatment bring significantly larger improvement on symptoms of PTSD compared to TAU alone for adult, trauma-affected refugees.

## 2-176

### **Intimate Partner Violence Contributes to Posttraumatic Stress Disorder Severity in Deployed Male and Female Veterans**

(Abstract #715)

Poster #2-176 (Clin Res, DV, Gender, Adult) M - Industrialized

Gloucester

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Intimate partner violence (IPV) refers to emotional, physical and/or sexual abuse that is perpetrated by a current or former partner. It is a pervasive health problem affecting both sexes, though little is known about its effects on men as victims. The aims of this study were to (1) determine if IPV is a factor contributing to posttraumatic stress disorder (PTSD) severity independently of deployment-related trauma in Veterans and (2) determine if there are sex differences in these associations. Participants were 34 women and 391 men who deployed at least once to Iraq or Afghanistan. Two sequential regressions were employed to examine the impact of IPV on PTSD severity in men and women separately. In each model, age, education, and time since deployment were entered in step 1, early life trauma, military traumatic brain injury, and combat exposure was entered in step 2, IPV was entered in step 3. Regressions revealed that in men, the overall model was significant ( $p < .001$ ) and for IPV  $\beta = .089$ ,  $p = .043$ . In women, the overall model was not significant ( $p = .266$ ) but for IPV  $\beta = .098$ ,  $p = .532$ . The lack of significance of IPV in women is likely due to low power, given that the  $\beta$  was higher in women than men. Our findings indicate that IPV is a contributing factor to PTSD severity in deployed Veterans and underscore the importance of including men as victims in research investigating IPV.

2-177

**Trauma-Affected Refugees: Does Better Sleep Lead to Better Days?**

(Abstract #719)

**Poster #2-177 (Clin Res, Refugee, Sleep, Adult) I - Industrialized**

**Gloucester**

*Sandahl, Hinuga<sup>1</sup>, Jennum, Poul<sup>2</sup>, Baandrup, Lone<sup>3</sup>, Carlsson, Jessica<sup>1</sup>*

*<sup>1</sup>Competence Center for Transcultural Psychiatry, Ballerup, Denmark*

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In previous research on sleep disturbances in trauma-affected refugees, in a sample of 752 trauma-affected refugees undergoing psychiatric treatment at Competence Centre for Transcultural Psychiatry, 99% reported sleep disturbances (Sandahl H. et al 2017).

The present randomized controlled superiority trial aims to examine sleep enhancing treatment in trauma-affected refugees with post-traumatic stress disorder (PTSD). We want to examine, whether add-on treatment with mianserin and/or Imagery Rehearsal Therapy to treatment as usual (TAU) improves sleep disturbances, symptoms of PTSD and depression, functioning and quality of life. The study has included 230 trauma-affected refugees diagnosed with PTSD.

Treatment outcome was evaluated using self-administered rating scales, observer-ratings and actigraph measurements at baseline, during treatment and post-treatment. The primary outcome was sleep quality measured with the Pittsburgh Sleep Quality Index. Secondary outcome measures were objective sleep length, nightmares, PTSD severity, symptoms of depression and anxiety, pain, quality of life and level of functioning.

This presentation provides preliminary results on the effect of the two active added components compared to TAU on the above mentioned outcomes.

Based on our findings, we will discuss the effect of treatment focusing on sleep disturbances.

2-178

**Intensive Longitudinal Assessment of Coping Strategies and Health Status among Trauma-Exposed Adults following a Smartphone Intervention: PTSD Coach Sweden**

(Abstract #742)

**Poster #2-178 (Clin Res, Health, Tech, Adult) M - Industrialized**

**Gloucester**

*Hensler, Ida, Sveen, Josefin, Cernvall, Martin, Arnberg, Filip*

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PTSD Coach Sweden is an app for managing PTSD symptoms, containing information, support resources, self-assessment of symptoms and exercises based on principles from cognitive behavioral therapy. User characteristics and intervention properties might affect the desired effect of app use.

Continuously measuring practice of specific strategies as use unfolds over time in participants' natural environment can inform which aspects of an intervention that are helpful for improving health status.

We will explore if access to PTSD Coach Sweden predicts improved health status compared to waitlist controls. Adults in Sweden, >18 years old, exposed to a traumatic event in the past 2 years and reporting

at least mild posttraumatic stress are randomized to either app access or waitlist. Participants assess their current health status, use of self-management apps and to what extent they utilize coping strategies corresponding to app modules twice daily for 21 continuous days.

We will present preliminary results exploring how participants' use of strategies relates to their health status, while controlling for app access/waitlist, gender, age, previous smartphone use and levels of posttraumatic stress prior to the intervention.

## 2-180

### **A Meta-Analysis of Anger and Aggression Interventions for Perpetration of Intimate Partner Violence**

(Abstract #1084)

**Poster #2-180 (Clin Res, Aggress, Clinical Practice, DV, Adult) M - Global**

**Gloucester**

*Kostek, Natasha<sup>1</sup>, McGill, Kathryn<sup>2</sup>, Fuller, Olga<sup>1</sup>, Raptis, Joanne<sup>1</sup>, Fisher, Amanda<sup>1</sup>, DiGiuseppe, Raymond<sup>1</sup>*

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Intimate partner violence (IPV) is widespread in many countries, but extant meta-analytic reviews of anger treatments do not focus on the treatment of IPV perpetrators (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012; Lee & DiGiuseppe, 2017). This meta-analysis evaluated the effectiveness of psychosocial treatments in reducing anger and aggression in IPV. We conducted a comprehensive search for treatment outcome articles via EBSCO, PsycINFO, MEDLINE, Complete, and ERIC databases. Studies were coded for sample characteristics; measures of IPV; treatment components; and methodological rigor ( $N = 55$ ). Effect sizes (Cohen's  $d$ ) were calculated for each measure of the IPV studies. Treatment effect sizes ranged from .07 to .95 for anger and aggression reduction. Cognitive-behavioral interventions were the most common and effective treatments for IPV perpetrators. Components of rational-emotive behavioral therapy (REBT) and mindfulness showed the highest IPV reduction. Lowest effects emerged for Duluth Model-based treatments. Our findings suggest that certain treatments targeting IPV perpetrators might not effectively reduce anger and aggression or prevent IPV recurrence. Identification of treatment characteristics that promote anger and aggression reduction in IPV perpetrators might aid researchers in the development of new interventions for this population.

## 2-181

### **The Effects of Adverse Childhood Experiences on Military Couples**

(Abstract #1100)

**Poster #2-181 (Clin Res, CPA, CSA, Depr, Fam/Int, Adult) M - Industrialized**

**Gloucester**

*Bosch, Jeane<sup>1</sup>, Delay, Christophe<sup>2</sup>, Khalifian, Chandra<sup>3</sup>, Sohn, Min Ji<sup>2</sup>, Morland, Leslie<sup>4</sup>*

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Adverse childhood experiences (ACEs) are associated with poorer mental health in adulthood and low relationship satisfaction. Veterans are more likely to have experienced ACEs compared to civilians and experience high rates of relationship distress. However, little is known about the effects of an individual's ACEs on a partner's mental health in romantic relationships. The present study examined the impact of ACEs on one's own and their partner's mental health and relationship satisfaction. Participants were Veterans (N=51) and their partners who completed baseline assessment prior to enrollment in a couples-based PTSD study. Hypotheses were tested using the Actor Partner Interdependence Moderation Model (APIMoM) with Multilevel Modeling (MLM). We found that for females, a higher ACE score was significantly associated with higher depression ( $b = 1.52, p = 0.006$ ). For men, as their partners ACE score increased those men had higher depression ( $b = 1.25, p = 0.043$ ). For partners, independent of gender, there was a positive relation between ACEs and depression ( $b = 1.51, p = 0.001$ ). Finally, women partners ( $b = -6.02, p = 0.019$ ) and male Veterans ( $b = -5.24, p = 0.087$ ) had lower relationship satisfaction as ACE score increased. Implications of these findings will be discussed.

**2-182**

**The Effects of Yoga on the Capacity for Emotion Regulation and Hyperarousal**

(Abstract #1103)

**Poster #2-182 (Clin Res, Clinical Practice, Health, QoL, Med/Som, Adult) M - Global Gloucester**

*Griffith, Kimberly*

*Cal Southern University, Costa Mesa, California, USA*

This study is a theoretical review of research regarding the use of yoga as treatment for symptoms of PTSD (emotion regulation and hyperarousal). Results include: individuals initiate yoga practice seeking mental and physical health benefits; yoga is continued more often for mental health than for physical health benefits; yoga intervention is associated with mental and/or physical health benefits in 96% of studies. The most significant finding of this study is that hyperarousal and the capacity for emotion regulation were improved following yoga practice in 100% of the studies measuring these symptoms. None of the studies measuring these two symptoms found that yoga intervention resulted in a worsening of either symptom. This study demonstrates that clinicians working specifically with adults experiencing hyperarousal or decreased capacity to self-regulate emotion could reasonably consider recommending yoga practice as an intervention to improve those symptoms.

**2-183**

**Meta-analysis of Randomized Trials Comparing Trauma-Focused Psychotherapy to SSRI Medication for PTSD**

(Abstract #756)

**Poster #2-183 (Clin Res, Clin Res, Adult) I - Global**

**Gloucester**

*Sonis, Jeffrey<sup>1</sup>, Cook, Joan<sup>2</sup>*

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

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

Introduction: The goal of this study was to summarize evidence from head-to-head randomized trials comparing trauma-focused psychotherapies (TFPs) and selective serotonin reuptake inhibitors (SSRIs) in a systematic review and meta-analysis. Methods: We conducted a search of multiple databases to identify trials comparing a TFP (cognitive behavioral therapy, prolonged exposure, cognitive therapy, cognitive processing therapy or eye movement desensitization and reprocessing therapy) to an SSRI. Cochrane Risk of Bias 2.0 was used to assess risk of bias; high risk of bias trials were included only in sensitivity analyses. PTSD symptom reduction was the primary outcome. Results: Four trials met inclusion criteria. Random effects meta-analysis for PTSD symptom reduction of the two trials that were not high risk of bias showed a point estimate for standardized mean difference (SMD) near the null value of 0, with a wide confidence interval (CI), SMD 0.08, 95% CI, -0.48 to 0.64. Heterogeneity was high, as indicated by  $I^2 = 81\%$  and by SMDs for the two trials that were approximately similar in magnitude, but opposite in direction: -0.24 and 0.34. Inclusion of the two high risk of bias trials did not change substantive conclusions. Conclusion: There is insufficient evidence to determine whether SSRIs or TFPs are more effective for PTSD symptom reduction among adults with PTSD.

**2-184**

**Trauma Warriors: Combining Trauma Focused Group Therapy with Martial Arts**

(Abstract #1006)

**Poster #2-184 (Clin Res, Acute, Clin Res, Commun, Prevent, Child/Adol) M - Industrialized**

**Gloucester**

*Benarroch, Fortuneto, Harwood, Anna*

*Hadassah University Hospital, Jerusalem, Israel*

We present a group intervention for children with PTSD combined with martial art exercises. This program has been piloted with a group of 9 children (5 girls and 4 boys) aged 7-12 in a busy public outpatient mental health clinic. Given the increasing evidence for integrating somatic interventions into traditional trauma treatments, we designed a program, which we called ‘trauma warriors’, a combination of trauma focused group therapy and Martial Arts. The program was designed together with two martial arts instructors with expertise in children and complex difficulties. In this presentation, we will discuss briefly the rationale for the integration of physical exercises (with a specific emphasis on martial arts) as part of the therapeutic process with children with post-traumatic symptoms and we will explain how the exercises are integrated in the sessions. We will also present the parallel parents' group and the conjoint sessions that are held with parents practising the exercises with their children. Finally, the presenters will discuss the results of the pilot study (based on pre- and post-intervention reports by standard questionnaires) and talk about plans for further examination of this preliminary therapeutic protocol.

**2-185****Reaching Out in Times of Need: The Impact of Sexual Trauma History on Adolescent Online Social Networking Use**

(Abstract #386)

**Poster #2-185 (Clin Res, CSA, Chronic, Rape, Child/Adol) I - N/A****Gloucester***Grocott, Lauren<sup>1</sup>, Mair, Anneliese<sup>2</sup>; Galione, Janine<sup>3</sup>, Nugent, Nicole<sup>2</sup>*<sup>1</sup>*Rhode Island Hospital, Providence, Rhode Island, USA*<sup>2</sup>*Brown Medical School, Providence, Rhode Island, USA*<sup>3</sup>*Bradley Hospital, East Providence, Rhode Island, USA*

Although research has explored aspects of social support networks of sexual trauma survivors, less is known about how trauma history may predict daily support seeking during difficult times such as when experiencing self-injurious thoughts or behaviors (SITB). The present study sought to compare online social networking (OSN) on days with and without SITB, as influenced by sexual trauma history. Adolescents (13-18) hospitalized for SITB were recruited as part of an ongoing study (R01MH10537). Analyses focus on a subsample (N=15) who completed OSN data extraction, the Life Events Checklist (Gray et al., 2004), and a modified Timeline Followback (Sobell & Sobell, 1996). OSN data included texting (70.4% of participants), Facebook (22.2%), Twitter (18.5%) and Instagram (25.9%). Participants sent less OSN data on days that SITB occurred ( $M=8.83$ ,  $SD=18.25$ ) compared to days with no SITB ( $M=26.67$ ,  $SD=51.71$ ); paired samples t-tests were trending but not significant ( $t(5)=-1.30$ ,  $p=.25$ ). Repeated measures analyses of variance revealed a trending interaction effect, such that OSN use was most variable as a function of SITB among participants with sexual trauma history ( $F(1, 13)=1.07$ ,  $p=.32$ ;  $\eta^2=.08$ ).

Implications for daily assessment and intervention design will be discussed, as well as a call for future research investigating daily social media use as a means of informal support-seeking.

**2-186****Children's Coping Following Sexual Abuse: The Roles of Abuse Characteristics, Abuse Stress, and Maternal Support**

(Abstract #358)

**Poster #2-186 (Clin Res, CSA, Chronic, Fam/Int, Child/Adol) I - Industrialized****Gloucester***Wamser-Nanney, Rachel, Campbell, Claudia**University of Missouri St. Louis, St. Louis, Missouri, USA*

The use of coping strategies is recognized as playing a vital role in predicting the development of trauma-related symptoms, but little research has identified what factors may contribute to the utilization and perceived efficacy of coping following childhood sexual abuse (CSA). Research has not determined whether characteristics of the CSA, abuse stressors (e.g., coercion, familial disruptions, legal system involvement), and maternal support correspond with children's coping. The current study examined whether CSA characteristics, abuse stressors, and maternal support and blame/doubt were related to children's utilization and perceived efficacy of active/social, internalized, angry, and avoidant coping among 141 sexually abused children aged 7-12 ( $M = 9.72$ ,  $SD = 1.50$ ). Regression models indicated that

CSA duration was associated with use of internalized and avoidant coping, and maternal blame/doubt predicted the use of avoidant coping. CSA characteristics and abuse stress were largely unrelated to children's perceived efficacy of their coping. Duration of the CSA may be important in understanding children's utilization of internalized and avoidant coping and maternal blame/doubt may be related to children's use of avoidant coping. Ultimately, CSA characteristics and abuse stressors may have little bearing on children's use and perceived efficacy of coping after CSA.

**2-187**

**Children's Sexual Behavior Problems: An Ecological Model Using the LONGSCAN Data**  
(Abstract #365)

**Poster #2-187 (Clin Res, CPA, CSA, Comm/Vio, Fam/Int, Child/Adol) I - Industrialized**

**Gloucester**

*Wamser-Nanney, Rachel, Campbell, Claudia*  
*University of Missouri St. Louis, St. Louis, Missouri, USA*

Although research has indicated that sexual behavior problems (SBPs) are present among maltreated and non-maltreated children, risk factors for SBPs remain understudied. Further, few studies have examined multiple forms of trauma and several familial and environmental factors in the context of SBPs. The use of a more comprehensive ecological model of child, trauma, family, and environmental risk factors may help to further assess the development of SBPs. The aim of the current study was to examine potential predictors of SBPs utilizing an ecological model of child, trauma, caregiver, familial, and environmental factors. The present study was conducted with 1,112 8-year-old children (51.6% female; 48.9% Black) and their primary caregivers from the Longitudinal Studies in Child Abuse and Neglect (LONGSCAN) study. Several child, caregiver, familial, and trauma-related factors demonstrated significant relationships with SBPs in regression models (e.g., child's living arrangement, child's aggressive behaviors and posttraumatic stress symptoms, sexual and physical abuse, caregiver's psychological difficulties, children's perceptions of family health). The findings highlight the role of select child, trauma, caregiver, familial, and environmental factors in the context of SBPs and also demonstrate the need to examine multiple levels of children's environments when investigating SBPs.

**2-188**

**Sex Differences in Symptom Progression and Trauma Narratives during Trauma-Focused Treatment for Youth**  
(Abstract #411)

**Poster #2-188 (Clin Res, CPA, CSA, Cog/Int, Gender, Child/Adol) M - Industrialized Gloucester**

*Ascienzo, Sarah, Sprang, Ginny*  
*University of Kentucky, Lexington, Kentucky, USA*

Studies have demonstrated the effectiveness of TF-CBT in reducing posttraumatic stress symptoms (PTSS) from baseline to completion of treatment, but much less is known regarding the trajectory of PTSS *during* treatment. An embedded sequential mixed methods design was utilized to examine

symptom progression during the components of TF-CBT, evaluate whether sex differences exist, and to explore how boys and girls cognitively appraise and make meaning of their traumatic experiences. Overall PTSS, intrusion, avoidance and arousal scores were mapped onto TF-CBT components among a sample (N = 138) of polytraumatized youth. Mixed ANOVAs examined whether differential symptom trajectories existed, and factorial ANOVAs evaluated potential moderators. For the qualitative strand, thematic analysis was conducted on trauma narratives developed during TF-CBT. Significant differences between males and females were found during many phases of TF-CBT, while analysis of trauma narratives revealed both commonalities and differences in how boys and girls appeared to cognitively appraise and make meaning of their traumatic experiences. Findings shed light on the complex interplay between sex, gender and the progression of PTSS during treatment, and also help to illuminate the mechanisms of action hypothesized to occur. Implications for practice and policy are discussed.

## 2-189

### Trajectories of Symptom Change among Youth in Residential Care

(Abstract #384)

**Poster #2-189 (Clin Res, CPA, Chronic, Complex, Depr, Child/Adol) M - Industrialized Gloucester**

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<sup>1</sup>*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*

<sup>2</sup>*Suffolk University, Boston, Massachusetts, USA*

<sup>3</sup>*National Center for Child Traumatic Stress, Durham, North Carolina, USA*

<sup>4</sup>*Justice Resource Institute, Brookline, Massachusetts, USA*

Residential treatment serves youth with severe/chronic mental health symptoms (Leons et al., 2000) often the result of traumatic/adverse events. Research on outcomes of youth in residential treatment has been mixed, and symptom trajectories may be influenced by several factors. We conducted latent growth curve modeling to evaluate trajectories of depression (Child Depression Inventory), PTSD (PTSD Reaction Inventory), externalizing and internalizing (Child Behavior Checklist) symptoms among 567 youth in residential care (age 12-18, M age = 15.98, 44% male) who were assessed at admission and every three months to examine the nature of change and identify predictors. Results indicated different patterns of non-linear change, with PTSD exhibiting large initial decreases that flattened out over time with medium-large overall decrease ( $d = -.69$ ). Depression and internalizing symptoms exhibited initial decreases during the first year and subsequent increases to 21 months resulting in little overall change. Externalizing symptoms showed little change until 1 year when symptoms started increasing. Trauma exposure was associated with higher initial symptoms but did not predict change. Girls reported more symptoms, but these gender differences decreased over time. Younger clients tended to report more symptoms. Subtle differences across outcomes will be presented in the poster.

**2-190**

**Childhood Maltreatment and Adolescent Social Outcomes in Youth Adopted from Foster Care**

(Abstract #656)

**Poster #2-190 (Clin Res, CPA, Complex, Dev/Int, Neglect, Child/Adol) I - Industrialized**

**Gloucester**

*Guzman, Joe<sup>1</sup>, Brodell, Regina<sup>1</sup>, Langley, Audra<sup>2</sup>, Waterman, Jill<sup>2</sup>*

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*<sup>2</sup>UCLA, Los Angeles, California, USA*

Foster children exhibit lower adaptability (Schofield & Beek, 2005), likely due to early maltreatment (Cicchetti, 2016), and these difficulties in adjusting to changes in the environment have been shown to affect social relationships. Specifically, lower adaptability is associated with a higher likelihood of peer neglect and rejection and less teacher praise (Sanson et al., 2004). Thus, it is important to understand the potential impact on social outcomes for children in foster care.

In a sample of 82 adopted children, we tested group differences in adaptability between maltreated and non-maltreated, and whether lower adaptability in childhood predicted number of friends, closeness to friends, social difficulty in school, romantic relationship status and length in adolescence.

Maltreated children showed lower adaptability than non-maltreated, and lower adaptability in childhood predicted fewer number of friends, higher social difficulty in school, and fewer romantic relationships within the last 18 months, but longer relationship length in adolescence.

The present study suggests that maltreatment may impede adaptability, and that lower adaptability may lead to fewer friends and romantic relationships, and more social difficulty in school. However, this may not impact the length of romantic relationships. Treatment should focus on increasing adaptability in childhood.

**2-192**

**Child Resiliency and Adjustment during Parent Military Deployment**

(Abstract #1102)

**Poster #2-192 (Clin Res, Anx, Depr, Civil/War, Child/Adol) I - N/A**

**Gloucester**

*Morrison, Krystal, Willis, Emy, Beidel, Deborah*

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Resilience is key for adversity during parental deployment. While parents' stress has been identified as a significant predictor of child psychosocial functioning during wartime deployment, research regarding the potential for parental stress to impact child adjustment in the context of resilience is scarce. In a sample of 112 children ages 7-12, whose family was undergoing military deployment, we tested whether parental stress would moderate the relationship between child resiliency and emotional distress.

Child resiliency, parent stress, and child depression and anxiety were measured by the Resiliency Scales for Children & Adolescents (RSCA), Perceived Stress Scale, Children's Depression Inventory (CDI), and Multidimensional Anxiety Scale for Children (MASC). The RSCA consists of three subscales: child's sense of mastery, relatedness, and emotional reactivity.

Although the interaction of parent's stress did not predict child emotional adjustment, results indicate an inverse relationship between child's sense of mastery and relatedness to CDI ( $p < .001$  and  $p < .001$ , respectfully), as well as the MASC ( $p = .009$  and  $p < .001$ , respectfully). Furthermore, child emotional reactivity predicted greater CDI ( $p < .001$ ) and MASC ( $p < .001$ ) scores.

In sum, parent's stress did not moderate child emotional distress; however, child resiliency predicted child's adjustment.

## 2-193

### Adolescent Polyvictimization Predicts Self-Rated Health in Emerging Adulthood

(Abstract #105)

Poster #2-193 (Clin Res, Complex, Health, Prevent, Lifespan) M - N/A

Gloucester

*Bridges-Curry, Zoe<sup>1</sup>, Newton, Tamara<sup>2</sup>*

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Those who experience early life polyvictimization (PV), or multiple types of traumatic events, are at greater risk for a wide range of mental health disorders (Ford, Elhai, Connor, & Frueh, 2010). Indeed, individual victimization types no longer predict mental health symptoms after accounting for PV (Finkelhor, Ormrod, & Turner, 2007). In contrast, few studies have examined the broader health sequelae of PV, despite well-documented associations between trauma exposure and physical health problems (Jakubowski, Cundiff, & Matthews, 2018). The current study used data from the Longitudinal Studies on Child Abuse and Neglect to address this gap. The sample ( $N = 485$ ) was divided into three groups: PV (> 4 victimization types,  $n = 41$ ), low victimization (1-3 types,  $n = 236$ ), and non-victimized ( $n = 208$ ). Logistic regression indicated that victimization group at age 16 was a significant predictor of fair/poor self-rated health (SRH), a well-established predictor of subsequent mortality. Specifically, after adjusting for sex, socioeconomic status, and self-rated health at age 16, PV significantly predicted fair/poor SRH at age 18, Wald's statistic = 6.03,  $p = .014$ , OR = 2.64. Low victimization did not predict SRH, Wald's statistic = 1.00,  $p = .32$ . To our knowledge, these findings are among the first to demonstrate longitudinal associations between adolescent PV and SRH.

## 2-194

### FKBP5 and the Role of Maternal Psychopathology on the Intergenerational Transmission of Trauma

(Abstract #957)

Poster #2-194 (Clin Res, Depr, Genetic, Intergen, Lifespan) - Industrialized

Gloucester

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Genetic and environmental factors are important to consider in the intergenerational transmission of trauma-related risk. Children with mothers experiencing posttraumatic stress symptoms (PTSS) are more likely to also have increased PTSS, even when they have not experienced the same traumatic event (Schechter, 2017). Several studies support that childhood trauma, coupled with allele expression in the FK506 binding protein 51 (FKBP5), may increase the likelihood of PTSS and depression in adults (i.e. Hawn et al., 2019); however, data on young children are limited. The current study examined the impact of FKBP5 genotype and maternal PTSS/depression on child PTSS using data from the Multidimensional Assessment of Preschoolers Study, a large, diverse sample of preschool children and their mothers, recruited from pediatric clinics in greater Chicago. Results supported a positive association between maternal PTSS and child PTSS ( $p < .001$ ;  $r^2 = .12$ ), which was moderated by child FKBP5 genotype; for children homozygous for the C allele, child PTSS were predicted by maternal PTSS ( $p < .001$ ;  $r^2 = .28$ ) and depression ( $p = .02$ ;  $r^2 = .24$ ), while the T allele appeared to buffer the effects of maternal PTSS and depression on child PTSS. These data join a growing literature supporting that intergenerational transmission of trauma-related risk may occur when FKBP5 genotype and child trauma converge

## 2-195

### **Maternal Representations Mediate the Association between Prenatal IPV and Boundary Dissolution**

(Abstract #1081)

Poster #2-195 (Clin Res, DV, Fam/Int, Intergen, Lifespan) M - N/A

Gloucester

*Nuttall, Amy K., Ballinger, Alexandra L., Levendosky, Alytia, Bogat, G. Anne  
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Mothers with intimate partner violence (IPV) histories are at risk of engaging in boundary dissolution (BD), a dynamic in which the child is expected to meet parental needs or serve as an extension of the parent (Fortin et al., 1999). BD following trauma may be hostile (derogatory and belittling) or seductive (emotionally intrusive affection) (Sroufe & Ward, 1980). Little is known about IPV and BD in early parenting and the mechanisms through which IPV impacts BD (Nuttall & Valentino, 2017). Maternal representations are one potential mechanism. Prenatal IPV exposure is associated with insecure representations (Huth-Bocks et al., 2004) and these are associated with hostile and intrusive controlling parenting (Dayton et al., 2010). We hypothesized that prenatal IPV would predict hostile and seductive BD through maternal representations while controlling for the influence of hostile and controlling parenting more broadly. Data were drawn from a longitudinal IPV study of mothers and children (N=202). Prenatal IPV was measured in the third trimester. Representations were assessed with semi-structured interviews when infants were 12 months old and boundary dissolution was coded from free-play interactions at the same wave. Prenatal IPV was associated with increased hostile, but not seductive BD via insecure representations.

**2-196**

**Raising Children in Crisis: Trauma-Informed Parenting for Grandparents**

(Abstract #57)

**Poster #2-196 (Clin Res, CPA, Commun, Fam/Int, Lifespan) I - Industrialized**

**Gloucester**

*Dean, Kristin, Johansen, Kara, Burkley, Andrew*  
*University of Tennessee, Knoxville, Tennessee, USA*

The Family First Prevention Services Act, signed into law in February 2019, aims to prevent children from entering the foster care system by diverting them to informal kinship placements. The law is in partial response to significant increases in children entering the child welfare system. Between 2012-2016 there was a 10% increase in children in foster care, which many experts have attributed to the opioid crisis (Kamp & Campo-Flores, 2016). To support relative caregivers in such communities who are raising children impacted by trauma, we piloted a program with grandparent caregivers that was originally designed for foster parents. In partnership with a local child advocacy center, the National Child Traumatic Stress Network curriculum was adapted for grandparent caregivers. The 16-hour program provides psychoeducation about trauma, its impact on the brain and development, implications for relationships and parenting, and how caregivers can advocate for youth. We will review data obtained from the pilot and compare it with foster parent data, including demographics, knowledge gained from the program, placement disruption rates following participation, and satisfaction, which are comparable to foster parents. We will also briefly discuss implementation issues such as navigating the unique clinical and practical issues faced by grandparents and strategies for sustainability.

**2-197**

**Prevalence of Post-Traumatic Stress Disorder (PTSD) in the Greater Bay Area of China: A Systematic Review**

(Abstract #970)

**Poster #2-197 (Clin Res, Clinical Practice, Commun, Cul Div, Pub Health, N/A) M - E**  
**Asia & Pac**

**Gloucester**

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The Greater Bay Area (GBA) is comprised of 13 cities in Southern China, and home to 4.9% of the Chinese population, roughly 68 million people. This region is faced with the challenge of too few mental health professionals to manage the burden of mental health issues within this population. No previous study was conducted to synthesize the prevalence of PTSD within this population. The current systematic review evaluated the state of the science on PTSD research and estimated the prevalence of PTSD within the GBA. Studies were identified through PubMed, PsycINFO, Cochrane Library, Medline, CINAHL, CNKI, and Wanfang. Studies published between 1980 and Feb, 2019 were included if they reported the prevalence of PTSD within the GBA region. Of 708 citations identified, 17 studies meeting the selection

criteria were reviewed. Studies varied considerably in quality, design, and population. The reported prevalence of PTSD was 8.2–44.0% when diagnosed by standardized clinical interview and 2.4–39.0% by self-report measure. This review demonstrated that the burden of PTSD within the GBA is substantial. Methodological limitations and heterogeneity make prevalence comparisons difficult. Using standardized and rigorous methods to assess PTSD are needed.

## 2-198

### **Improving Psychosocial Functioning in Older Veterans with PTSD: An Intervention Development and Evaluation Project**

(Abstract #422)

**Poster #2-198 (Clin Res, QoL, Mil/Vets, Aging, Older) I - Industrialized**

**Gloucester**

*Pless Kaiser, Anica<sup>1</sup>, Korsun, Lynn<sup>2</sup>, Glick, Debra<sup>3</sup>, Nizzi, Marie-Christine<sup>4</sup>, Moye, Jennifer<sup>5</sup>, Spiro III, Avron<sup>6</sup>*

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Evidence suggests that stressors associated with aging can exacerbate Posttraumatic Stress Disorder (PTSD) symptoms. Older military Veterans with PTSD often have comorbid physical and medical problems, take multiple medications, and are more socially isolated than younger Veterans. These factors contribute to greater functional impairment and decreased quality of life. We describe development and evaluation of a psychosocial discussion group for older (>60 years) male Veterans who may not be interested in trauma-focused therapy, have dropped out of other, or who have completed an evidence-based therapy but have areas of impairment they would like to address. The project was conducted in three phases: 1) intervention development, 2) administration of focus groups to guide modification of the proposed intervention, and 3) pilot testing followed by a small RCT comparing the intervention with a support group. Phase 1 and 2 results are finalized and Phase 3 results will be presented. The intervention has been developed and modified in response to focus group feedback. Modules address interpersonal relationships, effective communication, anger management, social skills, support and activities, stress management, and behavioral activation. The intervention received high satisfaction ratings and improvements in psychosocial functioning and quality of life will be discussed.

## CULTURE/DIVERSITY POSTERS

2-200

### **Poly-Victimization and Associated Risk for Substance Use Problems among Justice-Involved Adolescents**

(Abstract #1409)

**Poster #2-200 (Prevent, Chronic, Social, Sub/Abuse, Child/Adol) - Industrialized Gloucester**

*Feingold, Zoe<sup>1</sup>, Cruise, Keith<sup>2</sup>*

<sup>1</sup>*Fordham University, Department of Psychology, New York, New York, USA*

<sup>2</sup>*Fordham University, New York, New York, USA*

Adolescents involved in the juvenile justice system experience high rates of substance use problems and exposure to traumatic events (TEs; Abram et al., 2004). A subset of justice-involved youth have also endured poly-victimization (PV; i.e., multiple, discrete TEs). Researchers have identified PV as a construct that may help juvenile justice staff identify adolescents in need of enhanced services (Ford et al., 2018). PV has been associated with adverse outcomes such as greater psychiatric burden and increased likelihood of recidivism (e.g., Aebi et al., 2015). To extend these findings, the current study examined the relationship between PV and substance use problems among justice-involved youth. Participants included 192 recently-detained adolescents who reported exposure to at least one TE based on a trauma screening instrument (STRESS; Grasso et al., 2015). Latent class analysis was used to classify youth according to their trauma histories, with 30 (16%) adolescents being classified as poly-victims. Individuals in the PV group experienced greater substance use problems compared to other groups ( $B = 2.11, p < .001$ ). Potential mechanisms driving the relationship between PV and substance use problems will be discussed. Results support the use of screening efforts to identify youth in need of trauma-responsive substance abuse interventions to promote desistance and recovery.

2-201

### **PTSD, Methamphetamine Use, and Methamphetamine Use PTSD- Specific Outcome Expectancies**

(Abstract #1411)

**Poster #2-201 (Clin Res, Sub/Abuse, Adult) - Industrialized Gloucester**

*Domke, Christopher<sup>1</sup>, Smith, Stefanie<sup>2</sup>*

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<sup>2</sup>*Hanna Boys Center, Sonoma, California, USA*

Increased methamphetamine use and related emergency hospital visits (National Institute on Drug Abuse, 2015; National Institute of Health, 2014; SAMHSA, 2014) is leading to a health crisis. Previous research has shown high rates of co-morbidity of methamphetamine abuse and PTSD and poor outcomes (Glasner-Edwards, Mooney, L.J., Ang, A., Hillhouse, M., and Rawson, R., 2013; Smith, R.C., Blumenthal, H., Badour, C., and Feldner, M.T., 2010). Therefore, it is important to understand some of the possible mechanisms of the link between trauma and methamphetamine use. This study built upon “expectancy theory” (Christensen and Goldman, 1983), an oft used test for the self-medication hypothesis (Brady et

al., 2004; Chilcoat & Breslau, 1998), by examining the expectancy of methamphetamine's effect on PTSD symptoms on methamphetamine abuse in a diverse sample of 43 adult men and women. Hierarchical multiple regression showed that the combination of greater PTSD symptom severity and greater Negative Expectancy significantly predicted methamphetamine abuse, whereas Positive Expectancy did not. Stepwise multiple regression analysis showed that only the expectation of Negative Alterations in Cognition and Mood uniquely predicted variance in methamphetamine abuse. These results revise our thinking of the self-medication hypothesis as it applies to co-morbid PTSD and methamphetamine abuse.

## 2-202

### **The Impact of identity: Effects of heterosexism on LGBT Veterans**

(Abstract #296)

**Poster #2-202 (CulDiv, Orient, Sub/Abuse, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Elrod, Noel, Weaver, Terri, Banks, Kira, Vander Wal, Jillon  
Saint Louis University, Saint Louis, Missouri, USA*

Sexual orientation minority (SOM) military service members and veterans often have higher levels of posttraumatic stress disorder and substance use outcomes than their heterosexual counterparts. However, the mechanisms by which this occurs have received little attention. Heterosexism –defined as both felt and experienced stigma based on one's sexual orientation –may be one such mechanism. The current study aimed to examine whether experiences with heterosexism moderated the relationship between identified stressors (e.g., number of criterion A events endorsed (Criterion A Load; CAL) and combat experiences) and mental and behavioral health concerns (e.g., posttraumatic stress symptoms and substance use). Results suggested that heterosexism moderated the relationship between CAL and PTSS, as well as the relationship between combat experiences and PTSS. Additionally, this moderation effect was further moderated by additional identity factors, including acceptance concerns, concealment motivation, and internalized heterosexism. While heterosexism broadly predicted substance use, military-specific heterosexism did not demonstrate any additive predictive power. Clinical and systemic implications will be discussed.

## 2-203

### **Understanding Bisexual Women's Perceptions of Sexual Victimization Risk**

(Abstract #1778)

**Poster #2-203 (CulDiv, Rape, Orient, Adult) I - Industrialized**

**Gloucester**

*McConnell, A. Alex<sup>1</sup>, Salim, Selime<sup>1</sup>, Bhuptani, Prachi<sup>1</sup>, Kaufman, Julia<sup>1</sup>, Messman-Moore, Terri<sup>2</sup>  
<sup>1</sup>Miami University, Oxford, Ohio, USA  
<sup>2</sup>Miami University, Department of Psychology, Oxford, Ohio, USA*

Bisexual women are at increased risk for sexual victimization compared to both lesbian and heterosexual women (Walters et al., 2013). Yet, remarkably little research has examined risk factors for sexual victimization among bisexual women. The current study employed a mixed method, exploratory

sequential design to investigate bisexual women's risk for sexual victimization. In Study 1, 22 bisexual women participated in a series of focus groups exploring their perceptions of sexual victimization risk. Thematic analysis was used to understand women's responses. Six major themes were identified, including lack of knowledge and resources, sexualization, stigma, coercion, risk factors and strategies, and barriers to disclosure. In Study 2, these themes were quantitatively tested as predictors of sexual victimization in an online study of 390 bisexual women. Quantitative results partially converged with qualitative results; experiences of sexual objectification and enacted anti-bisexual stigma predicted adult sexual assault over and above age and history of childhood sexual abuse. Findings provide preliminary support for the application of minority stress theory to victimization research with bisexual women. Future research would benefit from investigating the mechanisms by which sexual objectification and anti-bisexual stigma increase risk for adult sexual assault.

## 2-204

### **A Conceptual Model of African American Intergenerational Wellbeing: The Role of Confronting, Withstanding and Transcending in Healing from Historical and Contemporary Trauma**

(Abstract #1554)

Poster #2-204 (CulDiv, Chronic, Ethnic, Surv/Hist, N/A) I - N/A

Gloucester

*Stephens, Tricia<sup>1</sup>, Henderson, Zuleka<sup>2</sup>, Walton, Quenette<sup>3</sup>, Ortega-Williams, Anna<sup>4</sup>*

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This discussion uses historical narratives of trauma and resilience as guides for shaping healing-informed discourse and practice with African Americans. Historical trauma and post-traumatic slave syndrome theories have offered important frameworks for examining and understanding the intergenerational impact of the seminal traumatic experiences of slavery, subsequent Jim Crow and ongoing racism for African Americans. These theories have been used to explain pervasive physical and mental health challenges, but have yet to be applied to the concept of African-American healing.

This conceptual model of intergenerational wellbeing elevates the healing response behaviors that helped enslaved Blacks mitigate the deleterious effects of historical trauma, and rendered them survivors and architects of intergenerational survival and wellbeing. We propose three domains of healing, through confronting, withstanding, and transcending the agents and effects of historical trauma, all of which were subject to being intergenerationally transmitted and accessed by subsequent generations. This presentation will review the model, identify and explore the associated domains of healing, and present a healing-centered engagement approach for working with African American clients who are impacted by historical and contemporary traumatic pain.

2-205

**Why I am in Prison: A Case Study Application of an Older Adult War Veteran in Pathway of Trauma and Resilience and Prison**

(Abstract #1720)

**Poster #2-205 (CulDiv, Complex, Cul Div, Rights, Mil/Vets, Older) I - Industrialized Gloucester**

*Maschi, Tina<sup>1</sup>, Morgen, Keith<sup>2</sup>, Kaye, Adriana<sup>1</sup>*

<sup>1</sup>*Fordham University, Bronx, New York, USA*

<sup>2</sup>*Centenary University, Hackettstown, New Jersey, USA*

Little is known about older adults and their life course history pathways to prison, especially for individuals with histories of trauma who first commit a crime in later life. To bridge this gap, this paper documents an unabridged oral history of James O., who is a fifty-year-old man incarcerated in a Northeastern United States prison. James shares his story that led him down his later-in-life pathway to prison (e.g., exposure to family, institutional, and community trauma and mental health issues and addiction), his in-depth observations of the prison environment, and his recommendations for improving the criminal justice system for both younger and older people. His unabridged life story challenges readers to examine the ‘aging prisoner crisis’ using ‘historic global heightened consciousness’ in which awareness of life course time, shifting social contexts, and power dynamics necessitate a individual/social/structural problem assessment. This information can then be used to develop or refine theoretical explanations of trauma, stress, coping and resilience, and the correlates, determinants and consequences of trauma as well as improve compassionate prevention, intervention, and advocacy efforts for older prisoners and their families and communities.

## BIOLOGICAL/MEDICAL POSTERS

**2-206**

### **The Effect of Posttraumatic Stress on Sensory, Affective, and Neuroendocrine Responses to Experimental Pain among Trauma-Exposed Women**

(Abstract #346)

**Poster #2-206 (Bio Med, Health, Bio/Int, Adult) M - Industrialized**

**Gloucester**

*Hood, Caitlyn, Badour, Christal*  
*University of Kentucky, Lexington, Kentucky, USA*

Previous studies evaluating the impact of PTSD on pain sensitivity yield inconsistent findings; these discrepant results may be due, in part, to methodological differences in the measurement of pain experiences. Although pain experiences are multifaceted and complex, prior research has often explored the impact of PTSD on a single aspect of pain sensitivity (e.g., sensory pain responses). Therefore, the present study aimed to evaluate the effect of PTSD symptoms on sensory, affective, and neuroendocrine responses to an experimental pain paradigm among trauma-exposed women. Women ( $N=83$ ) with and without PTSD underwent an emotional disclosure paradigm and pain induction procedure (e.g., Cold Pressor Task [CPT]). ANCOVA/MANCOVA tests were used to evaluate the effect of PTSD on sensory (e.g., pain threshold, tolerance, and time to recover), affective (e.g., pain intensity and unpleasantness ratings), and neuroendocrine responses (e.g., change in cortisol levels) to the CPT. Compared to women without PTSD, those with PTSD indicated slower time to pain detection and longer ability to withstand pain. Conversely, women with PTSD also reported higher pain intensity and unpleasantness ratings, as well as greater increase in cortisol levels following the CPT. Results from this study demonstrate the nuanced relation between PTSD symptoms and pain experiences among trauma-exposed women.

**2-207**

### **Influence of Anhedonic Symptom Severity on Reward Circuit Connectivity in PTSD**

(Abstract #672)

**Poster #2-207 (Bio Med, Clin Res, Depr, Bio/Int, Neuro, Adult) M - Industrialized**

**Gloucester**

*Pessin, Sally, Philippi, Carissa, Bruce, Steven*  
*University of Missouri St. Louis, St. Louis, Missouri, USA*

Anhedonia, marked by deficits in the consummatory and motivational reward processing phases, is a prominent symptom of several psychiatric conditions and has been shown to influence functional connectivity between reward-related regions. However, the unique influence of anhedonia severity on reward circuit connectivity in posttraumatic stress disorder (PTSD) remains unclear. To address this, we examined resting-state functional connectivity (rsFC) of the ventral striatum as a function of anhedonia for individuals with PTSD. Resting-state functional MRI scans and behavioral assessments were collected for 71 women diagnosed with PTSD. Standard seed-based voxelwise rsFC analyses for left and right nucleus accumbens (NAcc) seed regions of interest were performed. Regression analyses were conducted to examine the relationship between anhedonia severity and rsFC of left and right NAcc. All rsFC analyses were family-wise error (FWE) cluster-corrected at the whole brain level ( $p_{FWE} < .025$ ). Results

indicated that anhedonia severity correlated with reduced rsFC between the left NAcc and left caudate extending to the thalamus. These findings support reward circuit dysfunction at rest associated with anhedonia in PTSD. This association furthermore contributes to a better understanding of the neural correlates of consummatory anhedonia in psychiatric conditions.

## 2-208

### **Impact of Post-traumatic Stress Disorder on Hippocampal Subfield Volumes in Veterans with Traumatic Brain Injury**

(Abstract #652)

**Poster #2-208 (Bio Med, Bio Med, Chronic, Mil/Vets, Neuro, Adult) - Industrialized Gloucester**

*Blessing, Esther<sup>1</sup>, Hollander, Matthew<sup>2</sup>, Qian, Meng<sup>1</sup>, Abu-Amara, Duna<sup>1</sup>, Etkin, Amit<sup>3</sup>, Marmar, Charles<sup>1</sup>*

<sup>1</sup>*New York University School of Medicine, New York, New York, USA*

<sup>2</sup>*New York University Langone Medical Center, New York, New York, USA*

<sup>3</sup>*Stanford University/Palo Alto VA, Palo Alto, California, USA*

Background: Posttraumatic stress disorder (PTSD) has been associated with reduced hippocampal volume, including the whole hippocampus, as well as individual subfields. An important factor to account for when evaluating this relationship is a history of traumatic brain injury (TBI), also associated with reduced hippocampal volume. Objective: We aimed to assess whether PTSD is associated with altered hippocampal volumes (whole hippocampus and individual subfields) when controlling for the presence of TBI. Methods: We utilized a sample of 191 veterans aged 18-60 years, including 56 subjects with PTSD+TBI, and 135 subjects with TBI alone. PTSD was assessed with the CAPS 5, and TBI, with the ACRMS and OSU-TBI-ID. Left and right hippocampal volumes were measured with an automated segmentation tool (Freesurfer 6). General linear models were used to assess the effect of PTSD, with age, gender and intracranial volume as covariates. Results: There was no difference in total hippocampal volume, or in the volume of any subfield between PTSD+TBI and TBI subjects,  $p > 0.05$ ; however, preliminary findings suggest reduced anterior subfield volumes in PTSD+TBI compared to TBI alone when anterior and posterior divisions are measured independently. Findings indicate the importance of factoring for PTSD when investigating TBI, and of differentiating anterior from posterior hippocampal components.

## 2-209

### **Anaphylaxis Related PTSD: Chicken or Egg?**

(Abstract #683)

**Poster #2-209 (Bio Med, Bio Med, Illness, Adult) M - N/A Gloucester**

*Freedman, Sara<sup>1</sup>, Toker, Uri<sup>2</sup>, Hershko, Alon<sup>3</sup>, Shany, Golan<sup>3</sup>, Havlin, Ariel<sup>2</sup>, Tal, Yuval<sup>3</sup>*

<sup>1</sup>*Bar-Ilan University, Ramat Gan, Israel*

<sup>2</sup>*Shaarei Zedek Medical Center, Jerusalem, Israel*

<sup>3</sup>*Hadassah Medical Center, Jerusalem, Israel*

**Background:** PTSD has been reported after a number of medical conditions, including cardiac events, asthma and cancer. Strikingly, little is known about PTSD following anaphylaxis in adults, with one study in help-seeking participants. This study aimed to examine PTSD with documented anaphylaxis or allergic reaction.

**Methods:** Patients who presented with hymenoptera-venom allergy in 4 medical centers in Jerusalem, Israel were identified by medical records. Patients were invited to enroll in the study, and were assessed for prior traumatic events (LEC) and PTSD symptoms (PCL5).

**Results:** A total of 89 subjects were enrolled, 46 (52%) with anaphylaxis and 43 (48%) with local reactions. Patients with anaphylaxis had significantly higher rates of probable PTSD (15.2 %) than the control group (2.3%). Patients with anaphylaxis also reported significantly more previous traumatic events.

**Conclusions:** Our study suggests that PTSD rates are increased following anaphylaxis; conversely, anaphylaxis is also more likely in patients with increased levels of traumatic event exposure. Our investigation is limited by the number of participants and reliance on self-report questionnaires, and future studies are needed to lend further support to our conclusions. However, these results suggest that PTSD assessment should be included in routine follow-up of patients with anaphylaxis.

## 2-210

### **Associations of Childhood Parental Loss, Maltreatment with Metabolic Risk in Healthy Young Adults**

(Abstract #1497)

**Poster #2-210 (Bio Med, Bio Med, CPA, Health, Neglect, Adult) M - Industrialized Gloucester**

*Daniels, Teresa, Carpenter, Linda, Price, Lawrence, Tyrka, Audrey*

*Brown University Warren Alpert Medical School, Butler Hospital, Providence, Rhode Island, USA*

**Background:** This study examined associations of early life stress (ELS), psychiatric symptoms, and metabolic health measures in healthy young adults with and without parental loss and childhood maltreatment.

**Methods:** Adults ages 18-40 (N=124). Cases (N= 60) have parental loss before age 11 and childhood abuse/neglect. Controls (N=64) had no ELS or psychiatric history. Participants had no acute/chronic medical conditions, current medications, bipolar/psychotic disorder/OCD. Standardized interviews and self-reports assessed demographics, medical/psychiatric history, childhood adversity, health behaviors. Fasting blood collected for Hemoglobin A1c (HgbA1c), insulin/glucose, High Density Lipoprotein (HDL) and Low Density Lipoprotein (LDL) cholesterol.

**Results:** Controlling for relevant covariates, parental loss and maltreatment were significant positive predictors of BMI and HgbA1C ( $p < .05$ ) and negative predictors of HDL ( $p < .05$ ). Individuals with current trauma-related disorders had lower HDL ( $p < .05$ ) and higher HgbA1c ( $p < .05$ ). Recent stressors were not associated with metabolic measures.

**Conclusion:** These results support the role of ELS as a risk factor for future disease. Critically, these participants are healthy with no medical comorbidities/medications. Associations of ELS with metabolic change suggest a risk process underlying poor health outcomes.

**2-211****Interaction between BDNF Val66Met Polymorphism and Traumatic Exposure on PTSD and Depressive Symptoms in Adolescent Earthquake Survivors**

(Abstract #1574)

**Poster #2-211 (Bio Med, Depr, Nat/Dis, Bio/Gen, Child/Adol) I - E Asia & Pac****Gloucester***Geng, Fulei<sup>1</sup>, Zhang, Lan<sup>2</sup>, Fan, Fang<sup>1</sup>*<sup>1</sup>*South China Normal University, Guangzhou, Guangdong, China*<sup>2</sup>*Rongshan High School, Foshan City, Shunde, Guangdong, China*

This study aimed to investigate whether BDNF Val66Met polymorphism modified associations between traumatic exposure and the severity of PTSD and depressive symptoms in adolescent earthquake survivors. Earthquake exposure, concurrent negative life events, PTSD and depressive symptoms were assessed using self-reported questionnaires in a sample of 319 adolescents (52.4%, female; conducted in 2013) who had experienced 2008 Wenchuan earthquake in China. Participants' BDNF Val66Met polymorphism was genotyped. Potential gene-environment interplay was examined using regression models. A significant interaction effect between BDNF Val66Met variants and the level of earthquake exposure was observed for PTSD symptoms. Specifically, the association between earthquake exposure and PTSD symptoms was stronger in adolescents with Met/Met genotype ( $\beta = 0.296$ ,  $p = 0.004$ ) than those with Val/Met ( $\beta = -0.104$ ,  $p = 0.137$ ) or Val/Val ( $\beta = -0.146$ ,  $p = 0.113$ ) genotypes. Neither the main effect of BDNF nor the interaction of BDNF and negative life events were significant for PTSD or depressive symptoms. Negative life events significantly predicted PTSD and depressive symptoms. Our results provide evidence that variants in BDNF Val66Met moderate the impact of traumatic exposure on PTSD symptoms.

**2-212****ADHD as a Mechanism for PTSD: A Proposed Model of Peri- and Post-Trauma Influences**

(Abstract #44)

**Poster #2-212 (Bio Med, Acc/Inj, Dev/Int, Bio/Int, N/A) M - N/A****Gloucester***Silverstein, Michael**Drexel University, Philadelphia, Pennsylvania, USA*

Research has suggested that ADHD is a risk factor for pediatric PTSD, increasing both the likelihood of having a potentially traumatic event (PTE) and of developing PTSS after experiencing a PTE. Additionally, studies have found that there are some overlapping neurobiological factors related to PTSD and attention deficits. However, a model for the explanation of the relationship between these two disorders has yet to be developed or theorized. This model could inform relative risk for PTSD after PTSD, and early intervention. This talk will present a novel biopsychosocial model of how ADHD relates to PTSD, with a focus on executive functioning deficits (impairments in neurocognitive processes that include higher order thinking such as planning, organization, and time management, to ADHD and/or PTSD) as potentially integral to this relationship. The talk will begin by discussing ADHD as pre-PTE risk for factors, and then proceed through the ways in which ADHD may influence develop of PTSS

during the peri- and post-trauma periods. The presentation will conclude with discussion of the next steps that researchers can take to examine the unique relationship between these two disorders.

## CLINICAL PRACTICE POSTERS

2-213

### **Brain Activation Associated with Recalling Conditioned Fear Days after Trauma Relates to PTSD Symptoms 3 Months Later**

(Abstract #277)

**Poster #2-213 (Bio Med, Neuro, Adult) A - Industrialized**

**Gloucester**

*Harless, Nicole<sup>1</sup>, Xie, Hong<sup>1</sup>, Sood, Ambika<sup>1</sup>, Radabaugh, Jacob<sup>1</sup>, Liberzon, Israel<sup>2</sup>, Wang, Xin<sup>1</sup>*

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

<sup>2</sup>*Texas A&M Health Science Center, College Station, Texas, USA*

Re-experiencing and other chronic posttraumatic stress disorder (PTSD) symptoms are associated with impaired brain function of recall after fear learning and extinction. However, how recall brain function contributes to the development of these PTSD symptoms early after trauma is not well studied. The current study examines recall-associated brain activation of traumatized survivors within two weeks of trauma using fMRI. After training conditioned stimuli, 2 paired (CS+) and 1 not paired (CS-) with a fearful unconditioned stimulus, and then extinguishing 1 CS+ on day 1, we tested recall of extinguished (CS+E) and unextinguished (CS+U) conditioned stimuli the following day. PTSD symptom severity was assessed using Clinician Administered PTSD Scale (CAPS) 3 months later. Activation associated with recall CS+U, compared with CS-, was significantly greater in the right insular cortex. This insular activation within 2 weeks of trauma positively correlated with subjects' CAPS scores 3 months later ( $R=0.298$ ,  $P<0.02$ ). These results suggest that right insular activation is associated with fear recall after acute trauma, and that this activation is related to PTSD symptom development.

2-214

### **Psychotic Depression in Primary and Secondary Survivors of Torture who have Sought Treatment**

(Abstract #807)

**Poster #2-214 (Practice, Rights, Rape, Refugee, Torture, Adult) M - Global**

**Gloucester**

*Piwovarczyk, Lin<sup>1</sup>, Smallwood, Jennifer<sup>2</sup>, Borba, Christina<sup>2</sup>*

<sup>1</sup>*Boston Center for Health & Human Rights / Boston University, BCRHHR at Boston Medical Center, Boston, Massachusetts, USA*

<sup>2</sup>*Boston University Medical Center/Boston Medical Center, Boston, Massachusetts, USA*

Survivors of torture often present with symptoms of Major Depression and Posttraumatic Stress Disorder. Among treatment seekers, a small number present with depression with psychotic features. A chart review of adults who sought mental health services at the Boston Center for Refugee Health and Human Rights between January 1, 2008 and October 17, 2018 yielded fifty individuals who experienced psychotic depression with a mean age of 33.9 years, 62% of whom were female. The number of detentions ranged from zero to six (mean 1.94 with the mean days of 15.9). Forty-six percent had their onset of symptoms in their country of origin. The psychotic element was comprised exclusively of hallucinations (rather than delusions or both) of which twenty percent were of a command nature. Twenty-two percent had made past suicide attempts both at home and in the United States, and slightly less than one half had suicidal ideation as measured by the Hopkins Symptom Checklist at intake. After matching subjects by country of origin, age and gender (50 cases, 40 controls) the results of the bivariate analysis showed increased number of detentions ( $p=0.0345$ ) and non-asylum status ( $p=0.0525$ ) were significantly associated with psychotic depression. Other statistical trends included thoughts of ending your life at intake ( $p=0.0680$ ), head injury (0.0722), and co-morbid PTSD (0.0993).

## 2-215

### **Effects of Adverse Childhood Experience (ACE) on Sleep among Adult Survivors of Sexual Assault and their Comparison Group: Evidence from Korea**

(Abstract #1412)

Poster #2-215 (Practice, Rape, Sleep, Adult) M - E Asia & Pac

Gloucester

*Ryu, Hee Jeong<sup>1</sup>, Choi, Jin young<sup>1</sup>, Ryou, Bee<sup>1</sup>, Jeon, Ji Seung<sup>1</sup>, Kim, Jae Won<sup>2</sup>, Kim, Ki Hyun<sup>1</sup>*

<sup>1</sup>*Sungkyunkwan University, Seoul, Republic of Korea*

<sup>2</sup>*Seoul National University, Seoul, Republic of Korea*

**Objectives:** The stress-process model explains ACE affects psychological well-being by causing stress response in adulthood as well as in childhood (Nurius, 2015). ACE has long-term negative effects on mental health - especially on sleep, reducing its refreshing effect that ameliorates mental illness.

However, research on the relationship between ACE and sleep disturbance has been lacking both in the US and Korea. Thus, this study aimed to identify the relationship between ACE and sleep disturbance.

**Methods:** The study was conducted on 262 females (119 sexual victims, 143 comparison) who visited Rape Crisis Intervention Center in Korea. Self-reported information on ACE and sleep was collected. Multiple Regression Analysis was carried out to examine the relationship between ACE and sleep disturbance.

**Results & Conclusions:** The results showed that ACE among the victims ( $m=3.29$ ) was about two times higher than the comparison ( $m=1.72$ ). ACE was significantly correlated with sleep disturbance in both groups ( $r=.349$ ). Controlling for sexual victimization in adulthood, the results indicated that ACE was a statistically significant predictor of sleep disturbance. The study suggests clinicians need to consider ACE to provide effective treatment, given the victims' high ACE rates. Intervention with the sleep disturbance is needed, which has potential to promote the victims' mental health.

2-216

**The Impact of Secondary Victimization on Suicidal Ideation and Behavior among Sexual Violence Survivors: Evidence from Korea**

(Abstract #1453)

Poster #2-216 (Practice, Acute, Health, Rape, Adult) M - E Asia & Pac

Gloucester

*Hong, Chae Rin<sup>1</sup>, Choi, Jin Young<sup>1</sup>, Ryou, Bee<sup>1</sup>, Lee, Hyun Ji<sup>1</sup>, Kim, Jae Won<sup>2</sup>, Kim, Ki Hyun<sup>1</sup>*

*<sup>1</sup>Sungkyunkwan University, Seoul, Republic of Korea*

*<sup>2</sup>Seoul National University, Seoul, Republic of Korea*

**OBJECTIVES:** Secondary victimization (SV) is additional trauma experienced by rape victims from social reactions, both formal and informal. Numerous studies have shown that this SV worsens the mental health of victims of sexual violence. This study examined the impact of SV on suicide. SV was divided into SV from formal and informal support sources, and the relationships with suicidal ideation (SI) and suicidal behavior (SB) were explored.

**METHODS:** Participants of this study were 119 adult victims who visited Rape Crisis Intervention Center in Korea. Survivors' suicide thoughts and attempt were assessed within three months of the incident. SV from formal support sources was assessed with Secondary Victimization Questionnaire and informal support sources with Social Reactions Questionnaire. Also, SI and SB was assessed with Columbia Suicide Severity Rating Scale.

**RESULTS & CONCLUSIONS:** The SV from the formal and informal support sources were differently associated with SI and SB. Correlation analysis showed that SV from service providers was correlated with SI( $r=.330$ ) and SB( $r=.242$ ), and SV from informal network showed correlations with SI( $r=.293$ ), SB( $r=.312$ ). Regression analysis results indicated that the level of SI was more strongly related to SV from formal support system ( $t=2.167$ ,  $\beta=.239$ ). However, significant predictor of SB was SV from informal network ( $t=2.180$ ,  $\beta=.248$ ).

2-217

**Early Group Therapeutic Intervention in Individuals with Acute Traumatic Injuries: A Randomized Controlled Trial**

(Abstract #1379)

Poster #2-217 (Practice, Acc/Inj, Acute, Complex, Illness, Adult) A - Latin Amer & Carib

Gloucester

*Gillibrand, Rodrigo<sup>1</sup>, Poblete, Diana<sup>2</sup>, Carbonell, Carmen<sup>2</sup>, Storm, Katja<sup>2</sup>, Villena, Carolina<sup>3</sup>, Araya, Lisette<sup>2</sup>*

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*<sup>3</sup>COSAM Vitacura, Chile*

**INTRODUCTION:** Psychiatric conditions can develop after a severe traumatic injury. This symptomatology increases morbidity, reduces quality of life and increases health costs. **OBJECTIVES:** early identify vulnerable individuals to perform a cost-effective intervention to prevent the chronification

of symptoms and the appearance of mental disorders. **PATIENTS AND METHODS:** 222 individuals were recruited in the first week of suffering an injury during their stay in a trauma hospital. Their vulnerability was assessed and they were re-evaluated one month after the accident. Symptomatic subjects were randomized into two groups, one group received three cognitive-behavioral group sessions and the other group received usual treatment. Follow-up is done at 3, 6 and 12 months with self-applied tools that measure anxious, depressive and post-traumatic symptoms. **RESULTS:** After one year both groups had lowered symptoms, however, the experimental group showed a more rapid and significant decrease of symptoms at 3 months (*PCL 5*,  $M=6.517$ ,  $SD=16.1$ ,  $p=0.02$ ,  $d=0.43$  vs  $M=1.286$ ,  $SD=18.8$ ,  $p=0.78$ ; *HADS*,  $M=4.034$ ,  $SD=7.5$ ,  $p=0.01$ ,  $d=0.63$  vs  $M=0.35$ ,  $SD=7.98$ ,  $p=0.87$ ). **CONCLUSIONS:** A group intervention, early and brief, effectively and quickly reduces the intensity of post-traumatic, anxious and depressive symptoms in patients with acute traumatic injuries.

## 2-218

### The Mediational Effects of Experiential Avoidance on Frequency of Negative Life Events and Perceived Stress in Sample of Abused and Non-Abused Undergraduates

(Abstract #1344)

Poster #2-218 (Practice, Acute, CPA, CSA, Chronic, Adult) M - N/A

Gloucester

*Kennedy, Megan, Ellis, Robyn, Orcutt, Holly*

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Experiential avoidance (EA) has been associated with traumatic exposure, including childhood abuse (e.g., Gratz et al., 2002). Research also supports a positive relationship between EA and reporting of subjective distress, despite no differences in physiological arousal, suggesting EA influences perceived stress (Feldner et al., 2002). The current study sought to examine the mediational effect of EA on the relationship between negative event frequency and perceived stress. Further, the current study investigated childhood abuse as a moderator of EA and perceived stress. Participants were 552 female undergraduates ( $M = 18.80$ ,  $SD = 1.87$ ) at a large Midwestern university who completed repeated measures of traumatic exposure, childhood abuse, negative life events and EA. Results suggest EA partially mediates the relationship between negative events and perceived stress for those both with and without childhood abuse ( $\beta = .16$ , 95% CI [.10, .22] and  $\beta = .18$ , 95% CI [.11, .27], respectively); there was also a positive direct effect of negative events on perceived stress ( $\beta = .31$ ,  $p < .01$ ). Childhood abuse was not a significant moderator. This study lends support for a model of negative events and perceived stress wherein EA is a partial mediator, independent of childhood abuse history. Implications and future directions discussed.

## 2-219

### Effects of Early Life Deprivation and Threat on Depression and Parenting in Families Experiencing Homelessness

(Abstract #820)

Poster #2-219 (Practice, CPA, Complex, Depr, Fam/Int, Adult) M - Industrialized

Gloucester

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Early life adversity is associated with elevated risk of depression and maladaptive behaviors in adulthood (e.g. Arata et al., 2003). In addition, depression in caregivers has been related to maladaptive parenting (Goodman & Gottlib, 1999). Early life adversity encompasses a broad set of negative exposures during childhood ranging from physical and sexual abuse to chronic poverty. This study examines the differential effects of deprivation (the absence of expected environmental experiences and complexity) and threat (experiences that threaten one's integrity) on depression and parenting (McLaughlin, 2014). In a sample of 141 families experiencing homelessness (Mage =31; 92% female; 88% non-white), we evaluated the association between early life deprivation and threat with observed parenting behaviors and current depressive symptoms. Contrary to expectations, higher levels of reported threat and deprivation among parents were associated with better overall parenting quality. Childhood deprivation was specifically linked to less harsh parenting but more depressive symptoms. Childhood threat was not related to current parenting or depression. Also, we did not find hypothesized exacerbating effects of current depression on the relation of childhood adversity to parenting quality.

**2-220**

**Treating Comorbid Psychogenic Nonepileptic Seizures (PNES) and Posttraumatic Stress Disorder (PTSD) Using Cognitive-Behavioral Conjoint Therapy: A Family-Based Collaborative Care Case Report**

(Abstract #865)

**Poster #2-220 (Practice, CPA, Clin Res, Fam/Int, Med/Som, Adult) - Industrialized Gloucester**

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Individual exposure therapy for PTSD reduces the number of psychogenic non-epileptic seizures (PNES) in patients with comorbid conditions. No prior study has examined the efficacy of Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD in treating PTSD with comorbid PNES. Here we present a case of collaborative care of a 21 year old female patient who reported a history of physical abuse and emotional neglect in childhood perpetrated by her mother, and recently diagnosed PNES, with severe functional impairment. The patient was diagnosed with PTSD per the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) with a total severity score of 37. Patient lived with her maternal grandmother, who reported significant accommodation of PNES and PTSD symptoms. PTSD symptoms were in remission after just 5 sessions (out of 15), per CAPS-5 administration post-treatment at a severity score of 2. At one-month follow-up, patient had not had a single PNES in over two months, and was asymptomatic for PTSD and depression. Functional improvements included resuming education, and caring for her 2-year old and current pregnancy; and her grandmother significantly reduced her accommodation behaviors compared to pre-treatment. Patient self-discontinued her psychiatric medication upon discovering her current pregnancy, and remained asymptomatic up to her last follow-up visit.

**2-221****A Quality Improvement Assessment of the Delivery of Mental Health Services among WTC Responders Treated in the Community**

(Abstract #859)

**Poster #2-221 (Practice, Clin Res, Commun, Complex, Terror, Adult) M - Industrialized****Gloucester***Rasul, Rehana<sup>1</sup>, Schwartz, Rebecca<sup>1</sup>, Bellehse, Mayer<sup>2</sup>, Schneider, Samantha<sup>1</sup>, Moline, Jacqueline<sup>3</sup>, Kornrich, Jason<sup>3</sup>*<sup>1</sup>*North Shore LIJ Health System, Great Neck, New York, USA*<sup>2</sup>*North Shore LIJ Health System, Bay Shore, New York, USA*<sup>3</sup>*LIJ Medical Center, Northwell Health System, Glen Oaks, New York, USA*

The World Trade Center Health Program (WTCHP) provides mental health services through diverse service delivery mechanisms, however there are no current benchmarks to evaluate utilization or quality. This quality improvement (QI) project sought to examine the delivery and effectiveness of WTCHP mental health services for 9/11 responders who receive care through the Northwell Health Clinical Center of Excellence (CCE), and to characterize the delivery of evidence based treatments (EBT) for MH difficulties in this population. Methods include analysis of QI data from the Northwell CCE and annual WTCHP registry data for all responders certified for mental health treatment. Nearly 48.9% of enrolled responders with a WTC-certified diagnosis utilized treatment. The majority of treatment delivered was characterized as focused on 9/11-related conditions. There was significant disagreement between provider-reported EBT use and independently-evaluated delivery of EBT (93.6% vs. 42.2% $p<.001$ ). EBT delivery was associated with a small, but significant ( $p=.038$ ) decrease in PTSD symptoms over time. Overall, providers engaged in the process of data collection, but there were challenges with adherence to outcome monitoring and goal setting. Data from this report can inform continued QI efforts as well as the implementation and evaluation of EBT.

**2-222****Increasing Self-Efficacy Reduces Visual Intrusions to a Trauma-Film Paradigm**

(Abstract #1290)

**Poster #2-222 (Practice, Affect/Int, Cog/Int, Theory, Adult) - Industrialized****Gloucester***Brown, Adam**New York University School of Medicine, New York, New York, USA*

It has been proposed that self-efficacy plays a critical role in the onset and maintenance of Posttraumatic Stress Disorder (PTSD). This study aimed to test if increasing perceptions of self-efficacy using a false feedback technique about coping abilities prior to a trauma-film paradigm lead to a reduction of visual intrusions over the course of 6 days. Healthy participants recruited from the community were randomized to a high self-efficacy (HSE, N = 18), low self-efficacy (LSE, N = 21), or neutral self-efficacy (NSE, N = 23) conditions.

Participants in the HSE condition reported higher levels of self-efficacy. In addition, individuals in the HSE conditions reported significantly fewer intrusions over 6 days. Unexpectedly, individuals in the LSE

condition reported fewer intrusions on the final day of the study compared to those in the NSE condition. The LSE group was also the only group showing a significant linear decline in intrusion across the 6 days. These findings provide further support that perceptions of self-efficacy are modifiable and may contribute to clinically-relevant processes underlying PTSD. Future prospective research with individuals exposed to trauma will help to shed light on the potential role of self-efficacy to buffer the negative impacts of traumatic stress.

**2-223**

**Group CPT in a VA Residential Program: Which Format Works Best?**

(Abstract #139)

**Poster #2-223 (Practice, Clinical Practice, Mil/Vets, Adult) M - Industrialized Gloucester**

*Shepard, Samuel<sup>1</sup>, Chesney, Samantha<sup>2</sup>, Melka, Stephen<sup>3</sup>, Fuller, Shauna<sup>1</sup>, Liebel, Spencer<sup>1</sup>, Larsen, Sadie<sup>3</sup>*

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Background: The VA system has a network of residential programs for the treatment of PTSD and other mental health concerns. Although research indicates the benefit of Cognitive Processing Therapy (CPT) over treatment as usual (Alvarez et al., 2011), few empirical studies evaluate how therapy is implemented in a residential setting.

Objective: We determined whether PTSD symptom outcomes differed based on Group CPT being offered in a formal PTSD residential treatment program, or as an adjunct component to another type of residential treatment program.

Methods: Veterans received Group CPT as part of a PTSD residential program (n = 37) or another residential treatment program (n = 48). A PTSD Symptom Checklist for DSM-5 was completed at sessions 1, 6, and 12.

Results: Hierarchical linear regression controlling for initial PTSD symptoms indicated that program type did not predict final PTSD symptom levels,  $F$  change (1, 82) = .22,  $p$  = .64. Both groups showed significant decreases in PTSD symptoms,  $F(2, 76) = 105.56$ ,  $p < .001$ .

Discussion: Within a residential setting, CPT groups can be offered to those outside the PTSD program, thus making better use of limited resources and providing integrated care for those in other residential programs. Our results suggest that Veterans benefit from CPT, regardless of the format of their larger treatment program, thus supporting integrative care.

**2-224**

**The Influence of Co-Occurring Parent and Child Prolonged Grief on Parent-Child Communication, Parenting Practices, and Children's Emotion Regulation**

(Abstract #766)

**Poster #2-224 (Practice, Death, Fam/Int, Child/Adol) I - Industrialized Gloucester**

*Schwartz, Laura, Howell, Kathryn*

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

Research highlights the importance of positive parenting, communication, and emotion regulation skills after the death of a loved one. Little is known about how these constructs vary depending on the amount of prolonged grief (PG) children and their parents display. Preliminary analyses divided 67 bereaved children ( $M_{age}=10.89$  years; 51% female) and their caregivers into 3 groups: *High Grief* (High Parent PG/High Child PG;  $n=14$ ); *Low Grief* (Low Parent PG/Low Child PG;  $n=21$ ); and *Differing Grief* (differing levels of PG;  $n=32$ ). One-way MANOVAs detected differences between the groups on child-reported parenting practices, parent-child communication, and emotion regulation (i.e., reappraisal and suppression). Children in the *High Grief* group reported significantly less problematic communication than the *Low Grief* group ( $M_{high}=28.02$  vs.  $M_{low}=34.10$ ;  $F(2, 62)=3.25, p=.04$ ). Children in the *High Grief* group also reported significantly more reappraisal strategies than the *Low Grief* group ( $M_{high}=22.64$  vs.  $M_{low}=19.48$ ;  $F(2, 62)=3.65, p=.03$ ). No differences were found for open communication, suppression, or negative and positive parenting. These results suggest that experiencing prolonged grief in tandem with a caregiver may enhance children's ability to reframe challenging experiences and feel comfortable expressing themselves, which may lessen poor communication with their caregiver.

**2-225****Depression and Posttraumatic Stress in Children Admitted to the Pediatric Intensive Care Unit**

(Abstract #826)

**Poster #2-225 (Practice, Assess Dx, Depr, Med/Som, Child/Adol) M - Industrialized Gloucester***Lane, Arianna, Gold, Jeffrey, Nelson, Lara***Children's Hospital Los Angeles - University of Southern California, Los Angeles, California, USA**

A medical illness is a traumatic event that can lead to post-traumatic stress (PTS). Research demonstrates that PTS and depression covary in several populations, including combat veterans and assault victims. Less is known about the comorbidity of PTS and depression in children admitted to a pediatric intensive care unit (PICU). This study examines relations between depression and PTS in children admitted to the PICU.

108 children admitted to a large, urban, academic PICU (mean = 12.9 years; 61% boys) were enrolled in a prospective study (baseline, T1; and 3-month follow-up, T2). Measures included depression (Behavioral Assessment System for Children, Second Edition) and PTS (UCLA PTSD Reaction Index).

At T1, 49% of children had PTS and 13% had depressive symptoms. At T2, 54% had PTS and 6% had depressive symptoms. Pre-hospitalization depression predicted later PTS when controlling for pre-hospitalization PTS ( $\beta = .25^*$ ). Analyses revealed a number of significant relations between behavioral outcomes, such as T1 depression and T2 PTS ( $r=.362^{**}$ ); T2 depression and T2 PTS ( $r=.41^{**}$ ); T1 internalizing problems and T2 PTS ( $r=.66^{**}$ ).

(\* $p<.05$ ; \*\* $p<.01$ )

Depression poses risk for developing PTS following critical illness in children. Screening for depression in the PICU will help identify at risk populations to focus interventions and potentially reduce later PTS.

2-226

**The Use of Walt Disney® Films to Enhance Cognitive Behavioral Therapy Models for Traumatized Youth with Anxiety Symptoms**

(Abstract #659)

Poster #2-226 (Practice, Anx, Clin Res, Prevent, Tech, Prof) I - N/A

Gloucester

*Boutte, Jill, Leonhard, Christoph*

*The Chicago School of Professional Psychology at Xavier University of Louisiana, New Orleans, Louisiana, USA*

Exposure to traumatic events in childhood can negatively impact social, emotional, and academic functioning and persist into adulthood. Trauma exposure is also associated with high rates of anxiety disorders. Given the comorbidity and shared symptoms across anxiety and trauma disorders, treatment should address interventions for both disorders. Cognitive behavioral therapy (CBT) is highly effective for posttraumatic stress disorder (PTSD) and anxiety disorders; however, some children face obstacles to receiving CBT. Helping children overcome barriers to engagement is essential, as engagement is predictive of treatment outcomes. Thus, CBT models, such as Trauma-Focused CBT (TF-CBT), should be enhanced to include developmentally appropriate approaches to increase motivation and engagement. This presentation describes an adjunctive resource to CBT to increase motivation and participation. The study investigated the feasibility of using Walt Disney® (Disney) film clips to teach anxiety concepts and motivate children. Mental health professionals viewed Disney film clips and rated their applicability to the treatment of anxiety. Participants agreed that 88% of the clips were applicable to teaching youth CBT concepts related to anxiety. As CBT for trauma and anxiety overlap, such film clips may be helpful to use with trauma models to increase engagement and improve treatment outcomes.

## PUBLIC HEALTH POSTERS

2-227

### **The Relationship between Illicit Substance Use, Violence Exposure, and Community Factors in Young Adults**

(Abstract #1085)

**Poster #2-227 (Pub Health, Comm/Vio, Sub/Abuse, Adult) I - Industrialized**

**Gloucester**

*Gilliam, Hannah<sup>1</sup>, Howell, Kathryn<sup>2</sup>, Wamser-Nanney, Rachel<sup>3</sup>, Shoemaker, Hannah<sup>2</sup>*

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This study advances previous research by assessing the relationship between substance use and community violence in the context of exposure to other life stressors and examining the influence of community factors. Participants included 569 young adults who were recruited from universities in the Midsouth and Midwest. Model 1 included exposure to life stressors, model 2 added emotion dysregulation and parental monitoring, and model 3 added community violence, adoption of the code of the street, and community disorder and cohesion. The hierarchical regression examining lifetime illicit substance use was significant,  $F(7,536)=15.68$ ,  $p<.001$ , Adj  $R^2=15.9\%$ , with more emotion dysregulation ( $b=.11$ ,  $p<.05$ ), higher community violence ( $b=.31$ ,  $p<.001$ ), less community disorder ( $b=-.17$ ,  $p<.01$ ), less adoption of code of the street ( $b=-.10$ ,  $p<.05$ ) and lower parental monitoring ( $b=-.19$ ,  $p<.001$ ) related to more frequent lifetime illicit substance use. The regression for past year illicit drug use was significant,  $F(7,536)=7.49$ ,  $p<.001$ , Adj  $R^2=7.7\%$ , with higher emotion dysregulation ( $b=.10$ ,  $p<.05$ ), more community violence ( $b=.18$ ,  $p<.001$ ), and lower parental monitoring ( $b=-.10$ ,  $p<.05$ ) associated with higher past year illicit substance use. Findings show the importance of a comprehensive, community-focused approach to understanding risk and protective factors associated with trauma and substance use.

2-228

### **Incorporating Community-Level Risk Factors into Traumatic Stress Research: Neighborhood Deprivation among Injury Victims**

(Abstract #19)

**Poster #2-228 (Pub Health, Acc/Inj, Acute, Res Meth, Adult) M - Industrialized**

**Gloucester**

*Hruska, Bryce<sup>1</sup>, Pacella-LaBarbara, Maria<sup>2</sup>, George, Richard<sup>3</sup>, Delahanty, Douglas<sup>4</sup>*

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<sup>4</sup>*Kent State University, Kent, Ohio, USA*

Infusing a public health approach into traumatic stress research requires assessing risk factors that operate not only at the individual-level, but also at the community-level. Researchers may not be aware of methods for incorporating community-level risk factors. We demonstrate how a composite measure of

neighborhood deprivation illustrates the relationship between neighborhood context and trauma-related outcomes in a sample of injury victims. Participants ( $n = 80$ ) were recruited from a medical follow up 2-weeks post-injury in 2012-2013. A neighborhood deprivation index was created using 2013 American Community Survey 5-year census tract-level estimates of education, occupation, employment, housing, and poverty. Injury victims lived in tracts with greater deprivation ( $t [88.27] = -2.97, p = 0.003, M = 0.35$  vs.  $M = -0.08$ ) relative to the other tracts in their home counties. Controlling for demographics, neighborhood deprivation predicted assaultive violence admission event status ( $OR = 3.21, SE = 1.18, p = 0.002$ ) and PTSD symptoms at 2- and 6-weeks post-injury ( $\beta = 0.24, SE = 1.36, p = 0.05; \beta = 0.29, SE = 1.88, p = 0.02$ ). These findings underscore the value of incorporating community-level risk factors into traumatic stress research and highlight the importance of broadening intervention targets to include the communities to which patients return after hospital discharge.

## 2-229

### To What Extent Can We Protect New Mothers from Post-Trauma Risk for Depression and Anxiety by Improving their Sleep: Novel Causal Analyses in a Prospective Pregnancy Cohort

(Abstract #151)

Poster #2-229 (Pub Health, Chronic, Res Meth, Sleep, Epidem, Adult) M - N/A

Gloucester

*Sarvet, Aaron<sup>1</sup>, Chen, Jarvis<sup>1</sup>, Koenen, Karestan<sup>2</sup>, Basu, Archana<sup>2</sup>*

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**Objective:** Pregnancy to early childhood is a time of increased risk for maternal psychopathology, particularly in women with a history of trauma exposure (TE). Sleep problems are common in mothers of young children, linked to depression/anxiety, and increased in women with TE. Sleep problems are also amenable to behavioral intervention. We use marginal structural models to examine: (i) whether sustained improvements in sleep causally reduce risk of maternal depression/ anxiety; (ii) whether these improvements buffer the toxic effects of chronic TE; and (iii) estimate the proportion of the effect of chronic TE on the outcomes eliminated by sustained improvements in maternal sleep. **Methods:** Sample: Avon Longitudinal Study of Parents and Children cohort (18 weeks gestation until 2 years post-birth). Self-report measures: sleep (quality and quantity), trauma/ adversity (physical or emotional partner abuse, financial hardship, legal problems, family instability), depression, anxiety, parity, education, age, BMI, and smoking over 5 timepoints. **Results/ conclusion:** Results suggest that sleep improvements lead to significant reduction in the effect of all types of trauma/adversity on clinical depression/anxiety. On average, 32% of the effect of TE/ adversity could be eliminated by improving sleep. Variations in findings based on maternal TE history will be presented.

**2-230**

**Latent Classes of Lifetime Trauma and Adversity in a U.S. National Epidemiologic Survey of Adults: The Long Shadow of Childhood Trauma on Adult Health**

(Abstract #793)

**Poster #2-230 (Pub Health, CPA, Chronic, Health, Epidem, Adult) I - Industrialized Gloucester**

*Zhu, Yiwen<sup>1</sup>, Liu, Howard<sup>2</sup>, McLaughlin, Katie<sup>3</sup>, Stolbach, Bradley<sup>4</sup>, Koenen, Karestan<sup>5</sup>, Basu, Archana<sup>5</sup>*

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**Objective:** We used a person-centered approach to examine correlates of lifetime trauma exposure (TE) with adult mental and physical health, assessing the differential effects of childhood and adulthood TE. **Methods:** Using the National Epidemiologic Survey on Alcohol and Related Conditions Wave 2 data (n = 33,123), we conducted a latent class analysis with these indicators: childhood adversity (physical or emotional abuse/neglect, sexual abuse, parental dysfunction), adulthood TE (injury/shocking event, assaultive physical/sexual violence, indirect trauma such as unexpected death of someone close, war), age of first TE, and sociodemographic variables. Logistic regressions examined psychiatric and medical diagnoses as outcomes of the trauma classes.

**Results/Conclusion:** Four trauma classes emerged: 1) high assaultive violence and high childhood adversity (14%), 2) high adulthood assaultive violence only (22%), 3) high adulthood indirect trauma (44%), 4) no trauma(20%). Any TE (classes 1-3) had increased risk relative to no TE for most outcomes, suggesting that TE, including indirect trauma, has meaningful effects on health. Childhood adversity (class 1) was especially toxic; in general, associated with twice the odds of all psychiatric conditions, and risk for gastrointestinal and sexually transmitted diseases, even when compared to high adulthood assaultive violence only (class 2).

**2-231**

**Longitudinal Change in Prevalence of Poor Mental Health after the Great East Japan Earthquake: The Tohoku Medical Megabank Community-based Cohort Study**

(Abstract #341)

**Poster #2-231 (Pub Health, Depr, Epidem, Adult) I - Industrialized Gloucester**

*Kotozaki, Yuka, Tanno, Kozo, Otsuka, Kotaro, Satoh, Mamoru, Sakata, Kiyomi, Sasaki, Makoto Iwate Medical University, Aoba-ku, Sendai, Miyagi, Japan*

We examined the change in prevalence of poor mental health using the longitudinal data of community-dwellers in the coastal area after the Great East Japan Earthquake.

We analyzed data for 4,221 participants (male/ female: 1,490/ 2,731, mean age  $65.8 \pm 9.3$  years) who had complete data for both the baseline (S1 in 2013) and the secondary survey (S2 in 2017). Participants were classified into three groups by the degree of house damage: severe (10.8%); moderate (16.9%); and no damage (72.3%). Comparisons of prevalence of depressive state ( $CES-D \geq 16$ ), anxiety propensity

(PSWQ  $\geq$  45) and insomnia (AIS  $\geq$  6) between the two surveys and across the three groups in S2 were performed.

Compared with S1, the prevalence of depressive state, anxiety propensity and insomnia in S2 significantly decreased in severe group: 35.7% vs. 30.9% ( $p = 0.032$ ); 46.8% vs. 38.9% ( $p = 0.001$ ); and 31.1% vs. 25.8% ( $p = 0.011$ ), respectively. However, the prevalence of poor mental health was significantly higher in severe group than in no damage group in S2.

Although the prevalence of poor mental health decreased in the coastal area after the GEJE, the prevalence remained high in individuals who were in a severe disaster situation.

## 2-232

### **Do Women Veterans with PTSD and Serious Mental Illness Access PTSD Specialty Care in VA?**

(Abstract #329)

**Poster #2-232 (Pub Health, Clinical Practice, Health, Gender, Adult) I - Industrialized Gloucester**

*Allen, Monica<sup>1</sup>, Kimerling, Rachel<sup>2</sup>*

<sup>1</sup>*PGSP - Stanford Psy.D. Consortium, Palo Alto, USA*

<sup>2</sup>*National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA*

This study examined whether having a comorbid serious mental illness (SMI), such as schizophrenia or bipolar disorder, impacts access to specialty PTSD care among women Veterans diagnosed with PTSD. Although empirically supported treatments for PTSD are effective for individuals with an SMI, this population may face barriers to accessing these treatments in healthcare systems. Women Veterans have elevated rates of SMI disorders and PTSD, but little is known about PTSD-related treatment needs and PTSD treatment access among this population within the Veteran's Administration (VA). Using a nationally representative sample of women Veterans in VA primary care ( $N=6,287$ ), we draw on survey data and linked VA administrative data to: (1) compare women with SMI with and without comorbid PTSD on measures of depression, insomnia, and chronic pain severity, and (2) compare women with PTSD with and without a comorbid SMI disorder on whether they accessed VA PTSD specialty care in the year prior to the survey. 421 women (6.7% of sample) had an SMI diagnosis in their medical record, 114 of whom (27.1%) also had a PTSD diagnosis. Women with comorbid PTSD had significantly greater symptom severity scores on measures of depression, insomnia, and chronic pain. Women with PTSD and SMI also accessed specialty PTSD care at a significantly lower rate than women with PTSD only.

## 2-233

### **Trauma Exposure and Presumed PTSD Associated with Suicidal Behavior in Severe Psychotic Disorders and Bipolar Disorder in a Primarily African Ancestry Cohort**

(Abstract #125)

**Poster #2-233 (Pub Health, Health, Adult) I - N/A**

**Gloucester**

*Valderrama, Jorge, Pato, Michele*

*SUNY Downstate Medical Center, Brooklyn, New York, USA*

Previous research indicates high rates of trauma and suicidal behavior in individuals suffering from a schizophrenia spectrum (SCZS) disorders or bipolar disorder (BP). However, much of the previous research on this topic has focused on European ancestry populations. We sought to address this research gap by examining whether history of a lifetime traumatic event (LTE) predicts suicide attempt (SA) history in a primarily African Ancestry cohort of individuals with a SCZS disorder or BP (n= 1010). Subjects completed a diagnostic interview. 72.2% and 40.2% of the sample reported a history of at least one LTE and a history of at least one SA, respectively. Trauma exposure predicted history of SA in the sample (controlling for age, gender, and history of excessive alcohol and drug use) (O.R. = 2.22). Further, presumed PTSD mediated the relationship between trauma exposure and SA history in the sample (95% CI, 0.27 - 0.89,  $p < .001$ ). However, when each disorder was examined individually, mediation was only found to be significant in individuals with schizophrenia and schizoaffective disorder BP type. Future research should examine whether specific types of trauma relate more to suicidal behavior in these populations and also examine other factors that might better elucidate the relationship between trauma and suicidal behavior in the other SCZS and BP populations.

**2-234****VA Clinicians' Implicit and Explicit Decision Rules for the Treatment of PTSD**

(Abstract #1551)

**Poster #2-234 (Pub Health, Clin Res, Cog/Int, Mil/Vets, Adult) I - Industrialized Gloucester**

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Veterans' receipt of evidence-based psychotherapies (EBP) is low and dropout is common. We posit that clinicians use implicit and explicit decision-rules, based on assessment data, clinical experience, or local knowledge, to individualize treatment. The purpose of this study is to use qualitative methods to operationalize the decision rules clinicians use to select treatment strategies or modify EBP to fit the patient. Data collection is on-going. Individual 1-hour semi-structured phone interviews were conducted with 7 clinicians (PhD, PsyD, and LCSW) in 3 VA medical centers. All clinicians were trained in Prolonged Exposure (PE), and/or Cognitive Processing Therapy (CPT). Thematic analyses identified 7 domains: patient factors predicting success, role of the clinical interview and formal assessment in treatment planning, means of determining EBP effectiveness, methods for tracking treatment progress, modifications to EBP and reasons justifying changes including differences between CPT and PE, reasons patients may discontinue treatment, and therapist actions to prevent this. Data detail decision rules used to select patients likely to benefit, select best fitting EBPs, and modify EBPs to increase compliance and outcomes. Decision rules vary in degree of research support, suggesting directions for future practice-based research.

2-235

**TBI as a Moderator of the Relationship between PTSD and Intimate Partner Violence in a Veteran Sample**

(Abstract #1553)

**Poster #2-235 (Pub Health, Aggress, DV, Mil/Vets, Adult) I - Industrialized****Gloucester***Cole, Hannah<sup>1</sup>, Gilbar, Ohad<sup>2</sup>, Taft, Casey<sup>3</sup>**<sup>1</sup>National Center for PTSD, VA Boston Healthcare System, and Boston University, Boston, Massachusetts, USA**<sup>2</sup>Haifa University, Mount Carmel, Haifa, Israel**<sup>3</sup>National Center for PTSD, VA Boston Healthcare System, and Boston University School of Medicine, Boston, Massachusetts, USA*

Intimate partner violence (IPV) is a serious public health concern. PTSD has been shown to be a robust correlate of IPV perpetration, particularly among veteran populations. Veterans with PTSD evidence a threefold increase in risk of IPV perpetration relative to veterans without the disorder. Traumatic brain injury (TBI) co-occurs with PTSD at high rates and has been associated with IPV perpetration in civilian and veteran samples. However, previous models of IPV and aggression among veterans reporting PTSD symptoms have largely ignored the potential synergistic effect of these risk factors. The present study examined the moderating role of TBI on the relationship between PTSD symptoms and IPV in a sample of 77 veterans. PTSD symptoms were associated with physical IPV, injury perpetration, and psychological IPV ( $F[3, 73]=5.30, p=.002$ ;  $F[3, 73]=7.09, p<.001$ ; and  $F[3, 73]=4.06, p=.01$  respectively). TBI significantly moderated the relationships between PTSD symptoms and physical IPV ( $\Delta F[1, 73]=4.60, p=.035$ ) and injury perpetration ( $\Delta F[1, 73]=9.63, p=.003$ ), but did not significantly moderate the relationship between PTSD symptoms and psychological IPV ( $p=.235$ ). These findings suggest that individuals with both PTSD and TBI are at a particularly heightened risk for some forms of IPV perpetration.

2-236

**Combat Exposure, PTSD, and other Potential Risk Factors for the Transition from Recent Suicide Ideation to Suicide Attempt in U.S. Army Soldiers**

(Abstract #1389)

**Poster #2-236 (Pub Health, Mil/Vets, Adult) I - Industrialized****Gloucester***Naifeh, James, Dempsey, Catherine, Bartolanzo, Danielle, Mash, Holly, Fullerton, Carol, Ursano, Robert**Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, USUHS, Department of Psychiatry, Bethesda, Maryland, USA*

**Objective:** To examine whether combat exposure and PTSD, in the context of other stressors and mental disorders, differentiate soldiers hospitalized for a suicide attempt (SA) from non-attempting soldiers with 30-day suicide ideation (SI). **Method:** Soldiers recently hospitalized for SA ( $n=132$ ) and representative soldiers from the same communities ( $n=10,193$ ) were administered identical questionnaires. We systematically identified sociodemographics, life/traumatic stressors, and mental disorders that

differentiated attempters from the total population, then examined whether those same variables differentiated 30-day ideators (n=257) from the total population and attempters from non-attempting ideators. **Results:** The best multivariable model included 8 predictors: interpersonal violence, relationship problems, PTSD, major depressive disorder, and substance use disorder (all having positive associations), as well as 12-month combat trauma, intermittent explosive disorder (IED) and college education (all having negative associations). Six of these differentiated 30-day ideators from the population. Three differentiated attempters from ideators: 30-day PTSD, 30-day IED, and college education. **Conclusion:** Current PTSD, not combat exposure, may predict SA among soldiers with recent SI. Most stressors and mental disorders that predict SA in the population are actually risk factors for SI.

2-237

**Association between Perceived Control, Stigma, and Empathy in Relation to Military Trauma**

(Abstract #288)

Poster #2-237 (Pub Health, Complex, Mil/Vets, Adult) I - Industrialized

Gloucester

*Hedrick, Erica<sup>1</sup>, Elwood, Lisa<sup>2</sup>*

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PTSD is commonly observed in military personnel who have been previously deployed (American Psychiatric Association, 2013). Stigmatizing attitudes are projected toward the mentally ill in three ways: stereotypes, prejudice, and discrimination which leads to social distance (Hilton & Hippel, 1996). In this experiment, 81 college students were randomly assigned to read and react to one of three vignettes depicting the experiences of soldiers, which varied based on how much control the soldier had over the choice to enter the armed forces and their prior knowledge of PTSD as a potential outcome following combat exposure; other details were consistent across vignettes. After participants read the assigned vignette and answered demographic questions, self-report measures to determine their stigma and empathy towards the individual. It was predicted that higher control (i.e., indicated by informed decision to enter the military and greater knowledge) would result in higher stigma and lower empathy. The main analysis of the study was insignificant, but the manipulation check did yield significant results that participants saw a difference between voluntary enlistment and being drafted. Also, it was found that the social distance was lower if participants had known someone in their personal life who had a mental illness. Empathy also varied by what major the participants were.

2-238

**Loss and Child Maltreatment: The Link to Cardiovascular Disease in Women**

(Abstract #1790)

Poster #2-238 (Pub Health, Bio Med, CPA, Death, Gender, Adult) M - Industrialized

Gloucester

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*Tulane University, New Orleans, Louisiana, USA*

Introduction. The study explored the interaction of sex and bereavement on average heart rate in a sample of middle-aged adults. The study compared the role of bereavement in adulthood with a history of child maltreatment on cardiovascular health. Methods. The Midlife and Development in the United States (MIDUS) biomarker project included 1255 adults drawn from the larger nationally representative sample of the MIDUS survey. An OLS regression model with moderation was estimated using STATA version 15. Results. Male ( $b = 2.51, p < 0.05$ ) and female ( $b = 4.73, p < 0.001$ ) respondents who had experienced recent loss, as well as females who had not experienced recent loss ( $b = 3.83, p < 0.01$ ), were more likely to report elevated average heart rate as compared to males without recent loss. Historical reports of maltreatment were not significant predictors of heart rate. Conclusion. These results highlight three important findings; firstly, under both the loss and no-loss condition, females were more likely than males to report elevated average heart rate; secondly, both males and females who had experienced a recent loss were more likely than males without loss to report an elevated average heart rate. Interestingly, all forms of child maltreatment were non-significant predictors, suggesting that recent loss has a greater impact on heart rate than historical child maltreatment.

**2-239****Worldview Change and Posttraumatic Stress Following the Pulse Nightclub Shooting and Hurricane Irma**

(Abstract #320)

**Poster #2-239 (Pub Health, Comm/Vio, Nat/Dis, Adult) M - Industrialized****Gloucester***Thompson, Rebecca<sup>1</sup>, Holman, E. Alison<sup>2</sup>, Cohen Silver, Roxane<sup>1</sup>**<sup>1</sup>University of California, Irvine, Department of Psychology and Social Behavior, Irvine, California, USA**<sup>2</sup>University of California, Irvine, Program in Nursing Science, Irvine, California, USA*

Shattered assumptions theory (Janoff-Bulman, 1992) posits that in the aftermath of a trauma, individuals' stable, long-held beliefs about the benevolence and meaningfulness of the world may be challenged, resulting in negative mental health outcomes (Smith et al., 2014). However, collective traumas may elicit differential responses based on whether the trauma was a man-made or natural disaster (Baum et al., 1983). The link between responses to disaster and worldview change was compared in two representative samples following the June 2016 mass shooting at the Pulse Nightclub in Orlando, FL ( $N = 2762$ ; national sample) and following Hurricane Irma ( $N = 1023$ ; sample of Florida residents). Individuals from the GfK Knowledge Panel completed online surveys both before and after each event. GEE analyses suggested that acute stress responses to the Pulse massacre were associated with decreases in benevolence beliefs from pre- to post-shooting ( $b = -.05, p < .01$ ), but not with changes in meaning beliefs ( $p > .05$ ). Conversely, posttraumatic stress responses to Hurricane Irma were associated with decreases in meaningfulness beliefs ( $b = -.08, p < .05$ ), but not benevolence beliefs ( $p > .05$ ). These results provide quasi-experimental support for shattered assumptions theory – that highly emotional events can be psychologically damaging when previously held beliefs about the world are threatened.

**2-240**

**Building a Trauma-Informed Health System: Initiation of the VCU Health System Trauma-Informed Leadership Team**

(Abstract #367)

**Poster #2-240 (Pub Health, Health, Illness, Pub Health, Train/Ed/Dis, Lifespan) M - Industrialized**

**Gloucester**

*Barrows-Compton, Carly, Drawbaugh, Shaleetta, Roane, Jeniece, Maher, Kathryn  
Virginia Commonwealth University, VCU Health System, Richmond, Virginia, USA*

VCU Health System is a large academic medical center, consisting of five schools, a Level 1 Trauma Center, NCI-designed cancer center, a full service children's hospital and more than 800 physicians in 200 specialties. Health systems are increasingly recognizing the value of Trauma-Informed Care (TIC), with emerging research on the significant prevalence of trauma exposure, and subsequent impact on health and well-being. This has resulted in increased health system involvement in the Greater Richmond Trauma-Informed Community Network, who initially advised regional health systems to move toward TIC. Simultaneously, local health department leadership and experts in TIC facilitated discussions in 2017 about the value of TIC implementation with regional health system administration and healthcare providers. In response, hospital Chief Executive Officers committed to sponsoring the formation of their own Trauma-Informed Leadership Team to set the course toward becoming a trauma-informed health system. The following presentation will outline initiation of the VCU Health System Trauma-Informed Leadership team including training, identification of subcommittees to address multiple layers of TIC, setting short-long term goals, and pilot implementation. Primary outcome data will be reviewed, along with ongoing barriers and obstacles of initiating a trauma-informed health system.

## ASSESSMENT AND DIAGNOSIS POSTERS

2-241

### Measurement Non-Equivalence of the Clinician-Administered PTSD Scale (CAPS-IV-TR) by Race/Ethnicity: Implications for Quantifying PTSD Severity among Women with Co-Occurring PTSD and SUDs

(Abstract #1127)

Poster #2-241 (Assess Dx, Assess Dx, Clinical Practice, Cul Div, Ethnic, Adult) M - Industrialized

Gloucester

*Ruglass, Lesia<sup>1</sup>, Morgan-Lopez, Antonio<sup>2</sup>, Saavedra, Lissette<sup>2</sup>, Hien, Denise<sup>3</sup>, Fitzpatrick, Skye<sup>3</sup>, Lopez-Castro, Teresa<sup>4</sup>*

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Epidemiological studies suggest racial/ethnic differences in PTSD diagnosis and symptom severity, however, few studies have examined the extent to which findings are due to measurement non-invariance. We examined measurement invariance across race/ethnicity in the Clinician Administered PTSD scale (CAPS – DSM-IV-TR) by testing for differential item functioning (DIF) in the non-linear factor analysis framework. Data were analyzed from 526 trauma exposed women (M = 39.41 years, SD = 8.94) who participated in the NIDA CTN Women & Trauma Study. PTSD severity score estimates were improved upon by incorporating group-specific differential item functioning (DIF). Six items from the CAPS showed DIF. Compared to Whites, for African Americans and Latinos, thought avoidance was more strongly related to PTSD severity and sense of foreshortened future was less strongly related to PTSD severity. African Americans had a lower probability of endorsing inability to recall and detachment than Latinos, and Whites also had a lower probability of endorsing detachment than Latinos. Compared to African Americans and Latinos, Whites were more likely to endorse hypervigilance and their exaggerated startle response was more strongly related to PTSD severity. Findings suggest the importance of considering DIF of CAPS-IV items by race/ethnicity. Implications for clinical practice will be discussed.

2-242

### Symptoms of Mild Traumatic Brain Injury, PTSD, and Depression in Firefighters

(Abstract #243)

Poster #2-242 (Assess Dx, Acc/Inj, Bio Med, Clinical Practice, Depr, Adult) I - Industrialized

Gloucester

*Strack, Jordan<sup>1</sup>, Torres, Victoria<sup>2</sup>, Pennington, Michelle<sup>3</sup>, Gomez, Denise<sup>4</sup>, Meyer, Eric<sup>1</sup>, Gulliver, Suzy<sup>1</sup>*

<sup>1</sup>*Baylor Scott and White Health, Waco, Texas, USA*

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Firefighters are at a high risk of experiencing traumatic events. However, to date no published prevalence or incidence data on mild traumatic brain injuries (mTBIs) in firefighters can be found. Symptoms of mTBI include loss of consciousness (LOC), altered mental state (AMS), and/or loss of memory (LOM). Based on previous research in veteran population, we hypothesized that mTBI with LOC would be associated with PTSD and depression, while AMS and LOM would be associated with PTSD but not depression. Sixty firefighters completed an online, self-report survey assessing PTSD, depression, and mTBI symptoms. Of those, 62% reported an mTBI. Odds ratios were used to compare likelihood of PTSD increase and depression increase in firefighters with mTBIs with LOC, AMS, and LOM against firefighters with mTBIs without these symptoms. Reported experience of mTBI with LOM was significantly associated with meeting cutoff for both PTSD (odds ratio 9.90; 95% CI, 1.1 to 87.3) and depression (odds ratio 4.84; 95% CI, 1.3-17.7). Reported experience of mTBI with LOC was significantly associated with meeting cutoff for depression (odds ratio 3.67; 95% CI, 1.0-12.9), but not PTSD. Reported experience of mTBI with AMS was not significantly associated with PCL or BDI scores. More research is needed to examine the relationship between mTBIs and psychological symptoms as they relate to high-risk groups.

**2-243****Sources of Resilience in Survivors of Human Trafficking**

(Abstract #1699)

**Poster #2-243 (Assess Dx, Clinical Practice, Complex, Cul Div, Adult) M - Global Gloucester***Hopper, Elizabeth**Trauma Center at Justice Resource Institute, The Trauma Center at JRI, Brookline, Massachusetts, USA*

Despite the extensive trauma exposure faced by many survivors of human trafficking, many show remarkable resilience. This paper is a qualitative analysis of interviews conducted with 50 adult survivors of human trafficking, including 25 survivors of labor trafficking and 25 sex trafficking survivors, with an objective of identifying sources of resilience. The sample includes foreign national and U.S. citizen survivors trafficked within the U.S. who were referred by attorneys or social service providers; all of the participants received psychological evaluation reports to support immigration relief or as part of service planning. Results identified extensive trauma exposure in this sample, including verbal abuse, psychological abuse, physical assaults, and sexual assaults. Six primary clusters of resilience were identified, including resources in the following areas: spiritual, psychological, social, financial, cultural, and physiological/somatic realms. Findings highlighted a strengths-based approach to working with trafficking survivors that emphasizes identifying, developing, and utilizing resilience factors.

2-244

**Investigating the Key Risk Factors for ICD-11 Complex PTSD among a Treatment Seeking Sample with a History of Sexual Assault**

(Abstract #1145)

**Poster #2-244 (Assess Dx, Clin Res, Complex, Rape, Adult) I - Industrialized**

**Gloucester**

*Frost, Rachel*

*University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom*

Background: Individuals with a history of sexual assault have an increased risk of experiencing traumatic stress yet individuals vary considerably in their traumatic stress response.

Objectives: This project will explore the pathways from sexual assault to traumatic stress response (i.e. ICD-11 Complex PTSD, ICD-11 PTSD, or resilience) by evaluating the contribution of lifetime trauma exposure, socio-demographic factors (age, gender, marital status, education and employment), social support, difficulties with emotion regulation, attachment style and post-traumatic cognitions.

Method: Data collection for this project is currently being facilitated by the Dublin Rape Crisis Centre (DRCC). This research is of a cross-sectional quantitative design, DRCC clients will complete a self-report questionnaire containing all study variables of interest. Latent variable modelling will be used to assess the manifestation of Complex PTSD and multinomial logistic regression will be used to evaluate the key aetiological predictors of traumatic stress response.

Conclusion: This project will inform theory and knowledge concerning the manifestation of traumatic stress response and the key risk factors for Complex PTSD. Moreover, this research will have valuable implications for the development of DRCC services, awareness raising and advocacy purposes.

2-245

**Refinement of the Complex Trauma Inventory: An Analysis of Assessment and Diagnostic Accuracy**

(Abstract #1509)

**Poster #2-245 (Assess Dx, Assess Dx, Chronic, Complex, Adult) M - Industrialized**

**Gloucester**

*Litvin, Justin, Kaminski, Patricia, Archuleta, William, Ryals, Anthony*

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The upcoming edition of the International Classification of Diseases (ICD-11) redefines the criteria for posttraumatic stress disorder (PTSD) and adds a new trauma disorder called complex PTSD (CPTSD; Maercker, et al., 2013). Litvin and colleagues (2017) subsequently developed the Complex Trauma Inventory (CTI) to assess the new constructs. The purpose of this study was to create empirically-derived cutoff scores for the CTI. We recruited 82 trauma survivors from university classrooms, veteran organizations, and a psychiatric hospital. We used the Clinician-Administered Interview for Trauma Disorders (CAIT; Kaminski & Litvin [In Preparation]) to diagnose the presence of a trauma disorder and correlated results with the Clinician-Administered PTSD scale for the DSM-5 (Weathers, et al., 2013) to explore the CAIT's convergent validity,  $r = .945$ ,  $p < .001$ . We then conducted receiver operating characteristic (ROC) analyses using the CTI as the index test and the CAIT as the criterion test. The results indicated we had good to excellent effect sizes,  $AUC = .879$  to  $.904$ . We identified two sets of

cutoff scores: one prioritized the sensitivity of the CTI (.884 to .962) and one prioritized the specificity of the CTI (.054 to .143). This study expanded the utility of the CTI by determining evidence-based interpretation guidelines.

**2-247**

**ICD-11 PTSD and Complex PTSD in Treatment Seeking Danish Soldiers: A Latent Class Analysis**

(Abstract #1215)

**Poster #2-247 (Assess Dx, Complex, Mil/Vets, Adult) - Industrialized**

**Gloucester**

*Folke, Sofie<sup>1</sup>, Nielsen, Anni Brit Sternhagen<sup>2</sup>, Andersen, Søren<sup>2</sup>, Karatzias, Thanos<sup>3</sup>, Karstoft, Karen-Inge<sup>2</sup>*

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The WHO International Classification of Diseases, 11th version (ICD-11), includes two related diagnoses following exposure to traumatic events: Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD). The symptom profile of CPTSD includes the core PTSD symptoms (i.e. re-experience, avoidance, hyperarousal), in addition to persistent and pervasive ‘disturbances in self-organization’ (DSO) that describe 1) affective dysregulation, 2) negative self-concept, and 3) interpersonal problems. This study aimed to determine if the naturally occurring distribution of symptoms in treatment seeking soldiers were consistent with the ICD-11 PTSD and CPTSD specifications. Participants (N =1541) were formerly deployed Danish soldiers who completed self-report measures of PTSD and DSO symptom groups before entering treatment at a Military Psychology Clinic. Latent class analysis revealed a six class solution. These were “Severe CPTSD” (scored high on both PTSD and DSO items), “PTSD only” (scored high only on PTSD items), “Moderate CPTSD” (moderate scores on both PTSD and DSO items), “Anxiety” (scored high only on hypervigilance and affective dysregulation), “General Distress” (scored high only on the DSO items), and “Low PTSD/CPTSD” (scored low on all items). Results will be discussed in relation to previous LCA results in different trauma samples.

**2-248**

**Confirmatory Factor Analysis of the International Trauma Questionnaire in a Sample of Northern Ireland Military Veterans**

(Abstract #1216)

**Poster #2-248 (Assess Dx, Mil/Vets, Adult) - Industrialized**

**Gloucester**

*Armour, Cherie<sup>1</sup>, Robinson, Martin<sup>1</sup>, Ross, Jana<sup>2</sup>*

<sup>1</sup>*University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom*

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The concept of C-PTSD has been proposed to explain a syndrome of PTSD symptoms in addition to Disturbances in Self-Organisation (Cloitre et al., 2009). In line with recently codified ICD-11 criteria a bespoke measure of C-PTSD has been developed and validated; the International Trauma Questionnaire (ITQ; Cloitre et al., 2018). This study examines the factor structure of this measure extending the validity of this measure for use in the NI military veteran populations.

This investigation tests seven previously validated factor models of C-PTSD in other populations in a NI military veteran sample (N = 357). These models range from a univariate model to six factors, in addition to more elaborate second-order models. Results supported a six-factor first order, two-factor second order model consistent with the findings of research with other populations. These results support the conceptual structure and validity of ICD-11 C-PTSD and the ITQ.

This presentation provides a conceptual overview of C-PTSD and associated symptoms, competing factor models, and concludes on the impact of these results for the nascent diagnostic category and its measurement.

**2-249**

**Prevalence and Predictors of Mental Health Problems in Norwegian Peacekeepers: a 27 Year Follow-Up Study**

(Abstract #1470)

**Poster #2-249 (Assess Dx, Health, Mil/Vets, Epidem, Adult) I - Industrialized**

**Gloucester**

*Gjerstad, Christer*

*University of Oslo, Faculty of Medicine, Oslo, Norway*

Peacekeeping operations may be associated with experiences that have implications for mental health, with common issues being PTSD, anxiety, depression, insomnia, and substance abuse. This study aimed to estimate prevalence of mental health problems (MHP) in Norwegian peacekeepers 27 years after deployment, and examine long-term effects of pre-, peri- and post-deployment stressors. We used data from a cross-sectional, post-deployment survey of Norwegian peacekeepers deployed to Lebanon (N=10,605). Participants were assessed on PCL-17, HADS, ISI, AUDIT, DUDIT, and on measures of pre-, peri- and post-deployment stress exposure. Binary logistic regression analyses were used to find key predictors of MHP. Total prevalence of current MHP in the sample were 14.2% (95% CI: 13.6–14.9), with estimates of specific disorders ranging from 4-9%. For PTSD ( $\chi^2(49, N=9908)=1635.825, p<.001$ ), post-deployment stressors (OR=1.84) and peri-deployment stressors (OR=1.14) were the most significant predictors. A similar pattern was found for other MHP. The results show that 14.2% of Norwegian peacekeepers fulfill criteria for MHP 27 years after deployment. Post-deployment stressors seem equally important as peri-deployment stressors in predicting both PTSD and other MHP. It is important to note that most veterans do not seem to develop any MHP following deployment.

**2-250**

**Prevalence of ICD-11 Posttraumatic Stress Disorders in Lithuanian Population**

(Abstract #1646)

**Poster #2-250 (Assess Dx, Assess Dx, Epidem, Adult) M - Industrialized**

**Gloucester**

*Kazlauskas, Evaldas*

*Vilnius University, Vilnius, Lithuania*

World Health Organization (WHO) released new edition of International Classification of Diseases (ICD-11) recently. Epidemiological data on prevalence of ICD-11 PTSD and complex PTSD (CPTSD) are highly relevant in countries that use ICD as official diagnostic classification, as it helps to identify risk factors and the need of trauma treatments. The aim of this study was to estimate prevalence of PTSD and CPTSD in Lithuanian general population.

Method. In total 885 participants, 38 years on average (range 18–85) participated in this study. The Life Events Checklist (LEC) was used to measure trauma exposure. PTSD and CPTSD measured using the Lithuanian version of International Trauma Questionnaire.

Results. Life time trauma exposure was reported by 83.7% of the sample. We found 6.8% current PTSD prevalence, and 1.8% CPTSD prevalence in the community sample.

Conclusions. This is the first study on prevalence of ICD-11 PTSD and CPTSD prevalence in Lithuania. Findings corroborate with previous epidemiological findings from Lithuania on PTSD prevalence based on DSM-IV and ICD-10 criteria.

**2-251**

**Relation between PTSD Clusters and Positive Memory Characteristics: A Network**

**Perspective**

(Abstract #140)

**Poster #2-251 (Assess Dx, Cog/Int, Res Meth, Adult) M - Industrialized**

**Gloucester**

*Contractor, Ateka<sup>1</sup>, Greene, Talya<sup>2</sup>, Dolan, Megan<sup>3</sup>, Weiss, Nicole<sup>4</sup>, Armour, Cherie<sup>5</sup>*

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<sup>3</sup>*University of North Texas, Department of Psychology, Denton, Texas, USA*

<sup>4</sup>*University of Rhode Island, Kingston, Rhode Island, USA*

<sup>5</sup>*University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom*

Positive memory processes (e.g., retrieval difficulties) and characteristics (e.g., fewer sensory details) relate to posttraumatic stress disorder (PTSD) severity. We, thus, utilized a network approach to examine relations between DSM-5 PTSD clusters (intrusions, avoidance, negative alterations in cognitions and mood [NACM], and alterations in arousal and reactivity [AAR]) and positive memory characteristics (count, valence, vividness, coherence, time perspective, sensory details). We identified (1) central symptoms and (2) differential relations of PTSD symptom clusters with positive memory characteristics. Participants were an Amazon Mechanical Turk-recruited trauma-exposed community sample of 206 participants (Mage = 35.36; 61.20% females). We estimated a regularized Gaussian Graphical Model comprising 10 nodes. Results indicated that AAR had the highest node strength. Regarding cross-

phenomena relations, results indicated that AAR was negatively associated with positive memory count, valence, coherence, and access; avoidance was positively and negatively associated with positive memory count and positive memory vividness respectively. The NACM-AAR and intrusion-avoidance edges were significantly stronger edges. Results indicated AAR's potential pivotal role in the relation between PTSD and positive memory characteristics; rendering it as a viable assessment/treatment target.

**2-252****Declarative Memory Functioning as a Predictive Factor for the Development of PTSD**

(Abstract #1489)

**Poster #2-252 (Assess Dx, Cog/Int, Depr, Sub/Abuse, Adult) I - Global****Gloucester***Damiano, Sarah<sup>1</sup>, Hanson, Jessica<sup>1</sup>, deRoos-Cassini, Terri<sup>2</sup>, Larson, Christine<sup>1</sup>**<sup>1</sup>University of Wisconsin - Milwaukee, Milwaukee, Wisconsin, USA**<sup>2</sup>Medical College of Wisconsin, Department of Surgery, Trauma & Critical Care, Milwaukee, Wisconsin, USA*

Deficits in declarative memory functioning have frequently been observed among PTSD patients, with some speculation that pre-trauma declarative memory deficits may serve as a risk factor for PTSD development. Inconsistencies in the literature have been common however, potentially due to the contribution of comorbidities such as depression and substance abuse. This study sought to clarify the connection between verbal declarative memory functioning and PTSD symptomatology by observing the relationship longitudinally, assessing participants for declarative memory performance and PTSD symptomatology two weeks following exposure to a traumatic event and again six months later. We found no correlation between declarative memory performance and overall symptom severity at either time point, nor did performance on the declarative memory measure at baseline predict symptom severity at six months. Interestingly, we did find a significant correlation between poor declarative memory performance and the presence of re-experiencing symptoms at both assessments. These results indicate that there may be other contributory factors to the previously observed connection between declarative memory dysfunction and PTSD symptomatology, and that further investigation into the specifics of the relationship is warranted.

**2-254****Does Awareness Matter? An Empirical Study of the Impact of Forcible Versus Incapacitated Sexual Assault**

(Abstract #154)

**Poster #2-254 (Assess Dx, Acute, Health, Med/Som, Adult) M - Industrialized****Gloucester***Penn, Michael, Meade, Enya, Cibbarelli, Rebecca, Davis, Brandon  
Franklin & Marshall College, Lancaster, Pennsylvania, USA*

This research sought to assess the impact of sexual assault using a model that differentiates between "forcible" and "incapacitated" sexual assault. The main objective was to determine whether symptoms differ among adult women who experience forcible assault from female victims of incapacitated assault.

We theorize that inasmuch as unawareness during assault precludes development of post-traumatic stress disorder (PTSD) symptoms such as Criterion B—reexperiencing of the event, and Criterion C—avoidance of event-related stimuli, these diagnostic criteria limit potential diagnosis of PTSD to forcible sexual assault survivors. Data were collected from 800 18-35 year old females through an anonymous online survey which established the assault type and assessed distress, somatic, and PTSD symptoms. Using a one-way ANOVA, mean scores across all symptom related dimensions were significantly higher in the forcible sexual assault group than the incapacitated sexual assault group. A within-group t-test revealed that mean scores were higher in avoidance categories rather than intrusion categories in both sexual assault groups.

## 2-255

### **Post-Migration Living Difficulties and Posttraumatic Growth: A Transcultural Study in France and Brazil**

(Abstract #1165)

**Poster #2-255 (Assess Dx, Cul Div, Refugee, Adult) I - Global**

**Gloucester**

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Despite the growing number of studies investigating Posttraumatic Growth (PTG) in different cultures, only a few examine the phenomena among migrant and refugee samples. The present study describes PTG and associated factors in a sample of migrants and refugees. The sample was composed of 87 participants (47 men) from 27 countries (Central and South America, Africa and Eastern Europe) that have migrated either to France (n=57) or to Brazil (n=30). Fifty-four percent of them reported involuntary migration. Participants experienced in average 6.8 (SD=6.02) traumatic events during lifetime, and 10.48 (SD = 4.7) of different Post Migration Living Difficulties (PMLD), PTSD prevalence was 32.2% (n=28). A Linear Regression Model was tested with PTG as a dependent variable and PTSD diagnoses, number of PMLD and legal status as independent variables. The model was significant [ $F(3,83)=4.959$   $p=.003$ ,  $R^2=.152$ ], but only legal status was significant in the final model ( $p=.022$ ). Our findings corroborate the existing evidence of the impact of PMLD on mental health, especially the legal status, which is linked to other difficulties such as unemployment, access to housing and health. The uncertain condition due to the lack of documents seems to prevent the elaboration of traumatic events and the development of PTG.

2-256

**Investigative Interviews with Alleged Victims of Child Sexual Abuse in Brazil**

(Abstract #1226)

**Poster #2-256 (Assess Dx, CSA, Pub Health, Child/Adol) I - Latin Amer & Carib Gloucester**

*Schaefer, Luiziana<sup>1</sup>, Brunnet, Alice<sup>2</sup>, Peixoto, Carlos Eduardo<sup>3</sup>, Magalhães, Teresa<sup>4</sup>, Habigzang, Luísa<sup>1</sup>, Kristensen, Christian<sup>5</sup>*

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Child sexual abuse is extremely difficult to investigate precisely because the only evidence often consists of the victims' and suspect's account of the alleged events. Researchers have shown that the use of NICHD Protocol improves the quality of information obtained from alleged victims by investigators. The goal of the present study was to describe the type of interventions used by forensics psychologists and psychiatrics, before they received specific training in the NICHD Protocol. The interventions were classified according to the NICHD codebook. We analyzed 65 interviews and 64.6% were performed by psychologists. The mean age of the interviewed children was 10.49 year (SD=2.22) and 86.2% were female (n=56). There were 4465 pairs of interventions and among the substantive utterances, 44.1% corresponded to Option-Posing, 38.5% were Directive Question, 15.1% were Invitation, 5% were Summary and 1.8% corresponded to Suggestive Question. Most of the interventions (82.6%) corresponded to Directive and Option-Posing types, which are closed interventions. The ideal would be an increase in the interventions of the type Invitation, because the children are thereby encouraged to provide more information about experienced events, helping them to elicit information that is more likely to be accurate and less likely to be challenged in court.

2-257

**Gender-specific Typologies of Trauma Exposures and Mental Health Symptoms in Youth Involved with the Justice System**

(Abstract #789)

**Poster #2-257 (Assess Dx, CPA, Comm/Vio, Ethnic, Gender, Child/Adol) - Gloucester Industrialized**

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Little is known about how gender-specific trauma exposure profiles relate to mental health problems. The present study examined trauma exposure profiles in justice-involved boys and girls via 3-step latent class approach and investigated differences in latent classes on mental health symptoms. Among 789 detained

boys (Mage= 16.08, 29.7% Latino) and 260 girls (Mage=16.03, 26.7% Latina) ages 12-19, 99.6% reported exposure to at least one lifetime traumatic event. For boys, four latent classes emerged (ns=108 to 274): polyvictimization, sexual/ emotional abuse, violent environment/impaired caregiving, and mixed adversity; among girls there were three classes (ns=74 to 105): polyvictimization, sexual/emotional abuse, and mixed adversity. Latina girls (vs. White Non-Hispanic) were more likely to be in the polyvictimization and sexual/emotional abuse classes; Latino boys were more likely to be in the violent environment class. Overall, polyvictimization, and sexual/emotional abuse classes were higher in depression/anxiety; in boys alcohol-use was greater in the polyvictimization and violent environment classes, the abuse class was higher on anger and suicide ideation than the less severe classes. Similarities and differences between boys and girls in trauma exposure profiles and their symptom correlates, and in the specific trauma types most prominent for each class, are discussed.

## 2-258

### **A Network Analysis of Posttraumatic Stress Disorder and Dissociation in Trauma-Exposed Adolescents**

(Abstract #790)

**Poster #2-258 (Assess Dx, Health, Child/Adol) - Industrialized**

**Gloucester**

*Ross, Jana<sup>1</sup>, Armour, Cherie<sup>1</sup>; Kerig, Patricia<sup>2</sup>; Kidwell, Mallory<sup>2</sup>; Kilshaw, Robyn<sup>2</sup>*

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**Background:** PTSD and dissociation have long been recognized to co-occur, leading the DSM-5 to introduce a dissociative subtype of PTSD into its nomenclature. However, most research to date on the dissociative subtype has focused on adults. The current study aimed to extend this research to an adolescent sample and to examine symptom-level associations between PTSD and dissociation using network analysis. **Method:** The analysis was conducted with 448 trauma-exposed detained US adolescents. A network consisting of 20 DSM-5 PTSD symptoms and five dissociative items was constructed and expected influence bridge centrality was utilised to examine items with the most/strongest cross-construct connections. **Results:** The PTSD symptoms 'Concentration problems', 'Amnesia' and 'Recurrent memories' and the dissociative symptoms 'Depersonalization', 'Derealisation' and 'Can't remember things that happened' had the highest bridge centrality values. **Conclusion:** In trauma-exposed adolescents, dissociative symptoms seem to be related to PTSD primarily through the PTSD symptoms of 'Concentration problems', 'Amnesia' and 'Recurrent memories'. Limitations include the cross-sectional nature of the data, however, the results have implications for our understanding of the PTSD-dissociation relationship and the designing of future intervention studies.

**2-259****Profiles of Posttraumatic Over- and Under-Modulation among Trauma-Exposed Adolescents: Associations with Patterns of Emotional Numbing and Reactivity**

(Abstract #791)

**Poster #2-259 (Assess Dx, Affect/Int, Gender, Child/Adol) - Industrialized****Gloucester***Kidwell, Mallory<sup>1</sup>, Kerig, Patricia<sup>2</sup>*<sup>1</sup>*University of Utah, Salt Lake City, Utah, USA*<sup>2</sup>*University of Utah, Department of Psychology, Salt Lake City, Utah, USA*

Recent research among adults proposes two posttraumatic stress symptom (PTSS) presentations characterized by distinct profiles of heightened emotional reactivity, termed under-modulation (UM), versus marked blunting of emotions, termed over-modulation (OM; Lanius et al., 2010). However, few studies have investigated these profiles among adolescents, nor their consistency across gender and associations with emotional numbing or reactivity. This study utilized second-order mixture modeling to determine whether distinct classes characterized by OM and UM emerged among girls and boys and whether class membership was associated with emotional numbing or reactivity. A sample of detained youth (N=1113; 75% boys; Mage=16) completed self-report measures of PTSS as well as emotional numbing and reactivity. Distinct profiles of OM, UM, and low PTSS emerged among boys; only profiles of OM and low PTSS emerged among girls. Further, boys' OM and UM classes were differentiated by heightened numbing versus reactivity respectively for sadness ( $p=.045$ ), anger ( $p=.030$ ), and general emotions ( $p<.001$ ) but not fear ( $p=.491$ ). The girls' OM class was differentiated from the low PTSS class solely by numbing of general emotions ( $p<.001$ ). These results provide preliminary evidence of OM and UM profiles distinguished by unique patterns of emotional numbing and reactivity among trauma-exposed adolescents.

## COMMUNITY-BASED PROGRAMS POSTERS

2-260

### **Collective Trauma as a Catalyst for Community-Level Growth: A Grounded Theory Study in Puerto Rico Post-Hurricane María**

(Abstract #655)

**Poster #2-260 (Commun, Nat/Dis, Pub Health, Adult) M - Industrialized**

**Gloucester**

*Unanue, Isabel<sup>1</sup>, Patel, Sita<sup>2</sup>, Brown, Lisa<sup>2</sup>, Piazza-Rodriguez, Angely<sup>1</sup>, Mendoza-Rivera, Paola<sup>1</sup>*

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After catastrophic events, community ties have been found to strengthen as residents support one another during recovery. This phenomenon was documented in Puerto Rico after Hurricane María, where novel initiatives promoting wellness, sustainable agriculture, and education arose. These initiatives demonstrate community resilience and suggest community-level posttraumatic growth (PTG). Research on PTG has been conducted on an individual level, but few studies have examined PTG at a community-level. As extreme weather events increase, understanding how post-disaster community-level growth organically starts and evolves could be helpful. To address this gap in the literature, this qualitative study explored the relationship between communities' change processes and PTG. Residents of 8 different communities were interviewed (n = 69). Using a grounded theory approach, investigators independently read interview transcripts and developed axial codes. Two investigators coded the data and discussed their coding rationale. Results revealed that participants experienced two different types of trauma (hurricane, and institutional betrayal). Further, PTG emerged as relating to others, new roles, personal strength, and catalyzed community recovery by being embodied by leaders. Post-disaster mental health could be bolstered by promoting and supporting community-level initiatives.

2-261

### **The Effect of Gender and Violence Exposure on Perceived Importance of Community Intervention Strategies among Church-Affiliated African Americans**

(Abstract #1801)

**Poster #2-261 (Commun, Comm/Vio, Cul Div, Prevent, Adult) M - N/A**

**Gloucester**

*Bauer, Alexandria, Berkley-Patton, Jannette, Christensen, Kelsey, Bowe-Thompson, Carole, Lister, Sheila, Aduloju-Ajijola, Natasha*

*University of Missouri - Kansas City, Kansas City, Missouri, USA*

African Americans are disproportionately impacted by community violence, with physical and mental health consequences. Predominately Black churches may help to extend the reach of community-based violence prevention programs. The current study investigated differences in perceived importance of potential violence prevention strategies among church-affiliated African Americans. Participants (N = 463) from eleven African American churches completed a needs assessment survey. Half of participants reported that they, or someone in their family, had been victims of violence. There was a significant interaction effect between gender and exposure to violence on perceived importance of intervention

strategies,  $F(74, 524) = 1.867$ ,  $p < .001$ ; Wilks'  $\Lambda = .626$ . Specifically, differences were found for intervention strategies of working with police to assist released offenders in becoming productive citizens; working with police to promote calling in tips when crimes are witnessed; partnering with employers to hold job fairs, promote job training and placement assistance programs, and hiring of people with criminal histories; and supporting policy changes that promote housing for people with convictions. This research has potential to inform community-based violence prevention programs, particularly those that are culturally tailored for the high-risk African American population.

2-262

### **Building Trauma-Informed Preschools: Exploration of a New Training Model and Preliminary Outcomes**

(Abstract #502)

**Poster #2-262 (Commun, Commun, Comm/Vio, Prevent, Train/Ed/Dis, Child/Adol) I - Gloucester Industrialized**

*Goldenthal, Hayley<sup>1</sup>, Gouze, Karen<sup>1</sup>, Holley, Carmen<sup>2</sup>, Curry, Caryn<sup>2</sup>, Singleton, Paris<sup>3</sup>, Cicchetti, Colleen<sup>4</sup>*

<sup>1</sup>*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

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<sup>3</sup>*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

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Exposure to trauma during early childhood can disrupt development and lead to lifelong psychosocial, developmental, and medical difficulties (Blaustein & Kinniburgh, 2010). Traumatic stress symptoms may interfere with school functioning (NCTSN, 2012) and negatively impact academic outcomes (Borofsky, et al., 2013). Due to these developmental risks, it is essential that school-based intervention efforts take place as early as possible to maximize access to care for underserved populations. In response to this need, this hospital-based research team formed a community-academic partnership with a large, urban school district to implement a train-the-trainer model in which administrators were provided advanced training in trauma informed care and an accompanying toolkit to guide dissemination. The current study explores: 1) the relationship between early childhood trauma exposure (as measured by the TESI) and early childhood mental health and development (as measured by the SDQ and BASC) in under-resourced urban areas with high levels of neighborhood violence, and 2) the effectiveness of the initiative to build trauma-informed preschool classrooms measured by comparing observational data and teacher report from five pilot and five control schools. The preliminary need data reveals that higher levels of traumatic exposure are associated with poorer mental health in this population.

2-263

**Parental Support and Post-Traumatic Stress Disorder Symptoms among Sexually Abused Children and Adolescents**

(Abstract #1701)

**Poster #2-263 (Commun, CSA, Fam/Int, Health, Child/Adol) M - Industrialized Gloucester**

*Asgeirsdottir, Bryndis<sup>1</sup>, Sigurvinsdottir, Rannveig<sup>1</sup>, Huffhines, Lindsay<sup>2</sup>*

<sup>1</sup>*Reykjavik University, Reykjavik, Iceland*

<sup>2</sup>*Alpert Medical School of Brown University, Providence, Rhode Island, USA*

Sexually abused children are likely to experience mental health problems following the abuse, such as symptoms of post-traumatic stress disorder (PTSD). Understanding protective processes against this negative impact is therefore important and parental support following the abuse is of key concern in that regard. Questionnaire data were collected from 75 sexually abused children (aged 6-18) and their parents, who sought help at a child sexual abuse treatment center. A new measure, The Parent Support Survey was completed by children and their non-perpetrating parents. In addition, therapists at the treatment center assessed PTSD symptoms of the child. A positive relationship was identified between child and parent reports of parent emotional support. Child PTSD symptoms were negatively correlated with emotional support reported by both groups. However, parent self-blame for the abuse had a positive relationship with child PTSD symptoms. The results show that parental emotional support, as reported by both children and parents, can strongly relate to the mental health of sexually abused children and that the parent's personal feelings of self-blame may also play a role. Finally, The Parent Support Survey is a new reliable and valid measure that clinicians and researchers may want to consider using in the future.

2-264

**Better Together: Supporting Resiliency in Children and Adolescents through a Community-Based Trauma Healing Program**

(Abstract #1586)

**Poster #2-264 (Commun, Chronic, Comm/Int, Comm/Vio, Cul Div, Lifespan) I - Industrialized Gloucester**

*Connors-Kellgren, Alice<sup>1</sup>, Sharka, Colleen<sup>2</sup>, Pressley, Jana<sup>3</sup>*

<sup>1</sup>*Trauma Center at Justice Resource Institute, The Trauma Center at JRI, Brookline, Massachusetts, USA*

<sup>2</sup>*Roxbury Presbyterian Church Social Impact Center, Roxbury, Massachusetts, USA*

<sup>3</sup>*Wheaton College, Wheaton, Illinois, USA*

Three presenters (two trauma psychologists and a licensed mental health clinician) describe the development of an innovative program designed to support resilience and healing among youth who have experienced complex trauma. This trauma-informed child care program grew out of a transformative community-based, spiritually-oriented trauma healing program for adults located in a historically black neighborhood affected by high rates of poverty and community violence. The child care program parallels the weekly program for adults, which was founded to offer healing-centered engagement that strives to address the chronic individual and collective impact of trauma in urban

neighborhoods. Building on these core foundations, the child care program integrates existing knowledge about developmental trauma and trauma treatment for children and adolescents, including the Attachment, Regulation, and Competency (ARC) framework and Sensory Motor Arousal Regulation Treatment (SMART). In addition to describing the theoretical underpinnings, process of development, and implications for other interventions, the presenters will engage the audience in problem solving discussions around challenges in developing this and similar programs focused on building the perseverance of children and adolescents affected by complex, ongoing trauma through the use of a semi-structured group model.

## **SOCIAL ISSUES-PUBLIC POLICY POSTERS**

**2-265**

### **Honor Ideology Mediates the Relationship between Childhood Trauma and Gun Supportive Attitudes**

(Abstract #667)

**Poster #2-265 (Social, CPA, Gender, Adult) M - Industrialized**

**Gloucester**

*Taylor, Sean<sup>1</sup>, Cheshure, Andrea<sup>2</sup>, Ray, Travis<sup>1</sup>, Parkhill, Michele<sup>3</sup>*

<sup>1</sup>*Oakland University, Rochester, Michigan, USA*

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The purpose of the present study was to understand factors that may account for increased positive attitudes towards guns in individuals who have experienced childhood trauma. This study examined men's experiences of juvenile trauma, level of honor ideology (need to defend one's honor in order maintain self-perceptions of masculinity) and types of gun supportive attitudes relating to ownership and regulation. Men (N = 383, Mage = 30.76.) from the community were recruited through Mturk and completed an online questionnaire. Although childhood victimization experiences were not directly related to gun attitudes, bootstrapped mediation analyses indicated a significant indirect path from childhood victimization experiences to gun supportive attitudes through honor ideology,  $F(2, 379) = 40.79, p < .001$ . The development of honor ideology may create more positive attitudes towards guns, as the individual may perceive that the possession of guns may decrease the likelihood that others would victimize or disrespect him. Additionally, guns could be used to display an individual's masculinity and give them the means to retaliate if they receive a threat to their masculinity.

**2-266**

### **Predictors of Mental Health Service Use in Trauma-Exposed First Responders**

(Abstract #1337)

**Poster #2-266 (Social, Chronic, Clin Res, Prevent, Pub Health, Adult) I - Industrialized Gloucester**

*Kobezak, Holly, Lawrence, Jacqueline, Torsiello, Diana, Lowe, Sarah  
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First responders endure a variety of job-related potentially traumatic events (PTEs) that place them at increased risk for developing an array of adverse psychiatric outcomes. Nonetheless, estimates of mental health service use among first responders are disproportionately low. Whereas prior work has identified various barriers to seeking care in other populations, no studies to our knowledge have explored predictors of mental health service utilization in a large sample of trauma-exposed first responders. In the current study, we examined demographic characteristics, mental health diagnoses, perceived service need, and stigma in the workplace as predictors of whether trauma-exposed first responders sought mental health services over the past year. Participants (N= 913; Mage =37.09 [SD=12.12]; 58.5% male; 95.5% White) recruited from 50 U.S. states via professional organizations and social media completed an online survey. Logistic regression analysis indicated that having a perceived need for services was associated with increased odds of service utilization (OR= 71.42, 95% CI = 35.25-144.71), whereas higher perceived workplace stigma was significantly associated lower odds of service utilization (OR= 0.94, 95% CI = 0.91-0.97). Results support the need for psychoeducation for first responders that addresses mental health stigma and encourages help-seeking.

**2-267**

**#4645Boricuas: Twitter Reactions to the Estimates of Deaths by Hurricane María in Puerto Rico**

(Abstract #1364)

**Poster #2-267 (Social, Nat/Dis, Adult) A - Industrialized**

**Gloucester**

*Garcia-Ramirez, Grisel<sup>1</sup>, Bogen, Katherine<sup>2</sup>, Rodriguez-Guzman, Von Marie<sup>3</sup>, Nugent, Nicole<sup>4</sup>, Orchowski, Lindsay<sup>3</sup>*

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This study explores the sentiment expressed by Twitter users in the aftermath of the Harvard University report by Kishore et al. (2018) regarding the estimated deaths of 4,645 Puerto Ricans following Hurricane María. Subsequent to this news, the hashtag #4645Boricuas “trended” on Twitter. Towards the goal of examining online discourse surrounding the reported death toll, researchers utilized the NVivo addition NCapture to collect Twitter data including the hashtag #4645Boricuas. Researchers engaged in thematic content analysis to explore emergent themes within the larger Twitter dialogue. Geographic Information Systems software was utilized to geo-map relevant tweets and assess how affect and themes shifted based on whether Twitter users were located in Puerto Rico or the mainland U.S. Results indicated that Twitter users engaged with Twitter as a form of trauma coping and expressing grief over the news of the number of lives lost during Hurricane María and its aftermath; specifically, by sharing their stories. Further, Twitter users utilized the hashtag #4645Boricuas to express discontent with the local and federal government response to the crisis, anger at political figures, blame for the potentially avoidable deaths of Puerto Ricans, and a desire for increased political and social support for Puerto Rico.

**2-268**

**The Role of Social Media Engagement and Peritraumatic Symptomology during Police Interactions on PTSD Symptomology**

(Abstract #1796)

**Poster #2-268 (Social, Social, Child/Adol) M - Industrialized**

**Gloucester**

*Gildner, Daniel<sup>1</sup>, Ray, Travis<sup>2</sup>, Markarian, Shaunt<sup>2</sup>, Pickett, Scott<sup>3</sup>, Parkhill, Michele<sup>1</sup>, Burgess-Proctor, Amanda<sup>1</sup>*

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Recent police violence has gained significant mainstream media attention, which may alter perceptions of law enforcement in the U.S. Given that several of these instances involved citizen fatality, heightened anxiety and fear may be elicited when individuals encounter law enforcement. Because social media platforms are a significant source of news and information, it seems warranted to further examine the role that social media plays on fear emotions within the context of law enforcement. Specifically, it was hypothesized that increased social media engagement would be associated with increased peritraumatic symptomology (fear, dissociation, tonic immobility) resulting in increased posttraumatic stress disorder (PTSD) symptoms when recalling distressing police interactions. 674 MTurk workers and college students completed a battery of self-report measures regarding their most distressing law enforcement interaction. Results suggest a significant indirect effect of social media engagement on PTSD symptoms through three serial mediators: circumscribed fear, dissociation, and tonic immobility; (LLCI = .028, ULCI = .099). Findings suggest that increased social media engagement is related to increased fear, dissociation, tonic immobility, and PTSD symptoms which may provide significant insight furthering the relationships between law enforcement and civilians.

## GLOBAL ISSUES POSTERS

2-269

### **Navigating the Complexities of War Rape Survival: Considerations for Building Resiliency and Enhancing Recovery**

(Abstract #558)

**Poster #2-269 (Global, Rights, Rape, Civil/War, Gender, Adult) M - Global**

**Gloucester**

*Kacos, Heather<sup>1</sup>, Sciarrino, Nicole<sup>2</sup>, Smith, Noelle<sup>3</sup>*

<sup>1</sup>*James A. Haley VA Medical Center, Tampa, Florida, USA*

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

<sup>3</sup>*VA Northeast Program Evaluation Center, VA Connecticut Healthcare System (182), West Haven, Connecticut, USA*

The act of war rape has unique considerations for survivors, communities, and clinicians. Described as “a cheaper weapon of war than bullets” (Schott, 2011 p. 7), it aims to demoralize the victim, her family, and the community, and demonstrate dominance over the nation in conflict. Despite the longstanding history of war rape, unified treatment guidelines have yet to be developed. Given the varying cultures of survivors, fostering resiliency and recovery requires a more integrated, nontraditional approach. Alternatively, women may flee their country of origin as a result of sexual violence, making this topic relevant to non-conflict countries, and adding the unique factor of refugee status. This presentation aims to synthesize the extant literature and provide recommendations and considerations for future directions to help war rape survivors by: 1) briefly reviewing the literature, focusing on sequelae that differs from other forms of sexual violence, such as occurring publicly, and being considered an aspect of genocide via ethnic cleansing; 2) discussing culturally relevant treatment options (e.g., fostering financial independence via business funding, raising community awareness for reintegration, the testimony method); 3) creating a platform for enhanced conceptual understanding to build resilience and inform recovery options for these individuals.

2-270

### **Newcomer Immigrant Adolescents and Negative Context of Reception: An Urgent Call for Contextual-Level Change to Reduce Traumatic Stress**

(Abstract #1184)

**Poster #2-270 (Global, Comm/Int, Cul Div, Refugee, Child/Adol) - Industrialized**

**Gloucester**

*Patel, Sita<sup>1</sup>, Bouche, Vicky<sup>2</sup>, Reed, David<sup>1</sup>*

<sup>1</sup>*Palo Alto University, Palo Alto, California, USA*

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

For recently-arrived immigrant adolescents from Latin America, the current socio-political climate is rife with strong negative rhetoric. Current migration practices include detainment, exclusionary policies, and barriers to social systems, which can all exacerbate marginalization. This study used a community-collaborative approach to explore how perceived context of reception relates to psychological and behavioral problems, when controlling for other migration-related factors. In a sample of 114 recently-

arrived Latin American immigrant adolescents, a multivariate path analysis was estimated. Results demonstrate that negative context of reception was associated with more anxiety ( $B = -.21$ ,  $S.E. = .10$ ,  $p = .04$ ), somaticization ( $B = -.22$ ,  $S.E. = .10$ ,  $p = .03$ ), and rule-breaking behaviors ( $B = -.24$ ,  $S.E. = .11$ ,  $p = .03$ ), above and beyond other migration-related factors (days spent in detention custody, unaccompanied status, age, and time post-migration). This research shows how a negative context of reception can exacerbate traumatic stress responses for immigrant youth, and underscores the urgent need for contextual-level intervention, advocacy, and change in order to foster the recovery and resilience of this highly vulnerable population.

**2-271**

**Using a Strength-Based Approach to Identify Pathways to Enhance Resilience and Reduce Marginalization among Resettled Refugees: A Cross-Disciplinary Qualitative Study**

(Abstract #1183)

**Poster #2-271 (Clin Res, Clin Res, Comm/Int, Cul Div, Refugee, Other) - Industrialized Gloucester**

*Guler, Jessy<sup>1</sup>, Kichline, Tiffany<sup>1</sup>, Hambrick, Erin<sup>2</sup>, Vernberg, Eric<sup>1</sup>*

<sup>1</sup>*University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA*

<sup>2</sup>*University of Missouri - Kansas City, Kansas City, Missouri, USA*

This study examined multilevel factors of resilience and marginalization relevant to resettled refugee families living in the United States. We conducted focus groups and interviews with 30 multidisciplinary refugee service providers and community leaders. Data were transcribed and thematically analyzed by independent coders. Twenty-six themes emerged as strengths of culturally-diverse refugees exposed to trauma and adversity, which were then conceptualized into a three-factor ecological model of refugee resilience, including individual strengths (e.g. optimism), familial strengths (e.g. hope for the future of children), and community strengths (e.g. collective knowledge). We then categorized our findings on the perceived challenges experienced by refugees into a multilevel model of refugee marginalization, including macro marginalization (e.g. political climate) and meso marginalization (e.g. discrimination of mental health, employment, and educational needs). We synthesize these findings to propose targets that might guide intervention and improve providers' understanding of refugee families strengths and their experiences of systemic marginalization. Specific implications will be discussed regarding how strategies can be translated to charting a course forward within the agencies and receiving communities engaged with refugee youth and their families in the United States.

**2-272**

**Parent-Teacher Agreement on Emotional Regulation in Preschoolers Exposed to Trauma**

(Abstract #116)

**Poster #2-272 (Clin Res, CPA, Comm/Vio, Cul Div, Prevent, Child/Adol) M - Industrialized**

**Gloucester**

*Guler, Jessy<sup>1</sup>, McGuire, Austen<sup>1</sup>, Gusler, Stephanie<sup>1</sup>, Jackson, Yo<sup>2</sup>*

<sup>1</sup>*University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA*

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Emotion regulation (ER), or the management and maintenance of emotional arousal, is an important ability for youth functioning across social settings. Early childhood is considered to be a fundamental learning period in which ER problems are most likely to develop. Little research has examined cross-informant agreement of diverse preschool-aged children that may be at risk for ER deficits. This study examined the agreement between parents and teachers regarding ER abilities in a diverse sample of 125 preschool-aged children exposed to trauma. Predictors of parent-teacher agreement of preschooler ER were explored to identify how trauma exposure may increase or decrease agreement. Parents and teachers completed the Emotion Regulation Checklist, and parents completed a child trauma measure to assess for preschoolers' exposure to specific traumas. Correlations and regression analyses were performed. Results indicated low agreement between parent and teacher reports of preschooler ER. Findings also indicated some association between trauma exposure and difference in these reports, suggesting that interpersonal traumas may be associated with less parent-teacher agreement. Implications will be discussed regarding identifying young children at risk for ER deficits in the context of early childhood trauma exposure.

**2-273**

**School-Based Trauma & Resilience Research in Tamil Nadu, India**

(Abstract #485)

**Poster #2-273 (Global, Chronic, Clin Res, Commun, Gender, Child/Adol) M - S Asia Gloucester**

*Shadowen, Noel<sup>1</sup>, Guerra, Nancy<sup>2</sup>*

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There is a high need for mental health prevention programs and interventions in low and middle-income countries. Especially in low-resource and rural areas, it can be difficult for communities to obtain adequate trauma-related programming for youth who need it most. Prior research has also shown the critical importance of cultural considerations and community participation in local interventions. The present longitudinal study measures the impact of an after-school resilience-building program for Indian schoolchildren in rural farming villages of Tamil Nadu, India. This intervention was developed by members of the community and includes evidence-based trauma components. The study is a collaboration between a local community organization and an academic research team. Hierarchical Linear Modeling analyses were used to compare a group of children (N= 162) who received the school-based intervention for two years with children who did not receive the intervention (N= 241). Challenges and unexpected opportunities during the research project are discussed, as well as the strategy of employing local youth surveyors team to conduct interviews. Initial quantitative longitudinal results for outcomes of PTS symptoms, self-regulation, and academic success are presented. Implications for trauma research in low-resource rural areas and community-based resilience programs are discussed.

## PREVENTION/EARLY INTERVENTION POSTERS

2-275

### Prevalence of Trauma and PTSD in Patients with Severe Mental Illness Compared to the General Population

(Abstract #544)

Poster #2-275 (Prevent, Illness, Epidem, Adult) I - Industrialized

Gloucester

*Buhmann, Caecilie<sup>1</sup>, Mortensen, Erik<sup>2</sup>, Joergensen, Torben<sup>3</sup>*

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**Background and objective:** There are large differences in the prevalence of PTSD and traumatic events between people with psychiatric illness and the general population. However, few studies have included both populations, to compare differences. The purpose of this study is, therefore, to investigate the prevalence of traumatic events in a cohort divided into one group that has mental illness one without.

**Methods:** DanFunD is a Danish population-based cohort of 7,465 men and women aged 18–72 years randomly obtained from The Danish Civil Registration System and invited to answer a questionnaire about life events (cumulative lifetime adversity measure). The cohort was linked to the nationwide Danish registries using the unique person number system making it possible to identify all current and past psychiatric diagnoses. Statistical analyses will be used to identify differences in patterns of traumatic events and mediators of the differences.

**Results:** Overall 48% of the cohort had experienced one of 7 serious traumatic events (sexual trauma 2%, natural or man-made disaster 7%, violent death of a close relative 10%, war 1%, witnessing someone being seriously injured or killed 21%, physical violence 15%, serious accident 21%). Further analyses of differences between groups and mediators of this will be available for the poster.

2-276

### Systolic Blood Pressure during Trauma Triggering Task in the Acute Risk Period Predicts Intrusive PTSD Symptoms in Motor Vehicle Accident Survivors: A Prospective Longitudinal Study

(Abstract #917)

Poster #2-276 (Prevent, Acc/Inj, Assess Dx, Bio Med, Adult) M - Industrialized

Gloucester

*Engle, Krista, Samuelson, Kristin, Devane, Amanda, Benight, Charles*

*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

Systolic blood pressure (SBP) is a potential biomarker of trauma adaptation demonstrated via cross-sectional and prospective studies. The purpose of the current study was to investigate whether SBP during a trauma triggering task within the first month post-trauma predicted later PTSD symptom severity. Data was collected from 75 motor vehicle accident survivors at three time points (immediately, 3 weeks, and 3 months post-trauma). Preliminary correlations suggested that SBP measured 3 weeks post-trauma (T2) while a person listened to a recording of their written trauma account was significantly related to PTSD at

3 months post-trauma (T3). When PTSD symptom severity at all three time points was controlled for using path analysis, T2 SBP during the trauma script was no longer a significant predictor of T3 PTSD total score ( $p = .37$ ). However, T2 SBP during the trauma script remained a significant predictor of the T3 intrusions symptom cluster ( $b = .19, p = .02$ ). These findings suggest that blood pressure measured within the first month post-trauma during a trauma triggering task could potentially help identify individuals who will continue to struggle with intrusive thoughts longer-term. They may benefit from treatments that target physiological symptoms associated with the memory of the event.

**2-277**

### **Systematic Review and Meta-Analysis of Multiple Session Early Interventions Following Traumatic Events**

(Abstract #221)

**Poster #2-277 (Prevent, Acute, Clin Res, Prevent, Adult) M - Industrialized**

**Gloucester**

*Roberts, Neil*

*Cardiff and Vale University Health Board, Cardiff, United Kingdom*

This poster presents the findings of a systematic review following Cochrane Collaboration methodology aimed at determining the efficacy of multiple session early psychological interventions to prevent and treat early traumatic stress symptoms in adults. We included any psychological intervention, beginning within three months of exposure to a traumatic event, which was evaluated through an RCT. Quality of findings was rated according to “Grades of Recommendation, Assessment, Development, and Evaluation” (GRADE) and appraised for clinical importance. Sixty-one studies investigating a range of interventions were identified. We found no clinically important outcomes for interventions aimed at all individuals exposed to a trauma, irrespective of their symptoms. For individuals reporting traumatic stress symptoms we found clinically important evidence of benefits for trauma-focused CBT cognitive therapy without exposure and EMDR. Differences were greatest for treatment of acute stress disorder and for those diagnosed with posttraumatic stress disorder. We conclude that there is evidence that several early psychological interventions appear to be effective for individuals with traumatic stress symptoms, especially those who meet the threshold for a clinical diagnosis. Evidence is strongest for trauma focused CBT.

**2-278**

### **Childhood Maltreatment and Experimentally-Produced Pain Threshold and Intensity in Adulthood: A Meta-Analysis**

(Abstract #587)

**Poster #2-278 (Prevent, CPA, CSA, Prevent, Pub Health, Adult) M - Industrialized**

**Gloucester**

*Garcia, Monica, Sayer, MacKenzie, Delahanty, Douglas*

*Kent State University, Kent, Ohio, USA*

Individuals with a history of childhood maltreatment (CM) report significantly higher rates of chronic pain in adulthood than do individuals without such history. The majority of research examining CM and

chronic pain is based on self-report and lacks the control that is present in a laboratory experiment. This has led researchers to examine the relationship between CM and pain intensity and threshold in response to a regulated, experimentally-produced pain stimulus. However, this literature has produced mixed and inconsistent findings. To clarify discrepant findings, a meta-analytic review of nine studies was conducted examining the relationship between CM and experimentally-induced pain threshold (n=428) and pain intensity (n=371) in adulthood. Results revealed that CM had a small yet significant negative relationship with pain threshold (weighted  $r = -0.350$ ,  $p = .006$ , 95% CI: -0.555 to -0.104), but not intensity (weighted  $r = 0.319$ ,  $p = 0.121$ , 95% CI: -0.087 to 0.635). The relationship between CM and pain threshold was stronger in studies that used interviews to assess maltreatment, more recently published articles, and samples with a smaller percentage of Caucasian participants. These findings suggest that CM should be considered as a risk factor for chronic pain syndromes as the experience of CM may alter pain threshold levels in adulthood.

**2-279****Pilot Evaluation of a Trauma-Informed Intimate Partner Violence Prevention Program for Ethnic Minority Adolescents**

(Abstract #247)

**Poster #2-279 (Prevent, Commun, Cul Div, Rape, Gender, Child/Adol) I - Industrialized****Gloucester***Zhang, Aimee<sup>1</sup>, Pettigrew, Rory<sup>1</sup>, Farmer, Courtney<sup>2</sup>, Wilson, Helen<sup>3</sup>**<sup>1</sup>PGSP - Stanford Psy.D. Consortium, Palo Alto, California, USA**<sup>2</sup>PGSP-Stanford Psy.D. Consortium & VA Palo Alto Health Care System, Stanford, California, USA**<sup>3</sup>Stanford University School of Medicine, Stanford, California, USA*

Intimate partner violence (IPV) and unsafe sexual behaviors represent major public health concerns, with first victimization commonly occurring in adolescence. Low-income, urban youths are at increased risk for early exposure to violence. Past research suggests an association between early violence exposure and later IPV. IPV prevention interventions have been successfully implemented in school settings and significantly reduced dating abuse, acceptance of dating violence, and gender stereotyping. The current study evaluates the effectiveness and feasibility of Healthy Empowered Relationships, a school-based, trauma-informed intervention to enhance attitudes related to healthy romantic relationships among ethnic minority adolescents with high early exposure to violence. The program integrates components of Trauma-Focused CBT and is being implemented in 10th grade classrooms. Analyses will evaluate how the intervention results in changes in attitudes and intentions related to relationship behaviors, including aggression, gender stereotyping, and condom use. Findings from this research will help inform effective, trauma-informed, and culturally tailored interventions to reduce dating violence and STIs among ethnic minority, low SES adolescents. Results from this study can also help inform universal school-based prevention program for high school students.

**2-280****At-Risk Adolescents and Community Violence Exposure: Future Educational Expectations as a Resilience Factor**

(Abstract #1691)

**Poster #2-280 (Prevent, Comm/Vio, Dev/Int, Fam/Int, Child/Adol) M - Industrialized Gloucester***Evans, Meghan<sup>1</sup>, Duong, Jacqueline<sup>1</sup>, Morelli, Nicholas<sup>2</sup>, Elson, Damian<sup>1</sup>, Villodas, Miguel<sup>1</sup>*<sup>1</sup>*San Diego State University, San Diego, California, USA*<sup>2</sup>*San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, California, USA*

Consistent with the Resilience Portfolio Model (Grych, Hamby, & Banyard, 2015), this study prospectively examined whether adolescents' future expectations disrupt the process through which negative parent-child relationships contribute to elevated conduct problems, which, in turn, contribute to elevated risk for exposure to community violence (ECV) among at-risk adolescents. Participants included (N=1030) at-risk adolescents who participated in the Longitudinal Studies of Child Abuse and Neglect. Youth reported about their relationships with their caregivers at age 12, their future expectations and conduct problems at 14, and their past year ECV at 16. A mediation analysis indicated that, after controlling for childhood victimization, less nurturing parent-child relationships at age 12 were associated with more delinquency at 14, which was in turn associated with more ECV at 16. A moderated mediation model indicated that positive youth educational expectations mitigated the negative association between parent-child relationships and conduct problems, disrupting this mediational process. Thus, adolescent future expectations could protect at-risk youth from risk for further trauma exposure across ecological contexts. Interventions that promote at-risk youth's educational expectations may be crucial for fostering resilience and preventing maladaptive behaviors and further ECV.

**2-281****Associations among Childhood Maltreatment and Emotion Dysregulation in Pregnant Women**

(Abstract #691)

**Poster #2-281 (Clin Res, Affect/Int, CPA, DV, Neglect, Lifespan) - Industrialized Gloucester***Greene, Carolyn<sup>1</sup>, Grasso, Damion<sup>2</sup>*<sup>1</sup>*University of Connecticut School of Medicine, West Hartford, Connecticut, USA*<sup>2</sup>*University of Connecticut Health Center, Farmington, Connecticut, USA*

Emotion dysregulation is a transdiagnostic indicator of impaired self-regulation with strong associations with childhood maltreatment (CM). It has been found to mediate the relationship between CM and numerous adverse adult outcomes, including those associated with perpetuating the cycle of violence. However, emotion dysregulation is multidimensional, encompassing elements of behavioral, cognitive, and emotional processing and thus may have different associations with different types of CM. This study examines associations among childhood threat (physical, sexual, and emotional abuse) and deprivation (physical and emotional neglect) experiences, adult intimate partner violence (IPV), emotion dysregulation, and stress reactivity among a highly stressed sample of pregnant women, with the

aim of shedding light on pathways that incur potential risk to their roles as mothers. A low SES sample of pregnant women (n = 189) recruited from an urban prenatal care clinic completed the CTQ, the DERS, and the DASS. Regression analyses indicate that CM characterized by threat (betas ranging from .13 -.30) has stronger associations with all but one aspect of emotion dysregulation (Awareness) than does CM characterized by deprivation (betas ranging from .02-.22). SEM reveals indirect effects of CM on emotion dysregulation via adult IPV and on stress reactivity via emotion dysregulation.

## 2-282

### **Using Child Protective Services (CPS) Records to Quantify Severity of Family-level Adversity: Links to Caregiver and Family Characteristics and CPS Outcomes**

(Abstract #689)

**Poster #2-282 (Prevent, CPA, DV, Fam/Int, Neglect, Lifespan) - Industrialized**

**Gloucester**

*Melita, Nicole<sup>1</sup>, Grasso, Damion<sup>2</sup>, Beebe, Rebecca<sup>3</sup>, DiVietro, Susan<sup>3</sup>, Clough, Meghan<sup>4</sup>*

<sup>1</sup>*Clark University, Worcester, Massachusetts, USA*

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CPS records contain a vast amount of family-level information that is underutilized for estimating risk, conceptualizing family needs, and planning for services. The current study extracted narrative case information to quantify severity of maltreatment and non-maltreatment-related adversities at the family level using the Yale-Vermont Adversity in Childhood Scale. The sample included 100 cases randomly sampled from all CPS-referred families during a 6-month period. Independent coders achieved good-excellent reliability across all adversity types. Physical abuse severity was associated with domestic violence (DV) and family suicidality; psychological abuse with DV, family loss, and health-related trauma; neglect with DV, loss, caregiver substance abuse (SA), family suicidality, caregiver criminality, and health-related trauma,  $r_s = .20-.47, p_s < .01$ . Families with older children at the index report had more severe ratings for physical abuse ( $r = .40$ ), psychological abuse (.40), and neglect (.24), whereas families with younger children had more severe DV ( $r = -.23$ ). Caregiver SA, family suicidality, and health-related trauma predicted total allegation types across case history, with SA and family suicidality predicting total substantiated allegation types, all  $p_s < .05$ . Implications for utilizing case record data to quantify adversity severity and inform CPS intervention will be discussed.

## 2-283

### **Trauma-Related Symptoms during Pregnancy Differentially Predict Postpartum Bonding**

(Abstract #112)

**Poster #2-283 (Prevent, Fam/Int, Intergen, Lifespan) I - Industrialized**

**Gloucester**

*Laifer, Lauren<sup>1</sup>, Brock, Rebecca<sup>2</sup>*

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

<sup>2</sup>*University of Nebraska - Lincoln, Lincoln, Nebraska, USA*

PTSD is highly comorbid with depression, with research suggesting this may be due to considerable symptom overlap across disorders. However, most research examining the impact of parental psychopathology on parenting focuses on postnatal depression, with fewer studies examining the role of PTSD. Examining the longitudinal impact of PTSD symptoms on parent-infant bonding within a hierarchical framework has the potential to elucidate whether shared negative affectivity or trauma-related symptoms contribute to postpartum bonding, a robust predictor of later parenting and child outcomes. By focusing on prenatal psychopathology among both mothers and fathers, researchers can identify early factors crucial for optimal family functioning after childbirth. The present study investigates the unique impact of maternal and paternal prenatal psychopathology on parent-infant bonding. Participants included  $N=159$  couples who were pregnant and in a committed intimate relationship at the time of the initial appointment. Mother-infant bonding at 1 month postpartum was significantly predicted by both maternal prenatal negative affectivity ( $r=.27, p=.001$ ) and traumatic intrusions ( $r=.22, p=.009$ ). On the other hand, father-infant bonding was significantly predicted by paternal negative affectivity only ( $r=.180, p=.048$ ). Implications for prevention and intervention efforts will be discussed.

**2-284****Protective Factors for Refugee Caregivers' Mental Health and Wellbeing**

(Abstract #294)

**Poster #2-284 (Prevent, Fam/Int, Refugee, Civil/War, Lifespan) I - Global****Gloucester**

*Olomi, Julie, Miles, Elanah, DePrince, Anne, Watamura, Sarah*  
*University of Denver, Psychology, Denver, Colorado, USA*

Caregivers who are internally displaced, in flight, or resettled in host communities must navigate significant stress for themselves and their children. We conducted a systematic review to synthesize evidence on protective factors that may support refugee caregivers' mental health and wellbeing. Four online databases were searched from 1990 to November 2017. From an initial 1,275 articles, 29 articles met search criteria and were retained. All but four studies were conducted in high-income countries and the 704 refugees studied originated from a diverse array of countries, with African countries most represented. Fifteen studies investigated exclusively mothers and the rest examined multiple caregivers or fathers. Our review identified 11 categories of protective factors that were organized into three overarching domains: 1) social support, 2) structural supports, and 3) cognitive strategies. Only three of the included studies included quantitative analysis; thus, we draw attention to qualitative points of consensus and conclude that the field is ready for hypothesis-driven investigations. We highlight the usefulness of a resilience-focused approach along with the need for more research on fathers, culturally-specific protective factors, and experimental designs to test the efficacy of promoting caregiver wellbeing via the identified protective factors.

2-285

**Pilot Study of a Telehealth Child-Centered Deployment Preparation Parenting Program**

(Abstract #33)

**Poster #2-285 (Prevent, Mil/Vets, Lifespan) I - Global**

**Gloucester**

*Barlaan, Devin<sup>1</sup>, Cromer, Lisa<sup>2</sup>, Louie, Ashley<sup>1</sup>*

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Nearly one million children in the U.S. have an active duty parent serving in the military. Over forty percent of these children are five years or younger and most will experience a deployment of their caregiver. Pre-deployment is the most stressful phase of the deployment cycle for military families with young children who are often overlooked during preparation. Failure to prepare young children may put them at risk for disrupted attachment and can increase parenting stress. Parent training that equips parents with attachment-strengthening strategies may buffer adjustment difficulties following deployment and reduce parenting stress. Given pre-deployment parenting demands, telephone-based interventions may increase participation and accessibility of parent training. Mothers (N=13) were randomly assigned to receive a telephone-based pre-deployment attachment training or to a control group. Compared to controls, we predicted that mothers in the training would use more child-focused preparation strategies, have lower parenting stress, and higher parenting competence one-month following their partner's deployment. Hypotheses were supported. Large effect sizes emerged for increased preparation strategies, reduced parenting stress, and increased parenting competence. This pilot study was promising; the investigation of the training with larger samples is warranted.

## TRAINING/EDUCATION/DISSEMINATION POSTERS

2-286

### **The Influence of Therapist Training Strategy and Patient Presentations on PTSD Symptom Change in Cognitive Processing Therapy**

(Abstract #1481)

**Poster #2-286 (Train/Ed/Dis, Clin Res, Adult) - Industrialized**

**Gloucester**

*La Bash, Heidi<sup>1</sup>, Aajmain, Syed<sup>2</sup>, Cohen, Zachary<sup>3</sup>, Suvak, Michael<sup>4</sup>, Shields, Norman<sup>5</sup>, Lane, Jeanine<sup>6</sup>, Masina, Tasoula<sup>6</sup>, Monson, Candice<sup>7</sup>, Wiltsey Stirman, Shannon<sup>8</sup>*

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Cognitive Processing Therapy (CPT) is a first-line treatment for PTSD. However, like other PTSD treatments, its effect is variable, partly due to PTSD's heterogeneity and frequent comorbid disorders. Thus, it is essential to identify moderators of treatment effectiveness to guide treatment selection and optimize clinical outcomes. Previous research also suggests that patients may experience different outcomes when their therapist have different types of training support. This study aims to identify patient characteristics and comorbid conditions that impact the trajectory of symptom change in CPT as well as moderate the relationship between consultation condition and symptom change. Using data from a RCT that tested different therapist (n=81) training strategies (Monson et al., 2018). Results will be presented from growth curve modeling used to evaluate the impact of patient (n=188) demographics and comorbid conditions on PTSD symptom change in CPT, and a 3-way interaction between treatment, training strategy, and patient characteristics on treatment outcome. Implications of this study on treatment and training selection will be discussed, including identifying which patients may be particularly suited to CPT and their expected trajectory of symptom change as well as which patient presentations may be best served by therapists receiving specific types of training support.

2-287

### **Assessment of a Psychoeducation Program for Military Family Members: Relationship Satisfaction and Hopefulness as Predictors of Learning**

(Abstract #1763)

**Poster #2-287 (Train/Ed/Dis, Comm/Int, Fam/Int, Mil/Vets, Adult) M - Industrialized Gloucester**

*Cohen, Shiri<sup>1</sup>, Gupta, Carina<sup>1</sup>, West, Emerson<sup>1</sup>, Spencer, Thomas<sup>2</sup>, Ohye, Bonnie<sup>2</sup>*

<sup>1</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*

<sup>2</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

Evidence suggests that family member psychoeducation promotes greater resilience to a loved one's illness. Little has been examined by way of such psychoeducational initiatives for family members of Veterans. This poster examines the relationship between relationship satisfaction, hopefulness, and perceived educational gain among military family members receiving 2 days of intensive psychoeducation. Participants (N=137) completed the Adult Hope Scale (AHS), the Relationship Assessment Scale (RAS), and the investigator-designed Family Education Questionnaire (FEQ). Two FEQ items were analyzed: 1) participants' understanding of external factors in their veteran's recovery, and 2) feeling equipped to discuss relationship struggles with their veteran. Regressions were run to assess predictive relationships between pre-post changes on the AHS, RAS, and FEQ items. T-tests revealed significant positive change on all FEQ items. The AHS ( $B=.02$ ,  $p<.05$ ) significantly predicted FEQ item 1 ( $R^2=.22$ ,  $F(3,125)=12.81$ ,  $p<.001$ ) while RAS trended towards significance ( $B=.01$ ,  $p=.069$ ). The AHS ( $B=.03$ ,  $p<.01$ ) and RAS ( $B=.03$ ,  $p<.05$ ) also significantly predicted FEQ item 2 ( $R^2=.22$ ,  $F(3,126)=12.98$ ,  $p<.0001$ ). Participants showed overall educational gain. Findings suggest that greater hope and relationship satisfaction predict participant learning about ways to support a Veteran loved ones' recovery.

**2-288**

**Exploring Practice Assignments in Cognitive Processing Therapy: Program Evaluation Findings from the VA CPT Training Program**

(Abstract #1647)

**Poster #2-288 (Train/Ed/Dis, Clinical Practice, Cog/Int, Adult) I - Industrialized**

**Gloucester**

*Gabrielson, Isabella<sup>1</sup>, Healy, Ellen<sup>2</sup>, Fleck, David<sup>3</sup>, Chard, Kathleen<sup>4</sup>*

<sup>1</sup>*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

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<sup>4</sup>*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

As part of the treatment protocol, cognitive processing therapy (CPT) includes a series of take-home practice assignments. Theoretically, practice assignments are a critical aspect of CPT and are thought to enhance patient engagement. Recent studies evaluating the impact of practice assignment on CPT treatment outcomes have been mixed. While attention to practice assignments was not related to improvement in PTSD severity in one study (Farmer, Mitchell, Parker-Guilbert, Galovski, 2017), it was found to be associated with decreases in PTSD and less dropout in another (Wiltsey-Stirman, Gutner, Suvak, Adler, Resick 2018). The VA CPT Training Program collects program evaluation data to examine training processes and outcomes. The current analysis examines the engagement in practice assignments across CPT sessions among Veterans seen by clinicians in the CPT Training Program. On average 80% of sessions had completed practice assignments. Veterans who completed the first practice assignment were significantly more likely to have a greater percentage of overall practice assignment completion. Further analyses examine the impact of practice assignment completion and clinical implications.

2-289

**Primary Care Physicians' Knowledge and Confidence Related to Evidence-based Posttraumatic Stress Disorder Care for Military Populations**

(Abstract #1345)

**Poster #2-289 (Train/Ed/Dis, Anx, Assess Dx, Clinical Practice, Care, Other) I - Industrialized**

**Gloucester**

*Corry, Nida<sup>1</sup>, Lack, Kelly<sup>2</sup>, Joneydi, Rayan<sup>1</sup>, Olsho, Lauren<sup>2</sup>, Spera, Christopher<sup>3</sup>*

<sup>1</sup>*Abt Associates, Inc., Durham, North Carolina, USA*

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<sup>3</sup>*Abt Associates, Inc., Bethesda, Maryland, USA*

Posttraumatic Stress Disorder (PTSD) is an undertreated psychological condition prevalent among service members and veterans. Many veterans raise mental health concerns in primary care appointments, rather than seeking tertiary care; however, primary care physicians (PCPs) receive little training on PTSD. We administered a survey to a national sample of 7,702 PCPs to assess their knowledge of evidence-based PTSD screening and treatment practices, confidence providing care, and frequency of asking new patients about military service. Only 43% of respondents reported asking patients about military service most of the time. PCPs reported moderate confidence in their ability to provide PTSD-related care and answered 41% of knowledge items correctly. Less than 15% correctly identified PTSD prevalence rates among Operation Enduring Freedom/Operation Iraqi Freedom veterans. Most PCPs (83%) identified effective PTSD medications, whereas less than a quarter correctly identified evidence-based psychotherapy treatments. PCPs in VA/DoD settings had higher levels of knowledge and confidence around PTSD and more often asked patients about military service, compared to PCPs in non-governmental hospital settings. Findings suggest that PCPs could benefit from tailored training on PTSD prevalence in the military community and evidence-based treatments and primary care screening tools.

2-290

**Implementation Rate of EBTs by Community Providers Trained in CPT and PE by the STRONG STAR Training Initiative: 12-Month Follow-Up**

(Abstract #1534)

**Poster #2-290 (Train/Ed/Dis, Clinical Practice, Prof) I - Industrialized**

**Gloucester**

*Zaturenskaya, Mariya, Bliss, Sebastian, Dondanville, Katherine, Fina, Brooke, Karp, Jeremy, Marsden, Arthur*

*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*

The STRONG STAR Training Initiative (SSTI) is a competency-based training program to increase the expertise of veteran-serving community providers in EBTs for PTSD. SSTI's intensive training model includes application and pre-work, an in-person workshop, phone consultation, and access to an online provider portal with training resources. The primary aim of the current study was to assess EBTs for PTSD implementation by community providers 12 months post-training. To date, 44 community-based mental health providers who participated in the SSTI for PTSD (CPT or PE) completed the 12-month follow-up survey. The primary outcome variable was the proportion of PTSD clients treated with SSTI-

trained EBT in the 12 months post CPT or PE training. At 12 months, providers reported using EBTs (CPT, PE, or EMDR) with 44% of the 1272 PTSD clients. Of the providers trained in CPT (n=28) 82% reported using CPT at the 12-month follow-up. CPT-trained providers reported using CPT with 53% of their PTSD clients. Of the providers trained in PE (n=16), 63% reported using PE at the 12-month follow-up. PE-trained providers reported using PE with 5% of their PTSD clients. These results suggest that the majority of the SSTI-trained providers implemented EBTs in their practice. Barriers to implementation and the discrepancy between PE and CPT implementation rates will be discussed.

## RESEARCH METHODOLOGY POSTERS

### 2-291

#### **Advancing Research on Mechanisms of Resilience (ARMOR): A Prospective Cohort Study of New Military Recruits**

(Abstract #1855)

**Poster #2-291 (Res Meth, Mil/Vets, Adult) I - Industrialized**

**Gloucester**

*Polusny, Melissa, Erbes, Christopher*

*Minneapolis VAHCS, Center for Chronic Disease Outcome Research, University of Minnesota Medical School, Minneapolis, Minnesota, USA*

Military personnel face multiple stressors and challenges unique to military life. All military recruits are required to complete 10-weeks of Basic Combat Training (BCT), a well-defined uniform period of intense stress that provides an ideal context for studying resilience. While numerous studies have utilized latent growth class analyses to demonstrate heterogeneity in patterns of adjustment following stressor exposure, few studies investigating resilience have taken an integrative, multilevel perspective to understand processes that may underlie distinct trajectories of adjustment. This presentation will discuss preliminary findings from the Advancing Research on Mechanisms of Resilience (ARMOR) Project, a prospective study of new military enlistees assessed prior to and at four waves following BCT over a period of 24 months. This ongoing longitudinal cohort study incorporates baseline computerized neurocognitive assessments as well as pre- and post-BCT neurobehavioral assessments using MRI imaging and psychophysiological observation during behavioral tasks involving attentional, cognitive, and behavioral self-regulation. Time will be allotted for discussion of challenges encountered as well as lessons learned during the first year of ARMOR to aid other researchers planning large scale cohort studies.

### 2-292

#### **Examining Cognitive Factors that Impact PTSD Symptom Change in a Canadian Military Veteran Sample: A Multilevel Model Approach**

(Abstract #1193)

**Poster #2-292 (Res Meth, Cog/Int, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Wojcik, Katharine, Baugh, Leah, McCloskey, Katie, Cox, Daniel*

*The University of British Columbia, Vancouver, British Columbia, Canada*

Theories of PTSD emphasize the role of cognitions in the maintenance of PTSD (Hembree & Foa, 2010). When people are cognitively fused (i.e. one's entanglement with their beliefs), thoughts are accepted as truth and have a strong influence on their behaviors (Cox et al., 2018). Our study examined the effects of individual and group cognitive fusion on PTSD symptom severity in a treatment seeking sample of veterans. The Traumatic Life Events Questionnaire (TLEQ), PTSD Checklist (PCL-5), and Cognitive Fusion Questionnaire (CFQ) were administered to Canadian veterans (N = 340) pre- and post-treatment. Participants were 87% male, 89% White, 95% heterosexual, and referred from a group-based outpatient program designed to assist veterans, with a history of military-related trauma, adjust to civilian life. We used a latent-variable multilevel actor-partner interdependence approach for determining how client's cognitive fusion and other group members' cognitive fusion impacted clients' pre- to post-change in PTSD symptoms. Consistent with our hypotheses, client fusion ( $\gamma = -4.42$ , 95% CI = -5.37 to -3.46) and group fusion ( $\gamma = 5.35$ , 95% CI = -6.08 to -4.74) attenuated clients' PTSD symptom reduction. Implications and future research directions include the value of attending to cognitive fusion to improve outcomes for veterans.

**2-293****Meta-Analysis of the Impact of Trauma-Related Disclosure on Posttraumatic Stress Disorder Symptoms**

(Abstract #1243)

**Poster #2-293 (Res Meth, Affect/Int, Theory, Adult) M - Global****Gloucester**

*Wojcik, Katharine, McCloskey, Katie, O'Loughlin, Julia, Baugh, Leah, Kimbley, Claire, Cox, Daniel  
The University of British Columbia, Vancouver, British Columbia, Canada*

Talking about traumatic events is one way people process experiences and has been found to inhibit or reduce PTSD symptoms (e.g., Davidson & Moss, 2008). Yet, there is little understanding about which aspects of disclosure are most associated with PTSD symptom reduction. The aim of this meta-analysis was to better understand which aspects of trauma disclosure (i.e., the emotional intensity of disclosure) are most associated with reduced PTSD symptoms. We conducted a comprehensive search term identification process followed by a series of automatic searches of 12 academic databases (e.g., PubMed, PsychINFO, PILOTS), and hand searching specific articles. This resulted in the identification of 3,476 potential articles, which were then screened via title and abstract. Remaining articles were then screened via their full text, resulting in the inclusion of 75 studies. Effect size and descriptive data were then extracted from included studies. All screening and data extraction was conducted by 2 raters and disagreements were resolved via consultation with the primary investigator. Presently, all data have been extracted and analyses are being conducted on the 75 included studies. We expect results to be completed by the end of May. Clinical implications and results of this meta-analysis support the importance of trauma-related emotional disclosure and current gaps in the literature.

**2-294****Personality Vulnerabilities Moderate the Effects of 9/11 Trauma Exposure on Long Term Psychiatric Outcomes in Responders**

(Abstract #184)

**Poster #2-294 (Res Meth, Res Meth, Terror, Aging, Adult) M - Industrialized****Gloucester***Valentine, Jennifer<sup>1</sup>, Ruggero, Camilo<sup>2</sup>, Kotov, Roman<sup>3</sup>, Waszczuk, Monika<sup>3</sup>*<sup>1</sup>*LIU CW Post, Brookville, New York, USA*<sup>2</sup>*University of North Texas, Denton, Texas, USA*<sup>3</sup>*Stony Brook University, Stony Brook, New York, USA*

Few studies have examined facets of neuroticism and extraversion, to further view the interaction between personality vulnerabilities and trauma exposure. It is unknown if the interaction with trauma is specific to distress or fear disorder outcomes. Responders to 9/11 attacks, who were exposed to toxin-filled cloud of dust and developed long-term mental health problems, can inform this relationship. The current study used linear regressions to test the interaction between FI-FFM traits and their facets of neuroticism and extraversion, and 9/11 dust cloud exposure severity, in predicting adverse psychiatric outcomes. Outcomes were PTSD, depression, panic, and social anxiety symptoms assessed in 452 responders, 16 years after the exposure. Findings showed that neuroticism significantly interacted with trauma to predict panic, while extraversion interacted with trauma in predicting both social anxiety and panic. Within neuroticism, each facet interacted significantly with trauma in predicting panic, and anxiety facet interacted with trauma to predict social anxiety. Among extraversion facets, only venturesomeness interacted with exposure to predict panic. Results suggest that responders with higher neuroticism and lower extraversion, may be more sensitive to trauma exposure in a way that increases their risk of developing chronic fear disorders, but not distress disorders.

**2-295****Post-Traumatic Stress Disorder: The Role of Online Social Networking**

(Abstract #530)

**Poster #2-295 (Res Meth, Acc/Inj, Assess Dx, Res Meth, Tech, Child/Adol) - Industrialized****Gloucester***Nugent, Nicole<sup>1</sup>, Fong, Grant<sup>2</sup>, Schulwolf, Sara<sup>1</sup>, Huang, Jeff<sup>2</sup>*<sup>1</sup>*Brown Medical School, Providence, Rhode Island, USA*<sup>2</sup>*Brown University, Providence, Rhode Island, USA*

Although there has been much media attention to the potential adverse effects of adolescent use of adolescent online social networking (OSN), few studies have explored more nuanced features of OSN that may inform interventions. Particularly in the aftermath of trauma, OSN behaviors have the potential to recruit social support and reflect internal processing of the trauma. We examined OSN behaviors in a subset of 37 participants recruited from ongoing prospective study of 13-18 year olds recruited following traumatic injury. Participants were interviewed with the Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA) and provided OSN data (9904 Facebook; 252 Facebook wall posts; 846 Instagram Direct Messages; 183 Instagram posts; 40012 Text Messages; 320 Tweets; 223 WhatsApp)

occurring over 2 weeks posttrauma. Key OSN features were characterized using a combination of Valence Aware Dictionary and sEntiment Reasoner (VADER) and techniques based on De Choudhury et al. After controlling for gender, linear regression predicting PTSD symptom severity at 6 weeks evidenced a positive association with participant OSN use of emotion words and the word “sorry” ( $p < .01$ ) Posttrauma affective expressions and social recruitment are discussed, with implications for theory and treatment.

**2-296**

**Can We Make Child Trauma Data ‘FAIR’ (Findable, Accessible, Interoperable, Re-usable)?**

(Abstract #524)

**Poster #2-296 (Res Meth, Acute, Child/Adol) M - Global**

**Gloucester**

*Kassam-Adams, Nancy*

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

Data are valuable resources and ‘the value of data increases with their use’ (Uhlir, 2010). Yet traumatic stress research datasets have rarely been created with preservation, discoverability, or re-use in mind. This poster describes progress in an international collaborative effort to create and sustain an accessible archive of child trauma datasets, available to investigators for integrative data analyses. The Prospective studies of Acute Child Trauma and Recovery (PACT/R) Data Archive now includes >30 datasets from studies in 5 countries, representing >5500 trauma-exposed participants age 2 to 20, 50% are of minority ethnicity and 54% report prior trauma exposure. Index events include injury, disaster, traffic crash, violence, and medical events. The Archive also lets us to begin to characterize features of studies in this area. In the first 30 PACT/R datasets, studies used 22 different measures of child PTS symptoms; some also assessed child behavior (18 studies), depression (17 studies), or anxiety (9 studies), or parent mental health (19 studies). The 30 studies included 2 to 5 planned assessment points, with retention rates (completion of  $\geq 2$  assessments) ranging from 47% to 100% (mean = 80% retention). There were no differences in retention rate based on the site or timing of study recruitment; studies with more planned assessment points had higher retention.

## JOURNALISM AND TRAUMA POSTERS

2-297

### Prevalence of Online Harassment and Offline Non-Sexual Harassment in a Sample of Journalists

(Abstract #399)

Poster #2-297 (Journalism and Trauma, Tech, Adult) M - Global

Gloucester

*Slaughter, Autumn, Newman, Elana*  
*The University of Tulsa, Tulsa, Oklahoma, USA*

There is evidence from non-randomized samples about sexual harassment against women journalists (Barton & Storm, 2014; Flatlow, 1994). However, less is known about non-sexualized harassment (NSH) and online harassment (OH) among men and women journalists. This pilot study examines NSH and OH prevalence among journalists.

Among the 66 journalists who started an online survey, 39 provided enough data for analysis. All but two male journalist affirmed OH exposure within the past six months. Journalists reported being: called offensive names (87.2%), physically threatened (68.2%), purposefully embarrassed (56.4%), harassed by the same person for longer than one day (48.7%), sexually harassed (38.5%), and stalked online (28.2%). The majority (79.5%) reported a work-related NSH experience within the past six months. The most common types were having opinions ignored (64.1%) and experiencing pressure not to claim something to which they were entitled (43.6%). The least common forms included threats of violence or physical abuse (7.7%) and offensive practical jokes (10.3%).

These preliminary results suggest OH may be more common than NSH. Future studies should examine harassment frequency and severity in a randomized sample. Organizations may provide support for managing OH.

2-298

### Maternal Arrest: Implications for Maternal and Child Mental Health

(Abstract #1094)

Poster #2-298 (Journalism and Trauma, Depr, Dev/Int, Fam/Int, Social, Lifespan) I - Industrialized

Gloucester

*Cristian, Chloe<sup>1</sup>, Obus, Elsia<sup>2</sup>, Gray, Sarah<sup>2</sup>, Swerbenski, Hannah<sup>1</sup>*  
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As the number of mothers involved in the criminal justice system rises, an examination of the collateral consequences of arrest on maternal mental health and children's development becomes increasingly necessary. The current study explores the associations between maternal arrest, maternal posttraumatic stress disorder (PTSD) symptom severity, and child behavior problems in a sample of 108 mothers and their 3-5 year-old children. All mothers identified as African American and had incomes near or below federal poverty guidelines. 44.40% of mothers had been arrested.

Mothers who had been arrested reported significantly higher PTSD severity than mothers who had not (t

= 2.12,  $p = 0.04$ ). Unexpectedly, the total effect of maternal arrest on children's behavior problems was not significant. However, the indirect effect of maternal arrest on children's internalizing ( $b = 1.28$ ,  $SE = 0.60$ ,  $CI [0.19, 2.59]$ ) and externalizing ( $b = 0.93$ ,  $SE = 0.51$ ,  $CI [0.82, 2.06]$ ) behavior through maternal PTSD severity was significant.

Findings highlight the importance of providing mental health support to women who have been arrested and may be at heightened risk for PTSD. Future research should explore the context and lived experiences of women who have been arrested to help unpack latent variables that may drive the indirect pathway from maternal arrest to child behavior problems through maternal PTSD.

## VICARIOUS TRAUMA AND THERAPIST SELF CARE POSTERS

### 2-299

#### **Secondary Traumatic Stress (STS) Informed Organizational Assessment and Individual Experiences of Secondary Traumatic Stress and Burnout in Child Welfare**

(Abstract #1856)

**Poster #2-299 (Self-Care, CPA, Self-Care, Child/Adol) M - Industrialized**

**Gloucester**

*Whitt-Woosley, Adrienne*

*University of Kentucky, Lexington, Kentucky, USA*

Studies have documented high rates of secondary traumatic stress (STS) and burnout (BO) among child welfare professionals (Bride, 2007; Craig & Sprang, 2010). A challenge for high-risk helping professions is to understand how both individuals and organizations can address the impact of these conditions. The Secondary Traumatic Stress Informed Organizational Assessment (STSI-OA) tool was developed to evaluate the use of policies, practices and training activities that organizations could use to remove barriers to individual coping and promote resiliency (Sprang et al., 2014; Sprang, Ross & Miller, 2018). This study of child welfare professionals ( $N=370$ ) examines associations between the individual domains and overall scores of the STSI-OA and outcomes of STS and BO given their high correlations across studies (Cieslak et al., 2014). The 5 domains measured by the STSI-OA (Resilience, Safety, Policies, Leader Practices and Organizational Practices) were significantly correlated with both STS and BO and collectively accounted for 17.9 and 18.4 percent of the variance in these outcomes respectively. This suggests that organizational policies and practices can have a notable effect on the STS and BO experiences of individuals. Discussion of these findings and implications for child welfare systems from an organizational change perspective will be provided.

### 2-301

#### **Rolling Out the Research: Managing the Effects of Secondary Traumatic Exposure on the Road to Resilience**

(Abstract #471)

**Poster #2-301 (Self-Care, Chronic, Clinical Practice, Train/Ed/Dis, Self-Care, Prof) I - Global**

**Gloucester**

*Reese, Kirsti*

*Sam Houston State University, Huntsville, Texas, USA*

Secondary trauma exposure is widespread among mental health practitioners and researchers and is a significant contributor to negative long-term health issues and job turnover within the mental health field. The presentation will review interventions for professionals working with trauma to reduce secondary traumatic exposure and build resiliency. The aim is to close the gap between research and implementation and bring together the conceptual framework and concrete interventions for addressing exposure in traumatic stress practitioners and researchers. The current literature is reviewed and addresses the “next steps” for the course forward to recovery. While there has been significant research on identifying and predicting burnout and secondary traumatic stress, the empirical support for interventions for treatment and prevention are limited. Suggested interventions are largely anecdotal and include increasing skill-building. The proposal will take a specific look at “training-as-treatment” models and the impact of education and increasing awareness. In a field where post-traumatic growth and resilience are critical focuses, the traumatic stress practitioners and researchers themselves are often the ones in need of support in order to continue to do the ever-challenging work of helping others heal.

## TECHNOLOGY POSTERS

**2-302**

### **Implementation and Dissemination of VA Video Connect for Posttraumatic Stress Disorder in the Veterans Healthcare Administration**

(Abstract #169)

**Poster #2-302 (Tech, Clinical Practice, Train/Ed/Dis, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Myers, Ursula<sup>1</sup>, Davis, Brittany<sup>2</sup>, Birks, Anna<sup>3</sup>, Wangelin, Bethany<sup>3</sup>, Keller, Stephanie<sup>3</sup>, Myrick, Hugh<sup>1</sup>*  
*<sup>1</sup>Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA*

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The Veterans Healthcare Administration (VHA) serves over three million veterans living in rural areas, and 435,000 of rural dwelling veterans engaged in mental healthcare in 2015. Demand for mental health services for psychiatric disorders such as posttraumatic stress disorder (PTSD) in the VHA has increased 10% each year since 2005. To meet this growing demand for PTSD specialty care, and based on early studies demonstrating the efficacy of telemental healthcare, VHA has begun implementing telemental services nationwide via VA Video Connect (VVC), which is the VA’s platform for videoteleconferencing to non VA locations such as the home or workplace. VVC helps to further reduce barriers to care by eliminating drive time, decreasing time needed for appointments. The VA aims to have 100% of both mental health and primary care providers capable of offering VVC by 2020. This initiative has sparked clinical and administrative challenges for providers unfamiliar with using technology to delivery services. In this presentation, we will present lessons learned and address common concerns voiced by VVC providers from the leading site for VVC encounters (Ralph H. Johnson VAMC). The goal is to foster continued and clinically thoughtful dissemination of VVC for PTSD.

**2-303****Utilization of Video-to-Home Technology among Military Sexual Trauma Survivors with PTSD**

(Abstract #1623)

**Poster #2-303 (Tech, Clinical Practice, Rape, Mil/Vets, Adult) M - N/A****Gloucester***Boykin, Derrecka<sup>1</sup>, Lindsay, Jan<sup>2</sup>, Fletcher, Terri<sup>3</sup>*<sup>1</sup>*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, DeKalb, Illinois, USA*<sup>2</sup>*Michael E. DeBakey VA Medical Center, Houston, Texas, USA*<sup>3</sup>*Michael E. DeBakey VA Medical Center, Houston VA Health Services Research and Development Center for Innovations in Quality, Effectiveness, and Safety, Houston, Texas, USA*

As many as 1 in 6 Veterans and service members report sexual assault or harassment experiences during active duty or inactive duty training, also known as military sexual trauma (MST). MST survivors face unique barriers (e.g., institutional betrayal, concerns about fitting in at VA) that can significantly delay receiving in-person care (Lofgreen et al., 2017), thereby limiting access to evidence-based psychotherapy (EBP). Video-to-home (VTH) technology presents an innovative strategy for increasing engagement with EBPs among these Veterans. This study examined the utilization of VTH by MST survivors in a PTSD Clinical Team at a large Southwestern VA. We reviewed medical records for all Veterans (n=15, 80% women, ages 28-71) receiving an EBP for MST-related PTSD via VTH between 2016-2018. Nine Veterans (60%) were exclusively seen via VTH. On average, Veterans attended 8.2 sessions (SD=5.22), most of which were through VTH (M=5.93, SD=4.57) compared to in-person (M=2.27, SD=4.26). Veterans missed (M=0.40, SD=0.73) or cancelled (M=1.60, SD=1.99) very few sessions overall. Moreover, less than 35% of Veterans terminated treatment before session 7, a dropout rate that is slightly lower than national and local EBP completion averages. As argued by Gilmore et al. (2016), these data suggest that VTH may be leveraged with MST survivors to increase treatment engagement.

**2-304****Engagement Predicts Reduction in Trauma Coping Self-Efficacy While Using a Digital Health Intervention for Trauma Recovery: Mixed Effects Analysis**

(Abstract #321)

**Poster #2-304 (Tech, Clin Res, Commun, Pub Health, Theory, Adult) M - Industrialized****Gloucester***Yeager, Carolyn, Shoji, Kotaro, Benight, Charles**University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

The present study investigated the relationship between engagement and digital health intervention (DHI) effectiveness for individuals who used a DHI designed to increase trauma coping self-efficacy (CSE-T; Steinmetz et al., 2012). CSE-T is one's perceived capability for managing internal and external post-traumatic recovery demands (Benight & Bandura, 2004). Research has shown that CSE-T is an important predictor of posttraumatic adaptation (Luszczynska, Benight, Cieslak, 2009). Engagement is conceptualized to include both usage and affect (Yeager & Benight, 2018). In this study, 52 trauma survivors (53.8% female,  $M_{age} = 40.23$  years) completed three of six modules of a theoretically based

trauma recovery DHI each week for three weeks. Engagement included frequency and positive affect (vigor scale of the POMS). The outcome, CSE-T, was measured at baseline and after the completion of each module. A linear mixed effects model of the relationship between engagement and CSE-T was performed. We found increased frequency and affect predicted CSE-T improvement ( $\beta_{\text{freq}} = .14$ ; 95% CI[0.093, 0.188],  $\beta_{\text{aff}} = .14$ ; 95% CI[0.049, 0.242], AIC = 871.1). This model was significantly better than the model without engagement (AIC = 902.2,  $\chi^2(1) = 35.08$ ,  $p < .001$ ). Our findings suggest that usage and affect are important components of engagement and higher engagement enhances DHI effectiveness.

## LATE BREAKING POSTERS

2-305

### PTSD Symptoms Yield Poor Cardiovascular Health in Older Women Veterans: Examining Risk by Diagnostic Threshold

(Abstract #2133)

Poster #2-305 (Assess Dx, Assess Dx, Health, Illness, Aging, Older) I - N/A

Gloucester

*DeLane, Sumaiya<sup>1</sup>, Spiro III, Avron<sup>2</sup>, Magruder, Kathryn<sup>3</sup>, Smith, Brian<sup>4</sup>*

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Studies suggest a dose-response relationship between PTSD symptoms and risk for incident cardiovascular disease (CVD), yet how trauma impacts heart health remains understudied among older women. Data were collected from a national study of 4,219 Vietnam Era women veterans. Scores on the DSM-IV military PTSD-checklist (PCL) grouped participants into those with probable PTSD (4.9%), subthreshold PTSD (9.7%), and no PTSD (85.4%). Covariate-adjusted logistic regression models examined associations between PTSD and CVD. The probable and subthreshold PTSD groups were 2.4 (OR, 2.43[95% CI, 1.49-1.4.03]) and 1.8 times (OR, 1.84[95% CI, 1.24-2.71]) more likely to have coronary artery disease (CAD), 3.1 (OR, 3.17[95% CI, 3.17-6.33]) and 1.8 times (OR, 1.84[95% CI, 1.82-3.31]) more likely to have congestive heart failure (CHF), and 2.4 (OR, 2.48[95% CI, 1.68-3.67]) and 1.4 times (OR, 1.48[95% CI, 1.09-1.99]) more likely to endorse other heart conditions (OHC) compared to the group without PTSD. With respect to PTSD symptom severity, every one-point increase in PCL score corresponded to a 2.4% (OR, 1.02[95% CI, 1.01-1.03]), 3% (OR, 1.03[95%CI, 1.01-1.04]) and 2.6% (OR, 1.02[95%CI, 1.01-1.03]) increase in the risk for CAD, CHF, and OHC. These findings inform an integrative health approach in which stress exposure and adverse mental health is addressed relative to chronic disease.

**2-306****Hierarchical Structure of PTSD Symptoms**

(Abstract #2039)

**Poster #2-306 (Assess Dx, Clin Res, Adult) M - N/A****Gloucester***Rickman, Sloane<sup>1</sup>, Yalch, Matthew<sup>1</sup>, Levendosky, Alytia<sup>2</sup>*<sup>1</sup>*Palo Alto University, Palo Alto, California, USA*<sup>2</sup>*Michigan State University, East Lansing, Michigan, USA*

Posttraumatic Stress Disorder (PTSD) symptoms are often discussed in two contrasting ways, overall symptom severity or four diagnostic clusters (re-experiencing, avoidance, negative cognitions/mood, and overarousal). These different ways of understanding PTSD symptoms coincide with a broader research movement of thinking about psychopathology in terms of a hierarchical structure, with one factor at the top of the hierarchy reflecting general symptom severity followed by series of lower-order echelons of factors reflecting increasing specificity of dysfunction. For example, recent research suggests a hierarchy with internalizing and externalizing spectra at the 2nd echelon of the hierarchy, and antagonism, detachment, disinhibition, negative affect, and psychoticism spectra at the 5th echelon. In this study, we integrate these two perspectives by examining the hierarchical structure of PTSD symptoms in a sample of 209 trauma-exposed young adults using hierarchical factor analysis. Results suggest an 11-echelon structure of PTSD symptoms in which the four clusters of PTSD symptoms are nested within the structural hierarchy demonstrated in the psychopathology research more broadly. These findings integrate research on PTSD with the movement of studying psychopathology hierarchically, and have implications for both future research and intervention with trauma survivors.

**2-307****The Impact of Trait Anxiety and Parent-Child Relationship Quality on Observational Fear Learning in Children**

(Abstract #2142)

**Poster #2-307 (Bio Med, Affect/Int, Anx, Fam/Int, Bio/Int, Child/Adol) I - Industrialized****Gloucester***Bilodeau Houle, Alexe, Bouchard, Valérie, Morand-Beaulieu, Simon, Marin, Marie-France  
Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Université de Montréal,  
Montréal, Quebec, Canada*

Observational fear learning is especially relevant during childhood, given that children are sensitive to their parents' emotions. Parent-child relationship quality and trait anxiety both modulate children's fear reactions. Their impact on observational fear learning remains unelucidated. We examined the effect of these two variables on observational fear learning in sixty parent-child dyads. Children (8 to 12 years old) completed the Security Scale questionnaire and the Childhood Anxiety Sensitivity Index. They watched a video of their parent undergoing a fear conditioning protocol, where a stimulus was paired with a shock (CS+) and one was not (CS-). The stimuli were then directly presented to children without any shocks while skin conductance responses (SCRs) were measured. We found a significant Stimulus X Anxiety X Father-child relationship quality [ $F(2, 102)=4.406, p=0.015$ ]. Results showed that when trait anxiety

levels were high, a lower relationship quality with the father was associated with higher SCR to the CS+ ( $p=0.039$ ). No interaction was found between stimulus, trait anxiety and mother-child relationship quality. Given that observational fear learning can play a role in fear-related psychopathologies, our data highlight the fact that high anxiety levels and low father-child relationship quality could potentiate one's risk to develop such psychopathologies.

## 2-308

### **Dissociation, Posttraumatic Stress Disorder, and Binge Eating in Trauma-Exposed Veterans**

(Abstract #2063)

**Poster #2-308 (Clin Res, Mil/Vets, Adult) I - Industrialized**

**Gloucester**

*Hardin, Sabrina<sup>1</sup>, Zelkowitz, Rachel<sup>2</sup>, Wolf, Erika<sup>3</sup>, Mitchell, Karen<sup>4</sup>*

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<sup>4</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

Trauma exposure is associated with both binge eating (BE) and dissociation. These behaviors may facilitate avoidance of traumatic memories or negative affect more broadly via narrowed awareness. Within bulimic episodes, for example, dissociation is more strongly associated with binge versus purging behaviors. Despite heightened associations of trauma exposure with BE and dissociation, the interrelation of posttraumatic stress disorder (PTSD) symptoms and these behaviors is still largely understudied. We investigated bidirectional associations between dissociation (derealization/depersonalization, loss of awareness, amnesia), BE, and PTSD symptoms in a sample of trauma-exposed veterans ( $N = 374$ ). Participants completed surveys at two time points (T1 and T2). All variables were significantly correlated with one another. Cross-lagged panel models revealed that T1 PTSD symptoms were associated with T2 BE and loss of awareness, and there were significant bidirectional associations between PTSD symptoms and derealization/depersonalization and amnesia, respectively. Only T1 loss of awareness was associated with T2 BE.

Loss of awareness may represent an important treatment target in patients with comorbid PTSD and BE. The lack of association between BE and other forms of dissociation suggests that PTSD accounts for some of the observed associations between BE and dissociation.

## 2-309

### **What is Truly Traumatic in War?: A Grounded Theory Study of Operational Stress Injuries from Canadian Combat Veterans' Perspectives**

(Abstract #1902)

**Poster #2-309 (Clin Res, Complex, Grief, Mil/Vets, Moral, Adult) M - N/A**

**Gloucester**

*Smith-MacDonald, Lorraine, Sinclair, Shane, Raffin-Bouchal, Shelley, Reay, Gudrun, Ewashen, Carol, Konnert, Candace*

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**Background:** Military personnel who have been deployed to combat environments often experience Operational Stress Injuries (OSI), which are associated with mental illness, psychosocial difficulties, and moral injuries. Consequently, veterans' voices are essential to understanding how to heal OSIs, but no research has focused on OSIs from veterans' perspectives.

**Aim:** Determine what elements of OSIs are deemed most problematic and why by veterans.

**Methods:** Using grounded theory, 18 Canadian combat veterans were purposely recruited for individual interviews, which were audio-recorded, transcribed, coded, and constantly compared to discover underlying theoretical categories.

**Results:** Findings demonstrated that most injurious to veterans were what they termed “fracturing experiences” and “limboizing.” Fracturing experiences were largely synonymous with the current classification of moral injury, while limboizing referred to a failed military-to-civilian transition. Ongoing work to further examine how moral injury may influence veterans’ mental health and military-to-civilian transition may allow veterans to thrive and not merely survive in their new life.

**Discussion:** This unique study provides healthcare professionals with a holistic model for efficiently addressing veterans’ OSI needs, and perhaps those in para-military organizations, such as first responders and police.

**2-310**

**Determining the Impact of a Residential Program on PTSD and Moral Injury in Active Duty Personnel and Veterans**

(Abstract #1959)

**Poster #2-310 (Clin Res, Commun, Complex, Mil/Vets, Moral, Adult) I - N/A**

**Gloucester**

*Smith-MacDonald, Lorraine<sup>1</sup>, Pike, Ashley<sup>1</sup>, Bremault-Philips, Suzette<sup>2</sup>*

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**Background:** Active-duty members and veterans can develop Posttraumatic Stress Disorder (PTSD) and Moral Injury (MI) as a result of occupational stressors experienced in the course of military service. Project Trauma Support (PTS) offers a 6-day physician-led residential program aimed at addressing PTSD and MI through group and individual psychotherapeutic, psychoeducational and activity-based interventions.

**Aim:** To evaluate the impact of PTS on active-duty members and veterans who have experienced PTSD and MI.

**Methods:** This mixed-method pre/post study with longitudinal follow-up includes 48 active members and 96 veterans. Standardized questionnaires assess participants’ health and wellbeing, while post-intervention interviews capture self-reported program impact and effectiveness.

**Results:** Preliminary quantitative findings on standardized measures pre-post intervention and on follow-up will be presented. Preliminary thematic analysis indicates improvements in connection and communication with loved ones, enhanced self-efficacy to handle PTSD, resolution of MI, and a sense of posttraumatic growth and hope.

**Conclusion:** An opportunity to reprocess significant traumatic events, find new meaning, repair damaged relationships and form long-lasting bonds can lead to a sense of purpose and peace among active-duty members and veterans who have experienced PTSD and MI.

2-311

**Qualitative Analysis of Self-Enacted Traumatic Experiences: Nature and Implications of Identified Index Events**

(Abstract #2062)

**Poster #2-311 (Clin Res, Acute, Mil/Vets, Theory, Moral, Adult) I - Industrialized Gloucester**

*Hill, Jamie , Dunn, Brittany, Williamson, Rachel  
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There is growing research demonstrating the potential for traumatic responses to distressing events caused by an individual's own actions; however, limited information exists on the qualitative nature of different perpetrator trauma experiences. The current study examines the nature of reported index events of perpetrator traumas and the relationship between different qualities of these events and PTSD symptom severity. 429 participants, including subsamples of military, police, and non-service members, described a distressing situation caused partly or wholly by their own actions and reported on its relationship to a salient belief system; they also completed the PTSD symptom checklist. Thematic analysis was used to identify underlying themes of the reported index event and events were also coded as representing either acts of omission or commission. Four primary themes emerged: causing of physical harm, betrayal within interpersonal relationships, failure to meet external standards/rules, and failure to meet personal standards. The identified themes were compared across the three subsamples and assessed in relation to PTSD symptom severity, perceived violation of personal belief systems, as well as the types of belief system identified.

2-312

**Executive Cognitive Resources Moderate the Relationship between Fear Reactivity and Psychological Risk**

(Abstract #2027)

**Poster #2-312 (Clin Res, Affect/Int, Cog/Int, Res Meth, Adult) M - Industrialized Gloucester**

*Nylocks, Karin, Coifman, Karin  
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The objective of the current study was to examine how executive resources might moderate the relationship between fear reactivity and psychological risk. Data was collected from n=101 college students. Participants completed a fear reactivity task consisting of two film clips to elicit fear. Skin conductance was measured during the task to index fear response. Participants also completed two Stroop tasks to index executive resources and the Behavioral Inhibition Scale (BIS) to index psychological risk. Hayes' PROCESS Model 1 was used to test Stroop performance as a moderator in the relationship between fear reactivity (DV) and BIS (IV). Results showed a significant moderation effect  $b = .0003$ ,  $95\%CI[-.00-.00]$ ,  $t=1.95$ ,  $p=.055$ , such that the relationship between high fear reactivity and high BIS emerged only in individuals with poor Stroop task performance  $t(63)=1.62$ ,  $p=.055$ ,  $95\%CI[-.01-.11]$ . This aligns with prior evidence suggesting that increased executive cognitive functioning might

serve as a regulatory resource within the context of fear and offers valuable information regarding risk factors associated with fear-pathology development. Furthermore, these results indicate that increased focus on enhancing executive resources (e.g. exercise and mindfulness meditation) might improve current treatment protocols targeting fear-pathology.

**2-313****Characterizing the Association between Elevated Anhedonia and Health-Related Risk Taking**

(Abstract #2087)

**Poster #2-313 (Clin Res, Affect/Int, Depr, Sub/Abuse, Adult) M - Industrialized Gloucester**

*Tully, Isabelle, Walker, Rosemary, Zoellner, Lori  
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Anhedonia, a loss of interest in pleasurable activating often seen in posttraumatic stress disorder (PTSD), is associated with suicidal behavior, which is inherently risky and life-threatening (Bonnani et al., 2019). Those high in anhedonia may engage in risky behaviors such as skydiving more than those low in anhedonia (Franken, Zijlstra, & Muris, 2006). The present study examined the relationship between anhedonia and risk taking with an experimental design. We hypothesized that those high in anhedonia ( $n = 11$ ), defined as a score of 3 or more on the SHAPS (Snaith et al., 1995), would show more risk taking than those low in anhedonia ( $n = 33$ ). Participants completed a gambling task assessing behavioral risk taking, the Game of Dice Task (Brand et al., 2005), and self-report measures of risk taking, alcohol use, and psychopathology. Those high in anhedonia indicated higher overall ( $p = .04$ ,  $d = 0.69$ ) and health/safety ( $p = .01$ ,  $d = 0.96$ ) risk taking, but not behavioral risk taking ( $p = .10$ ,  $d = 0.38$ ), than those low in anhedonia. Higher anhedonia was associated with higher alcohol use ( $r = .31$ ,  $p = .04$ ) and depression ( $r = .52$ ,  $p < .001$ ), but not PTSD severity. A link between anhedonia and risk taking grants insight into the possible role of impaired reward function as a risk factor for suicidal behavior and substance abuse often seen in trauma survivors (Gradus et al., 2017).

**2-314****Self-Efficacy to Control Marijuana Use during Emotional Distress Relates to a Decrease in Posttraumatic Stress Symptoms for Trauma Survivors**

(Abstract #2049)

**Poster #2-314 (Clin Res, Affect/Int, Cog/Int, QoL, Sub/Abuse, Adult) I - Industrialized Gloucester**

*Hurd, Julie, Benight, Charles  
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Marijuana use has been linked to both positive and negative outcomes for trauma survivors. Personal factors (i.e., self-efficacy) have received minimal focus in the marijuana and trauma literature but have strongly been linked to posttraumatic stress. The present study ( $N = 151$ ) aimed to address these personal factors and how they relate to posttraumatic stress symptoms (PTSS) for marijuana users in order to help parse apart previous incongruent findings. Trauma survivors who currently used marijuana (68.4%

female,  $M_{age} = 22.15$ ) completed an online survey that assessed self-efficacy to control marijuana use in contexts of emotional distress, availability, and social facilitation. We predicted availability and social facilitation would not relate to PTSS while higher self-efficacy to control use during emotional distress would relate to decreased PTSS. Multiple linear regression confirmed this hypothesis,  $R^2 = .08$ ,  $F(3,148) = 4.03$ ,  $p = .009$ . Availability and social facilitation did not predict PTSS while higher self-efficacy to control use during emotional distress significantly predicted a decrease in PTSS ( $\beta = -0.38$ ,  $p = .001$ ). These findings suggest that general marijuana use may not contribute to negative outcomes for survivors, but that perceived capability to control marijuana use during emotional distress may be essential for resilience and recovery.

## 2-315

### **Why Gay Men are more in Distress than Heterosexual Men: Are Different Determinants at Stake?**

(Abstract #2048)

**Poster #2-315 (Clin Res, Clin Res, Cog/Int, Cul Div, Orient, Adult) I - Industrialized Gloucester**

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*Université du Québec À Montréal (UQAM), Montreal, Quebec, Canada*

Introduction; The literature indicates that gay men are more at risk than heterosexual men to face traumatic events. Also, this population suffer more from PTSD and depression than their heterosexual counterparts. However, current clinical conceptualizations and strategies target the same determinants for both of these populations. But, are post-trauma factors that contribute to the development of PTSD the same for gay and heterosexual men? The aim of this scoping review is to answer this question by presenting social and cognitive factors related to PTSD among this population. Methods; A research with specific keywords identifies: 1 - consequences of trauma history on gay men's well-being and 2- social and cognitive post-trauma factors affecting PTSD for this population. Studies involving any type of design, written in French or in English and regarding any date of publication, were included. A final sample of 47 papers was found. Results; Social support, attributional style, maladaptive beliefs, internalized homophobia and experiential avoidance seem to be important variables explaining the discrepancy between gay and heterosexual men suffering from PTSD. Discussion; The present scoping review identifies the essential factors to study next. Creating specific clinical strategies targeting unique determinants of distress for gay men is a priority.

## 2-316

### **Women Tell All: A Comparative Thematic Analysis of Two Brief Counseling Interventions for Intimate Partner Violence**

(Abstract #2067)

**Poster #2-316 (Clin Res, DV, Gender, Adult) I - Industrialized Gloucester**

*Shayani, Danielle<sup>1</sup>, Gabrielson, Isabella<sup>1</sup>, Danitz, Sara<sup>2</sup>, Dichter, Melissa<sup>3</sup>, Gerber, Megan<sup>4</sup>, Iverson, Katherine<sup>1</sup>*

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Intimate partner violence (IPV) is a public health problem that is common among women Veterans (WVs). "Recovering from IPV through Strengths and Empowerment" (RISE) is a variable-length intervention developed for WVs. We present initial qualitative feedback from WVs who completed a randomized clinical trial comparing RISE to a 1-session, education and resource-based control condition. To date, 21 WVs (30% Non-White) completed post-intervention qualitative interviews (RISE n=11; control n=10). Interviews were transcribed and coded using rapid content analysis (Hamilton, 2013). Both interventions were deemed acceptable, though differences emerged in perceived impact, application of content, and implementation recommendations. (1) The control group described the intervention as impacting IPV knowledge, whereas the RISE group reported the intervention impacting the way they felt about themselves (e.g., feeling empowered and independent). (2) Both groups applied tools learned, but WVs in RISE made more active changes in their daily lives incorporating self-care, activating social support and being more assertive in relationships. (3) Both groups wanted more sessions: The control group wanted more because they felt inadequately supported; women in RISE found the intervention helpful and wanted more to further their progress. Clinical and research implications will be discussed.

2-317

### **The Relationship between PTSD Scores, Substance Use, and Social Role Satisfaction among Treatment Seeking Veterans**

(Abstract #2072)

**Poster #2-317 (Clin Res, QoL, Sub/Abuse, Adult) I - Industrialized**

**Gloucester**

*McCarthy, Megan<sup>1</sup>, Wright, Edward<sup>2</sup>, Lejeune, Simon<sup>2</sup>, Spencer, Thomas<sup>2</sup>, Lento, Rene<sup>2</sup>*

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Research in veteran populations shows a negative relationship between satisfaction in social roles and PTSD severity as well as a positive relationship between substance use and PTSD severity. However; little research has examined how substance use might moderate the relationship between PTSD and social role fulfilment. Participants (N=342, 83% male) were veterans taking part in an intensive treatment program for PTSD. Prior to the program, participants completed the Posttraumatic Stress Symptom Checklist-5 (PCL-5), the Alcohol Use Disorders Identification Test (AUDIT-C), the Patient Reported Outcome Measurement Information System (PROMIS)-Satisfaction in Social Roles, and percent days abstinent from marijuana. Ninety-eight participants (29%) met criteria for problematic drinking and 83 (24%) participants reported past two-week marijuana use. Mean PCL-5 and social role scores were 51 and 17, respectively. Higher PCL-5 scores predicted lower social role satisfaction ( $b=-.21, p<.001$ ). There was no direct association between substance use and social role satisfaction, nor was a moderating effect found for problematic alcohol use ( $p=.533$ ) or marijuana use ( $p=.186$ ). Results lend support for dual diagnosis (PTSD-substance use) models of treatment, as PTSD severity appears to be importantly and independently related to social role fulfilment.

**2-318****Respiratory Sinus Arrhythmia and Skin Conductance Reactivity in Response to Parent-Child Conflict Associated with Instances of Harsh Parenting and Post-Traumatic Symptoms**

(Abstract #2077)

**Poster #2-318 (Clin Res, CPA, Chronic, Health, Adult) M - N/A****Gloucester***Merritt, Edward<sup>1</sup>, Olezeski, Christy<sup>2</sup>, Clegg, Rachel<sup>1</sup>, Chong, Li Shen<sup>1</sup>, Gordis, Elana<sup>1</sup>*<sup>1</sup>*University at Albany, State University of New York, Albany, New York, USA*<sup>2</sup>*Westchester Jewish Community Services, Central Yonkers Clinic, White Plains, New York, USA*

Reactivity in the parasympathetic (PNS) and sympathetic nervous systems (SNS) have been associated with experiencing child maltreatment as well as with aggressive behavior (Fung et al., 2005, Gordis et al. 2009). This study examined how changes in physiological arousal in response to viewing videos of parent-child conflict account for variability self-reported exposure to harsh parenting and PTSD symptoms. Participants were 59 students, 40 (68%) female and 19 (32%) male, collected from an undergraduate psychology research pool at a large state university. Participants viewed video clips of intense parent-child conflict while we measured respiratory sinus arrhythmia (RSA), an indicator of PNS, and skin conductance level (SCL), an indicator of SNS. Residual scores quantified change in RSA and SCL levels in reaction to the videos. Participants also reported retrospectively on harsh parenting and current post-traumatic stress symptoms. Regression analyses indicate that lower RSA withdrawal in response to the video was found to be linked to experiencing psychologically aggressive parenting as well as more life stress. In addition, lower SCL reactivity to the video conflict was linked to higher levels of post-traumatic stress symptoms. Findings are consistent with previous work that suggests a link between lower PNS and SNS reactivity and negative emotional states.

**2-319****Impact of Emotional Regulation in the Acute Aftermath of Pediatric Injury**

(Abstract #2146)

**Poster #2-319 (Clin Res, Acc/Inj, Health, Prevent, Child/Adol) I - Industrialized****Gloucester***Howe, Inola<sup>1</sup>, Ostrowski-Delahanty, Sarah<sup>2</sup>, Delahanty, Douglas<sup>1</sup>*<sup>1</sup>*Kent State University, Kent, Ohio, USA*<sup>2</sup>*Akron Children's Hospital, Akron, Ohio, USA*

Following traumatic injury, children are at high risk for developing anxiety and/or mood disorders. However, the mechanisms involved in the development of these negative outcomes is unclear. Many hypothesize that emotional dysregulation underlies many mental health disorders, including depression and PTSD. Little research has been conducted to understand emotional dysregulation in children. The present study examined emotional regulation (behavioral inhibition and activation) in children in the acute aftermath of a traumatic injury. Children ages 10-15 (mean age: 12.62; SD=2.12; 60.2% males) were recruited within 48 hours of admission to the Emergency Department for injury. Children completed

a measure of emotional regulation in-hospital (BIS/BAS Scale) and completed measures of anxiety (SCARED) and depression (CESD-DC) one-month following injury. Results suggest that higher child in-hospital behavioral inhibition predicted higher 1-month anxiety ( $F(1,34)=7.06, p=.012$ ). Results also found that lower in-hospital behavioral activation related to seeking out new rewarding situations predicted higher 1-month anxiety ( $F(1,33)=6.08, p=.019$ ). However, neither behavioral inhibition nor activation predicted 1-month depression. Findings suggest that screening for emotional dysregulation may serve as a means of identifying child traumatic injury victims at-risk for anxiety.

## 2-320

### **Predictors and Gender Comparison of Intimate Partner Violence among Incarcerated Youth**

(Abstract #2044)

**Poster #2-320 (Clin Res, CPA, Clin Res, Complex, DV, Child/Adol) I - N/A**

**Gloucester**

*Park, Jae<sup>1</sup>, Lansing, Amy<sup>2</sup>*

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Intimate partner violence (IPV) includes acts of violence or aggression committed by partners (dating, spouses), and takes many forms (physical, sexual, emotional/verbal). It is a prevalent problem occurring among adolescents. Because adolescent relationships are known to play a fundamental role in development, the experience of IPV may produce detrimental effects across the lifespan. Risk-immersed youth such as juvenile delinquents are at high risk for IPV, which may stem from their own adverse childhood experiences (ACEs) and their engagement in risk behaviors associated with IPV (Farrington, Gaffney, & Ttofi, 2017). The present study will 1) characterize the different types of IPV, 2) compare intraindividual differences in IPV victimization/perpetration types among adjudicated delinquents, 3) explore predictors of IPV perpetration/victimization by examining attitudinal (dating attitudes and perceptions), behavioral (early onset disruptive behaviors), cognitive (head injury), skill deficit (conflict resolution skills) and ACE-type (exposure to parental domestic violence, childhood maltreatment, alcohol/substance use) vulnerability factors. Results show that delinquent youth experience and engage in high rates of victimization and perpetration, which may be amenable to early interventions. Understanding IPV among delinquent youth will guide improvements in preventive efforts.

## 2-321

### **Resilience in a Treatment-Seeking Sample of Maltreated Children – What Hinders Progress?**

(Abstract #2061)

**Poster #2-321 (Clin Res, CPA, Commun, Comm/Int, Complex, Child/Adol) I - Industrialized**

**Gloucester**

*Collins, Jennifer, Mader, Luisa, Chow, Rebeca, Thomas, Ann, Hambrick, Erin*  
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Many maltreated children display resilience despite significant adversity, especially when provided early and efficacious intervention (Zolkoski & Bullock, 2012). Therapeutic preschools may aid in building resilience by fostering self-regulation, initiative, and healthy relationships (Sciaraffa, Zeanah & Zeanah, 2018; Stubenbort, Cohen, & Trybalski, 2010). However, high exposure to early adverse childhood experiences (ACEs) may hinder resilience, with increasing number of ACEs predicting poorer treatment outcomes in maltreated youth (Weiler & Taussig, 2019).

The present study evaluates the progress of young children in a therapeutic preschool (N=41, Mage=51.79 months) with high ACEs exposure (M=6.90, SD=2.91) as they work towards building resilience. Resilience and problem behaviors were assessed with the Devereaux Early Childhood Assessment–Clinical (DECA-C; LeBuffe, P. A., & Naglieri, 2003). Although overall resilience improved after 6 months of treatment, 18% of children in the sample regressed. We evaluate predictors of resilience following 6 months of treatment, including initial levels of resilience, initial problem behaviors, and history of ACEs while controlling for age. Preliminary results indicate that greater than 7 ACEs is associated with poorer treatment progress. Implications for therapeutic preschool programs will be discussed.

## 2-322

### **The Association between Neurocognition and Maltreatment History in a Youth Psychiatric Inpatient Population**

(Abstract #2093)

**Poster #2-322 (Clin Res, Acute, Cog/Int, Complex, Child/Adol) I - Industrialized**

**Gloucester**

*Gervasio, Maddi<sup>1</sup>, Studeny, Jane<sup>2</sup>, Bodzy, Mary<sup>1</sup>, Holler, Karen<sup>2</sup>*

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Prior research in child outpatient and adolescent inpatient populations suggests several negative effects of childhood maltreatment on intelligence, executive functioning (EF) and learning/memory (Kavanaugh, Dupont-Frechette, Jerskey, & Holler, 2017; Nikulina & Widom, 2013). This study sought to examine the cumulative effect of multiple types of maltreatment on IQ, EF, and learning/memory in psychiatrically hospitalized youth aged 7-18 years old (n=388;M=10.87). Study groups included those with no maltreatment histories, or one, two, three, or four types of maltreatment experiences (e.g. sexual, physical, verbal/emotional abuse, and/or neglect). IQ was measured using the WASI-I/II, EF was measured using the Stroop Color-Word (C-W) and Trail-Making Test-Part B, and learning/memory was measured using the WRAML-2. One-way ANOVA revealed statistically significant between-group differences in FSIQ (F(4,348)=2.82, p=.025), PRI (F(4,345)=2.62, p=.035), and Stroop C-W (F(4,288)=3.73, p=.006) scores. A Tukey post hoc test revealed a statistically significant difference on Stroop C-W between those with one and three types (p=.042) and in FSIQ scores between those with no maltreatment and three types (p=.020). Results of this study highlight the cumulative impact of childhood maltreatment and its negative effect on intelligence and response inhibition in psychiatrically hospitalized youth.

2-323

**Compassion for Oneself and Others Protects the Mental Health of First Responders**

(Abstract #2076)

**Poster #2-323 (Clin Res, Anx, Chronic, Depr, Self-Care, Other) I - Industrialized Gloucester***McDonald, Mollie, Meckes, Samantha, Smirnova, Mary, Lancaster, Cynthia  
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First responders are at elevated risk for psychological distress from frequent exposure to potential traumas. Research suggests that self-compassion (SC) may buffer against the negative impact of these stressors and the potential emotional challenges of high levels of other-compassion (OC). However, little is known about how compassion affects first responders. We examined how SC and OC interacted to predict mental health among first responders with traditional and emotional support roles. Participants ( $N = 173$ ) completed an assessment battery, including the Self-Compassion Scale–Short Form; Santa Clara Brief Compassion Scale; Depression, Anxiety, and Stress Scale; PTSD Checklist for DSM-5; Secondary Traumatic Stress Scale; and Brief Resilience Scale. Regression analyses found that greater SC predicted greater resilience and less post-traumatic stress ( $|\beta|s \geq .46, ps < .001$ ). Greater OC predicted less secondary traumatic stress ( $\beta = -.39, p < .001$ ). Emotional support first responders experienced less secondary traumatic stress compared to traditional first responders ( $\beta = -.23, p < .001$ ). For emotional support (but not traditional) first responders with low SC, greater OC predicted less psychological distress ( $\beta = .23, p = .027$ ). Findings suggest that SC and OC promote resilience and protect against distress within trauma-exposed populations such as first responders.

2-324

**Helping the Helpers: The Impact of Social Support Subtypes and Sources on Mental Health in First Responders**

(Abstract #2079)

**Poster #2-324 (Clin Res, Anx, Chronic, Clin Res, Comm/Int, Other) M - Industrialized Gloucester***Meckes, Samantha, McDonald, Mollie, Smirnova, Mary, Lancaster, Cynthia  
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First responders experience high rates of trauma exposure, increasing vulnerability to stress-related pathology. Meta-analyses identified social support as one of the strongest protective factors in trauma-exposed populations, though the most beneficial types and sources of social support are unknown. Based on the matching hypothesis and pressure cooker hypothesis, respectively, we predicted that affectionate and emotional/informational types of social support, and support provided from friends and family, would most positively impact mental health. First responders ( $N = 182$ ) completed measures of social support, along with outcome measures including PTSD, secondary traumatic stress, burnout, compassion satisfaction, depression, anxiety, and stress. We used multiple regression with backwards elimination to identify final models. Affectionate ( $|\beta| \geq .19, ps \leq .05$ ) and emotional/informational support ( $|\beta| \geq .17, ps \leq .05$ ) predicted better outcomes, whereas tangible support did not ( $ps > .05$ ). Support from colleagues ( $|\beta| \geq .19, ps \leq .05$ ), friends ( $|\beta| \geq .14, ps \leq .05$ ), and supervisors ( $|\beta| \geq .17, ps \leq .05$ ) predicted better outcomes, while support from family members did not ( $ps > .05$ ). Findings provide insight into the

conditions under which social support protects against stress-related pathology and highlight the need to consider type/source of social support in the development of interventions.

## 2-325

### **Evolution of Posttraumatic Stress Disorder according to Gender Role in the Aftermath of Workplace Violence**

(Abstract #2092)

**Poster #2-325 (Clin Res, Acute, Gender, Other) M - Industrialized**

**Gloucester**

*Tessier, Marine<sup>1</sup>, Lefebvre, Chanelle<sup>1</sup>, Primiani, Rachel<sup>1</sup>, Guay, Stéphane<sup>2</sup>, Geoffrion, Steve<sup>3</sup>*

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<sup>3</sup>*Université de Montreal, École de psychoéducation, Montreal, Quebec, Canada*

Posttraumatic stress disorder (PTSD) is the most commonly found disorder after exposure to workplace violence. Studies highlight that the effects of this violence may be more pronounced depending on the biological sex of the victim. However, few studies examined the effect of gender roles (masculine and feminine personality) on the development and evolution of PTSD. The goal of this study is to evaluate the effect of gender role on the development of PTSD symptoms. A longitudinal design with four time measurements over 12 months was used among 206 participants exposed to workplace violence in the healthcare and transport sectors. Gender role was measured with the Bem Sex Role Inventory, which classifies individuals into four categories: feminine, masculine, androgynous, and undifferentiated. The effect of gender role and socio-demographic variables on PTSD symptoms over time were analyzed using a linear mixed-effects model. Among other things, results showed that gender role alone was not significant, but an interaction between time and gender role was found. At time 4, undifferentiated individuals had less severe PTSD symptoms than androgynous individuals. These results indicate that gender role is an interesting dimension to consider in workplace violence studies for a more detailed understanding of PTSD symptoms evolution.

## 2-326

### **Voices that Matter: Black Women's Input on Recovering from Traumatic Loss to Gun Violence and Incarceration**

(Abstract #2112)

**Poster #2-326 (Commun, Comm/Int, Comm/Vio, Death, Grief, Adult) I - Industrialized Gloucester**

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<sup>2</sup>*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

There is a paucity of research addressing how Black Women are affected by and recover from the loss of a loved one to gun violence and/or incarceration. The aim of this study was to 1) examine the need for a culturally responsive, trauma-informed, and evidence-based treatment, and 2) identify key program components and potential barriers. Researchers interviewed five Black Women with lived experience.

Participants also completed a survey where they rated the importance of 24 potential intervention activities. Thematic analysis of interview data confirmed a need for this type of intervention, in part because women perceived available resources as insufficient. Disenfranchised grief and lack of readiness were amongst the top barriers to seeking treatment. Social support, moving beyond the experience, and emotional expression were identified as critical intervention components. Opinions about combining women with different types of loss in the same group were mixed. Agreement with survey items was high; 22 of 24 were rated as “very important”. Those rated “most important” included: “talking to others who have a similar experience,” “speaking without being judged,” and “talking about the importance of their loved one’s life.” Study findings indicate a need for an intervention that can support Black Women who experience the loss of a loved one to gun violence or incarceration.

## 2-327

### **Directionality of Dating Violence among Sexual Minority High School Girls**

(Abstract #1935)

**Poster #2-327 (CulDiv, DV, Orient, Sub/Abuse, Gender, Child/Adol) M - Industrialized Gloucester**

*López, Gabriela<sup>1</sup>, Norris, Alyssa<sup>2</sup>, Orchowski, Lindsay<sup>2</sup>*

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<sup>2</sup>*Brown University Warren Alpert Medical School, Providence, Rhode Island, USA*

Teen dating violence (TDV) includes psychological threatening, physical, and sexual violence by a romantic partner. Little is known on the severity and directionality of TDV in sexual minority youth. This study examined directionality of TDV among 10th grade girls recruited from 27 high schools. They completed assessments on relationship status, dating violence, and substance use (i.e., heavy episodic drinking, marijuana use). Participants were 880 girls who identified as lesbian/bisexual (n = 139) and heterosexual (n = 741). Sexual minority girls (SMG) were more likely to report physical violence, threatening behavior, any form of dating conflict, and bidirectional conflict. Of those experiencing TDV, SMG (73%) were more likely to engage in bidirectional physical violence relative to 56% of HG. SMG engaging in bidirectional physical TDV were more likely to engage in past-month heavy drinking (OR = 7.02, 95% CI [1.14, 43.23]). SMG’s marijuana use was associated with bidirectionality of physical TDV (OR = 4.03, 95% CI [0.99, 17.08]) and threatening TDV (OR = 3.18, 95% CI [1.02, 9.93]). SMG are more likely than HG to report TDV, bidirectional physical violence, and use more substances. The mechanisms are unknown; however, minority stress (Meyer, 2003) predicts higher substance use among SMG due to victimization of minority individuals. SMG need targeted interventions.

## 2-328

### **PhotoVoice: Reconstructing Social Networks Following Forced Migration through a Personal and Collective Lens**

(Abstract #1931)

**Poster #2-328 (Global, Cul Div, Refugee, Adult) I - Global**

**Gloucester**

*Black, Mary*

*Heartland Alliance, Chicago, Illinois, USA*

As forced migration across the globe surges, locally our national immigration border debate remains contentious. Meanwhile refugees and asylum seekers confront mounting environmental and personal challenges adapting to life in a host country or in the uncertain limbo of a refugee camp or in border detention. It is imperative we recognize and learn from refugees' everyday experiences to inform relevant practice. Given the sheer scale of forced migration and the inherent trauma experienced, we are mandated as professionals to upgrade our knowledge in areas impacting daily lives of refugees that are not typically prioritized in our education and practice. Informed by Herman's healing model, a "Forced Migration Photo Voice" project, self-named by participants representing over 15 countries, has offered the means not only for community impact but personal healing. Over 50 participants from Heartland Alliance's Marjorie Kovler Center and Refugee and Immigrant Community Services, in partnership with Chicago Public Library Sulzer Regional Library have engaged in six seasons of PhotoVoice Groups, sharing a personal and collective voice through photo images and narratives with their local communities. Recent focus groups with participants further inform lessons learned and future directions. Photos, narratives and the collaborative process will be discussed.

**2-329****Sexual Victimization Disclosure: A Cluster Analysis Approach to Understanding Victimization Experiences**

(Abstract #2069)

**Poster #3-329 (Practice, DV, Rape, Adult) M - Industrialized****Gloucester***Carson, Kaitlin<sup>1</sup>, Babad, Sara<sup>2</sup>, Fairchild, Victoria<sup>2</sup>, Nikulina, Valentina<sup>2</sup>*<sup>1</sup> *City University of New York, The Graduate Center, New York, New York, USA*<sup>2</sup> *The Graduate Center & Queens College, City University of New York, New York New York, USA*

Sexual victimization survivors are at an increased risk for posttraumatic stress disorder (PTSD). There is abundant research on women who have disclosed their experience, but less is known about non-disclosers of sexual victimization. Research has identified three categories of sexual assault (high violence, alcohol related, and moderate sexual severity), which help to explain disparities in PTSD symptoms across disclosers of sexual victimization. The current study investigates whether similar clusters emerge when examining sexual victimization experiences of 175 disclosing and non-disclosing young adult females (M age = 20.61). Using a two-step cluster analysis approach, two clusters were identified. Cluster one consisted of 100 women who were more likely to experience a moderately severe assault (e.g., pressured sex play) and not disclose the event. Cluster two consisted of 75 women who were more likely to experience a severe assault (e.g., forced attempted intercourse) and disclose the event. Follow up independent t-tests revealed that women in cluster two had higher depression (M = 12.52) and PTSD symptoms (M = 11.07) than women in cluster one (M = 6.60; M = 8.91, respectively). These results support prior research identifying general categories of assault types based on assault severity and suggest that disclosure status is another key variable in the recovery process.

2-330

**Psychobiological Impact of Trauma-Informed Surfing among South African Youth**

(Abstract #2169)

**Poster #2-330 (Practice, Bio Med, Chronic, Clin Res, Comm/Vio, Child/Adol) M - E & Gloucester  
S Africa**

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This study demonstrates the psychobiological impact of a trauma-informed surf therapy program, Waves for Change (W4C), focused on developing emotion identification and regulation skills based in Cape Town, South Africa. W4C participants are South African trauma-exposed youth (N= 172), the majority of whom have experienced multiple traumatic 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. Overall at baseline, W4C participants were found to have overactive sympathetic nervous system activity, associated with fight-or-flight activity - high values create risk for aggression and hypervigilance - and parasympathetic nervous system, associated with emotion regulation and self-soothing behaviors. Over six months of surf therapy, participants had a decrease in nervous system activity, minimizing the risk for autonomic burnout over lifetime. Participants were also be more risk taking and reward seeking than at baseline. In addition to showing the psychobiological impact of trauma-informed surf therapy among traumatized South African youth, this study demonstrates the feasibility of conducting emotion-focused psychophysiological research outside of a western context.

2-331

**Organizational Incident Operational Nexus (ORION): A Novel System for Tracking Unit-Level, Non-Combat Military Trauma and Providing Targeted Outreach**

(Abstract #1968)

**Poster #2-331 (Prevent, Health, Adult) M - Global Gloucester**

*Delaney, Eileen<sup>1</sup>, Bhakta, Jagruti<sup>2</sup>, Webb-Murphy, Jennifer<sup>2</sup>, Burce, Cleo Mae<sup>2</sup>, Lippy, Robert<sup>2</sup>, Millegan, Jeffrey<sup>3</sup>*

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In response to the USS Fitzgerald and USS John S. McCain ship collisions in 2017, Navy Medicine conducted a review of tracking systems for Service members (SMs) exposed to unit-level, non-combat trauma and found that a system for tracking individuals and units following non-combat trauma exposure did not exist, resulting in potential care gaps for affected SMs. Organizational Incident Operational Nexus (ORION) was developed to provide comprehensive surveillance of trauma exposure and conduct targeted outreach (Caring Contacts) to SMs at elevated risk for psychological injury. A one-year pilot was conducted to test the feasibility of implementing ORION. The full crews involved in the USS Fitzgerald

and USS John S. McCain collisions were entered into the ORION pilot. Caring Contacts were completed with 62% (n=344) of the crews of USS Fitzgerald and USS John S. McCain. Twenty percent of SMs from the USS Fitzgerald and USS John S. McCain crews requested assistance connecting to mental healthcare through ORION Caring Contacts. Contacts were well received and several Sailors referred their peers for support through ORION. Also, multiple outreach contacts were helpful as the second Caring Contact interval resulted in more SMs asking for help. Findings from this pilot show that ORION addresses a critical gap in assisting SMs connecting to mental healthcare.

2-332

**Satisfaction in Adolescent Romantic Relationships: Associations with Cumulative Childhood Interpersonal Trauma and Dating Violence Victimization**

(Abstract #1977)

Poster #2-332 (Prevent, Aggress, CPA, Complex, QoL, Child/Adol) I - N/A

Gloucester

*Todorov, Emily-Helen<sup>1</sup>, Dewar, Michelle<sup>1</sup>, Paradis, Alison<sup>3</sup>*

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Exposure to interpersonal trauma has detrimental effects on romantic relationships. In fact, experiencing cumulative childhood interpersonal trauma (e.g., multiple forms of abuse before the age of 18), as well as dating violence by a current partner are two factors that have been linked to poor interpersonal functioning and low relationship satisfaction in adults. However, despite the developmental significance of high-quality romantic relationships for adolescents, the links between interpersonal traumatic stressors and relationship satisfaction has yet to be evaluated within this population. The present study aims to examine, in adolescent couple relationships, whether cumulative childhood interpersonal trauma, and dating violence victimization are related to relationship satisfaction. As a part of a larger-scale project, a sample of 224 adolescents (14-19 years old) involved in a romantic relationship completed an online survey. After controlling for gender and the length of the relationship, a hierarchical multiple regression revealed that cumulative childhood interpersonal trauma and dating violence victimization by a current partner are negatively linked to relationship satisfaction ( $R^2 = .211$ ,  $F(4, 215) = 14.405$   $p < 0.001$ ). These results highlight that like adults, teens who have experienced interpersonal trauma are less satisfied with their dating relationship.

2-333

**Military Sexual Trauma is Associated with Adverse Mental and Physical Health in 357,064 Women Veterans**

(Abstract #1976)

Poster #2-333 (Pub Health, Health, Rape, Mil/Vets, Gender, Adult) I - Industrialized

Gloucester

*Sumner, Jennifer<sup>1</sup>, Lynch, Kristine<sup>2</sup>, Viernes, Benjamin<sup>2</sup>, Coronado, Gregorio<sup>2</sup>, Beckham, Jean<sup>3</sup>, Ebrahimi, Ramin<sup>4</sup>*

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<sup>2</sup>*University of Utah/VA Salt Lake City Healthcare System, Salt Lake City, Utah, USA*

<sup>3</sup>*Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA*

<sup>4</sup>*Veterans Administration West Los Angeles Health Center, Los Angeles, California, USA*

Military sexual trauma (MST)—exposure to sexual harassment or assault during military service—is a major health priority for the Veterans Health Administration (VHA). We examined the prevalence and mental and physical health correlates of MST in the largest sample of women Veterans studied to date. Using electronic medical record data for Veterans using VHA healthcare from 1/1/2000-12/31/2017, we identified 357,064 women Veterans who were screened for MST and had at least one inpatient or outpatient visit within 2 years of their first VHA encounter. We conducted logistic regression models to examine the association of a positive MST screen with diagnoses of a range of mental and physical health conditions defined by administrative codes. Models adjusted for age, race/ethnicity, service branch, decade of service entry, and service connection. Nearly 27% (n=95,557) of women Veterans screened positive for MST. A positive MST screen was associated with increased odds of having 30 of 32 mental and physical health conditions [e.g., OR=6.48 (95% CI, 6.35-6.60) for PTSD; OR=1.84 (95% CI, 1.47-2.30) for AIDS/HIV]. A positive MST screen was also associated with greater odds of having  $\geq 2$  mental health conditions [OR=3.54 (3.47-3.60)] and  $\geq 2$  physical health conditions [OR=1.5 (1.47-1.54)]. Findings suggest that MST is common and may play a role in the clinical complexity of women Veterans.

2-334

### **Prevalence of Work-Related Distress among Ugandan Healthcare Providers as a Function of Selected Measure**

(Abstract #2123)

**Poster #2-334 (Res Meth, Assess Dx, Cul Div, Global, Pub Health, Other) M - E & S  
Africa**

**Gloucester**

*Dewey, Lauren<sup>1</sup>, Gray, Brandon<sup>1</sup>, Allwood, Maureen<sup>2</sup>*

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<sup>2</sup>*John Jay College, CUNY, New York, New York, USA*

In the context of limited and mismanaged resources, healthcare providers are at risk for secondary traumatic stress (STS) and burnout. Increasingly, researchers in low- and middle-income countries (LMIC) examine these phenomena using the Professional Quality of Life scale (ProQOL-5) (Muliira & Ssendikadiwa, 2015; Wentzel & Brysiewicz, 2018). Yet, research suggests problems with construct validity (Geoffrion et al., 2019; Heritage et al., 2018). Using quantitative data collected from 208 healthcare providers in Uganda, the current study compared prevalence findings from specific measures of burnout (Oldenburg Burnout Inventory; OLB) and STS (Secondary Traumatic Stress Scale; STSS) and the STS and burnout subscales of the ProQOL-5. Based on the ProQOL-5, only one participant scored in the high ranges for STS and burnout, whereas scores on the STSS and the OLB respectively indicated that 94 (49.2%) and 32 (15.9%) participants reported high levels of STS and burnout. Further, examination of similarly worded and identically scaled item pairs across measures yielded low to negative correlations ( $r=-.16$  to  $.30$ ,  $p=.001-.220$ ). Findings support a cautious approach when interpreting the ProQOL-5 among participants in LMIC or other low resourced environments and indicate that studies relying on this combined measure may grossly underestimate the prevalence of work-related distress.

2-335

**Psychological Recovery in the Aftermath of Patient Violence: The Case of Psychiatric Workers**

(Abstract #1886)

Poster #2-335 (Self-Care, Assess Dx, Health, Social, Moral, Adult) M - N/A

Gloucester

*Lamothe, Josianne<sup>1</sup>, Boyer, Richard<sup>2</sup>, Guay, Stéphane<sup>3</sup>*

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*<sup>3</sup>Université de Montreal & Centre d'Etude du Trauma, Montreal, Quebec, Canada*

According to a meta-analysis of 35 studies, one in five patients admitted to an inpatient acute psychiatric ward will become physically violent either towards staff or another patient during their stay. Unsurprisingly, this statistic places psychiatric workers at greater risk for all types of violence than their colleagues in other specialties. Yet despite this known vulnerability, we still know very little about how professionals recover from these experiences over time. This study sought to document the evolution of psychological distress in a sample of recently victimized professionals (N=81) immediately after the event and over the course of one year. Mixed-modeling was used to assess distress scores at four different time points (3, 11, 27, 52 weeks). Findings revealed that rates of psychological distress decreased steadily over time but always remained above the national average. Also, 15% of participants exceeded the diagnostic threshold for Acute Stress Disorder (ASD). Although perceived organizational support proved to be a good protective factor against severe distress, its effect eroded with cumulative exposure to violence. Implications for practice, research, and medical training are discussed.

2-336

**Differences in Sexual Assault Reporting among Women who Have and Have Not Been Assaulted**

(Abstract #2180)

Poster #2-336 (Social, Rape, Gender, Adult) I - Industrialized

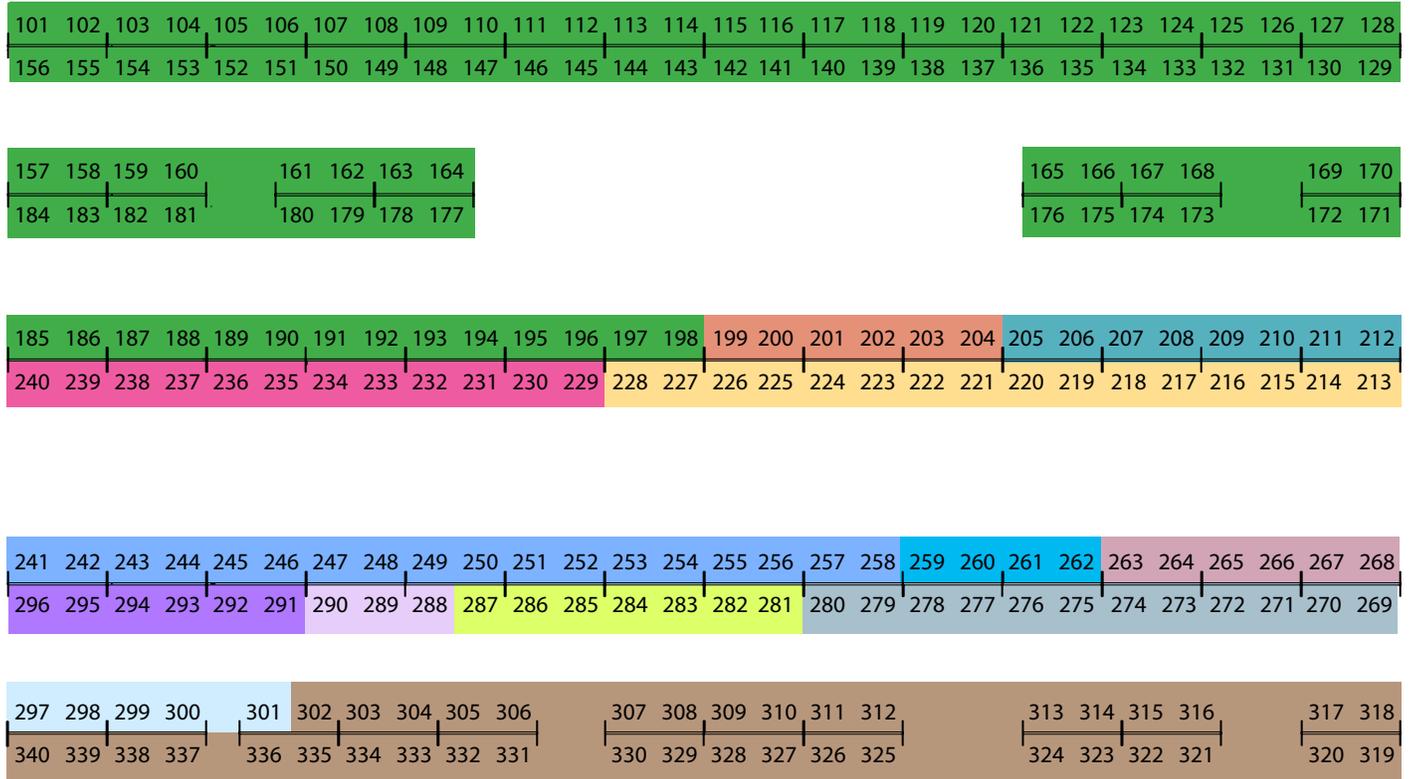
Gloucester

*Mills, Katelyn, Taylor, Elizabeth, Parkhill, Michele, Ansari, Neha  
Oakland University, Rochester, Rochester Hills, Michigan, USA*

More than 60% of sexual assault survivors do not report their assault to the police in the United States. Researchers have identified several barriers that prevent people from formal reporting such as shame, fear, and distrust of authorities. The purpose of this study is to compare which barriers are most likely to prevent reporting between women who have and have not experienced sexual assault. Women (N = 365) from a large Midwestern university and the surrounding local community were recruited to participate in this study. Participants were asked to place themselves into a scenario in which a female college student was sexually assaulted at a party. Women who reported being victims of sexual assault were more likely to report distrust toward police and confidentiality concerns as being barriers to reporting the assault in

contrast to nonvictims. Findings suggest that female survivors would benefit from more secure identity protection and a stronger sense of trustworthiness from police and other authorities.

Poster Session Three Map



Poster Session Three, Friday, November 15, 1:30 p.m.–2:45 p.m.

Clinical/Intervention Research	101 – 198	Community-Based Programs	263 – 268
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Assessment and Diagnosis	241 – 258	Training/Education/Dissemination	297 – 301
Social Issues-Public Policy	259 – 262	Late Breaking Research	302 – 340

## **Poster Session Three Presentations**

Friday, November 15, Gloucester

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 284.

## **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 15**

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.

## Poster Session Three Presentations

Friday, November 15

1:30 PM to 2:45 PM

### CLINICAL/INTERVENTION POSTERS

3-102

#### Applying Machine Learning to Text Messages: A Novel Approach to Suicide Risk Prediction

(Abstract #356)

Poster #3-102 (Clin Res, Affect/Int, Cog/Int, Prevent, Tech, Adult) - Industrialized Gloucester

*Glenn, Jeffrey<sup>1</sup>, Nobles, Alicia<sup>2</sup>, Kowsari, Kamran<sup>3</sup>, Barnes, Laura<sup>3</sup>, Kimbrel, Nathan<sup>1</sup>, Calhoun, Patrick<sup>1</sup>, Teachman, Bethany<sup>3</sup>*

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<sup>2</sup>*University of California, San Diego, San Diego, California, USA*

<sup>3</sup>*University of Virginia, Charlottesville, Virginia, USA*

Suicide is a serious public health problem and a leading cause of death around the world. Given that methods for identifying *when* individuals are at high risk remain ineffective, there is an urgent need for novel, objective tools to assess suicide risk in real time. In this study, we examined whether a machine learning classifier could effectively identify mobile phone text messages sent in the presence (vs. absence) of suicidal thoughts and behaviors. Individuals reporting a history of suicide attempt ( $N=26$ ) provided past text messaging data (1,029,481 messages) and then retrospectively identified periods of suicidality (ideation with or without a subsequent non-fatal attempt) and depression (with no suicidal thoughts). A supervised machine learning classifier (deep neural net) – constructed using linguistic characteristics and word frequencies as its features – attempted to predict binary classification of suicidality vs. depression of each given day of text messages. The model accurately predicted the episode as suicidal in 70% of cases and had good sensitivity (81%) and adequate specificity (56%). Results suggest that by harnessing data science techniques, it may be possible to identify subtle clues in communication indicating when someone is suicidal.

3-103

#### Modular Cognitive Processing Therapy: Patient Outcomes and Treatment Sustainability in Community-Based Settings

(Abstract #429)

Poster #3-103 (Clin Res, Commun, Train/Ed/Dis, Adult) - Industrialized Gloucester

*LoSavio, Stefanie<sup>1</sup>, Murphy, Robert<sup>2</sup>, Resick, Patricia<sup>1</sup>*

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

<sup>2</sup>*Duke University School of Medicine, Durham, North Carolina, USA*

Evidence-based treatments are underutilized, particularly when they are perceived to be complex and inflexible. Therefore, we developed a modular version of cognitive processing therapy (CPT-M), highlighting essential treatment elements but otherwise allowing flexibility to select and dose elements. The objective of this study was to examine the effectiveness, acceptability, and sustainability of CPT-M. Forty-four community providers treated 199 patients. Providers attitudes about CPT-M were favorable ( $M_s > 7$  out of 10). Patients receiving CPT-M exhibited significant reductions in PTSD ( $b = -3.40, p < .001$ ) and depression symptoms ( $b = -0.93, p < .001$ ). CPT-M completers' outcomes did not differ from a prior cohort of non-modular CPT patients (time by cohort interaction  $p = .89$ ), but CPT-M patients needed slightly fewer sessions ( $t(157) = 2.47, p = .02$ ). CPT-M providers exhibited greater reductions in negative beliefs about CPT compared to providers trained in non-modular CPT (time by cohort interaction  $p = .03$ ). At 12-months post-training, all agencies and 83.9% of clinicians continued to deliver CPT-M. The majority of clinicians reported completing essential treatment elements "always" ( $M_s = \geq 6.0$  out of 7). Findings suggest that CPT-M may be more acceptable to providers, demonstrates sustainability, and is associated with patient outcomes at least as good as non-modular CPT.

### 3-104

#### **Variable-length Cognitive Processing Therapy: Predicting Length of Treatment to Good End State in an Active Duty Military Sample**

(Abstract #430)

**Poster #3-104 (Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized**

**Gloucester**

*Wachen, Jennifer<sup>1</sup>, Mintz, Jim<sup>2</sup>, Dondanville, Katherine<sup>3</sup>, Young-McCaughan, Stacey<sup>2</sup>, Litz, Brett<sup>4</sup>, Yarvis, Jeffrey<sup>5</sup>, Pruiksma, Kristi<sup>6</sup>, Blankenship, Abby<sup>2</sup>, Jacoby, Vanessa<sup>3</sup>, Peterson, Alan<sup>2</sup>, Resick, Patricia<sup>7</sup>*

<sup>1</sup>*National Center for PTSD / Boston University, VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>2</sup>*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

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

<sup>4</sup>*Boston University, Boston, Massachusetts, USA*

<sup>5</sup>*U.S. Army, Fort Hood, Texas, USA*

<sup>6</sup>*University of Texas Health Science Center at San Antonio, STRONG STAR Multidisciplinary PTSD Research Consortium, Fort Hood, Texas, USA*

<sup>7</sup>*Duke University Medical Center, Durham, North Carolina, USA*

Cognitive Processing Therapy (CPT) has been identified as one of the most effective treatments for posttraumatic stress disorder (PTSD). Although CPT was developed as a 12-session protocol, recent evidence suggests that individuals may benefit from a longer or shorter course of therapy, but this has not been examined in a military sample. This study seeks to determine which service members are likely to require more, less, or the standard number of sessions to reach good end-state functioning. Participants are 130 active duty service members with PTSD recruited from Fort Hood who received individual CPT until they reached good end state (defined as a score of  $\leq 19$  on the PCL-5 and agreement by the patient and therapist that the patient is finished with therapy), up to 24 sessions. Of those who reached good end-state, 38% were early responders, 35% were late responders, and 28% finished in 12 sessions. Service members with lower baseline PTSD and depression symptoms were more likely to be early responders. Male sex, married status, Caucasian race, and younger age were related to good outcomes ( $p < .05$ ). Additional predictors of length of treatment outcome, including internalizing/externalizing traits,

cognitive flexibility, inability to inhibit dysfunctional cognitions, and readiness to change will be examined.

### 3-105

#### **Intrusive Memories about World War Two Events that were Experienced by Participants' Parents: Frequency and Characteristics** (Abstract #1010)

**Poster #3-105 (Clin Res, Clin Res, Clinical Practice, Health, Intergen, Lifespan) - Industrialized**

**Gloucester**

*Dashorst, Patricia<sup>1</sup>, Mooren, Trudy<sup>2</sup>, Huntjens, Rafaële<sup>3</sup>, Kleber, Rolf<sup>4</sup>*

<sup>1</sup>*Centrum 45, Oegstgeest, Netherlands*

<sup>2</sup>*Centrum 45, Arq Research, Oegstgeest, Netherlands*

<sup>3</sup>*University of Groningen, Groningen, Netherlands*

<sup>4</sup>*Utrecht University, Utrecht, Netherlands*

Background: Intrusions are reported by people who directly experienced or witnessed a traumatic event. Importantly, clinical evidence suggests that intrusions also occur in people who are only indirectly confronted with traumatic events.

Aim: To compare the frequency and characteristics of intrusive memories of indirectly experienced traumatic events to intrusions of directly experienced traumatic events.

Design: The frequency and characteristics (e.g., controllability, intensity, vividness) of intrusions were examined in a clinical sample (n = 98) of children of World War Two survivors. Intrusions related to war events were compared to two control types of intrusions: Those related to personally experienced traumatic events and those related to negative events in their upbringing.

Results: Intrusions referring to indirectly experienced events did indeed occur. Moreover, the frequency as well as other characteristics of these intrusions did not differ significantly from personally and upbringing types of intrusions.

Discussion: The occurrence of intrusions related to indirectly experienced events emphasises the (re)constructive nature of memory and indicates that traumatic events may also result in intrusions in offspring of traumatized individuals. These remarkable findings have implications for the debate about the impact of trauma on the next generation.

### 3-106

#### **Intergenerational Effects of Political Oppression: Survivor and Second-Generation Study** (Abstract #1011)

**Poster #3-106 (Global, Comm/Vio, Intergen, Adult) - Industrialized**

**Gloucester**

*Kazlauskas, Evaldas*

*Vilnius University, Vilnius, Lithuania*

Objective. Severe trauma may have negative effects on mental health of second-generation. However, offspring of survivors of war and political violence, might be well adjusted, and we can identify

intergenerational resilience in families exposed to trauma. The aim of the study was to analyze intergenerational traumatic effects and resilience in a non-clinical sample of survivors and their adult offspring of political oppression in Lithuania.

Method. In total 110 matched pairs of survivors of political violence aged 73 years, and their adult offspring aged 43 years participated in the study. Self-report measures were used: Impact of Event Scale – Revised, Sense of Coherence Scale.

Results. High prevalence of probable PTSD (29%) was found among second generation. Sense of Coherence was significantly associated between the first and the second generation of survivors. Sense of Coherence was negatively associated with PTSD symptoms.

Conclusions. This study indicated that Sense of Coherence was associated between survivors and second-generation in families of survivors of political violence. Study raises questions about probability of intergenerational resilience among survivors of massive trauma associated with war and political oppression as a result of coping with atrocities in families. Further studies are needed to explore intergenerational resilience in other samples.

### 3-108

#### **A Trauma-Informed, Mindfulness-Based Yoga Intervention with Justice-Involved Youth: Satisfaction and Perceived Impact**

(Abstract #1028)

**Poster #3-108 (Clin Res, Commun, Health, Illness, QoL, Child/Adol) - Industrialized Gloucester**

*Owen-Smith, Ashli, Cotner, Michaela*  
*Georgia State University, Atlanta Georgia, USA*

Numerous interventions attempt to reduce recidivism among youth in the juvenile justice (JJ) system with limited evidence of effectiveness. Previous interventions have not addressed a key predictor of recidivism, trauma-related symptoms, despite evidence that exposure to traumatic events is substantial in this population. To address this gap, the present study develops, implements, and evaluates a trauma-informed yoga intervention designed to enhance self-regulation among youth in the Georgia Department of JJ system. In-depth qualitative interviews (N=20) were conducted to assess participants' perceptions about the impact of the yoga intervention on a range of outcomes, including depression, anxiety, stress, emotional reactivity, attention, sleep, relationships, appetite, physical activity, and self-efficacy. Interview recordings were transcribed and standard qualitative content analysis techniques were used to analyze the text using NVivo text-analysis software. Multiple coders, trained to proficiency to demonstrate high intra-rater reliability, met regularly to identify and discuss the qualitative categories and themes emerging from the data, discuss interpretation of the findings, and discuss and resolve disagreement. Key findings will be summarized and the design of a subsequent outcome study with quantitative measures will be described.

**3-109****Adverse Childhood Experiences (ACEs) and Negative Parenting Behavior: The Mediating Role of Traumatic Stress Symptoms and Recent Traumatic Stress Exposure**

(Abstract #1052)

**Poster #3-109 (Clin Res, CPA, CSA, Clin Res, Adult) - Industrialized****Gloucester***Merrick, Jillian<sup>1</sup>, Narayan, Angela<sup>1</sup>, River, Laura<sup>1</sup>, Lieberman, Alicia<sup>2</sup>*<sup>1</sup>*University of Denver, Denver, Colorado, USA*<sup>2</sup>*University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA*

Parenting may be impaired when parents have a history of childhood adversity (e.g., Pereira et al., 2012). This study examined traumatic stress symptoms and recent traumatic stress exposure as potential mediators between parents' childhood adversity and negative parenting. Sixty-two low-income mothers (M=29.77 years, SD=6.91, range= 18–44; 39% Latina, 21% African-American, 19% White, 21% biracial/multiracial/other) and their three- to four-month-old infants (M=3.88 months, SD=0.70, range=2.57–6.13) participated in a longitudinal study on the intergenerational transmission of risk and resilience. Participants completed the Adverse Childhood Experiences (ACEs) scale for total childhood adversity, and instruments to assess post-traumatic stress disorder (PTSD) symptoms and exposure to traumatic stressors during pregnancy. During the postnatal period, mothers and infants completed a videotaped interaction task, later coded for maternal negative parenting behavior by trained raters. Results showed a significant indirect effect of recent traumatic stress exposure, but not PTSD symptoms, in the association between childhood adversity and negative parenting. Findings suggest that pathways between mothers' childhood adversity and negative parenting in the next generation are accounted for by recent traumatic stress, possibly due to the impact of re-exposure to trauma during pregnancy.

**3-111****Associations of Combat Exposure and Parenting in Deployed Mothers and Fathers**

(Abstract #1055)

**Poster #3-111 (Prevent, Complex, Fam/Int, Mil/Vets, Gender, Adult) - Industrialized Gloucester***Ali-Saleh Darawshy, Neveen<sup>1</sup>, Cheng, Cheuk Hei<sup>1</sup>, Rahl-Brigman, Hayley<sup>2</sup>, Gewirtz, Abigail<sup>1</sup>*<sup>1</sup>*University of Minnesota, St Paul, Minnesota, USA*<sup>2</sup>*University of Minnesota, Institute of Child Development, Minneapolis, Minnesota, USA*

Families face different challenges in reintegrating into civilian life during the post-deployment phase, including posttraumatic stress disorder (PTSD) and related parenting challenges (e.g. Gewirtz et al., 2010). Combat exposure appears to differentially impact PTSD symptoms in males vs. females (Polusny et al., 2014). Informed by the military family stress model (Gewirtz, DeGarmo, & Zamir, 2018), we compared relationships among PTSD symptoms, combat exposure and parental self-efficacy among deployed mothers and fathers by means of a multi-group analysis. We predicted that higher levels of combat exposure would correlate with greater PTSD symptoms and have an indirect effect on parenting efficacy. Method: The sample (412 fathers and 112 mothers) was selected by pooling baseline data from two randomized controlled trials of a parenting program for post-deployment military families (Gewirtz,

DeGarmo & Zamir, 2018). Results: There was a significant indirect effect of PTSD symptoms between combat exposure and parental self-efficacy,  $b = -.177$ ,  $p < .001$ , among deployed fathers, and direct effect of combat exposure and PTSD for deployed mothers, with no association with parental self-efficacy. The findings highlight the importance of understanding associations between military stressors and parenting, particular for deployed mothers.

### 3-112

#### **Integrating Exercise into a Two-Week Intensive Outpatient Program for Veterans with Posttraumatic Stress Disorder and Traumatic Brain Injury**

(Abstract #1050)

#### **Poster #3-112 (Clin Res, Clinical Practice, Mil/Vets, Med/Som, Adult) I - Industrialized Gloucester**

*Dotson, Heidi<sup>1</sup>, Shea, Maria<sup>1</sup>, Blackburn, Allyson<sup>1</sup>, West, Emerson<sup>1</sup>, Gupta, Carina<sup>1</sup>, Sylvia, Louisa<sup>2</sup>*

<sup>1</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*

<sup>2</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

Background: Aerobic exercise has demonstrated health benefits for veterans with posttraumatic stress disorder (PTSD) and/or traumatic brain injury (TBI). We examined the satisfaction of adding aerobic exercise to a two-week intensive outpatient program (IOP) for PTSD and TBI.

Methods: We developed a four-session fitness program delivered over the two-week intensive program. 90-minute sessions included cardiovascular endurance training, followed by group flexibility, strength training, or meditation exercises. Participants completed demographic questionnaires at baseline and a satisfaction survey post-treatment (a single item assessed for satisfaction on the number and length of sessions and three response options, of “Less,” “More,” “Ok as is”).

Results: Participants (N=379) were mostly male (85.75%) with a mean age of 40.86 (SD=9.10) and a primary diagnosis of PTSD (78.31%). Most participants (91.95%) reported that they liked the fitness program as is or wanted more of it. The full details of the fitness program will be presented.

Conclusions: This fitness program and these data suggest that incorporating exercise in an intensive clinical program for PTSD and TBI is both feasible and acceptable. Future studies are needed to examine the effectiveness of exercise training within an IOP compared to an IOP with no fitness program.

### 3-113

#### **Challenges Using Duke Activity Status Index in a Population of Veterans with Posttraumatic Stress Disorder and Traumatic Brain Injury**

(Abstract #1058)

#### **Poster #3-113 (Clin Res, Clinical Practice, Mil/Vets, Med/Som, Adult) I - Industrialized Gloucester**

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Background: The Duke Activity Status Index (DASI) is widely used to assess perceived physical function across a wide variety of clinical populations (e.g. cardiac, pulmonary, metabolic, oncology). We

examined its utility in veterans with a diagnosis of posttraumatic stress disorder (PTSD) and/or traumatic brain injury (TBI).

Methods: Veterans completed the DASI and demographic questionnaire as part of a routine clinical intake. Correlations and chi-squared analyses examined the relationship between demographics and DASI scores. Participants (N=379) were mostly male (85.8%, Mage= 40.9, SD=9.1) and 78.3% had a primary PTSD diagnosis.

Results: The mean DASI score was 42.89 (15.54). The distribution of scores was skewed, with 81.5% veterans reporting in the upper third, representing high perceived physical functioning. 38.4% veterans reported the maximum score (58.2). DASI scores were significantly associated with age ( $r=-.24$ ,  $p<.001$ ) and gender ( $\chi^2=114.3$ ,  $p<.01$ ).

Conclusions: It may be challenging to use the DASI to assess perceived physical functioning among veterans with psychiatric concerns. Caution should be used in interpreting the results; it's unclear if this population truly has better physical performance or if there was a reporting bias in our sample. This warrants further investigation via comparison to an objective measure of physical performance.

### 3-114

#### **Predictors of Group Treatment Efficacy in a Sample of Male OEF/OIF/OND Combat Veterans with PTSD**

(Abstract #1391)

**Poster #3-114 (Clin Res, Clin Res, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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Prolonged Exposure (PE; Foa, Hembree, & Rothbaum, 2007) delivered individually is a first-line treatment for posttraumatic stress disorder (PTSD; VA/DOD, 2017). However, VA medical settings commonly use group formats for delivering treatment (Hunt & Rosenheck, 2011). 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 and Afghanistan conflicts were randomized in groups of 3 to either Group PE or Group Present-Centered Therapy (PCT) for 10, 90-min sessions. Group PE 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). Initial findings indicate that both PE and PCT delivered in small-group format were effective in reducing PTSD symptoms as measured by the Clinician Administered PTSD Scale for DSM5, with assessments at baseline, and immediate, 3-, and 6-months post-treatment. Additionally, baseline measures of quality of life and stigma were associated with treatment outcomes, particularly in the PCT group. Those findings, along with the impact of other baseline variables, including race, are reported here.

**3-115****Predicting PTSD Treatment Outcomes for Veterans Seeking CPT & PE**

(Abstract #1402)

**Poster #3-115 (Clin Res, Clin Res, Bio/Int, Mil/Vets, Adult) M - Industrialized****Gloucester***Goodkind, Madeleine<sup>1</sup>, Etkin, Amit<sup>2</sup>*<sup>1</sup>*New Mexico VA Healthcare System, Albuquerque, New Mexico, USA*<sup>2</sup>*Stanford University/Palo Alto VA, Etkin Clinical Neuroscience Lab, Palo Alto, California, USA*

Since their development in the 1980s, Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) have accumulated a strong evidence-base and have been established as frontline psychotherapies for PTSD. As such, the VA mandates that all VA medical centers have access to these treatments by trained providers. In concert, a growing body of research has focused on elucidating patterns of brain activation that are disrupted in PTSD. Here we report on an ongoing study taking place in PTSD clinics across multiple VA hospitals that seeks to bring together the fields of PE/CPT efficacy and the neurobiology of PTSD. This study examines the neurobiological predictors of treatment response, changes in the brain that are revealed over the course of evidence-based psychotherapy for PTSD, and whether these factors are different for veterans who select PE vs CPT. Before and after treatment, participants complete cognitive and emotional tasks during brain imaging (both fMRI and EEG), clinical interviews, self-report scales, and cognitive tasks. Initial analyses suggest that self-report measures of quality of life at baseline are associated with treatment outcome. Further analyses will build on our prior work in a non-veteran sample demonstrating that capacity to benefit from PE was associated with prefrontal cortex functioning.

**3-116****Strong Families Strong Forces Weekend Retreat: A Feasibility and Acceptability Study**

(Abstract #1487)

**Poster #3-116 (Clin Res, Clin Res, Fam/Int, Prevent, Mil/Vets, Adult) M - N/A****Gloucester***Blankenship, Abby<sup>1</sup>, Jacoby, Vanessa<sup>2</sup>, Watts-Figueroa, Christina<sup>1</sup>, Larson, Dana<sup>1</sup>, Bliss, Sebastian<sup>2</sup>, Zolinski, Sophie<sup>1</sup>*<sup>1</sup>*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*<sup>2</sup>*University of Texas Health Science Center at San Antonio, Ft Hood, Texas, USA*

Approximately 3 million service members have deployed post-9/11, and over 2 million military children have been separated from their parent due to a deployment (DoD, 2016). The deployment cycle is a chronic stressor that can negatively impact the family (Institute of Medicine, 2010; Riggs & Riggs, 2011). Reintegration can be a challenging time for military families. While the service member must navigate the challenges of readjusting to family demands, the family must adjust to the service member's presence. Strong Families Strong Forces (SFSF) is an eight-module program designed to support families following a deployment. In a sample of National Guard and Reserve (NG/R) families SFSF was found to reduce parenting distress and increase parental efficacy for NG/R service members with higher levels of PTSD (DeVoe, Paris, Emmert-Aronson, Ross, & Acker, 2016). In an active duty military setting, duty demands make attendance to a multisession program difficult. The current study examines the feasibility and acceptability of SFSF condensed into a 2-day weekend retreat format. Currently, 12 families have

consented to participate. Of those families, 33% have attended at least some of the retreat while 25% have attended the entire retreat. Improvements in individual marital, parental, and family functioning will be explored, as well as participant recommendations for adaptation.

### 3-117

#### **Predeployment Psychological and Parental Functioning of Active Duty Military Homefront Caregivers**

(Abstract #1709)

**Poster #3-117 (Clin Res, Clin Res, Depr, Fam/Int, Mil/Vets, Adult) I - N/A**

**Gloucester**

*Blankenship, Abby<sup>1</sup>, Ojeda, Alyssa<sup>1</sup>, Zolinski, Sophie<sup>1</sup>, Jacoby, Vanessa<sup>2</sup>, Sutherland, Autumn<sup>3</sup>, Dondanville, Katherine<sup>2</sup>*

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Post 9/11 military families have experienced more deployments, longer deployments, and less time in-between deployments compared to previous cohorts (Hosek et al., 2006). Non-deploying caregivers are required to prepare and manage all parental, family, and household responsibilities in the absence of the service member (Chandra et al., 2011; DeVoe & Ross, 2012). During deployment, homefront caregivers are at increased risk for depressive, sleep, anxiety, acute stress, and adjustment disorders (Mansfield et al., 2010). While the impact on military families during the deployment is documented, less is known about the family pre-deployment, especially for the homefront caregivers. The current study examined the relation between homefront parent psychological symptoms and parental functioning predeployment. Using a linear regression with data collected from 140 Army active duty homefront caregivers at predeployment, it was found that depression symptom severity was the best predictor of parenting stress ( $t(136) = 2.11, p = .037; B = .25$ ) whereas insomnia ( $t(136) = .29, p = .77, B = .03$ ) and anxiety symptoms ( $t = .87, p = .39, b = .09$ ) were not significant predictors of parenting stress in the model. Because parenting stress is related to child psychosocial difficulties (Lester et al., 2010), homefront caregiver depression may be an important area for intervention.

### 3-118

#### **Posttraumatic Guilt and Depression in Veterans with PTSD and Alcohol Use Disorder:**

(Abstract #596)

**Poster #3-118 (Clin Res, Depr, Sub/Abuse, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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Trauma-related guilt is common in individuals with PTSD, and is associated with increases in depression symptoms. Psychological inflexibility occurs when individuals attempt to avoid experiencing unwanted internal events, which may nevertheless enhance distress. Utilizing baseline data from a study of veterans seeking treatment for co-occurring PTSD and alcohol use disorder (AUD), this study examined whether psychological inflexibility mediated the association between traumatic guilt and depression symptoms. Eighty-five military Veterans with PTSD and AUD completed the Trauma Related Guilt Inventory, the Acceptance and Action Questionnaire, and the Patient Health Questionnaire-9. Regression analyses showed that guilt (global guilt, guilt cognitions, and distress) was associated with depression symptoms (for all regression coefficients,  $p < .05$ ). Guilt also was associated with psychological inflexibility, which in turn was associated with depression symptoms (for all regression coefficients,  $p < .05$ ). Tests of the indirect effect indicated that psychological inflexibility mediated the association between different facets of guilt and depression symptoms ( $p < .05$ ). These findings provide insight into one mechanism linking trauma-related guilt with depression in individuals with PTSD and AUD, and how psychological inflexibility may serve as a potential intervention target.

### 3-119

#### **Mindfulness as a Mediator between Trauma Exposure and Mental Health Outcomes in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study (Abstract #1622)**

Poster #3-119 (Clin Res, QoL, Sub/Abuse, Mil/Vets, Adult) M - Industrialized

Gloucester

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Exposure to traumatic life events can lead to the development of posttraumatic stress disorder (PTSD), as well as other mental health problems including alcohol use disorder (AUD), suicidal ideation (SI) and decreased quality of life (QOL). Mindfulness, which involves attending to the present moment in a non-judgmental way, may help individuals cope with the negative impact of traumatic events by increasing acceptance of trauma-related experiences, decreasing negative affect related to the trauma, and decreasing avoidance of trauma reminders. In the current study, we examined whether mindfulness, assessed using an abbreviated version of the Mindful Attention Awareness Scale, mediated the association between trauma exposure and mental health in 1,484 U.S. veterans who participated in the National Health and Resilience in Veterans Study, a nationally representative study of U.S. Veterans. Path analyses revealed significant associations between trauma exposure and mindfulness ( $\beta = -0.34$ ), as well as between mindfulness and PTSD symptoms ( $\beta = -0.55$ ), AUD ( $\beta = -0.17$ ), SI ( $\beta = -0.36$ ), and QOL ( $\beta = 0.38$ ). Further, mindfulness mediated the associations between trauma exposure and each of these mental health outcomes ( $p < .05$ ). Results suggest that mindfulness treatments may help mitigate negative trauma-related outcomes and promote quality of life in trauma-exposed U.S. veterans.

**3-120****Real-World Application of Video-to-Home Delivery of Evidence-based Psychotherapy to Veterans with PTSD**

(Abstract #21)

**Poster #3-120 (Clin Res, Mil/Vets, Adult) M - N/A****Gloucester***Boykin, Derrecka<sup>1</sup>, Keegan, Fallon<sup>2</sup>, Thompson, Karin<sup>3</sup>, Voelkel, Emily<sup>4</sup>, Lindsay, Jan<sup>3</sup>, Barrera, Terri<sup>3</sup>**<sup>1</sup>Michael E. DeBakey VA Medical Center; Baylor College of Medicine, DeKalb, Illinois, USA**<sup>2</sup>University of North Texas, Department of Psychology, Denton, Texas, USA**<sup>3</sup>Michael E. DeBakey VA Medical Center, Houston, Texas, USA**<sup>4</sup>Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA*

Randomized controlled trials have established the non-inferiority of evidence-based psychotherapies (EBPs) for PTSD delivered through video-to-home (VTH) as compared to in-person delivery. Less is known about the use of VTH to deliver EBPs for PTSD in routine clinical practice. This study examined the provision of EBPs for PTSD via VTH within a PTSD Clinical Team (PCT) at a large Southwestern VA. Data were obtained from the electronic medical records of 42 Veterans (31% women, ages 25-79) receiving CPT or PE via VTH during 2016-2017. Most Veterans (88.1%) were newly enrolled into the PCT. Seven providers delivered CPT and PE using VTH with each provider treating about 2.83 (SD = 1.60) Veterans not including one provider who saw more than 20 Veterans. A hybrid approach where VTH-delivery was coupled with in-person delivery was used with 61.9% of Veterans across the course of treatment, though 90.5% of PE and CPT sessions were delivered using VTH. Veterans completed 6.48 (SD = 4.20) CPT or PE sessions with 52.4% terminating before session 7. This dropout rate is consistent with national and local EBP completion averages. Neither demographics, diagnostic complexity, nor PCT enrollment status predicted dropout. This study highlights the versatility of VTH to expand the scope of practice for providers and increase Veterans' access to EBPs for PTSD.

**3-121****Positive and Negative Spiritual Responses to Trauma as Predictors of Veterans' Post-Traumatic Stress Symptoms: The Importance of Meaning in Life**

(Abstract #1525)

**Poster #3-121 (Clin Res, Mil/Vets, Adult) I - N/A****Gloucester***Sinnott, Sinead<sup>1</sup>, Park, Crystal<sup>1</sup>, Finkelstein-Fox, Lucy<sup>1</sup>, Mazure, Carolyn<sup>2</sup>, McKee, Sherry<sup>2</sup>, Hoff, Rani<sup>3</sup>**<sup>1</sup>University of Connecticut, Storrs, Connecticut, USA**<sup>2</sup>Yale School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA**<sup>3</sup>Northeast Program Evaluation Center / Evaluation Division, National Center for PTSD /Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA*

Religious and spiritual (R/S) responses to trauma typically take two forms: positive religious coping ("I think about how my life is part of a larger spiritual force") and spiritual struggle ("I wonder whether God has abandoned me"). Current evidence supports the latter as a stronger predictor of posttraumatic stress symptoms (PTSS), but very little literature has tested mediators of these effects, which limits our ability to understand differences between positive and negative R/S coping processes. In the present study,

meaning in life was tested as a mediator linking positive religious coping and spiritual struggle with PTSS. 729 post 9/11 veterans (33% female) were interviewed via phone at baseline (T1), 3-months (T2), and 6-months (T3). Linear regression analyses showed that spiritual struggle predicted increased PTSS, with a decreased sense of meaning in life fully mediating this relationship. In contrast, positive religious coping predicted decreased PTSS when holding constant the effect of coping on meaning in life, such that the indirect effect of meaning in life suppresses effects of positive R/S coping on resilient outcomes. Findings suggest that both positive and negative R/S coping predict PTSS under certain circumstances. Increasing meaning in life may be an actionable target for promoting resilient spiritual responses after trauma.

### 3-122

#### **PTSD and Sleep Outcomes in a Two-Week Intensive Outpatient Program for Veterans with PTSD**

(Abstract #827)

**Poster #3-122 (Clin Res, Clin Res, Clinical Practice, Mil/Vets, Adult) I - Industrialized Gloucester**

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Background: Trauma-focused Cognitive Behavioral Therapy (tf-CBT) delivered in intensive outpatient programs (IOP) has demonstrated efficacy among post-9/11 veterans with PTSD. Many also experience insomnia, but the association between it and PTSD is inadequately described.

Aim: We aimed to examine the association between PTSD and insomnia in an IOP for post 9/11 veterans with PTSD.

Method: 326 veterans (82.9% male) diagnosed with PTSD received tf-CBT in a 2-week IOP. Our main measures were the PTSD Checklist (PCL-5) and the Insomnia Severity Index (ISI). Paired T-tests were used to determine pre-post differences within subjects; correlations were used to determine associations between the PCL-5 and the ISI before and after treatment.

Results: ISI criteria for moderate or severe insomnia were met by 73.3% of veterans at baseline and by 58.8% post treatment. Significant changes were observed after treatment on the PCL-5 ( $p < 0.0001$ , Cohen's  $d = 0.88$ ) and the ISI ( $p < .0001$ ,  $d = 0.34$ ). The PCL-5 and ISI significantly correlated (both  $p < .0001$ ) before ( $r = .46$ ) and after treatment ( $r = .65$ ). Within the PCL-5, cluster B (intrusion) and E (arousal) symptoms showed the strongest correlations with the ISI at both time points.

Conclusion: PTSD and insomnia symptoms are associated both before and after tf-CBT. Insomnia remains a significant symptom even after tf-CBT for PTSD.

**3-123****Examining PTSD Symptom Predictors of Symptom Management Group Completion in a VA PTSD Clinic.**

(Abstract #1562)

**Poster #3-123 (Clin Res, Anx, Clinical Practice, Prevent, Mil/Vets, Adult) M - N/A Gloucester***Kahler, Julie, O'Neil, Maya, Chen, Jason, Cameron, David, Hooker, Elizabeth, Niederhausen, Meike  
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Posttraumatic stress disorder (PTSD) in veterans has been related to high treatment dropout. The role of symptom severity in dropout is unclear, as previous studies described a marginal relationship to symptoms at baseline and at dropout, and other studies have found no such relationship. This study examines pre/post PTSD symptoms in a symptom management group. We hypothesize participants with lower PTSD symptom severity at session 1 will have higher probability of treatment completion. Participants with PTSD Checklist (PCL) data at the first and the final session were defined as treatment completers, while PCL data from the first session but not the final session was used as a proxy variable denoting dropout. In a sample of 518 veterans, 53.86 % were in the treatment completion group and 46.14% were in the treatment dropout group. Results show associations for select PCL variables and treatment completion. We will further use logistic regression to examine how session 1 PCL total scores, symptom clusters, and individual item scores are associated with treatment completion. Exploration of initial symptom levels may help better understand treatment non-completion in trauma-focused treatments.

**3-124****Assessment of an Educational Culinary Nutrition Program for Veterans with PTSD and/or TBI**

(Abstract #1771)

**Poster #3-124 (Clin Res, Clin Res, Health, Illness, Mil/Vets, Adult) M - Industrialized Gloucester***Gupta, Carina<sup>1</sup>, Maggiolo, Nicolette<sup>1</sup>, Blackburn, Allyson<sup>1</sup>, Polak, Rani<sup>2</sup>, Naidoo, Umadevi<sup>1</sup>, Sylvia, Louisa<sup>2</sup>*<sup>1</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*<sup>2</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

Preliminary evidence suggests that healthy eating habits may be helpful for individuals experiencing symptoms of anxiety and depression. Educational cooking interventions may improve nutrient intake. We examined the feasibility and acceptability of integrating a cooking demonstration in an intensive clinical program (ICP) for veterans with Post-Traumatic Stress Disorder and Traumatic Brain Injury. Participants (N=134) engaged in a 120-minute cooking demonstration. Satisfaction surveys were collected and matched to the demographic data of all ICP participants (N=150; 85.3% male; 70.7% White). Participants rated the class on 10-point Likert scales of enjoyability and educational benefit as well as reported areas of strength and improvement for the program. Feedback responses were qualitatively analyzed. Participants highly rated the cooking demonstrations as enjoyable (M=8.8, SD=1.9) and educational (M=8.6, SD=2.5). Participants reported that the cooking demonstration supported disease management

education, comradery with other ICP participants, and their clinical care. Suggestions for improvement included adding new elements to the program (e.g., creating a cookbook, new recipes). These data suggest that educational cooking demonstrations may be acceptable and feasible for veterans in an ICP. Future studies are warranted to further investigate its impact.

### 3-125

#### **Predictors of Recovery from Military-Related PTSD in Treatment-Seeking Veterans**

(Abstract #1662)

**Poster #3-125 (Clin Res, Illness, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Richardson, J Don, Nazarov, Anthony, Hunt, Renee, St. Cyr, Kate, Forchuk, Callista  
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Despite efforts to limit the traumatogenic impact of military operations, military personnel and veterans continue to suffer from post-traumatic stress disorder (PTSD). Leading evidence-based therapies for military-related PTSD demonstrate limited efficacy, warranting a greater understanding of the predictors of recovery. Here, we investigated the predictors of recovery from PTSD in a cohort of treatment-seeking veterans. At intake, all patients were symptomatic (PTSD Checklist-Military Version (PCL-M)>50) and diagnosed with PTSD. Sociodemographic and medical history were recorded. Participants completed the PCL-M and the Beck Depression Inventory (BDI) at intake and at each monthly follow-up (for up to 2 years of treatment). All patients received psychoeducation and combined pharmacotherapy and psychotherapy. Analyses demonstrated that, compared to patients who have fully recovered (PCL-M<50, BDI<10 at last follow-up; n=45), veterans who have not recovered (n=35) were significantly more likely to have a comorbid diagnosis of sleep apnea (AOR=7.3, p=.02), cardiovascular disease (AOR=10.3, p<.01), and higher depression symptoms ( $\beta=.12$ , SE=.04, p<.01) at intake. These preliminary findings highlight that patients presenting with physical (sleep and cardiovascular conditions) and psychiatric comorbidities (depression) may undergo challenges in their recovery from PTSD.

### 3-126

#### **Patient and Provider Perspectives on VA Residential PTSD Treatment – A Qualitative Investigation using the Theory of Resources, Life Events, and Changes in Psychological States**

(Abstract #128)

**Poster #3-126 (Clin Res, Clin Res, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Walters, Heather<sup>1</sup>, Hale, Andrew<sup>1</sup>, Grekin, Rebecca<sup>2</sup>, Forman, Jane<sup>2</sup>, Sripada, Rebecca<sup>1</sup>  
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Although most VHA patients with PTSD receive outpatient care, the VHA has 40 Residential Rehabilitation Treatment Programs (RRTPs) for those who require more intensive care. Although these

programs are costly, unfortunately many RRTP patients experience only modest symptom improvement. Guided by the theory of Resources, Life Events, and Changes in Psychological States, we used qualitative methods to examine factors that may contribute to response. Semi-structured interviews were completed with 24 patients and 12 providers from 3 RRTPs. We queried how resources influenced treatment response. In the area of social/contextual resources, patients reported that being among other Veterans experiencing similar issues was one of the most helpful aspects of treatment. Most patients indicated that the structured environment gave them opportunities to connect more effectively with others. In the area of material resources, CPT writing exercises were identified as one of the most helpful aspects of treatment. Most shared a desire for the treatment program to be longer. Patients and providers agreed that the psychological resources that most promote recovery are motivation and willingness to try new things. The most frequently cited physical issues were sleep and pain. Findings from this study may be used to refine existing RRTP treatments in order to help improve treatment response.

### 3-127

#### **Characterizing Treatment as Usual Mental Health Care in Subsample of Trauma-Exposed Veterans**

(Abstract #129)

**Poster #3-127 (Clin Res, Clin Res, Mil/Vets, Adult) I - Industrialized**

**Gloucester**

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Treatment as Usual (TAU) is a frequent comparator in randomized control trials (RCT) for evidence-based psychotherapy. However, the content of TAU is rarely reported and can vary dramatically between studies. Information on treatment content, intensity, frequency, and provider is often omitted. The current study characterizes TAU from a hybrid I effectiveness/implementation RCT comparing effectiveness of Unified Protocol, Present Centered Therapy, and TAU. A subsample of 11 trauma-exposed veterans with emotional disorders presenting for routine care were randomized to TAU and were followed over 7-months. Results indicate that 10 of 11 Veterans had mental health visits (range 2-27). Of those, 80% had individual or group and 30% had psychiatric appointments. Average frequency of visits was 8.30 (SD = 7.29) for individual, 5.67 (SD = 4.04) for group, and 4 (SD = 0) for psychiatry. Average visit durations were 44 min (SD = 6) individual, 90 min (SD = 0) groups, and 29 min (SD = 5) psychiatric appointments. Residents provided 77% of individual appointments, clinical psychologists led 59% of groups, and MDs provided 67% of psychiatry appointments. Discussion will include implications for using TAU as a comparator and factors to consider when describing and evaluating TAU.

3-128

**Relationships between Pain and PTSD Symptom Severity for Veterans in an Intensive Treatment Program for PTSD**

(Abstract #1621)

Poster #3-128 (Clin Res, Clin Res, Mil/Vets, Adult) I - N/A

Gloucester

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Objective: The present study examines whether pain at intake is related to pre- and post-treatment PTSD severity for veterans enrolled in a three-week cognitive processing therapy-based intensive treatment program for PTSD.

Method: At intake, 181 veterans responded to questions about pain intensity, pain interference in daily activities, and PTSD severity. Data on PTSD severity were also collected at post-treatment. Relationships between pain variables and PTSD severity at intake, at post-treatment, and change in PTSD severity were examined using Pearson correlations.

Results: At intake, PTSD severity ( $M = 57.70$ ,  $SD = 11.15$ ) was significantly positively associated with pain interference ( $M = 3.10$ ,  $SD = 1.13$ ,  $r = .28$ ,  $p < .001$ ), and pain intensity ( $M = 4.37$ ,  $SD = 2.50$ ,  $r = .23$ ,  $p = .001$ ). At post-treatment, PTSD severity ( $M = 41.35$ ,  $SD = 18.61$ ) was significantly positively associated with pain interference ( $r = .15$ ,  $p = .045$ ), and pain intensity ( $r = .16$ ,  $p = .035$ ). PTSD symptom change ( $M = 16.35$ ,  $SD = 17.68$ ) was not significantly related to pain intensity ( $r = -.02$ ,  $p = .770$ ) or pain interference ( $r = .01$ ,  $p = .889$ ).

Conclusion: Veterans with more severe pain issues reported significantly greater PTSD severity at intake and post-treatment. However, pain did not impact treatment gains, suggesting that those with pain issues can benefit from intensive PTSD treatment programs.

3-129

**Associations between Alexithymia and PTSD Symptom Severity within a Military Sexual Trauma Sample**

(Abstract #1274)

Poster #3-129 (Clin Res, Cog/Int, Rape, Mil/Vets, Adult) I - Industrialized

Gloucester

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Alexithymia is defined as a trait in which “one has difficulty identifying and describing feelings and engaging in externally oriented thinking”. Studies show that alexithymia is associated with higher posttraumatic stress disorder (PTSD) symptom severity in a diverse array of trauma exposed populations. Less is known about the interplay between alexithymia and PTSD symptom severity within other traumatized groups. This study examined the relationship between alexithymia and PTSD symptom and cluster severity in military sexual trauma (MST) survivors. The sample included 50 veterans ( $M_{age} = 44.22$ ;  $SD = 12.59$ ; 72% female; 62% African-American) who completed self-report questionnaires. Results revealed a significant association between alexithymia and PTSD symptom severity, even after

controlling for depression symptoms ( $\beta = .39, p = .017$ ). Alexithymia was significantly associated with the PTSD avoidance ( $\beta = .50, p = .003$ ), negative alterations and cognitions and mood ( $\beta = .40, p = .010$ ), and arousal ( $\beta = .39, p = .014$ ), but not intrusion ( $\beta = .16, p = .353$ ) clusters. These findings suggest that deficits in understanding and identifying one's emotions may amplify stress symptoms following trauma exposure. Future research should determine the degree to which targeting this cognitive behavioral construct reduces PTSD symptom severity, particularly among MST survivors.

### 3-130

#### **Improving Treatment Outcomes for a 3-Week Intensive Outpatient Program for Posttraumatic Stress Disorder in Survivors of Military Sexual Trauma**

(Abstract #1581)

**Poster #3-130 (Clin Res, Cog/Int, Rape, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Lofgreen, Ashton<sup>1</sup>, Carroll, Kathryn<sup>1</sup>, Rufa, Anne<sup>1</sup>, Smith, Dale<sup>2</sup>, Bagley, Jenna<sup>1</sup>, Held, Philip<sup>1</sup>*

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*<sup>2</sup>Olivet Nazarene University, Bourbonnais, Illinois, USA*

The experience of Military Sexual Trauma (MST) is common during service in the U.S. Armed Forces and often leads to adverse health outcomes including Posttraumatic Stress Disorder (PTSD). The delivery of Cognitive Processing Therapy (CPT) in an intensive outpatient program (IOP) shows promise for rapid reduction of PTSD symptoms secondary to military stressors (Zalta et al., 2018). However, results of this outcome study indicate that this modality is significantly less effective for reducing PTSD symptoms secondary to MST compared to combat trauma. The current study examines modifications to a CPT-based IOP designed to treat PTSD secondary to MST (described by Zalta et al., 2018). Changes included the introduction of skills-based groups to teach emotion regulation and interpersonal skills as well as individual skill-consultation. After modifications, the interaction between cohort type was no longer significant for those who experienced the modified program ( $p = .599$ ). Additionally, the three-way interaction between cohort type, time, and intervention changes across all participants was significant ( $p < .001$ ) suggesting that differences in PTSD outcomes over time based on cohort type changed based on program modifications. Results have implications for the integration of emotion regulation and interpersonal skills with concurrent trauma-focused treatment for MST survivors.

### 3-131

#### **Factors Associated with Poor Treatment Outcome Following Novel Intervention of Virtual Reality and Exposure Therapy for Post-Traumatic Stress Disorder**

(Abstract #486)

**Poster #3-131 (Clin Res, Complex, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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**Objective:** To examine factors associated with treatment outcome following Multi-Modular motion-assisted Memory Desensitisation and Reconsolidation (3MDR). 3MDR is a novel psychological intervention for treatment-resistant PTSD that combines virtual reality and exposure therapy.

**Method:** A recently completed systematic review and narrative synthesis has identified factors associated with poor treatment outcome following psychological treatment of Post-Traumatic Stress Disorder (PTSD). These factors will be applied to outcome data from a 3MDR RCT, which will to be completed in August 2019, to determine if they are associated with 3MDR treatment outcome.

**Results:** The review found five factors to be most commonly reported as associated with poor treatment outcome: PTSD symptom severity, comorbidity, level of education, employment status and adherence to trial. 42 participants have been recruited to the 3MDR RCT and treatment outcome association analyses will be presented on the poster.

**Conclusions:** Determining factors associated with treatment outcome is vital to understand which individuals are most likely to benefit from particular treatments and to inform the development of more effective interventions. The results of this study will help inform future research into 3MDR and the psychological treatment of PTSD more generally.

### 3-132

#### **Masculinity Ideology, Learned Helplessness, and PTSD Symptoms in Veteran Men**

(Abstract #1643)

**Poster #3-132 (Clin Res, Clin Res, Mil/Vets, Gender, Adult) I - Industrialized**

**Gloucester**

*McCloskey, Katharine, Baugh, Leah, Wojcik, Katharine, Cox, Daniel  
University of British Columbia, Vancouver, British Columbia, Canada*

Veteran men report high rates of traditional masculinity ideology relative to civilian men (Barett, 1996), which may lead to exaggerated efforts at self-reliance (Levant & Richmond, 2008). Military training encourages recruits to be self-reliant members of a team, helping to create “masculine warriors” who eschew signs of weakness (e.g., help-seeking, emotional expression) and embody extreme independence (Dunivin, 1994). Extreme self-reliance in men may lead to a sense of failure if they are unable to escape from stress on their own, leading to a state of learned helplessness (LH). The aim of the present study was to examine the mediating effect of LH on the association between masculinity ideology and posttraumatic stress disorder symptoms (PTSD) in Canadian veteran men (N = 297) who had at least one military-related trauma. Results indicated that LH significantly mediated the association between masculinity and PTSD ( $b = .05$ , 95% CI [.012, .090]), accounting for 34.6% of the association between masculinity ideology and PTSD symptoms. Relationships between LH and masculinity subscales (i.e., self-reliance, restrictive emotionality) will be reported with an emphasis on how these findings may increase resiliency in veterans with PTSD, improve interventions, and alleviate economic burdens during civilian reentry and reintegration.

**3-133****Toward a Scalable Method of Identifying Complex PTSD in Veterans: Agreement between Clinician Rating and Structured Chart Review**

(Abstract #822)

**Poster #3-133 (Clin Res, Assess Dx, Complex, Mil/Vets, Adult) M - Industrialized Gloucester***Yasser, Julia<sup>1</sup>, Mohlenhoff, Brian<sup>2</sup>, Maxwell, Susan<sup>2</sup>, Frongillo Jr., Edward<sup>3</sup>, Neylan, Thomas<sup>4</sup>, Wolfe, William<sup>5</sup>*<sup>1</sup>*PGSP - Stanford Psy.D. Consortium, Palo Alto, California, USA*<sup>2</sup>*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*<sup>3</sup>*University of South Carolina, Columbia, South Carolina, USA*<sup>4</sup>*University of California, San Francisco and San Francisco VAMC, SFVAMC, San Francisco, California, USA*<sup>5</sup>*Veterans Affairs Medical Center, San Francisco VA Medical Center, San Francisco, California, USA*

Research on Evidence-Based Psychotherapies (EBPs) for PTSD suggests that trauma type and severity play a role in treatment retention. Complex PTSD (cPTSD) may predict EBP dropout, suggesting a role for preparatory ‘stabilization’ psychotherapy. There is disagreement regarding the validity of the cPTSD frame, however. Natural Language Processing (NLP) may offer inroads to this problem. This study piloted a method to identify cPTSD through structured chart review and assessed its agreement with direct clinician rating to provide a scalable framework for subsequent NLP analysis. Thirty charts selected at random from veterans treated in the San Francisco VA outpatient PTSD clinic were reviewed using structured annotation based on the clusters of “affective dysregulation,” “negative self-concept,” and “disturbances in relationships,” key ICD-11 defined features of cPTSD. A 5-point Likert scale was used to rate confidence in cPTSD diagnosis (1=no cPTSD; 3=threshold; 5=extreme). Receiver Operator Characteristic (ROC) curve analysis showed that accuracy was highest at the cut-point of  $\geq 4$  on the Likert scale (72% agreement with clinician ratings), and ROC area for the binary indicator of 4-5 was 0.73. These findings suggest that structured chart review may allow a scalable NLP method to identify markers of clinician-identified cPTSD for future studies.

**3-134****Injured Veterans with PTSD and their Evolving Relationship with their Body: An Examination of Recovery**

(Abstract #818)

**Poster #3-134 (Clin Res, Acc/Inj, Health, Mil/Vets, Adult) A - Industrialized Gloucester***Siegel, Alana, Stein, Jacob  
Tel Aviv University, Tel Aviv, Israel*

War-related injury can result in both visible and invisible wounds with potentially long-term repercussions. We will present findings from a qualitative study wherein we conducted interviews with 15 veterans (14 male and 1 female) of the Israeli Defense Forces (IDF), who had both sustained a traumatic physical injury (i.e. burns, blindness, chronic pain, limb disability) and have a diagnosis of Posttraumatic Stress Disorder (PTSD) as a result of their military service. Participants were recruited

through Israeli organizations that work with injured veterans (i.e. ReStart, Beit HaLochem, and NATAL), as well as via snowball sampling. Veterans were asked about their body image and functioning in the aftermath of injury, as well as about their relationship to and perception of their bodies. Five themes emerged from the interviews: a) a minimal awareness to their bodies pre-injury, with a drastic change in body perceptions in the aftermath of injury; b) a feeling of being limited by the injuries they had sustained; c) experiencing insecurity due to their injuries; d) a focus on recovering via returning their body to feeling “strong”; and e) the physical vs. the mental injury. Findings suggest that recovery from a wartime injury is a complex process that can impact many aspects of self-image, perception, and functioning relating both to physical and mental injuries.

### 3-135

#### **How Military Service Members Interpret Their Actions and Inactions**

(Abstract #1111)

**Poster #3-135 (Clin Res, Mil/Vets, Moral, Adult) I - Industrialized**

**Gloucester**

*Williams, Christian, Berenbaum, Howard*  
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This study focused on the actions and inactions (or (in)actions) of military veterans. We examined the prevalence of different types of (in)actions and explored veterans’ interpretations (e.g., regret, altered worldviews) of these (in)actions. We also examined whether (in)actions and interpretations were associated with psychological problems. 505 Iraq/Afghanistan veterans (19% female) were recruited using mTurk. They completed a measure exploring (in)actions and the interpretations attached to those (in)actions. PTSD and dysphoria symptoms were measured using the PCL-5 and IDAS, respectively. Combat/post-combat experience was measured using the DDRI-2. Roughly half (49.3%) of the sample reported at least one type of (in)action. When compared to other types of (in)actions, acts of commission resulting in physical harm to others had distinct characteristics with regards to context (e.g., most likely to occur during combat), outcome (e.g., only type of (in)action that depicted harm to non-Service Members), interpretation (e.g., least likely to be regretted) and psychological outcomes (e.g., when regretted, these actions were most-strongly associated with PTSD). Altered worldviews were the only type of interpretation that predicted psychological problems independently of other interpretation variables (e.g., guilt/shame) when other factors were accounted for (e.g., combat).

### 3-136

#### **What about my Childhood Abuse? Evidence-based Psychotherapy Participation for ACES and Military-related Trauma in the Veteran Health Administration**

(Abstract #785)

**Poster #3-136 (Clin Res, CPA, CSA, Clin Res, Mil/Vets, Adult) M - N/A**

**Gloucester**

*Shia, Sarah<sup>1</sup>, Kelton, Katherine<sup>2</sup>*  
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*<sup>2</sup>Saint Louis University, Saint Louis, Missouri, USA*

PTSD-related services at the Veteran Health Administration (VHA) are often geared toward treating combat-related trauma(s). However, there is evidence that service members have higher rates of childhood sexual and physical abuse compared to their civilian counterparts (Suris & Lind, 2008), with some studies suggesting that those with abuse histories may view the military as an escape from their environment (Sadler et al., 2004; Schultz et al., 2006). Military members with Adverse Childhood Experiences (ACES) have shown worse outcomes on post-deployment depression, PTSD, and suicide independent of deployment-related stressors like combat exposure (Bernstein et al., 2012). Thus, veterans with ACES are especially vulnerable for post-deployment psychopathology (LeardMann et al., 2010; Bandoli et al., 2017).

Two years of consult referrals to one of the few Evidence-Based Psychotherapy (EBP) VA clinic consults were examined, focusing on completion rates of EBPs for veterans treated for ACES and/or various military-related traumas, as well as veterans who presented with Axis I and II disorders other than PTSD. Diversity-related factors were used to contextualize results and identify at-risk characteristics for therapy dropout and multiple EBP completers. Implementation of standardized therapy tracks for addressing multiple traumas is discussed.

### 3-137

#### **Effects of Adverse Childhood Experience on Post-traumatic Stress Disorder Among Adult Survivors of Sexual Assault in Korea: Mediating Effect of Sexual Revictimization**

(Abstract #1474)

**Poster #3-137 (Clin Res, CPA, Adult) I - E Asia & Pac**

**Gloucester**

*Kim, Seo Ri<sup>1</sup>, Choi, Jin Young<sup>1</sup>, Ryou, Bee<sup>1</sup>, Lee, Hyun Ji<sup>1</sup>, Kim, Jae Won<sup>2</sup>, Kim, Ki Hyun<sup>1</sup>*

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<sup>2</sup>*Seoul National University, Seoul, Republic of Korea*

**OBJECTIVES:** It is well-established that influence of childhood adverse experience is extensive. This study examined the effect of childhood adverse experiences on Post-Traumatic Stress Disorder (PTSD) among adult survivors of sexual assault. Especially, the mediated effect of sexual revictimization was tested.

**METHODS:** Participants were survivors of sexual assault who visited the Rape Crisis Intervention Centers in South Korea. Of the total participants, 73 were sexual violence victims, while 143 were their comparison. Correlation and Regression analysis were used to examine the relationship. The mediating effects tested using Baron and Kenny's procedures.

**RESULTS & CONCLUSIONS:** There was a considerable correlation between ACE and PTSD( $r=.449$ ,  $p<.001$ ), as well as sexual victimization and PTSD( $r=.823$ ,  $p<.001$ ). ACE was a significant predict PTSD( $\beta=.440$ ,  $p<.001$ ). The sexual victimization mediated the relationship between adverse childhood experiences and PTSD( $\beta=.752$ ,  $p<.001$ ). This study suggests that consideration of ACE is required in PTSD among survivors of sexual assault.

**3-138****Childhood Maltreatment Predicts Somatic Symptoms in Adult Anxiety Population**

(Abstract #1603)

**Poster #3-138 (Clin Res, Anx, CPA, Neglect, Adult) I - Industrialized****Gloucester***Philip, Samantha<sup>1</sup>, Ward, Meredith<sup>2</sup>, Suzuki, Rebecca<sup>3</sup>, Simon, Naomi<sup>4</sup>, Hoge, Elizabeth<sup>5</sup>, Bui, Eric<sup>2</sup>*<sup>1</sup>*Georgetown University Medical Center, Washington, District of Columbia, USA*<sup>2</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*<sup>3</sup>*New York University Langone Medical Center, New York, New York, USA*<sup>4</sup>*New York University School of Medicine, New York, New York, USA*<sup>5</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*

Although somatic symptoms are a marker of poorer outcomes in individuals with anxiety disorders, little is known about predictors of somatic symptoms in an anxiety population. Our study examines how forms of childhood adversity may affect somatic symptom severity in adults with an anxiety disorder. Participants (N = 81; M age = 31.4, SD= 11.2; 73% female) with an anxiety disorder completed at baseline of a clinical trial: a demographic survey, the Structured Interview for Hamilton Anxiety Scale (SIGH-A: Shear et al., 2001), and the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1997) that assesses emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. A measure of somatic symptoms was derived from 7 items of the SIGH-A. Somatic symptoms were not associated with sex and race, but were correlated with CTQ total score ( $r=0.28$ ,  $p<0.05$ ). Further, somatic symptoms were associated with childhood physical abuse ( $r = .32$ ,  $p < .01$ ) and emotional abuse ( $r = .33$ ,  $p < .01$ ), but not with physical or emotional neglect, nor sexual abuse (all  $p$ 's  $>0.10$ ). Our results suggest that childhood physical and emotional abuse might predict somatic symptoms in treatment seeking adults with anxiety disorders. Future research should assess potential mechanisms involved and how outcomes of childhood abuse may differ from outcomes of childhood neglect.

**3-139****Risk and Protective Factors Associated with Posttraumatic Stress Symptoms Following Exposure to Childhood Trauma**

(Abstract #812)

**Poster #3-139 (Clin Res, CPA, CSA, Chronic, DV, Adult) M - Industrialized****Gloucester***Shoemaker, Hannah<sup>1</sup>, Howell, Kathryn<sup>1</sup>, Wamser-Nanney, Rachel<sup>2</sup>*<sup>1</sup>*University of Memphis, Memphis, Tennessee, USA*<sup>2</sup>*University of Missouri St. Louis, St. Louis, Missouri, USA*

There is ample evidence supporting the relationship between childhood trauma exposure and posttraumatic stress symptoms (PTSS), with less research on the factors that may maintain or disrupt this relationship. In a sample of young adults exposed to childhood trauma (N=214,  $M_{age}=20.46$ ,  $SD=4.03$ ; 62.1% White; 81.8% female), the current study assessed the impact of different contextual risk and protective factors on PTSS, specifically focusing on personal (e.g. emotion dysregulation), relational (e.g. social support), and community (e.g. community cohesion) variables. Hierarchical linear regression modeling was conducted to examine associations between PTSS and sex, race, income, and age in Block

1, frequency of childhood trauma exposure and developmental stage of most traumatic childhood event added in Block 2, and social support, emotion dysregulation, and community cohesion added in Block 3. The final model was significant,  $F(9, 206)=14.30$ ,  $p<.001$ , accounting for 37% of the variance in PTSS. In this model, greater childhood trauma exposure ( $\beta=2.5$ ,  $p<.001$ ) and increased emotion dysregulation ( $\beta=.46$ ,  $p<.001$ ) were related to higher PTSS. Given these results, interventions should promote emotion regulation skills such as emotional awareness, goal directed behavior, and impulse control to help mitigate negative effects of trauma exposure that may lead to increased psychopathology.

### 3-140

#### **The Combined Impact of Parental Insecure Attachment and Resilience on Self-Acceptance in Emerging Adults Exposed to Childhood Victimization**

(Abstract #1655)

**Poster #3-140 (Clin Res, CPA, CSA, Fam/Int, Adult) I - N/A**

**Gloucester**

*Crossnine, Candice, Schaefer, Lauren, Schwartz, Laura, Howell, Kathryn  
University of Memphis, Memphis, Tennessee, USA*

Childhood physical and sexual trauma are associated with reduced self-acceptance in young adulthood. Research also indicates that parental insecure attachment can negatively affect one's self-acceptance. To further this research, the current study examines the relationship between self-acceptance, maternal and paternal insecure attachment, and resilience. Participants included 612 emerging adult college students aged 18-24 (Mage=19.65, SD=1.63, 76.9% female, 55.6% White) who endorsed experiencing physical or sexual trauma in childhood. Hierarchical regression modeling predicted self-acceptance from age, sex, maternal and paternal anxious and avoidant attachment styles, and resilience. The final model was significant,  $F(9,603)=58.98$ ;  $p<.001$ ;  $R^2=.47$ . Analyses indicated that paternal avoidant attachment ( $\beta =-.12$ ,  $p=.002$ ) and resilience ( $\beta =.61$ ,  $p<.001$ ) were significantly related to self-acceptance. Specifically, greater paternal avoidant attachment and lower levels of resilience were associated with reduced self-acceptance. Study findings suggest that parenting interventions should incorporate paternal figures and encourage consistent parenting styles that promote secure rather than insecure attachment. Finally, results indicate that treatments designed to boost resilience following childhood adversity may also prove beneficial for self-acceptance.

### 3-141

#### **Changes in Relationship Status across the Perinatal Period: Associations with Relationship Dynamics and Psychopathology in Traumatized Women**

(Abstract #1113)

**Poster #3-141 (Clin Res, Chronic, Depr, Fam/Int, Adult) I - Industrialized**

**Gloucester**

*Sayyah, Madison<sup>1</sup>, Narayan, Angela<sup>2</sup>, Merrick, Jillian<sup>2</sup>, Lieberman, Alicia<sup>3</sup>*

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This study examined stability and change in romantic relationship status during the perinatal period and associations with women's support and conflict with their babies' fathers, and psychopathology symptoms. During pregnancy and 3-months postnatal, 73 low-income, ethnically-diverse women with childhood and contemporaneous trauma ( $M=29.16$  years,  $SD=6.63$ , range=18-44; 36% Latina, 22% African-American, 23% White, 19% biracial/multiracial/other) completed assessments of depression and PTSD symptoms, and the Five-Minute Speech Sample, coded for relational support and conflict, about their babies' fathers. Women also reported on relationship status and were categorized into three groups: "Romantically Partnered (at both time points)" ( $n=49$ ), "Never Together" ( $n=14$ ), and "Broken Up (from prenatal to postnatal)" ( $n=10$ ). After controlling for covariates, women in the "Never Together" group had significantly lower support and higher conflict, depression, and PTSD symptoms at both time points than women in the "Romantically Partnered" group. Women in the "Broken Up" group had higher postnatal depression than "Romantically Partnered" women. Women who stay romantically partnered with their babies' fathers have higher relationship quality and fewer psychopathology symptoms than never-partnered women. However, perinatal relationship dissolution may be a risk for postpartum depression.

**3-142****Gendered and Trauma Related Reintegration Experiences of National Guard/Reserve Mothers of Young Children**

(Abstract #1577)

**Poster #3-142 (Clin Res, Fam/Int, Prevent, Gender, Adult) M - Industrialized****Gloucester***Vikse Nicholson, Juliann<sup>1</sup>, DeVoe, Ellen<sup>2</sup>, Drew, Alison<sup>2</sup>*<sup>1</sup>*Boston University, Boston, Maryland, USA*<sup>2</sup>*Boston University School of Social Work, Boston, Massachusetts, USA*

This presentation will address findings from a qualitative study exploring the reintegration experiences of National Guard/Reserve (NG/R) mothers of young children. There is a substantial gap in the literature on military families relating to military mothers and their children, even as a steadily increasing number of servicewomen experience deployment and combat exposure. This study relied on secondary data analysis, grounded in interpretive phenomenology, of qualitative interviews that were originally collected to inform the development of a reintegration intervention for military parents. Participants were 7 NG/R mothers who were parenting at least one child under the age of 6 at the time of their interviews. Key themes centered around gendered reintegration experiences; the effects of deployment related trauma on family readjustment; the challenges of mothering while privately dealing with unmet mental health needs; and barriers to systems level service delivery. Findings indicate the importance of a flexible suite of service options, and interventions that meet perceived needs, most importantly child care, social-emotional support for children, and peer-based parenting support.

**3-143****Are Threats to Social Dominance Perceived Immediately Before Perpetration of Family Violence?**

(Abstract #1628)

**Poster #3-143 (Clin Res, Aggress, Cog/Int, DV, Fam/Int, Adult) I - Industrialized Gloucester***Mattern, Alexandra, Marshall, Amy**Penn State University, University Park, Pennsylvania, USA*

Family violence perpetration is common among trauma survivors yet little is known about the context in which it occurs. Social dominance is broadly associated with intimate partner violence (IPV) perpetration, but the influence of social dominance on parent-to-child violence (PCV) perpetration and violence initiation in trauma survivors is unknown. We interviewed low-income, trauma-exposed (M=18 PTEs) couples with a child age 3-5 years to assess type and number of IPV and PCV acts as well as intensity of perceived social dominance threat immediately preceding such acts during incidents of family violence. Data collection is ongoing. Preliminary analyses of 30 incidents indicate that all participants perceived social dominance threat immediately before violence perpetration; 20% of incidents included high intensity threat. Threat perceptions typically included being powerless, incompetent, challenged, and taken advantage of; being controlled occurred least often (64% of incidents). Women perceived a higher intensity of threat than men immediately before IPV perpetration. Men perceived a higher intensity of threat before use of PCV than IPV. Thus, perceived social dominance threat often precedes violence initiation, and perceived threat intensity varies depending on gender and type of family violence. Interventions remediating proximal factors of violence may be most effective.

**3-144****Seeing Children's Feelings: Maternal PTSD Symptoms Are Associated With Mothers' Observations Of Emotional Displays In Their Own And Unknown Children**

(Abstract #1601)

**Poster #3-144 (Clin Res, Affect/Int, Cog/Int, Fam/Int, Adult) I - Industrialized Gloucester***Carlone, Christina, Holmes, Ashley, Milan, Stephanie**University of Connecticut, Storrs, Connecticut, USA*

PTSD is associated with difficulties identifying and describing emotions in one's self and others (i.e., alexithymia). For mothers with PTSS, this difficulty could impact interpretations of their child's emotions, a foundational part of sensitive parenting. This study tests: a) whether mothers with PTSS report more difficulty identifying unknown children's emotions, and b) if this difficulty predicts more negative observations of their own child's emotional displays. Participants included a community sample of 212 mothers (43 with elevated PTSS). At time 1, mothers completed a computerized task interpreting the emotions of unknown children from a series of photos, and then they rated how difficult it was to "read" that child's emotions. One month later, mothers reported how often in the past 2 weeks their child had displayed happiness, anger, sadness, and worry. Control variables included maternal education and vocabulary, child age and gender, and child maladjustment at baseline. In MANCOVA, mothers with elevated PTSS reported more difficulty reading emotions in unknown children. In moderation analysis,

greater difficulty with this task predicted reports of their own child's displayed emotions only for mothers with PTSS; these mothers saw less happiness and more worry in their child. Findings highlight the role for mentalization-based interventions for mothers with PTSD.

### 3-145

#### **Associations between Reporting Style and Physical Performance among Veterans with Chronic Pain and PTSD**

(Abstract #419)

**Poster #3-145 (Clin Res, Clin Res, Clinical Practice, Cog/Int, Adult) I - N/A**

**Gloucester**

*Escarfulleri, Shaline<sup>1</sup>, Guetta, Rachel<sup>1</sup>, Miller, Mark<sup>2</sup>, Higgins, Diana<sup>1</sup>, Stojanovic, Milan<sup>1</sup>, Wolf, Erika<sup>2</sup>*  
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High comorbidity between PTSD and chronic pain necessitates evaluation of psychiatric factors that influence behavioral markers of physical health. We evaluated the relationship among PTSD, pain, and response style (as assessed with MMPI-2 RF) and performance on physical ability tasks (walking speed, grip strength, stair climbing, time to rise from seat) in a sample of 80 veterans recruited from a VA Pain Clinic (M= 55.7 years; 88.8% male; 83.8% white; 27.5% with PTSD). Mean MMPI-2-RF scale elevations were as follows: Infrequent Responses (F-r; M= 69.92, SD= 22.3), Infrequent Somatic Responses (Fs; M= 67.9, SD= 22.6) and Somatic Complaints (RC1; M= 68.9, SD= 12.5). Regression analyses revealed that several MMPI-2 RF scales that index over-reporting of symptoms were significantly associated with worse performance on physical tasks, after controlling for age, sex, pain severity, and PTSD severity. F-r, Fp-r (Infrequent Psychopathology Responses) and Fs displayed their most robust associations with time to walk 50 feet ( $\beta$ s=.36-.39,  $p < .006$ ), and grip strength ( $\beta$ s= -.24 - -.29,  $p < .05$ ). Fs was also associated with the number of stairs climbed in 1 minute ( $\beta$ = -.44,  $p < .001$ ). PTSD was not associated with any performance measures. Results argue for the utility of MMPI-2 RF in VA pain clinic populations for identifying psychological factors that influence physical performance.

### 3-146

#### **From Theory to Practice: The Focus of Cognitive Interventions in Cognitive Processing Therapy is Differentially Associated with PTSD Symptom Change in Treatment**

(Abstract #451)

**Poster #3-146 (Clin Res, Clin Res, Clinical Practice, Cog/Int, Adult) A - N/A**

**Gloucester**

*Boyd, Jenna, Shnaider, Philippe, Cameron, Duncan, McCabe, Randi*

*McMaster University, Anxiety Treatment & Research Clinic, Hamilton, Ontario, Canada*

Posttraumatic cognitions (PTC), such as self-blame and negative beliefs about oneself and the world are associated with the development of PTSD. Change in PTC is the hypothesized mechanism of Cognitive Processing Therapy (CPT), where self-blame (assimilated) beliefs are targeted early and negative beliefs about oneself and the world (over-accommodated beliefs) are targeted later in treatment. There has been limited work examining PTC change within the treatment period. Thirty seven individuals with PTSD

received group CPT at an academic teaching hospital. PTSD symptoms were assessed at each session with the PTSD Checklist for DSM-5 (PCL-5) and PTC were measured with the Post-traumatic Cognitions Inventory at pre-treatment and sessions 3, 6, 9, and 12. Hierarchical linear modeling showed that change in self-blame from sessions 3-6 and 6-9 predicted change in PCL-5 over the course of treatment. Change in negative beliefs about the world from sessions 6-9 and 9-12 and change in negative beliefs about oneself from sessions 6-9 predicted change in PCL-5. Consistent with the hypothesized mechanism of CPT, these findings support the theoretical model underlying CPT. Future work should examine if the order in which PTC are targeted impact PTSD symptom change in treatment and if change in over-accommodated beliefs is contingent upon change in assimilated beliefs earlier in treatment.

**3-147****Coping Self-Efficacy and Trauma Narrative Content Related to Achievement and Anxious Emotions Predicts Trauma-Related Distress Levels in Survivors**

(Abstract #1294)

**Poster #3-147 (Clin Res, Affect/Int, Cog/Int, QoL, Theory, Adult) I - Industrialized Gloucester**

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Coping self-efficacy (CSE), rooted in Social Cognitive Theory, is a prime resilience factor dealing with trauma symptoms. Certain components of trauma narratives (e.g., emotional words) have been linked to posttraumatic reactions. However, research on the role of self-appraisals of coping and trauma narratives in posttraumatic response is missing. In this study, 42 trauma survivors (53% female, Mage = 40.16) completed a digital health intervention with narratives collected at week three. We included drives and needs narrative content that could be harmful or helpful to resilience, along with emotion content due to previous findings. We predicted higher CSE and agentic narrative content (e.g., achievement) would be related to lower posttraumatic distress. Hierarchical linear regression supported these hypotheses. In step one, higher CSE predicted decreased distress ( $\beta = -0.75, p < .001$ ). With the inclusion of narrative content in step two, CSE remained significant, and achievement and anxiety emerged as significant predictors of distress over and above other narrative components ( $\beta = -0.28, p = .04$ ;  $\beta = 0.31, p = .02$ ). These findings suggest that anxious emotions about the trauma could lead to greater distress, while promotion of positive goals (i.e., achievement) and CSE may instigate decreased distress for trauma survivors.

**3-148****Trauma Related Pain versus Pain Unrelated to Trauma: How Appraisals of Pain Differentially Predict Quality of Life**

(Abstract #1301)

**Poster #3-148 (Clin Res, Acc/Inj, Cog/Int, Health, QoL, Adult) I - Industrialized Gloucester**

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Despite the interfering quality of pain, researchers often fail to find direct relationships between pain severity and quality of life (e.g. Kovacs et al., 2005). Though pain appraisals significantly influence coping (e.g. Ramirez-Maestre et al., 2008), the relationship between pain appraisals and quality of life (QOL) remains unexplored. As pain originating from a psychological trauma may be influenced by unique trauma-related factors, we hypothesized that trauma-related pain may influence the relationship between appraisals and QOL. In an online sample of 627 adults with trauma-related pain (TRP;  $n = 225$ ) or non trauma-related pain (NTRP;  $n = 402$ ), we examined pain-related appraisals (Pain Beliefs and Perceptions Inventory and Survey of Pain Attitudes) and quality of life (Quality of Life Scale). Analyses revealed that the relationship between appraisals and QOL was moderated by type of pain. Beliefs of blame related to the participant's pain, that others should care for them, and that medication effectively treated their pain significantly predicted higher QOL in the TRP group. Beliefs of participants that they could control their pain significantly predicted higher QOL in the NTRP group. These results demonstrate pain source (TRP vs. NTRP) may influence important outcomes such as QOL, indicating the potential utility of targeting appraisals to increase QOL.

### 3-149

#### **The Relationship between PTSD, Depression and Psychosocial Functioning of Treatment-Seeking Active Duty Service Members**

(Abstract #1465)

**Poster #3-149 (Clin Res, Cog/Int, Depr, Adult) I - Industrialized**

**Gloucester**

*Cole, Allison<sup>1</sup>, Wachen, Jennifer<sup>2</sup>, Straud, Casey<sup>3</sup>, Hale, Willie<sup>3</sup>, Peterson, Alan<sup>3</sup>, Resick, Patricia<sup>4</sup>*

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PTSD and depression symptoms have been shown to be related to impairments in psychosocial functioning in a range of samples. There also is evidence that treatment for PTSD leads to improvements in functioning. However, the relationship between depression, PTSD and functioning in active-duty military treatment-seekers has not been examined across the full range of functional domains (e.g. romantic relationships, work, parenting, etc.). Using data from a large clinical trial ( $N=130$ ) examining variable-length Cognitive Processing Therapy (CPT) in an active-duty sample, we examined the level of psychosocial functioning across domains of the Inventory of Psychosocial Functioning (IPF) and examined the relationship between PTSD and depression in each domain. Service members reported moderate difficulties in functioning across all IPF domains. Romance ( $M= 54.25$ ,  $SD= 19.26$ ) and Family ( $M= 52.61$ ,  $SD = 18.7$ ) had the highest difficulty; Parenting ( $M= 40.0$ ,  $SD= 18.72$ ) and Education ( $M=40.1$ ,  $SD= 12.39$ ) had the least. Pearson correlation analyses found that PTSD symptoms were significantly related to impairments in 6 of 7 functional domains ( $r$ 's= .30 -.47;  $p$ 's= .001-002). Depression was related to difficulties in 3 of 7 domains ( $r$ 's=.37-.39;  $p$ 's =.001-.011). Changes in functioning across domains in response to CPT will also be reported.

**3-150****Traumatic Appraisal and Traumatic Stress Symptoms: Examining the Moderating Role of Vocabulary and Matrix Reasoning Scales**

(Abstract #1524)

**Poster #3-150 (Clin Res, Clinical Practice, Cog/Int, DV, Adult) I - N/A****Gloucester***Rosenthal, Adi, DePrince, Anne**University of Denver, Psychology, Denver, Colorado, USA*

Extant research supports an association between trauma symptoms and cognitive deficits, and higher cognitive functioning is associated with adaptive coping following trauma and fewer psychiatric consequences. One mechanism for this association could be post-trauma appraisals, such as guilt, which predict post-trauma stress (PTS). Higher cognitive functioning could allow for a more adaptive appraisal and reduce PTS. Conversely, cognitive impairment may limit potential for constructive appraisals, putting individuals with low Intelligence Quotients (IQ) at risk. The current study examined whether the association between post-trauma appraisal and PTS is moderated by performance on the Wechsler adult intelligence scale-IV (WAIS) vocabulary and matrix reasoning subscales. A diverse sample of women involved in intimate partner violence cases were recruited from law-enforcement agencies (n=236). In addition to the WAIS subscales, participants completed the Trauma Appraisal Questionnaire, and post-traumatic stress diagnostic scale. Regression analyses showed a main effect of trauma appraisal on PTS, though vocabulary and matrix reasoning scores did not moderate this relationship. Findings suggest that the relationship between appraisal and PTSD is consistent across WAIS scores, which may be a sign that performance on these scales is not a risk factor for adaptive trauma appraisal.

**3-151****Homework Completion, Patient Perspectives, and Therapist Contributions: Considering Various Aspects of Homework in Cognitive Processing Therapy for PTSD**

(Abstract #781)

**Poster #3-151 (Clin Res, Clin Res, Clinical Practice, Adult) I - Industrialized****Gloucester***Micol, Rachel<sup>1</sup>, Sanders, Wesley<sup>2</sup>, Smith, Brian<sup>3</sup>, Galovski, Tara<sup>4</sup>*<sup>1</sup>*Boston VA Healthcare System, Boston, Massachusetts, USA*<sup>2</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*<sup>4</sup>*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*

Cognitive Processing Therapy (CPT) is an efficacious treatment for posttraumatic stress disorder (PTSD). Practice assignments are considered integral to the CPT protocol. Despite the presumed theoretical and clinical relevance, the contribution of homework to CPT outcome is not well understood, nor is the impact of therapist competence on attention to homework in CPT. Using structural equation modeling, this study examined patient (perceived helpfulness; number of worksheets) and therapist (therapist competence) variables related to homework, and the relative contribution of these variables to PTSD

outcomes in a sample of 74 adults with PTSD participating in CPT. The final model demonstrated good fit. Both clinician competence ( $\beta = .27, p < .05$ ) and patient perceived helpfulness of homework ( $\beta = .26, p < .05$ ) significantly predicted greater reduction in PTSD symptoms pre and post treatment. Among the covariates examined, higher education predicted greater reductions in PTSD symptoms ( $\beta = .22, p < .05$ ), whereas age, gender, and amount of homework assignments were not significant predictors. Findings suggest a more nuanced understanding of homework is necessary and may impact the amount and type of homework assigned, and the ways in which therapists explain and conceptualize homework to patients.

**3-152**

**TIR (Traumatic Incident Reduction) Effectiveness Study with Single Case Experimental Design**

(Abstract #1570)

**Poster #3-152 (Clin Res, Clin Res, Clinical Practice, Res Meth, Adult) M - Latin Amer & Carib Gloucester**

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TIR was developed by 1984 by Frank Gerbode. TIR is a brief, simple person-centered and highly structured treatment for Trauma and other conditions. The goal of the TIR facilitator is to provide structure, a safe context, and a methodology by means of which the consultant may get to discharge the emotionally charged traumatic memories. TIR is a highly directive approach that speeds up the traumatic memories processing. This study put on trial the TIR effectiveness in a sample of Argentine Spanish speaking patients. A single case experimental design was performed on three different patients suffering from PTSD. A symptomatology baseline was established throughout three weekly sessions. Subsequently, the standard TIR protocol was administered to each subject until the end of the treatment. The positive outcomes reached provide empirical support enough to consider TIR as a probably efficacious treatment for PTSD, according to the APA criteria by Chambless et al (1996)

**3-153**

**The Impairment of Emotional Memory Reconsolidation in Healthy and Clinical Populations Using Propranolol: A Meta-analysis**

(Abstract #1613)

**Poster #3-153 (Clin Res, Acute, Clinical Practice, Sub/Abuse, Adult) I - N/A Gloucester**

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Various psychiatric disorders, such as posttraumatic stress disorder (PTSD), stem from dysfunctional emotional memory mechanisms. New treatments for these disorders focus on lessening the strength of

maladaptive memories to improve outcomes. Reconsolidation, the neurobiological process of long-term memory destabilization and restabilization, can be impaired when beta-blocker propranolol is administered during memory retrieval. This procedure can reduce memory for emotional material in healthy populations, and reduce psychiatric symptoms in clinical populations. We previously conducted a meta-analysis examining the efficacy of propranolol vs. placebo to interfere with memory reconsolidation in healthy samples (Lonergan et al., 2013), and recently updated and expanded on this work by examining its efficacy to reduce psychiatric symptoms via a meta-analysis of randomized controlled trials. Of 837 studies, 12 with healthy samples ( $n = 434$ ) and 9 with clinical samples ( $n = 350$ ) were included. Propranolol with reactivation significantly impaired memory for emotional stimuli in healthy participants (Hedges  $g = -0.60$ ,  $p < .05$ , 95% CI: -0.99 to -0.21), and reduced symptoms in participants with PTSD, addiction, and specific phobia (Hedges  $g = -0.43$ ,  $p < .05$ , 95% CI: -0.85 to -0.003). The studies' limitations and the implications of the results for psychiatric treatments will be explored.

### 3-156

#### **The use of a Patient-Generated Outcome, the Goal Attainment Scaling in Treatment of Trauma-affected Refugees**

(Abstract #1503)

**Poster #3-156 (Clin Res, Assess Dx, Clin Res, Cul Div, Refugee, Adult) - Industrialized Gloucester**

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When measuring treatment outcome among trauma-affected refugees it is challenging to find valid and relevant measurements. In a randomised trial comparing the effectiveness of stress management (SM) versus cognitive restructuring (CR) in trauma-affected refugees with PTSD the Goal Attainment Scaling (GAS) was studied as a potential useful patient-generated outcome measure (PGOM). Results from the RCT with 126 trauma-affected refugees have already been published, but results evaluating GAS have not been reported yet. The GAS was used in the first sessions of psychotherapy and again at finalization of psychotherapy. Preliminary finding points to that the use of GAS could strengthen intercultural sensitivity, treatment motivation as well as therapeutic alliance. However, for patients with a high burden of comorbidity and severe disability the clinical experience was that the GAS had low utility. Presently a thorough evaluation of the use of GAS in the trial is carried out and results will be presented.

### 3-157

#### **Assessing Clinical Judgement of the Accuracy of Participant's Report and Clinician's Ability to Predict Treatment Drop-out from CPT**

(Abstract #1696)

**Poster #3-157 (Clin Res, Assess Dx, Adult) I - N/A**

**Gloucester**

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One of the great debates in psychology is the ability of actuarial data versus clinical judgement to predict behavioral responses. This study assessed clinicians' ability to estimate the accuracy of a participant's description of distress and other clinical correlates that might interfere with engagement in CPT treatment and recovery. We also assessed clinicians' ability to predict participants' treatment completion or drop-out. Preliminary results suggest that of  $N = 163$  assessments, 23 (17%) participants' reports were rated as moderate to low accuracy and 49 participants (30%) were predicted as moderate to low likelihood of completing treatment. 12% of the participants were false positives (i.e., participants predicted to drop-out but instead completed treatment) and 37% of the participants were false negatives (i.e., participants predicted to complete treatment but dropped-out). Clinicians provided reasons for their predictions (e.g., dissociation, distress, low motivation, Axis II features). This study will map clinicians' stated reasons for estimating lower patient accuracy and predictions of attrition onto actuarial data from standardized measures (severity scores on standardized measures of dissociation, anger, anxiety, depression, and characterological features) to assess relationships between clinical judgment and patient self-report on these indices.

### 3-158

#### **Pain Malingering Cutoff Scores: Meaningful for Those with Comorbid PTSD?**

(Abstract #1563)

**Poster #3-158 (Clin Res, Assess Dx, Bio Med, Res Meth, Adult) I - Industrialized**

**Gloucester**

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For individuals who experience chronic pain and/or PTSD, involvement in litigation and compensation-seeking is sometimes associated with greater likelihood of symptom validity issues, including malingering. In response to symptom validity concerns, researchers have determined cutoff scores on measures of pain appraisals that relate to probable malingering (Crighton et al., 2014). The present study aimed to determine if relations exist among litigation involvement/compensation-seeking, probable malingering as measured by the Modified Somatic Perception Questionnaire and Pain Disability Index cut-off scores, PTSD severity, and pain severity. In a sample of adults who complained of chronic pain ( $N = 386$ ), path analysis revealed that litigation involvement/compensation-seeking was not related to malingering, pain, or PTSD severity. However, participants who displayed scores of probable malingering reported higher scores on pain ( $p < .001$ ) and PTSD symptom severity ( $p < .001$ ). These results indicate that the typical interpretation of exceeding cut-off scores as suggestive of malingering may not be accurate in samples of trauma survivors with comorbid chronic pain, as scores were not associated with indicators of secondary gain. In contrast, high scores across a multitude of measures may reflect the array of distressing symptoms patients with comorbid pain and PTSD experience.

**3-159****Understanding the Relationship between Work-Related Trauma Exposure and PTSD Symptoms Among First Responders: The Role of Emotion Regulation**

(Abstract #1319)

**Poster #3-159 (Clin Res, Chronic, Complex, Adult) M - Industrialized****Gloucester***Valdespino-Hayden, Zerbrina, Lawrence, Jacqueline, Kobezak, Holly, Lowe, Sarah  
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The ability to regulate negative emotions is critical for the maintenance of mental health, especially in first responders who are routinely confronted with work-related potentially traumatic events (PTEs). Whereas research in other populations has suggested that emotion regulation (ER) plays a mediating role in the relationship between PTE exposure and PTSD symptoms, no study to our knowledge has explored this mechanism among first responders. The current study drew on data from an online survey of 934 first responders who reported on work-related PTEs, ER strategies (reappraisal and suppression), and PTSD symptoms. In mediation analyses, more work-related PTEs were significantly associated with higher suppression ( $B=0.13$ ,  $p<.001$ ), and higher suppression and lower reappraisal were significantly associated with higher PTSD symptoms ( $B=1.04$ ,  $p<.001$  and  $B=-0.34$ ,  $p<.01$ ). The indirect effect of work-related PTEs on PTSD symptoms was significant for suppression only ( $B=0.135$ ,  $SE=0.04$ ; 95% CI: 0.07- 0.21). Future research should assess whether the ER strategy of suppression mediates the relationship between first responders' work-related PTE exposure and other mental health outcomes (e.g., depression, substance use) and whether this varies across different types of PTEs.

**3-160****Women's Subjective Appraisal of Traumatic Childbirth and Impact of Prior Trauma**

(Abstract #1459)

**Poster #3-160 (Clin Res, Chronic, Health, Med/Som, Adult) I - Industrialized****Gloucester***Sharp, Meghan<sup>1</sup>, Dodd, Julia<sup>2</sup>, Dolbier, Christyn<sup>3</sup>**<sup>1</sup>Geisinger Medical Center, Danville, Pennsylvania, USA**<sup>2</sup>East Tennessee State University, Johnson City, Tennessee, USA**<sup>3</sup>East Carolina University, Greenville, North Carolina, USA*

Childbirth can be a traumatic experience in which a woman perceives threat to her life and/or the life of her infant. Improved understanding of women's perceptions of their birth experience is needed to identify opportunities for intervention. Women who had given birth in the prior four months ( $N = 184$ ) were recruited through social media advertisements for a survey about childbirth experiences. 40.2% of women ( $n = 74$ ) reported a traumatic childbirth. Women who perceived childbirth as traumatic reported significantly greater fear of birth prior to childbirth, less perceived control over childbirth events, less control over the self during childbirth, and higher feelings of helplessness and being terrified. Prior trauma history was significantly associated with traumatic childbirth, lower perceived support from healthcare providers, lower perceived control over the self, and lower perceived control over events during birth. Controlling for prior trauma in logistic regressions, perceived control over self, perceived control over events, feelings of helplessness, and feeling terrified all remained significant predictors of

traumatic childbirth. More support for women during the perinatal period could help bolster resilience and decrease rates of birth-related PTSD. Women with prior trauma histories may be a particular opportunity for resilience-building prior to giving birth.

### 3-161

#### **The Relationship between Perceived Discrimination, Posttraumatic Stress, and Posttraumatic Growth among Muslim Students: A Mediation Analysis**

(Abstract #1552)

**Poster #3-161 (Clin Res, Complex, Cul Div, Health, QoL, Adult) M - N/A**

**Gloucester**

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Posttraumatic growth (PTG) is thought to arise from the cognitive processing of one's experiences, often occurring alongside or in response to posttraumatic stress (PTS). Research has suggested that discrimination, although not necessarily meeting DSM criteria for trauma, can lead to psychiatric symptoms similar to PTS, yet no research to our knowledge has assessed whether discrimination can also yield PTG. The purpose of this study was therefore to assess the relationship between perceived discrimination and PTG, and whether this relationship was mediated by discrimination-related PTS. Participants were Muslim American college students (N=102) who completed an online survey. The results showed that participants with higher perceived discrimination reported significantly higher PTS, which in turn was associated with higher PTG. The indirect effect of perceived discrimination on PTG via PTS was estimated at 0.14 (SE = 0.07; 95% CI: 0.01-0.30). The 95% CI does not contain zero, indicating statistical significance.

The findings of this study suggest the possibility of positive psychological growth after discrimination that could be driven by discrimination-related PTS. Future research should look more closely at the types of PTG that result from discrimination, the cognitive processes underlying such experiences, and how discrimination-related PTG develops over time.

### 3-162

#### **An Exploration of Locus of Control: The Mediating Effect of Locus of Control Among Victims of Sexual Trauma**

(Abstract #1485)

**Poster #3-162 (Clin Res, Health, Rape, Adult) I - Industrialized**

**Gloucester**

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Locus of control has been associated with health outcomes (Donham et al., 1983; Holder & Levi, 1988) as well as interactions with the health care field (Christensen et al., 1996) and has independently predicted health outcomes among victims of sexual trauma (Simoni & Ng, 2002). As such, it may help to explain adverse health outcomes associated with sexual trauma. The current study sought to examine the potential mediating factor that an individual's locus of control may have on the relationship between history of

sexual trauma and health outcomes/health care interactions. Locus of control was measured via the Levenson Locus of Control Scales (Levenson, 1981) which divides locus of control into three subscales: internal locus of control, powerful others, and chance. Among a sample of women aged 18-50 years old ( $N = 753$ ), an internal locus of control significantly mediated the relationship between sexual trauma and health outcomes (somatic symptoms, self-rated health, depression, and anxiety) as well as the relationship between sexual trauma and health care interactions (an individual's level of medical mistrust and medical nonadherence). While each external locus of control scale did significantly predict outcomes, they were not significant mediators. Findings indicate the importance of internal locus of control in understanding sexual trauma's effect on health outcomes.

### 3-163

#### **The Moderational Effect of Sexual Assault on the Relations between Social Support, Gratitude, and PTSD**

(Abstract #1275)

**Poster #3-163 (Clin Res, Rape, Adult) I - Industrialized**

**Gloucester**

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Individuals who experience a potentially traumatic event are at elevated risk of developing PTSD, especially those who have experienced sexual assault. Sexual assault is more likely to result in negative cognitions such as guilt or shame which may further maintain PTSD. Elevated social support is associated with lower PTSD symptoms. Additionally, research shows that individuals who report higher levels of gratitude use more active coping strategies and have higher levels of perceived social support. It was hypothesized that sexual assault status would moderate the effect of gratitude on PTSD symptoms. It was also hypothesized that gratitude, perceived social support, and PTSD symptom severity would be lower for those who experienced sexual assault compared to another form of trauma. Participants were 333 individuals, 135 with an SA index trauma. Gratitude, social support, and PTSD were assessed with validated measures. Gratitude ( $t(333)=2.07$ ,  $p=.04$ ) was lower in the SA group. Also, PTSD symptoms were higher in the SA group ( $t(333)=-4.46$ ,  $p<.05$ ). SA moderated the mediated path between social support  $\rightarrow$  gratitude  $\rightarrow$  PTSD ( $b=.72$ , 95%CI: .19 to 1.23). Further probing the model suggested that gratitude partially mediated the relation between social support and PTSD. Findings suggest that gratitude is less prominent in protecting against PTSD in those with an SA history than without.

### 3-164

#### **Religiosity Mediates the Relationship between Sexual Trauma and Anxiety**

(Abstract #1110)

**Poster #3-164 (Clin Res, Anx, Rape, Adult) I - Global**

**Gloucester**

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Women who have experienced sexual trauma may have an increased risk of psychological symptoms such as anxiety, depression, and increased alcohol use (e.g., Resnick, Acierno, & Kilpatrick, 1997). Religiosity has been shown to be a possible mechanism of coping with traumatic life events (Ano & Vasconcelles, 2005; Chang et al., 2001). The current study hypothesized that sexual trauma would predict higher levels of anxiety, depression, and alcohol use, and religiosity would mediate this relationship. An international sample of 736 women were recruited via social media. The overall model was significant  $R^2 = .01$ , ( $F(1, 734) = 4.06$ ,  $p < .044$ ); regression analyses in SPSS using PROCESS revealed that sexual trauma was a significant predictor of both anxiety ( $b = 2.62$ ,  $SE = .46$ ,  $p < .001$ ), and religiosity ( $b = -.71$ ,  $SE = .35$ ,  $p < .044$ ), and religiosity also predicted lower levels of anxiety ( $b = -.10$ ,  $SE = .05$ ,  $p < .037$ ). Religiosity was found to significantly mediate the relationship between sexual trauma and anxiety,  $b = .071$ ,  $SE = .05$ , 95% CI  $[-.002, .182]$ , but not between depression or alcohol use. Findings confirm the relationship between sexual trauma and anxiety and further identify religiosity as an important mediator of this relationship. Future interventions should consider implementing religiosity as a way to buffer the relationship between trauma and anxiety.

### 3-165

#### **The Role of Self-Definition and Growth Mindset in Coping with Sexual Trauma**

(Abstract #1616)

Poster #3-165 (Clin Res, Anx, Depr, Rape, Adult) I - Industrialized

Gloucester

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Cognitive Processing Therapy has been effective at treating sexual trauma, but less research has examined the role of self-definition and mindset in resilience. Recent finding from Howe & Dweck (2015) suggested that people's recovery is impeded if an interpersonal rejection were seen as revealing of one's core flaws. The present research builds on cognitive behavioral theories using personality research, given that sexual trauma is a deeply personal, violating experience. In this observational study of college students who experienced a sexual trauma ( $N=77$ ), we administered a 45-minute online survey that assessed participants' beliefs about malleability of damage (growth mindset), changes in self-definition, and symptoms of depression and PTSD. Higher PTSD and depressive symptoms were reported by survivors who viewed the sexual trauma as revealing of underlying character flaws. Moreover, survivors who had a fixed mindset that that their damage is unchangeable also endorsed higher PTSD and depressive symptoms, compared to survivors who held a growth mindset. These findings suggest that one's core sense of self can be shaken from a personal, violating sexual trauma. Targeting beliefs about self-definition and malleability of personality may facilitate recovery of PTSD and depression following a sexual trauma.

**3-166**

**Are Waking and Time of Occurrence Important Aspects of Posttrauma Nightmares?**

(Abstract #507)

**Poster #3-166 (Clin Res, Rape, Sleep, Theory, Adult) M - Industrialized**

**Gloucester**

*Youngren, Westley, Schulte, Megan, Ostrander, Brooke*  
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**Introduction:** The definition of a posttrauma nightmare (PN) is becoming increasingly important as researchers push for a trauma-related sleep disorder diagnosis. Specifically, scholars are debating whether waking or sleep stage are essential characteristics of a PN. The purpose of this study is to examine how PNs that do and do not cause awakening and time of PN occurrence effect next day functioning.

**Methods:** The study consisted of N = 153 observations nested within 29 females sexual assault survivors who reported frequent PNs. Each participant completed pre and post-sleep surveys for 6 consecutive days/nights.

**Results:** MLM analyses revealed that PNs that both did (B = 5.64, p < .01) and did not (B = 6.66, p < .01) cause awakening and time of PN occurrence (B = -0.98, p < .05) significantly predicted an increase in negative mood the following day. Only PNs that caused awakening (B = 2.37, p < .01) impacted the next night's sleep, via presleep arousal.

**Conclusion:** These results show that PNs that both awaken and do not awaken the dreamer and that occurred earlier in the night predicted negative moods the following day. However, only PNs that awakened the dreamer showed persistent effects on functioning, via presleep arousal the following night. These results should be considered in the context of establishing clinical criteria and identifying markers of symptom severity for PNs.

**3-167**

**Fear of Emotional Experiences: A Nuanced Driver of Posttraumatic Emotional Engagement among Survivors of Interpersonal Violence**

(Abstract #816)

**Poster #3-167 (Clin Res, Affect/Int, Clin Res, Theory, Adult) I - Global**

**Gloucester**

*Bishop, Lia, Palm Reed, Kathleen*  
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Posttraumatic stress disorder (PTSD) research has emphasized the experience and avoidance of negative emotions. From a behavioral approach, fear and avoidance of any emotion, regardless of valence (positive or negative), should impact an individual's functioning. Moreover, theory suggests that emotional intensity (high vs. low arousal) may eclipse valence in importance when examining behavioral correlates. This study used a behavioral film paradigm to examine whether a community sample of interpersonal violence survivors (1) endorsed greater fear of emotion based on arousal or valence and (2) engaged in heightened affect control efforts as a result of such fear. Data collection is ongoing (current N=39, target N=100). Preliminary results suggest a significant within-subject effect of emotion  $F(2.51, 92.74)=45.47$ ,  $p<.001$ ,  $h2=.55$ , whereby high arousal emotions evoked the greatest fear (M=5.53, SD=2.33), followed by negative (M=4.11, SD=2.70), low arousal (M=2.37, SD=1.91), and positive (M=1.61, SD=1.29)

emotions. Fear of high arousal emotions uniquely predicted affect control efforts  $b=.18$ ,  $t(37)=2.88$ ,  $p<.01$ . These findings suggest that fear of emotional experiences may be driven by an emotion's intensity rather than valence, and that such fear predicts subsequent experiential control efforts. This may be key to understanding the emotional restriction that characterizes PTSD.

### 3-168

#### **Predicting IPV Perpetration: The Roles of Problematic Alcohol Use and Distress Tolerance** (Abstract #782)

**Poster #3-168 (Clin Res, Affect/Int, Aggress, DV, Sub/Abuse, Adult) I - Industrialized Gloucester**

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Intimate partner violence (IPV) victimization and substance use have been well established as risk factors for IPV perpetration (Anderson, 2004; Smith et al., 2012). Recent research has identified a negative association between distress tolerance and IPV perpetration, specifically in males in substance use treatment (Shorey et al., 2017). The current study aimed to examine the potential moderating effect of distress tolerance on problematic alcohol use and severe IPV perpetration in a national sample ( $N = 297$ ; 52.9% sexual minority, 4.7% gender minority, age  $M = 33.67$  years,  $SD = 8.71$ ). Consistent with moderation, when controlling for IPV victimization, problematic alcohol use was significantly related to severe perpetration when distress tolerance was one standard deviation (SD) below the mean ( $\beta=.12$ ,  $SE=.02$ ,  $p<.001$ ) and when at the mean ( $\beta=.07$ ,  $SE=.01$ ,  $p<.001$ ), but not when distress tolerance was 1 SD above the mean ( $\beta=.02$ ,  $SE=.02$ ,  $p=.24$ ). Problematic substance use is a significant risk factor for severe IPV perpetration over and above the influence of victimization, but this relationship may be eliminated with increased distress tolerance. Findings suggest that treatment strategies that focus specifically on increasing distress tolerance may be effective in reducing the association between problematic alcohol use and violence perpetration.

### 3-169

#### **Childhood Maltreatment, Revictimization, and Stay/Leave Decision Making** (Abstract #1171)

**Poster #3-169 (Clin Res, CPA, DV, Adult) I - Industrialized Gloucester**

*Selvey, Alicia<sup>1</sup>, Barry, Amanda<sup>1</sup>, Budde, Emily<sup>1</sup>, Allbaugh, Lucy<sup>1</sup>, Kaslow, Nadine<sup>2</sup>*  
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Childhood maltreatment (CM) confers risk for intimate partner violence (IPV). Social learning theory points to CM exposure as critical in informing IPV trajectory, including stay/leave decision-making. Numerous factors affect stay/leave decisions, including fear of harm, childcare needs, social support, financial problems, fear of loneliness, social embarrassment, and hope for change, but the relations between CM and such aspects of stay/leave decision-making have yet to be examined. The present study tested the associations between severity and type of CM exposure and stay/leave decision-making factors

in 121 African American women with recent IPV. Using linear regression, greater CM severity was associated with more consideration of social embarrassment ( $B = 1.69, p = .005$ ), fear of harm ( $B = 1.68, p = .042$ ), social support ( $B = 1.86, p = .001$ ), and financial problems ( $B = 1.44, p = .003$ ). Using MANOVA, those with physical abuse were found to weigh fear of harm more heavily than those without,  $F(1, 119) = 6.79, p = .010$ , and those with physical neglect weighed childcare,  $F(1, 119) = 7.17, p = .008$ , and social support,  $F(1, 119) = 7.73, p = .006$ , more heavily than those without. Findings enhance understanding of stay/leave decisions among African American CM survivors who experience revictimization. Implications for services and supports for this population will be discussed.

### 3-170

#### **Profiles of Perinatal Intimate Partner Violence Exposure in a Community Sample of Young Women**

(Abstract #1652)

**Poster #3-170 (Clin Res, Chronic, DV, Health, Adult) M - Industrialized**

**Gloucester**

*Donovan, Alyssa, Gilchrist, Michelle, Martinez-Torteya, Cecilia  
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Person-oriented research has identified patterns of intimate partner violence (IPV) victimization and found that more severe typologies are related to increased psychopathology symptoms. However, profiles of perinatal IPV, and their impact on women's mental health and obstetric outcomes, are less well understood. This study will examine perinatal IPV exposure in an ethnically diverse community sample of mothers. Participants include 102 women ( $M_{age} = 29.8$ ) of Latina (40.2%), Black (34.3%), White (13.7%), Multiracial (7.8%), and other (4.0%) backgrounds. Women were interviewed when their infants were about 12 months old and completed questionnaires on perinatal IPV, perinatal complications, and mental health. Relations between latent profiles of perinatal IPV, obstetric outcomes, and maternal mental health will be investigated. Analyses show prenatal exposure to psychological aggression is correlated with maternal PTSD symptoms ( $r(101) = .32, p < .01$ ) and weeks gestation at birth ( $r(60) = -.29, p < .05$ ). More women exposed to IPV began obtaining prenatal care in the second, rather than first, trimester, as compared to women not endorsing IPV (18.8% vs. 7.1%;  $\chi^2 = 7.92, p < .05$ ). Understanding patterns of perinatal IPV, and their relation to women and infants' health, will inform intervention efforts targeted at reducing IPV and its sequelae amongst diverse subgroups of women.

### 3-171

#### **The Impact of PTSD Symptoms on Physical and Mental Health Functioning in Firefighters** (Abstract #1590)

**Poster #3-171 (Clin Res, Health, QoL, Adult) I - Industrialized**

**Gloucester**

*Dupree, Jessica<sup>1</sup>, Meyer, Eric<sup>1</sup>, Zimering, Rose<sup>2</sup>, Knight, Jeffrey<sup>3</sup>, Keane, Terence<sup>4</sup>, Gulliver, Suzy<sup>1</sup>  
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PTSD has an established impact on perceptions of physical and mental health functioning in veterans who have combat experience. The impact of PTSD on physical health is understudied in firefighters, a population that experiences excessive exposure to potentially traumatic events relative to non-emergency workers. Based on previous research with veterans, We hypothesized that cluster B (re-experiencing) symptoms and cluster D (arousal) symptoms as measured by PCL-C would be associated with reduced physical health functioning (PHF) and mental health functioning (MHF) respectively, as measured by SF-12. This study uses data gathered from a larger study, which followed 322 firefighters through their first three years of fire service. A series of linear regressions were run and found that cluster B symptoms were not significantly associated with PHF at any of the annual follow-ups; while cluster D symptoms at annual 1, 2, and 3 were associated with MHF at all annual follow-ups ( $\beta = -.639$ ,  $t(1, 47) = -5.701$ ,  $p < .001$ ;  $\beta = -.600$ ,  $t(1, 47) = -5.140$ ,  $p < .001$ ;  $\beta = -.376$ ,  $t(1, 47) = -2.754$ ,  $p < .009$ ). It is possible that there was no relationship between PHF and cluster B symptoms due to the level of fitness firefighters must maintain in fire academy. Further research should explore the effects of PTSD on PHF in firefighters over their careers.

**3-172**

**Pain Coping Self-Efficacy, Pain Severity, and PTSD in Cases of Trauma Related Pain: A Mediated Moderation Model**

(Abstract #1683)

**Poster #3-172 (Clin Res, Acc/Inj, Health, Adult) I - Industrialized**

**Gloucester**

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Research has shown that coping self-efficacy can affect the severity of posttraumatic stress disorder (PTSD) symptoms (Benight, Cieslak, Molton, & Johnson, 2008). Similarly, pain self-efficacy can affect pain severity (Skidmore et al., 2015). Little research has been conducted examining the influence of trauma-related pain in trauma survivors and pain sufferers. In a sample of 198 trauma exposed adults with chronic pain, we examined a moderated mediation model, proposing that the relationship between pain and PTSD symptoms would be mediated through pain self-efficacy, and further moderated by whether the pain was related to psychological trauma or not. Participants completed the Brief Pain Inventory, Pain Self-Efficacy Questionnaire, and PTSD Checklist online. Results showed that pain self-efficacy mediated the relationship between pain severity and PTSD symptoms, and that the mediated effect was moderated by trauma-related pain. When pain was related to the trauma, pain self-efficacy was found to have a significant indirect effect on the relationship between pain and posttraumatic symptoms ( $c=1.51$ , 95% [CI: .51, 2.61]). Results indicate that pain self-efficacy is an important treatment target for individuals with comorbid PTSD and chronic pain.

**3-173****Factors Predicting Sexual Assault Reporting Behavior in a Midwestern Hospital**

(Abstract #418)

**Poster #3-173 (Clin Res, Orient, Social, Adult) I - Industrialized****Gloucester***Pickering, Annemarie**University of Tulsa, Tulsa, Oklahoma, USA*

Sexual assault in America continues to be the most underreported violent crime. Potential barriers to reporting sexual assault are a public safety concern warranting inquiry into what these potential barriers are. The current study examined potential factors that may impact whether a survivor will report after getting a medical examination. We hypothesized that males and ethnic minorities will be less likely to report, and increased duration of time and those who bathed between the assault and the medical exam will be less likely to report. The current study utilized data obtained from survivors of sexual assault's medical exams conducted at a Midwestern hospital (N=1,151; of which 204 did not report). Chi-square analyses showed that male survivors ( $p<.05$ ) and survivors who showered after the assault ( $p<.01$ ) were less likely to report. Results of logistic regression analyses indicated that Native Americans are less likely to report than Caucasians and African Americans ( $p<.01$ ) and the longer the amount of time between the reported assault and the medical exam ( $p<.05$ ) significantly predicted decreased reporting. This study hopes to help inform public education about reporting rape and increase support for survivors. These results demonstrate that there are important contextual factors acting as barriers in a survivor's likelihood to report.

**3-174****A Relational Perspective on Depression among Emerging Adults Exposed to Violence**

(Abstract #501)

**Poster #3-174 (Clin Res, Comm/Vio, Depr, Adult) I - Industrialized****Gloucester***Jamison, Lacy<sup>1</sup>, Howell, Kathryn<sup>1</sup>, Wamser-Nanney, Rachel<sup>2</sup>**<sup>1</sup>University of Memphis, Memphis, Tennessee, USA**<sup>2</sup>University of Missouri St. Louis, St. Louis, Missouri, USA*

Depression is a debilitating disorder among emerging adults, often resulting from various stressors. Research is limited on the effects of community violence exposure, severity of life stressors, and social supports on depression in this population. The current study used a relational framework to investigate risk and protective factors related to depressive symptoms among emerging adults exposed to community violence. Participants included 566 individuals (Mage=20.30; SD=2.08; 57.4% White) recruited from universities in the Midsouth and Midwest United States. Hierarchical linear regression modeling included race, sex, and age (Model 1); frequency of violent community experiences and severity of life stressors (Model 2); and social support from significant other, family, and friends (Model 3). The final model was significant ( $F(9, 530)=24.35$ ;  $p<.001$ ), with more severe responses to life stressors ( $\beta=.29$ ;  $p<.001$ ), less family support ( $\beta=-.26$ ;  $p<.001$ ) and less friend support ( $\beta=-.12$ ;  $p<.01$ ) relating to more depressive symptomatology. Results highlight the need to consider tailoring depression interventions with emerging adults to account for potentially traumatic life events. Depression-focused interventions should also

consider involving close friends and family in treatment to facilitate the alleviation of depressive symptoms among emerging adults.

### 3-175

#### **Exploring Mechanisms of Experiential Avoidance and Emotional Suppression in PTSD Symptomatology**

(Abstract #1556)

**Poster #3-175 (Clin Res, Clin Res, Cog/Int, Adult) M - Industrialized**

**Gloucester**

*Henschel, Aisling<sup>1</sup>, Hardt, Madeleine<sup>1</sup>, Eddinger, Jasmine<sup>1</sup>, Jobe-Shields, Lisa<sup>2</sup>, Williams, Joah<sup>1</sup>*

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Individuals with PTSD often experience deficits in the ability to experience and express emotion, previously referred to as emotional numbing in DSM-IV. However, PTSD criteria changed with DSM-5 to reflect more difficulty experiencing positive emotions in which individuals with PTSD strongly experience negative emotional states (Litz, & Gray, 2002). Researchers have suggested that hyperarousal symptoms act in conjunction with self-regulatory processes like experiential avoidance (EA) to explain emotional numbing (Flack et al., 2000). This study aims to build on previous literature by exploring whether emotional suppression (ES) – a facet of EA – mediates the association between hyperarousal and negative cognitions using the revised DSM-5 PTSD criteria. Trauma-exposed participants (N = 172; M age = 20.99) completed the PTSD Checklist, the Brief Experiential Avoidance Questionnaire, and the Emotion Regulation Questionnaire.

While controlling for avoidance and intrusion symptoms, regression analyses indicated that EA was significantly associated with the negative cognition and mood cluster ( $p = .001$ ) but not after arousal was included in the model. Mediation analyses revealed ES partially mediated the association between arousal and negative cognition (95% CI = .84 to 1.07). Results suggest that targeting ES in treatment may mitigate the severity of negative cognitions and mood.

### 3-176

#### **Cumulative Trauma Exposure in Probationary Firefighters**

(Abstract #1589)

**Poster #3-176 (Clin Res, Chronic, Adult) I - Industrialized**

**Gloucester**

*Dobani, Fatima<sup>1</sup>, Meyer, Eric<sup>1</sup>, Zimering, Rose<sup>2</sup>, Knight, Jeffrey<sup>3</sup>, Keane, Terence<sup>4</sup>, Gulliver, Suzy<sup>1</sup>*

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Firefighters are exposed to occupational trauma routinely, and cumulative trauma exposure is a risk factor in developing PTSD. We hypothesized that firefighters would endorse many traumatic events on & off-duty, and that the events which firefighters experienced at work would be related to symptoms of PTSD. As part of a larger study, 322 probationary firefighters were followed across their first three years of fire service. Firefighters reported an average of 4.37 events in their lifetime, pre-academy, and then reported an average of 6.79 additional events on-duty, and 2.22 additional events off-duty over three years. When combining lifetime events pre-academy, plus on & off-duty events in the first three years, firefighters endorsed exposure to an average of 14.79 traumatic events.

After adjusting for missing scores and timepoints in which assessments were completed, Pearson correlations revealed that events occurring on-duty during all three years of fire service were correlated with higher levels of endorsed PTSD symptomology in the third year of service ( $r = .79$ ,  $p = 0.00$ ). However, when looking at events occurring off-duty, the relationship was moderately high ( $r = .53$ ,  $p = 0.00$ ). These results suggest that occupational exposure to trauma may lead to PTSD symptomology and further research is needed, particularly with understudied populations, such as firefighters.

### 3-178

#### **The Role of Experiential Avoidance in the Relationship between Emotional Pain and Yearning in Sudden and Unexpected Bereavement**

(Abstract #1630)

**Poster #3-178 (Clin Res, Death, Grief, Adult) M - Industrialized**

**Gloucester**

*Hardt, Madeleine<sup>1</sup>, Henschel, Aisling<sup>1</sup>, Eddinger, Jasmine<sup>1</sup>, Jobe-Shields, Lisa<sup>2</sup>, Williams, Joah<sup>1</sup>*

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Past research (Skritskaya et al., 2014) suggests that emotional pain and yearning lead to grief related avoidance. People who experience recurrent, loss-related emotional pain, however, may be more likely to experience intense yearning for the deceased, in part as an effort to avoid negative affect associated with the painful cues. The present study aims to reconceptualize the role of experiential avoidance (EA) in the relationship between emotional pain and yearning.

Participants were 606 young adults who endorsed bereavement from sudden deaths ( $M_{age} = 21.25$ ; 77.4% female). The survey battery included the Yearning in Situations of Loss Scale (O'Connor & Sussman, 2014), Brief Experiential Avoidance Questionnaire (Gamez et al., 2014), and re-experiencing items from PTSD Checklist (Weathers et al., 2013) to assess cued emotional pain.

Mediation analysis indicates emotional pain is a significant predictor of EA ( $p < .01$ ) and EA is a significant predictor of yearning ( $p < .05$ ). Approximately, 11% of the variance in yearning was accounted for by the predictors ( $r^2 = .11$ ). Results indicate a statistically significant indirect effect of emotional pain on yearning via EA (95% CI = .0095, .0942). Findings suggest that emotional pain may impact yearning via EA. Implications for treatment and further understanding mechanisms underlying prolonged grief reactions will be discussed.

3-179

**Predicting Community Program Enrollment Duration among High-Risk Young Men Practicing Cognitive-Behavioral Theory (CBT) Skills**

(Abstract #1666)

Poster #3-179 (Clin Res, Clin Res, Commun, Complex, Adult) I - Industrialized

Gloucester

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**Background:** Cognitive-behavioral (CB) programs have been shown to increase protective factors for recidivism among high-risk youth. However, few studies have investigated the predictors of these factors. This study aims to explore individual-level variables (e.g. education, substance use, life distress, and past trauma) contributing to differential effects of CB skills on community program enrollment for high-risk young men.

**Methods:** Measures included the Life Distress Inventory, Life Events Checklist, and programmatic data. All men enrolled >6 months from 2011-2017 and who practiced  $\geq 1$  CB skill were included (N=919). Controlling for total CB practiced, a multiple linear regression was used to predict total days enrolled.

**Results:** The men were 15-26 years old (M=21,SD=2.3) and the majority used substances (71%), dropped out of high school (71%), and had experienced trauma (84%). On average, men were enrolled 627 days and practiced 39 CB skills. Multiple linear regression results indicated that the overall model accounted for 39% of the variance ( $F(6,458)=13.32, p<0.00$ ). Past trauma ( $\beta=6.19, p=0.02$ ), life distress ( $\beta=-37.07, p=0.01$ ), and education ( $\beta=-82.31, p=0.00$ ) significantly predicted total days enrolled.

**Conclusion:** Results suggest that traumatic experiences, life distress, and education impact program enrollment duration for high-risk young men practicing CB skills.

3-181

**The Use of Seclusion and Restraint in Youth Residential Care Facilities Pre-Post Attachment, Regulation and Competency Model (ARC) Implementation**

(Abstract #805)

Poster #3-181 (Clin Res, Clinical Practice, Complex, Rights, Train/Ed/Dis, Child/Adol) - Industrialized

Gloucester

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Most youth in residential care have experienced multiple traumatic experiences, such as abuse or neglect, and these are associated with significant mental health symptoms and impairments (Collin-Vézina et al., 2011; Fischer et al., 2016; Salazar et al., 2013). Trauma-informed care (TIC) training seek that staff

recognize the prevalence and impact of trauma in this population which may help to decrease their use of seclusion and restraint to manage youth extreme behaviors (Ford & Blaustein, 2013; LeBel et al., 2010). The Attachment, Regulation and Competency model (ARC; Blaustein & Kinninburg, 2018) is a TIC approach that have received empirical support from one study in the United States in reducing the use of seclusion and restraint in youth residential care facilities (Hodgson et al., 2013). The objective of our study was to assess the use of seclusion and restraint in youth in residential care facilities pre-post ARC implementation across 52 facilities in the province of Quebec in Canada. We used clinical administrative data to assess the use of seclusion and restraint. Preliminary analyses show a slight increase in the number of restraint in the five first months post ARC though a decrease in the next seven months. The number of children involved and the mean duration of restraint remained stable pre-post ARC implementation.

### 3-183

#### **Autism and ACES: Symptom Presentation of Children with Autism Spectrum Disorder after Adverse Childhood Experiences**

(Abstract #1681)

**Poster #3-183 (Clin Res, Assess Dx, CPA, Child/Adol) M - N/A**

**Gloucester**

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Families affected by autism spectrum disorder (ASD) experience several risk factors that increase likelihood of Adverse Childhood Experiences (ACEs) and impairments in language and social skills can limit ability to report and access to trauma-informed interventions. This study examined how children with ASD process and respond to ACEs compared to their neurotypical peers. A nationwide sample (n=160) of parents of children ages 3-12 years completed measures of posttraumatic stress, autism-related symptoms, self-injurious and compulsive behaviors. Results showed children with ASD failed to demonstrate the trend of increased posttraumatic stress symptoms as ACEs increased ( $p=.90$ ) that was observed among neurotypical children ( $p=.04$ ). Participants with ASD and ACEs demonstrated significantly increased symptoms of arousal compared to neurotypical peers ( $p=.02$ ). Among neurotypical children, participants with 3 or more ACEs fell into the clinical threshold for ASD-related symptoms. Confounding variables including ACEs frequency and type, gender, age, race, and income level will be explored. In conclusion, findings suggest children with ASD fail to show increased posttraumatic symptoms as ACEs increased. Meanwhile, neurotypical children with ACEs may present with symptoms commonly associated with autism spectrum disorder, potentially leading to false identification or diagnosis.

### 3-184

#### **Exploring Mediating Mechanisms between Child Maltreatment and Substance Use**

(Abstract #1460)

**Poster #3-184 (Clin Res, CPA, Sub/Abuse, Child/Adol) M - Industrialized**

**Gloucester**

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Child maltreatment is a significant public health concern associated with a number of negative outcomes including substance use. Greater understanding of possible mechanisms underlying maltreatment and later substance use, including behavior problems, is warranted for informing preventive intervention efforts. Further, early adolescence is associated with increased peer influence, which may be a critical factor in substance use initiation. The present study examines the indirect pathways between child maltreatment, internalizing and externalizing problems during early adolescence, and ultimate substance use and whether these relationships are moderated by peer relationships. Preliminary analyses using The Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) (N=1354) reveal that the confidence interval around the point estimate for the specific indirect effect of externalizing behavior did not include zero, indicative of a significant indirect effect when simultaneously estimating the contribution of internalizing behavior (point estimate = .02, BC 95% CI = .01 - .04). The specific indirect effect of internalizing behavior was not significant. Further analyses will investigate peer relationship quality as a moderator. Adolescent externalizing behavior may be an important target for intervention efforts hoping to prevent substance use in the child maltreatment population.

**3-185**

**Increased Looming Threat Responding in Adolescents who have Experienced Significant Past Sexual Abuse**

(Abstract #1112)

**Poster #3-185 (Clin Res, CPA, CSA, Cog/Int, Neuro, Child/Adol) M - Industrialized Gloucester**

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**Objectives:** Childhood sexual abuse is associated with significant subsequent pathology, possibly by disrupting neuro-development. In particular, childhood sexual abuse has been linked with specific forms of neuro-developmental impact including heightened threat sensitivity and reduced response inhibition. However, little work has directly investigated this issue. This study examines the association with childhood sexual abuse and atypical activation in systems engaged in responding to looming threats.

**Method:** The study involved 23 adolescents with significant past sexual abuse and 24 comparison individuals matched on IQ, gender and age. Participants were scanned during a looming threat task that involved negative and neutral animate objects, that appeared to be either looming or retreating.

**Results:** In line with predictions the adolescents who had been subjected to sexual abuse showed an increased response specifically to threatening looming stimuli in regions implicated in threat responding/response control including rostral and superior frontal gyrus as well as posterior cingulate gyrus. Activations within these regions further increased as the amount of reported sexual abuse increased.

**Conclusions:** These data demonstrate adverse developmental associations of childhood sexual abuse and help provide treatment target for therapeutic interventions.

**3-186****Parent-Child Informant Discrepancy and Treatment Response among Youth Exposed to Chronic Adversity: Implications for Childhood PTSD Assessment and Intervention**

(Abstract #1635)

**Poster #3-186 (Clin Res, Assess Dx, Chronic, Complex, Fam/Int, Child/Adol) M - N/A Gloucester***Friedman, Marcelle<sup>1</sup>, Kletter, Hilit<sup>2</sup>*<sup>1</sup>*PGSP - Stanford Psy.D. Consortium, Palo Alto, California, USA*<sup>2</sup>*Stanford University School of Medicine, Stanford, California, USA*

Research indicates low agreement between parent and child reports of child PTSD symptoms, with largest discrepancies for interpersonal trauma. Few studies have examined implications of parent-child informant discrepancy for symptom reduction in the context of PTSD treatment. This study examined parent-child agreement on child PTSD symptoms pre/post-treatment, hypothesizing larger baseline parent-child discrepancies would correlate with worse treatment response (based on clinician ratings on the Children's Global Assessment Scale, CGAS). Youth (N=65) exposed to recurrent interpersonal violence (age 8-17, M=11.56) received Cue-Centered Therapy (CCT), an integrative intervention for youth exposed to chronic adversity (Carrion et al., 2013). Parent-child dyads independently reported child PTSD symptoms (total and symptom cluster severity) using the UCLA PTSD Index for DSM 4 pre/post-treatment. Contrary to previous findings, no significant correlation was found between parent and child PTSD ratings pre- or post-treatment, and paired sample t-tests did not indicate convergence of parent/child ratings over time. Baseline parent-child discrepancy for avoidance symptoms alone was significantly correlated with change in CGAS ( $r=.38, p=.029$ ). Thus, youth reporting less avoidance than parents at baseline may make larger treatment gains. Explanatory factors and implications will be discussed.

**3-187****Experiential Complex Trauma Group Treatment for Survivors of Sex Trafficking**

(Abstract #1716)

**Poster #3-187 (Clin Res, Chronic, Clinical Practice, Complex, Lifespan) M - Global Gloucester***Hopper, Elizabeth<sup>1</sup>, Azar, Naomi<sup>2</sup>, Bhattacharyya, Sriya<sup>3</sup>*<sup>1</sup>*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*<sup>2</sup>*Private Practice, Cambridge, Massachusetts, USA*<sup>3</sup>*Montefiore Medical Center University Hospital, Albert Einstein College of Medicine, Bronx, New York, USA*

Although sex trafficking survivors have often experienced multiple layers of adversity and trauma, there has been limited research into interventions addressing complex trauma impacts in this population. This paper explores the utility of a structured body-based group intervention to address complex trauma in survivors of human trafficking. Three pilot groups were conducted in residential settings with adult and minor sex trafficking survivors. These groups incorporated expressive arts modalities and movement and focused on present moment experience to facilitate learning. Process recordings were completed, and participants completed weekly assessment regarding their symptoms and the utility of the group intervention. Thematic analysis was utilized to identify themes, including benefits and

challenges. Qualitative results identified potential benefits in the areas of Interpersonal Relationships, Regulation, and Self/ Identity, with fourteen sub-themes further describing positive impacts. Results of these pilot groups suggested a potential utility for the application of experiential, somatically-oriented group treatment with trafficking survivors.

**3-188**

**Therapeutic Alliance and Trauma Symptoms: Examining the Relationship Across Time in a Community Counseling Clinic**

(Abstract #1526)

**Poster #3-188 (Clin Res, Clin Res, Clinical Practice, Commun, Train/Ed/Dis, Lifespan) Gloucester  
M - Industrialized**

*Reese, Kirsti, Lawson, David*  
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Despite high rates of trauma in community clinics, these settings are frequently overlooked in research assessing factors that influence therapeutic alliance as many participants identify alternative presenting problems. The following study examined the factors that predict the therapeutic alliance across time in community counseling clinic for 64 participants. Therapeutic alliance was assessed over time using the Outcome Questionnaire (OQ-45) at three points during their treatment sessions. The results of the study indicate that the step-wise multiple regression model for the first and second time point were significantly predictive with only the OQ-45 Interpersonal Relationship Scale,  $R^2 = .50$ ,  $F(1, 59) = 57.76$ ,  $p < .001$  and  $R^2 = .39$ ,  $F(1, 59) = 38.30$ ,  $p < .001$ . The results for the third time point indicated that the step-wise multiple regression model now included DES Total score and OQ-45 Interpersonal Relationship Scale when significantly predicting therapeutic alliance,  $R^2 = .40$ ,  $F(1, 59) = 19.24$ ,  $p < .001$ . This study provides broader implications regarding how the therapeutic alliance is evaluated over time in a setting with historically high rates of trauma and how the therapeutic needs and concerns of these clients may differ from traditional research populations.

**3-189**

**Regulating Emotionality to Manage Adversity: A Systematic Review of the Relation between Emotion Regulation and Psychological Resilience**

(Abstract #134)

**Poster #3-189 (Clin Res, Affect/Int, Prevent, Res Meth, Lifespan) M - Industrialized Gloucester**

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Resilience models have frequently incorporated enhanced emotion regulation as a crucial component contributing to psychological resilience. However, no study has systematically reviewed the empirical research directly evaluating the relation between emotion regulation and resilience nor reviewed how individual emotion regulation strategies differentially associate with resilience. Thus, our review

advances three main objectives: (1) provide a critical review of the extant literature on the relation between emotion regulation and resilience; (2) present an extensive evaluation of how multiple intrapersonal emotion regulation strategies distinctly associate with resilience; and (3) evaluate how researchers have gauged both emotion regulation and resilience. Results indicated that emotion regulation was strongly related to resilience. Specific strategies demonstrated distinct associations with resilience, with adaptive strategies (e.g., acceptance, reappraisal) positively relating to resilience and maladaptive strategies (e.g., avoidance, rumination, suppression) either negatively or not relating to resilience. Additionally, the literature reviewed was marked by multiple strengths and weaknesses concerning measurement of the two constructs. Theoretical, clinical, and research implications are discussed for heuristic purposes to inform and stimulate future investigations.

### 3-190

#### **Profiles of Posttraumatic Stress Symptoms Related to Home Violence: Distinguishing Between Adversity and Trauma Using Latent Class Analysis**

(Abstract #470)

**Poster #3-190 (Clin Res, CPA, Clin Res, DV, Theory, Lifespan) M - Industrialized Gloucester**

*Adams, Shane, Allwood, Maureen*

*John Jay College, CUNY, New York, New York, USA*

Research on the mental sequelae of youth exposure to violence often focus on victimization within the home. However, it is not always clear which types of violence rise to the classification of trauma and which remain classified as non-traumatic adversity. The current study used latent class analysis (LCA) to identify heterogeneous classifications of posttraumatic stress symptoms (PTSS) in response to various types of home violence exposure (HVE). The identified classes were then examined in association with types of HVE to clarify whether traumatic and adverse events have differential effects on presentations of PTSS. Participants were 985 college students (74.1% female) who completed an HVE measure and a measure of PTSS. LCA findings indicate four classes of PTSS: A class defined by High Symptom endorsement (n=341, 34.6%), Avoidance, Numbing, and Hyperarousal symptoms (n=84, 8.5%), Intrusions and Hyperarousal symptoms (n=288, 29.2%), and a class defined exclusively by Hypervigilance (n=272, 27.6%). Similar to traumatic events, direct and indirect exposures to physical assault were associated with High Symptom PTSS, suggesting shared pathology. Findings offer a unique opportunity to address the paucity of knowledge concerning classifications of potentially traumatic events that occur within the context of home violence as well as the heterogeneous types of PTSS that follow.

### 3-191

#### **Impact of Dating Aggression Victimization on Proximal Changes in Trauma Symptoms**

(Abstract #1486)

**Poster #3-191 (Clin Res, Aggress, DV, Lifespan) M - Industrialized Gloucester**

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Dating aggression (DA) is linked to heightened trauma symptoms, but little is known about how experiencing DA may be related to *changes* in trauma symptoms. The present study examines how physical DA victimization may be linked to proximal increases in trauma symptoms.

Six waves of community based data were collected from 120 participants (60 females) ages 18-25, within a romantic relationship. Data collection occurred monthly, spanning six months. Participants were screened for prior DA involvement in order to recruit a high risk sample. The measures used to assess relevant variables were: physical DA victimization (CTS2) and trauma symptoms (TSC-40).

Piecewise growth curve models were used to examine trauma symptoms before and after DA victimization among participants. Using SEM, model fit was compared among 4 different models: a No-Change model in which the slope and intercept after victimization were the same as before victimization, an Intercept-Only change model, a Slope-Only change, and a Dual-Change model. The Slope-Change model best described changes in trauma symptoms ( $\Delta X^2(4, N = 62) = 12.70, p = .01$ ) such that trauma symptoms demonstrated greater increases subsequent to victimization as compared to before.

Discussion will focus on the theoretical and clinical implications of changes in trauma symptoms. It will highlight impact for revictimization, in particular.

### 3-192

#### **Gender Differences in Infant Stress Reactivity and Regulation in Response to Maternal Trauma-Related Psychopathology**

(Abstract #817)

**Poster #3-192 (Clin Res, Cog/Int, Depr, Intergen, Gender, Lifespan) I - Industrialized Gloucester**

*Martinez, Brenna<sup>1</sup>, Merelas, Sophia<sup>1</sup>, Wright, Rosalind<sup>2</sup>, Bosquet Enlow, Michelle<sup>3</sup>*

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Maternal trauma history and related psychopathology in the peripartum period have been linked to infant challenges in stress reactivity and regulation. Research is needed to specify which maternal factors predict infant difficulties with stress reactivity versus regulation and whether these associations vary by infant gender. In a sociodemographically diverse pregnancy cohort (N=375), mothers completed measures of lifetime exposures to stress/trauma and current symptoms of PTSD and depression during pregnancy and at 6 months postpartum. In addition, at 6 months postpartum, mothers completed measures of their infant's lifetime trauma exposures and temperament. Temperament scales reflecting stress reactivity (Distress to Limitations) and stress regulation (Falling Reactivity) were utilized in analyses. The strongest associations were between (a) postpartum maternal PTSD symptoms and infant stress reactivity in boys, (b) maternal depression symptoms in pregnancy and infant stress reactivity in girls, and (c) postpartum maternal depression symptoms and infant stress regulation in boys. Stress regulation in girls was not associated with any of the maternal or infant trauma or maternal psychopathology measures. Maternal trauma-related peripartum psychopathology may affect infant stress reactivity and regulation, with the specific nature of associations varying by infant gender.

**3-194****Deliberate Self Harm Behaviors among Adolescents with PTSD Symptoms: Moderating Effects of Maternal Trauma**

(Abstract #1620)

**Poster #3-194 (Clin Res, Dev/Int, Fam/Int, Intergen, Lifespan) I - Industrialized Gloucester***Klicin, Crystal, Holmes, Ashley, Carlone, Christina, Milan, Stephanie*  
*University of Connecticut, Storrs, Connecticut, USA*

Adolescent girls with PTSD and related trauma symptoms are at increased risk for deliberate self-harm (DSH; e.g., cutting), although most adolescents with these symptoms do not engage in DSH (Ford & Gomez, 2015). Family context factors, including the presence of intergenerational trauma, may impact the likelihood for DSH among traumatized youth. In this study, we examine whether maternal trauma (childhood history, current PTSD) moderates the relation between adolescent PTSD and DSH in a community sample of 182 low-income, diverse mother-adolescent daughter dyads with an over-representation of high-risk families. Across the sample, 19% of adolescents reported lifetime DSH; 28% of adolescents and 26% of mothers were above PTSD clinical cutoffs. Adolescents with PTSD symptoms were significantly more likely to report DSH; however, this strength of this association varied by maternal PTSD presence (i.e., a moderating effect). Rates of DSH in adolescents with vs. without elevated PTSD were 11% vs. 27% when mothers did not have elevated PTSD, but 13% vs. 69% when mothers did have elevated PTSD. Mothers' childhood trauma did not moderate the adolescent PTSD-DSH association. Results highlight the need to address DSH in families when parents and children both have PTSD symptoms, and the potential benefit of dyadic interventions that incorporate emotion-regulation.

**3-195****Improving Psychosocial Functioning in Older Veterans with PTSD: Lessons Learned from Qualitative Focus Groups**

(Abstract #423)

**Poster #3-195 (Clin Res, Clin Res, Health, Mil/Vets, Aging, Older) I - Industrialized Gloucester***Korsun, Lynn<sup>1</sup>, Spiro III, Avron<sup>2</sup>, Vogt, Dawne<sup>3</sup>, Moye, Jennifer<sup>4</sup>, Cook, Joan<sup>5</sup>, Pless Kaiser, Anica<sup>3</sup>*<sup>1</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>2</sup>*VA Boston Healthcare System & Boston University Schools of Public Health & Medicine, VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*<sup>4</sup>*New England Geriatric Research Education and Clinical Center (GRECC), VA Boston Healthcare System, Harvard Medical School, VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>5</sup>*Yale School of Medicine, West Haven, Connecticut, USA*

Symptoms of Posttraumatic Stress Disorder (PTSD) impair functioning of aging Veterans. While effective PTSD treatments are available, some Veterans are not interested in trauma-focused therapy, drop out prematurely, or don't experience as much improvement in functioning as desired. Therefore, psychosocial interventions are needed to decrease impairment and improve quality of life. The current

project examines qualitative data collected from focus groups of older (aged 60+) Veterans with PTSD to inform intervention development. Vietnam-era Veterans were interviewed across two focus groups about their impressions of proposed components of a psychosocial discussion group. A focus group guide was utilized, and Veterans shared their perspectives on important topics to include, best methods of delivery, and effectiveness of topic presentation. Sessions were transcribed and qualitative data were analyzed. Veterans identified 1) difficulties with trust in relationships 2) learning to identify, manage, and express emotions effectively, and 3) understanding the impact of aging on PTSD as especially important targets for intervention. Feedback from the focus groups was instrumental in the process of modifying the proposed intervention, which seeks to assist older Veterans with PTSD in regaining fuller, more satisfying functioning and quality of life. Pilot groups are currently being run.

### 3-196

#### **Psychological First Aid for Paramedics and Emergency Dispatchers to Prevent Post-Traumatic Stress Injuries after Exposure to a Traumatic Event: Can it Work?**

(Abstract #452)

**Poster #3-196 (Clin Res, Acute, Prevent, Care, Other) I - Industrialized**

**Gloucester**

*Tessier, Marine*

*University of Montreal, Montreal, Quebec, Canada*

Paramedics and emergency dispatchers are repeatedly exposed to disturbing or threatening events. Management of Post-Traumatic Stress Injuries, in the first days following a traumatic event, remains difficult for Emergency Medical Technicians (EMT) organizations. In the lack of efficient post-immediate interventions, Psychological First Aid (PFA) seems like a promising solution. PFA is an evidence-informed approach which aims to reduce initial distress and to foster short- and long-term adaptive coping, originally design for the aftermath of disaster and terrorism. This research aimed to evaluate feasibility of PFA as a post-traumatic peer-support intervention among EMT. To do so, a concomitant mixed method design is favored. Qualitative and quantitative data will provide the tools needed to document the acceptability of the intervention (obj.1), examine the implementation processes in their real context (obj.2) and account for PFA potential efficacy with a pilot RCT using a restricted sample size (obj.3). Our data sources include: a semi-structured interview, documentation (i.e. implementation protocol), and prospectively collected validated questionnaires about acute and post-traumatic stress, depressive and anxiety symptoms, substances abuse and quality of life. Preliminary results about acceptability, implementation and efficacy will be presented in the poster presentation.

### 3-198

#### **Social Support and Reticence to Disclose War Zone Experiences after Deployment to Afghanistan – Implications for Posttraumatic Deprecation or Growth**

(Abstract #156)

**Poster #3-198 (Clin Res, Acute, Prevent, Mil/Vets, Moral, Other) M - Industrialized**

**Gloucester**

*Nordstrand, Andreas*

*Norwegian University of Science and Technology, Trondheim, Norway*

**Objective:** We aimed to explore how barriers to disclose trauma may interact with social support in regards to posttraumatic deprecation (PTD) or growth (PTG) in Norwegian Afghanistan veterans. A trauma exposed sample (N = 3,465) of veterans were included based on self-reported exposure to danger-based and non-dangers based stressors. In four hierarchical regressions, barriers to disclose trauma was examined in relation to the number of close friends, social support, in predicting PTD or PTG. The results shows that having many close friends ( $p < .001$ ) and reporting more perceived social support ( $p < .001$ ) were both contributors to the development of PTG after exposure to major stressors. Barriers to disclose trauma in itself appeared to be a contributor towards PTD ( $p < .001$ ). However, in a model also including the variables; number of close friends and social support, having barriers to disclose traumatic experiences appears to no longer significantly contribute to a development in the direction of PTD.

**Conclusion:** The results indicate that in the presence of a high number of close friends and high perceived social support, having barriers to disclose one's traumatic experiences does not disrupt development of PTG. However, by itself, having barriers to disclose traumatic war zone experiences significantly affects posttraumatic development towards PTD.

## BIOLOGICAL/MEDICAL POSTERS

### 3-199

#### The Role of Self-agency in Both Acute and Chronic Stress

(Abstract #600)

Poster #3-199 (Bio Med, Acute, Chronic, Adult) I - Industrialized

Gloucester

*Jany, Miranda, Philippi, Carissa*

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

Self-agency (SA) is the feeling of being in control of one's own actions and/or thoughts. Previous research has examined the relationship between self-reported measures of control and stress. The present study sought to understand the association between stress and SA using a computer-based task. Participants completed questionnaires to assess trait neuropsychiatric symptoms and baseline stress. In the lab, participants were assigned to either the Trier Social Stress Test (TSST;  $n=14$ ) or Placebo-TSST (P-TSST;  $n=17$ ), and completed measures related to perceived stress. Participants then completed the Self-Agency Judgment Task where they rated their perceived control over moving a box on a computer screen across five control conditions (100%, 70%, 25%, 10%, and 0%). Although there were no significant differences in control ratings between the TSST and P-TSST conditions ( $F(1, 29)=.07$ ,  $p=.853$ ), participants in the TSST group reported more perceived stress after the stress task ( $M=.43$ ,  $SD=3.59$ ) than the P-TSST group ( $M=-2.59$ ,  $SD=4.74$ ),  $t=1.96$ ,  $p=.060$ . Higher baseline stress scores also predicted lower SA control ratings in the 25% control condition ( $F(1,29)=3.86$ ,  $p=.059$ ) at the trend level and 10% control condition ( $F(1,29)=5.42$ ,  $p=.027$ ). Findings from this study could contribute to our understanding of the underlying mechanisms involved in traumatic stress.

**3-200****Resting State Coupling of Anterior Insula and Amygdala Function Correlates with Anxiety Sensitivity in Healthy and Posttraumatic Stress Spectrum Adults**

(Abstract #770)

**Poster #3-200 (Bio Med, Anx, Bio Med, Neuro, Adult) A - Industrialized****Gloucester***Rosso, Isabelle<sup>1</sup>, Overbey, Tate<sup>2</sup>, Olson, Elizabeth<sup>1</sup>, Fanning, Jennifer<sup>3</sup>, Birster, Gwenievere<sup>2</sup>*<sup>1</sup>*McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA*<sup>2</sup>*McLean Hospital, Belmont, Massachusetts, USA*<sup>3</sup>*Harvard Medical School, McLean Hospital (Harvard Medical School Affiliate) Belmont, Massachusetts, USA*

Abnormal anterior insula (AI) function has been implicated in posttraumatic stress disorder and may contribute to excess anticipation of aversive bodily states or “anxiety sensitivity”. The insula relays interoceptive information to the amygdala to guide adaptive emotional responses. This study examined the relationship between anxiety sensitivity and AI-amygdala resting state functional connectivity (rsFC) in a sample including adults with posttraumatic stress.

**Methods.** Seventy-three adults (43 trauma-exposed and 30 healthy non-traumatized) completed the Anxiety Sensitivity Index (ASI) and 3 Tesla magnetic resonance imaging. rsFC values between bilateral AI and amygdala seeds were extracted using CONN. We examined total ASI score as a predictor of AI-amygdala rsFC, controlling for age, sex, and trauma group.

**Results.** Individuals with higher anxiety sensitivity had lower positive rsFC between bilateral AI and right amygdala ROIs (rAI-ramyg,  $t = -4.12$ ,  $p < .0001$ ; lAI-ramyg,  $t = -3.60$ ,  $p = .0006$ ). Correlations of ASI with left amygdala-AI rsFC did not survive Bonferroni correction.

**Conclusions.** Lower positive rsFC of the AI to right amygdala was associated with higher anxiety sensitivity. Coordinated activity of these two salience network regions may enable adaptive identification and responding to internal sensations of anxiety, and hence lower anxiety sensitivity.

**3-202****Physiological Response to Fear Conditioning in the Acute Aftermath of Trauma and Associations with Future PTSD Symptoms**

(Abstract #1540)

**Poster #3-202 (Bio Med, Bio Med, Bio/Int, Adult) - Industrialized****Gloucester***Dumornay, Nathalie<sup>1</sup>, Seligowski, Antonia<sup>2</sup>, Winters, Sterling<sup>3</sup>, McLean, Samuel<sup>4</sup>, Ressler, Kerry<sup>2</sup>, Jovanovic, Tanja<sup>3</sup>*<sup>1</sup>*McLean Hospital, Belmont, Massachusetts, USA*<sup>2</sup>*Harvard Medical School, McLean Hospital (Harvard Medical School Affiliate) Belmont, Massachusetts, USA*<sup>3</sup>*Wayne State University, Detroit, Michigan, USA*<sup>4</sup>*University of North Carolina - Chapel Hill, Chapel Hill, North Carolina, USA*

Fear conditioning is a useful translational tool for studying fear acquisition and extinction in the context of PTSD. Data were gathered during a fear conditioning session conducted two weeks following trauma

exposure as part of the AURORA study. Physiological variables included fear potentiated startle (FPS), heart rate (HR), and heart rate variability (HRV). Recruitment is ongoing; the current presentation reports on 42 participants. Preliminary FPS results suggest that participants were successfully fear conditioned and later extinguished this response. However, HR continuously increased ( $F[1,31] = 12.92, p = .001$ ), demonstrating that the FPS response may have extinguished independent of sympathetic arousal. HR and HRV during fear acquisition were significantly related to FPS to the danger signal in extinction ( $r = .477, p = .014$  and  $r = -.432, p = .027$ , respectively), suggesting that higher sympathetic and lower parasympathetic activation were associated with worse extinction. Regression analyses indicated that HR (but not HRV) during fear acquisition significantly predicted FPS to the danger signal during extinction after controlling for FPS during acquisition ( $\beta = .51, p = .011$ ), suggesting that elevated sympathetic arousal may have interfered with proper FPS extinction. Additional analyses investigating physiological predictors of PTSD symptoms will be presented.

### 3-203

#### **A Phase II Clinical Trial for PTSD with a Vasopressin 1a Receptor Antagonist: Design, Methods, and Recruitment for a Novel Pharmacological Intervention Study**

(Abstract #1672)

**Poster #3-203 (Bio Med, Chronic, Clin Res, Bio/Int, Sub/Abuse, Adult) M - Industrialized**

**Gloucester**

*McAleavey, Andrew<sup>1</sup>, Emrich, Marie<sup>2</sup>, Jick, Adina<sup>3</sup>, Wyka, Katarzyna<sup>1</sup>, Simon, Neal<sup>4</sup>, Difede, JoAnn<sup>5</sup>*

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PTSD has staggering human and economic costs, and the lack of effective drugs for Posttraumatic Stress Disorder (PTSD) is a major problem. Current drug treatments for PTSD rely on antidepressants that are only modestly effective, produce undesirable side effects, and have compliance issues. The goal of this ongoing DoD-funded study is to conduct an 18-week, double-blind, crossover phase II trial using SRX246, a first-in-class vasopressin V1a receptor antagonist. SRX246 modulates fear and mood circuits in animals and humans, and may mitigate depression, aggression, and anxiety that are commonly observed in PTSD. We are testing the primary hypothesis that daily oral treatment with SRX246 will result in clinical improvement in PTSD patients based on changes in CAPS score. Several secondary hypotheses will also be tested. These hypotheses will be tested by comparing results in drug vs placebo phases using safety and clinical lab measures and established, well validated psychometric scales. We discuss the rationale, design, and challenges of conducting a drug trial for PTSD, including working with a highly comorbid community sample. The specific challenges experienced in this ongoing trial in recruitment and screening participants will be discussed. The lessons learned provide valuable information for future pharmacological and psychosocial intervention trials in PTSD.

**3-204**

**Autonomic Functioning and Associations with Post-trauma Pathology in Trauma-Exposed Children**

(Abstract #1490)

**Poster #3-204 (Bio Med, Bio Med, Health, Bio/Int, Child/Adol) M - Industrialized Gloucester**

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<sup>3</sup>*Wayne State University, Department of Psychiatry and Behavioral Neurosciences, Detroit, Michigan, USA*

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Background: Few studies have examined autonomic functioning among trauma-exposed children. This study sought to describe heart rate (HR) and respiratory sinus arrhythmia (RSA) for trauma-exposed children and examine how these predict pathology 9 months later.

Methods: Participants were 142 children (Mage = 10.1, SD = 1.7) who were recruited for a study of the effects of trauma on development. HR and RSA were collected at baseline and during a dark-enhanced startle procedure, where the startle probe was a loud noise burst.

Results: Average HR was 81.9 BPM (SD=10.6), which is lower than the normative HR of 84.4 BPM (SD = 10.6,  $d = .24$ ) for this age. Average RSA was 7.2 (SD=1.2), which is higher than the normative RSA of 6.65 (SD = 1.1,  $d = .49$ ) and suggests better parasympathetic control. Neither baseline HR ( $B = 0.01$ ,  $p = .533$ ) nor RSA ( $B = -0.12$ ,  $p = 0.379$ ) predicted future PTSD severity; however, few children met criteria for PTSD.

Discussion: Autonomic functioning among trauma-exposed children in this study appeared to be comparable or somewhat enhanced compared to children in the general population. Lower HR and higher RSA may indicate resilience among the children in our sample, given low prevalence of PTSD symptoms.

**RESEARCH METHODOLOGY POSTERS****3-205****Shut Down and Shut Out: Dissociative Symptomatology and Unusable Psychophysiological Data**

(Abstract #1819)

**Poster #3-205 (Res Meth, Res Meth, Adult) I - Industrialized****Gloucester***Healy, CJ, Khedari, Vivian, Pasek, Michael, D'Andrea, Wendy  
New School for Social Research, New York, New York, USA*

Psychophysiological reactivity has been a cornerstone of PTSD research and is an important tool for investigating clinical change. Recent work, however, has demonstrated that participant factors, such as race, may yield unusable data due to measurement guidelines established with a narrow participant base. We extend this observation to examine whether posttraumatic symptoms of depression, anxiety, PTSD, or clinical dissociation systematically yield skin conductance levels (SCL) below expected thresholds. Baseline data from six studies conducted at the same lab were compiled (N = 337). Symptomatology was coded dichotomously as above/below a clinical threshold score. SCL was coded dichotomously as above/below 0.67  $\mu$ S, an established cutoff value for quality data. A binary logistic regression was used to determine the relationship between symptoms and usable SCL. The odds of showing usable SCL were significantly lower for participants endorsing dissociation (OR = 0.324,  $p < .001$ ). Race does not confound this finding, as it was not significantly associated with symptoms (OR = 1.409,  $p = .320$ ). These results suggest that the SCL data of participants with dissociative symptomatology may be being systematically excluded from psychophysiological studies. Refining of methodological standards may be required in order to improve the utility of psychophysiology in clinical studies.

**3-206****Differential Dropout from PTSD Treatment Based on Treatment Delivery Format**

(Abstract #195)

**Poster #3-206 (Res Meth, Mil/Vets, Adult) - Industrialized****Gloucester***Peterson, Alan  
University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

Most research targeting dropout from psychotherapy has focused on individual patient factors, level of motivation, or components of different types of psychotherapy. However, recent research indicated that psychotherapy treatment may be most strongly related to the treatment delivery format. The standard psychotherapy treatment format-weekly, individual sessions conducted over weeks or months-was introduced over a century ago and continues today. This format is believed to be a major factor related to dropout regardless of type of psychotherapy. Emerging evidence from psychotherapy randomized clinical trials from the STRONG STAR Consortium is indicating that dropout from treatment may be more related to treatment delivery format than individual or treatment modality factors. For example, one recently completed RCT found that dropout from a 10-session weekly Prolonged Exposure therapy protocol 25% as compared to 14% when the same 10-session PE treatment was delivered on daily basis

over 2 weeks. Similarly, dropout from the same 12-session Cognitive Processing Therapy treatment protocol was 45% when delivered in the standard, in-office format, 33% when delivered by telebehavioral health, and 25% when delivered in the patient's home. Additional research is needed to evaluate innovative psychotherapy treatment delivery formats as a way to decrease dropout from psychotherapy.

### 3-207

#### **Construct Validity of the PCL-5 in a Clinical Sample of PTSD: Should We Go into a One-Dimensional Scale?**

(Abstract #594)

**Poster #3-207 (Res Meth, Clin Res, Adult) I - Industrialized**

**Gloucester**

*Savard-Kelly, Patrick<sup>1</sup>, Geoffrion, Steve<sup>2</sup>, Fortin, Christophe<sup>3</sup>, Guay, Stéphane<sup>3</sup>*

<sup>1</sup>*Université de Montreal, Montreal, Quebec, Canada*

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<sup>3</sup>*Université de Montreal & Centre d'Etude du Trauma, Montreal, Quebec, Canada*

In Canada, 9,2% of the population will develop a post-traumatic stress disorder (PTSD) making it a high prevalence disorder. Several questionnaires have been created to measure PTSD symptoms. One of them, the PTSD Checklist for DSM-5 (PCL-5), is a self-reported questionnaire widely used in America. It has been validated many times with military and non-clinical population. However, the PCL-5 have never been validated with an entire PTSD sample and questions remained unanswered about the structure of the questionnaire. Relying on a sample of 110 participants with PTSD, the present study aims to establish the construct validity of the PCL-5 within a clinical sample. Factorial structure will be assessed with confirmatory and bifactor models. Internal consistency will be tested with cronbach and omega. In addition, the convergent validity of PCL-5 will be tested with correlation analyses with the Clinician-Administered PTSD Scale for DSM-5, the Beck Depression Inventory-II and the Questionnaire of Support Behaviors in Anxiety. Confirmatory factorial analyses will allow us to validate the 4, 6 or 7 factors found in previous studies. Bifactor models will test the dimensionality of the scale (one vs multiple dimensions). Correlations will asset the convergent validity of the retained solution. The results will be presented at the annual meeting.

### 3-208

#### **Dimensional Model of Adversity and Psychopathology: Exposure to Childhood Threat and Deprivation Adversity and the Relation with Depression, Suicide Attempt, and Obesity in US Military Veterans**

(Abstract #1380)

**Poster #3-208 (Res Meth, CPA, CSA, Health, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Gomez, Mayra<sup>1</sup>, Meffert, Brienna<sup>2</sup>, Lucas, Emma<sup>1</sup>, Mosich, Michelle<sup>1</sup>, Berkemeyer, Maggie<sup>3</sup>, Heinz, Adrienne<sup>2</sup>*

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Exposure to adverse childhood experiences (ACEs) is associated with a greater risk for negative health outcome, such as obesity, depression, and suicidality. A recent alternative method, the Dimensional Model of Adversity and Psychopathology (DMAP), indicates that threat (e.g. physical/sexual abuse) and deprivation (e.g. emotional/physical neglect) are associated with distinct patterns of consequences. The current study investigated how DMAP approach was associated with depression, past year suicide attempts and obesity among a high-risk veteran sample with Alcohol Use Disorder (AUD) and Posttraumatic Stress Disorder (PTSD). One hundred thirty-one veterans ( $M_{age}=43.13$ ,  $SD=11.63\%$ ; 93% Male, 47.7% Caucasian) completed a series of health screeners. Results from a series of hierarchical multiple regression models controlling for age, gender, education, PTSD, and AUD diagnosis indicated that, unexpectedly, deprivation ACEs were negatively associated with obesity, while threat ACEs were not. Threat ACEs were positively associated with current depression diagnosis and past year suicide attempt, while deprivation ACEs were not. Results demonstrated benefits in using the dimensional approach to conceptualizing childhood adversity. Specifically, depression and suicidality may be uniquely associated with threat ACEs, while obesity is more relevant to deprivation childhood adversity.

**3-209****From Childhood Trauma to Suicide Ideation- a Structural Equation Model**

(Abstract #1519)

**Poster #3-209 (Res Meth, CPA, CSA, Chronic, Complex, Adult) I - Industrialized Gloucester***Barzilai, Eran, Miron, Noga, Pfeffer, Kendall, D'Andrea, Wendy  
New School for Social Research, New York, New York, USA*

**Objective:** To provide and empirically test a theoretical model for the trajectory from childhood trauma to suicide ideation (SI) in adulthood.

**Background:** Childhood trauma is a distal risk factor for SI. However, the cluster of factors which may together explain this developing risk is unclear. This study proposes a theoretical model linking causal connections between interpersonal needs and hopelessness and tests this model empirically using Structural Equation Modeling (SEM).

**Method:** 199 participants completed online questionnaires measuring childhood trauma, SI, hopelessness, perceived burdensomeness (PB), and thwarted belongingness (TB). Analyses tested a serial path model leading from childhood trauma to SI, both directly and indirectly through different combinations of PB and TB, and then hopelessness.

**Results:** Childhood trauma, as indexed by the CTQ, did not significantly explain SI directly. CTQ did not explain hopelessness directly, nor did hopelessness significantly mediate the relationship between CTQ and SI. Yet the relationship between CTQ and SI becomes significant when mediated by PB and TB both directly and indirectly through hopelessness.

**Conclusion:** These findings illustrate the important role of unmet interpersonal needs in the development of SI, and suggest a clear trajectory from childhood trauma to SI, highlighting important time-points for intervention.

**3-210****Does the Type of Experience Matter? A Comprehensive Evaluation of Potentially Traumatic Events in Relation to Working Memory among Preschoolers**

(Abstract #1629)

**Poster #3-210 (Res Meth, CPA, Chronic, Complex, Child/Adol) M - Industrialized Gloucester***McGuire, Austen<sup>1</sup>, Guler, Jessy<sup>1</sup>, Jackson, Yo<sup>2</sup>*<sup>1</sup>*University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA*<sup>2</sup>*Penn State University, University Park, Pennsylvania, USA*

Working memory (WM) is an essential executive skill among preschool age children that allows one to appropriately use and manipulate learned information to function cognitively, socially, and adaptively in daily life. Research on the relation between WM and potentially traumatic events (PTEs) is mixed, with some studies showing PTE exposed children performing lower than non-exposed children, whereas others find no difference. One largely unexplored reason for differences in findings may be PTE type, as previous studies have tended to examine only group level differences (i.e., exposed vs. non-exposed children) and not accounted for polyvictimization. The current study sought to address this gap in understanding by completing an in-depth examination of how certain forms and conceptualizations of PTE exposure in preschool age children are associated with WM deficits. Children ( $N=236$ ) completed assessments of WM and parents reported on lifetime PTE exposure. The association between PTE type and WM was examined using structural equation modeling. Results suggest that certain PTE types (e.g., maltreatment, interpersonal) are associated with greater deficits in WM, as compared to other types of PTE exposure (e.g., community related PTEs). Overall, findings indicate that the methods used to measure and conceptualize PTE exposure may contribute to observed differences in WM.

**3-211****A Novel Method for Assessing the Effects of Repeated Traumatic Stress Exposure on Epigenetic Changes: The Structured Life Course Modeling Approach**

(Abstract #1557)

**Poster #3-211 (Res Meth, CPA, Genetic, Epidem, Child/Adol) - Industrialized Gloucester***Zhu, Yiwen<sup>1</sup>, Simpkin, Andrew<sup>2</sup>, Suderman, Matthew<sup>3</sup>, Walton, Esther<sup>3</sup>, Smith, Andrew<sup>4</sup>, Dunn, Erin<sup>1</sup>*<sup>1</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*<sup>2</sup>*National University of Ireland, Galway, Ireland*<sup>3</sup>*University of Bristol, Bristol United Kingdom*<sup>4</sup>*University of the West of England, Bristol United Kingdom*

Life course epidemiology provides a useful conceptual framework for studying the role of time-varying exposures. Moving beyond crude comparisons of those ever exposed versus unexposed to traumatic stress, we can test life course hypotheses regarding whether the effects of exposure vary based on timing, duration, or recency. A new statistical approach – called the structured life course modeling approach (SLCMA) – allows researchers to simultaneously compare these different life course theoretical hypotheses and select the hypothesis best supported by data. Recently, Dunn et al. (2019) applied the SLCMA to assess how the developmental timing of exposure to childhood adversity was associated with

genome-wide DNA methylation patterns. In the current study, we will summarize results from a set of simulations comparing five statistical inference methods that can be used in the SLCMA. We will also showcase applications of these methods in a study of epigenetic mechanisms of traumatic stress. Results indicated that the five methods performed differently in an epigenome-wide analysis with respect to their Type I error control, statistical power, and confidence interval coverage, allowing us to make recommendations for new users of the SLCMA. The SLCMA is a promising approach to identify epigenetic and other omic biomarkers and understand the biological consequences of traumatic stress.

### 3-212

#### **Sex Differences in Naturally Occurring Groupings of Child and Adolescent Maltreatment: A Latent Class Analysis**

(Abstract #1661)

**Poster #3-212 (Res Meth, CPA, CSA, Rape, Epidem, Lifespan) M - N/A**

**Gloucester**

*Ziobrowski, Hannah<sup>1</sup>, Buka, Stephen<sup>1</sup>, Sullivan, Adam<sup>1</sup>, Austin, S.<sup>2</sup>, Horton, Nicholas<sup>3</sup>, Field, Alison<sup>1</sup>*

*<sup>1</sup>Brown University, Providence, Rhode Island, USA*

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*<sup>3</sup>Amherst College, Amherst, Massachusetts, USA*

**Objectives:** To examine if meaningful groups could be identified in young adult men and women based on the type and timing of maltreatment.

**Methods:** Self-reported data came from 2,685 men and 5,932 women aged 19-27 years who participated in the 2007 Growing Up Today Study. Participant were asked about physical, sexual, and emotional abuse occurring in childhood (before age 11) and adolescence (ages 11-18). We used latent class analysis to identify maltreatment profiles separately for men and women. To assess the face validity of the classes, we examined their concurrent associations with adverse health outcomes.

**Results:** 5 classes were identified in men, based on high probabilities of reporting these abuses: 1) None; 2) Child physical; 3) Child sexual and physical; 4) Adolescent emotional; 5) Child and adolescent physical and emotional. In women, 6 classes were identified based on high probabilities of reporting these abuses: 1) None; 2) Child physical; 3) Child and adolescent sexual; 4) Adolescent emotional; 5) Child and adolescent physical and emotional; 6) Child and adolescent physical, sexual, and emotional.

Associations with concurrent overweight/obesity, eating disorders, high depressive symptoms, and drug use varied significantly by latent class.

**Conclusions:** We identified and validated a sex-specific, empirically-derived classification of maltreatment subtypes.

## CLINICAL PRACTICE POSTERS

3-213

### **Do Religious Commitment and Religious Coping Promote Resilience in Military Veterans Over Time?**

(Abstract #38)

**Poster #3-213 (Clin Res, Cul Div, QoL, Mil/Vets, Moral, Adult) - Industrialized Gloucester**

*Park, Crystal<sup>1</sup>, Wortmann, Jennifer<sup>2</sup>*

<sup>1</sup>*University of Connecticut, Storrs, Connecticut, USA*

<sup>2</sup>*Durham VA Medical Center/VISN 6 MIRECC, Durham, North Carolina, USA*

Previous literature suggests that religious resources are associated with better mental and physical health in veterans, but this work is limited, conducted primarily with older veterans long after their service, mostly cross-sectionally, rarely including a focus on physical health, and with a limited set of religious variables. To determine the extent to which religiousness relates to mental and physical health with OEF/OIF/OND veterans, we surveyed a sample of 580 previously deployed OEF/OIF/OND Veterans at baseline and 3 months. We found that baseline religious commitment, religious behaviors (prayer, service attendance), and positive religious coping were all unrelated to mental health and inversely related to physical health, both at baseline and at 3 months. Negative religious coping (i.e., feeling God has abandoned or punished me) was inversely related to both mental and physical health at both timeperiods, effects that held when controlling for age and gender. These results suggest that in recent veteran cohorts, aspects of religiousness typically considered as promoting resilience do not serve this role. However, negative religious coping appeared to pose a risk factor and might warrant clinical attention.

3-214

### **Psychospiritual Development as a Risk Factor for Moral Injury**

(Abstract #40)

**Poster #3-214 (CulDiv, Cul Div, Moral, Adult) - Industrialized Gloucester**

*Harris, J. Irene*

*Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA*

The developmental theory of moral injury postulates that potentially morally injurious events (PMIE's) evoke cognitive dissonance, because many combat situations require individuals to respond in one moral context, violating the rules of another moral context. The ability to think about an act in multiple moral contexts, therefore, should support resilience in the context of PMIE's. This study tests one aspect of the developmental theory of moral injury, i.e. that individuals at postconventional levels of psychospiritual development will be able to evaluate moral behaviors in multiple context simultaneously, and should be more resilient after exposure to PMIE's. In a sample of 190 combat-exposed veterans, we used regression analysis to control for exposure to PMIE's, PTSD symptom severity, and pre-conventional vs. postconventional psychospiritual development as predictors of scores on the Moral Injury Questionnaire. Results were consistent with the developmental theory of moral injury.

**3-215****Religious Commitment and Moral Injury: An Initial Test of Sanctification Theory among War-Zone Veterans Struggling with Faith or Spirituality**

(Abstract #39)

**Poster #3-215 (Practice, Mil/Vets, Moral, Adult) - Industrialized****Gloucester***Currier, Joseph, Isaak, Steve**University of South Alabama, Mobile, Alabama, USA*

Recent work (Currier et al., in press) suggests religious commitment may increase risk for moral injury (MI), an emerging construct for capturing emotional, social, and spiritual effects of morally troubling events that often occur in war-zone service (Litz et al., 2009). Pargament's (2007) sanctification theory holds military veterans may suffer health-related consequences when sacred aspects of life are perceived as lost or desecrated. This study tested whether these factors could explain the link between pre-military religiousness and MI outcomes. The sample consisted of 310 Post-9/11 combat veterans who screened positive for struggles with religious faith or spirituality. Along with combat exposure, war-zone veterans completed PCL-5 and Religious Commitment Inventory (RCI), Sacred Loss and Desecration Scale (SDS), and Expressions of Moral Injury Scale (EMIS). Correlational analyses revealed pre-military religious commitment was positively associated with scores on PCL, SDS, and EMIS,  $r_s = .31$  to  $.38$ . When accounting for PTSD, initial SEM analyses revealed perceptions of sacred loss and desecration about traumatic events mediated the link between pre-military religious commitment and MI outcomes. Findings indicate the utility of Pargament's (2007) sanctification theory in understanding the potentially challenging role of religious faith following morally injurious events.

**3-216****Post Traumatic Growth and PTSD Following Military Deployment: Examining the Role of Perceived Social Support**

(Abstract #897)

**Poster #3-216 (Practice, Mil/Vets, Adult) M - Industrialized****Gloucester***Isaak, Steve, McCormick, Wesley, Stevens, Laura, Borgogna, Nicholas, Currier, Joseph*  
*University of South Alabama, Mobile, Alabama, USA*

Previous cross-sectional research has found that perceived social support is predictive of posttraumatic growth (PTG; Maguen et al., 2006) but not severity of posttraumatic stress disorder (PTSD) among U.S. military veterans (Borowa et al., 2016). To examine potential temporal associations between these variables, 175 previously deployed veterans completed the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), and the PTSD Checklist for DSM-5 (PCL-5; Blevins et al., 2015) at two time points, six months apart. Two hierarchical linear regressions were conducted entering demographics and timepoint 1 of the PTGI or PCL-5 as covariates, the MSPSS as a predictor variable, and timepoint 2 of the PTGI or PCL-5 as the outcome variables. While the PTGI model was significant,  $F(1, 168) = 10.150$ ,  $p < .001$ , accounting

for 21% of the variance, the inclusion of MSPSS did not result in a significant R2 change within the PCL-5 model. Aligning with previous studies, the current findings suggest perceived social support predicts increased PTG ( $B = .147, p = .005$ ) over time but not PTSD symptom severity. Our presentation will discuss clinical implications for disentangling the associations between social support, PTG, and PTSD.

### 3-218

#### **"Shocked but not Surprised": A Qualitative Study of Veterans' Mixed Emotional Reactions to Receiving a PTSD Diagnosis**

(Abstract #14)

**Poster #3-218 (Practice, Assess Dx, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Hundt, Natalie<sup>1</sup>, Smith, Tracey<sup>1</sup>, Fortney, John<sup>2</sup>, Cully, Jeffrey<sup>1</sup>, Stanley, Melinda<sup>1</sup>*

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To improve PTSD care, we need to understand patients' experiences from the start of care, including the assessment and diagnosis process and the communication of that diagnosis to the patient. The patient's reaction to this can set the tone for their relationship with the mental health system, yet therapists often receive little training in how to most effectively provide a diagnosis to patients. Prior research has examined emotional reactions to receiving a psychotic spectrum diagnosis (Jones, 2004; Pitt et al., 2009), which included both positive and negative reactions, but to the authors' knowledge, no work has examined reactions to receiving a PTSD diagnosis. This qualitative study examines common reactions to receipt of a PTSD diagnosis among low treatment engaging veterans and differences among reactions across veterans who initiate vs. refuse evidence-based psychotherapy. Among 50 participants, self-reported reactions were categorized as positive, neutral, and negative. Positive reactions included validation, hope, and proactivity; neutral reactions included confusion, uncertainty, acceptance; and negative reactions included shock, denial, and fear of stigma. We discuss recommendations for therapists in providing diagnoses in a patient-centered, CBT-consistent way, to maximize the chances of engaging patients into mental health care.

### 3-219

#### **Nightmares in Veterans with a History of Interpersonal Trauma: Relationship to Symptomology Course and Treatment Engagement**

(Abstract #141)

**Poster #3-219 (Practice, Anx, Sleep, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Nunez, Lisa<sup>1</sup>, Moya, Yarelin<sup>1</sup>, Duncan, Nikia<sup>1</sup>, Cabral, Marvin<sup>2</sup>, Dalenberg, Constance<sup>1</sup>, Allard, Carolyn<sup>2</sup>*

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Nightmares are often associated with severe symptoms of trauma. Research suggests that nightmare symptoms tend to be chronic, resistant to trauma treatment, and tend to have an extinction burst during

treatment before improving. Few studies to date have assessed nightmares in a military sample and many have not considered symptomology and treatment course together. The current study assessed posttraumatic symptoms and treatment engagement in 235 Veterans seeking treatment for posttraumatic distress related to interpersonal trauma at a Veterans Affairs specialty outpatient clinic. The sample was diverse in terms of age, gender, ethnicity, and family income. There was a strong correlation between nightmares measured by the PCL-5 and TSI-2,  $r = .60$ ,  $p < .001$ . Consequently, a combined nightmare variable was created. Contrary to the hypotheses, higher levels of nightmares did not predict treatment engagement or dropout rates. A significant regression model,  $F(3,231) = 19.76$ ,  $p < .001$ , explained 20.4% of the variance in nightmare levels with anxiety, dissociation, and guilt as predictors. Findings suggest these predictive symptoms may endure past trauma treatment, providing rationale for follow-up treatment targeting these symptoms. Treatment implications of the association between the anxiety, dissociation, guilt and nightmares are also discussed.

### 3-220

#### **Preliminary Clinical Effectiveness Data from a Concurrent PTSD and mTBI Intensive Outpatient Program**

(Abstract #1316)

**Poster #3-220 (Practice, Acc/Inj, Clin Res, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Sprang, Kelsey<sup>1</sup>, Ragsdale, Kathleen<sup>1</sup>, Nichols, Anastacia<sup>1</sup>, Rauch, Sheila<sup>2</sup>, Rothbaum, Barbara<sup>1</sup>, Penna, Suzanne<sup>1</sup>*

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Mild Traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) are pervasive consequences of recent conflicts. Given the significant overlap of postconcussive and PTSD symptoms, special attention is needed to address this comorbid wound of war. While a majority of individuals with mTBI will fully recover, a subset of individuals continue to report ongoing cognitive, behavioral, and physical complaints. These remaining symptoms lack consistent chronic biomarkers, are significantly heterogeneous, and are often better accounted for by mental health diagnoses. Historically, treatment of PTSD and mTBI have occurred separately and concurrent treatment exploration is in its infancy. The Emory Healthcare Veteran's Program has piloted integrating TBI interventions within a two week intensive PTSD treatment program. Program refinement has occurred based on patient perspectives and clinical insights, review preliminary outcomes and lessons learned. Special attention has been given to mitigate iatrogenic effects, utilize and integrate interdisciplinary care effectively, and increase expectation of recovery. Results indicate program completers ( $N = 17$ ) experience significant reduction of PTSD (PCL-5 decrease=36), depression (PHQ-9 decrease = 8), and neurobehavioral symptoms (NSI decrease=24), supporting the use of a brief concurrent PTSD and mTBI treatment program.

**3-221****Markers in Time: An Alternative Approach to Understanding Non-Linear Traumatic Loss**  
(Abstract #1809)**Poster #3-221 (Practice, Death, Grief, Theory, Adult) I - Industrialized****Gloucester***Saltzman, Leia**Tulane University, New Orleans, Louisiana, USA*

Introduction. Models of adaptation following bereavement suppose that “time heals all wounds.” In reality, adaptation is more complex and less linear. While some attention has been paid to the concept of anniversary reactions, the current study closes the gap by introducing practitioners to the role of subjective time, and the concept of markers in time. Methods. In depth face-to-face qualitative interviews were conducted with six participants who had lost a close family member. Transcriptions of these interviews were used for constant comparative analysis to identify large themes, categories, and subcategories. Results. Despite an overall upward trend in adaptation over time, participants noted that adaptation was a long-term cyclical process. The main finding was the identification of markers in time; repeated, inevitable, and emotionally charged temporal triggers that differed from traditional representations of anniversary reactions. Conclusion and Implications. These findings introduce a new family of temporal factors that are influential in understanding the cyclical process of grief. These findings also have significant implications for mental health practitioners who work with bereaved individuals, and suggests that timemay be an important clinical tool that can be harnessed to tailor interventions and build resilience following loss.

**3-222****Rape as a Moderator between Negative Urgency and Bulimia among College Students**  
(Abstract #32)**Poster #3-222 (Practice, Rape, Adult) I - N/A****Gloucester***Tobar-Santamaria, Allison, Schick, Melissa, Weiss, Nicole**University of Rhode Island, Kingston, Rhode Island, USA*

Individuals with a history of sexual assault exhibit heightened levels of negative urgency and increased rates of bulimia. The purpose of this study was to examine whether sexual violence moderates the relation between negative urgency and bulimia. Participants included 301 college students (65.9% female; 65.6% White) who completed the Life Events Checklist, Eating Disorder Inventory, and the UPPS-P. Approximately half of the sample (51.8%;  $n = 156$ ) endorsed rape (i.e., forced oral, anal, or vaginal penetration) in their lifetime. Significant main effects were found for negative urgency,  $b=.09$ ,  $SE=.02$ ,  $t=5.54$ ,  $p<.001$ , 95%CI [.06, .13], but not rape,  $b=-.28$ ,  $SE=.27$ ,  $t=-1.04$ ,  $p=.30$ , 95%CI [.04, .17], and their interaction was significant,  $b=.10$ ,  $SE=.03$ ,  $t=3.02$ ,  $p=.003$ , 95%CI [.04, .17]. Analysis of simple slopes revealed that the relation between negative urgency and bulimia was significant only for those who had experienced rape,  $b=.14$ ,  $SE=.02$ ,  $t=6.36$ ,  $p<.001$ , 95%CI [.10, .18]. Results indicate that the assessment of negative urgency may aid in identifying individuals at risk for bulimia following sexual violence.

**3-223****The Moderating Role of Cumulative Trauma and Trauma Type between Dimensions of Rumination and PTSD Symptoms in Police Cadets**

(Abstract #123)

**Poster #3-223 (Practice, Assess Dx, Cog/Int, Adult) M - N/A****Gloucester***Erwin, Meredith<sup>1</sup>, Chopko, Brian<sup>2</sup>, Davis, Jeremy<sup>3</sup>, Palmieri, Patrick<sup>1</sup>*<sup>1</sup>*Summa Health Traumatic Stress Center, Akron, Ohio, USA*<sup>2</sup>*Kent State University at Stark, North Canton, Ohio, USA*<sup>3</sup>*Grand Canyon University, Phoenix, Arizona, USA*

This study evaluated cumulative trauma and trauma type (interpersonal, non-interpersonal) as moderators in the relationship between dimensions of rumination (repetitive rumination, counterfactual rumination, problem-focused rumination, and anticipatory thinking rumination) and PTSD symptoms in 295 police cadets. Participants completed the Life Events Checklist-5, PTSD Checklist-5, and Ruminative Thought Style Questionnaire. Analyses showed as number of traumatic events increased, problem-focused rumination predicted even higher PTSD symptom severity ( $B=.16$ ,  $\Delta R^2=.02$ ). At only higher numbers of traumatic events, anticipatory rumination predicted more severe PTSD symptoms ( $B=.31$ ,  $\Delta R^2=.03$ ). For interpersonal trauma, as number of events increased, repetitive rumination ( $B=.39$ ,  $\Delta R^2=.04$ ) and problem-focused rumination ( $B=.52$ ,  $\Delta R^2=.04$ ) predicted even higher PTSD symptom severity. At only higher numbers of interpersonal traumatic events, anticipatory rumination predicted more severe PTSD symptom severity ( $B=.76$ ,  $\Delta R^2=.03$ ). Non-interpersonal trauma did not moderate this relationship. When developing treatment plans and providing treatment for patients with extensive trauma history, particularly interpersonal trauma, clinicians should pay attention to the problem-focused, repetitive, and anticipatory content dimensions of rumination and their role in the maintenance of PTSD symptoms.

**3-224****Relationship of Referral Sources and PTSD Diagnosis in a PTSD Clinical Team**

(Abstract #916)

**Poster #3-224 (Practice, Assess Dx, Clinical Practice, Adult) M - Industrialized****Gloucester***Allen, Steven, Mullin, Thomas, Taravella, Cicely, Weinstein, Harrison, Asbrand, James  
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The referral sources of veterans requesting assessment for military related PTSD in the outpatient PTSD treatment program at the Salt Lake City VA Health Care System PTSD Clinical Team were reviewed. Among the referral sources identified were: self, VA clinician, Veteran Service Organization (VSO) and community providers. The relationship between referral sources and the diagnostic outcome (military related PTSD or not) was explored. Implications about the relationship of referral source and PTSD diagnosis are discussed, especially with regard to efficient diagnostic assessment processes and the service connected disability application process. The results identify productive referral sources as well as ones that may benefit from additional education and guidance.

**3-225**

**Effective Documentation of Psychological Trauma in Sexual Violence**

(Abstract #58)

**Poster #3-225 (Practice, Acute, Assess Dx, Health, Rape, Lifespan) M - C & E Europe & Indep Gloucester**

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Sexual violence is committed against the privacy, personality, physical and mental health of the individual. According to Turkish Penal Code, any person who violates the physical integrity of another person, by means of sexual conduct, shall be sentenced to a penalty of imprisonment for a term of two to ten years upon the complaint of the victim. The term of sentence would be increased based on the way of the crime committed. Our aim is to evaluate the importance of psychological trauma on litigation process. Our department provides an assessment based on a hollistic approach in order to conduct a comprehensive medicolegal evaluation. Our study consists of 141 women, who have encountered sexual assault. All of the victims were interviewed in Istanbul University Faculty of Medicine, Department of Forensic Medicine and evaluated by using PDS (PTS Diagnostic Scale). 39 of them were alleged sexual harrassment cases and 102 of them were alleged rape cases. Sixty eight of them had also suffered additional physical injuries during assaults. Our cases were referred to us by court order, women support centers or applied on their own. Legal proceedings had already been initiated by 102 women. Thirty two of the perpetrators faced various punishments while litigation was on process. The contribution of assessment of psychological trauma in documentation of sexual violence is discussed.

**3-226**

**Dealing with Most Compelling Situations: Being an LGBTI Refugee and Sexual Assault Victim**

(Abstract #1015)

**Poster #3-226 (Practice, Global, Rape, Refugee, Orient, Lifespan) M - C & E Europe & Indep Gloucester**

*Kilic, Irem, Bayram, Ilayda, Senbas, Asucan, Cenger, Cuneyt, Fincanci, Sebnem, Sezgin, Ufuk  
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Istanbul, Turkey*

By the January 2018, there are 20 million refugees and 3 million asylum seekers around the world. LGBTI refugees, by being both sexual and ethnic minority are at higher risk of experiencing sexual violence. In addition to previous trauma and unacceptability issues in a new country, ongoing fear of violence and sense of helplessness is causing the development of psychiatric disorders like PTSD, depression etc. The aim of this presentation is to discuss legal protection and community based protection structures over 3 cases of LGBTI asylum seekers who had immigrated to Turkey because they were threatened by their sexual orientation/identity in their own country. All three cases have stated to be exposed to sexual assault from perpatrators both in their country and the host country. Our three cases

were a Syrian man who was raped in his host country and threatened so far, an Iranian who was raped several times, mostly exposed to opportunistic abuse in daily life, an Afghan refugee who was raped by an other refugee regularly in a shelter where they have been replaced by United Nations as he claimed. Because of the limited time of accomodation, poverty, vulnerability for assault and double stigmatization by being both refugee and LGBTI, resettlement in a safe country is a priority according to the international law.

**3-227**

**The Relationship between Mindfulness, Posttraumatic Stress Symptoms, and Posttraumatic Growth in Police Academy Cadets**

(Abstract #1078)

**Poster #3-227 (Practice, Clinical Practice, Health, Other) M - Industrialized**

**Gloucester**

*Chopko, Brian<sup>1</sup>, Palmieri, Patrick<sup>2</sup>, Adams, Richard<sup>3</sup>, Davis, Jeremy<sup>4</sup>*

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Mindfulness-based treatments have been increasingly noted in the professional literature as a possible means to reduce PTSD symptoms and promote wellbeing. Scant studies, however, have been conducted to study dispositional mindfulness and health outcomes in police academy cadets. The current study examined the relationship between the various facets (i.e., observing, describing, acting with awareness, non-judging, and non-reactivity) of dispositional mindfulness with PTSD symptoms, posttraumatic growth (PTG), and variables including world assumptions in police cadets (N = 369). Consistent with findings from studies of experienced officers, results indicate that 1) mindful non-judging is a salient trait in cadets, uniquely predicting lower PTSD symptoms and lower levels of PTG, and 2) mindful observing is related to greater PTSD symptoms and higher levels of PTG in cadets. In addition, the current study demonstrates that non-judging is also an important trait in first responders regarding world assumptions. Non-judging was associated with world assumption facets including controllability of events, trustworthiness and goodness of people, and especially safety and vulnerability. Clinical implications, including the importance of understanding the relation between mindful non-judging with the shattering and rebuilding of world-views and post-trauma reactions, are discussed.

**3-228**

**The Complexity of Unrecognized Trauma: A Phenomenological Study to Reveal Survivors' Lived Experiences**

(Abstract #1787)

**Poster #3-228 (Practice, Assess Dx, Chronic, Clinical Practice, Complex, Prof) I - Global**

**Gloucester**

*Henshaw, Lisa*

*Yeshiva University, New York, New York, USA*

This qualitative study explored the lived experience of nine women who self-reported that their reactions to trauma were not professionally recognized during experiences of seeking help. Three semi-structured interviews were conducted with each woman (Seidman, 2013) and data analyzed using thematic content analysis (Braun & Clarke, 2006) led to four key findings. Firstly, respondents survived persistent, early childhood trauma in the context of interpersonal relationships, and secondly, these experiences manifested in complex reactions. Thirdly, their manifested, complex reactions to trauma were not professionally recognized and the women experienced retraumatization through relationships with the professionals they sought help from, as well as incorrect diagnoses. Lastly, respondents were vulnerable to experience repetitive trauma during adulthood in the context of both professional and interpersonal relationships. Phenomena uncovered how respondents' experiences of professionally unrecognized trauma interlaced with their lifelong trauma narratives, contributing to a developing identity of profound and ambiguous loss, as well as growth through survivors' strength and determination to find meaning. Implications are offered for practice, policy and future research, highlighting the significance of recognizing complex trauma reactions in policy and practice.

## PUBLIC HEALTH POSTERS

3-229

### **The Relationship between Posttraumatic Stress Disorder (PTSD), self-consciousness, Eating Disorder symptoms and Psychiatric Co-Morbidity among Emirati Female University Students**

(Abstract #998)

Poster #3-229 (Pub Health, Health, Gender, Adult) I - M East & N Africa

Gloucester

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**Objectives:** This study explored the link between posttraumatic stress disorder from past trauma, self-consciousness, eating disorder symptoms, and psychiatric co-morbidity among Emirati female university students. The hypotheses were that 1) PTSD would be positively related with eating disorder and psychiatric co-morbid symptoms, 2) self-consciousness would also be positively related with these outcomes and 3) would mediate the impact of PTSD on both outcomes. **Methods:** 395 female students (M=20.96, SD=1.80) were recruited from a university in the United Arab Emirates. **Results:** Regression analysis showed that PTSD was positively related with psychiatric co-morbidity ( $\beta=.531, p<.01$ ) and eating disorder symptoms ( $\beta=.134, p<.01$ ). Public self-consciousness was positively related with eating disorder only ( $\beta=.224, p<.01$ ). Using PROCESS, public self-consciousness mediated the impact of PTSD on eating disorder (BootLLCI=.0033, BootULCI=.0588). **Conclusions:** Following a trauma, participants who had PTSD tended to report high levels of eating disorder symptoms and psychological distress. Self-consciousness played a role in these trauma reactions. Notably, students' awareness of their self as it is

viewed by others mitigated the impact of PTSD on eating disorder. Their tendency to introspect and examine the inner self and feeling of anxiety in life, had limited influence on distress.

### 3-230

#### **Trauma Experiences, Post-Traumatic Growth and Life Satisfaction among Male and Female Icelanders**

(Abstract #1718)

**Poster #3-230 (Pub Health, Health, Pub Health, Rape, Epidem, Adult) M - Industrialized**

**Gloucester**

*Sigurvinsdottir, Rannveig<sup>1</sup>, Asgeirsdottir, Bryndis<sup>1</sup>, Huffhines, Lindsay<sup>2</sup>*

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Iceland has unique characteristics when it comes to traumatic life events, such as frequent natural disasters (earthquakes and volcanic eruptions). In addition, Iceland ranks highly in gender equality (evidenced by the smallest Gender Gap in the world in 2018), which may relate to specific types of trauma. However, information is lacking on the prevalence of traumatic events and related constructs in the Icelandic population. The international literature has shown that following trauma, some individuals experience post-traumatic growth, which involves significantly improved psychological functioning, adaptation and life awareness. Post-traumatic growth is positively related to life satisfaction, an important aspect of well-being. The purpose of this study is to examine the prevalence of post-traumatic growth in the Icelandic population by gender. Furthermore, the relationships between traumatic experiences, post-traumatic growth and life satisfaction will be examined by gender. In this ongoing study, a phone survey was conducted with a random sample of the Icelandic population, aged 18-80. Participants answered questions on trauma experiences, post-traumatic growth and life satisfaction. Around 2000 responses are expected to be collected, but data collection will be finished by October 2019. This is the first study to examine post-traumatic growth in the Icelandic population.

### 3-231

#### **Negative Life Events and Responses to Collective Trauma: A Longitudinal, Epidemiological Study of New York Residents**

(Abstract #1752)

**Poster #3-231 (Pub Health, Comm/Vio, Nat/Dis, Epidem, Adult) M - Industrialized**

**Gloucester**

*Garfin, Dana Rose<sup>1</sup>, Holman, E. Alison<sup>2</sup>, Cohen Silver, Roxane<sup>3</sup>*

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Prior exposure to collective trauma predicts distress after subsequent collective trauma (Garfin et al., 2015), yet little research has explored specificity in recent individual-level negative life events (NLE) on

responses to such traumas. We prospectively followed a representative sample of New York metropolitan residents (N=941) over five years (5/13-9/18): many collective traumas occurred including the Boston Marathon bombing (BMB), Pulse Nightclub shooting, and Hurricanes Irma and Michael. Lifetime exposure to 37 NLEs was assessed then updated four times. Recent NLEs were examined as predictors of collective trauma responses, controlling for demographics, total pre-2013 NLEs, and event-related media exposure. Posttraumatic stress post-BMB was associated with recent injury to self (B=.09, p=.042), witnessing a close other's injury (B=.10, p=.023), and emotional abuse (B=.17, p=.006). Recent injury to self (B=.20, p=.01) and financial difficulties (B=.15, p=.02) were associated with acute stress after the Pulse shooting. Recent discrimination (B=.22, p<.001) and job loss (B=.25, p=.001) predicted acute stress post-Hurricane Irma. Recent job loss (b=.17, p=.019) predicted acute stress post-Hurricane Michael. Recent injury sensitized people to violent events; recent NLEs related to resources (job loss, discrimination) sensitized people to violent events and natural disasters.

### 3-232

#### **Resilience to Multiple Disorders in the General Population - Predictors of Resistance and Recovery after Exposure to Traumatic Events.**

(Abstract #1840)

**Poster #3-232 (Pub Health, Comm/Vio, Health, Gender, Epidem, Adult) A - Latin  
Amer & Carib**

**Gloucester**

*Vilete, Liliane<sup>1</sup>, Mendlowicz, Mauro<sup>2</sup>, Figueira, Ivan<sup>3</sup>, Coutinho, Evandro<sup>4</sup>, Andreoli, Sergio<sup>5</sup>, Mari, Jair<sup>5</sup>*

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The aim of this study was to compare the predictors to resistance and to recovery in a population exposed to traumatic events. Methods: Population-based cross-sectional study with a random sample of residents in Rio de Janeiro and São Paulo, aged 15 or older, with a history of at least one potential traumatic event (n = 3,231). "Resistance" was defined as the absence, after exposure to at least one potential traumatic event, of lifetime diagnoses of PTSD, and of depressive, anxiety and alcohol use disorders. Among those who presented any lifetime disorder after a potential traumatic event (n = 1,571), "recovered" were those without any of the above mentioned diagnosis during the past year. Findings: Male gender (IDR = 1.48; p = 0.01; IDR = 1.62; p < 0.01), as well as absence of parental mental illness (IDR = 1.41; p = 0.02; IDR = 1.41; p = 0.03), were predisposing factors for both resistance and recovery, respectively. Childhood traumatization decreased the likelihood for both resistance and recovery. The resistant group showed the highest buffering effect of positive affect over negative affect, followed by the recovered. Conclusion: The present study suggests that resistance and recovery may share same predictors.

### 3-233

#### **Collective Efficacy, Mental Health, and the 2016 Orlando Nightclub Shooting**

(Abstract #771)

## Poster #3-233 (Pub Health, Acute, Comm/Vio, Adult) I - N/A

Gloucester

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Collective efficacy is the ability of neighbors to act as a socially cohesive unit and intervene when needed (Sampson, Raudenbush, & Earls, 1997). Following a community trauma, the ability to “band together” can help promote community and individual resiliency (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008). This study uses longitudinal data from a representative national sample of U.S. residents ( $N= 3,199$ ) to examine if individual reports of collective efficacy or its components – social cohesion/trust and informal social control – correspond to lower levels of acute stress, psychological distress, and or functional difficulties following the 2016 Pulse Nightclub shooting in Orlando, Florida. Controlling for participant demographics and direct and indirect (media) exposure, social cohesion/trust was significantly associated with psychological distress ( $b= -.11$ ;  $p = .005$ ) and functional difficulties ( $b= -.07$ ;  $p = .002$ ) measured within one month of the shooting. Acute stress symptoms were not associated with social cohesion/trust, informal social control, or collective efficacy in general. Results suggest that strengthening perceptions of community social cohesion/trust may help promote mental health and resiliency after a traumatic and historic mass shooting event.

## 3-236

**Adolescents who do not Identify with the Boy/Girl Gender Dichotomy are More at Risk for Violence and Sexual Victimization**

(Abstract #1813)

## Poster #3-236 (Pub Health, CPA, CSA, Cul Div, Gender, Child/Adol) M - Industrialized

Gloucester

*Hafstad, Gertrud<sup>1</sup>, Augusti, Else-Marie<sup>1</sup>, Myhre, Mia<sup>2</sup>*<sup>1</sup>*Norwegian Centre for Traumatic Stress Studies, Oslo, Norway*<sup>2</sup>*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

Gender diverse (GD) individuals constitute a vulnerable group. Adult GD individuals are at higher risk of being exposed to violence and sexual abuse than non-GD individuals. However, we lack information about how early this disparity is evident, and whether the adverse health consequences reported in adults are present already in early adolescence.

We aimed to examine physical, emotional and sexual victimization in GD youth, compared to their non-GD peers, as well as differences in health and life satisfaction.

Data was drawn from a large-scale, representative school-based survey among 9,240 12-16 year-olds. Participants could identify with either of three gender categories; boys, girls, or GD ( $n=68$ , 0,7% of the total sample). The questionnaire items covered a wide range of violence exposure, in addition to somatic health, mental health, and life satisfaction.

Overall, adolescents with self-reported GD were significantly more often exposed to both physical, emotional and sexual abuse than their peers. Compared to non-GD peers, a significantly larger proportion of GD-adolescents were exposed early in life, i.e. before age 6. They also reported a higher level of

somatic complaints, mental health complaints, and a lower life satisfaction.

Findings urge us to pay attention to GD adolescents in order to develop more targeted interventions for young people at risk.

### 3-237

#### **Multiple Maltreatment: The Co-Occurrence and Consequences of different Types of Child Maltreatment**

(Abstract #997)

**Poster #3-237 (Pub Health, CPA, CSA, Health, Epidem, Lifespan) M - Industrialized Gloucester**

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<sup>3</sup>*University Ulm, Ulm, Germany*

Background: Child maltreatment is considered a major public health problem. The aim of this study is the examination of the co-occurrence of different types of child maltreatment and its association with a range of outcomes based on a representative sample.

Methods: 2510 participants (female: 53.3%, M=48.4 years, SD=18.2) were assessed for child maltreatment using the Childhood Trauma Questionnaire (CTQ) and a range of psychological and somatic disorders. Patterns of co-occurrence of different types of child maltreatment were identified using latent class analysis (LCA). The association between prototypical patterns of child maltreatment, the accumulation of child maltreatment and psychological and somatic outcomes was examined using odds ratios.

Results: Overall, 30.1% reported at least one type and 14% more than one type of maltreatment. The risk of negative consequences is up to 10 times higher (OR=9.6 for depressive symptoms, OR=10.6 for NSSI) when four or more types of maltreatment are reported. The LCA indicates five prototypical patterns of maltreatment.

Conclusion: Multiple maltreatment is rather the rule than the exception. There is a dose-response relationship between different types of maltreatment and negative consequences. Person-centered approaches are promising in the study of differential outcomes of patterns of maltreatment and should be further be examined.

### 3-238

#### **The Co-Occurrence and Cumulative Impact of Adverse Childhood Experiences (ACE) on Psychological Health Outcomes in a Population Representative Sample**

(Abstract #1014)

**Poster #3-238 (Pub Health, Aggress, CPA, Health, Epidem, Lifespan) M - Industrialized**

**Gloucester**

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Background: Adverse Childhood Experiences (ACEs) can have a tremendous impact on health outcomes and health economic costs. So far there is no data on the cumulative impact of ACEs on health consequences (depression, anxiety, quality of life, aggression) in a representative sample of the German population.

Method: 2.531 participants (55% female, M=48.6 years, SD=18) have been assessed for ACEs using the ACE Questionnaire. Depression and anxiety were assessed using the PHQ-4. To identify possible patterns of the co-occurrence of different ACE types a latent class analysis (LCA) was conducted. The associations of ACEs and of emerging ACE classes with health outcomes were examined using logistic regression analyses.

Results: Overall, 44% reported at least one ACE (M=1, SD=1.7). The high risk group with four or more ACEs (9%) showed significantly elevated rates of depression (OR=7.8), anxiety (OR=7.1), quality of life (OR=5.1) and physical aggression (OR=10.4). The LCA revealed four classes: (1) no ACEs, (2) household dysfunction, (3) child abuse, (4) multiple ACEs. These classes showed differential associations with depression, anxiety, quality of life and aggression.

Discussion: The accumulation of ACEs is associated with significantly increased negative health consequences for those affected. Preventive approaches that go beyond child abuse are necessary.

### 3-239

#### Trauma and Gambling: A Scoping Review

(Abstract #772)

Poster #3-239 (Pub Health, Health, Illness, Sub/Abuse, N/A) I - N/A

Gloucester

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Individuals with gambling disorder report higher rates of posttraumatic stress disorder (PTSD) than the general population and individuals with PTSD are more prone to deal with gambling disorder. Moreover, individuals with PTSD and gambling disorder report a higher level of distress compared to those with gambling disorder alone. Despite these associations, little research has compared the specific ways in which trauma and gambling might influence each other. A scoping review was conducted to examine literature focused on the relationship between trauma and gambling. Relevant articles were identified by searching the following databases on September 14, 2018: Ovid MEDLINE, APA PsycNET, Web of Science, PubMed, Scopus, and PILOTS. Searches were performed with no language restrictions, using the search terms trauma\* and gambl\*/game\*/gaming. Authors independently reviewed titles and abstracts of retrieved publications and selected relevant articles for possible inclusion. After abstract and title screening, 92 articles were included within the preliminary full-text analysis. Articles primarily focused on the relationship between specific forms of trauma and gambling behavior, trauma as a risk factor for gambling disorder, or traumatic stress resulting from disordered gambling behavior. Research concerning specific at-risk populations (e.g., women) are discussed.

**3-240**

**Strategies for Responding to Victims and Communities Affected by Mass Violence: A systematic Literature Review of Contemporary Mass Violence Response in the US**  
(Abstract #1746)

**Poster #3-240 (Pub Health, Comm/Int, Comm/Vio, N/A) I - Industrialized**

**Gloucester**

*Davies, Faraday, Moreland, Angela, Kilpatrick, Dean*  
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Well-coordinated and effective response strategies following mass violence incidents (MVIs) are crucial for a community's recovery. The current study conducted a systematic review on common MVI response practices to identify shared themes across incidents. PubMed, Scopus, and PsycINFO were searched for response practices specific to one of 11 identified MVIs since 2007. Additional snowballing methods resulted in 175 articles including grey literature and official reports. Incident-specific reviews detail response events and offer recommendations to other communities based on experience: 33 reviewed medical response and 24 addressed mental health response. Recurring themes found in these articles map onto ones previously identified in a review of after action reports of seven MVIs: 1) Training and collaboration; 2) Policies and protocols; 3) Media and public information; 4) Leadership/on-scene management; 5) Responder mental health; 6) Survivor and family support services; and 7) Community impact and involvement. Research data on the mental health impact of MVIs were reported in 61 articles. Fifty studies sampled from an impacted community, 28 of which were college campuses. Mental health data are consistent with other traumatic events but findings in some areas may be unique to mass violence including media coverage, first responder mental health, and community-level impact.

## ASSESSMENT AND DIAGNOSIS POSTERS

3-241

### **Suicidality is Associated with Elevated Sleep Heart Rate and BMI in PTSD**

(Abstract #1587)

**Poster #3-241 (Assess Dx, Assess Dx, Bio Med, Sleep, Tech, Adult) M - N/A**

**Gloucester**

*Woodward, Steven<sup>1</sup>, Jamison, Andrea<sup>1</sup>, Gala, Sasha<sup>1</sup>, Villasenor, Diana<sup>1</sup>, Lawlor, Catherine<sup>2</sup>, Arsenault, Ned<sup>1</sup>, Khan, Christina<sup>1</sup>*

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

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Epidemiological studies have observed positive associations between waking heart rate and completed suicide. PTSD patients exhibit poor sleep and elevated suicidality. We predicted that PTSD patients endorsing suicidality would exhibit elevated sleep heart rates.

101 veterans with PTSD in inpatient treatment underwent mattress actigraphy in which sensitive accelerometers were situated under the thorax. Accelerometer data were processed to extract heart rate and movement. Sleep heart rate was averaged over 30 to 120 nights. Body-mass index (BMI) was included in modeling as a known moderator of heart rate. Participants endorsing suicidal ideation and a history of attempts were coded as suicidality-positive, those endorsing neither as suicidality-negative. Binary logistic regression was employed to assess standardized predictors and their two-way interactions. Elevated sleep heart rate ( $B = .58, p = .015$ ), elevated BMI ( $B = .87, p = .003$ ), and their conjoint elevation ( $B = .48, p = .031$ ) simultaneously accounted for unique variance in suicidality ( $R^2 = .16$ ). Consistent with prior epidemiological findings, suicidality was associated with elevated basal heart rate in a sample of veterans with PTSD. Our findings also highlighted the importance of considering BMI when exploiting the relationship between heart rate and suicidality in any automated surveillance program.

3-242

### **Development of a Novel Measure of Military Acculturation**

(Abstract #1604)

**Poster #3-242 (Assess Dx, Assess Dx, Cul Div, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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<sup>3</sup>*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*

<sup>4</sup>*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA*

Acculturation refers to a process by which members of one culture adopt the beliefs and behaviors of another culture. It can be argued that the military is a distinct culture, made up of a unique set of values,

beliefs, and cultural norms. This study builds on qualitative research examining military cultural determinants, using both qualitative data and input from subject matter experts to develop a novel measure of military acculturation (Military Acculturation Index; MAI). 100 veterans completed a collection of measures including questions about deployment experiences, the transition from military service to civilian life, preliminary MAI items (n=55), and validated measures of military identity and psychological conditions such as posttraumatic stress disorder, depression, and substance use. Psychometric properties of measure items and conceptual scales were examined. Scale score inter-item reliability ranged from  $\alpha=0.65$  to  $\alpha=0.84$ . An exploratory factor analysis was conducted to better understand the fit of the conceptual scales to the items. Results inform measure revisions and suggest that the MAI may be a useful tool for assessing veterans' adoption and maintenance of aspects of military culture. In turn, this measure may promote understanding of the role of military culture on readjustment to the civilian context and psychological recovery.

### 3-243

#### **Pre-traumatic vs Post-traumatic OCD in PTSD Patients: Are Differences in Comorbidity Rates and Functional Health Status Related to Childhood Abuse?**

(Abstract #245)

**Poster #3-243 (Assess Dx, Assess Dx, CPA, CSA, QoL, Adult) M - Latin Amer & Carib Gloucester**

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**Objective:** To compare the clinical and functional status and the trauma-related characteristics of PTSD patients with comorbid OCD whose onset predated the index traumatic event (pre-traumatic OCD) with those of PTSD patient whose OCD only emerged after the exposure to the traumatic event (post-traumatic OCD). **Methods:** Sixty-three individuals with PTSD and comorbid OCD were evaluated with the Structured Clinical Interview for DSM-IV AXIS I Disorders and completed the Posttraumatic Stress Disorder Checklist, Beck Depression Inventory, Trauma History Questionnaire and 36-Item Short-Form Health Survey. **Results:** A history of childhood abuse was significantly more frequent among PTSD patients with pre-traumatic OCD (45.2%) than among their counterparts with post-traumatic OCD (16%). PTSD patients with pre-traumatic OCD had higher rates of psychiatric comorbidity in general and showed lower functional health status in a physical domain (Role Limitation due to Physical Health). In contrast, PTSD patients with post-traumatic OCD had a decreased functional health status in a psychological domain (Emotional Well Being). The effect sizes were in the medium to large range. **Conclusions:** A history of child abuse may be an important, but often neglected, factor accounting for clinical, functional, and trauma-related differences between pre-traumatic and posttraumatic OCD in PTSD patients.

**3-244****Traumatic Experiences and their Association with Personality Disorder Diagnoses and Traits in an Inpatient Psychiatric Hospital.**

(Abstract #1063)

**Poster #3-244 (Assess Dx, Assess Dx, CPA, CSA, Rape, Adult) I - N/A****Gloucester***Noor, Nausheen, Patriquin, Michelle, Daza, Patricia, Yang, Rose, Hogan, Lindsey, Rohr, Jessica  
The Menninger Clinic, Houston, Texas, USA*

There is evidence that trauma can lead to non-PTSD mental illnesses, including personality disorders (PD). This study examined four types of trauma (sexual abuse/assault (SA), physical abuse/assault (PA), sudden death of a loved one (SD), and major illness/accident/injury (IAI)) and their associations with PDs in a sample of 3,136 inpatients. We hypothesized SA and PA to predict borderline (BPD) and antisocial personality disorder (ASPD). Binary logistic regression showed that patients with history of SA were ( $p < .01$ ) more likely to be diagnosed with BPD (OR=3.75) and patients with history of PA were ( $p < .01$ ) more likely to be diagnosed with BPD (OR=2.50), and ASPD (OR=9.12), all above and beyond contributions from gender. Exploratory multiple linear regression was used to determine that SA was ( $p < .01$ ) associated with higher levels of traits of AvPD ( $t = 3.45$ ), OCPD ( $t = 2.91$ ), and SzPD ( $t = 3.89$ ). NPD, the full diagnosis or traits, was not associated with any form of trauma, and IAI and SD were not associated with PDs. These results replicate the relationship between sexual trauma and BPD in an inpatient population. The findings indicate that individuals with a history of PA are 2.5 times more likely to be diagnosed with BPD and over 9 times more likely to be diagnosed with ASPD. These results highlight the importance of better understanding trauma in those with PDs.

**3-245****Incremental Effects of Sexual Assault and Temperament Traits on Cognitive Characteristics of Histrionic Personality Disorder**

(Abstract #372)

**Poster #3-245 (Assess Dx, Assess Dx, Clinical Practice, Rape, Adult) I - N/A****Gloucester***Mehta, Anika<sup>1</sup>, Dawood, Sindes<sup>2</sup>, Watters, Kayleigh<sup>1</sup>, Schroder, Hans<sup>3</sup>, Yalch, Matthew<sup>1</sup>**<sup>1</sup>Palo Alto University, Palo Alto, California, USA**<sup>2</sup>Penn State University, University Park, Pennsylvania, USA**<sup>3</sup>Michigan State University, East Lansing, Michigan, USA*

Histrionic Personality Disorder (HPD) is characterized by extreme emotionality, attention-seeking, and inappropriately seductive behavior. From a cognitive perspective, such affective and behavioral responses are rooted in cognitive schemas and beliefs that, if dysfunctional, may cause problems for self or others. Like other PDs, research links basic temperament traits and HPD cognitive characteristics. Unlike other PDs (e.g., borderline PD), however, research is scant on associations between sexual assault and HPD, which is notable given the often sexualized nature of HPD characteristics. Such research may be important because, as with BPD, the possibility of traumatogenic underpinnings of HPD may inform clinical intervention. In this study, we examine the effect of sexual assault exposure on cognitive characteristics of HPD controlling for temperament traits in a large sample of undergraduates ( $N = 985$ )

using a Bayesian approach to analysis of covariance, estimating the model using Hamiltonian MCMC. We found sexual assault exposure had an incremental positive effect on HPD cognitive characteristics over and above the strong effects of temperament traits. These results are consistent with research on temperament and HPD, and provide new evidence of the potential role of trauma in the etiology of HPD. Future directions for research and clinical interventions are discussed.

**3-246**

**Sexual Victimization, PTSD, Depression, and Social Support among Women Survivors of the 2010 Earthquake in Haiti: A Moderate Mediation Model**

(Abstract #1791)

**Poster #3-246 (Assess Dx, Depr, Nat/Dis, Rape, Adult) I - Latin Amer & Carib**

**Gloucester**

*Morse, Catherine, Cénat, Jude*  
*University of Ottawa, Ottawa, Ontario, Canada*

This study examined the association between sexual assault experienced by women before the 2010 earthquake in Haiti, the exposure level to this disaster, traumatic consequences and their satisfaction of social support. A moderated mediation model was computed to examine direct and indirect links between exposure to the earthquake, sexual assault, social support and PTSD and depression symptoms among a sample of 660 women, controlling for age and employment. Women victims of sexual assault before the earthquake presented significant prevalence of peritraumatic distress, PTSD, and depression symptoms (respectively, 85.36%, 65.36%, 57.56%), in comparison to non-victims of sexual assault (respectively, 74.06%, 40.66%, 16.92%). The triple interaction moderated mediation model shows the protective role of social support. First, social support satisfaction is negatively associated to traumatic consequences. Second, results indicate that women victim of sexual assault who were satisfied with received social support are less likely to develop symptoms of PTSD and depression after being exposed to the earthquake. By highlighting the protective role of social support to attenuate mental health consequences from the interaction between victimization of both sexual assault and natural disasters, this study outlines avenues for evidence-based interventions and prevention programs.

**3-247**

**Towards a More Objective Measure of Psychosocial Function for Patients with PTSD**

(Abstract #379)

**Poster #3-247 (Assess Dx, Clinical Practice, Comm/Int, QoL, Res Meth, Adult) A - Industrialized**

**Gloucester**

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PTSD is associated with specific biological and psychological abnormalities. While social function can be similarly disturbed, given the complexity of psychosocial outcomes, the optimal method for assessing their relationship to PTSD is less clear. Since use of the Global Assessment of Functioning was discontinued in 2013, many alternative psychosocial measures have been proposed. A common limitation among proposed measures, however, is reliance on primarily subjective ratings by. While such heuristic ratings can often be necessary, they are vulnerable to various sources of bias. In an effort to develop a more objective measure, we report here results from a pilot study of the Documented Assessment of Function (DAF). In brief, psychosocial outcomes as documented in medical records are scored using a structured rating system. While scoring still involves rating information generally reported patients, both the rating and rated information are independently verifiable. In a sample of >30 mostly male veterans with PTSD, scores ranged from -8.5 to 32.5 (median=11.375), and inter-rater reliability exceeded 0.90. Scores were not linearly correlated with age, depressive or PTSD symptoms ( $r < 0.001, 0.030, 0.020$ , respectively), though preliminary analyses suggest that nonlinear modeling approaches may identify unique subpopulations with specific clinical and psychosocial features.

### 3-248

#### **International Validation of the French CAPS-5: A Study of Trauma-Exposed Individuals** (Abstract #409)

Poster #3-248 (Assess Dx, Clin Res, Clinical Practice, Adult) I - N/A

Gloucester

*Rivest-Beauregard, Marjolaine<sup>1</sup>, Brunet, Alain<sup>2</sup>*

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<sup>2</sup>*McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada*

The Clinician-Administered PTSD Scale (CAPS) is a structured diagnostic interview that assesses the frequency and severity of PTSD symptoms in the previous month, allowing clinicians to infer a diagnosis. Recently, the CAPS-5 has been released to correspond with the new PTSD diagnostic criteria of the DSM-5. However, its French version has yet to be validated. The objective of the current study was to evaluate the psychometric properties of the French CAPS-5 in an international sample of trauma-exposed individuals. Participants were recruited in different hospital settings in France and Montréal, Québec ( $n = 139$ ). Assessments were performed twice over a one-month period using the CAPS-5 and the self-report PTSD Checklist for DSM-5 (PCL-5). We examined internal reliability coefficients, test-retest validity, and convergent validity. Strong inter-item consistency was found across the CAPS-5 ( $\alpha = .85$ ). The total severity score of the CAPS-5 demonstrated good test-retest reliability ( $\kappa = .78$ ), and convergent validity between the CAPS-5 and the PCL-5 total severity scores was strong ( $r = .72$ ). Our results demonstrate satisfactory validity and reliability of the French-CAPS-5 and are consistent with the psychometric properties of the English versions of the CAPS-5.

**3-249**

**Association between Different Types of Trauma and PTSD Symptoms using Network Analysis**

(Abstract #431)

**Poster #3-249 (Assess Dx, Acc/Inj, CPA, Death, Nat/Dis, Adult) M - Latin Amer & Carib**

**Gloucester**

*Fresno, Andres, Nuñez, Daniel, Spencer Contreras, Rosario, Ramos Alvarado, Nadia, Bravo, Patricia  
Universidad de Talca, Talca, Chile*

Human aggression is associated with more PTSD symptoms than other types of traumas. Recently it has been shown that PTSD symptoms can be organized as a symptomatic network, however, it is not clear if the organization of these symptoms can vary depending on the type of trauma experienced. The objective of this work is to determine the relationship between different types of traumatic events and PTSD, considering prevalence of probable PTSD, the level symptoms and the symptoms network organization. The sample (1015 Chilean university students) was organized into three groups depending on the type of trauma reported (human aggression, unexpected death and natural disaster). To assess PTSD symptoms and traumatic events we used PCL-5 and LEC-5. To determine the association between different traumas and PTSD we used Chi squared test, analysis of variance, and network analysis (network structure with LASSO regularization, centrality indices and stability). Given the small sample size the network analysis only considered six symptoms based on the structure of PTSD proposed in the ICD-11 (B1, B2, C1, C2, E3, E4). The results showed that human aggression had the highest association with probable PTSD and symptom levels than the other types of trauma, revealing a stable symptomatic network more consistent with this disorder.

**3-250**

**The Association between Childhood Maltreatment and Alcohol-use in Lesbian, Gay, and Bisexual-People of Color: The Mediating Role of Emotional Dysregulation**

(Abstract #433)

**Poster #3-250 (Assess Dx, Cul Div, Ethnic, Orient, Sub/Abuse, Adult) M - Industrialized**

**Gloucester**

*Maciel, Jacob, Hsieh, Claire, Charak, Ruby  
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The present study examines the intersectionality of being lesbian, gay, and bisexual (LGB) and a person of color (including White Hispanic; POC) in the mediation of emotional dysregulation on the relationship between childhood maltreatment, namely, emotional, physical, and sexual abuse, emotional and physical neglect, and alcohol use. Participants were 288 adults ages from 18-29 ( $M = 25.35$ ,  $SD = 2.76$ ; 58.3% bisexual, 25% gay; 74% POC) and self-identifying as LGB. Findings indicated that all types of childhood maltreatment were significantly associated with emotional dysregulation (POC:  $B_{\text{range}} = .433-1.58$ ,  $p < .05$ ). Emotional dysregulation was significantly associated with alcohol use (POC:  $B_{\text{range}} = .04-1.26$ ,  $p < .05$ ). The only types of childhood maltreatment that were significantly associated with alcohol abuse were sexual abuse, physical abuse, and physical neglect ( $B_{\text{range}} = .16-2.02$ ,  $p < .05$ ) were significantly

associated with alcohol use. Emotional dysregulation has an indirect effect on the association between all maltreatment types and alcohol use ( $B_{\text{range}} = .02-.0731$ ,  $CI_{\text{range}} = .002-.13$ ). Results highlight the substantial influences of emotion dysregulation on childhood maltreatment and alcohol use. Clinical interventions targeting emotion regulation techniques could be helpful among LGB-POC individuals.

### 3-251

#### **The Mediating Effect of Emotion Dysregulation on the Association between Witnessing Domestic Violence and Depression**

(Abstract #437)

**Poster #3-251 (Assess Dx, Depr, DV, Adult) M - Industrialized**

**Gloucester**

*Cavazos, Valeria<sup>1</sup>, Gonzalez, Vanessa<sup>1</sup>, Cantu, Jorge<sup>1</sup>, Martinez, Margot<sup>1</sup>, Charak, Ruby<sup>1</sup>, Byllesby, Brianna<sup>2</sup>*

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<sup>2</sup>*Summa Health Traumatic Stress Center, Akron, Ohio, USA*

The present study examined the mediating role of emotion dysregulation on the association between witnessing domestic violence during childhood, including violence against siblings and between parents, and depression. Participants were 205 emerging adults in the age range of 18-29 years ( $M = 24.96$ ,  $SD = 2.96$ ; 57.1% female; 23.4% White Hispanic). Witnessing domestic violence, depression and emotion dysregulation were measured via the Juvenile Victimization Questionnaire (JVQ-R2; Finkelhor et al., 2005), the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001), and the Difficulties in Emotion Regulation Scale (DERS-SF; Kaufmann et al., 2015), respectively. Findings indicated an overall significant mediation model ( $R^2 = .35$ ,  $F(2, 187) = 50.87$ ,  $p < .001$ ) in that there was a significant association between witnessing DV and emotion dysregulation ( $B = .86$ ,  $p < .001$ ), and depression ( $B = .23$ ,  $p = .02$ ). Emotion dysregulation was significantly associated with depression ( $B = .29$ ,  $p < .001$ ). The indirect effect of emotion dysregulation between witnessing DV and depression was significant ( $B = .25$ ,  $CI = .12$  to  $.39$ ), such that, having greater emotion dysregulation in those witnessing DV lead to higher depression scores. Clinical interventions should be directed towards facilitating the regulation of emotions among those with exposure to domestic violence.

### 3-252

#### **The Mediating Effect of Proactive Sibling Aggression on Witnessing Parental Domestic Violence and Peer Attachment**

(Abstract #1152)

**Poster #3-252 (Assess Dx, Aggress, DV, Fam/Int, Adult) M - Industrialized**

**Gloucester**

*Gonzalez, Vanessa<sup>1</sup>, Cavazos, Valeria<sup>1</sup>, Martinez, Margot<sup>1</sup>, De La Fuente, Alexandra<sup>1</sup>, Charak, Ruby<sup>1</sup>, Byllesby, Brianna<sup>2</sup>*

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Little is known about the role of sibling aggression as a mechanism between witnessing family violence and peer attachment. The aim of this study was to examine the effects of proactive and reactive sibling aggression on peer attachment in individuals who witnessed parental domestic violence during childhood. Participants were 205 emerging adults, 18 to 29 years old ( $M = 25.0$  and  $SD = 3.0$ ; 57.1% female), who completed an online survey. Standardized questionnaires were used to measure the study variables. Two mediation analysis models indicated significant associations between exposure to domestic violence perpetrated by the father, proactive sibling aggression ( $B = 1.10$ ,  $p < .001$ ) and peer attachment ( $B = 1.4$ ,  $p = .03$ ), and domestic violence perpetrated by the mother, proactive sibling aggression ( $B = .95$ ,  $p = .03$ ) and peer attachment ( $B = -1.5$ ,  $p < .05$ ). There were significant indirect effects of proactive sibling aggression between DV perpetrated by either parent and peer attachment such that it led to a decrease in attachment quality. Sibling aggression particularly proactive aggression is an important target area for clinical intervention to improved relational quality with siblings and peers.

### 3-253

#### Typologies of Posttraumatic Stress Symptoms in Treatment-Seeking World Trade Center Responders

(Abstract #1083)

**Poster #3-253 (Assess Dx, Commun, Res Meth, Terror, Adult) M - Industrialized Gloucester**

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*<sup>3</sup>National Center for PTSD, VA Connecticut Healthcare System, West Haven, Connecticut, USA*

World Trade Center (WTC) rescue, recovery and cleanup workers (“responders”) continue to experience elevated rates of psychiatric morbidities. Prior research has identified distinct typologies of posttraumatic stress disorder (PTSD) in WTC responders. However, no known study has examined predominant typologies of PTSD in treatment-seeking WTC responders, who have greater psychiatric burden and more complex clinical profiles relative to general population-based samples. In the current study, we conducted a latent class analysis of PTSD symptoms in 516 WTC responders presenting for treatment at the Mount Sinai WTC Health Program; comparing classes on measures of WTC trauma exposure, psychological comorbidities, and functional impairment. LCA yielded a 5-class optimal model: Severe (42.4%), Low Symptom (16.1%), Re-experiencing/Hyperarousal (14.1%), Numbing/Dysphoric Arousal (13.8%), and Intermediate (13.6%). Class membership was related to count of personality and clinical symptom elevations, and functional impairment, but not severity of WTC exposure. Results suggest that treatment-seeking WTC responders present with heterogeneous PTSD symptom profiles, which are differentially associated with psychiatric comorbidities and functional status. They further underscore the importance of personalized approaches to the assessment, monitoring, and treatment of PTSD in this population.

**3-254**

**The Comorbidity and Predictors of Post-traumatic Stress Disorder and Depression in Personnel of Nigeria Police Force**

(Abstract #1817)

**Poster #3-254 (Assess Dx, Assess Dx, Chronic, Health, Pub Health, Adult) I - W & C Africa Gloucester**

*Igboegwu, Chioma*

*Agency for African Families in Distress, Abuja, Nigeria*

Comorbidity between post-traumatic stress disorder (PTSD) and depression has gained increasing attention, since the National Comorbidity Survey (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995) report. Despite their adverse health and security impact (Pacella, Hruska, & Delahanty, 2013; WHO, 2017), very few studies have examined co-morbidity of PTSD and depression, especially in Nigeria (Alicic & Brewin (2016). Only prevalence rates of the disorders have been reported with little information on their predictors in the police population.

The present study examined co-morbidity of PTSD and depression among Nigeria police personnel in Abuja; Abia, Benue and Lagos states, who have returned from counter terrorism, insurgency operations and other combat duties,. A total of 180 study participants were selected randomly across these samples and evaluated for history of trauma exposure, PTSD and depression.

Predictors of PTSD and depression, and the relationship between PTSD and Depression in the cohorts will be reported. Clinical case vignettes will be provided to illustrate culturally specific examples of PTSD and depression symptom expression, cultural acceptance/prohibition of symptom expression, treatment and policy implications.

**3-255**

**Assessing Trauma Exposure in the Lab: How Confident are Student Subjects?**

(Abstract #1776)

**Poster #3-255 (Assess Dx, Assess Dx, Res Meth, Theory, Child/Adol) M - Industrialized Gloucester**

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In the absence of a clinical interview, trauma assessment is a difficult construct to accurately assess. While the Life Events Checklist for DSM-5 (LEC-5) is a frequently utilized assessment tool, the frequency of false positive events (i.e., endorsed events not meeting diagnostic requirements), has gained little attention in prior trauma research. Student participants are completing a battery of questionnaires including the LEC-5. After completing all measures, participants are asked to highlight the events they endorsed on the LEC-5 in different colors based upon their level of certainty for each item. In other words, after reviewing the DSM-5 diagnostic criteria, participants are asked to highlight if they were confident, unsure, or not confident that the event that they endorsed met diagnostic requirements. It is hypothesized that after reviewing the DSM-5 Criterion A requirement for trauma exposure, a significant number of false positive events will be reported. Data collection is currently on-going, and data has been

collected from 76 undergraduate students. Results will be presented highlighting the frequency of false positives on the LEC-5 and the study results may inform trauma researchers on how to improve data collection procedures when a clinical interview is not feasible.

### 3-256

#### **Traumatic Reactions in Autism Spectrum Disorder: A Mixed-Methods Investigation of Caregiver Perspectives**

(Abstract #1335)

**Poster #3-256 (Assess Dx, Clinical Practice, Social, Theory, Lifespan) I - Industrialized Gloucester**

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<sup>3</sup>*University of British Columbia, Vancouver, British Columbia, Canada*

Individuals with autism spectrum disorder (ASD) may encounter greater childhood adversity and other significant stressors associated with ASD (e.g., bullying, sensory sensitivities). This mixed methods study explored the concordance of DSM-5 PTSD symptoms (assessed via standard measures) and trauma symptoms observed and described qualitatively by caregivers (N=15) of persons with ASD (Mage=16.6, range 5-29) and caregiver-reported traumatic experience. Caregivers completed a standard measure of trauma exposure and symptomology (Child PTSD Symptom Scale or Posttraumatic Diagnostic Scale-5) and a semi-structured qualitative interview. Interviews were transcribed and submitted to thematic content analysis by multiple raters. Results highlighted discordance between quantitative and qualitative data. Qualitative findings suggested that caregivers observed a worsening of symptoms common to both ASD and traumatic stress (e.g. avoidance, mood lability, disrupted sleep) as well as onset or worsening of symptoms not included in PTSD criteria (e.g. sensory sensitivity, self-injurious behavior, repetitive behaviors). Qualitative findings illustrate the risk of trauma-related symptoms being overshadowed by ASD. Findings have important implications for understanding the phenomenology and improving the accurate detection, measurement and treatment of trauma-related disorders in ASD.

### 3-257

#### **Posttraumatic Stress Disorder Symptoms, Work-Related Trauma Exposure, and Substance Use in First Responders**

(Abstract #1388)

**Poster #3-257 (Assess Dx, Chronic, Sub/Abuse, Other) I - Industrialized Gloucester**

*Bonumwezi, Jessica, Tramutola, Danielle, Kobezak, Holly, Lawrence, Jacqueline, Lowe, Sarah  
Montclair State University, New Jersey, USA*

PTSD symptoms have been shown to increase the likelihood of substance use in the general population. First responders (e.g., EMTs, paramedics, and firefighters) are routinely exposed to potentially traumatic events (PTEs) as part of their regular duties, increasing their risk for a range of adverse mental health outcomes. However, no study to our knowledge has explored the relationship between PTSD symptoms

and substance use in this population. In the current study, we examined whether PTSD symptoms were associated with alcohol and drug use in first responders above and beyond demographic variables and job-related characteristics, social support, and cumulative work-related PTE exposure. Participants ( $N = 887$ ; mean age = 37.11; 58.7% male; 91.5% White) were recruited from 50 U.S. states to complete an online survey. In hierarchical regression analyses, PTSD symptoms were significantly associated with alcohol ( $B = 0.09$ ,  $SE = 0.01$ ,  $p < .001$ ) and drug use ( $B = 0.01$ ,  $SE = 0.01$ ,  $p < .001$ ). Work-related PTE exposure was not a significant predictor of either outcome once PTSD symptoms were included, suggesting that PTEs confer risk for substance use via their association with PTSD symptoms. Results support the need for periodic assessment of both PTSD symptoms and substance use in first responders.

### 3-258

#### **Impact of Disclosure of Military Service History on Diagnosis of PTSD**

(Abstract #1312)

**Poster #3-258 (Assess Dx, Assess Dx, Clinical Practice, Mil/Vets, Prof) M - N/A**

**Gloucester**

*Shelton, Crystal<sup>1</sup>, Ramchand, Rajeev<sup>1</sup>, Norman, Sonya<sup>2</sup>*

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This study evaluated the extent to which disclosure of military service led to increased diagnosis of PTSD when considering an otherwise vague symptom profile. Clinicians were invited to participate in an online study in which they were randomly assigned a vignette and subsequently asked to make diagnostic judgments. The two vignettes were identical with the exception that in one, the client was described as a veteran and in the other, as a teacher. A total of 366 clinicians participated in the study. Clinicians assigned to the Veteran vignette were 6-times more likely to diagnose the client with PTSD than observed in the group randomly assigned to the teacher vignette. "Veteran" status impacted clinicians' diagnostic decision. The findings from this study support a strong relationship between individuals' veteran status and the initial diagnostic inference a clinician will make, specifically PTSD. There are several implications, most critically the importance of conducting a comprehensive clinical assessment to make sure clients are diagnosed correctly and thus offered the most appropriate treatment. The absence of a criterion A stressor is potentially undervalued for veteran clients. Results suggest more research is needed to understand clinician factors influencing diagnostic decision-making.

## SOCIAL ISSUES – PUBLIC POLICY POSTERS

3-259

### **The Association between Men's Acceptance of Male Role Norms, Masculine Gender Role Stress, Emotion Regulation, and Sexual Assault Perpetration: A Moderated Mediation**

(Abstract #1792)

**Poster #3-259 (Social, Aggress, Rape, Adult) M - Industrialized**

**Gloucester**

*Mongene, Noelle<sup>1</sup>, Ray, Travis<sup>1</sup>, Cook, Rollin<sup>1</sup>, Parkhill, Michele<sup>2</sup>*

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Previous research suggests that men's acceptance of male role norms (MRN) may put them at increased risk to experience masculine gender role stress (MGRS) and subsequent hostile attitudes toward women. Men's difficulties regulating their emotions (ER) have also been found to moderate the relationship between alcohol consumption and sexual assault perpetration (SA). The current study examined men's acceptance of MRN, MGRS, and SA. Additionally, ER was examined as a moderating factor in the relationship between MGRS and SA. A community sample of 377 men was obtained through Amazon Mechanical Turk. Participants completed an online survey assessing MRN, MGRS, ER, and SA using validated measures. Moderated mediation was conducted using PROCESS Macro for SPSS. Results indicated that MGRS partially mediated the relationship between MRN and SA. MRN predicted MGRS ( $\beta = .44, p < .01$ ), MGRS predicted SA ( $\beta = -.56, p < .01$ ), and ER moderated the relationship between MGRS and SA ( $\beta = .28, p < .01$ ). Specifically, when the participant indicated high ability to regulate their emotions, MGRS was not predictive of SA. These findings provide support for the previous research indicating that men's acceptance of traditional gender norms, stress associated with these gender roles, and emotion dysregulation are all important factors contributing to the incidence of sexual assault.

3-260

### **Environment as a Moderator of the Relationship between PTSD and Allowing Firearms on College Campus**

(Abstract #1800)

**Poster #3-260 (Social, Chronic, Comm/Vio, Social, Adult) I - N/A**

**Gloucester**

*Voss, Madeline, McDevitt-Murphy, Meghan, Olin, Cecilia, Zakarian, Rebecca*  
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Experiences of community violence are common in urban cities but residence in high crime and/or high poverty areas can increase one's exposure. Potential consequences of high exposure include higher rates PTSD and greater fear of victimization, which may amplify one's perceived need to be armed and positive views of carrying firearms. In an urban college sample (n=191) endorsing high community violence exposure (M=203.45, SD=364.44) we assessed the predictive ability of PTSD symptoms on campus firearm endorsement and the moderating effects of impoverished environment on this relationship. The relationship between PTSD (i.e. PCL-5) and campus firearm endorsement was evaluated, followed by moderation by level of community poverty in one's zip code (i.e. residence where

10% of the population falls below the poverty line vs. not). Moderation analyses were significant such that PTSD symptoms ( $M=18.87$ ,  $SD=20.08$ ) significantly predicted greater endorsement of legalizing firearms on campus only among those living in impoverished areas ( $b=.026$ ,  $[.0025, .05]$ ,  $t=2.18$ ,  $p=.03$ ) despite the insignificant linear regression of PTSD symptoms ( $b=.004$ ,  $[-.008, 0.16]$ ,  $t=.63$ ,  $p=.53$ ). As mean PTSD symptom and firearm endorsement did not differ between the environment groups, this suggests a greater importance of self-protection among those exposed to traumatic events and living in underserved areas.

### 3-261

#### **Community Violence with and without Use of a Weapon in Association with Level of Peritrauma Distress, Later Distress, and PTSD Symptoms**

(Abstract #1769)

**Poster #3-261 (Social, Comm/Vio, Cul Div, DV, Global, Lifespan) I - Industrialized Gloucester**

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<sup>3</sup>*City University of New York, John Jay College of Criminal Justice, New York, New York, USA*

Several attempts have been made to examine trauma-related outcomes based on the classification of trauma type (e.g., human-made vs. natural traumas, violent vs. non-violent traumas, chronic vs. single event traumas). Despite the various categorizations, there is a dearth of information related to the presence or absence of weapons in the context of trauma exposure. A recent review by Montgomerie et al. (2015) found that exposure to firearm violence, including mass shootings and injured survivors, were associated with elevated rates of posttraumatic stress disorder (PTSD). However, few studies have examined the presence of a firearm or knife in the context of general community violence. To address this gap, the current study investigated whether the presence of a gun or knife during violence exposure was associated with increased risk for psychological distress and symptoms. Over 980 racially and ethnically diverse college students from an urban setting completed psychometrically sound measures of violence exposure and PTSD symptoms. Contrary to hypothesis, results revealed that the more frequently occurring events; being hit by peers and by grownups, were most strongly associated with PTSD symptoms ( $r=.13-.15$ ,  $p<.001$ ) than exposure to violence involving weapons. The implications of findings and suggestions for further research on the presence of weapons will be discussed.

### 3-262

#### **Help Getting Help: Service Needs and Barriers after Older Adult Maltreatment**

(Abstract #289)

**Poster #3-262 (Social, Chronic, Neglect, Aging, Older) I - Industrialized Gloucester**

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Little research is available specific to the service needs or related barriers of maltreated older adults. Further, no studies have asked at-risk older adults directly for their perspectives on service needs and barriers. As part of a larger study, a sample of 40 diverse older adults (M age = 76 years) was recruited from a population of older adults who were involved in an abuse, neglect, and/or financial exploitation case where the offender was in a position of trust to the victim. Responses to open-ended questions about participants' service needs and reasons for not seeking services were thematically coded. The majority of older adults expressed needing more help than currently received, with needs including transportation, housing, food, household assistance, and medical and mental health care. Participants also described reasons their service needs were not being met. The study elaborates on the specifics and descriptive statistics of the themes that emerged. Implications for older-adult victim services, as well as broader older-adult services are discussed.

## COMMUNITY-BASED PROGRAMS POSTERS

3-263

### Investigating DSM-IV and DSM-V Criteria in PTSD Symptom Severity among Substance Abusing Justice-Involved Women

(Abstract #280)

Poster #3-263 (Commun, Assess Dx, Res Meth, Sub/Abuse, Adult) I - N/A

Gloucester

*Durosky, Ariel<sup>1</sup>, Kovacevic, Merdijana<sup>2</sup>, Richardson, Julia<sup>1</sup>, Newman, Elana<sup>1</sup>*

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DSM-5 changed requirements of qualifying criterion A events (QCEs) for posttraumatic stress disorder (PTSD). PTSD symptom severity (PSS) was similar for women regardless of whether an event met DSM-IV or DSM-5 QCE (Larsen & Berenbaum, 2017). Since the impact of QCE on PSS has not been studied among correctional samples, we examined QCE status and PSS among 136 substance abusing women enrolled in a prison-diversion program. Specifically, the study investigated differences in PSS between those with QCE and those with no QCE, based on both DSM-IV and DSM-5 criteria. PTSD symptoms were assessed using the PTSD Checklist for DSM-5 (PCL-5; Blevins et al., 2015). QCEs were coded from responses to a modified Traumatic Assessment of Adults (TAA) according to DSM-IV and DSM-5 QCE definitions. Two independent samples t-tests were conducted comparing PCL-5 total scores between: (1) women with at least one DSM-IV QCE ( $n = 114$ ; 83.8%) and those with no DSM-IV QCE; and (2) women with at least one DSM-5 QCE ( $n = 123$ ; 90.4%) and those with no DSM-5 QCEs. PCL-5 scores were significantly higher in the DSM-IV QCE group,  $t(45.50) = -5.31, p < .001$ , and the DSM-5 QCE group,  $t(24.24) = -2.79, p < .005$ , over non QCE groups. Overall, DSM-IV and DSM-5 QCE definitions were effective in identifying individuals with higher PSS among prison-diversion program women.

**3-264**

**Trauma-informed Program Development Utilizing Sports: The CONNECT Soccer Academy for Refugee Youth**

(Abstract #861)

**Poster #3-264 (Commun, Clin Res, Cul Div, Refugee, Child/Adol) M - Industrialized Gloucester**

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<sup>3</sup>*Hasbro Children's Hospital, Providence, Rhode Island, USA*

Significant number of youth refugees – as high as 86% respectively – arriving to the US are exposed to war, armed conflicts, and other forms of violence. Recent qualitative data indicates that many Africa and Middle East youth refugees utilize soccer, as a way to cope with their negative emotions while being placed in the refugee camp; however, once resettled, these opportunities to play frequent soccer often disappear due to a host of geographic, economic, and logistical barriers.

To accommodate the unique needs of this population, we propose a trauma-informed sports-based intervention that targets both physical and psychological well-being of refugee youth. We aimed to develop a sustainable evidence-based intervention that is built upon community engagement involving soccer coaches and psychologists.

The data collection occurred during the CONNECT soccer refugee summer camp program. The coaches (N = 6) received four bi-weekly trauma-informed didactics on topics pertaining to recovery of trauma and stress coping. They then engaged in qualitative interviews and completed quantitative assessments at the end of each soccer session for 6 weeks. Both qualitative and quantitative data indicate an acceptable feasibility of the proposed intervention and coaches' reflection suggest positive effects of the program on the health of refugee youth.

**3-265**

**Implementing a Trauma-Informed SEL-Based Afterschool Curriculum for Girls in Under-Resourced Urban Settings**

(Abstract #340)

**Poster #3-265 (Commun, Comm/Int, Train/Ed/Dis, Child/Adol) I - N/A Gloucester**

*Williams, Faith<sup>1</sup>, Gouze, Karen<sup>2</sup>, Goldenthal, Hayley<sup>2</sup>, Cicchetti, Colleen<sup>3</sup>, Curry, Caryn<sup>1</sup>, Baker, Sybil<sup>1</sup>*

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The incidence of violence in under-resourced areas has reached a high level, particularly in predominately racial/ethnic minority neighborhoods. Structural violence often affects the availability, accessibility and quality of resources that build prosocial behavior in youth from these environments. After-school programming with a trauma-informed curriculum can be a critical resource for improving mental health and educational outcomes and reducing inequality. Ann & Robert H. Lurie Children's Hospital

collaborated with the Girl Scouts of Greater Chicago and Northwest Indiana to develop, deliver, and evaluate the outcomes of a social and emotional learning (SEL)-based curriculum for the GirlSpace program. The GirlSpace program provides racial/ethnic minority youth at-risk to trauma exposure from urban communities with a supportive environment that empowers them with skills that are essential for success in school and life. This project uses focus group and survey data from GirlSpace participants to evaluate the acceptability of the SEL-based curriculum. Findings from survey data indicated that girls ranked relationship skills and self-awareness as most important and caregivers ranked life skills as most important. GirlSpace facilitators reported greater improvement in their understanding of trauma and the use of positive coping tools following their training on the curriculum.

**3-266**

**Sustaining Community Implementation Efforts in Singapore through a Learning Network**  
(Abstract #343)

**Poster #3-266 (Commun, Comm/Int, Cul Div, Train/Ed/Dis, Child/Adol) I - Industrialized**

**Gloucester**

*Kwek, Jean, Teo, Mercy, Chen, Jemi, Yeo, Bernice, Soh, Lynn, Lim, Xin Yi*  
*KK Women's and Children's Hospital, Singapore, Singapore*

The Stay Prepared Trauma Network for Children (TNC) was established in 2016 to disseminate and train practitioners in PFA, Crisis Support and TF-CBT, to increase accessibility of these interventions to children and youth in Singapore's community. Currently, the TNC consists of 997 practitioners from 400 organizations, such as family service centers, children's homes, schools, hospitals and government agencies. Practitioners have varied professions—social workers, youth workers, program executives, counsellors and psychologists. To ensure sustainability of the TNC, a learning network was formed to encourage the sharing of trauma knowledge, skills and resources. Learning network activities included sending of monthly newsletters, organizing talks, workshops, case consultations, and the first local child trauma conference. One initial challenge was the slow uptake of talks and workshop sessions. Improvements made included (i) surveying practitioners to assess learning needs, (ii) releasing dates and topics 6 months in advance, (iii) incorporating food during sessions, an important part of local culture. The learning network has reinforced the importance of trauma-informed practices, leading to systemic changes within some organizations e.g. use of trauma screening measures in standard care, discussions about disaster response protocols, and ongoing peer consultation of trauma cases.

**3-267**

**A Look at Trauma-Informed Knowledge and Practices among School Psychologists**  
(Abstract #1844)

**Poster #3-267 (Commun, Complex, Prevent, Social, Train/Ed/Dis, Child/Adol) I - Industrialized**

**Gloucester**

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**Objective:** Data from this study initiates the process of better understanding the current state affairs within the profession with regards to trauma-informed care by examining the the experiences, education and training, confidence and competence, current and desired roles, and perceived barriers and supports to implementing trauma-informed practices within school settings among a sample of school psychologists. Findings from the initial pilot study (n=107) practicing school psychologist found that large majorities of practicing school psychologists have had little education/training or experience in trauma-informed care. The pilot study helped refine the survey, which is currently collecting data through the memberships of two national membership organizations that represent school psychologists (the National Association of School Psychologists and the Trainers of School Psychologists). We expect national data to at least be collected by the time of the conference. We will share results form the pilot data (which was published in the Journal of Applied School Psychology in March 2019) and expect to be able to share at least preliminary findings from the national survey during our talk.

## PREVENTION/EARLY INTERVENTION POSTERS

3-269

**Life Events, Mental Health, and Poverty: A Descriptive Analysis in College Students**

(Abstract #458)

**Poster #3-269 (Prevent, Anx, Chronic, Clin Res, Cul Div, Adult) M - Industrialized Gloucester**

*Warnecke, Ashlee, Lewine, Richard*

*University Of Louisville, Louisville, Kentucky, USA*

College students from poverty are traditionally viewed as likely to have experienced stressful/traumatic life events and have poor mental health outcomes. Research often examines this by comparing students from poverty to students not from poverty. The present study extends this understanding by examining within group differences in students from poverty, specifically a group of 54 students who fall below the 150% Federal poverty level and participate in a university program that provides full financial support. Due to substantial differences in poverty levels, two groups were created: extreme poverty, EP (< \$9,999) and moderate poverty, MP (>= \$10,000). Groups reported an approximately equal number of stressful/traumatic events (mean = 4 for EP and 4.32 for MP). Those in the EP group reported a slightly increased perception of the effect events have had on their life (mean = 10.85 for EP and 9.96 for MP) and slightly increased rates of specific events (e.g., physical abuse). There was a significant difference in anxiety, but not depression, with the MP group reporting more anxiety than the EP group ( $t = 3.05, p < .01$ ). This research provides support for examining within group differences and has implications for educators, mental health professionals, and college administrators.

**3-270****A Model of Perpetration: The Influence of Trauma History, World View, and Psychopathology**

(Abstract #427)

**Poster #3-270 (Prevent, Aggress, Rape, Adult) I - Industrialized****Gloucester***Mielock, Alyssa<sup>1</sup>, Ellis, Robyn<sup>2</sup>, Lilly, Michelle<sup>2</sup>*<sup>1</sup>*Northern Illinois University, DeKalb, Illinois, USA*<sup>2</sup>*Northern Illinois University, Department of Psychology, DeKalb, Illinois, USA*

The phenomenon of sexual violence has been researched heavily, with much literature devoted to understanding the victims, pathways to victimization, and consequences of victimization. What is not as well understood are factors that may lead to perpetration of sexual violence. Research has focused on past events, such as prior violence exposure, that may influence future behavior. Further, the literature has identified the need to examine problematic beliefs as a potential avenue for prevention efforts. Yet, there is currently no research examining these beliefs in a structural equation model (SEM) predicting perpetration history. The current study sought to examine such factors using SEM. An online sample of 285 Amazon Mechanical Turk workers (60.4% female) completed survey measures of their world view, acceptance of rape myths, traditional gender role acceptance, current psychopathology (i.e., depression, anxiety, PTSD), and exposure to trauma, as well as their history of sexual assault victimization and perpetration; model fit was reasonable (RMSEA = .077). Direct negative pathway between trauma exposure and sexual violence perpetration ( $\beta = -2.67, p < .01$ ) were observed, as well as significant positive pathways between rape myth acceptance ( $\beta = 0.48, p < .01$ ) and sexual victimization history ( $\beta = 0.81, p < .01$ ). Implications and future directions are discussed.

**3-271****Professional Perpetrators: How the Tactics of a Serial Perpetrator of Medically-Related Sexual Abuse Can Inform Pediatric Anticipatory Guidance Policies**

(Abstract #469)

**Poster #3-271 (Prevent, CSA, Clinical Practice, Prevent, Care, Adult) M - Industrialized****Gloucester***Weaver, Terri, Kutz, Timothy, Barnidge, Ellen, Bruce, Madeline, Kelton, Katherine, Copeland, Melissa Saint Louis University, Saint Louis, Missouri, USA*

Professional perpetrators leverage institutional factors within their work environments and professional roles to commit sexual abuse. Such forms of abuse not only impact the victim directly, they are compounded by a betrayal of the trusted institution. While these professional perpetrators may only constitute a fraction of perpetrators of child sexual abuse (CSA), understanding the tactical and grooming behaviors in such cases can inform prevention strategies. For decades, famed professional, Lawrence Nassar, worked as a sports physician entrusted with the healthcare of scores of young athletes in elite institutional capacities. In November, 2017 Nassar was charged and subsequently pled guilty to seven counts of first degree criminal sexual misconduct. From January 16-24, 2018, nearly 160 girls and women read their victim impact statements in court. This qualitative study presents an analysis of the

publicly available victim impact statements (N =128) using a codebook for textual analysis .Captured are themes of grooming reflecting Nassar's use of his professional identity and position as well as the profession of medicine, more generally, to perpetrate CSA. These themes reveal the unique tactics of a professional perpetrator. Preventive strategies including the messaging used within pediatric anticipatory guidance related to CSA will also be discussed.

**3-272**

**Self-Efficacy for Disaster Preparedness: A Multi-Group Latent Variable Model with University Students, Faculty, and Staff**

(Abstract #1770)

**Poster #3-272 (Prevent, Comm/Int, Nat/Dis, Adult) I - Industrialized**

**Gloucester**

*Weber, Marcela<sup>1</sup>, Schulenberg, Stefan<sup>2</sup>*

*<sup>1</sup>University of Mississippi, Clinical-Disaster Research Center (UM-CDRC), University, Mississippi, USA*

*<sup>2</sup>University of Mississippi, Department of Psychology, University, Mississippi, USA*

Objective: To apply the Extended Parallel Process Model (Witte, 1992) to disaster preparedness behaviors for tornadoes and active shooter situations, considering preparedness behaviors specific to university students or to faculty and staff.

Method: Online surveys were conducted with (1) students regarding tornadoes (N = 410), (2) employees regarding tornadoes (N = 388), and (3) students regarding active shooter situations (N = 482) and (4) employees regarding active shooter situations (data collection ongoing). Questions assessed tornado or active shooter prior experience, perceived likelihood of these events, self-efficacy for these events and in general, fear of these events, and engagement in preparedness behaviors for tornadoes or campus violence.

Results: Multi-group latent variable modeling was implemented with data collected thus far. A partial invariance model was used to account for measurement differences for tornado vs. active shooter questions and students vs. employees. Across the three samples, the model showed good fit.

Conclusion: Accounting for gender and prior experience of tornadoes or active shooter situations, students and employees who have high self-efficacy and who perceive these events as likely threats are more prepared. Fear was not associated with disaster preparedness.

**3-273**

**Associations between Partner Violence and PTSD Symptoms**

(Abstract #342)

**Poster #3-273 (Prevent, Depr, DV, Adult) M - Industrialized**

**Gloucester**

*Laman-Maharg, Benjamin<sup>1</sup>, Robinson, Diana<sup>1</sup>, Lilly, Michelle<sup>2</sup>*

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Conservation of Resources Theory indicates that resource loss (RL) can contribute to the development and maintenance of PTSD and may hinder recovery from PTSD following intimate partner victimization (IPV). Although actual RL has been linked to PTSD symptoms, less is known about the impact of threatened RL in comparison. Among a community sample of IPV survivors (N = 148), the associations between physical IPV, actual RL, threatened RL, and PTSD symptoms were examined. Analyses revealed that actual RL ( $r = .22^{**}$ ), threatened RL ( $r = .18^{**}$ ), and PTSD symptoms ( $r = .27^{**}$ ) were significantly associated with greater IPV exposure. A significant moderating effect was observed regarding physical IPV exposure ( $\beta = 0.0004$ , 95% CI: 0.0001, 0.0008), such that PTSD symptoms significantly increased following greater IPV exposure at higher levels of actual RL ( $\beta = 0.091$ , 95% CI: 0.042, 0.140). Additionally, a significant moderating effect was observed regarding physical IPV exposure for threatened RL ( $\beta = 0.001$ , 95% CI: 0.000, .002), such that PTSD symptoms significantly increased at moderate ( $\beta = 0.053$ , 95% CI: 0.006, 0.100) and high ( $\beta = 0.120$ , 95% CI: 0.056, 0.185) levels of threatened RL. Results indicate threatened RL may be just as harmful as actual RL in the aftermath of IPV. Implications for treatment are discussed.

**3-274****Patterns of Dating Violence Moderate the Effect of Child Maltreatment on Suicide Risk among Socioeconomically Disadvantaged Depressed Minority Adolescents**

(Abstract #1756)

**Poster #3-274 (Prevent, CPA, Depr, DV, Ethnic, Child/Adol) M - Industrialized****Gloucester***Adams, Tangeria<sup>1</sup>, Handley, Elizabeth<sup>1</sup>, Warmingham, Jennifer<sup>1</sup>, Toth, Sheree<sup>2</sup>, Todd Manly, Jody<sup>3</sup>, Cicchetti, Dante<sup>4</sup>*<sup>1</sup>*University of Rochester, Rochester, New York, USA*<sup>2</sup>*Mt. Hope Family Center, Rochester, New York, USA*<sup>3</sup>*University of Rochester, Mt. Hope Family Center, Rochester, New York, USA*<sup>4</sup>*University of Minnesota, Institute of Child Development, Minneapolis, Minnesota, USA*

Child maltreatment represents an extreme form of maladaptive parenting linked with increased depressive symptoms and suicidality for affected youth. Maltreatment as an early relational rupture may also promote subsequent interpersonal impairments, particularly in the formation of romantic relationships in adolescence. Maltreatment and adolescent dating violence (ADV) are highly comorbid, and ADV is likewise linked with depression and suicide risk. Research has only now begun to investigate patterns of ADV as they relate to psychopathology outcomes and none has determined how these patterns differentially influence elevations in depressive symptoms, suicidal ideation and self-harming behaviors for depressed maltreated adolescents. Participants for the current study included adolescent girls (n=199) from a larger RCT examining the efficacy of IPT-A in preventing major depressive disorder. Using a person-centered approach, we found support for a 3-class model for dating violence: adolescent girls without ADV exposure, those in relationships with mutual verbal violence only, and those exposed to multiple and more severe forms of ADV. The effect of a history of maltreatment on suicide risk factors significantly differed based on ADV class membership. These novel findings have important policy and preventive implications, particularly for at-risk adolescent girls.

3-275

**Relationships among Sexual Assault Severity, Borderline Symptoms, Behavioral Problems, and Self-injury in Delinquent Girls**

(Abstract #200)

**Poster #3-275 (Prevent, Chronic, Complex, Rape, Child/Adol) M - Industrialized Gloucester**

*Holmqvist, Sophia<sup>1</sup>, Salter, Allison<sup>1</sup>, Park, Jae<sup>1</sup>, Lansing, Amy<sup>2</sup>*

<sup>1</sup>*UC San Diego / VA San Diego Health Care System, San Diego, California, USA*

<sup>2</sup>*University of California, San Diego Psychiatry, La Jolla, California, USA*

Despite associations between sexual assault and borderline psychopathology as well as trauma and psychotic symptoms, few studies assess these interrelationships among high-risk adolescents. We evaluated sexual assault severity (sum across perpetrator relationship types: Child Maltreatment Interview); trauma (CPSS) and psychotic (SCI-PSY) symptoms as predictors of borderline symptoms and behavior problems (before and during incarceration: Borderline Symptom List-23), and non-suicidal self-injury (13 NSSI types: Self Injury Self Report) among high trauma-exposed delinquent girls (n=131). Paired t-tests revealed significantly more borderline symptoms and behaviors before incarceration than during (p<.0001), thus analyses focused on pre-incarceration functioning. Controlling for minority ethnicity, backward regressions indicate more psychotic and re-experiencing symptoms predict more borderline symptoms (F(2,111)=12.81, p<.0001); yet more psychotic symptoms and greater sexual assault severity predict more behavioral problems (F(2,111)=14.06, p<.0001). Minority ethnicity, less psychotic symptoms, and lower sexual assault severity accounted for 27% of the variance in less NSSI variety (F(4,127)=11.99, p<.0001). Early detection of psychotic spectrum symptoms and support after sexual assault may reduce borderline symptom onset and/or reduce health risk behaviors in vulnerable youth.

3-276

**Correlation between Cumulative Exposure to Violence, Total Trauma Symptoms, and Caregiver SES among Children from Two Red-Light Areas in Mumbai**

(Abstract #1704)

**Poster #3-276 (Prevent, Chronic, Commun, Comm/Vio, Complex, Child/Adol) M - S Gloucester Asia**

*Prabhu, Shraddha, Koehler, William*

*Edinboro University, Edinboro, Pennsylvania, USA*

Children of women in low-income prostitution in India face considerable challenges to wellbeing and development. This study examines the correlation between cumulative exposure to violence, total trauma symptoms and multiple indicators of caregiver socio-economic status among 115 children (13-17 years) from two red-light areas in Mumbai. An adapted version of the ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C) and the Trauma Symptoms Checklist for Children (TSCC) were administered verbally to the participants. Data regarding caregiver SES was collected through in-person survey interviews with primary caregivers, social workers and case file reviews. Of the five SES indicators that were examined land/house ownership was the only caregiver SES variable significantly correlated with child cumulative exposure to violence (r = -.198, p < .05) and child total trauma

symptomatology scores ( $r = -.299, p < .001$ ). Children interviewed are exposed to high rates of violence across all domains and experience significant traumatic stress symptoms. In an analysis of caregiver SES, only possession of land and/or house was negatively correlated with exposure to violence and trauma symptoms. Discussion is offered regarding why traditional protective factors are not indicated as helpful with this particularly vulnerable group of children.

**3-277**

**Building a Trauma-informed Head Start Environment through a University-Community Partnership**

(Abstract #1777)

**Poster #3-277 (Prevent, Aggress, Chronic, Dev/Int, Train/Ed/Dis, Child/Adol) I - Industrialized**

**Gloucester**

*Prabhu, Shraddha<sup>1</sup>, Taylor, Robin<sup>2</sup>*

<sup>1</sup>*Edinboro University, Edinboro, Pennsylvania, USA*

<sup>2</sup>*Child & Family Guidance Center, Erie, Pennsylvania, USA*

Early childhood exposure to traumatic experiences have a significant impact on child development and wellbeing. Early childhood intervention programs provide an opportunity for early detection, prevention, and intervention. The Head Start Program in Erie, PA serves over 800 children, ages 3-5, annually. Children in Erie's Head Start program are often exposed to multiply adverse experiences, such as, chronic and intergenerational poverty, community and familial violence, incarceration of caregivers, substance abuse in the family and related deaths. In addition to increased need for services, many families experience barriers to accessing mental health services that are either too far away for underserved parents to access or have waiting lists due to lack of skilled providers. The Edinboro University's Head Start Field Action Project (HS-FAP) was developed as a university-community partnership aimed at bridging this gap in community need and available resources. The project is a multi-tiered intervention for creating a trauma-informed school environment. The project utilizes evidence-informed interventions to build the capacity of teachers, administrators, ancillary school staff, students, and primary caregivers to identify and respond to trauma symptoms and avoid re-traumatization. In this paper we present successes, challenges, and lesson learned during implementation.

**3-278**

**Dysfunctional Coping as a Longitudinal Predictor of Complicated Grief and Insomnia in Student Survivors of the Sewol Ferry Disaster in South Korea**

(Abstract #75)

**Poster #3-278 (Prevent, Acc/Inj, Assess Dx, Sleep, Grief, Lifespan) M - E Asia & Pac Gloucester**

*Lee, So Hee*

*National Medical Center, Seoul, Republic of Korea*

*Objectives:* The Sewol Ferry sinking disaster of April 2014 resulted in the loss of the lives of 250 Danwon High School students while only 75 students were rescued. The aim of the present study was to

determine the longitudinal predictive factors of complicated grief and insomnia among the student survivors of this disaster within 2 years of entering university.

*Methods:* Self-report data were collected 27 months (T1) and 51 months (T2) after the disaster. A total of 67 student survivors were enrolled in the disaster registry upon graduation from high school and 38 participants completed both the T1 and T2 surveys.

*Results:* Both the K-ERRI-Intrusive (T1) and MLQ-Presence (T1) subscales were significantly correlated with the ICG (T2). Both the COPE-Dysfunctional (T1) and ACE (T1) were significantly correlated with the ICG (T2) and ISI (T2). Additionally, a stepwise multiple regression analysis revealed that the COPE-Dysfunctional (T1) subscale was a significant longitudinal predictor of the ICG and ISI.

*Conclusion:* The present findings indicate that interventions that target coping strategies, particularly in the early stages after disasters, may lead to improvements in the grief process and sleep among survivors.

### 3-279

#### **Parents' Adverse Childhood Experiences and Parenting Infants: Parent Stress and Self-Efficacy**

(Abstract #1815)

**Poster #3-279 (Prevent, Fam/Int, Health, Intergen, Lifespan) I - Industrialized Gloucester**

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Adverse Childhood Experiences (ACEs) are predictive of a range of negative long-term physical and mental health outcomes. In addition, children of parents exposed to ACEs are at increased risk of behavioral and emotional difficulties. Questions about screening in pediatric settings, which adversities to include in assessing ACEs, the ways in which parent ACEs impact parenting, and the implications for prevention efforts remain. The current study examines the relationship between parent and infant ACEs, parent stress, parent self-efficacy, and whether parent variables moderate this relationship. 62 parent-infant dyads (mean infant age: 5.79 months; SD =2.08), 55% male, and a majority Latinx sample (74%) participated in the study during their typical well-child visits to a pediatric clinic. Neither the relationship between parent ACEs nor infant ACEs were significantly related to infants' positive behaviors (parent-reported). Parent ACEs were significantly associated with lower parent self-efficacy and higher parent distress ( $p < .05$ ) for traditional ACEs but not for extended items that assessed exposure to adverse community environments during childhood. Implications and future directions for ACEs measurement and screening, and the role of parent factors in prevention and early intervention efforts will be discussed.

### 3-280

#### **Intimate Partner Violence Exposure and Mother-Infant Touch**

(Abstract #1826)

**Poster #3-280 (Prevent, DV, Intergen, Lifespan) M - Industrialized Gloucester**

*Bernard, Nicola, Levendosky, Alytia, Bogat, G. Anne*

**Michigan State University, East Lansing, Michigan, USA**

In the first year of an infant's life, mothers and their children use touch as a primary form of communication. These touch behaviors are shaped by early caregiving experiences and other significant relationships. Consequently, exposure to an interpersonal trauma, such as intimate partner violence (IPV), likely affects mother-infant touch behavior. While many studies suggest that IPV victimization predicts negative maternal parenting, other studies find that IPV predicts more nurturing maternal parenting. To better understand the effect of IPV on mother-infant touch specifically, we coded touch behaviors in 174 dyads during a free play. Approximately half of the mothers had been exposed to IPV during pregnancy. Multilevel modeling analyses suggested that mothers with pregnancy IPV used more affectionate and instrumental touch than non-exposed mothers. However, postpartum depression predicted decreased maternal instrumental touch. IPV and depression were not associated with negative touch behavior. These findings suggest that mothers exposed to pregnancy IPV may engage in more nurturing and active parenting, potentially to compensate for IPV. The findings underscore the importance of the pregnancy period for later maternal and infant functioning, such that early interactive patterns between mother and infant may be shaped by stressors that occur during pregnancy.

**GLOBAL ISSUES****3-281****Better Understanding the Relationship between War Trauma Exposure and Moral Injury:  
The Role of Forgiveness**

(Abstract #487)

**Poster #3-281 (Clin Res, Mil/Vets, Adult) - Industrialized****Gloucester***Maguen, Shira<sup>1</sup>, Burkman, Kristine<sup>2</sup>, Li, Yongmei<sup>2</sup>, Bosch, Jeane<sup>3</sup>, Walsh, Jessica<sup>4</sup>, Lujan, Callan<sup>2</sup>, Carlson, Katie<sup>2</sup>, Griffin, Brandon<sup>2</sup>*<sup>1</sup>*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*<sup>2</sup>*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*<sup>3</sup>*Saint Louis University, Saint Louis, Missouri, USA*<sup>4</sup>*Palo Alto University, Palo Alto, California, USA*

A psychological model of moral injury proposes that forgiveness is a key component in healing from moral injury (Litz et al., 2009), yet empirically testing its contribution is critical. We conducted a retrospective cross-sectional study of Veterans (N=147) from a U.S. Veterans Health Administration (VHA) medical center and its associated community clinics, who reported killing or being responsible for the death of another in war. Using linear regression analysis, we tested whether forgiveness (of self, other and God/Higher Being) mediated the relationship between combat experiences (e.g., exposure to life threatening war experiences) and moral distress/injury as well as post-battle experiences (e.g., exposure to death and dying of enemy combatants, military personnel and civilians) and moral distress/injury. We found that forgiveness significantly mediated the relationship between post-battle experiences and moral injury (averaged causal mediation effect of forgiveness=2.15; 95% CI: 0.25-4.36, significantly different from zero), but not between combat experiences and moral injury. The indirect effect of forgiveness represented 12.4% of the total effect (95% CI: 9.0%-23.5%). Forgiveness may be an important component of healing from moral injury in those experiencing exposure to post-battle experiences such as death and dying, as compared to life-threat war exposures.

**3-282**

**"Together we stand": The Protective Role of Self-Disclosure in the Relationship between Moral-Injury and Suicide Ideation among Israeli Combat Veterans**

(Abstract #489)

**Poster #3-282 (Prevent, Mil/Vets, Moral, Adult) - Industrialized**

**Gloucester**

*Levi-Belz, Yossi*

*Ruppin Academic Center, Kibutz Hamaapil, Israel*

Moral injury (MI) experiences have been acknowledged as significant stressful combat events that may lead to psychopathology, such as suicidal ideation and behaviors (SIB). In this study, we aimed to examine to what extent potential MI events may comprise a risk factor for SIB and to explore the moderating role of self-disclosure, defined as a process of sharing personal information with significant others.

A sample of 190 Israeli combat veterans completed validated self-report questionnaires in a cross-sectional design study.

Veterans with SIB showed significantly lower levels of self-disclosure compared with veterans without SIB. Potential MI experiences were significantly related to SIB among veterans. Self-disclosure levels contributed to SIB level, above and beyond MI experiences and depression. The integrative model indicated that self-disclosure moderated the relationship between potential MI experiences and SIB.

Even years after their release from military service, veterans exposed to potential MI experiences may feel consumed by painful memories and are more prone to SIB and to other mental health problems. Self-disclosure appears to act as a protective factor that enables veterans to psychologically process traumatic events without their leading to distress, depression, and SIB.

**3-283**

**The Association between Potentially Morally Injurious Events and PTSS among Israeli Combat Veterans: The Moderating Role of Self-Forgiveness**

(Abstract #490)

**Poster #3-283 (Global, Mil/Vets, Moral, Adult) - Industrialized**

**Gloucester**

*Zerach, Gadi<sup>1</sup>, Levi-Belz, Yossi<sup>2</sup>*

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Exposure to potentially morally injurious events (PMIEs) among combat veterans may lead to posttraumatic stress disorder symptoms (PTSS). However, only handful of studies have examined protective factors that can explain the conditions in which PMIEs may contribute to PTSS. In the current study, we aimed to examine the moderating role of self-forgiveness (SF) in the indirect association between PMIEs and PTSS via trauma-related guilt and shame. A sample of 191 Israeli combat veterans (Mage=25.39, SD=2.37) completed validated self-report questionnaires in a cross-sectional design study. Results indicated that the betrayal subscale of the Moral Injury Events Scale (MIES) was positively

associated with higher levels of guilt and shame and PTSS. Importantly, a moderated-multiple mediation model indicated that trauma-related distressing guilt and intrinsic shame mediated the positive association between MIES-Betrayal subscale and PTSS, under low and average levels of SR ( $R^2 = .48$ ). Although veterans exposed to PMIEs are more prone to PTSS, their ability to self-forgive might be associated with lower levels of PTSS. However, while trauma-related guilt and shame serve as mechanisms for the explanation of the high variability of PTSS following exposure to PMIEs, these indirect links might be exacerbated under low and average levels of SF.

### 3-284

#### **Strengths and Limitations of Traditional Healing and Primary Care Based Services for the Treatment of PTSD in Ethiopia**

(Abstract #1499)

**Poster #3-284 (Global, Chronic, Clinical Practice, Cul Div, Care, Adult) I - E & S  
Africa**

**Gloucester**

*Cheng, Yuhan<sup>1</sup>, Ng, Lauren<sup>2</sup>, Serba, Eyerusalem<sup>3</sup>, Fekadu, Abebaw<sup>4</sup>, Hanlon, Charlotte<sup>3</sup>*

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In Ethiopia, people have long sought traditional healing as a coping method when faced with stressors. Psychiatric services have recently been implemented in primary care. This study uses qualitative data to understand the strengths and limitations of traditional healing and primary care for mental health care. Purposeful sampling was used to recruit 48 participants, including patients, caregivers, healthcare providers, and community leaders, in Sodo, Ethiopia. Semi-structured, in-depth interviews were conducted, transcribed, and translated. Results indicate that patients usually used both primary care psychiatric services and traditional healing. Primary care services were seen as effective but often hard to access, in conflict with local understandings of disease etiology, and providing limited counseling. In contrast, despite some concerns over mistreatments and ineffectiveness, traditional healing was seen as accessible, consistent with local disease etiology, and providing social support through counseling, which was mentioned frequently as a valued intervention. In order to improve mental health care in Ethiopia, our preliminary findings identified potential opportunities for primary care based services to emulate some aspects of traditional healing, including offering dedicated counseling services and social support, in addition to evidence-based treatments.

**3-285****Not All Traumas are Created Equal: The Role of Gender-Based Violence in Predicting PTSD and Idioms of Distress among Indian Women from Slums**

(Abstract #574)

**Poster #3-285 (Global, Commun, Cul Div, Gender, Adult) I - S Asia****Gloucester**

*Patel, Anushka, Newman, Elana, Richardson, Julia*  
*The University of Tulsa, Tulsa, Oklahoma, USA*

Background: While number of traumatic events (TEs) predict PTSD severity overall, interpersonal TEs tend to increase PTSD risk more than accidental TEs. However, TEs that constitute gender-based violence (GBV) (economic violence & human rights violations) are understudied. Further, TEs role in predicting trauma-related idioms of distress (cultural expressions of affliction) is unknown. It remains unclear whether (1) unique DSM-V PTSD Criterion A (e.g., accidents), (2) unique GBV (e.g., forced abortions), or (3) combined Criterion A and GBV TEs (CA-GBV) (e.g., rape, beatings) each contribute to predicting both PTSD and idioms of distress. Hypothesis: Unique GBV TEs incrementally predict PTSD and idioms of distress after controlling for unique Criterion A and combined CA-GBV TEs. Method: 100 Indian women from slums were interviewed with an adapted Harvard Trauma Questionnaire and PCL-5. Two hierarchical regressions to predict PTSD and idioms of distress were conducted. Results: Combined CA-GBV TEs best predicted PTSD [ $R^2=0.26$ ,  $F(3,96) = 12.78$ ,  $p<0.001$ ] and idioms of distress [ $R^2=0.27$ ,  $F(3,96) = 13.01$ ,  $p<0.001$ ], but unique GBV TEs incrementally predict both outcomes [ $R^2$  change = 0.04 and 0.06,  $p<0.005$ , respectively]. Discussion: Findings support theoretical frameworks on TEs and idioms of distress, demonstrating a dose-response relationship.

**3-286****A Comparison of the Needs of Teachers in Supporting Students Following Disasters in Haiti and Puerto Rico**

(Abstract #1318)

**Poster #3-286 (Global, Commun, Cul Div, Nat/Dis, Lifespan) M - Latin Amer & Carib Gloucester**

*Nitza, Amy, Surinon, Cassandre, Rodriguez, Rebecca*  
*Institute for Disaster Mental Health, State University of New York at New Paltz, New Paltz, New York, USA*

Across the world, classroom teachers play a key role in the long-term recovery process in communities impacted by disaster. As schools reopen and provide a sense of stability and routine to children and families, teachers often face the challenge of continuing to teach while also supporting the psychosocial needs of their students and coping with the impact of the disaster on their own lives. The culture and context of the impacted community also shape the recovery process for everyone, including teachers. This presentation will compare the results of surveys of the experiences, needs, and challenges faced by teachers in two different long-term recovery settings: Puerto Rico and Haiti. Teachers in both settings were asked about their observations of the psychosocial needs of their students following recent disasters, their identified needs for support, services, or strategies for addressing these needs, and how the teachers themselves are coping with the impact of the disaster personally and professionally. Historical and

cultural influences that have shaped teachers' experiences in both settings will be highlighted, and ongoing efforts in both settings to use the study results to work with teachers to design effective programs of support for children and for themselves will be described.

**3-287**

**Venezuela: The On-Going Crisis. A Qualitative Exploration of NGOs Humanitarian Workers' Narratives of their Subjective Experience.**

(Abstract #111)

**Poster #3-287 (Global, Comm/Int, Cul Div, Rights, Refugee, Prof) I - Latin Amer & Carib**

**Gloucester**

*Pérez Barrios, Ana*

*Universidad Católica Andrés Bello, Montalbán, Caracas, Venezuela*

Venezuela has traditionally hosted refugees from all over the region, but the on-going situation has led to a reversal of flow (UNHCR, 2018). Nevertheless, the current regime has not accepted that there is a humanitarian crisis which prohibits NGOs to give help to Venezuelan residents, including humanitarian workers affected by a myriad of potentially traumatic events. This is a very unique scenario where humanitarian workers are affected by an on-going crisis in their country of origin while giving support to refugees from other countries. The aim of the study was to explore the subjective experiences of the humanitarian staff inside Venezuela's borders. Narrative and main themes were inductively inferred from a qualitative analysis of eight in-depth interviews of the psychosocial team of an NGO working with asylum-seeking beneficiaries. Atlas.ti was used to develop a comprehensive theme map. Triangulation was done with a documentary analysis of records. Results show a tendency for separating their personal experiences from those of the beneficiaries at a very high emotional cost, lack of visibility that has led to a feeling of helplessness that affects the work, and participants take individual initiatives outside of their main responsibilities to attend their compatriots.

## VICARIOUS TRAUMA AND THERAPIST SELF CARE

**3-288**

### **Moving From Vicarious Traumatization to Resilience and Post-Traumatic Growth: A Holistic Approach to Clinical Supervision**

(Abstract #331)

**Poster #3-288 (Self-Care, Clinical Practice, Cul Div, Rape, Train/Ed/Dis, Prof) A - Industrialized**

**Gloucester**

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There is significant research on vicarious traumatization in clinicians working with survivors of sexual trauma (e.g.: Figley, 1995; Jenkins & Baird, 2002; Pearlman & Mac Ian, 1995; McCann & Pearlman, 1990), and there is much research on the impact of sexual trauma on survivors' sexual identity development (e.g.: Briere, & Elliott, 1994; Finkelhor, 1990). In the research on vicarious traumatization that occurs when working with sexual trauma survivors, there is little to no mention of the impact of this specific kind of clinical work on therapists' sexual identity or intimate relationships. This poster presents findings from an original qualitative study of the experiences of female therapists who specialized in treating sexual trauma. Results showed that female therapists' sexual identities and intimate partner relationships were affected by their work with survivors of sexual trauma in both positive and negative ways. Many of the negative impacts of vicarious traumatization mirrored the effects of sexual trauma on survivors, and the positive impacts were congruent with post-traumatic growth theories (Tedeschi & Calhoun, 1996). This poster identifies how Judith Herman's (1990) three-stage model for trauma recovery can be used in clinical supervision of therapists' who treat sexual trauma in order to prevent vicarious traumatization and promote growth and resilience.

**3-289**

### **Secondary Trauma and Organizational Factors for Medical Providers Following Disaster**

(Abstract #768)

**Poster #3-289 (Self-Care, Anx, Commun, Nat/Dis, Self-Care, Other) M - Industrialized Gloucester**

*Alavi, Sepideh M.<sup>1</sup>, Kia-Keating, Maryam<sup>2</sup>, Liu, Sabrina<sup>2</sup>, Taghavi, Ida<sup>2</sup>, Sims, Ginette<sup>2</sup>*

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Secondary trauma experienced by medical providers during natural disasters can impact health, mental health, stress, and burnout. As disasters increase in both frequency and lethality, it is critical to understand the factors that influence psychological well-being for providers at the front lines of disaster response in communities facing significant losses. Taking a socio-ecological perspective, the interaction between individual and organizational factors related to hospital disaster readiness, response protocols, and attention to secondary trauma, are critical to investigate. In the current study, 22 health and mental health

providers in a hospital setting participated in semi-structured interviews, approximately 9-12 months after a lethal Debris Flow occurred, subsequent to an extensive wildfire. Data were analyzed thematically using grounded theory. Participants described timely and frequent debriefing, organizational acknowledgement of providers for their unique contributions, and adequate Personal Time Off as central organizational factors that impacted their psychological well-being in the aftermath of the disaster. Results also pointed to the challenges of translating scientific knowledge about secondary trauma prevention into practice. Implications for organizational readiness to build capacity to address secondary trauma in a hospital setting will be discussed.

### 3-290

#### **The Secondary Traumatic Stress Scale for Use with Family Caregivers of Holocaust Survivors**

(Abstract #1561)

**Poster #3-290 (Self-Care, Res Meth, Surv/Hist, Older) I - N/A**

**Gloucester**

*Morgen, Keith<sup>1</sup>, Maschi, Tina<sup>2</sup>, Reiner, Alyssa<sup>3</sup>, Lyman, Katherine<sup>1</sup>, Pierson, Morgan<sup>1</sup>, Dellamo, Danielle<sup>1</sup>*

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<sup>3</sup>*Jewish Family Service of Central New Jersey, Elizabeth, New Jersey, USA*

Secondary traumatization for Holocaust survivor family caregivers is an area in need of further study (Shrira et al., 2017). One potential area of inquiry involves the use of current measures of secondary trauma for the family caregivers of Holocaust survivors. Consequently, as part of a larger community-based trauma-informed care project for Holocaust survivors and their caregivers, the Secondary Traumatic Stress Scale (STSS; Bride et al., 2004) was administered to 19 adult children of Holocaust survivors who serve(d) as primary caregiver. The STSS was developed to measure intrusion, avoidance, and arousal symptoms associated with indirect exposure to traumatic events via the professional clinician-client relationship. In the initial effort to determine if the STSS is appropriate for use with family caregivers, one-sample t-tests were conducted using the original STSS scale means from the psychometric development. Findings demonstrated caregivers reported significantly greater experiences of intrusion (M=11.21, SD=3.01, p<.001), avoidance (M=14.67, SD=3.58, p<.05), arousal (M=14.26, SD=3.71, p<.001) symptoms and overall secondary trauma (M=40.00, SD=8.86, p<.001) as compared to the original STSS development sample of social workers working with trauma. Implications for the study of secondary trauma for the family caregivers of Holocaust survivors will be discussed.

## CULTURE/DIVERSITY POSTERS

3-292

**Israeli Mothers' Stress and Coping with the Enlistment of Their Sons to Military Service**  
(Abstract #1002)

**Poster #3-292 (CulDiv, Fam/Int, Civil/War, Intergen, Gender, Adult) - Industrialized Gloucester**

*Tuval-Mashiach, Rivka, Bitton, Shahar*  
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**BACKGROUND:** Despite the centrality of military service in the lives of Israeli young adults, little is known about this service's impact on the emotional wellbeing of the soldiers' parents. For mothers, specifically, combat service is an unfamiliar experience. The purpose of this research is to prospectively examine the emotional responses and distress of Israeli soldiers' mothers before and during the service of their child.

**METHODS:** Mothers' distress was assessed using measures of anxiety, depression, perceived stress, well-being and somatization. This was part of a larger study, in which 233 families completed questionnaire before and after recruitment. Additionally, 15 mothers were interviewed to qualitatively explore their experiences regarding service, before their son's enlistment.

**RESULTS:** Mothers' distress level was lower than clinical thresholds, but significantly higher than fathers' and son's stress levels, at both time points. Mothers found it difficult to settle between their identification with the need for a strong army, and guilt for sending their sons to a dangerous reality. Most mothers, however, described an adequate level of coping.

**CONCLUSIONS:** Findings are discussed within the context of the tension between the collective construal of the ethos of military service in Israel, and the solitary coping of the individual mothers.

3-293

**Differences in Social Religious Coping and Social Connectedness among Trauma-Exposed Muslim Refugees with and without PTSD**

(Abstract #322)

**Poster #3-293 (CulDiv, Refugee, Adult) I - Global Gloucester**

*Bowling, Alexandra<sup>1</sup>, Klein, Alexandra<sup>1</sup>, Feeny, Norah<sup>2</sup>, Zoellner, Lori<sup>3</sup>*

<sup>1</sup>*Case Western Reserve University, Department of Psychological Sciences, Cleveland, Ohio, USA*

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Trauma exposure and PTSD rates are elevated in Muslim refugees (Karam et al., 2014). While this population often uses religious practices to cope following trauma (Bentley & Owens, 2008), studies are mixed on religious coping's relationship with PTSD (Aflakseir & Coleman, 2009; Berzengi et al., 2017). A more nuanced examination of religious coping may shed light on how often individuals with PTSD employ various coping strategies. This study examined variations in religious coping domains (e.g., behavioral, cognitive, social) between trauma-exposed Muslim refugees with (n = 87) and without (n = 13) PTSD. Those with PTSD engaged in more social religious coping (e.g., attending religious events)

than those without PTSD,  $t(97) = -1.95$ ,  $p = .05$ ,  $d = .64$ . No differences were observed in cognitive and behavioral domains. Post-hoc analyses examined differences in social connectedness in those with and without PTSD, finding that those with PTSD endorsed less social connectedness than those without PTSD,  $t(97) = 2.99$ ,  $p = .004$ ,  $d = 1.10$ . While Muslim refugees with PTSD engage in more social religious coping, this solely may not increase social connectedness. These findings highlight that social religious coping methods may not effectively target negative factors (e.g. social connectedness) related to the maintenance of PTSD in Muslim refugee populations.

### 3-294

#### **Risk of Posttraumatic Stress Disorder among LGBQ Liberal Arts College Students with a History of Campus Sexual Assault**

(Abstract #648)

**Poster #3-294 (CulDiv, Pub Health, Rape, Orient, Adult) M - Industrialized**

**Gloucester**

*Bobchin, Kelly<sup>1</sup>, Herres, Joanna<sup>2</sup>*

<sup>1</sup>*Stony Brook University, Stony Brook, New York, USA*

<sup>2</sup>*The College of New Jersey, Ewing, New Jersey, USA*

Campus sexual assault (CSA) can have serious psychological consequences, including posttraumatic stress disorder (PTSD). Although members of the LGBQ community are at increased risk for experiencing CSA and PTSD, most research in this area ignores this population. One possible explanation for the increased risk in LGBQ individuals is that they experience more negative social reactions when they disclose their assault to others due to discrimination and minority stress. The main aim of this study was to examine whether reactions to disclosure of CSA differ between LGBQ and heterosexual students and whether these differences explain an increased risk of PTSD symptoms for LGBQ students. The sample consisted of students recruited via Amazon MTurk, via email from a single college, and from members of LGBQ organizations at that same college. Although mean levels of both positive and negative social reactions were similar for LGBQ and heterosexual students in general, increased levels of sexual orientation-based discrimination were associated with more negative social reactions. Additionally, LGBQ students showed a marginally stronger relationship between positive reactions to disclosure of CSA and fewer PTSD symptoms ( $\Delta R^2 = .04$ ,  $F(1, 64) = 2.88$ ,  $p = .09$ ). These findings indicate that positive reactions to disclosure of CSA might ameliorate higher risk of PTSD in LGBQ students.

### 3-295

#### **Gratitude after Harvey: Effects of Gratitude on Post-Traumatic Growth and PTSD in the Aftermath of Hurricane Harvey**

(Abstract #1607)

**Poster #3-295 (CulDiv, Anx, Depr, Nat/Dis, Adult) I - Industrialized**

**Gloucester**

*Gallagher, Matthew, Long, Laura, Richardson, Angela, D'Souza, Johann  
University of Houston, Houston, Texas, USA*

The present study aimed to identify the effect of gratitude on PTG, PTSD, depression, and anxiety in a diverse sample of undergraduate students during the aftermath of Hurricane Harvey when controlling for amount of hurricane exposure. Data were taken from the first wave of the Impact of Hurricane Harvey study, 6 months after Hurricane Harvey made landfall. Data from 312 University of Houston undergraduate students with reported hurricane exposure were used (80.1% female; 78.7% Non-White/Caucasian). Participants were aged 18-43 ( $M = 21.66$ ;  $SD = 3.50$ ). Correlations between latent variables and goodness of fit were analyzed using confirmatory factor analyses (CFA). Structural equation modeling was then used to determine the direct effects of gratitude on PTG, PTSD, anxiety and depression when controlling for amount of hurricane exposure. We also examined how race/ethnicity influence the relationship between gratitude and PTG, PTSD, anxiety, and depression. When accounting for levels of hurricane exposure, higher levels of gratitude predicted lower severity of PTSD ( $\beta = -0.27$ , 95% CI[-0.40, -0.14]) and higher levels of PTG ( $\beta = 0.29$ , 95% CI[0.16, 0.42]). Gratitude predicted approximately 13% of the variability in PTSD and 16.4% of the variability in PTG. Results indicate that gratitude may be a significant factor of resilience to natural disaster trauma in a diverse sample.

## TRAINING/EDUCATION/DISSEMINATION POSTERS

3-297

### **Negative Impact of Military Service on Women Veterans' Mental Health Can Have Long-Term Effects and Higher Unemployment Rates**

(Abstract #18)

**Poster #3-297 (Train/Ed/Dis, Complex, Mil/Vets, Gender, Moral, Adult) I - N/A**

**Gloucester**

*Godfrey, Kelli<sup>1</sup>, Albright, David<sup>1</sup>, Hendricks-Thomas, Katherine<sup>2</sup>*

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Women veterans face high risks of their military service having negative impacts on their mental wellbeing due to combat exposure over multiple deployments, military sexual trauma, and other daily stressors from the military lifestyle. Women veterans are more likely than their male counterparts to report mental health concerns. Women veterans are typically more educated than male veterans but are unemployed at similar or higher rates than both male veterans and women non-veterans.

This study focuses on exploring the following questions: Does the impact of military service on mental health of women veterans affect their ongoing mental health? Does the mental wellbeing of women veterans affect their employment status?

Results show that women veterans who report their military service had a negative impact on their mental health had higher odds of having more than 10 days of poor mental health. Additionally, demographic variables including sexual minority status, current service status, and rank, were all significantly associated with higher odds of having more than 10 poor mental health days. The second model showed that women veterans who had more than 10 days (in the last 30 days) of poor mental health had 2.246 times higher odds of unemployment than those who reported fewer than 10 days of poor mental health.

**3-299**

**The Dual Impact of Chronic Mental Illness and Trauma: Teaching Psychiatry Residents**

(Abstract #375)

**Poster #3-299 (Train/Ed/Dis, Complex, Fam/Int, Illness, Social, Older) - Industrialized Gloucester**

*Abrams, Madeleine*

*AECOM, BPC, Bronx, New York, USA*

During their second year of training, the residents spend four months in an intermediate term inpatient unit located in an urban state psychiatric hospital caring for people diagnosed with serious mental illness. Some of the patients have a history of incarceration and homelessness, many have a history of substance abuse, some are on forensic retention. The vast majority have a history of trauma, violence, dispossession and disenfranchisement. The curriculum unit as it is applied to this rotation is divided in two parts. The first component focuses on the impact of institutionalization, and the social determinants that contributed to the patients' current state of disadvantage. The trauma informed approach is mostly focused on the interrelation between the personal and the societal, and how the health care system, and systems of care can contribute to maintaining pathological cycles. The role play is an interview of a patient with a long history of psychosis and multiple problems and his family with whom he has a complex relationship. The impact of trauma, mental illness, culture, and immigration on both patient and family are explored as is the issue of vicarious trauma. Pre- and post- surveys are given to the residents.

**3-300**

**Development of a Trauma Informed Care Curriculum to Improve the Care of Older Adults with a History of Trauma in a General Psychiatry Residency Program**

(Abstract #376)

**Poster #3-300 (Train/Ed/Dis, Health, Social, Self-Care, Aging, Prof) - Industrialized Gloucester**

*Scalmati, Alessandra<sup>1</sup>, Harneja, Sonal<sup>2</sup>*

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*<sup>2</sup>Montefiore Medical Center, Bronx, New York, USA*

There is evidence in the literature that clinicians are less likely to ask older patients about a trauma history, and yet there is also evidence that a history of trauma might be particularly impactful at a time in the life-cycle when individuals are more likely to experience reactivation of previously dormant symptoms because of loss and increased disability. We set out to design a curriculum specifically aimed at focusing attention to older patients, and increasing the comfort of trainees in both addressing a trauma history in the patient's past and abuse in their current life. There are competing demands for time and attention of trainees, and a perception that it is redundant to specifically focus on trauma, as they will "get it" in their clinical experience. We describe a series of workshops, case conferences and activities that we integrated in the course of training to provide an increase in longitudinal exposure to trauma informed practices. The teaching strategies were adapted to the training sites and the level of comfort of the trainees, and senior residents were recruited to teach junior residents, helping to amplify the effect of the training and to increase the buy in for the project. We will discuss planning, obstacles, strategies to

overcome them, initial implementation, and plans for evaluation of impact.

### 3-301

#### **Do We Know How to Teach Trauma Informed Care to Medical Students? Results of a Survey.**

(Abstract #71)

**Poster #3-301 (Train/Ed/Dis, Health, Pub Health, Care, N/A) I - Industrialized Gloucester**

*Scalmati, Alessandra<sup>1</sup>, Chouake, Tara<sup>2</sup>, Benferhat, Anees<sup>2</sup>, Rollhaus, Esther<sup>2</sup>*

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Trauma is prevalent and it impacts health outcome and access to care, yet trauma informed practices are not routinely taught in medical school. Little data is also available to evaluate the impact of the initiatives currently underway. Since summer 2016, the third year medical students of the Albert Einstein College of Medicine attend a workshop that introduces the concept of trauma informed practices, and also includes a role play. The pre- post evaluations by students were positive and suggestive of their intention to incorporate this new knowledge into practice, and were presented in a poster in 2017. To address the question of the longer term impact of this educational initiative, we sent an anonymous survey to fourth year students inquiring about the impact of the workshop they attended the previous year on their practice. A third of the class responded to the survey. Even though most of the students reported a favorable response to having attended the workshop, many commented that one such workshop was not sufficient, and a large majority reported that they often do not ask patients about a trauma history. Our preliminary data suggests that students respond positively to the teaching of trauma informed practices, and that a more consistent exposure throughout the curriculum is necessary to change pattern of care.

## LATE BREAKINGRESEARCH

3-302

### **Confirmatory Factor Analysis of PTSD Checklist in Persons with Severe Mental Illness** (Abstract #2004)

**Poster #3-302 (Assess Dx, Assess Dx, Illness, Adult) M - Industrialized**

**Gloucester**

*Lu, Weili<sup>1</sup>, Bullock, Deanna<sup>1</sup>, Yanos, Phil<sup>1</sup>, Mueser, Kim<sup>2</sup>, Silverstein, Steven<sup>3</sup>, Bazan, Carolyn<sup>4</sup>*

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This study sought to test both three- and four-factor models of PTSD among two samples of a totaling 2165 persons with severe mental illness (SMI) such as schizophrenia, bipolar disorder, and treatment refractory major depression, as no prior study has evaluated the factor structure of the PTSD Checklist (PCL; Blanchard, Buckley, Forneris, & Jones-Alexander, 1996) within this population. The first sample was composed of 1144 adults with SMI from five eastern states, and were drawn from a larger investigation (N=1,152) conducted between June 1997 and December 1998 (Rosenberg et al., 2001). The second study participants were 1021 persons who met the State of New Jersey criteria for SMI, defined by the DSM-IV. Three models of the structure of PTSD symptoms in the PCL were tested, including the three-factor model and the two alternative four-factor models, and the data was analyzed using SPSS-Amos20.0. The results CFA indicated that a four-factor numbing model composed of intrusion, avoidance, numbing, and hyper-arousal is the best fitting model as compared to the DSM-IV three-factor model of PTSD and the four-factor dysphoria model. This finding supports the newer conceptualization of four-symptom-clusters of PTSD currently used in the DSM-5. These findings indicate that this four-factor structure is valid among people with SMI.

3-303

### **Bereavement Outcomes after Sudden and Violent Losses: Suicide-Loss Survivors Compared to Survivors of Accident and Combat Loss** (Abstract #2065)

**Poster #3-303 (Assess Dx, Death, Depr, Grief, Adult) I - Industrialized**

**Gloucester**

*Fisher, Joscelyn<sup>1</sup>, Zhou, Jing<sup>2</sup>, Cozza, Stephen<sup>2</sup>*

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There is inconsistent evidence that suicide-loss survivors are at risk of negative outcomes and reduced positive outcomes compared to survivors bereaved by other sudden and violent deaths. This study investigated negative (depression, complicated grief) and positive (posttraumatic growth) outcomes of suicide-loss survivors compared to survivors of accident and combat deaths. Method. Parents,

spouses/partners, and siblings of U.S. service members who died by suicide, accident or combat (n =1709) completed online surveys about depression, grief and posttraumatic growth. Three multilevel regression models were tested, each with cause of death predicting either depression, grief or posttraumatic growth. Age, gender, time since death, and relationship to the deceased were also included in each model. Models were adjusted for correlations between family members. Results. Suicide bereavement was associated with higher depression than bereavement by accident or combat, and was associated with lower posttraumatic growth than bereavement due to combat. There were no differences in grief between the types of survivors. Discussion. Suicide survivors are more adversely affected than those bereaved by other sudden and violent deaths, suggesting that bereavement interventions for suicide survivors should emphasize strategies to address depression, as well as facilitate posttraumatic growth.

### 3-304

#### **Elucidating the Construct of Dissociation through Scale Development: Implications for PTSD and the Potential Role of Absorption**

(Abstract #2074)

**Poster #3-304 (Assess Dx, Complex, Res Meth, Adult) M - Industrialized**

**Gloucester**

*Ellickson-Larew, Stephanie, Watson, David*

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<sup>2</sup>*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

The aim of this study was to create a self-report measure that comprehensively assesses dissociation and, through the scale development process, elucidate how these various experiences fit together in structural analyses. The initial item pool sampled various constructs labeled dissociation, such as flashbacks, memory issues, peritraumatic dissociation, and emotional numbing. The study consisted of three phases, resulting in the development of a robust, factor-analytically derived structure that replicated across four samples. These analyses produced the Measure of Dissociative Experiences (MODE), consisting of three subscales, each of which can be decomposed into narrower facets: Reality Detachment (two facets: Psychotic Dissociation and Neurological Dissociation), Numbing Detachment (four facets: Dissociative Stress Reaction, Depersonalization, Emotional Numbing, and Weak Sense of Self), and Absorption (three facets: Vivid Recall, Fantasy Proneness, and Hyperfocus). Interestingly, flashbacks/vivid recall combined with two forms of absorption in the structural analyses, all of which correlated moderately to strongly with PTSD symptom severity. Additionally, most items assessing memory issues created an unstable structure, and thus were eliminated from the MODE. Lastly, we discuss the implications of these structural findings for the dissociative subtype of PTSD.

**3-305****Two Diagnostic Criteria Systems for Post-Traumatic Stress Disorder in a Sample of Individuals with Bipolar Disorder: Comparison between DSM-5 and ICD-11**

(Abstract #2143)

**Poster #3-305 (Assess Dx, Clin Res, Clinical Practice, Res Meth, Adult) I - Industrialized****Gloucester***Carmassi, Claudia<sup>1</sup>, Bertelloni, Carlo<sup>1</sup>, Pedrinelli, Virginia<sup>1</sup>, Gabriele, Massimetti<sup>1</sup>, Bui, Eric<sup>2</sup>, dell'Osso, Liliana<sup>1</sup>*<sup>1</sup>*University of Pisa, Pisa, Italy*<sup>2</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

The latest edition of the ICD (ICD-11) introduced relevant modification to diagnostic criteria for Post-traumatic Stress Disorder (PTSD) respect to the DSM-5, such as a three-factor model and the exclusion of several symptoms. Despite one of the major objective of this change is the reduction of overlap between PTSD and mood symptomatology, no study to date have investigated the differences between the two diagnostic systems in sample of subjects with Bipolar disorder. Hence, the present study was aimed at comparing the DSM-5 and ICD-11 diagnostic criteria for PTSD in subjects with BD. An overall sample of 210 in-patients with BD completed the Trauma and Loss Spectrum-Self Report (TALS-SR). The sample were investigated for the presence of PTSD, according to both DSM-5 and ICD-11 criteria. DSM-5 PTSD was present in the 41% of the whole sample whereas, ICD-11 PTSD in the 32%. The two diagnostic criteria showed good concordance (Choen's  $K=.643$ ), whereas the concordance of re-experiencing and arousal criteria were respectively moderate (Choen's  $K=.578$ ) and good (Choen's  $K=.791$ ). Finally, the "negative alterations in cognitions and mood" DSM-5 criteria was reported by almost all subjects with ICD-11 PTSD (98%). In conclusion, despite ICD-11 criteria appear to be more restrictive, these results confirmed the high rates of PTSD among individuals with BD.

**3-306****Impact of Interpersonal Early Life Trauma on the Association between Amygdala Volume and Cortical Thickness in Veterans of the TRACTS Cohort**

(Abstract #2122)

**Poster #3-306 (Bio Med, CPA, CSA, Mil/Vets, Neuro, Adult) M - Industrialized****Gloucester***Corbo, Vincent<sup>1</sup>, Etchin, Anna<sup>2</sup>, Brown, Emma<sup>1</sup>, Salat, David<sup>3</sup>, Milberg, William<sup>4</sup>, McGlinchey, Regina<sup>4</sup>*<sup>1</sup>*Southern New Hampshire University & VA Boston Healthcare System, Jamaica Plain, Massachusetts, United States*<sup>2</sup>*Department of Veteran Affairs, Jamaica Plain, Massachusetts, USA*<sup>3</sup>*Harvard Medical School at the VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>4</sup>*Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA*

Background: Interpersonal early life trauma (IELT) has been previously reported to alter the functional connectivity between brain regions associated with emotion generation and regulation. Impaired connectivity may be a mechanism for the emergence of anxiety symptoms, as observed in post-traumatic stress disorder (PTSD). No known study has investigated if IELT impacts the structural association

between the amygdala and prefrontal cortical areas. Methods: A sample of 424 Veterans from the TRACTS cohort was assessed for IELT (n= 126) using the Clinician Administered PTSD Scale. T1-weighted MRI images were acquired using a Siemens Tim Trio scanner and processed using the FreeSurfer suite. Results: Among those with IELT, significant positive correlations were shown between the amygdala volume and the thickness of the right rostral anterior cingulate cortex in the right hemisphere and thickness of the medial orbitofrontal cortex in the left hemisphere. Among the control group, the left hemisphere showed a negative correlation. Discussion: An anatomical association was found within a critical network for emotion generation and regulation, though its cause cannot be ascertained. It may be that stress during critical periods of development influences the growth or pruning process in frontal areas, leading to a possible altered balance between nodes of an important emotional network.

### 3-307

#### **Posttraumatic Irritability is Associated with Altered Resting State Functional Connectivity in DLPFC-Thalamus Circuits**

(Abstract #2120)

**Poster #3-307 (Bio Med, Cog/Int, Bio/Int, Neuro, Adult) I - Industrialized**

**Gloucester**

*Olson, Elizabeth, Ostrand, Caroline, Rauch, Scott, Rosso, Isabelle  
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Introduction: Irritability is a clinically important symptom of PTSD and is characterized by hypersensitivity to sensory stimuli. We hypothesized that posttraumatic irritability would be associated with lower connectivity between cortical regulatory regions (DLPFC) and thalamic/striatal regions implicated in sensory processing.

Methods: Trauma-exposed participants who endorsed irritability on the BDI (n = 28) were compared with participants who did not endorse irritability (n = 22). Whole brain voxel-wise resting state functional connectivity (rsFC) was analyzed from seeds in the bilateral DLPFC in conn software (version 15h).

Results: There was a significant cluster in the thalamus where irritable and non-irritable groups differed in connectivity from the right DLPFC seed, k = 108, cluster p-FDR p = 0.008. The association between right DLPFC-thalamus rsFC and irritability remained significant after controlling for PTSD diagnostic status and BDI total scores.

Conclusion: Individuals with posttraumatic irritability showed lower negative rsFC between the right DLPFC and the thalamus. Insufficient DLPFC regulation of thalamic activity may contribute to posttraumatic irritability. These results offer support for treatments aimed at strengthening DLPFC regulatory capacity as a possible method for reducing irritable symptoms in trauma exposed samples.

### 3-308

#### **The Application of the CMFS model in new mothers after the Sewol Ferry Disaster**

(Abstract #2129)

**Poster #3-308 (Commun, Fam/Int, Theory, Adult) I - E Asia & Pac**

**Gloucester**

*Choi, Saeun, Jang, Juyoung  
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**Objective.** The aim of this study is to apply the Contextual Model of Family Stress (CMFS) to explain family stress caused by the Sewol ferry disaster in 2014 and aftermath across general young mothers because this tragedy was the stressor event of losing “our children” that generated social suffering in South Korea. **Methods.** In-depth interviews with five young women experiencing the transition toward motherhood in 2014. Qualitative analyses using MAXQDA software were conducted. **Results.** General Korean families, especially families with a newborn child, actively engaged in discourse online and offline about investigating fundamental causes of the ferry capsizing and promoting changes in social systems for protecting their children and building concrete foundations for them in the long term. **Conclusion.** The empathy for families of the ferry victims, a cumulated exposure to social risks, and a threat of or actual loss of social resources led to a collective response of general families with children to the ferry disaster. Also, the disaster provided an opportunity for general families to rethink about the worth of the priority of families with children in Korea.

3-309

**‘They Can’t Tell Me Who I Am’: Trauma and Resilience among Sexual and Gender Minority Homeless Youth Engaging in Survival Sex**  
(Abstract #1974)

Poster #3-309 (CulDiv, CPA, Comm/Int, Orient, Gender, Child/Adol) M -  
Industrialized

Gloucester

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This study examined how traumatic experiences among sexual and gender minority (SGM) homeless youth shaped their decisions to engage in survival sex and to continue doing so. The sample consisted of 283 diverse SGM youth living in a large U.S. city. Participants identified as male (47%), female (36%), transgender (14%), or other (3%), and as bisexual (37%), gay (23%), lesbian (15%), heterosexual (13%), or queer or questioning (12%). Approximately 90% identified as Black or Latino/a, while the remainder identified as White or another race. We conducted a secondary analysis of qualitative data using both content and thematic analyses, identifying four themes: Unsafe and unsupported at home; barriers to leaving the streets; ongoing victimization and lack of protection; and opportunities for empowerment. Findings demonstrated that participants experienced traumatic events related not only to their SGM identities but also to chaotic home environments, often contributing to decisions to leave home and engage in survival sex. Once homeless, youth experienced barriers to finding employment/housing as well as continued trauma that was precipitated by police and clients. Despite these challenges, participants survived on the streets by living openly and forming relationships with other SGM youth. Implications for trauma-informed practices and policies are discussed.

**3-310**

**Surviving Violent, Traumatic Loss after Severe Political Persecution -- The Case of a Venezuelan Asylum Seeker**

(Abstract #2078)

**Poster #3-310 (Global, Rights, Refugee, Grief, Adult) M - Global**

**Gloucester**

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This poster presents the Yale Center for Asylum Medicine's framework for evaluating asylum seekers, while highlighting human rights violations occurring in Venezuela. In July 2019, UNHCR released a report urging the Venezuelan government to take immediate action to address the "grave violations of economic, social, civil, political, and cultural rights" occurring in the country. This poster explores the case of a Venezuelan woman who fled Caracas after experiencing political persecution and traumatic loss resulting from her opposition to the ruling socialist party. As the team of evaluators explored the mental health effects of surviving both threats on her own life and the politically motivated assassination of her husband, it was agreed that the DSM-V did not fully capture the extent of her suffering. Studies document the significant rate of PTSD, depression, and chronic pain in asylum seekers (McKenzie, et al., 2018; Patel, 2016); less is known about rates of traumatic grief (Nickerson et al., 2014; Comtesse and Rossner, 2019). Case discussion explores the client's experiences of PTSD, Depression and Complex Bereavement Disorder, and emphasizes the importance of addressing the sequelae of traumatic loss in a multi-faceted way - one that broadens our understanding of asylum seekers' emotional functioning post-migration.

**3-311**

**Impact of Incorporating Shared Decision-Making in Patient Centered Care Clinic Design on Uptake of Evidence Based Psychotherapy for PTSD**

(Abstract #2015)

**Poster #3-311 (Practice, Clin Res, Adult) M - Industrialized**

**Gloucester**

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While many resources have been devoted to the development and dissemination of effective treatments for Posttraumatic Stress Disorder, Veteran engagement to promote uptake of these continues to be a persistent problem. The most recent VA/DoD Clinical Practice Guidelines for PTSD (2017) encouraged the utilization of Shared Decision-Making (SDM) to engage Veterans in development of their PTSD recovery plan. In light of this, the Trauma Services Program (TSP) at the Edward Hines Jr. VA Hospital, redesigned clinic structure to: increase access to and engagement in effective treatments for PTSD through collaborative treatment planning using SDM to develop veteran-driven PTSD recovery plans. Under the previous model, Veterans attended a group orientation psychoeducation session followed by standard individual treatment planning sessions, and 75% of Veterans finishing treatment planning selected to engage in an EBP for PTSD in FY17. At redesign, SDM was incorporated and group

orientation was eliminated in favor of individual sessions. These sessions are spent assessing unique veteran preferences, values, and goals to inform an individualized treatment plan. After this change, the selection of EBPs for PTSD increased to 90%. Positive impacts on access, treatment outcome and patient satisfaction data in response to this clinic redesign will also be presented.

### 3-312

#### **The Development of a Measure for Examining Cannabis Use in Trauma-Affected Populations**

(Abstract #2172)

**Poster #3-312 (Practice, Clin Res, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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It is believed that a significant number of military veterans cope with trauma by using cannabis for therapeutic purposes. However, it is also evident that there are a multitude of reasons for which individuals use cannabis. Until recently, Canada's history of criminalization of cannabis and the resulting stigmatization have made researching the subject difficult. The aim of this study was to create an internally consistent, multidimensional measure to assess cannabis-use behaviour and its perceived effect on function, as well as cannabis-use attitudes, stigma, and knowledge. The measure was designed specifically for use with former and serving members of the Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP). Clinical health professionals, cannabis educators, and veteran advocates were interviewed to determine what questions would be important to ask this population regarding cannabis use. Guided by qualitative methodology (Grounded theory), and using the Content Validity Process, themes and questions from these interviews were synthesized into questionnaire items. Each item was then evaluated for internal consistency using the Content Validity Ratio (CVRi) after review by 12 members of an Operational Stress Injury Clinic (OSIC) health team, to prepare this measure for pilot testing in clinical research.

### 3-313

#### **Adverse Childhood Events and Parental Stress in Kinship Care Families**

(Abstract #2148)

**Poster #3-313 (Practice, Assess Dx, Clin Res, Fam/Int, Neglect, Child/Adol) M - N/A**

**Gloucester**

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Kinship care is when a relative or emotionally close person takes primary responsibility for rearing a child. It is increasing in frequency, though services are not. This study was designed to better understand the types of adversity that kinship care youth have experienced, including bullying and ostracism, their mental health concerns and to assess parenting stress of guardians. 67 youth (mean 12.6yrs, 66% AA) were recruited from clinics and the community. Guardians reported 10% of youth had no adverse childhood events (ACE) (mean of 3 ACE). Total ACE scores were associated with youth internalizing and externalizing behavior ( $p<0.03$ ), total parenting stress ( $p<0.01$ ) and parental reports of difficult child and dysfunctional interactions ( $p<0.01$ ). Over 1/3 of caregivers felt depressed and 45% were under extreme stress. Youth reporting bullying was 42% verbal, 33% ostracism, 23% online and 19% physical. Youth who self-reported having been bullied had more negative emotional statements about belonging, meaningful life and ostracism ( $p<0.001$ ) and had poorer scores on resilience questions ( $p=0.037$ ). However, 97% of youth felt their family cared about them. Most youth in kinship care have a history of ACE. Screening for adversity should include bullying and ostracism but caregivers are often not aware. Guardian stress is common and increases with youth's history of adversity.

### 3-314

#### **Application of the ADAPT-ITT Model: TF-CBT Using PRACTICE and Integrating Racial Socialization**

(Abstract #2156)

**Poster #3-314 (Practice, Clinical Practice, Cul Div, Ethnic, Child/Adol) M - Industrialized**

**Gloucester**

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**Objective:** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for youth and their caregivers shown to be highly effective in reducing trauma-related symptoms. TF-CBT is not designed to address racial trauma and as a result, may not be as effective for African American youth. Racial socialization, a protective process in which cultural pride is instilled and coping strategies are used, has been effective in preparing African American youth to cope with interpersonal and racial stressors. **Method:** We utilize an empirically supported systematic framework (The ADAPT-ITT Model; Wingood & DiClemente, 2008) to guide the adaptation of evidence-based interventions consisting of eight phases: 1) Assessment, 2) Decision, 3) Administration, 4) Production, 5) Topical Experts, 6) Integration, 7) Training, and 8) Testing. **Results:** We follow the PRACTICE Model (Psychoeducation, Relaxation, Affective Modulation, Cognitive Coping, Trauma Narrative, In-Vivo Gradual Exposure, Conjoint Parent-Child Sessions, and Enhancing Future Safety) to provide specific suggestions for including racial socialization in TF-CBT for African American youth. **Conclusions:** Utilizing racial socialization adapt TF-CBT is a promising next step towards providing culturally sensitive interventions for African Americans who experience interpersonal and racial trauma

**3-315****The Post-Trauma Psychological Debriefing of Police Officers: Documentation of Current Practices**

(Abstract #2005)

**Poster #3-315 (Prevent, Prevent, Adult) I - N/A****Gloucester***Deschênes, Andrée-Ann<sup>1</sup>, Marin, Marie-France<sup>2</sup>, Gendron, Annie<sup>1</sup>, Bergeron, Josée<sup>1</sup>**<sup>1</sup>Université du Québec À Montréal (UQAM), Montreal, Quebec, Canada**<sup>2</sup>Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Université de Montréal, Montréal, Quebec, Canada*

By the nature of their profession, police officers face traumatic events in a repetitive manner, which can have significant consequences on their psychological well-being and their mental health. Given the individual, organizational, and societal costs associated with workplace disability, organizations want to respond quickly to reduce the risk of police officers developing a mental health disorder when exposed to a traumatic event. However, the current state of knowledge about police post-trauma psychological interventions remains insufficient to guide policy decisions and interventions. This research aims to describe the current practices used in Quebec with police officers. A quantitative descriptive method was used to conduct the study in order to gather information and assess current practices. Of the 273 police officers who responded to the online questionnaire, 98% thought that psychological debriefing interventions are necessary. Importantly, our results also indicate that the ways of implementing debriefing practices differs between organizations. Our results suggest that psychological debriefing is commonly used and part of the police culture. The results obtained from this consultation offer several interesting avenues to consider in order to improve the method and standardize practices.

**3-316****The Effect of Social Support on Physiological Stress Reactivity in Youth Exposed to Community Violence**

(Abstract #2045)

**Poster #3-316 (Prevent, Comm/Vio, Health, Bio/Int, Child/Adol) M - Industrialized****Gloucester***Clegg, Rachel<sup>1</sup>, Emhoff, Stephanie<sup>1</sup>, Barry, Samantha<sup>1</sup>, Rabkin, Ari<sup>1</sup>, Rivers, Alison<sup>2</sup>, Szczypinski, Bridget<sup>1</sup>**<sup>1</sup>University at Albany, State University of New York, Albany, New York, USA**<sup>2</sup>SUNY-Albany, University at Albany, SUNY, Albany, New York, USA*

The hypothalamic-pituitary-adrenal (HPA) axis and sympathetic nervous system (SNS) are linked. Their degree of symmetry may be related to early stress and to psychological and physiological problems, and negatively affects child development. Childhood stress may lead to attenuation of the HPA axis and to asymmetry between these systems. Research implicates social support as a buffer against negative effects of stress, specifically for girls. The present study examines the influence of social support on symmetry between biological systems in youth with high levels of exposure to community violence. Youth reported perceive social support and engaged in a modified Trier Social Stress Test. Salivary alpha amylase (sAA) and cortisol indexed SNS and HPA axis activity, respectively. We examined social support as a

moderator of the association between these indexes. A two-way interaction between social support and sAA reactivity accounted for unique variance in cortisol reactivity. A three-way interaction between gender, social support, and sAA reactivity accounted for unique variance in cortisol reactivity. Results suggest that social support buffers against asymmetry between HPA-axis and SNS, and may be a particularly important buffer for girls. These findings have important clinical implications and future research should continue to examine social support as a buffer in this way.

### 3-317

#### **The Protective Role of Psychosocial Work Factors on Sick Leave Risk after a Terrorist Bomb Attack: A Prospective Study among Governmental Employees in Norway**

(Abstract #2008)

**Poster #3-317 (Pub Health, Health, QoL, Surv/Hist, Adult) M - Industrialized**

**Gloucester**

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**Objective:** Studies show that social support may moderate the negative psychological effects of terror. The aim of this study was to explore the effects of the psychosocial work environment on sick leave risk among governmental employees after a workplace bomb attack.

**Methods:** We linked survey data collected at 10 and 22 months after the bombing with doctor-certified sick leave data collected 42 months before the attack to 33 months after the attack. We identified 1703 eligible participants from a cohort of 4816 employees working in the ministries during the bombing in 2011. Odds ratios (ORs) and rate ratios (RRs) were estimated with mixed effects hurdle models.

**Results:** After adjustment for confounders, social support from coworkers and superiors reduced the odds of sick leave. Further, a social, innovative and human resource primacy climate (HRP) reduced the sick leave risk, with strongest estimates for HRP (OR= 0.77, 95% CI 0.66-0.90). The hurdle model found no significant associations between social support at work and the duration of sick leave.

**Conclusions:** Social support at work can enhance employees' work ability after terror and reduce the sick leave risk with more than 20 percent. However, for employees with sick leave, a supportive psychosocial work environment did not reduce the duration of sick leave.

### 3-318

#### **Health and Social Functioning: Examining the Reciprocal Effects among Warfare Exposed Veterans**

(Abstract #1983)

**Poster #3-318 (Pub Health, QoL, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

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Although most military service members exposed to combat-trauma recover successfully from these experiences, they may be more vulnerable to subsequent stress exposure. One such experience is the transition to civilian life, a period that is known to bring stress and uncertainty, which can lead to life-long difficulties if not navigated successfully. Using data from the Veterans Metrics Initiative Study, we explored reciprocal associations between health and social functioning among U.S. combat deployed veterans (N=6,716) assessed at six timepoints (T1-T6) in the three years following military separation. A random intercept cross-lagged panel model was estimated in Mplus7. As expected, between-person analyses revealed a large, positive relationship between health and social functioning ( $b=.67, p<.001$ ). Within-person analyses revealed that better social functioning predicted better health functioning from T1 to T2 ( $b=.05, p<.05$ ) and T4 to T5 ( $b=.09, p<.01$ ). Better health functioning predicted better social functioning from T3 to T4 ( $b=.07, p<.05$ ), T4 to T5 ( $b=.10, p<.01$ ), and T5 to T6 ( $b=.11, p<.001$ ). Findings indicate that improvements in one domain beget improvements in the other domain, leading to positive gains in functioning over time. Results highlight the value of early intervention to bolster veteran's health and social functioning as they transition to civilian life.

### 3-319

#### **Relationship of Hurricane-Related Concerns to Hurricane Preparedness and Subsequent Mental Distress**

(Abstract #2010)

**Poster #3-319 (Pub Health, Health, Nat/Dis, Pub Health, Other) M - Industrialized Gloucester**

*Liu, Alex<sup>1</sup>, Mash, Holly<sup>2</sup>, Fullerton, Carol<sup>2</sup>, Mullins-Hussain, Britany<sup>2</sup>, Ursano, Robert<sup>2</sup>*

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The degree to which individuals are concerned about negative consequences of hurricane exposure may influence hurricane preparedness and post-disaster mental distress. This study examined concern before the 2004 hurricane season in Florida Department of Health (FDOH) workers, and its association with perceived preparedness and distress.

FDOH workers (N=2223) were assessed 9 months after 4 hurricanes and 1 tropical storm in August/September of 2004. Participants' ages ranged from 18-79 years (M=47.8). Most were female, married, and White, and half had less than a BA/BS degree. Participants completed a survey including items examining concern about hurricane-related events: injury/harm to family/pets; damage to/evacuation from home; family separation; and future hurricanes. Self-assessed preparedness before the hurricanes and mentally unhealthy days in the past month were also measured.

Those who were more concerned about hurricane-related consequences were more likely to report they felt prepared before the hurricanes. However, in a model including both concern and preparedness, concern before the hurricanes, and not preparedness, predicted frequent distress 9 months post-disaster. Despite reporting being prepared before the hurricanes, those who were more concerned about the hurricanes' impact were more likely to experience distress after the hurricanes.

3-320

**Developing a Publicly Available Repository of Randomized Controlled Trials for Posttraumatic Stress Disorder: Rationale and Methods**

(Abstract #2066)

**Poster #3-320 (Res Meth, Clin Res, Clinical Practice, Adult) M - Global**

**Gloucester**

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Providing a single, updatable source of posttraumatic stress disorder (PTSD) treatment studies would be useful for clinicians, researchers and policymakers to facilitate up-to-date synthesis of research findings and improve evidence-based decision-making. This presentation describes development of a data repository of randomized controlled trials (RCTs) evaluating PTSD treatments. We searched multiple databases for eligible studies, reviewed reference lists of selected systematic reviews and clinical practice guidelines, and consulted with a Technical Expert Panel to determine variables for abstraction. Inclusion and exclusion criteria were established a priori. Researchers dually reviewed title and abstracts to determine eligibility, then assessed full-text articles for inclusion and dually reviewed abstracted data. We identified 318 RCTs of PTSD interventions. We abstracted over 400 variables from studies including study design, year, setting, country, sample size, eligibility criteria, study characteristics, population characteristics, intervention characteristics, results, and sources of funding. The National Center for PTSD intends to deploy this data to a publicly available web-based application that will inform future study design and conduct, identify patterns in existing studies and in participant characteristics, and provide evidence for effectiveness and harms.

3-321

**Listening to Participants: What Is It Like to Complete a Rape Myth Questionnaire?**

(Abstract #2155)

**Poster #3-321 (Res Meth, Rape, Adult) M - N/A**

**Gloucester**

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**Objective:** Sexual violence awareness and prevention programs on college campuses often address social norms, attitudes, and beliefs regarding sexual violence. These variables change over time and may leave existing attitude measures outdated. This presentation highlights important issues in the measurement of attitudes and beliefs about sexual violence in an undergraduate sample.

**Method:** We examined perceptions of four existing measures of attitudes and beliefs regarding sexual violence, often referred to as rape myth questionnaires, with publication dates ranging from 1988 to 2011. Students (559 women, 272 men) completed an attitude measure and reflected on the experience of completing the measure. Topics included emotional responses, thoughts on social desirability, and

evaluations of language and terminology used.

**Results:** This study provides a valuable look at students' experiences completing these measures. For example, women reported feeling more distressed, sad, and angry compared to men, and distress levels varied based on the measure used. Men were more likely to report confusion. Many participants described a more positive response following a detailed debriefing.

**Conclusions:** Researchers may lessen the potential negative impact of these types of measures and collect more accurate data by using newer, updated measures and carefully debriefing participants.

### 3-322

#### **Child Welfare Workforce Climate & Caseworker Professional Well-Being**

(Abstract #1910)

**Poster #3-322 (Self-Care, CPA, CSA, QoL, Self-Care, Other) M - Industrialized Gloucester**

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Gaining greater understanding of child welfare caseworkers' personal and professional stressors and resources may support a healthier workforce on behalf of vulnerable children and families. This poster highlights the key findings of three studies that explored multi-level factors and outcomes associated with secondary traumatic stress (STS) among frontline caseworkers in one Midwestern state in the US. The first study shows that more self-care practice is associated with greater levels of compassion satisfaction, lower levels of burnout, and greater levels of STS. The second study indicates that caseworkers are less likely to report STS when they perceive higher levels of organizational justice, especially distributive and interactional justice. The final study reveals relationships between STS, burnout, and child well-being. Findings from this workforce well-being study demonstrate the need for intentional research to explore child welfare caseworker well-being experiences. Results have the potential to elucidate areas for workforce intervention, which may support both worker sustainability and improved outcomes for children and families.

### 3-323

#### **Characteristics of Studies and Participants in the PTSD-Repository Clinical Trials Database**

(Abstract #2108)

**Poster #3-323 (Clin Res, Clin Res, Adult) M - N/A Gloucester**

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The PTSD-Repository contains 318 randomized controlled trials of PTSD interventions (106 pharmacologic studies and 212 nonpharmacologic studies) published from 1988 to 2018. This poster will present descriptive information on the characteristics of the studies and participants included in the PTSD-Repository. Most studies were conducted in the United States (61%), had sample sizes between 25 to 100 participants (60% of studies), enrolled community participants versus a military or Veteran population (57%), and were conducted in the outpatient setting (67%). Studies most often enrolled participants with a mix of trauma types (51%), followed by studies of participants with combat-related trauma (20%). Psychotherapeutic (55%) and pharmacologic (30%) interventions were the most commonly studied. The Clinician-Administered PTSD Scale and the Structured Clinical Interview for DSM were the most common PTSD diagnostic instruments. Less than half of the studies reported loss of PTSD diagnosis or clinically meaningful response/remission of symptoms. Results showed variation in intervention type, PTSD assessment instrument, and study population as well as other data elements. The abstracted data can be used to identify patterns in study and participant characteristics, evidence for effectiveness and harms, and evidence gaps in the body of PTSD trial literature.

**3-324**

### **Characteristics of PTSD Intervention Trials Reporting Substance Use-Related Outcome Data in the PTSD-Repository**

(Abstract #2102)

**Poster #3-324 (Clin Res, Sub/Abuse, Mil/Vets, Adult) M - Global**

**Gloucester**

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The PTSD-Repository (National Center for PTSD) includes 318 randomized controlled trials targeting PTSD. While currently available data do not include studies treating comorbid PTSD and substance use disorders (SUD), the Repository contains data on SUD-related baseline factors and outcomes from PTSD interventions. We compared study characteristics from trials that report SUD-related outcomes with those that do not and identified 14 studies from the PTSD-Repository that reported SUD outcomes. In these studies, the most common trauma exposure was combat, while alcohol use was the most frequently reported SUD. Non-pharmacological interventions targeting PTSD and reporting both PTSD- and SUD-related outcomes were more effective in reducing PTSD than SUD and some involved non-traditional treatments (i.e., acupuncture). Two of the three pharmacological interventions focused on trials of prazosin which did not substantially reduce symptoms. Future research should compare results of PTSD-focused interventions to those targeting comorbid PTSD and SUD, and these data will be available in the PTSD-Repository after this year's annual update. This will assist researchers in studying and treating the intersection between trauma and addiction and potentially help identify the underlying function of these behaviors which could be explained by transdiagnostic processes.

**3-325**

**The Impact of Social Validation of War Efforts in Traumatic Responses to Killing in Combat**

(Abstract #1888)

**Poster #3-325 (Clin Res, Social, Mil/Vets, Moral, Adult) M - Industrialized**

**Gloucester**

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Extensive evidence exists to suggest that killing in the context of war can represent a traumatic event. One important variable that may impact the experience of distress associated with killing in combat is social validation of the war effort. The current study presents a new measure to assess perceived social validation of the American war efforts and tests the hypothesis that lower perceived social validation (i.e., believing the general public disapproves of the war) predicts higher reported PTSD symptoms and, more specifically, moderates the relationship between killing in combat and PTSD symptoms. One-hundred and twenty-one individuals who identified as service members reported on their past military experiences and current PTSD symptoms. EFA of the perceived social validation scale suggested a unidimensional construct. Regression models were run with PTSD symptoms as the outcome and killing experiences, perceived social validation, and the 2-way interaction as predictors, controlling for overall combat experience and distinguishing between killing of enemy combatants and civilians. Lower perceived social validation significantly predicted higher PTSD symptoms, even when controlling for combat experience. A significant main effect was also found for killing in combat, though it appeared to be largely driven by experiences involving killing a civilian.

**3-326**

**Novel Approaches for Treating PTSD with Synergistic Sleep and 3MDR Immersion Therapy Program**

(Abstract #2088)

**Poster #3-326 (Clin Res, Chronic, Clinical Practice, Sleep, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Miggantz, Erin, Poh, Paula, Markwald, Rachel, Markham, Amanda, Sessoms, Pinata*

*Naval Center for Combat and Operational Stress Control (NCCOSC), San Diego, California, USA*

Approximately 11-20% of service members (SMs) who served in recent conflicts are being diagnosed with posttraumatic stress disorder (PTSD), 70% of whom also report insomnia. More effective PTSD and sleep treatments are needed to ensure fitness for duty. Cognitive behavioral therapy for insomnia (CBT-I) is highly effective for sleep, yet two-thirds of patients who undergo evidence-based therapies (EBTs) for PTSD still meet PTSD criteria and report insomnia post-treatment. PTSD and insomnia are often treated separately, yet research suggests that insomnia is a core feature of PTSD, and that both should be treated concurrently. This study, which is currently underway, is assessing the feasibility and efficacy of a novel

PTSD treatment, Multimodal Motion-assisted Memory Desensitization and Reconsolidation (3MDR). 3MDR is virtual reality-based, and aims to increase visual, physical, and auditory immersion, and attenuate cognitive avoidance; a common barrier in other EBTs. A total of 25 SMs, veterans, and dependents with PTSD and sleep disturbances will receive treatment with CBT-I only, 3MDR only, or CBT-I and 3MDR in tandem. It is projected that treating PTSD and insomnia together will decrease symptoms of both, compared to treating them separately. Results will lend support to the feasibility of conducting CBT-I and 3MDR in tandem, and the effectiveness of 3MDR for PTSD in SMs.

**3-327**

**Centrality of concentration and sleep in PTSD and Depressive symptoms - Network analysis of VA cohort**

(Abstract #1897)

**Poster #3-327 (Clin Res, Assess Dx, Depr, Sleep, Mil/Vets, Adult) M - Global**

**Gloucester**

*Duek, Or<sup>1</sup>, Hoff, Rani<sup>2</sup>, Harpaz-Rotem, Ilan<sup>3</sup>*

*<sup>1</sup>Yale University School of Medicine, West Haven, Connecticut, USA*

*<sup>2</sup>Northeast Program Evaluation Center / Evaluation Division, National Center for PTSD /Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA*

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Although extensive research has been done, PTSD symptom structure is still debatable. This presentation will outline the results of a network approach analysis that was conducted on a large cohort of veterans taken from the Department Veteran Affairs (VA) national database. We analyzed two groups of Veterans diagnosed with PTSD - medicated and unmedicated (n=13,913 and n=10,553 respectively). We looked at veterans' PTSD and depressive symptoms using PCL-IV and PHQ9 scores. We used Gaussian Graphical Model that estimates pairwise association parameters between all nodes, and least absolute shrinkage and selection operator (LASSO) in order to control for false positive connections. As recent studies looked specifically at the network of PTSD symptoms, we wanted to look at the combined network of both PTSD and depressive symptoms. Our analysis finds two main results: (a) In both groups, the most central nodes are sleep and concentration symptoms; (b) In the unmedicated group, anhedonia symptoms are much more central compared to the medicated group (93% of medicated group receives anti depressants). These results shed light on the centrality of concentration and sleep and might help clinicians assert more focus on those symptoms when addressing PTSD patients with depression.

**3-328**

**Partners' Experience of PTSD: Unpacking Difficulty Understanding, Self-Silencing, and Confusing Comorbidities**

(Abstract #1973)

**Poster #3-328 (Clin Res, Fam/Int, Adult) M - N/A**

**Gloucester**

*Reuman, Lillian<sup>1</sup>, Thompson-Hollands, Johanna<sup>2</sup>*

<sup>1</sup>*Boston University School of Medicine and VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>2</sup>*VA Boston Health Care System/Boston University, Boston, Massachusetts, USA, 02130*

Veterans with PTSD and their partners report significant relationship distress. This association is bidirectional, as PTSD could cause relationship problems, and relationship difficulties could aggravate symptoms. Research suggests that involving family members (FMs) in treatment for PTSD is beneficial; however, little is known about FMs' experience of PTSD as it impacts their relationships.

This qualitative study explores the perspective of FMs (n = 8) engaged in a two-session relative-only intervention as their partners (veterans with PTSD) received psychotherapy for PTSD. Sessions were audio-recorded and transcribed verbatim. Transcripts were analyzed using an inductive, grounded theory approach. NVivo software was used for data management, and interrater reliability was established for coding themes (overall kappa = .85). Ten coding themes were identified including accommodation, self-silencing, excuse-making, perceived personality changes, child involvement, and family role.

Despite increasing evidence that family-inclusive PTSD care has the potential to improve treatment outcomes, less is known about FMs' concerns. By examining family sessions through a qualitative lens, we provide a nuanced understanding of critical areas of concern. Such work can help to refine existing family-inclusive treatments for PTSD and improve outcomes for patients and their families.

3-329

### **Gaps and Inconsistencies in Reporting Important Features of PTSD Trials**

(Abstract #2055)

Poster #3-329 (Clin Res, Clin Res, Res Meth, Adult) I - Global

Gloucester

*Straus, Elizabeth<sup>1</sup>, Norman, Sonya<sup>2</sup>, Hsu, Frances<sup>3</sup>, Hamblen, Jessica<sup>4</sup>, Mcdonagh, Marian<sup>3</sup>, O'Neil, Maya<sup>5</sup>*

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

<sup>2</sup>*National Center for PTSD, UC San Diego, San Diego, California, USA*

<sup>3</sup>*Oregon Health and Science University, Portland, Oregon, USA*

<sup>4</sup>*VA National Center for PTSD, White River Junction, Vermont, USA*

<sup>5</sup>*VA Portland Health Care System, Portland, Oregon, USA*

Review of the data extracted from 318 randomized clinical trials included in the PTSD Trials Standardized Data Repository (PTSD-Repository) makes clear that many questions remain regarding which PTSD treatments are most effective and for whom. This study identified patient, study, and outcome characteristics that were frequently not reported as well as methodological inconsistencies across studies to facilitate future research to answer such questions. For example, 60% of studies did not report on prevalence of depression, 36% on substance use disorder, and 90% on traumatic brain injury, even though these are the three disorders most commonly comorbid with PTSD. In regard to outcomes, many studies did not report diagnostic change (66%), clinically meaningful response (55%), or study discharge due to serious adverse events (71%), and definitions of such outcomes varied across studies. Few trials directly compared interventions within the same class (e.g., only 3% of medication trials compared two active medications). Heterogeneity in measurement, analyses (e.g., using intent to treat vs. completer analyses), and outcome reporting made it difficult to aggregate and synthesize data across studies. Bringing these gaps and inconsistencies to light can facilitate answering questions regarding which treatments work best and for whom in future research.

**3-330**

**Gender Differences in Developmental Sensitivity to the Effects of Maltreatment on the Integrity of Major White Matter Pathways**

(Abstract #2100)

**Poster #3-330 (Clin Res, CPA, CSA, Complex, Neuro, Adult) M - N/A**

**Gloucester**

*Ohashi, Kyoko<sup>1</sup>, Anderson, Carl<sup>1</sup>, Bolger, Elizabeth<sup>2</sup>, Khan, Alaptagin<sup>2</sup>, McGreenery, Cynthia<sup>3</sup>, Teicher, Martin<sup>1</sup>*

<sup>1</sup>*McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA*

<sup>2</sup>*McLean Hospital, Harvard Medical School, Developmental Biopsychiatry Research Program, Belmont, Massachusetts, USA*

<sup>3</sup>*McLean Hospital, Developmental Biopsychiatry Research Program, Belmont, Massachusetts, USA*

Several studies have reported reduced fibertract integrity in maltreated individuals. However, we know little regarding developmental stages associated with maximal susceptibility and whether these stages and pathways differ by gender. Fibertract integrity was measured using diffusion tensor imaging in 345 healthy unmedicated subjects (135M/210F; 18-25 years). Timing of exposure was assessed retrospectively using the Maltreatment and Abuse Chronology of Exposure (MACE) scale. Tract Based Spatial Statistics was used to identify fibertracts associated with severity of exposure at specific stages, controlling for exposure at all other stages. Males were most susceptible to exposure at ages 9-10, with primary vulnerability in corpus callosum (CC), left inferior longitudinal fasciculus (ILF), and inferior fronto-occipital fasciculus (IFOF) ( $p < 0.05$  corrected). Fibertract alterations were even more extensive and significant in females and associated with exposure at later ages. Integrity of the CC was associated with exposure at age 14-16 while integrity in the left ILF, IFOF and superior longitudinal fasciculus were associated with severity at 17-18 years. Gender differences in CC sensitive periods were confirmed using volume measures. Our results suggest that maltreatment may predominantly affect myelination in males while augmenting axonal pruning during adolescence in females.

**3-331**

**What's Happening in Community Therapists' Offices? The (Mis)Use of Empirically Supported Treatment Components for Trauma Exposure in Community Practice Settings**

(Abstract #2125)

**Poster #3-331 (Clin Res, Clin Res, Clinical Practice, Comm/Int, Adult) I - Industrialized**

**Gloucester**

*Neill, Erin<sup>1</sup>, Weems, Carl<sup>2</sup>*

<sup>1</sup>*Iowa State University, Ames, Iowa, USA*

<sup>2</sup>*University of New Orleans, New Orleans, Louisiana, USA*

Treatments such as Cognitive Behavior Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) are considered empirically-supported treatments (ESTs) for posttraumatic stress disorder (PTSD). However, ESTs tested in controlled research environments may not actually be used the

same or fully in community practice. Thus, there is a need for data to understand the components of ESTs that are used by community therapists. This study focuses on components of the ESTs CBT and EMDR, as we investigate what individual parts and pieces of the treatments are being used, and how they are used, in community practice settings. We surveyed 346 community therapists trained in CBT and EMDR, asking therapists to rate how often they used 32 different EST components.

Results showed that (1) psychoeducation about trauma and traumatic experiences, and (2) emotion knowledge, affect identification, and emotion regulation/modulation skills were the two most commonly endorsed treatment elements. Use of in-vivo exposure and other statements about exposure sessions were the least commonly endorsed treatment components. When asked about following a treatment manual, only 53 participants (16.31%) endorsed that they did. Although EMDR is currently only an EST for PTSD, therapists also endorsed using EMDR to treat clients with many other disorders.

### 3-332

#### **Building Empowerment and Resilience Therapeutic Group for Women who have Experienced Gender-Based Violence**

(Abstract #2188)

**Poster #3-332 (Clin Res, DV, Rape, Adult) I - N/A**

**Gloucester**

*Trettin, Linda, DelZenero, Yvonne, Keller, Jennifer*  
*Stanford University School of Medicine, Stanford, California, USA*

Gender-based violence (GBV), including sexual, physical, and emotional abuse, is a growing issue and can have long-lasting and far-reaching effects. The Building Empowerment and Resilience (BEAR) Program is a therapeutic group designed to foster healing from interpersonal violence, while teaching necessary skills (e.g., recognizing and responding to risky situations, assertiveness and boundary setting, and physical skills) to keep one's self safe. This pilot study examined the feasibility and safety of BEAR with those who have experienced GBV and focused on violence with a known perpetrator. All women who began the program completed the therapeutic group. Changes from pre- to post-test for self-efficacy (separately for coping-, general-, and self-defense self-efficacy), as well as self-esteem and assertiveness, were seen with large effect sizes. In addition, we examined clinical outcomes utilizing the Trauma Symptom Inventory-II. At immediate post-test, decreases in depression, defensive avoidance, and dissociation (small effect sizes), and impaired self-reference (medium effect size) were evident. Importantly, these effects held true and became even stronger at the 6-month follow up. Thus, the BEAR program was feasible, safe, and demonstrated important clinical changes in women who have experienced GBV.

**3-333****The Effects of Sexual Violence Victimization on Perceptions of Peer Rape-Myth Acceptance and Social Barriers to Bystander Intervention**

(Abstract #2183)

**Poster #3-333 (Clin Res, Clin Res, DV, Pub Health, Child/Adol) M - Industrialized Gloucester***Mulla, Mazheruddin<sup>1</sup>, Bogen, Katherine<sup>2</sup>, López, Gabriela<sup>3</sup>, Haikalis, Michelle<sup>1</sup>, Meza Lopez, Richard<sup>1</sup>, Orchowski, Lindsay<sup>4</sup>*<sup>1</sup>*Alpert Medical School of Brown University, Providence, Rhode Island, USA*<sup>2</sup>*Rhode Island Hospital & Brown University, Providence, Rhode Island, USA*<sup>3</sup>*University of New Mexico, Albuquerque, New Mexico, USA*<sup>4</sup>*Brown University Warren Alpert Medical School, Providence, Rhode Island, USA*

The experience of sexual violence (SV) may lead to increased threat-biased information processing, including increased perceptions of peer attitudes that condone SV. The perception that peers generally condone SV may in turn foster concerns of negative social reactions towards bystanders who take action against SV, and thus inhibit SV victims from intervening against SV, even though they are more likely to recognize the risk of SV occurring. To assess this possibility, the present study tested a mediation model to examine direct and indirect association between SV victimization, perceptions of peer rape-myth acceptance (RMA), and perceived social barriers to bystander intervention among 1,302 high school students. As predicted, SV victimization was significantly positively associated with perceived peer RMA ( $B = .286$ ,  $SE = .048$ ,  $p < .001$ ), and perceived peer RMA was in turn significantly positively associated with perceived social barriers to bystander intervention ( $B = .384$ ,  $SE = .029$ ,  $p < .001$ ). Furthermore, there was a significant indirect effect of SV on perceived social barriers to bystander intervention through perceived peer RMA ( $B = .110$ ,  $SE = .0210$ ,  $p < .05$ ), consistent with full mediation. These results suggest it is important for bystander intervention programs to address misperceptions of peer norms among victims of SV perpetration.

**3-334****Reaching In...Reaching Out and Bounce Back and Thrive (BBT) Resilience Programs: Evaluating their Applicability for Military and Veteran Families**

(Abstract #2104)

**Poster #3-334 (Clin Res, Commun, Dev/Int, Fam/Int, Prevent, Lifespan) M - Industrialized Gloucester***Bremault-Philips, Suzette, Olson, Joanne, Pike, Ashley, Croxen, Hanneke, Sevigny, Philli  
University of Alberta, Edmonton, Alberta, Canada*

Military families experience unique stressors including frequent moves, separation, and deployment of parent/spouse to hostile environments. Resilience is needed to enable military families to thrive amidst these realities. Reaching In...Reaching Out (RIRO) and Bounce Back and Thrive! (BBT) resilience programs - which focus on enhancing relationships and supporting self-regulation, executive functioning, agency/mastery, motivation and meaning-making - aim to equip service providers and parents with thinking styles and practical skills that enable them to model resilience to children 0-8 years of age.

**Objective:** Evaluate the applicability of RIRO and BBT for Canadian Armed Forces (CAF) military and veteran families (MVF) receiving services through the Military Family Resource Centres (MFRCs).  
**Methods:** Qualitative focus group data was collected from service providers (9), padres (5), social worker (1), and a military couple following 5-day Intensive RIRO and BBT training. Participants were asked about the applicability of RIRO and BBT for MVFs and recommendations regarding contextualization. Participants indicated that RIRO and BBT content is relevant and applicable. Contextualization for MVFs, would include use of MVF examples and metaphors, presentation of deployment realities, and differentiation of resilience skills employed in family and deployment contexts.

### 3-335

#### **Bridging the gap in trauma treatment: introducing Stepped Care TF-CBT into community level care**

(Abstract #2119)

**Poster #3-335 (Clin Res, CPA, CSA, Fam/Int, Prevent, Lifespan) A - Industrialized Gloucester**

*Martinsen, Marianne<sup>1</sup>, Dyrdal, Gunvor Marie<sup>1</sup>, Fagermoen, Else Merete<sup>1</sup>, Næss, Anders<sup>1</sup>, Ormhaug, Silje<sup>1</sup>, Jensen, Tine<sup>2</sup>*

<sup>1</sup>*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

<sup>2</sup>*University of Oslo, Oslo, Norway*

According to the new ISTSS guidelines there are few recommended interventions for preventing PTSD in children and there is a need for developing new interventions. Stepped care TF-CBT (SC-TF-CBT) has shown promising results, but has not been tested as an early intervention in the municipalities. SC-TF-CBT is a stepwise treatment model for children aged 7-12 presenting moderate PTSS. Step 1 is parent-led/therapist assisted, while Step 2 is therapist-led TF-CBT. The current objective is to test the feasibility of SC-TF-CBT in Norway, and to investigate if it can build bridges between low-intensity community-based care (Step 1) and more extensive out-patient therapy (Step 2). To provide Step 1 to referred children, 20 community level therapists from 10 municipalities will receive training in SC-TF-CBT. Children in need of more extensive treatment will receive TF-CBT at out-patient clinics (Step 2). We will interview children, caregivers, therapists, and leaders about their experiences with SC-TF-CBT, and collect data on PTSS from children and caregivers pre-, mid- and post treatment. This study will provide important information on the feasibility and effect of a low-intensity, community-level treatment model for reducing PTSS in traumatized children and their caregivers. It is the first to evaluate SC-TF-CBT outside the USA, and provide two-step care at different service levels.

### 3-336

#### **Effective Treatment for Complex Trauma across the Lifespan: A Meta-Analysis**

(Abstract #2185)

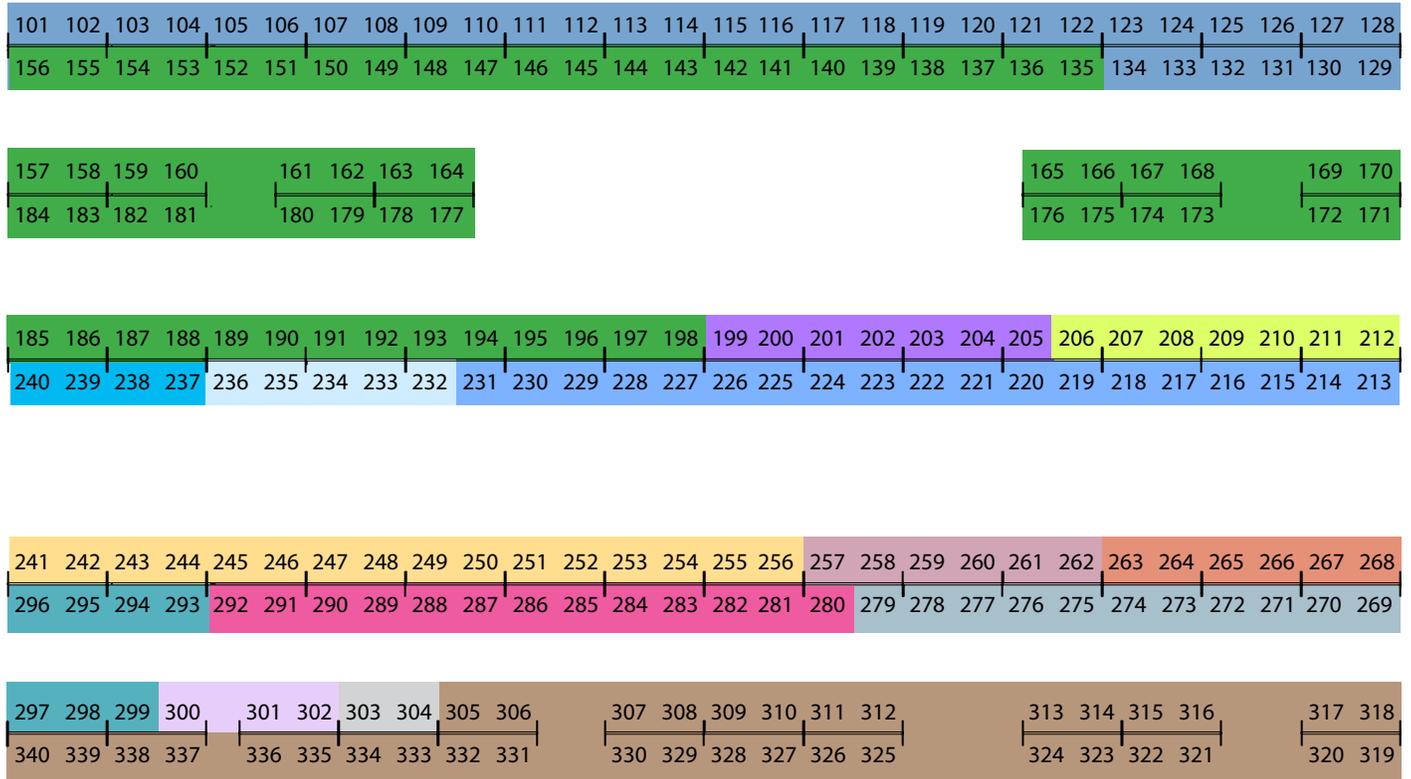
**Poster #3-336 (Clin Res, Complex, Lifespan) M - N/A Gloucester**

*Duffy, Sophia*

*Dominican University, River Forest, Illinois, USA*

Complex trauma is defined as exposure to multiple and repeated interpersonal traumas over one's lifetime that predicts complex psychological symptoms and mental health disorders (Briere & Scott, 2015). Complex posttraumatic stress disorder, developmental trauma disorder and enduring personality changes are all possible results of complex trauma exposure; all of these problems involve some combination of relational problems, affect regulation problems, identity disturbance and maladaptive behaviors (Briere & Scott, 2015). This meta-analysis seeks to quantify the effectiveness of such treatments or interventions and understand what intervention characteristics make interventions more or less effective. 37 RCTs were included. Results indicate that, overall, interventions are effective (meanES=.90 (CI .78-1.02)), but not maintained overtime (f/u meanES=-.04). Psychological (ES=.98), interpersonal (ES=.86) and externalizing outcomes (ES=.94) have highest effects. This poster will detail intervention effectiveness for specific samples (e.g., children, adults, ethnic minority, socioeconomic status, US and nonUS, gender, complex trauma type, etc.) as well as intervention characteristics that strengthen or weaken the effectiveness of interventions (e.g. intervention length, theoretical framework, intervention structure, skills/strategies targeted, change agent, etc.).

Poster Session Four Map



Poster Session Four, Friday, November 15, 5:45 p.m.–7:00 p.m.

SIG Endorsed Posters	101 – 134	Community-Based Programs	257 – 262
Clinical/Intervention Research	135 – 198	Biological/Medical	263– 268
Culture/Diversity	199 – 205	Prevention/Early Intervention	269 – 279
Global Issues	206 – 212	Public Health	280 – 292
Assessment and Diagnosis	213 – 231	Research Methodology	293 – 299
Training/Education/Dissemination	232 – 236	Vicarious Trauma and Therapist Self Care	300 – 302
Social Issues-Public Policy	237 – 240	Technology	303 – 304
Clinical Practice	241 – 256	Late Breaking Research	305 – 340

## **Poster Session Four Presentations**

Friday, November 15, Gloucester

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 15**

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.

## Poster Session Four Presentations

Friday, November 15

5:45 PM to 7:00 PM

### SPECIAL INTEREST GROUP (SIG) ENDORSED POSTERS

#### AGING, TRAUMA AND THE LIFE COURSE SIG

4-101

**Predictors of Therapeutic Success in a Sample of Older Adult Veterans with PTSD**

(Abstract #1349)

**Poster #4-101 (Clin Res, Clin Res, Aging, Older) - Industrialized**

**Gloucester**

*Glassman, Lisa<sup>1</sup>, Wells, Stephanie<sup>2</sup>, Thorp, Steven<sup>3</sup>, Mackintosh, Margaret-Anne<sup>4</sup>, Grubbs, Kathleen<sup>1</sup>, Morland, Leslie<sup>5</sup>*

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<sup>3</sup>*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

<sup>4</sup>*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA*

<sup>5</sup>*National Center for PTSD, VA San Diego Healthcare System, San Diego, California, USA*

Little is known about posttraumatic stress disorder (PTSD) treatment outcomes among older adults. Although understudied, the veteran population is aging and research on the predictors of therapeutic success may maximize the efficiency and efficacy of interventions for this group. We examined aspects of therapy engagement (i.e., homework completion [HW], working alliance) and PTSD and depression treatment outcomes among a group of male veterans (age > 60 years) with combat-related PTSD. Veterans (N = 87) were randomized to receive 12 weeks of prolonged exposure (PE) or relaxation therapy (RT). Participants were assessed at pre- and post-treatment and at six-month follow-up. Therapeutic alliance was measured using the Working Alliance Inventory (WAI); HW was rated weekly, with higher scores indicating better completion. Validated symptom scales were used to assess PTSD and depression. Therapist and patient alliance were not correlated at session 5 among participants who received PE ( $r = .01$ ) or RT ( $r = .28$ ). Therapist alliance scores predicted depression and PTSD symptom change for PE only (PTSD:  $\beta = .23$ ,  $p = .02$ ; depression:  $\beta = .20$ ,  $p = .04$ ); lower therapist alliance was associated with higher PTSD symptoms. Neither HW nor patient alliance predicted outcomes. These findings will be discussed in the context both research and clinical implications.

**4-102****Probable Post-traumatic Stress Disorder (PTSD) Over Time and Mortality Attributed to External Causes among World Trade Center Health Registry Enrollees**

(Abstract #561)

**Poster #4-102 (Pub Health, Health, Epidem, Adult) I - Industrialized****Gloucester***Giesinger, Ingrid, Li, Jiehui, Brackbill, Robert, Takemoto, Erin, Farfel, Mark, Cone, James  
New York City Department of Health and Mental Hygiene, New York, New York, USA*

In a longitudinal study, we explore whether the change in PTSD status over-time affects the risk of external mortality in a 9/11-exposed population. Probable PTSD, defined as meeting the Diagnostic and Statistical Manual of Mental Disorders IV three symptom clusters and scoring  $\geq 50$  on the 17-item PTSD check list, was measured at four time points from 2003-2016. National Death Index-linked records from this period provided underlying cause of death; external mortality (suicide, accidental poisoning, and other external and/or accidental causes). Adjusted hazard ratios (AHR) from extended Cox models overall (N=26,139), and separately for Rescue Recovery Workers (RRW) (N=12,358) and non-RRW (N=13,781), were estimated with time-dependent PTSD, adjusted for demographics and pre-9/11 mental-health history. Overall, 7.7% of enrollees met PTSD criteria (RRW: 6.2%; non-RRW: 9.0%) and 144 external-cause deaths were observed (32% suicide and 20% accidental poisoning). Overall, PTSD was associated with a significantly increased risk of external mortality (AHR=2.6, [95% CI=1.8-3.9]). The increased risk was statistically significant among RRW (AHR=3.2, 95%CI=2.0-5.2) but not among non-RRW. PTSD over time is associated with increased risk of external mortality among RRW in a 9/11-exposed population. Further research focusing on specific external cause is needed for prevention.

**CHILD TRAUMA SIG****4-103****History of Childhood Emotional Abuse Associated with Higher Risk for Suicidal Ideation Following Discharge from Psychiatric Hospitalization: An Ecological Study**

(Abstract #527)

**Poster #4-103 (Res Meth, Affect/Int, CPA, CSA, Res Meth, Child/Adol) - Industrialized Gloucester***Brick, Leslie<sup>1</sup>, Kim, Soyeong<sup>2</sup>, Marraccini, Marisa<sup>3</sup>, Armev, Michael<sup>1</sup>, Nugent, Nicole<sup>2</sup>*<sup>1</sup>*Brown Medical School, Providence, Rhode Island, USA*<sup>2</sup>*Brown Medical School, Providence, Rhode Island, USA*<sup>3</sup>*School of Education, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA*

Adolescents hospitalized for suicidal thoughts or behaviors (STB) are at a markedly increased risk for suicide during the acute period following discharge and there is evidence that a history of trauma/abuse may further compound this risk. In an ongoing investigation (R01MH105379) of teens (13-18) hospitalized for STB, ecological momentary assessment was employed to measure dynamic, in vivo experiences during the three weeks following discharge from psychiatric hospitalization for STB. Adolescents (N=122) were provided with a mobile phone that signaled several times a day to assess current affect and STB. The Childhood Trauma Questionnaire was administered to assess past abuse

severity. Time varying effects models (TVEM) were used to examine the trajectory of suicidal ideation (SI) and the dynamic relationship between trauma history, affect, and SI. Results indicated that adolescents with a history of emotional abuse were at higher risk for SI ( $p < 0.001$ ), reported higher levels of negative affect ( $p < 0.001$ ), and reported higher levels of anger/irritability ( $p < 0.001$ ). Results from this study shed light on the impact of childhood emotional abuse on adolescent affect and SI during periods of elevated risk for suicide. These findings provide in vivo support for models and future interventions aimed at addressing post discharge affect and SI.

## COMPLEX TRAUMA SIG

### 4-105

#### **Making the Invisible Visible: Evaluating the Effectiveness of Stitching Story Cloths with Bhutanese Survivors of Sexual- and Gender-based Violence in Nepal**

(Abstract #1609)

**Poster #4-105 (Commun, Anx, Depr, Refugee, Gender, Adult) I - S Asia**

**Gloucester**

*Omidi, Maryam<sup>1</sup>, Cohen, Rachel<sup>2</sup>, Cadwell, Olivia<sup>1</sup>, Parajuli, Sitashma<sup>3</sup>*

<sup>1</sup>*New School for Social Research, New York, New York, USA*

<sup>2</sup>*Common Threads Project, New York, New York, USA*

<sup>3</sup>*Bennington College, Bennington, Vermont, USA*

The creative arts have been suggested as an alternative treatment to talk therapy for individuals with posttraumatic disorders both because of the nonverbal nature of trauma (Herman, 1992; van der Kolk, 1999), but also the cultural and social taboos that may contribute to making traumatic events unspeakable. This study is an evaluation of a eight-month psychosocial program designed by NGO Common Threads Project to support healing and build resiliency among Bhutanese survivors of sexual- and gender-based violence (SGBV) in the Beldangi refugee camps in Damak, Nepal in 2014. The first phase of the program integrated psychoeducation, somatic work, and stabilization techniques (e.g., grounding) in preparation for the second stage when participants were taught the skills necessary to narrate their trauma onto story cloths. A sample of 30 female survivors of SGBV participated in the intervention, completing the Hopkins Symptom Checklist-25 for anxiety and depression and the PTSD Symptom Checklist. Results from paired samples t-tests demonstrated a statistically significant post-treatment reduction in anxiety ( $p < .001$ ,  $d=0.53$ ), depression ( $p < .001$ ,  $d=0.85$ ) and PTSD symptoms ( $p < .001$ ,  $d=0.73$ ) compared to baseline. The clinical and research implications of these results will be discussed.

### 4-106

#### **Fostering Resiliency from a Family-Centered Approach: A Case Application of Family Informed Trauma Treatment**

(Abstract #1795)

**Poster #4-106 (Practice, Clinical Practice, Fam/Int, Prof) M - N/A**

**Gloucester**

*Henshaw, Lisa, Beckerman, Nancy*

*Yeshiva University, New York, New York, USA*

While trauma experts (Figley, 1989) have long suggested a family approach to treatment for families impacted by trauma, historically there has been limited empirical literature to illustrate its applied practice interventions (Collins et al., 2010; Monson, Macdonald & Brown-Bowers, 2012). However, recent empirical research supporting the family-informed trauma treatment model (FITT) offers an evidence-based approach to inform direct practice with families affected by trauma exposure (Kiser & Black, 2005). Informed by family systems and family resiliency theories, the FITT model promotes resiliency and post traumatic growth when posttraumatic reactions are transmitted between and among a family system (Collins et al., 2010). This case study presentation demonstrates the application of the FITT model in clinical practice with a Jamaican American male who was traumatized by an active shooter event in his workplace. His trauma reactions subsequently led to disruption in his family through horizontal and vertical trauma transmission to his wife and children. Through case application, the gap between family-based trauma theory and practice is bridged, demonstrating the protective aspect of the family in contributing to individual and family system resiliency in the emotional aftermath of trauma exposure.

## **FAMILY SYSTEMS SIG**

**4-107**

### **Maternal History of Childhood Emotional Abuse and Neglect on Current Parent-Child Dysfunction**

(Abstract #1053)

**Poster #4-107 (Clin Res, Fam/Int, Intergen, Lifespan) - Industrialized**

**Gloucester**

*Madden, Amber*

*University of Georgia, Department of Psychology, Athens, Georgia, USA*

Emotional maltreatment has been linked to pervasive long-term consequences, including later parenting behavior. This type of maltreatment comprises emotional neglect (CEN), or the lack of engagement in meeting a child's basic emotional needs, and emotional abuse (CEA), the active engagement in behaviors that threaten the child's sense of worth and safety. Less research has investigated how these subtypes of emotional maltreatment differentially predict parenting outcomes. Thus, the first aim of this paper is to investigate if and how a history of CEA/CEN are related to later parenting outcomes, via mother- and observer-reports. The second aim of this paper is to explore the moderating roles of child variables, including child negative affect, on associations between CEA/CEN and later parenting outcomes. The current study included 96 ethnically diverse mothers (Mage = 30.32 years; SD= 6.06) and their 36-60-month-old children. Preliminary analyses indicate significant partial correlations, controlling for mother's ethnicity, with CEA and CEN on mother-reported parenting stress ( $r = .38, p < .01$ ;  $r = .47, p < .01$ , respectively). However, mother-reported dyadic dysfunction was trending for CEN ( $r = .26, p = .07$ ) and significant for CEA ( $r = .36, p < .01$ ). Results with observed parenting behaviors were nonsignificant.

**4-108****Associations between Mental Health Diagnoses in Warzone Veterans and Partner Mental Health and Family Functioning**

(Abstract #869)

**Poster #4-108 (Clin Res, Fam/Int, Adult) - Industrialized****Gloucester***Franz, Molly<sup>1</sup>, Pless Kaiser, Anica<sup>2</sup>, Lee, Lewina<sup>2</sup>, Vasterling, Jennifer<sup>2</sup>*<sup>1</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>2</sup>*National Center for PTSD at VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts, USA*

Relatively little attention has been apportioned to understanding how mental health disorders among those who served in a war zone may affect their families, despite evidence that their spouses are at heightened risk of negative psychological and relationship health outcomes (e.g., Steenkamp et al., 2018). The goal of this study was to examine associations between warzone veteran (“veteran”) and partner mental health diagnoses, as well as partner-reported relationship and family outcomes. Participants were 293 OEF/OIF warzone veterans (n = 138 current service members and 155 military veterans) and 252 cohabitating partners. Participants were administered the CAPS (veterans only), PCL-C (spouses only), MINI (depression and anxiety modules), and AUDIT, as well as questionnaires assessing relationship functioning. Results of logistic regression indicated that veteran PTSD and depression were associated with partner PTSD, and veteran depression was associated with partner depression. Results of linear regression indicated that veteran PTSD and depression were associated with lower relationship adjustment and family communication, and greater psychological aggression. Veteran PTSD, depression, and anxiety were associated with family dissatisfaction. Findings suggest the need for accessible mental health services oriented to the partners and families of warzone veterans.

**GENDER AND TRAUMA SIG****4-109****Epigenetic and Neuroendocrine Markers in Female Veterans with PTSD**

(Abstract #1650)

**Poster #4-109 (Bio Med, Mil/Vets, Genetic, Gender, Adult) I - N/A****Gloucester***Staniskyte, Migle<sup>1</sup>, Flory, Janine<sup>1</sup>, Bierer, Linda<sup>1</sup>, Desarnaud, Frank<sup>1</sup>, Marmar, Charles<sup>2</sup>, Yehuda, Rachel<sup>1</sup>*<sup>1</sup>*James J Peters VAMC/Mount Sinai School of Medicine, Bronx, New York, USA*<sup>2</sup>*New York University School of Medicine, New York, New York, USA*

Women who serve in the military are more likely than men to develop posttraumatic stress disorder (PTSD), but biomarker research with veterans has been conducted almost exclusively with men. We previously reported that OEF/OIF male veterans with PTSD showed lower methylation of the glucocorticoid receptor (GR) gene and greater GR sensitivity relative to combat-exposed male veterans who did not develop PTSD. Analyses were conducted to examine whether these results extended to

female veterans. Thirty-eight women who served in Iraq or Afghanistan (23 with PTSD) participated in a project designed to identify biomarkers associated with PTSD. They were interviewed to assess trauma history and psychiatric diagnoses and provided blood samples. Biological markers included methylation of the GR gene and several functional neuroendocrine measures, including the lysozyme inhibition test (IC50-DEX) and the dexamethasone suppression test (DST). Results were consistent with findings reported in a male sample, showing that female veterans with PTSD showed lower methylation of the GR gene and greater GR sensitivity relative to those without PTSD. Dimensional measures of PTSD symptom severity were correlated with GR methylation and IC50-DEX.

#### 4-110

#### **An Examination of Job-Gender Context and its Association with Military Sexual Trauma** (Abstract #421)

**Poster #4-110 (Practice, Chronic, Mil/Vets, Gender, Adult) I - Industrialized**

**Gloucester**

*Kaylor, Leah, Weaver, Terri*  
*Saint Louis University, Saint Louis, Missouri, USA*

Since its inception, the United States military has been a male-dominated workplace. Research from community samples has shown that women who work in male-dominated environments and engage in job duties that are stereotypically masculine are at a higher risk of experiencing sexual harassment or assault. The current study examined the prevalence of self-endorsed military sexual trauma (MST) in female service members ( $n = 11,555$ ) from the 2012 Workplace and Gender Relations Survey of Active Duty Members. Approximately half of participants experienced crude/offensive behavior and sexist behavior, while fewer women experienced unwanted sexual attention (23.35%;  $n = 2,698$ ) and sexual coercion (7.51%;  $n = 868$ ). Women who identified as participating in a work environment where members of her gender are uncommon (35%;  $n = 4,045$ ) (i.e., nontraditional job-gender context) were more likely to endorse experiencing crude/offensive behavior (OR = 1.90, 95% CI: 1.76-2.06), unwanted sexual attention (OR = 1.90, 95% CI: 1.75-2.08), sexual coercion (OR = 1.95, 95% CI: 1.70-2.24), and sexist behavior (OR = 2.23, 95% CI: 2.06-2.41) compared to female service members who were working in environments where they were not a gender minority. Sexual harassment prevention programs targeting sexist behavior may reduce the escalation of behavior to more offensive and invasive forms of MST.

## GENOMICS AND TRAUMA SIG

4-112

### **Sex Differences in the Role of Trauma and Genetic Risk for Alcohol Dependence on Post-Traumatic Stress Symptoms and Executive Functioning in Adolescence and Young Adulthood**

(Abstract #1056)

**Poster #4-112 (Bio Med, Cog/Int, Genetic, Gender, Bio/Gen, Lifespan) M - Industrialized**

**Gloucester**

*Subbie-Saenz de Viteri, Stacey<sup>1</sup>, Meyers, Jacquelyn<sup>2</sup>, Porjesz, Bernice<sup>1</sup>, Pandey, Ashwini<sup>1</sup>, Kamarajan, Chella<sup>1</sup>, Pandey, Gayathri<sup>1</sup>*

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Those with a family history of alcohol dependence (AD) are more likely to experience traumatic events, post-traumatic stress disorder (PTSD) and AD, all of which have independently been shown to adversely influence planning/problem solving. Further, PTSD and AD risk varies by sex. Using data from the Collaborative Study on the Genetics of Alcoholism prospective cohort (N=3910), we investigated associations of trauma exposure (assaultive, non-assaultive, sexual assaultive) and polygenic risk scores (PRS) derived from a recent Psychiatric Genomics Consortium (PGC) GWAS of DSM-IV AD ( $p < .05$ ) on PTSD, AD and comorbid PTSD/AD symptoms (PTSD, AD, PTSD/ADsx) and planning/problem solving ability assessed with Tower of London test in males and females. Sexual assaultive trauma was associated with AD in females ( $p < .001$ ). While AD PRS was positively associated PTSD, AD and PTSD/AD in both males and females ( $p < .05$ ), assaultive trauma moderated the association of AD PRS with PTSD and PTSD/AD in females only ( $p < .05$ ). Assaultive trauma was associated with poor planning/problem solving in males ( $p < .05$ ). AD PRS was associated with poor problem solving ( $p < .05$ ) in males, which was moderated by assaultive and sexual assaultive trauma ( $p < .05$ ). Findings suggest that genetic risk for AD and exposure to trauma may influence risk for PTSD and AD symptoms in females and planning and problem solving in males.

## INTERGENERATIONAL TRANSMISSION OF TRAUMA & RESILIENCE SIG

4-113

### **Psychosocial Trauma across Generations: Associations between Parental Traumatic Stress and Youth Neural Threat Response**

(Abstract #1313)

**Poster #4-113 (Bio Med, Dev/Int, Intergen, Neuro, Child/Adol) M - Industrialized**

**Gloucester**

*Crum, Kathleen<sup>1</sup>, Joseph, Jane<sup>2</sup>, Howell, Ashley<sup>2</sup>, Calhoun, Casey<sup>2</sup>, Adams, Zachary<sup>3</sup>, Kmett Danielson, Carla<sup>2</sup>*

<sup>1</sup>*National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA*

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<sup>3</sup>*Indiana University School of Medicine, Indianapolis, Indiana, USA*

A growing body of literature suggests parental posttraumatic stress (PTS) may impact anatomy of youth brain regions involved in threat response. Importantly, associations between parent PTS and functional integrity in youth threat response neurocircuitry have not been examined. The current project drew data from the NIMH-funded CHARM study examining youth response to unpredictable versus predictable threat. The sample is comprised of 66 youth (ages 8-15; 47% girls) and their parents, and incorporates parents' report of their own PTS severity, integrated parent- and child-report of child trauma, and functional magnetic resonance imaging (fMRI). The fMRI task was designed to activate neurocircuitry involved in threat processing. Whole-brain analyses examined associations between parent PTS and youth BOLD response to unpredictable vs. predictable threat. Parent PTS was entered into a group-level mixed-effects GLM (initial threshold  $p < .02$ , cluster corrected  $p < .05$ ), controlling for child trauma. Greater parent PTS was associated with increased BOLD response to unpredictable (vs. predictable) threat in precuneus, visual cortex, and cerebellum. Findings suggest parental PTS may be associated with youth neural threat response, beyond the influence of youths' own trauma. Findings represent the first evidence, to our knowledge, that parental PTS is associated with youth neural function.

**4-114**

**Joint Effects of Maternal Lifetime Trauma Exposures and Maternal Anxiety during Pregnancy on Young Children's Emotional Well-Being**

(Abstract #825)

**Poster #4-114 (Clin Res, Anx, Dev/Int, Intergen, Lifespan) I - Industrialized**

**Gloucester**

*Day, Helen<sup>1</sup>, Gusman, Michaela<sup>1</sup>, Wright, Rosalind<sup>2</sup>, Bosquet Enlow, Michelle<sup>3</sup>*

<sup>1</sup>*Children's Hospital Boston, Boston, Massachusetts, USA*

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Research suggests intergenerational effects of both maternal trauma history and mental health in pregnancy on child mental health. However, the joint effects of these factors are unknown. This study examined whether maternal anxiety in pregnancy moderates the effects of maternal lifetime trauma exposures on preschooler's emotional well-being in a sociodemographically diverse pregnancy cohort followed to child age 5 years. In pregnancy, mothers completed measures of lifetime exposure to traumatic events (LSC-R) and current anxiety symptoms (STAI). At child ages 3.5 and 5 years, mothers completed a measure of child emotional well-being (CBCL). Regression analyses revealed that maternal anxiety in pregnancy moderated the effects of maternal lifetime trauma exposures on child symptoms of emotional reactivity, anxiety, depression, ADHD, ODD, and aggression at 3.5 years. Similar results were found at age 5 years, particularly for internalizing symptoms. Models consistently showed that (a) maternal trauma history had impact on child well-being only in the context of heightened maternal anxiety and (b) maternal anxiety had particularly strong effects on child well-being among mothers who had experienced high levels of trauma. These findings have implications for identifying at-risk pregnant women and implementing treatment of anxiety to minimize the intergenerational effects of trauma.

## INTERNET & TECHNOLOGY SIG

4-115

### Who Seeks Out Graphic News Media Content with a Warning Label?

(Abstract #1421)

Poster #4-115 (Tech, Journalism, Social, Tech, Train/Ed/Dis, N/A) M - N/A

Gloucester

*Estes, Kayley<sup>1</sup>, Moses, Serena<sup>1</sup>, Redmond, Sarah<sup>2</sup>, Thompson, Rebecca<sup>2</sup>, Cohen Silver, Roxane<sup>2</sup>*  
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*<sup>2</sup>University of California, Irvine, Department of Psychology and Social Behavior, Irvine, California, USA*

The widespread use of smartphones and social media allows individuals to actively seek out graphic media content at any moment, but little is known about who actually does so. Prior research suggests preexisting fear and a history of violence exposure is associated with exposure to graphic images such as an ISIS beheading video (Redmond et al., 2019). However, many responsible news sources now put a warning label over graphic or gruesome content to minimize accidental viewing. We sought to assess predictors of an individual's decision to click through a warning label to view graphic content. University students ( $N=1586$ ) completed an online survey that asked how likely they were to click through a warning label while reading about a breaking news event. Results indicated that a willingness to click past a warning label was explained by younger age, having a low level of disgust sensitivity (Haidt et al., 1994), and a greater tendency to engage in vivid imagery (Andrade et al., 2014) (all  $p$ 's < .001). Establishing characteristics that are associated with seeking out graphic content and the role a warning label has can guide future public policy and journalism approaches to responsible reporting of trauma and sensitive content through news media.

4-116

### The Examination of Mobile Application for Reduction of Posttraumatic Stress-Related Symptoms in Emergency Telecommunicators

(Abstract #1417)

Poster #4-116 (Tech, Anx, Clin Res, Adult) I - Industrialized

Gloucester

*Willis, Emy, Beidel, Deborah, Neer, Sandra, Bowers, Clint*  
*University of Central Florida, Orlando, Florida, USA*

Emergency Telecommunicators (ET) must quickly assess incoming emergencies to secure the scene and dispatch appropriate help in a high-pressure environment. Considering the frequency, nature, and intensity of duty-related traumatic exposures, they often develop PTSD. Yet, ETs are hesitant to seek treatment due to barriers created by their shift schedule and stigma. By introducing psychoeducation and coping skills through mobile applications, ETs can find resources in the comfort of their home. However, the effects of mobile technology for ETs are scant. This study examined the efficacy of PTSD Coach on various indicators of psychosocial well-being among ET. A sample of 50 ET mean age of 37.4 completed self-report assessments at baseline and post-intervention (1 month). Wilcoxon Signed-ranks test indicated a significant decrease on the PCL-5 from baseline (Mdn = 18.00) to post-intervention (Mdn = 5.50)  $Z =$

4.69,  $p < 0.001$ . A similar significant decrease was notable for depression (PHQ-9), anxiety (GAD-7), and anger (DAR-5) symptoms. 80% of the ET were moderate to extremely satisfied with PTSD Coach. Findings suggest the participants were able to improve their self-efficacy regarding psychological symptom management (71%), feel more comfortable in seeking treatment (53%), and decreased stigma toward seeking mental health services (53%).

## LIFESTYLE INTERVENTIONS FOR TRAUMATIC STRESS (LIFTS) SIG

### 4-117

#### **Posttraumatic Stress, Exercise, and Physical Health in Forced and Voluntary West African Migrants**

(Abstract #1264)

**Poster #4-117 (Clin Res, Health, Illness, Pub Health, Refugee, Adult) - Global**

**Gloucester**

*Anakwenze, Obianujunwa, Rasmussen, Andrew  
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Immigrants and refugees arrive in the U.S. healthier than the general population (Singh & Siahpush, 2001). This advantage diminishes as duration in the U.S. increases and rates of obesity, hypertension, and other risk factors increase (Koya & Egede, 2007; Creatore et al., 2010), partially due to physical inactivity (Mohamed et al., 2014). Immigrants with posttraumatic stress disorder (PTSD) are at especially high risk of developing health problems. Although PTSD is widely recognized as a disease with substantial impact on mental health, it has emerged as a correlate of physical health (Kessler, 2000; Zen et al., 2012). PTSD is associated with inadequate exercise (Buckley et al., 2004; Zen et al., 2012), and its onset with decreased physical activity (de Assis et al., 2008). Lack of exercise may mediate the relationship between PTSD and physical health. Research on African immigrants has highlighted low engagement in physical activity (Sewali et al., 2015) and high rates of cardiovascular risk factors (Commodore-Mensah, 2014). This survey-based study examines the relationships among posttraumatic stress, exercise frequency, and physical health in a sample of 93 forced and voluntary West African immigrants in New York City, many of whom have experienced migration-related trauma. The study aims to clarify a potential intervention target for the improvement of immigrant health.

### 4-118

#### **Assessment of a Novel Health and Fitness Program for Veterans with PTSD and/or TBI**

(Abstract #1676)

**Poster #4-118 (Commun, Clin Res, Health, Train/Ed/Dis, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Gupta, Carina<sup>1</sup>, Jakubovic, Rafaella<sup>1</sup>, Maggiolo, Nicolette<sup>1</sup>, Vander Weit, Ryan<sup>1</sup>, Hernandez, Armando<sup>1</sup>, Sylvia, Louisa<sup>2</sup>*

<sup>1</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*

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Veterans with psychological disorders, including PTSD and depression, are at increased risk of being overweight or obese. We developed a six-month group health and fitness program, Warrior Health and Fitness (WHF) for veterans. This analysis aims to present efficacy, feasibility and acceptability data from this pilot. WHF provides group strength and conditioning sessions, individual nutritional evaluations, education, and yoga. Participants (N=39) are post-9/11 veterans and service members (74.4% Male; age M=38.7, SD=8.83; 69.2% White; 56.4% Army; 7.8% Active Duty). Participants complete a fitness assessment and self-assessments of sleep disturbance, alcohol use, global health, and depressive and anxiety symptoms at pre- and post-program. We found significant change in percent body fat from pre- to post-program ( $t(16)=3.70$ ,  $p=.002$ ,  $d=0.90$ ). Participants reported significant reductions in symptoms of depression ( $t(31)=2.27$ ,  $p=.03$ ,  $d=0.40$ ), sleep disturbance ( $t(36)=3.21$ ,  $p=.003$ ,  $d=0.53$ ), and alcohol use ( $t(30)=3.37$ ,  $p=.002$ ,  $d=0.61$ ), and significant improvement in global health ( $t(38)=-2.89$ ,  $p=.006$ ,  $d=-0.46$ ). No significant change was observed for anxiety symptoms. These data suggest that an integrative health intervention offered in group and individual formats may improve physical, psychological, and behavioral health symptoms amongst post-9/11 Veterans and Service Members.

## MILITARY SIG

4-119

### **Predictors of PTSD Treatment Retention & Response in Military Populations – A Systematic Review & Meta-Analysis**

(Abstract #122)

**Poster #4-119 (Clin Res, Comm/Int, Mil/Vets, Epidem, Adult) M - Industrialized Gloucester**

*Maglione, Margaret, Chen, Christine, Franco, Meghan, Tebeka, Mahlet, Shahidinia, Nima, Hempel, Susanne*

*RAND Corporation, Santa Monica, California, USA*

The aim of this systematic review was to synthesize the evidence on both pre-treatment patient characteristics and intervention characteristics associated with increased treatment retention and improved treatment response in military populations with PTSD. The authors searched the electronic databases PubMed, EMBASE, PsycINFO, PILOTS, CDSR, and CENTRAL, plus bibliographies of existing systematic reviews, to identify relevant English-language studies reporting treatment retention, response (change in severity of PTSD symptoms), and remission in active duty personnel and Veterans. 74 studies analyzed the association between baseline patient characteristics or treatment characteristics and these outcomes; some studies were reported in multiple publications or conducted multiple analyses. The most frequently analyzed patient characteristics were demographics, marital / relationship status, type and level of combat exposure, substance misuse, physical health, and co-occurring psychological disorders such as depression. Potentially important factors such as social support, prior treatment, number and length of deployments, and coping mechanisms were infrequently studied. Modality, setting, and length of treatment were often associated with retention and response. The findings will be presented in the context of implications for treatment.

**4-120****Comparing Treatment Outcomes of Military versus Civilian Clients of Community Providers Trained in CPT and PE by the STRONG STAR Training Initiative**

(Abstract #730)

**Poster #4-120 (Train/Ed/Dis, Res Meth, Train/Ed/Dis, Mil/Vets, Adult) I - Industrialized****Gloucester***Kaya, Robert<sup>1</sup>, Evans, Wyatt<sup>2</sup>, Straud, Casey<sup>3</sup>, Karp, Jeremy<sup>2</sup>, Fina, Brooke<sup>2</sup>, Dondanville, Katherine<sup>2</sup>*<sup>1</sup>*UT Health San Antonio, San Antonio, Texas, USA*<sup>2</sup>*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*<sup>3</sup>*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

The VA and DoD have robust training programs in EBTs for PTSD. In the general community, less than 20% of mental health providers are trained in EBTs for PTSD most individuals with PTSD will not have access to EBTs for PTSD in the community. The STRONG STAR Training Initiative (SSTI) implements competency-based training of community-based mental health providers. The current study includes a preliminary analysis of 277 individuals receiving an EBT for PTSD from SSTI-trained providers. The primary aim was to compare treatment effects on PTSD symptom severity as a function of patient population type (military vs. civilian). The primary outcome variable was the PTSD Checklist-5, with secondary examination of demographics and the Patient Health Questionnaire-9. The statistical design was an intent-to-treat mixed effects regression model with population type as the between-subjects factor and time as the within-subject repeated measure factor. Results indicated significant decreases in PTSD symptoms from pre- to post-treatment in the total sample ( $d=1.04$ ,  $p<.001$ ). There were no differences between military and civilian population change scores from pre- to post-treatment ( $d=.10$ ,  $p=.41$ ). These results suggest newly trained community providers can effectively treat both military and civilian clients with EBT for PTSD. Clinical training and policy implications will be discussed.

**MORAL INJURY SIG****4-121****A Qualitative Exploration of the Effects of Exposure to Potentially Morally Injurious Events on Parent-Child Relationships among Service Members and Veterans**

(Abstract #621)

**Poster #4-121 (Clin Res, Fam/Int, Mil/Vets, Moral, Adult) I - Industrialized****Gloucester***Carney, Jessica<sup>1</sup>, Coady, Alanna<sup>2</sup>, Ellickson-Larew, Stephanie<sup>3</sup>, Houle-Johnson, Stephanie<sup>4</sup>, Grunthal, Breanna<sup>2</sup>, Litz, Brett<sup>5</sup>*<sup>1</sup>*VA Boston Healthcare System, MAVERIC, Massachusetts Veterans Epidemiology Research and Information Center (MAVERIC), Boston, Massachusetts, USA*<sup>2</sup>*Massachusetts Veterans Epidemiology Research and Information Center, VA Boston Healthcare System, and Department of Epidemiology, Boston University School of Public Health, Boston, Massachusetts, USA*<sup>3</sup>*National Center for PTSD at VA Boston Healthcare System & University of Notre Dame, Boston, Massachusetts, USA*

<sup>4</sup>*University of Ottawa, Ottawa, Ontario, Canada*

<sup>5</sup>*VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA*

To date, the lasting psycho-socio-spiritual impact of exposure to transgressive acts by oneself or others in the military, called Potentially Morally Injurious Events (PMIEs), is unknown. Some have posited that PMIEs may result in a syndrome called “moral injury” (MI), with purported deleterious effects on social functioning. However, current MI research lacks consensus regarding sequelae of PMIE exposure. This poster will describe results from a thematic analysis of 19 interviews with active duty service members, veterans, and military clinicians, collected by an international consortium from the US, UK, Australia, and Canada. Results suggest that PMIE exposure uniquely impacts military parent-child relationships. Participants reported outcomes such as: feeling numb toward their children, fearing they will hurt or damage their children, hiding their feelings or past from their children, feeling unable to take care of their children, avoiding children, and losing trust in their children. We will also explore whether there are patterns that suggest different outcomes from self- vs. other-perpetrated PMIEs. These findings offer a new avenue of research on risk and resilience among military families and highlight the potential importance of focusing on family systems in MI treatment.

**4-122**

**Profiles of Moral Pain and Associated Outcomes among Student Veterans**

(Abstract #488)

**Poster #4-122 (Clin Res, Mil/Vets, Moral, Adult) - Industrialized**

**Gloucester**

*Griffin, Brandon<sup>1</sup>, Williams, Christian<sup>2</sup>*

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Theory suggests that military personnel who interpret their own or others' actions as moral transgressions experience moral pain. Moral pain sometimes develops into a moral injury characterized by psychological/behavioral, social, and religious/spiritual problems. We sampled student veterans (N = 498) who reported moral pain associated with deployment-related experiences in which they felt: (a) troubled by what they witnessed; (b) troubled by what they did; (c) troubled by what they failed to do; (d) betrayed by military leaders; and (e) betrayed by fellow service members. Latent Profile Analysis revealed five profiles of moral pain: No Moral Injury (42%), Witnessing-Only (16%), Moral Injury – Other (19%), Moral Injury – Self (8%), and Moral Injury – Self and Other (15%). Next, we compared outcomes including posttraumatic stress, familial/social functioning, and religious/spiritual struggles across profile membership. Participants with a high level of betrayal-based concerns reported more posttraumatic stress than those without betrayal-based concerns, and participants with a high level of perpetration-based concerns reported more demoralization than those without perpetration-based concerns. Future work might explore factors that buffer associations of exposure to potentially morally injurious events and the subsequent moral pain with psychiatric and functional problems.

## PSYCHODYNAMIC RESEARCH AND PRACTICE SIG

4-123

### **Intergenerational Transmission of Caregiving Patterns: The Role of Object Representations in Moderating the Impact of Trauma on Caregiving Sensitivity**

(Abstract #690)

**Poster #4-123 (Prevent, CPA, Fam/Int, Intergen, Theory, Lifespan) - Industrialized Gloucester**

*Steinberg, Karen*

*UConn Medical School, Farmington, Connecticut, USA*

The deleterious effects of child maltreatment are well-documented, with accumulating evidence of intergenerational transmission (Assink, 2018). Caregiving patterns contribute to a child's internalized representations of self and relationships, which then guide later attachments and interactions. This talk will discuss the relationships found among childhood maltreatment history, caregiver sensitivity, and caregiver object representations in a group of at-risk mother-child dyads. A sample of 123 pregnant, 1st-time mothers provided information about their caregiving history, and thoughts and feelings about their future child. Their narrative responses were coded for object developmental level using Westen's Social Cognition and Object Relations Scale (SCORS, 1995). The mothers were later observed with their 10-month old infants in a dyadic interaction that was coded for caregiving sensitivity (Ainsworth, 1969). Associations among mothers' history of maltreatment and their subsequent sensitivity in interactions with their children (e.g., more intrusion, less emotional availability) will be discussed. In addition, we will present analyses examining the potential protective role of more mature object representations (e.g., greater complexity, emotional investment in relationships), which may be associated with more sensitive caregiving, regardless of maltreatment history.

4-124

### **Shame and Guilt Mediate the Relationship between Insecure Adult Attachment Style and PTSD Severity among Combat Veterans**

(Abstract #1087)

**Poster #4-124 (Clin Res, Affect/Int, Mil/Vets, Adult) - Industrialized Gloucester**

*Leonard, Samuel<sup>1</sup>, Tripp, Jessica<sup>2</sup>, Olin, Cecilia<sup>1</sup>, Zakarian, Rebecca<sup>1</sup>, McDevitt-Murphy, Meghan<sup>1</sup>*

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Insecure adult attachment style is related to both posttraumatic stress disorder (PTSD) and the regulation of social emotions such as shame and guilt. A considerable body of research has demonstrated these associations but the mechanisms remain unclear. The objective of the present study was to investigate the mediating effects of shame and guilt on the relationship between insecure attachment style and PTSD severity. Participants were 206 military personnel and veterans who served in combat zones. Results from a parallel mediation analysis indicate that an insecure attachment style had an indirect effect on PTSD severity through the pathways of shame and guilt. Insecure attachment style was associated with both higher levels of shame ( $a_1=.054, p<.001$ ) and guilt ( $a_2=.056, p<.001$ ) and higher levels of shame and guilt

were in turn related to greater PTSD severity ( $b_1=1.82$ ,  $p=.002$ ;  $b_2=2.84$ ,  $p=.005$ ). A bootstrapped unstandardized indirect effect calculated using 5,000 bootstrapped samples was significant ( $\beta = .188$ ,  $SE=.04$ ,  $CI = .12 - .26$ ). Findings will be discussed in terms of clinical and research implications.

## SLEEP AND TRAUMA SIG

4-126

### Circadian Influence on Intrusive Re-experiencing in Trauma Survivors With and Without PTSD

(Abstract #1246)

Poster #4-126 (Clin Res, Affect/Int, Sleep, Adult) - Industrialized

Gloucester

*Kleim, Birgit*

*University of Zurich, Zürich, Switzerland*

The core clinical feature of posttraumatic stress disorder (PTSD) is recurrent re-experiencing in form of intrusive memories. An increasing amount of research suggests associations between rhythm dysregulation (e.g., sleep disturbances), cognitive resources, and intrusive memories, but the circadian patterns of intrusive memories have not been investigated. Here investigated effects of circadian rhythm on frequency and characteristics of intrusive re-experiencing. Forty-six trauma survivors reported intrusive memories for 7 consecutive days using ecological momentary assessment in everyday life. Participants recorded their re-experiencing symptoms as they occurred and all entries were timestamped. We investigated (1 if time of the day mattered, and (3) if it was associated with different sorts of intrusive memories. Our results show that occurrence of intrusive memories showed a curvilinear pattern that peaked at 2pm. Intensity, nowness, and vividness, however, seemed to show a different pattern, and increased throughout the day (as shown by multilevel models, controlling for daily experienced memories). Together, these findings contribute to a better understanding of the everyday occurrence and characteristics of intrusive memories, and point to the added value of examining its time-dependent effects, which can directly inform prevention and intervention science.

## TERRORISM AND BIOTERRORISM RELATED TRAUMA SIG

4-127

### Perceived Resource Loss Mediates the Relation between Risk Appraisal of Acute Mass Violence and Distress

(Abstract #1304)

Poster #4-127 (Pub Health, Anx, Depr, Terror, Adult) I - Industrialized

Gloucester

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News and social media coverage of acute mass violence (AMV; terrorism, mass shootings) has increased in frequency, making it a chronically-accessible construct in our minds. Using Conservation of Resources Theory (Hobfoll, 1989, 2001) we assess how time consuming media coverage of AMV is related to higher risk perceptions of being affected by AMV. Those with higher risk perceptions may perceive greater resource loss, and this may explain the media exposure to distress relationship noted in extant research. College youth from two universities (n = 400, M = 20.95 years, 86% female) answered questions about media exposure to AMV, anxiety, depression, and perceived resource loss. Time viewing media coverage of recent AMV was related to personal risk appraisal (r = .22, p < .01). Meditation was tested using SPSS PROCESS (Hayes, 2018). A bootstrap confidence interval for the unstandardized indirect effect based on 5,000 bootstrap samples did not include zero. We found resource loss partially mediated the relationship between risk appraisal and anxiety (IE=.0202, SE = .0097, 95% CI = .0015–.0403), and it fully mediated with depression (IE=.0183, SE = .0089, 95% CI = .0014–.0362). Media coverage of AMV appears to heighten perceptions of risk which affects mental health through resource loss.

4-128

### **Trauma, Response, and Resilience following Mass Violence Incidents in the US: Data on Past Response and Future Directions**

(Abstract #1266)

**Poster #4-128 (Commun, Commun, Comm/Vio, Terror, Lifespan) - Industrialized Gloucester**

*Moreland, Angela, Calhoun, Casey, Davies, Faraday, Kilpatrick, Dean  
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The Data and Evaluation Division has identified recurring themes and gaps in response, recovery, and resilience following MVIs, which includes systematic literature searches and snowballing techniques. A review of existing literature was completed on 46 articles that address individual and community response to MVIs, and a systematic review specific to victim services and response identified 178 articles (2007-2019) specific to one of 11 identified MVIs. The following areas were reviewed based on the timeline from our conceptual model: (1) pre- and peri-/post-event factors that increase risk for mental health problems, (2) post-event psychological impact and outcomes, (3) therapeutic interventions and coping strategies, and (4) limitations and challenges. The literature finds that impact is consistent with other types of traumatic events but some findings may be unique to mass violence including media coverage, first responder mental health, and community impact. Qualitative analyses are underway and results will be presented. We are currently gathering data about the factors that influence a community's ability to adequately respond to an MVI, including preparation; resources available; prior experience; collaborative attitudes among providers; and quality of community leadership. A mixed methods analysis will be performed to integrate data from interviews and online surveys.

## TRAUMA AND SUBSTANCE USE DISORDERS SIG

4-129

### PTSD Treatment Trajectories among Veterans with Military Sexual Trauma and Comorbid Substance Use Disorders

(Abstract #1498)

Poster #4-129 (Clin Res, Rape, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Gloucester

*Eshelman, Lee<sup>1</sup>, Cochran, Heather<sup>1</sup>, Smith, Erin<sup>1</sup>, Porter, Katherine<sup>1</sup>, Rauch, Sheila<sup>2</sup>, Sexton, Minden<sup>3</sup>*

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Veterans reporting experiences of military sexual trauma (MST) endorse higher rates of posttraumatic stress disorder (PTSD) and substance use disorders (SUD) compared to the general Veteran population (Kimerling et al., 2007). Comorbid PTSD and SUD is associated with poorer treatment outcomes, including dropout (Schafer et al., 2007). The current study examined how SUD status influenced PTSD symptoms and attrition among 158 Veterans initiating PTSD treatment for MST. Individuals with SUD (n=37) were more likely to prematurely drop out compared to non-SUD peers,  $\chi^2(1)=7.35$ ,  $p<.01$ . Specific to attrition speed, Kaplan-Meier survival analyses revealed individuals with SUD demonstrated a more rapid pace of premature drop than their non-SUD peers,  $\log\chi^2(1)=8.19$ ,  $p<.01$ . Completion and attrition rates for minimally adequate care (MAC; i.e., completing at least eight sessions) also differed by SUD status,  $\chi^2(1)=6.24$ ,  $p<.05$ . SUD individuals were more likely to drop out before receiving MAC compared to non-SUD peers. Furthermore, SUD individuals demonstrated a more rapid pace of premature drop than non-SUD peers before receiving MAC,  $\log\chi^2(1)=6.63$ ,  $p<.01$ . Further analyses are planned to examine the impact of SUD status on baseline PTSD severity and how PTSD symptom change during treatment influences attrition rates. Treatment implications and future research directions will be discussed.

4-130

### The Role of Acculturation in the Relation between Intimate Partner Violence and Substance Misuse

(Abstract #1410)

Poster #4-130 (CulDiv, Clin Res, DV, Ethnic, Sub/Abuse, Adult) - Industrialized

Gloucester

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Hispanic women in the United States are disproportionately affected by intimate partner violence (IPV; Caetano, et al., 2005). Existing theory and empirical research provide support for a functional relation between IPV and substance misuse among Hispanic women, whereby substance use may serve to escape

or avoid trauma-related symptoms and distress (Gonzalez-Guarda, et al., 2011). The strength of these relations may be pronounced among individuals who endorse high levels of acculturation, given evidence for the protective or buffering effect of traditional culture (e.g., family networks; Escobar et al., 1998) on health outcomes (Ortega et al., 2000). The present study examined the moderating role of acculturation in the relation between IPV types (physical, psychological, sexual) and substance (alcohol, drug) misuse. IPV-victimized Hispanic women (n = 149; M age = 38.2) completed validated self-report measures on IPV types, acculturation, and substance misuse. Moderation analyses indicated that the relations between IPV and substance misuse were stronger among Hispanic women with higher (vs. lower) levels of acculturation. These findings suggest the potential utility of considering acculturation when assessing and treating substance misuse among IPV-victimized Hispanic women.

## TRAUMA ASSESSMENT AND DIAGNOSIS SIG

4-131

### Presumptive PTSD Symptoms and their Relationship to Trauma Exposure

(Abstract #462)

Poster #4-131 (Assess Dx, Mil/Vets, Adult) M - Industrialized

Gloucester

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Objective: Because PTSD is defined as resulting from a traumatic event doesn't mean that all presumptive PTSD symptoms so resulted. Some symptoms may reflect pre-existing vulnerability or psychopathology mistaken as trauma-induced. This study examined the degree to which various presumptive PTSD symptoms associate with trauma exposure.

Methods: 870 twin pairs discordant for combat exposure in Vietnam completed a retrospective combat exposure questionnaire ~20 years post-combat. They completed the Mississippi Scale for Combat-Related PTSD (MISS), consisting of 35 items quantifying various symptoms thought to be PTSD-related, over the telephone ~30 years post-combat.

Results: Odds ratio (OR) represents the degree to which score on each MISS item was associated with combat exposure severity, with the reference OR in the combat-unexposed twins set to 1.0. The list of the ORs in descending order will be presented in the poster. Examples: Item #7, "Nightmares of experiences in the past that really happened," OR=6.9; item #6, "I am able to get emotionally close to others," OR=1.2.; item #11, "I fall asleep, stay asleep, and awaken only when the alarm goes off," OR=1.1.

Conclusions: Some putative PTSD symptoms are not, or only minimally, caused by the traumatic event. If traumatic causation were a requirement for a diagnostic criterion for PTSD, the criteria would be fewer.

4-132

**Order Effects in PTSD Assessment as Indicated by Measurement Invariance**

(Abstract #1665)

**Poster #4-132 (Assess Dx, Clinical Practice, Res Meth, Mil/Vets, Adult) - N/A****Gloucester***Trachik, Benjamin<sup>1</sup>, Hoge, Charles<sup>2</sup>**<sup>1</sup>Walter Reed Army Institute of Research (WRAIR)-US Army Medical Directorate-West, Joint Base Lewis-McChord, Washington, USA**<sup>2</sup>Walter Reed Army Institute of Research/US Army, Silver Spring, Maryland, USA*

CFA has been widely used to investigate the latent structure of PTSD. CFA analyses were instrumental in guiding DSM-5 revisions, although there has been considerable debate regarding the optimal factor structure. CFA research has led to DSM-IV models ranging from 2-5 factors and DSM-5 models ranging from 3-7 factors. These CFA analyses have been based on clinical scales, such as the PTSD Checklist (PCL), in which items are presented in the specific item order from DSM, without regard to order effects. Recently, network analysis has provided another way to investigate PTSD structure, but is potentially vulnerable to similar methodological limitations, in particular item order effects. The current study, involving a large sample (N = 5,055) of active duty Army soldiers following deployment to Iraq, assessed order effects in CFA and network analyses using randomized DSM-IV PCL items compared with the original PCL. Results in the ordered survey replicated the existing CFA and network analysis literature. However, in the random item survey, none of the most validated CFA models met empirical criteria for model fit, and network composition also differed between the two surveys. Overall, it appears that order effects have a significant impact on model fit in CFA, and result in different conclusions from network analysis. These findings have important diagnostic implications.

**TRAUMATIC LOSS AND GRIEF SIG**

4-133

**Multidimensional Grief Therapy: An Open Trial of a Novel Intervention for Bereaved Children and Adolescents**

(Abstract #107)

**Poster #4-133 (Clin Res, Death, Depr, Grief, Child/Adol) M - Industrialized****Gloucester***Rooney, Evan<sup>1</sup>, Hill, Ryan<sup>1</sup>, Oosterhoff, Benjamin<sup>2</sup>, Layne, Christopher<sup>3</sup>, Pynoos, Robert<sup>3</sup>, Kaplow, Julie<sup>1</sup>**<sup>1</sup>Baylor College of Medicine, Houston, Texas, USA**<sup>2</sup>Montana State University, Houston, Texas, USA**<sup>3</sup>UCLA - National Center for Child Traumatic Stress, Los Angeles, California, USA*

This study describes a pilot open trial of Multidimensional Grief Therapy, an assessment-driven, phasic individual therapy for bereaved youth. The sample consisted of 65 bereaved youth (Ages 6-17, M = 11.62, SD = 2.76; Gender: female = 53.0%; Race: Hispanic = 33.3%, African American or Black = 31.8%, Caucasian = 27.3%, mixed/biracial = 6.1%, or Native American = 1.5%). The study utilized a single-group open trial design. Youth referred to the study due to the death of a loved one completed measures of grief reactions, posttraumatic stress symptoms, and depressive symptoms. The same measures were

completed following Phase I and Phase II of the treatment. Among youth who completed Phase I (n = 42), we found significant reductions from baseline, with large to very large effect sizes (Cohen's D range = 0.77-1.35) for all three domains of maladaptive grief, posttraumatic stress symptoms, and depressive symptoms. Youth who completed Phase II (n = 22) exhibited significant reductions from the end of Phase I, with medium to large effect sizes (range = 0.57-0.90) for two domains of maladaptive grief as well as for posttraumatic stress symptoms and depressive symptoms. The present study provides preliminary evidence supporting MGT as an individual treatment for bereaved youth experiencing maladaptive grief reactions, posttraumatic stress, and depressive symptoms.

#### 4-134

### **Surviving Traumatic Loss: Examining Bereavement-Related Needs, Systems of Support, and Mental Health Outcomes among Suicide and Opioid-Loss Survivors**

(Abstract #1602)

**Poster #4-134 (Pub Health, Comm/Int, Death, Sub/Abuse, Grief, Adult) I - Industrialized**

**Gloucester**

*Neimeyer, Robert, Bottomley, Jamison*  
*The University of Memphis, Memphis, Tennessee, USA*

Each year in the United States, over 40,000 people end their lives, leaving countless survivors in their wake. Research has found that survivors of suicide loss may be at risk for a variety of complications distinct. A similarly pervasive phenomenon that has recently seized the public consciousness is losses resulting from opioid overdose, whether accidental or intentional, as opioid deaths are now considered the number one cause of death for individuals under the age of 50. However, much less is known about the bereavement experience following drug-related deaths. Therefore, the question of how to assist survivors of these traumatic forms of loss is incredibly important. The current study seeks to examine the needs of survivors of suicide and opioid-related losses in closer detail, to clarify whether or not these needs are met through the variety of venues available to survivors and how the intersection of needs and supports yield specific mental health outcomes. Using data from Wave I of The STL Project, results will elucidate the idiosyncratic needs of survivors of suicide and opioid-related loss, the distinct support provisions utilized by these two modes of loss, and information about how these needs and supports relate to contemporaneous mental health outcomes, including suicide risk. Data collection is ongoing and will be completed by mid-July 2019.

**CLINICAL/INTERVENTION RESEARCH POSTERS****4-135****The Presence of Intimate Partner Violence in Military Widow Survivors of Suicide: Implications for PTSD and Complicated Grief Outcomes in an Intensive Treatment Program**

(Abstract #317)

**Poster #4-135 (Clin Res, Death, DV, Grief, Mil/Vets, Adult) I - Industrialized****Gloucester***Blackburn, Allyson<sup>1</sup>, Brenner, Lauren<sup>2</sup>, Moore, Cynthia<sup>3</sup>, Spencer, Thomas<sup>3</sup>, Ohye, Bonnie<sup>3</sup>*<sup>1</sup>*Massachusetts General Hospital, Massachusetts, USA*<sup>2</sup>*Massachusetts General Hospital, Harvard Medical School, Home Base, A Red Sox Foundation and Massachusetts General Hospital Program, Boston, Massachusetts, USA*<sup>3</sup>*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*

U.S. Veterans are at risk for suicide, and surviving family members can struggle with Posttraumatic Stress Disorder (PTSD) and Complicated Grief (CG). Survivors of intimate partner violence (IPV) are at increased risk for PTSD. Prolonged Exposure therapy (PE) can effectively treat PTSD in both populations. We examined whether the presence of IPV with the deceased partner impacts treatment outcomes in a two-week intensive program for suicide bereft military widows. 24 widows diagnosed with PTSD and CG participated. IPV was determined through chart review and clinician report. The Posttraumatic Stress Disorders Check List (PCL-5) and the Inventory for Complicated Grief (ICG) were used to assess symptom severity. Mixed-model regressions were employed to examine effects of IPV, treatment timepoint (TT), and their interaction on symptom severity. 8 widows reported IPV perpetrated by their deceased partner. For the PCL-5, there was a significant effect of TT (Coefficient=-8.68, SE=3.46, p=.012) and a significant interaction (Coefficient=-12.70, SE=6.01, p=.035), but no significant effect of IPV. For the ICG, there was a significant effect of TT (Coefficient=-10.80, SE=2.4, p<.001), but no significant effect of IPV or interaction. Participants showed significant symptom reductions, and IPV survivors showed significantly greater reductions in PTSD symptoms compared to other widows.

**4-136****Examining Veterans' Reasons for Dropping out of Prolonged Exposure Therapy: A Mixed-Methods Study**

(Abstract #1350)

**Poster #4-136 (Clin Res, Tech, Mil/Vets, Adult) - Industrialized****Gloucester***Wells, Stephanie<sup>1</sup>, Aarons, Gregory<sup>2</sup>, Glassman, Lisa<sup>3</sup>, Jaime, Karisa<sup>4</sup>, Martinez Ceren, Paola<sup>4</sup>, Schnitzer, Janina<sup>5</sup>, Chiong, Cloie<sup>6</sup>, Mackintosh, Margaret-Anne<sup>7</sup>, Tu, Xin<sup>4</sup>, Hurst, Samantha<sup>8</sup>, Morland, Leslie<sup>9</sup>*<sup>1</sup>*UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA*<sup>2</sup>*University of California, San Diego, Psychiatry, San Diego, California, USA*<sup>3</sup>*San Diego VA/University of San Diego, San Diego, California, USA*<sup>4</sup>*University of California, San Diego, La Jolla, California, USA*<sup>5</sup>*VA San Diego Healthcare System, San Diego, California, USA*

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<sup>9</sup>*National Center for PTSD, VA San Diego Healthcare System, San Diego, California, USA*

The problem of patients ending treatment prior to receiving a full dose of the intervention during posttraumatic stress disorder (PTSD) treatment is common, but research examining predictors of treatment dropout have reported mixed findings. The current study is an explanatory sequential mixed methods study examining veterans' reasons for dropping out of prolonged exposure therapy (PE) delivered via three delivery modalities (in-home, in-person [IHIP], home-based telehealth [HBT], and office-based telehealth [OBT]). Quantitative analyses were conducted with 159 veterans, and qualitative interviews were conducted with 22 veterans who dropped out of PE. Forty-three percent of veterans dropped out of PE (n = 69); veterans in HBT ( $\beta = .80$ ,  $p = .05$ , OR = 2.23, 95% CI [.99, 5.03]) and OBT ( $\beta = 1.41$ ,  $p < .01$ , OR = 4.11, 95% CI [1.08, 9.38]) were more likely to drop out than those in IHIP. Lower credibility of PE, greater perceived stigma, and the OBT predicted dropout in logistic regression analyses. Qualitative interviews yielded three themes: 1) practical barriers 2) psychological and health factors and 3) the therapeutic context. Each theme will be discussed. Veterans discontinue PE for several reasons; IHIP is associated with reduced attrition, but may be less practical compared to HBT and OBT.

4-137

### **Mental Health Service Engagement Following Completion of Evidence-Based Psychotherapy for PTSD**

(Abstract #1352)

**Poster #4-137 (Clin Res, QoL, Mil/Vets, Adult) - Industrialized**

**Gloucester**

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Mental health (MH) service use decreases following veterans' completion of prolonged exposure (PE) and cognitive processing therapy (CPT). The level of post-PE/CPT MH service use differs by clinic, leaving true rates unknown, and little is known about veterans' post-PE/CPT goals and reasons for continued MH service engagement. We sought to understand rates and reasons for post-PE/CPT MH service engagement in a national sample of PE and CPT completers. Data regarding MH service use in the 12 months following PE/CPT completion were collected for a national sample of veterans (n=5,634). 98% attended at least one MH appointment and 81% attended at least one psychotherapy appointment in the year following completion. Veterans attended an average of one MH appointment every other week (M=27.64, SD=41.38). Sixty veterans were randomly selected from the quantitative sample for qualitative interviews exploring perceived post-PE/CPT MH treatment needs. Veterans expressed low self-efficacy for maintaining or building upon gains without continued MH service engagement. Their post-PE/CPT

service needs were (a) additional practice and reinforcement of skills learned in PE/CPT, and (b) support from their therapist in continuing to implement newly learned skills. Development of a therapist-assisted self-management intervention designed to meet veterans' post-PE/CPT needs will be discussed.

**4-138**

**Project THRIVE: Telemental Healthcare Reaching to Increase Veteran Engagement**  
(Abstract #1351)

**Poster #4-138 (Tech, Clinical Practice, Mil/Vets, Adult) - Industrialized**

**Gloucester**

*Myers, Ursula<sup>1</sup>, Knies, Katherine<sup>2</sup>, Wangelin, Bethany<sup>2</sup>, Birks, Anna<sup>2</sup>, Grubaugh, Anouk<sup>2</sup>*  
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The Veterans Healthcare Administration (VHA) has begun implementing telemental services nationwide via VA Video Connect (VVC), which is the VHA's platform for video teleconferencing to non-VHA locations such as the home or workplace. Preliminary studies on telemental services to the home have demonstrated the clinical efficacy of this mode of service delivery relative to in-person treatment. However, satisfaction with services from both a provider and patient perspective remain understudied. We will present results from qualitative interviews conducted with 20 veterans who received evidenced-based posttraumatic stress disorder (PTSD) services via VVC and 15 providers who delivered PTSD services via VVC. We will discuss potential challenges raised by both veterans and providers, as well as possible ways to improve implementation of VVC going forward. The VHA plans to offer VVC to 100% of veterans by 2020. Understanding satisfaction with services carries the potential to: (a) improve veteran attendance of evidence-based psychotherapy for PTSD and other disorders, (b) reduce VHA costs, and (c) increase both veteran and provider satisfaction with services.

**4-139**

**Neuro-Anatomical Correlates of Prolonged Exposure (PE) Treatment Responsiveness: An Inhibitory Learning Framework**  
(Abstract #1236)

**Poster #4-139 (Clin Res, Mil/Vets, Adult) M - N/A**

**Gloucester**

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Prolonged Exposure (PE) may help reduce symptoms of PTSD by strengthening inhibitory control function. The purpose of this study was to isolate neuroanatomical markers of inhibitory control associated with responsiveness to PE. A total of 20 trauma-exposed Veterans diagnosed with PTSD completed a course of PE treatment (averaging 10 one-hour sessions). They completed a stop-signal task

(SST), a standard inhibitory control task, while undergoing functional magnetic resonance imaging (fMRI) prior to and following treatment. We applied a Bayesian learning model to the analysis of neuroimaging data collected during the SST.

At baseline, grey matter volumes of the right insula and left nucleus accumbens, regions associated with emotional salience, were negatively correlated with improvement in PTSD severity, as reflected by pre-post changes in re-experiencing symptoms ( $r = -.59$  and  $r = -.49$ ,  $ps < .05$ , respectively). Moreover, baseline volume of the left nucleus accumbens was positively correlated with activation within the right caudate to a Bayesian signed prediction error (SPE),  $r = .47$ ,  $p < .05$ , a trial-wise measure representing the discrepancy between observed and anticipated stop response. Larger grey matter volumes in the left nucleus accumbens may be a marker of over-responsive tracking of expectancy violation, which may in turn hinder effectiveness of PE in reducing PTSD symptoms.

#### 4-140

### Mediating Effect of Positive Emotion Dysregulation in the Associations between Childhood Trauma Types and Posttraumatic Stress Disorder

(Abstract #177)

Poster #4-140 (Clin Res, CSA, Complex, Mil/Vets, Adult) M - N/A

Gloucester

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The co-occurrence of childhood trauma and posttraumatic stress disorder (PTSD) is highly prevalent and clinically significant (Kilpatrick et al., 2013). A substantial body of research underscores the role of emotion dysregulation in PTSD (e.g., Tull et al., 2007; Weiss et al., 2013), yet this work has focused almost exclusively on dysregulation stemming from negative emotions. Extending research, the present study examined the mediating role of positive emotion dysregulation in the link from childhood trauma types (physical, sexual, emotional) to PTSD. Participants were 245 combat-exposed military personnel and veterans recruited from the community. The average age of participants was 31.71 years ( $SD = 5.26$ ); 241 were male (87.3%) and 137 were White (55.9%). Significant positive correlations were found among childhood trauma types (physical, sexual, emotional), difficulties regulating positive emotions, and PTSD symptom severity. Difficulties regulating positive emotions mediated the relation between childhood sexual trauma and PTSD symptom severity,  $B = -.36$ ,  $SE = .11$ ,  $95\%CI(-.628, -.167)$ . Results highlight the potential utility of PTSD interventions targeting difficulties regulating positive among combat-exposed military personnel and veterans with a history of childhood sexual abuse.

#### 4-141

### Number of Child Maltreatment Types Experienced, Mindfulness, and Self-Compassion among College Women

(Abstract #1090)

Poster #4-141 (Clin Res, CPA, CSA, Cog/Int, Adult) M - Industrialized

Gloucester

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Child maltreatment (CM) is related to several adverse outcomes, including anxiety, depression, and substance abuse (Molnar et al., 2001; Li, D'arcy, & Meng, 2016). Higher mindfulness is related to better health outcomes among adults with CM history (Whitaker et al., 2014) and high levels of self-compassion (SC) are associated with lower rates of depression and anxiety (MacBeth & Gumley, 2013). An increase in number of CM types (sexual, physical, emotional abuse; physical and emotional neglect) is associated with worse psychological outcomes (Clemmons et al., 2007). The purpose of the current research is to investigate whether the number of CM types impacts mindfulness and self-compassion in a sample of 826 college women. We hypothesized a cumulative effect of the number of CM types on mindfulness and SC. One-way MANOVAs indicated that overall, there is a significant effect of the number of CM types on mindfulness and self-compassion. Univariate ANOVAs indicated that number of CM types had a significant negative effect on the mindfulness facets describing, acting with awareness, and nonjudging of inner experience and on the SC facets of self-kindness, mindfulness, self-judgment, isolation, and overidentification. Specific group differences will be further discussed.

#### 4-143

### **The Mediational Effects of Self-Compassion on Perceived Stress: A Comparison of the Role of Childhood Abuse and Invalidating Home Environment**

(Abstract #1019)

Poster #4-143 (Clin Res, CPA, CSA, Health, Adult) - Industrialized

Gloucester

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Childhood abuse has been linked to posttraumatic outcomes including greater perceived stress (e.g., Bossé, Stalder & D'Antono, 2018) and disruptions in emotion regulation (e.g., Burns, Jackson & Harding, 2010). Invalidating childhood experiences (ICE) also disrupt the development of adaptive coping (e.g., Krause, Mendelson & Lynch, 2003). The current study sought to examine whether ICE impact perceived stress through self-compassion similarly to childhood abuse experiences. Undergraduates ( $n = 250$ , 98% female,  $M_{age} = 19.48$ ,  $SD = 2.55$ ) completed measures of childhood abuse, self-compassion, perceived stress and ICE. Two mediational models were conducted. Results suggest self-compassion partially mediates the relationship between childhood abuse and perceived stress ( $\beta = .48$ , 95% CI [.13, .88]), with a significant direct effect ( $\beta = .82$ ,  $p < .01$ ) controlling for ICE; self-compassion was not a significant mediator of ICE and perceived stress controlling for childhood abuse ( $\beta = .02$ , 95% CI [-.003, .05]), nor was the direct effect significant ( $\beta = .04$ ,  $p = .15$ ). Of note, only self-compassion and abuse history ( $\beta = -.19$ ,  $p < .01$ ;  $\beta = .82$ ,  $p < .01$ , respectively) were significant predictors of perceived stress in the ICE model. Findings suggest ICE do not appear to be related to self-compassion nor perceived stress when childhood abuse is included in the model.

4-144

**Recovery from Sexual Assault: Self-Compassion as a Mechanism Explaining the Association of Trauma- Related Shame and Traumatic Distress**

(Abstract #1020)

**Poster #4-144 (Clin Res, Comm/Int, Depr, Rape, Adult) - Industrialized**

**Gloucester**

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Shame is commonly experienced following sexual assault and may explain the relation between sexual assault and distress, particularly PTSD and depression. Because shame is a pervasive negative emotion, it is important to identify factors that may lessen its impact and promote recovery. Self-compassion may mitigate the impact of trauma-related shame, but its role in recovery from sexual assault is unknown. The current study examined whether self-compassion is a mechanism underlying the relation between trauma-related shame and distress in 113 college women who experienced sexual assault. Focused on the index sexual assault, PTSD symptoms were assessed with the PCL-5 and shame was assessed with the Trauma-Related Shame Inventory. The Self-Compassion Scale and the DASS-21 were used to assess self-compassion and general psychological distress (i.e., depression, anxiety, stress) respectively. Analyses revealed a significant indirect effect of trauma-related shame via self-compassion on all types of psychological distress except PTSD. In this case, there was a significant direct effect of shame on PTSD, but no indirect effect via self-compassion. Effect sizes were in the medium range. Findings suggest enhancing self-compassion among survivors of sexual assault may lessen the negative impact of trauma-related shame on some forms of distress, promoting resilience and recovery.

4-145

**Fear of Self-Compassion Stemming From Anti-Bisexual Prejudice Impedes Recovery of Bisexual Women Who Disclosed Sexual Assault**

(Abstract #1021)

**Poster #4-145 (Clin Res, Affect/Int, Rape, Gender, Adult) - Industrialized**

**Gloucester**

*McConnell, A. Alex<sup>1</sup>, Bhuptani, Prachi<sup>1</sup>, Messman-Moore, Terri<sup>2</sup>*

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Bisexual women experience significantly higher rates of sexual assault and PTSD compared to their peers (Roberts et al., 2010; Walters et al., 2013). Moreover, bisexual women receive more negative reactions to sexual assault disclosure than heterosexual women (Sigurvinsdottir & Ullman, 2016). These negative reactions to disclosure may stem in part from anti-bisexual prejudice, and promote PTSD symptoms by impeding women's abilities to direct kindness and compassion toward themselves in the wake of an assault. However, research has largely overlooked these variables as factors contributing to disparities in PTSD among bisexual women. The present study included 156 bisexual women who reported sexual assault and had disclosed to at least one person. Results suggested an indirect relation between antibisexual prejudice and PTSD symptoms through negative disclosure responses and fear of self-

compassion. Further, experiential avoidance moderated the relation between negative reactions and fear of self-compassion such that the indirect effect is significant only at higher levels of experiential avoidance. Findings identify targets to promote sexual assault recovery in bisexual women. Interventions should include support for responding to antibisexual prejudice to increase self-compassion for women who experience sexual assault in the context of a stigmatized sexual identity.

**4-146**

**Meaning in Life, Post-Traumatic Stress, and Resilience among College Students Impacted by Sexual Assault and Intimate Partner Violence**

(Abstract #599)

**Poster #4-146 (Clin Res, Rape, Adult) I - N/A**

**Gloucester**

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Recent literature suggests that meaning in life is associated with greater resilience and well-being after traumatic events. Sexual and relationship violence on college campuses constitutes a public health crisis with far-reaching implications for survivors. Examining correlates of resilience in college student survivors is crucial for designing effective interventions for this vulnerable population. The current study is the first to examine the role of meaning in life in post-traumatic recovery following sexual and relationship violence among college students. Undergraduate and graduate students (N=50) (18-29 yrs; 82% F) who were impacted by sexual assault or intimate partner violence were surveyed. Correlational analyses found higher scores on the Meaning in Life Questionnaire to be associated with decreased PCL-5 ( $r=-.422$ ) and BDI-II ( $r = -.541$ ) scores and associated with higher Connor-Davidson Resilience Scale ( $r= -.465$ ) and Posttraumatic Growth Inventory ( $r= .342$ ) scores. Results indicate that meaning in life is a strong correlate of resilience and posttraumatic growth in college students after interpersonal trauma. It may also buffer the severity of PTSD and depression. Findings offer initial data to support integration of meaning in life enhancement into trauma-focused interventions for college survivors of sexual and relationship violence.

**4-147**

**The Impact of Survivor Rape Acknowledgment on Disclosure Recipient Support: The Moderating Effect of Rape Myth Acceptance**

(Abstract #136)

**Poster #4-147 (Clin Res, Rape, Adult) - Industrialized**

**Gloucester**

*Kunaniec, Kristen<sup>1</sup>, Murphy-Neilson, Madeleine<sup>1</sup>, Truex, Hannah<sup>1</sup>, Pamlanje, Jordan<sup>1</sup>, Reed, Rebecca<sup>1</sup>, Newins, Amie<sup>2</sup>, Wilson, Laura<sup>1</sup>*

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Although rape is consistently associated with a range of negative psychosocial outcomes, one mitigating factor is social support. Because most rape survivors disclose their victimization experiences to at least one person, it is vital that the field better understand the impact of disclosure. In the present study, 227 college women completed the Sexual Experiences Survey and Updated Illinois Rape Myth Acceptance Scale. Then, participants were randomly assigned to read one of two hypothetical rape scenarios that differed in survivor rape acknowledgment (i.e., “I was raped” versus “I’m not sure what happened – I guess it was a miscommunication”). Then, participants indicated how they would respond to the survivor using a modified Social Reactions Questionnaire. Regression analyses revealed that the interaction between survivor rape acknowledgment and participant rape myth acceptance was significantly related to the participants’ expected reactions to the hypothetical survivor. Analyses of simple slopes showed that among participants with high rejection of rape myths, the survivors’ rape acknowledgment was not related to social reactions, while at low levels of rape myth rejection, unacknowledged rape was associated with less supportive responses than acknowledged rape. The findings have implications for informing the field on how to better support rape survivors during recovery.

#### 4-148

### **Anti-Bisexual Stigma, Negative Reactions to Disclosure of Sexual Victimization, and Hazardous Drinking among Bisexual Women**

(Abstract #137)

**Poster #4-148 (CulDiv, Health, Rape, Orient, Sub/Abuse, Adult) - N/A**

**Gloucester**

*Salim, Selime<sup>1</sup>, McConnell, A. Alex<sup>1</sup>, Messman-Moore, Terri<sup>2</sup>*

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Bisexual women report higher rates of lifetime sexual victimization compared to lesbian and heterosexual women (Walters et al., 2013), as well as higher rates of hazardous drinking (Hughes et al., 2010). Among heterosexual women, negative reactions to sexual assault disclosure are associated with hazardous drinking and other negative outcomes (Peter-Hagene & Ullman, 2014). However, it is unclear whether these findings extend to bisexual women or whether bisexual identity influences such patterns. In a sample of 162 bisexual women reporting sexual victimization, we tested whether enacted anti-bisexual stigma (e.g., hypersexuality stereotypes) was associated with alcohol use via two types of negative social reactions (turning against and unsupportive acknowledgment), and whether bisexual identity affirmation or internalized bisexual stigma moderated this link. Moderated-mediation analyses using PROCESS indicated both types of negative reactions to disclosure mediated the relation between stigma and alcohol use at mid and high, but not at low levels of internalized binegativity. Turning against reactions mediated this link at low and mid, but not at high levels of identity affirmation. Results have implications for bisexual women’s post-victimization recovery (specifically, for alcohol use) and identify bisexual stigma and identity affirmation as targets for intervention efforts.

**4-149****Sexual Assault Acknowledgment among College Men: Assault Characteristics and Assault Narratives**

(Abstract #138)

**Poster #4-149 (Social, Rape, Adult) - Industrialized****Gloucester**

*Littleton, Heather, Rudolph, Kelly, Downs, Emily*  
*East Carolina University, Greenville, North Carolina, USA*

There is growing recognition that men are at risk for sexual assault in emerging adulthood. However, little is known about the experiences of male victims, including how they conceptualize their assault. The current study sought to examine assault acknowledgment among 52 college men (mean age 19 years; 75% White; 79% heterosexual) who experienced sexual assault after age 13, including differences by acknowledgment status in assault characteristics and themes within written assault narratives. The majority did not acknowledge their assault, 69.2% (n = 36). Acknowledged victims were significantly more likely to report a male perpetrator (50% vs. 11%),  $\chi^2(1) = 9.4, p < .01$ , and that that she or he used moderate force (e.g., holding him down; 75% vs. 31%),  $\chi^2(1) = 8.9, p < .01$ . While not significant, acknowledged victims were also more likely to engage in moderately assertive resistance (e.g., saying no or stop; 75% vs. 47%),  $\chi^2(1) = 3.5, p = .06$ . There also was a trend for unacknowledged victims to be more likely to binge drink prior to the assault (53% vs. 25%),  $\chi^2(1) = 3.5, p = .06$ . Thematic analyses will examine differences in assault types (e.g., violent assault, incapacitated assault) and reactions (e.g., minimizing responses) by acknowledgment status. Implications of the findings for understanding how men conceptualize and cope with sexual assault will be discussed.

**4-150****Sexual Assault, Posttraumatic Stress Symptoms, and Indices of Aggression among Women**

(Abstract #794)

**Poster #4-150 (Clin Res, Aggress, Rape, Adult) I - Industrialized****Gloucester**

*Walker, Hannah, Wamser-Nanney, Rachel, Nanney, John*  
*University of Missouri St. Louis, St. Louis, Missouri, USA*

Sexual assault (SA) is associated with many adverse psychological outcomes, including a higher risk for developing posttraumatic stress disorder (PTSD). Although non-sexual trauma exposure has been linked to aggressive behavior, a relationship between SA and aggression has not been explored. The aims of the study were to 1) examine the relations between SA, PTSD symptoms, and indices of aggression (i.e., physical/verbal aggression, anger, and hostility) and 2) investigate the PTSD symptom clusters in relation to aggression among 262 civilian females (Mage=29.03 SD=11.71; 67.6% white). While SA was not tied to aggression ( $ps > .05$ ), PTSD symptoms were consistently related to the aspects of aggression ( $bs = .21-.47$ ). Results indicated specificity in the relationships between the PTSD symptom clusters and the indices of aggression. Trauma-related changes in feelings and thoughts corresponded with increased physical aggression ( $b = .26$ ) and hostility, and avoidance was related to verbal aggression ( $b = .19$ ). Trauma-related changes in arousal were also tied to higher levels of anger and hostility. Nonetheless, lower levels of intrusion symptoms were related to higher anger and hostility ( $bs = -.22-.31$ ). PTSD symptoms, compared

to SA, may be more relevant in understanding women's risk for aggression. Further, there may be specificity in terms of type of PTSD symptoms and aspects of aggression.

#### 4-151

### **Religious Coping as a Moderator for Childhood Interpersonal Trauma and Posttraumatic Stress and Resilience**

(Abstract #726)

**Poster #4-151 (Clin Res, CPA, CSA, Clin Res, Neglect, Adult) - N/A**

**Gloucester**

*Walker, Hannah<sup>1</sup>, Wamser-Nanney, Rachel<sup>1</sup>, Howell, Kathryn<sup>2</sup>*

<sup>1</sup>*University of Missouri St. Louis, St. Louis, Missouri, USA*

<sup>2</sup>*University of Memphis, Memphis, Tennessee, USA*

Religious coping is linked to symptom trajectories following adult interpersonal trauma, but little is known about the relationships between cumulative childhood interpersonal trauma (i.e., physical/sexual abuse; witnessing IPV), religious coping, and psychological outcomes. This study examined whether religious coping moderated the associations between childhood interpersonal trauma and posttraumatic stress symptoms (PTSS) and resilience. Participants included 565 undergraduates from two universities (Mean=20.83 SD=4.11; 61% White; 81% female). In the positive and negative religious coping models, childhood interpersonal trauma was related to higher PTSS ( $B=5.60$ ;  $B=6.38$ ) but was not related to resilience ( $B=.87$ ;  $B=-2.62$ ). While positive religious coping was not related to PTSS ( $B=-.007$ ), it was linked to resilience ( $B=.73$ ). Negative religious coping was tied to PTSS ( $B=.87$ ) but not resilience ( $B=-.29$ ). Positive religious coping did not moderate the associations between cumulative childhood interpersonal trauma and PTSS or resilience. Negative religious coping did not moderate the relations between childhood interpersonal trauma and PTSS or resilience ( $ps > .05$ ). Types of religious coping have unique links to specific psychological outcomes, and future work should assess if there are aspects of positive religious coping that may be cultivated to support resilient outcomes.

#### 4-152

### **Identifying Assets across the Social Ecology associated with Resilience in Pregnant Women experiencing Intimate Partner Violence**

(Abstract #724)

**Poster #4-152 (Clin Res, DV, Adult) - Industrialized**

**Gloucester**

*Howell, Kathryn<sup>1</sup>, Miller-Graff, Laura<sup>2</sup>, Napier, Taylor<sup>1</sup>, Scheid, Caroline<sup>2</sup>*

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Intimate partner violence (IPV) during pregnancy is detrimental to women and their unborn children. While IPV demonstrates pronounced deleterious effects, many women evince resilience. This study employed hierarchical regression modeling to examine factors associated with resilience in 107 IPV-exposed pregnant women. Different types of adversity were entered into model 1, including adverse childhood experiences, exposure to stressful life events in adulthood, and IPV severity. Model 2 added

social support from family and friends. Model 3 added parenting confidence and parenting attitudes. The first model was not significant. The second model was significant,  $F(5, 95)=2.35$ ,  $p<.05$ ,  $R^2=11.0\%$ ; with more social support from friends ( $\beta=.50$ ,  $p<.05$ ) associated with higher resilience. The third model was significant,  $F(7, 93)=5.02$ ,  $p<.001$ ,  $R^2=27.4\%$ ; with more friend support ( $\beta=.46$ ,  $p<.05$ ) and higher parenting confidence ( $\beta=.37$ ,  $p<.001$ ) associated with higher resilience. Findings draw attention to strengths within women's social ecologies, as well as their own self-perceptions, that may enhance resilience. Intervention strategies are needed to bolster sources of support and self-efficacy among women experiencing IPV. Specifically, providing safe, open spaces that bring women together may foster support and self-confidence, ultimately enhancing resilience in IPV-exposed, pregnant women.

#### 4-153

### Factors Inhibiting and Supporting Eight-Year Resilience Trajectories in IPV-Exposed Children

(Abstract #725)

Poster #4-153 (Clin Res, Commun, DV, Fam/Int, Child/Adol) - Industrialized

Gloucester

*Galano, Maria<sup>1</sup>, Grogan-Kaylor, Andrew<sup>2</sup>, Clark, Hannah<sup>3</sup>, Stein, Sara<sup>4</sup>, Graham-Bermann, Sandra<sup>4</sup>*

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Millions of children in the US are exposed to intimate partner violence (IPV) every year, and many experience significant adjustment problems as a result. However, IPV-exposed children also demonstrate strengths that can buffer against the negative effects of IPV. Few studies have investigated resilience over time, or what promotes changes in resilience. This study utilized data from a sample of 120 children exposed to IPV who were recruited between the ages of 4-6 as part of an intervention study for IPV-exposed families. Hierarchical linear modeling (HLM) was used to assess factors associated with resilience at four waves: pre- and post-intervention, six-month follow-up, and eight-year follow-up. Intervention did not have a significant effect on resilience trajectories. Witnessing psychological IPV was associated with poorer resilience ( $B = -0.03$ ,  $p < .001$ ). Inconsistent discipline and corporal punishment were also associated with decreased resilience ( $B = -0.18$ ,  $p < .05$ ;  $B = -0.29$ ,  $p < .01$ ). Better maternal coping was associated with increased resilience ( $B = 0.32$ ,  $p < .001$ ). These results highlight differential effects of IPV subtypes. Further, they identify malleable factors, including parenting and maternal coping, that can be incorporated into interventions with IPV-exposed children to enhance their resilience and potentially decrease adjustment problems.

**4-154****Coping with Community Trauma: Factors Related to Posttraumatic Stress and Health Behaviors following Ferguson**

(Abstract #727)

**Poster #4-154 (Clin Res, Chronic, Comm/Vio, Cul Div, Health, Adult) - Industrialized Gloucester**

*Wamser-Nanney, Rachel, Nanney, John, Harb, Camelia*  
*University of Missouri St. Louis, St. Louis, Missouri, USA*

Few studies have examined the links between mass community violence, such as the violence in Ferguson, Missouri and functioning and even less is known regarding what factors may alter these relationships. The aims of the present study were to: 1) examine the associations between Ferguson violence exposure and posttraumatic stress symptoms (PTSS) and other outcomes; 2) determine whether prior life trauma accounted for relations between Ferguson violence exposure and functioning; and 3) among minority participants investigate whether there was an indirect effect of violence exposure on outcomes through levels of discrimination among 419 students from a university adjacent to Ferguson (Mage = 25.92, SD = 7.11; 68.2% female; 63.8% White). Ferguson violence exposure was related to higher levels of PTSS and negative trauma-related cognitions, as well as negative changes to one's diet, alcohol intake, and level of exercise. Prior life trauma accounted for the links between Ferguson exposure and PTSS and changes in health behaviors. Among minorities (n =148), discrimination mediated the ties between violence exposure and PTSS and health behaviors. Results illustrate the potential negative impact of mass community violence on functioning. Intervention efforts after mass community violence should target prior trauma history and discrimination to help to support resilient outcomes.

**4-155****Mental Health Correlates of Clinical and Subthreshold PTSD among Firefighters**

(Abstract #176)

**Poster #4-155 (Clin Res, Chronic, Depr, Sleep, Sub/Abuse, Adult) I - Industrialized Gloucester**

*Bartlett, Brooke<sup>1</sup>, Lebeaut, Antoine<sup>1</sup>, Tran, Jana<sup>2</sup>, Vujanovic, Anka<sup>1</sup>*  
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*<sup>2</sup>Houston Fire Department, Houston, Texas, USA*

Firefighters experience high rates of trauma and posttraumatic stress disorder (PTSD). Subthreshold-PTSD is generally associated with similar levels of distress and impairment as clinical PTSD. This investigation is the first to examine mental health correlates of clinical and subthreshold-PTSD among firefighters. The sample was comprised of 802 firefighters: trauma-exposed only (TEO; n=645); subthreshold-PTSD (n=83); clinical PTSD (n=74). We hypothesized that: 1) firefighters with clinical PTSD would endorse similar levels of mental health-relevant symptoms as firefighters with subthreshold-PTSD but higher levels than TEO firefighters; 2) firefighters with subthreshold-PTSD would endorse higher levels of mental health symptomatology than TEO firefighters. Age, gender, race/ethnicity, and trauma load were used as covariates. Firefighters with clinical PTSD reported significantly higher levels of sleep disturbance, depression, suicidality, alcohol use severity, occupational stress, and suicide risk in comparison to firefighters with subthreshold-PTSD and TEO firefighters ( $p's < .001$ ). Firefighters with

subthreshold-PTSD endorsed significantly higher levels of all aforementioned outcomes in comparison to TEO firefighters ( $p$ 's<.001). Results highlight the importance of considering the impact of clinical and subthreshold PTSD among firefighters. Clinical implications are discussed.

**4-156**

**PTSD Symptom Severity and Mindfulness in Relation to Alcohol Use Severity and Alcohol Use Coping Motives among Urban Firefighters**

(Abstract #849)

**Poster #4-156 (Clin Res, Chronic, Sub/Abuse, Adult) - Industrialized**

**Gloucester**

*Bartlett, Brooke<sup>1</sup>, Smith, Lia<sup>1</sup>, Tran, Jana<sup>2</sup>, Vujanovic, Anka<sup>1</sup>*

<sup>1</sup>*University of Houston, Houston, Texas, USA*

<sup>2</sup>*Houston Fire Department, Houston, Texas, USA*

Firefighters are at high risk of posttraumatic stress disorder (PTSD) symptomatology and alcohol use, and firefighters experiencing PTSD symptoms may be more likely to use alcohol as a coping strategy. We investigated the main and interactive effects of PTSD symptom severity and mindfulness in relation to alcohol use severity and alcohol use motives in firefighters. Trauma load was included as a covariate. We hypothesized that firefighters who endorsed greater PTSD symptom severity and lower levels of mindfulness would report greater alcohol use severity and alcohol use coping motives (AUCM), specifically. The sample was comprised of 654 trauma-exposed firefighters who endorsed lifetime alcohol use. PTSD symptom severity was significantly, positively associated with alcohol use severity and AUCM ( $p$ 's<.001). Mindfulness was significantly, negatively associated with alcohol use severity and AUCM ( $p$ 's<.01). Significant interactive effects were noted in relation to alcohol use severity and AUCM ( $p$ 's<.05); firefighters who endorsed greater PTSD symptom severity and lower levels of mindfulness had the highest levels of alcohol use severity and AUCM. Findings highlight clinically-relevant implications, as effective alcohol use interventions for firefighters who experience PTSD symptomatology might incorporate mindfulness skills to enhance outcomes.

**4-157**

**Reduced Alcohol Use Following Veterans' Use of Online Intervention Predicts Increased Hyperarousal Symptoms: Next Steps in Assessment and Integrated Online Intervention Delivery**

(Abstract #847)

**Poster #4-157 (Clin Res, Pub Health, Sub/Abuse, Tech, Adult) - N/A**

**Gloucester**

*Livingston, Nicholas<sup>1</sup>, Mahoney, Colin<sup>2</sup>, Ameral, Victoria<sup>1</sup>, Enggasser, Justin<sup>3</sup>, Brief, Deborah<sup>3</sup>, Rubin, Amy<sup>3</sup>, Litwack, Scott<sup>4</sup>, Roy, Monica<sup>3</sup>, Solhan, Marika<sup>3</sup>, Helmuth, Eric<sup>5</sup>, Rosenbloom, David<sup>5</sup>, Keane, Terence<sup>6</sup>*

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In this study, we report results from the nationwide implementation of our online intervention to treat co-occurring alcohol use and PTSD among returning veterans. Once veterans registered on the intervention website, they completed assessment and received personal feedback related to alcohol use and PTSD. They were then given access to additional therapeutic content tailored to address co-occurring alcohol use and PTSD symptoms. Alcohol use decreased significantly over six months, with the largest change between baseline and one-month. While PTSD symptoms also decreased over time, this change was delayed until month three. Upon further analysis, we found that greater reductions in alcohol use between baseline and one month predicted subsequent increases in PTSD symptom levels, driven primarily by increases in hyperarousal symptoms. This is notable given that hyperarousal is associated with greater risk for alcohol use, and in our study, online treatment dropout. These findings highlight the importance of providing integrated treatment options to veterans with alcohol use and PTSD, as well as performing careful assessment of PTSD symptoms changes following a decrease in alcohol consumption. These data also speak to the importance of further online intervention development to tailor assessment and intervention delivery in accordance with changing symptom profiles over time.

#### 4-158

### **Posttraumatic Stress Disorder and Alcohol Misuse: A Path Analyses Exploring Proportionate Substance-Related Reinforcement and Coping Motives**

(Abstract #848)

**Poster #4-158 (Pub Health, Sub/Abuse, Theory, Adult) - Industrialized**

**Gloucester**

*Luciano, Matthew<sup>1</sup>, Acuff, Samuel<sup>1</sup>, McDevitt-Murphy, Meghan<sup>1</sup>, Murphy, James<sup>1</sup>, MacKillop, James<sup>2</sup>*

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<sup>2</sup>*McMaster University, Hamilton, Ontario, Canada*

Research supports a strong relation between posttraumatic stress disorder (PTSD) and alcohol misuse, with these co-occurring conditions being historically understood through the lens of coping-related drinking motives (i.e., negative reinforcement). More recent research suggests that substance-free positive reinforcement may also play an important role in understanding drinking behavior. This may be especially true for individuals with PTSD, which is characterized by reductions in enjoyment and engagement. The goal of this study was to explore how proportionate substance-related reinforcement (ratio of engagement and enjoyment from alcohol-related vs. alcohol-free activities) and coping-related drinking motives may play a role in understanding the relation between PTSD and alcohol misuse. Participants were adult drinkers with a trauma history (N=426). Using structural equation modeling, we found that PTSD severity (PCL-5) was related to a latent variable of alcohol misuse (DDQ, YAACQ, AUDS; est = .22, p<.001). Further, PTSD severity demonstrated an indirect effect through both proportional substance-related reinforcement (ARSS; est=.04, p<.01) and coping-related drinking (DMQ-R; est=.17, p<.001) on the latent alcohol misuse variable. The present findings suggest multiple pathways linking PTSD and substance misuse and the need for behavioral economic treatment approaches.

**4-159**

**A Delphi Study to Integrate Prolonged Exposure for Primary Care and Motivational Enhancement Therapy for Heavy Alcohol Use**

(Abstract #850)

**Poster #4-159 (Clin Res, Sub/Abuse, Mil/Vets, Care, Adult) - Industrialized**

**Gloucester**

*Possemato, Kyle<sup>1</sup>, Mastroleo, Nadine<sup>2</sup>, King, Paul<sup>3</sup>, Balderrama-Durbin, Christina<sup>4</sup>, Rauch, Sheila<sup>5</sup>, Castro, Ivan<sup>3</sup>*

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Heavy drinking and PTSD are common and debilitating conditions among primary care patients, yet patients with these conditions often do not follow through on referrals to mental health/substance treatment. While integrated primary care (IPC) provides a unique opportunity to intervene, no brief empirically-supported treatments for co-occurring heavy drinking and PTSD exist. This study combined two evidence-based treatments (Prolonged Exposure for Primary Care; Motivational Enhancement Therapy) into a single IPC intervention using Delphi methodology. Five content experts provided feedback on intervention content and feasibility over two rounds of data collection. During round-one, experts independently rated the acceptability of 33 aspects of the manual. In round-two, experts received a summary of prior feedback, and then rated a revised manual. During round-one, 73% of elements were rated “acceptable-with-modifications” (versus 21% rated as “acceptable-as-is”). Themes for modification included contextual edits to improve fit with typical IPC, content edits to strengthen the connection between PTSD and drinking, and reducing session content to improve feasibility. During round-two, all aspects of the manual reached consensus, which was defined as  $\geq 80\%$  agreement among experts. The resulting manual consists of five 30-minute sessions and is now being tested in a multi-site trial.

**4-160**

**Lagged Effects of PTSD Severity on Substance Use in a Randomized Controlled Trial (RCT): Evidence that Substance Use Outcomes are Equivalent Regardless of Treatment Type and PTSD Severity**

(Abstract #1197)

**Poster #4-160 (Clin Res, Cog/Int, Sub/Abuse, Adult) - Industrialized**

**Gloucester**

*Smith, Kathryn<sup>1</sup>, Fitzpatrick, Skye<sup>2</sup>, Lopez-Castro, Teresa<sup>3</sup>, Ruglass, Lesia<sup>4</sup>, Hien, Denise<sup>2</sup>*

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Treatment studies for comorbid substance use disorders (SUDs) and posttraumatic stress disorder (PTSD) have primarily focused on outcomes, without examining differences in rate of change or how PTSD may influence SUD treatment. Using data from a RCT comparing an exposure-based combined PTSD and SUD treatment (COPE) and relapse prevention (RPT; Ruglass et al., 2017), we examined: 1) how substance use changed during the two treatments; 2) whether the levels of PTSD severity from the week prior impacted substance use at the end of treatment; and 3) whether there was any indication that COPE or RPT would have stronger effects on substance use at the end of treatment, based on levels of PTSD. Using a piece-wise, two-level mixed-effects model, results indicated that RPT (IRR = 0.87, CI [0.86,0.89],  $p < .001$ ) was associated with a more rapid reduction in weekly days of substance use (IRR = 0.91, CI [0.89,0.92],  $p < .001$ ) and that reporting higher PTSD severity, was associated with higher weekly days of substance use at the end of the treatment phase (IRR = 1.13, CI [1.04,1.24],  $p = .006$ ). However, when looking at the combined impact of treatment type and different levels of PTSD severity, participants reported similar levels of substance use. Implications can inform discussions of treatment selection with PTSD+SUD clients, and support the importance of client preferences.

**4-161****Difficulties Regulating Positive Emotions Mediate the Relation between Childhood Sexual Abuse and Drug Misuse among Military Personnel**

(Abstract #171)

**Poster #4-161 (Clin Res, Affect/Int, CPA, CSA, Sub/Abuse, Adult) I - Industrialized Gloucester**

*Raudales, Alexa, Weiss, Nicole, Forkus, Shannon*  
*University of Rhode Island, Kingston, Rhode Island, USA*

Background: Research suggests that childhood trauma may disrupt the development of adaptive emotion regulation (Ehring & Quack, 2010). In turn, emotion dysregulation has been implicated in the etiology and treatment of drug misuse (Weiss et al., 2015). Yet, extant research has focused on negative emotions, despite evidence highlighting the role of difficulties regulating positive emotions in drug misuse (Weiss et al., 2018). This study addresses this critical gap in the literature by testing the associations between childhood trauma types and drug misuse via difficulties regulating positive emotions.

Methods: Participants were 245 combat-exposed military veterans from the community (87.3% male; 55.9% White; Mage = 31.72). Participants completed the Childhood Trauma Questionnaire, Difficulties in Emotion Regulation Scale - Positive, and the Drug Abuse Screening Test.

Results: Difficulties regulating positive emotions were significantly associated with childhood trauma types (physical, sexual, emotional) and drug misuse. Difficulties regulating positive emotions mediated the effects of childhood sexual trauma on drug misuse ( $B = -0.13$ ,  $SE = 0.07$ , 95% CI [-0.29, -0.003]), but not physical or emotional trauma.

Conclusion: Findings are the first to suggest a mechanistic role of difficulties regulating positive emotions in drug misuse among survivors of childhood sexual abuse.

**4-162****Mental Health Correlates of Co-Occurring PTSD and Alcohol Use Disorder among Firefighters**

(Abstract #551)

**Poster #4-162 (Clin Res, Sub/Abuse, Other) I - Industrialized****Gloucester***Zegel, Maya, Lebeaut, Antoine, Smith, Lia, Vujanovic, Anka  
University of Houston, Houston, Texas, USA*

Firefighters demonstrate disproportionately higher rates of posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD). No studies among firefighters have examined mental health correlates or functional outcomes of PTSD/AUD comorbidity compared to PTSD- or AUD-alone. This study explores four discrete groups of firefighters: (1) trauma-exposure only (n=470), (2) PTSD-only (n=35), (3) AUD-only (n=125), and (4) PTSD/AUD (n=27). Outcomes included PTSD, alcohol use, depression, sleep disturbance, suicide risk, anger, and functional impairment. We hypothesized that firefighters with PTSD/AUD would demonstrate the most severe levels of each outcome. Participants included 657 career firefighters, who completed online questionnaires; empirically determined cut-off scores were used to define diagnostic groups. Covariates included age, sex, and years in the fire service. Firefighters with PTSD/AUD demonstrated more severe alcohol use, depression symptoms, sleep disturbance, suicide risk, anger, and functional impairment than firefighters with AUD-only or trauma-only. Firefighters with PTSD/AUD and PTSD-only reported similar levels of each of the studied variables, except suicide risk, which was higher among the PTSD/AUD group. Results provide the first empirical evidence of the deleterious impact of PTSD/AUD comorbidity among firefighters. Clinical implications will be discussed.

**4-163****Childhood Maltreatment Severity and Suicidal Ideation among Adult Psychiatric Inpatients: The Mediating Role of Distress Tolerance**

(Abstract #491)

**Poster #4-163 (Clin Res, CPA, Adult) I - Industrialized****Gloucester***Zegel, Maya, Bartlett, Brooke, Lebeaut, Antoine, Johnson, Antonio, Vujanovic, Anka  
University of Houston, Houston, Texas, USA*

Psychiatric inpatients are at heightened risk for suicidal ideation and behavior. Childhood maltreatment, a clinical correlate of suicidal ideation and behavior, is prevalent among psychiatric inpatients. Distress tolerance (DT), the perceived capacity to withstand negative emotional states, is a clinically-malleable factor with established associations with childhood maltreatment and suicidal ideation/behavior. Therefore, this study examined associations among childhood maltreatment severity, DT, and suicidal ideation and suicide-related hospitalization (yes/no) among adult psychiatric inpatients. We hypothesized that DT would mediate the association between childhood maltreatment severity and suicidality. Participants included 99 adult acute-care psychiatric inpatients (58.6% male;  $M_{age}=33.4$ ,  $SD=12.0$ ). Covariates included sex, number of past suicide attempts, number of psychiatric diagnoses at intake, and substance use. A significant indirect effect was found for childhood maltreatment severity via DT in

relation to suicidal ideation ( $b=.013$ ,  $SE=.005$ , 95% CI[0.002,0.023]) and to suicide-related hospitalization. There was no direct effect of childhood maltreatment on suicidality. DT may present an important clinical suicide intervention or prevention target for psychiatric inpatients with childhood maltreatment histories. Clinical implications will be discussed.

#### 4-165

### **Difficulties Regulating Positive Emotions among Community Individuals: The Role of Traumatic Exposure and Posttraumatic Stress Disorder**

(Abstract #954)

**Poster #4-165 (Clin Res, Affect/Int, Comm/Int, Health, Adult) I - Industrialized Gloucester**

*Weiss, Nicole<sup>1</sup>, Contractor, Ateka<sup>2</sup>, Forkus, Shannon<sup>1</sup>, Goncharenko, Svetlana<sup>1</sup>, Raudales, Alexa<sup>2</sup>*

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Emotion regulation difficulties have been theoretically and empirically linked to posttraumatic stress disorder (PTSD). This literature, however, has focused almost exclusively on difficulties regulating negative emotions. Extending research, this study explored levels of difficulties regulating positive emotions among community individuals without traumatic exposure, with traumatic exposure but no PTSD, and with traumatic exposure and PTSD. Participants were 423 community individuals (34.5% White; 68.4% female; M age = 43.93) who completed the Life Events Checklist for DSM-5 (Weather et al., 2013), PTSD Checklist for DSM-5 (Weathers et al., 2013), and Difficulties in Emotion Regulation Scale – Positive (Weiss et al., 2015). Participants with PTSD reported greater difficulties regulating positive emotions than participants without traumatic exposure and those with traumatic exposure but no PTSD. Furthermore, participants with traumatic exposure but no PTSD were significantly less likely to report difficulties regulating positive emotions than participants without traumatic exposure. These findings provide support for the relevance of emotion dysregulation to PTSD per se (versus traumatic exposure in general), and suggest the potential utility of assessing and treating difficulties regulating positive emotions among individuals with PTSD.

#### 4-166

### **Identifying the Role of Ethnic Identity in the Association between Posttraumatic Stress Disorder and Difficulties Regulating Emotions in a Diverse Community Sample**

(Abstract #1017)

**Poster #4-166 (Clin Res, Affect/Int, Cul Div, Ethnic, Health, Adult) I - Industrialized Gloucester**

*Weiss, Nicole<sup>1</sup>, Schick, Melissa<sup>1</sup>, Reyes, Miranda<sup>2</sup>, Thomas, Emmanuel<sup>1</sup>, Suazo, Nazaret<sup>1</sup>, Contractor, Ateka<sup>3</sup>*

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Posttraumatic stress disorder (PTSD) has been associated with difficulties regulating emotions (Tull et al., 2007; Weiss et al., 2013). This literature, however, has focused almost exclusively on difficulties regulating negative emotions. Further, research has not considered the influence of cultural factors (e.g., ethnic identity) on this relation. Extending research, this study examined the moderating role of ethnic identity in the associations between PTSD symptom severity and difficulties regulating both negative and positive emotions. Participants were 423 community individuals (68.4% female; M age = 43.93) stratified by race/ethnicity (approximately 25% were Asian, Black, Hispanic, and White) who completed empirically validated measures. Ethnic identity was found to moderate the relations between PTSD and difficulties regulating both negative and positive emotions, such that these associations were stronger among individuals with a lower ethnic identity. These findings provide support for the relevance of ethnic identity in the relation of PTSD to difficulties regulating emotions.

#### 4-168

#### **Narrative Reconstruction for Prolonged Grief Disorder – An Open Trial**

(Abstract #1240)

**Poster #4-168 (Clin Res, Affect/Int, Clin Res, Clinical Practice, Death, Adult) M - Industrialized**

**Gloucester**

*Peri, Tuvia*

*Bar-Ilan University, Ramat Gan, Israel*

**Aims:** Based on similarities in the symptomatology of PGD and PTSD it has been suggested that the lack of integration of the loss into the patient's autobiographical memories leads to intense yearning, persistent thoughts about the deceased and difficulties accepting the reality of the loss. This study implemented an adjusted Narrative Reconstruction (NR) therapy formerly used effectively with PTSD patients (Peri et al., 2016) to treat PGD patients in an open trial.

**Method:** 12 patients diagnosed with PGD were treated with NR - a time limited intervention (16 sessions) in which a written narrative of the loss or the unremitting memory is prepared together with the patient. The personal meaning integrating the loss in the patient's autobiographical memory is elaborated. Patients were evaluated before and after therapy and at 3 months follow up, using PG-13, CAPS and BDI.

**Results:** HLM analysis yielded a significant effect of NR. Symptoms measured by PG-13, were reduced from 40 (sd=4.96) to 28 (sd=4.87),  $p < 0.0001$ ; Cohen's  $D = 2.44$ . Reduction in symptoms was preserved and even increased at 3 months follow-up. Spontaneous Loss Narratives' coherence and fragmentation levels and their relationship to symptom change will be reported.

**Discussion:** This pilot study demonstrates the possible effectiveness of NR for the treatment of PGD and its relationship to narrative changes.

4-169

**Demographic Variation in Military Life Stress and Perceived Support among Military Spouses**

(Abstract #868)

**Poster #4-169 (Pub Health, Comm/Int, Fam/Int, Mil/Vets, Adult) - Industrialized Gloucester**

*Corry, Nida<sup>1</sup>, Williams, Christianna<sup>1</sup>, Radakrishnan, Sharmini<sup>2</sup>, McMaster, Hope<sup>3</sup>, Sparks, Alicia<sup>4</sup>, Briggs-King, Ernestine<sup>5</sup>, Karon, Samantha<sup>4</sup>, Stander, Valerie<sup>6</sup>*

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The experiences of military spouses may have a significant impact on the well-being, readiness, and resilience of the military force and their families. Certain military spouses, such as dual-military couples, Reserve/National Guard spouses, and male spouses, remain understudied. Using data from the Millennium Cohort Family Study, a nationwide survey of 9,872 married military spouses, we examined differences in experiences of military life, perceived social support and support from the military, and coping skills across multiple understudied subgroups. We assessed spouse sociodemographic (e.g., gender, age, race/ethnicity, education, and military service history), military (e.g., branch, component, pay grade), and family (e.g., duration of marriage, number of children) characteristics. Results indicated that spouses who are younger than 24 or older than 35, have a high school diploma or less, are unemployed, are married to enlisted service members in the Army, Navy, or Marine Corps, or have two or more children are more likely to experience heightened military stress, less social support, and/or poorer coping skills. This complex pattern of results highlights the need for future research on understudied and vulnerable subgroups of military spouses to determine how to channel limited resources and programs to those most affected and in need of particular services.

4-172

**Gender Differences in Relations between Social Information Processing, PTSD Symptoms, and Intimate Partner Violence**

(Abstract #797)

**Poster #4-172 (Assess Dx, Aggress, DV, Theory, Adult) - Industrialized Gloucester**

*Gilbar, Ohad<sup>1</sup>, Gnall, Katherine<sup>2</sup>, Taft, Casey<sup>3</sup>*

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Prior research indicates a connection between posttraumatic stress disorder (PTSD), cognitive biases, and the use of intimate partner violence (IPV). However, no work that we are aware of has focused on gender differences in these associations in couples. We used structural equation modeling and a community sample of 83 couples to examine cognitive biases as a mediator between PTSD symptoms and the outcomes of IPV and anger expression. Self-report questionnaires assessing PTSD symptoms (PTSD Checklist), anger expression (State-Trait Anger Expression Scale), and IPV (Revised Conflict Tactics Scales) were used, and the Articulated Thoughts in Simulated Situations protocol was used for a laboratory-based assessment of cognitive biases. We examined direct and indirect effects between PTSD, cognitive biases, and the outcomes of IPV and anger expression for both men and women in the same model. Preliminary results indicated that for men only, PTSD had a direct effect on cognitive biases ( $\beta=.33, p<.001$ ), and cognitive biases had a direct effect on anger expression ( $\beta=.28, p<.01$ ), suggestive of an indirect effect of PTSD symptoms on anger expression. These preliminary findings suggest that PTSD symptoms and cognitive biases may be particularly salient for anger expression in men relative to women.

#### 4-173

### **National Implementation of a Trauma-informed Intervention for Intimate Partner Violence in Veterans: Three-year Outcomes**

(Abstract #796)

**Poster #4-173 (Clin Res, Aggress, DV, Mil/Vets, Adult) - Industrialized**

**Gloucester**

*Gnall, Katherine<sup>1</sup>, Cole, Hannah<sup>1</sup>, Creech, Suzannah<sup>2</sup>, Taft, Casey<sup>1</sup>*

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The Department of Veterans Affairs (VA) has developed a comprehensive national program to address intimate partner violence (IPV), and every VA hospital now must offer services not only for those who experience IPV, but also those who engage in IPV. *Strength at Home (SAH)* is a trauma-informed intervention previously shown to be associated with reductions in the use of physical and psychological IPV in randomized controlled trials and other implementation studies. In partnership with VA and the Bob Woodruff Foundation, we have begun a 5-year implementation of the program, with the goal of full implementation nationwide. The present study describes three-year outcomes from implementing *SAH* at 30 VA medical centers. Results from 454 veterans who completed both pre- and post-intervention assessments, and assessments conducted with collateral partners, indicate *SAH* resulted in a significant decrease in types of IPV used,  $t(453) = 25.62, p < .01$ , and significant reductions in the proportion of veterans who used physical aggression, psychological aggression, and coercive control behaviors (all  $p$ 's  $< .01$ ). Results also indicate significant reductions in PTSD symptoms,  $t(434) = 5.95, p < .01$ , and alcohol misuse  $t(444) = 5.13, p < .01$ . Results attest to the success of the ongoing implementation effort.

4-174

**Strength at Home for Preventing Intimate Partner Violence in Civilians: A Pilot Study**

(Abstract #800)

**Poster #4-174 (Prevent, Aggress, Clin Res, Commun, DV, Adult) - Global**

**Gloucester**

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The Strength at Home program for those who engage in intimate partner violence (IPV) is the only such program shown effective in randomized controlled trials for veterans. The current study represents an attempt to examine the initial effectiveness of the program for a small civilian sample of men court-mandated to IPV intervention. The presenter will discuss the trauma-informed social information processing model for IPV that is the basis for the intervention, and how this model applies to civilians exposed to non-military trauma. Considering that the model holds across veterans and civilians, and trauma is a strong risk factor for IPV, a trauma-informed approach seems warranted. Data for this pilot study was drawn from 13 participants who were court-mandated to intervention in the state or Rhode Island. Participants and their partners are assessed (separately and anonymously) at pre-treatment, post-treatment, and two 3-month follow ups, with physical and psychological IPV as the primary outcomes. Initial analyses with currently available data indicate large, significant reductions in both physical ( $t = 2.59, p < .05, r = .54$ ) and psychological ( $t = 2.48, p < .05, r = .53$ ) IPV. We also observed large reductions in the secondary outcome of alcohol use ( $t = 2.70, p < .01, r = .61$ ). These initial results suggest the effectiveness of the program for civilians.

4-176

**Aggression and PTSD: What is the Clinical Profile of Veterans with Externalizing Behaviors?**

(Abstract #1211)

**Poster #4-176 (Clin Res, Aggress, Clin Res, Adult) - Global**

**Gloucester**

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Externalizing behaviors such as aggression are prevalent in veterans with posttraumatic stress disorder (PTSD). Little research has examined the clinical profile of veterans with PTSD who endorse externalizing symptoms. Data were from 214 veterans with full or subthreshold PTSD were analyzed from the National Health and Resilience in Veterans Study, a nationally representative study of U.S. military veterans. Veterans who endorsed elevated levels of trauma-related irritability/aggression and/or risky or destructive behaviors were compared to those who endorsed lower levels with respect to sociodemographic and clinical characteristics. A total of 22.9% of veterans reported elevated levels of externalizing behaviors. These veterans were younger and reported greater severity of concentration difficulties ( $d=0.9$ ), sleep disturbance ( $d=0.5$ ), and hypervigilance ( $d=0.3$ ) symptoms. They were also more likely to screen positive for an alcohol and drug use disorder (odds ratios [OR]=3.8 and 3.0, respectively), and suicidal ideation (OR=3.4); and scored higher on measures of hostility ( $d=1.1$ ), and lower on measures of mental health functioning ( $d=0.6$ ), emotional stability ( $d=0.4$ ), and quality of life ( $d=0.4$ ). Veterans with clinically significant PTSD symptoms and externalizing behaviors exhibit unique clinical characteristics that may warrant attention in assessment and treatment.

**4-177****Role of Dysregulated Anger on Cognitive Processing Therapy Outcomes and Its Effect on Therapeutic Processes**

(Abstract #1209)

**Poster #4-177 (Clin Res, Aggress, Cog/Int, Adult) - Industrialized****Gloucester***Mackintosh, Margaret-Anne<sup>1</sup>, Willis, Emy<sup>2</sup>, Glassman, Lisa<sup>3</sup>, Morland, Leslie<sup>4</sup>**<sup>1</sup>National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA**<sup>2</sup>University of Central Florida, Orlando, Florida, USA**<sup>3</sup>San Diego VA/University of San Diego, San Diego, California, USA**<sup>4</sup>National Center for PTSD, VA San Diego Healthcare System, San Diego, California, USA*

While poorly controlled anger is related to higher baseline PTSD symptoms and poorer PTSD treatment outcomes, it remains unclear how elevated anger may interfere with therapeutic processes. In a secondary analysis of RCT data from 126 women receiving cognitive processing therapy (CPT), we assessed the disruptive effects of dysregulated anger on therapeutic alliance as well as the relationship between anger and the maintenance of negative cognitions. Data included self-reported trait anger (STAXI-2, Trait), posttraumatic cognitions (PTCI), and clinician-rated PTSD symptoms (CAPS-IV). Participants and clinicians also provided therapeutic alliance ratings at sessions 2, 6 and 12 (WAI). A linear regression model found that higher baseline anger and less change in anger during CPT predicted higher PTSD severity ratings at post-treatment. Using structural equation modeling, we found that elevated anger did not disrupt alliance, but anger's effect on PTSD outcomes was mediated through smaller reductions in posttraumatic cognitions during CPT. Thus, while dysregulated anger can erode trauma survivor's social support networks, we found that during treatment, alliance remained strong. Conceptually, anger may impede cognitive processing through externalization of responsibility, interference with emotional engagement, or fear of one's anger as a means of avoidance.

4-178

**Impact of Prolonged Exposure on Common PTSD-Related Complaints among Veterans: Changes in Anger and Sleep Concerns and Their Impact on Veteran Functioning**  
(Abstract #1573)

Poster #4-178 (Clin Res, Aggress, Clinical Practice, Adult) - Industrialized

Gloucester

*Mackintosh, Margaret-Anne<sup>1</sup>, Glassman, Lisa<sup>2</sup>, Khalifian, Chandra<sup>3</sup>, Tedesco, Ashley<sup>4</sup>, Sohn, Min Ji<sup>5</sup>, Morland, Leslie<sup>6</sup>*

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While sleep and anger problems are both diagnostic criteria of PTSD, they are also two of the most common complaints among veterans seeking PTSD-related services. Also, veterans frequently report residual sleep and anger symptoms following evidence-based PTSD treatments. This presentation discusses secondary data analyses from an RCT that delivered prolonged exposure (PE) to 175 veterans. We investigate two questions: (1) does PE lead to reductions in anger and sleep problems, and (2) are these reductions related to better functioning? Using growth curve models, we found significant pre- to post-treatment reductions that were maintained at six-months for anger (State-Trait Anger Expression Inventory, Anger Expression Index [AEI],  $M = -9.2$ ,  $p < .001$ ) and sleep problems (Insomnia Severity Index [ISI],  $M = -4.2$ ,  $p < .001$ ). At post-treatment, we found significant increases in functioning (Brief Inventory of Psychosocial Functioning [BIPF],  $M = -5.9$ ,  $p < .001$ ); gains on the BIPF were correlated with anger reduction (STAXI-2,  $r = 0.69$ ,  $p = .001$ ) and sleep ( $r = 0.67$ ,  $p = .04$ ). Cross-lagged effects for post-treatment AEI and ISI scores on BIPF scores at six-months were not significant. Mean changes in anger and sleep problems did not exceed the reliable change index. Although some veterans saw reductions in anger and sleep, gains were small but related to improvements in functioning.

4-179

**The Moderating Roles of Anger Experiences and Expression on Suicidal Thoughts in Intimate Partner Relationships: Actor Partner Interdependence Moderation Models**  
(Abstract #1572)

Poster #4-179 (Clin Res, Aggress, Fam/Int, Adult) - Industrialized

Gloucester

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Anger is associated with suicidal thoughts in Veteran samples and negatively impacts intimate partner relationship functioning. Also, intimate relationship distress is one of the most common precipitants of suicidal thoughts for U.S. military populations. To date, no study has investigated the relationship between anger and suicidal thoughts within the intimate partner dyad. Veterans (N=143) and their partners completed baseline assessments of anger and suicidal thoughts before engagement in a dyadic PTSD intervention. Actor Partner Interdependence Moderation Model analyses revealed different patterns in state and trait anger subdomains. Aspects of partners' state anger (i.e., Feeling Angry ( $b = 0.05$ ,  $p < 0.01$ ) and Expressing Verbally ( $b = 0.06$ ,  $p < 0.01$ )) were associated with Veteran's suicidal thoughts. Partners' angry trait temperament was associated with Veteran's suicidal thoughts ( $b = 0.04$ ,  $p = 0.02$ ). Physical expression of state anger ( $b = 0.03$ ,  $p = 0.01$ ) and trait reactivity ( $b = 0.02$ ,  $p = 0.02$ ) were associated with one's suicidal thoughts for veterans and partners. Different components of the experience and expression of anger within dyads play unique roles influencing suicidal thoughts. Further research is needed to understand better how anger and suicidal ideation operate within an intimate partner relationship and how to guide interventions to enhance relationships.

#### 4-180

### Sexual Functioning and Suicide Risk in U.S. Military Veteran Couples

(Abstract #1331)

Poster #4-180 (Clin Res, Clinical Practice, Fam/Int, Adult) - Industrialized

Gloucester

*Morland, Leslie<sup>1</sup>, Khalifian, Chandra<sup>2</sup>, Knopp, Kayla<sup>3</sup>, Wilks, Chelsey<sup>4</sup>, Wooldridge, Jennalee<sup>5</sup>, Sohn, Min Ji<sup>6</sup>, Thomas, Derek<sup>7</sup>*

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Sexual functioning is associated with relationship distress and has recently been identified as a predictor of suicidal ideation; however, no studies have examined this association among a treatment seeking sample of male and female veterans and their partners. Couples (N = 138) completed baseline assessments of sexual functioning, relationship functioning, suicidal ideation, and mental health prior to evaluation for engagement in a couples-based PTSD treatment study. Actor Partner Interdependence Moderation Model (APIMoM) with Multilevel Modeling (MLM) analyses revealed that male veterans' decreased sexual pleasure ( $b = -0.186$ ,  $p = 0.009$ ) and decreased frequency of sexual intercourse ( $b = -0.140$ ,  $p = 0.006$ ) were associated with their own more recent suicidal ideation. Female veterans' increased sexual frequency ( $b = 0.1675$ ,  $p = 0.052$ ) was marginally associated with their own more recent suicidal ideation, controlling for PTSD and depression symptoms, relationship satisfaction, and

medications. These findings stress the importance of assessing sexual functioning as a risk factor for suicide when working with couples and taking into consideration the possibility that sexual functioning may be protective or predictive of suicidality depending on the person and context.

**4-181**

**Development of TR&ST: A Couples-based Suicide Intervention**

(Abstract #1329)

**Poster #4-181 (Clin Res, Fam/Int, Adult) - Industrialized**

**Gloucester**

*Khalifian, Chandra<sup>1</sup>, Leijker, Feea<sup>2</sup>, Bryan, Craig<sup>2</sup>, Sohn, Min Ji<sup>3</sup>, Morland, Leslie<sup>4</sup>*

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Prevention of suicide in at-risk veterans is of vital importance and the intimate relationship offers fertile ground to build resiliency via couple connection and mitigate risk by reducing conflict. Researchers and clinicians observed a similar bidirectional relation between PTSD and relationship processes, and, in response, developed an effective couples-based intervention—Cognitive Behavioral Conjoint Therapy for PTSD (CBCT; Monson & Fredman, 2012) that improves relationship satisfaction and reduces PTSD symptoms. Yet, despite growing recognition of a similar bidirectional association between suicide and relationships, no couples-based interventions for suicide exist. To address this gap, we created the Treatment for Relationships and Suicide Together (TR&ST; Khalifian et al., in preparation) protocol for military couples in which the veteran is experiencing suicidal thoughts. TR&ST was developed by adapting a successful suicide prevention treatment, Brief Cognitive Behavioral Therapy for Suicide (BCBT; Rudd et al., 2015) and adding cognitive-behavioral couple therapy skills. This presentation discusses the development and content of the intervention, recruitment feasibility and qualitative preliminary pilot data on interest and response to treatment.

**4-182**

**The Role of Partner Support in Incidents of Intimate Partner Violence among Low-Income Trauma-Exposed Parents**

(Abstract #229)

**Poster #4-182 (Clin Res, Aggress, DV, Fam/Int, Gender, Adult) I - Industrialized**

**Gloucester**

*Wong, Jennifer, Marshall, Amy*

*Penn State University, University Park, Pennsylvania, USA*

Social support is critical for trauma recovery, particularly for women and when an intimate partner is the support provider. However, inadequate partner support is often observed among trauma survivors and is associated with couple conflict and aggression. Aside from one prior study in which we found that partners' inadequate tangible support predicted the severity of women's intimate partner violence (IPV)

specifically in conflicts about such support, we do not know whether IPV conflicts arise due to concerns about partner support or the nature of such concerns. In an ongoing study, we interviewed low-income, trauma-exposed (M=18 PTEs) couples with a child age 3-5 years about recent incidents of family violence. For each incident of violence, partners described the conflict topic as well as the number and type of aggressive acts perpetrated toward partners and children. Conflict topics were coded. Among 59 incidents of family violence, 87% of IPV incidents were about partner support, including tangible (57%), emotional/esteem (37%), informational (17%), and network (7%) support. Thus, conflicts about partner support immediately precede IPV perpetration. Differences across gender, psychological and physical IPV, and under- vs. over-provision of support will be examined (anticipated N=80 couples). Implications for IPV prevention among trauma-exposed parents will be discussed.

#### 4-183

### **Psychiatric Diagnoses and Somatic Symptoms after Sexual Abuse: The Case of Turkey** (Abstract #84)

**Poster #4-183 (Clin Res, CSA, Clinical Practice, DV, Rights, Adult) M - C & E Europe Gloucester & Indep**

*Yuksel, Sahika<sup>1</sup>, Direk, Nese<sup>2</sup>, Bikmaz, Sevda<sup>3</sup>*

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<sup>3</sup>*Okan University, Psychology Department, Istanbul, Turkey*

Sexual violence is considered a matter of family honor in Turkish society and it is difficult for women to disclose and seek psychosocial help. The present study examined the prevalence of psychiatric conditions in sexually abused women. We hypothesize that psychiatric conditions including psychosomatic symptoms are prevalent after sexual abuse.

Methods: In total, 50 females with sexual abuse history and 50 female controls were included. Psychiatric conditions were evaluated using structured interviews and self-report questionnaires.

Results: Forty-eight percent of the women had three diagnoses along with PTSD. There was no significant difference between the groups in terms of major depressive disorder (42% vs. 48%). The prevalence of conversion disorders (22% vs. 60%) and PTSD (8% vs. 76%) were significantly different between groups. Participants with conversion disorders had several somatic symptoms including aphonia, motor loss, vision loss, sensation loss, and fainting seizures.

Discussion: The existence of multiple diagnoses following the sexual trauma highlights the significance of C-PTSD. Also, it is important to assess somatic symptoms and suicidal thoughts which can affect the life quality and increases the risk of morbidity and mortality following sexual violence. Therefore, we suggest evaluating sexual trauma survivors for psychiatric conditions systematically.

**4-184****A Psychometric Evaluation of the Suicide Cognitions Scale in Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder**

(Abstract #740)

**Poster #4-184 (Clin Res, Clinical Practice, Depr, Adult) M - N/A****Gloucester***Wiblin, Jessica<sup>1</sup>, Holder, Nicholas<sup>2</sup>, Holliday, Ryan<sup>3</sup>, LePage, James<sup>4</sup>, Suris, Alina<sup>1</sup>**<sup>1</sup>Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas, USA**<sup>2</sup>San Francisco Veterans Affairs Health Care System; Sierra Pacific Mental Illness Research, Education, and Clinical Center; University of California San Francisco School of Medicine, San Francisco, California, USA**<sup>3</sup>Rocky Mountain MIRECC, Denver, Colorado, USA**<sup>4</sup>VA North Texas Healthcare System, Dallas, Texas, USA*

Veterans who experience military sexual trauma (MST) and have posttraumatic stress disorder (PTSD) are at elevated risk for suicidal self-directed violence (S-SDV) compared to those without PTSD or who never experienced MST. Stemming from fluid vulnerability theory (FVT), suicide-specific cognitions (i.e., unbearability, unlovability, unsolvability) have been identified as good predictors of future S-SDV and can be assessed by the Suicide Cognitions Scale (SCS). However, prior research has been mixed regarding the factor structure of the SCS and this measure has not been validated for use with veterans with MST-related PTSD. The current study sought to determine the optimal factor structure of the SCS in this population and examine psychometric properties. This study was a secondary analysis from a randomized clinical trial investigating an evidence-based treatment for MST-related PTSD. Data were collected from 130 male and female veterans. An exploratory factor analysis was conducted, and a four-factor solution was found to best-fit using Kaiser's rule and inspection of the Scree plot. The SCS had excellent internal consistency ( $\alpha = .925$ ) and strong convergent validity with measures of depressive symptoms ( $p < .001$ ). Greater consideration is needed to clarify the four factors found in this sample to maintain fidelity to FVT and integrate with results from prior research.

**4-185****Using Facilitation to Improve Rural Access to Evidence-Based PTSD Care**

(Abstract #1761)

**Poster #4-185 (Clin Res, Clinical Practice, Care, Adult) I - Industrialized****Gloucester***Bernardy, Nancy<sup>1</sup>, Montano, Macgregor<sup>2</sup>, Cuccurullo, Lisa-Ann<sup>1</sup>, Breen, Kristen<sup>1</sup>**<sup>1</sup>National Center for PTSD, Executive Division, White River Junction, Vermont, USA**<sup>2</sup>White River Junction VA Medical Center, White River Junction, Vermont, USA*

Facilitation is an implementation strategy of interactive barrier solving and support using external facilitators, in this case, that provided guidance and quality improvement expertise to clinical teams treating PTSD in rural Department of Veterans Affairs (VA) clinics. Specific facilitation tasks included site visit survey, assessment and orientation to clinic processes in face-to-face visits, follow-up conference calls with the clinical team, training in evidence-based psychotherapy treatments, and

consultation as needed. A specific outreach strategy was to focus on recommendations in the revised VA/Department of Defense Clinical Practice Guideline for PTSD. Support was offered to rural clinicians through a video teleconference consult series focused on complicated PTSD cases. Surveys and site visits developed facilitators and barriers to access to evidence-based PTSD psychotherapy treatments. A rural provider toolkit was developed to assist with PTSD care with information unique rural settings. Reduction of benzodiazepines in Veterans with PTSD was addressed through a direct-to-consumer mail campaign. Positive results were noted across these various domains. By recognizing the benefits and barriers of rural care provision, use of the facilitation strategy suggests that rural treatment for PTSD can be improved through problem solving and support.

**4-186**

**Taking the Message Direct to the Patient: Evidence-Based PTSD Care**

(Abstract #1741)

**Poster #4-186 (Clin Res, Bio Med, Cog/Int, Adult) I - Industrialized**

**Gloucester**

*Bernardy, Nancy<sup>1</sup>, Montano, Macgregor<sup>2</sup>, Cuccurullo, Lisa-Ann<sup>1</sup>, Breen, Kristen<sup>1</sup>*

*<sup>1</sup>National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

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The Department of Veterans Affairs (VA) has developed various initiatives to decrease the use of benzodiazepines in patients with PTSD. Most strategies place the onus of behavior change on front-line clinical providers who are struggling to meet the demands of direct patient care. To educate and increase readiness to change before a clinical encounter, our team sought to inform veterans receiving care in the VA and their family members and caregivers directly about benzodiazepine risks. We designed an educational product specifically for veterans with PTSD treated with benzodiazepines, a medication recommended against in various guidelines. The booklet was designed to increase knowledge about risks associated with the medication and create cognitive dissonance. Veterans were advised to discuss it with family members and medical providers on their next visit. The booklet was mailed to over 1,000 Veterans in New England and a small group was surveyed to get feedback. Overwhelmingly, veterans said the product made them rethink the risks of continuing the medication. In patients who were on the highest dose of benzodiazepines, decreases in lorazepam dose and in benzodiazepine days' supply were noted. This suggests that direct-to-consumer education can be effective at promoting discussion to stop harmful or unnecessary medications.

**4-187**

**Implementing an Evidence-Based Trauma Therapy for PTSD in a Resource Constrained and Multicultural Context**

(Abstract #20)

**Poster #4-187 (Clin Res, Chronic, Clin Res, Comm/Vio, Cul Div, Adult) M - E & S  
Africa**

**Gloucester**

*Booyesen, Duane<sup>1</sup>, Kagee, Ashraf<sup>2</sup>*

<sup>1</sup>*Stellenbosch University, Matieland, Western Cape, South Africa*

<sup>2</sup>*Stellenbosch University, Department of Psychology, Matieland, Western Cape, South Africa*

Persons residing in South Africa are at an increased risk for post-traumatic stress disorder (PTSD) with trauma exposure estimated at 73.8 percent, and a lifetime prevalence of 2.3 percent (Koenen et al., 2017). Yet, the use of empirically supported trauma therapies for PTSD has been found to be lacking among mental health professionals in South Africa (Kagee, 2006). We present the preliminary results of a brief six session prolonged exposure therapy (Foa & Rothbaum, 1998), at two community psychology clinics in South Africa. Using a single-case experimental design (Barlow, Nock, & Hersen, 2009), we discuss three clinical case reports with PTSD and comorbid depression and anxiety. Participants were assessed at four data points. Measures included the PTSD symptom scale-DSM-5, PTSD checklist-DSM5, Beck Depression Inventory and Beck Anxiety Inventory. At the end of treatment, participants did not meet a diagnosis for PTSD and remained moderately stable at three-month follow-up. We critically reflect on how evidence-based treatments are used in a resource constrained and multicultural context with continuous traumatization.

**4-188**

**Perceived Control and Support during Childbirth as a Mechanism of Postpartum Posttraumatic Stress Disorder**

(Abstract #1022)

**Poster #4-188 (Clin Res, Acute, Clin Res, Depr, Pub Health, Adult) I - Industrialized Gloucester**

*Thiel, Freya<sup>1</sup>, Wittchen, Hans-Ulrich<sup>1</sup>, Garthus-Niegel, Susan<sup>2</sup>, Martini, Julia<sup>3</sup>*

<sup>1</sup>*Institute of Clinical Psychology and Psychotherapy, TU Dresden, Dresden, Germany*

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<sup>3</sup>*Department of Psychiatry & Psychotherapy, Faculty of Medicine, Technical University Dresden, Dresden, Saxony, Germany*

Accumulating evidence highlights subjective perceptions in determining traumatic responses and a lack of social support as the strongest predictor of PTSD. High social support during delivery may be associated with less pain, better physical outcomes for mother and child, and a lower risk for postpartum depression. It is hypothesized that perceived control during delivery may be an important factor for the development of postpartum posttraumatic stress disorder and postpartum depression. Based on the prospective-longitudinal Maternal Anxiety in Relation to Infant Development (MARI) Study, perceived control and social support during delivery were examined as predictors of symptoms of postpartum posttraumatic stress and depression. Overall, N=306 women were examined on their subjective childbirth experience (SIL, WDEQ) and perceived social support and control during delivery (SCIB) during the first days after delivery. Additionally, the history of pregnancy/childbirth-related traumatic events (e.g. abortion, miscarriage) and gestational outcomes (gestational age, mode of delivery) were assessed via medical records and self-report. At 2, 4 and 16 months postpartum, the Composite International Diagnostic Interview (CIDI) and embedded questionnaires (EPDS) were administered to assess symptoms of postpartum posttraumatic stress and depression. Data analyses are underway.

4-189

**Prenatal Anxiety and Fear of Childbirth as Precursors of Difficult Early Infant Temperament: A Longitudinal Cohort Study**

(Abstract #1045)

**Poster #4-189 (Clin Res, Anx, Clin Res, Pub Health, Bio/Gen, Adult) I - Industrialized Gloucester**

*Thiel, Freya<sup>1</sup>, Iffland, Laura<sup>2</sup>, Martini, Julia<sup>3</sup>, Weidner, Kerstin<sup>4</sup>, Eberhard-Gran, Malin<sup>5</sup>, Garthus-Niegel, Susan<sup>2</sup>*

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<sup>5</sup>*Institute of Clinical Medicine, University of Oslo, Nordbyhagen, Akershus, Norway*

Prenatal anxiety and fear of childbirth (FOC) are associated with adverse consequences for mother and child, such as preterm labor, heightened risk for postpartum posttraumatic stress disorder, and adverse infant health outcomes. Studies on the unique associations of specific types of prenatal anxiety and infant temperament are scarce. This study aims to examine the prospective relationships between general prenatal anxiety, specific anxiety disorders during pregnancy, and FOC with difficult infant temperament. Data were derived from the Norwegian Akershus Birth Cohort (ABC), a prospective longitudinal cohort study. Psychometric measures pertained to general prenatal anxiety (SCL-A), prenatal anxiety disorders (ADQ), FOC (W-DEQ) as predictors, and difficult infant temperament (ICQ) as outcome. Our sample included 2,206 women who completed the ICQ at 8 weeks postpartum. General prenatal anxiety, specific phobia, agoraphobia, generalized anxiety disorder (GAD), and FOC offered unique prospective contributions to difficult infant temperament. Separate hierarchical regression models indicated that general prenatal anxiety and FOC provided the strongest unique contributions. Due to the detrimental effects on mother and child, prenatal anxiety and FOC as prospective predictors with distinct influences on infant temperament warrant further scientific attention.

4-190

**The Relationship between Present Control, Event Centrality, Self-Compassion and Mental Health Outcomes Following Adult Sexual Assault**

(Abstract #234)

**Poster #4-190 (Clin Res, Rape, Gender, Adult) I - Industrialized Gloucester**

*Hamrick, Lauren, Owens, Gina*

*University of Tennessee - Knoxville, Knoxville, Tennessee, USA*

This study examined present control, event centrality, and compassionate and uncompassionate responses to the self as predictors of posttraumatic stress disorder (PTSD) symptom severity and resilience among women following sexual assault. A total of 135 women who endorsed one or more incidents of forced sexual contact in adulthood submitted completed surveys. The regression model predicting PTSD severity

was significant,  $F(4, 134) = 40.0, p < .001, \text{Adj. } R^2 = .54$ ). Present control and uncompassionate responses to the self were significant predictors in the model ( $p < .001$ ), while event centrality and compassionate responses to the self were not. The regression model predicting resilience also was significant  $F(4, 134) = 34.06, p < .001, \text{Adj. } R^2 = .50$ ). Present control ( $p < .01$ ) and compassionate responses to the self ( $p < .001$ ) were statistically significant predictors in the model, while event centrality and uncompassionate responses to the self were not. Our findings suggest that compassionate and uncompassionate responses to the self differentially predict post-trauma outcomes. Specifically, treating the self without compassion is associated with greater PTSD symptom severity, while treating oneself with compassion is associated with resilience. Further, present control demonstrated a strong relationship with both outcomes.

#### 4-191

### Improving Veteran Treatment Initiation for PTSD Using Online Training with Telephone Coaching

(Abstract #1176)

Poster #4-191 (Clin Res, Clin Res, Fam/Int, Tech, Adult) I - Industrialized

Gloucester

*Kuhn, Eric<sup>1</sup>, Erbes, Christopher<sup>2</sup>, Babusci, Christina<sup>3</sup>, Conroy, Catherine<sup>3</sup>, Sayers, Steven<sup>4</sup>*

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<sup>3</sup>*Corporal Michael J. Crescenz VA Medical Center, Philadelphia, Pennsylvania, USA*

<sup>4</sup>*Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA*

Most veterans with PTSD do not receive mental health care often resulting in significant individual impairment and distress for their family members. VA-CRAFT is a web-based intervention for concerned significant others (CSOs; family members, close friends) of veterans with PTSD who are reluctant to seek mental health treatment. It was designed to improve CSOs' well-being and their relationship with their veteran, and, most importantly, get their veteran into mental health care. VA-CRAFT is based on community reinforcement and family training (CRAFT), which has shown efficacy for improving treatment seeking among individuals with alcohol and substance disorders. We present findings of an open pilot study of VA-CRAFT that incorporated four brief telephone coaching calls delivered over three months to support use of the course, increase skills acquisition, and help CSOs deliver effective treatment seeking conversations with their veteran. Twelve participants were enrolled, with nine participants completing pre-post assessments. All completers reported having had care-seeking conversations their veteran, and six (67%) reported that their veteran had initiated mental health treatment. We present information on VA-CRAFT and our brief telephone coaching model. This emerging research suggests that VA-CRAFT is promising for increasing treatment initiation among veterans with PTSD.

4-192

**Capturing a Relationship in Five Words: Validity of a Brief Measure of Romantic Relationship Quality among Pregnant Women with High Levels of Trauma**

(Abstract #1177)

Poster #4-192 (Clin Res, Depr, Fam/Int, Prevent, Adult) M - Industrialized

Gloucester

*Lillehei, Nina<sup>1</sup>, River, Laura<sup>1</sup>, Walker, Emma<sup>1</sup>, Narayan, Angela<sup>2</sup>, Lieberman, Alicia<sup>3</sup>*

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This study validated the Five-Word Task, a brief assessment of romantic relationship quality adapted from the Adult Attachment Interview. Study participants were 90 low-income and ethnically-diverse pregnant women with high levels of trauma. They completed the Five-Word Task, describing their baby's father in five words, each coded for emotional valence from 1 (Very negative) to 5 (Very positive). Scores for the average of the five words (five-word composite) and the first-word were calculated. Participants also completed measures of expressed emotion, relationship quality, depressive symptoms, and perceived stress.

Higher five-word composites and first-word scores were each correlated with more positive expressed emotion about partners, greater relationship quality, and lower depressive symptoms and perceived stress. The five-word composite and first-word scores were comparably associated with expressed emotion, depressive symptoms, and perceived stress. However, the five-word composite was more strongly associated with relationship quality than the first-word score.

The Five-Word Task is a brief, valid measure of romantic relationship quality among pregnant women with high rates of trauma and relationship distress. The Five-Word Task could prove useful in clinical settings as a screener for pregnant women with relationship distress and perinatal mental health problems.

4-193

**Resilience and Perceived Discrimination as Mediators between Parental and Peer Attachment with Sociocultural Adaptation among Immigrant Children in China**

(Abstract #70)

Poster #4-193 (Clin Res, Pub Health, Social, Child/Adol) A - E Asia & Pac

Gloucester

*Huang, Qi, An, Yuanyuan*

*Nanjing Normal University, School of Psychology, Nanjing, China*

**Objective:** Adaptation is a challenging issue for immigrant children themselves, their families and the society. The aim of present study was to investigate the association between parental/peer attachment and sociocultural adaptation among immigrant children, and examine the mediating role of individual resilience and perceived discrimination.

**Methods:** Random sampling was performed to select 191 participants of 4th to 6th grade from a school for immigrant children in Nanjing. They completed paper-and-pencil self-report inventories in the quiet classroom. Main variables were measured using Inventory for Adolescent Attachment Scale,

Sociocultural Adaptation Scale, Connor-Davidson Resilience Scale and Perceived Discrimination Scale. Structural equation model was performed.

**Results:** Parental and Peer attachment could all negatively predict children's sociocultural adaptation. Resilience and perceived discrimination played a completely mediating role in the relation between peer attachment and sociocultural adaptation. However, it was not the case in relation between parental attachment and sociocultural adaptation.

**Conclusions:** The present study underlines the importance for immigrant children to foster intimate parental and peer attachment in adaptation. These findings also provide the targeted psychoeducational interventions for immigrant children in different ecosystem.

#### 4-195

### **Adaptation to Community Violence: Meaning Making and Symptoms of Depression and PTSD**

(Abstract #1189)

**Poster #4-195 (Clin Res, Chronic, Comm/Vio, Child/Adol) M - Industrialized**

**Gloucester**

*Muradwij, Nawal<sup>1</sup>, Amoh, Nana<sup>2</sup>, Sissoko, Gina<sup>1</sup>, Allwood, Maureen<sup>1</sup>*

<sup>1</sup>*John Jay College, CUNY, New York, New York, USA*

<sup>2</sup>*The Graduate Center, City University of New York/John Jay College of Criminal Justice, New York, New York, USA*

For trauma survivors, meaning making through adapting or forming global schemas is theorized to moderate psychological adjustment (Ai et al., 2005; Frankl, 1969). Few studies have examined meaning making among adolescents exposed to community violence. To address this gap, this study of 78 adolescents ages 12 to 18 examined pro-violence attitudes (as a proxy for meaning making) in relation to community violence exposure (CVE), depression, and PTSD symptoms. Measures included the Screen for Adolescent Violence Exposure (SAVE), UCLA PTSD-RI, and Children's Depression Inventory-Short Form. Findings indicate that pro-violence attitudes are significantly positively related to CVE ( $r = .30, p < .001$ ), PTSD symptoms ( $r = .43, p < .001$ ), and depressive symptoms ( $r = .20, p < .05$ ). Regression analyses indicated that after controlling for CVE and reaction-to-violence attitudes, pro-violence attitudes remained significantly associated with PTSD symptoms ( $\beta = .26, p < .001$ ), but not depressive symptoms ( $\beta = .23, p = .10$ ). These preliminary findings indicate that youth who attempt to make sense of community violence through the development of schemas normalizing violence may be more likely to present with adverse mental health symptoms. Further analyses and discussion will address the potential mediating and moderating roles of pro-violence attitudes.

#### 4-196

### **Primary Care Interventions for Adolescent Depression: Considering Stressful Life Events**

(Abstract #1739)

**Poster #4-196 (Clin Res, Assess Dx, Care, Child/Adol) A - Industrialized**

**Gloucester**

*Rolon-Arroyo, Benjamin, Olivia, Fitzpatrick, Miranda, Jeanne, Asarnow, Joan*  
*University of California, Los Angeles, Los Angeles, California, USA*

Primary care (PC) is a promising setting for linking adolescents to mental health services. Data from an effectiveness trial evaluating a 6-month PC quality improvement (QI) intervention for adolescent depression were used to: (1) compare the presentation of adolescents who endorsed SLEs with negative impact to those who did not; (2) examine whether SLEs predicted intervention response; and (3) examine whether SLEs moderated treatment response. Participants were 418 ethnically diverse youths from six PC settings. Participants who endorsed SLEs with negative impact (67%) were more likely to meet criteria for major depressive disorder and endorse higher rates of psychopathology at baseline than non-endorsing participants. Despite a significant main effect of the QI intervention, SLEs with negative impact positively predicted depression scores at follow-up across study arms; the interaction between SLEs and QI intervention was not significant. With regards to specific SLEs, only bereaved participants in the QI intervention were found to exhibit significantly lower depression than participants in treatment as usual. SLEs appear to be an assessment and therapeutic target to consider for adolescents due to their risk for depression and apparent lower response to interventions.

4-197

**Client Perspectives on Trauma-Focused Cognitive Behavioral Therapy to Treat Orphans' Posttraumatic Stress and Maladaptive Grief in Kenya and Tanzania**

(Abstract #205)

**Poster #4-197 (Clin Res, Commun, Cul Div, Global, Train/Ed/Dis, Child/Adol) I - E & Gloucester S Africa**

*Lucid, Leah<sup>1</sup>, Akiba, Christopher<sup>2</sup>, Benjamin, Katherine<sup>3</sup>, Sun, Zhanxiang<sup>1</sup>, Whetten, Kathryn<sup>4</sup>, Dorsey, Shannon<sup>1</sup>*

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*University of North Carolina - Chapel Hill, Chapel Hill, North Carolina, USA*

<sup>3</sup>*Seattle Pacific University, Seattle, Washington, USA*

<sup>4</sup>*Duke University, Durham, North Carolina, USA*

The present study assessed participant acceptability of Trauma-focused Cognitive Behavioral Therapy (TF-CBT) in two low- and middle-income countries (LMIC). Little research exists about stakeholder perspectives on interventions developed in western nations and implemented in LMIC. The sample included 320 orphans and their 320 guardians in the intervention condition of an NIMH-funded randomized controlled trial testing the effectiveness of lay counselor-provided, group-based TF-CBT for orphaned children in Kenya and Tanzania. Local interviewers collected qualitative and quantitative data via semistructured interviews. Guardians reported that TF-CBT was highly acceptable ( $M = 4.71$ ;  $SD = 0.32$ ) and that they felt highly satisfied with the treatment ( $M = 2.71$ ;  $SD = 0.28$ ). Qualitative interviews with children and guardians were analyzed using a grounded theory approach. They reported positive changes attributed to TF-CBT, such as fewer PTS and grief symptoms, improved mood, and more skillful parenting. They recommended expanding the program. The participant responses to TF-CBT can inform implementation in similar settings based on what was perceived to be most impactful from the child and guardian consumer perspectives. Considering the overwhelmingly positive feedback, families may hold the potential to become peer advocates and help reduce stigma associated with mental health needs.

**4-198****Understanding the Needs and Experiences of Educators Exposed to Students' Trauma**

(Abstract #1710)

**Poster #4-198 (Clin Res, Comm/Vio, Complex, Cul Div, Other) M - N/A****Gloucester***Stiles, Allison<sup>1</sup>, Nadeem, Erum<sup>2</sup>, Gudino, Omar<sup>3</sup>*<sup>1</sup>*University of Denver, Denver, Colorado, USA*<sup>2</sup>*Yeshiva University, Bronx, New York, USA*<sup>3</sup>*University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA*

High rates of trauma exposure among youth in the US and the detrimental effects of trauma on students' psychosocial and academic outcomes are well-established. Such findings have engendered the emergence of trauma-informed schools across the nation. While research regarding trauma-informed schools has understandably focused on the needs of students, shockingly little is known about educators' experiences in working with trauma-exposed students. In particular, very few studies have examined the relationship between educators' indirect exposure to student trauma and related secondary traumatic stress (STS) symptoms, as well as risk and protective factors that may moderate the relationship. Given that prior research has documented the adverse impact of STS on mental and physical wellbeing, workplace performance and career longevity among other professions, this dearth of knowledge is particularly concerning. The present study addresses this issue by utilizing data from a sample of educators (estimated N = 500) across three states. Structural Equation Modeling will be used to a) examine the relationship between educators' levels of indirect exposure to student trauma and STS symptoms, and b) investigate the possible moderating effects of risk/protective factors on this relationship. Implications for educators' resilience and role within trauma-informed schools will be discussed.

## CULTURE/DIVERSITY POSTERS

4-199

### **Immigrant Generation and Mental Health in Muslim American Youth: Pathways through Perceived Discrimination**

(Abstract #1372)

**Poster #4-199 (CulDiv, Anx, Chronic, Depr, Adult) M - Industrialized**

**Gloucester**

*Bonumwezi, Jessica, Lowe, Sarah*

*Montclair State University, Montclair, New Jersey, USA*

Muslim Americans have increasingly been the targets of discrimination in the U.S. Few studies have investigated the effects of discrimination on their mental health or have attempted to identify which generations of Muslim American immigrants are most at risk for adverse psychiatric outcomes. We examined the relationship between immigrant generation, perceived discrimination, and MD, GAD, and PTSD symptoms, in 1st, 2nd, and 3rd or later-generation Muslim American immigrants. Our sample included 163 Muslim American college students who completed an online survey. We found that 1st and 3rd generation immigrants had significantly lower MD and GAD symptoms than 2nd generation immigrants, an effect that was mediated by significantly lower perceived discrimination (MD:  $\beta = -1.55$ ,  $SE = 0.55$ ,  $p = 0.005$ ;  $\beta = -2.02$ ,  $SE = 0.65$ ,  $p = 0.002$ ; GAD:  $\beta = -1.57$ ,  $SE = 0.62$ ,  $p = 0.012$ ;  $\beta = -2.04$ ,  $SE = 0.75$ ,  $p = 0.007$ ; respectively). These findings suggest that, consistent with findings in other immigrant groups, 2nd generation Muslim immigrants are at higher risk for adverse mental health outcomes, with some of this effect being explained by their higher perceptions of discrimination. Clinical interventions aiming to improve the mental health of Muslim American college students should consider the adverse impact of discrimination, especially among 2nd generation immigrants.

4-200

### **Examining the Role of Discriminatory Stress in Moderating Racial/Ethnic Differences in Psychiatric Symptom Severity and Use of Mental Health Treatment**

(Abstract #1476)

**Poster #4-200 (CulDiv, Depr, Ethnic, Social, Mil/Vets, Adult) I - Industrialized**

**Gloucester**

*McClendon, Juliette<sup>1</sup>, Copeland, Laurel<sup>2</sup>, Finley, Erin<sup>3</sup>, Perkins, Daniel<sup>4</sup>, Vogt, Dawne<sup>5</sup>*

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*<sup>5</sup>National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

Objective: We examined whether discriminatory stress moderates associations among race/ethnicity, symptom severity and mental health treatment use with data from a longitudinal sample of 9,420 recently separated Black (11%), White (66%), Asian/Hawaiian/Pacific Islander (AHPI; 4%), Latinx (14%) and multiracial (5%) Veterans. Methods: An item assessing intensity of discriminatory stress related to any

marginalized identity was averaged across waves 1 to 4. A symptom severity composite was created at waves 3 and 4 from PTSD and depression measures. Treatment use assessed at wave 4 was dichotomous. Covariates were education, income, age, wave 3 symptom severity, and other life stress (e.g., financial, legal). Linear and logistic regression models included main effects, covariates and two-way interactions between race/ethnicity and discriminatory stress. Results: Discriminatory stress was a significant moderator in both models. Higher discriminatory stress was associated with increases in psychiatric symptom severity for AHPI ( $r=.18$ ) and Black Veterans ( $r=.07$ ), but not for White Veterans ( $r=-.01$ ). Higher discriminatory stress was associated with lower odds of treatment use among multiracial Veterans, but higher odds among White Veterans ( $OR=.56$ ). Conclusions: Assessing and addressing discriminatory stress may positively impact mental health and treatment use among Veterans of Color.

#### 4-201

### **Polyvictimization among Immigrant Transgender Survivors of Human Trafficking**

(Abstract #1757)

**Poster #4-201 (CulDiv, Chronic, Commun, Complex, Gender, Adult) M - Global Gloucester**

*Hopper, Elizabeth*

*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*

Transgender undocumented immigrants often face pervasive discrimination and harassment. This study investigates trauma exposure reported by 20 transgender immigrant survivors of human trafficking from Latin America. Participants were asked not only about traumatic experiences related to human trafficking, but also about a range of pre-trafficking and post-trafficking experiences of victimization. Results highlight the unique vulnerabilities of this population, with common experiences of victimization reported in the areas of family rejection and neglect, early emotional abuse, childhood physical abuse, childhood sexual abuse, bullying, harassment and stalking, profiling and abuse by police, abuse by smugglers, physical assaults, and domestic violence, in addition to abuse in the context of sex trafficking. Recommendations focus on the need for service systems designed to meet the multiple unique needs of this population.

#### 4-202

### **The Differential Effect of Gender on Resilience, Coping Self-Efficacy, and PTSD**

#### **Symptomology**

(Abstract #1510)

**Poster #4-202 (CulDiv, Gender, Adult) I - Industrialized Gloucester**

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Although gender differences in posttraumatic stress symptoms (PTSS) have been established, gender differences in recovery factors, such as resilience (Bonanno, 2005) and trauma coping self-efficacy (CSE-T; Benight et al., 2015), remain understudied. The present moderated mediation examined CSE-T as a mediator in the relationship between resilience and PTSS, with gender moderating the relationship

between resilience and PTSS, as well as CSE-T and PTSS. Findings from a sample of 119 trauma-exposed adults indicated that gender moderated the relationship between resiliency and PTSS. There was a strong negative relationship between resilience and PTSS for men, and no relationship for women ( $b = 0.54, p = .01$ ). Gender also moderated the relationship between CSE-T and PTSS; there was a stronger negative relationship between CSE-T and PTSS for women than there was for men ( $c = -0.86, p < .001$ ). There was a significant indirect effect of CSE-T for women ( $ab = -0.49, 95\% \text{ CI } [-.72, -.31]$ ), but not for men ( $ab = -0.10, 95\% \text{ CI } [-.44, .10]$ ). Findings indicate that resilience and CSE-T distinctively influence PTSS based on gender. Findings may help tailor post-trauma interventions to bolster resilience and CSE-T to prevent PTSS.

#### 4-203

### Do Pairs of Parents of the Victims of the sinking Sewol Ferry Disaster Construct Types of Meaning in Life Independently and/or Concurrently for Three Consecutive Years?

(Abstract #588)

Poster #4-203 (CulDiv, Acute, Complex, Fam/Int, Gender, Adult) A - E Asia & Pac Gloucester

*Sinclair, Sungchoon<sup>1</sup>, Hwang, Jihyun<sup>2</sup>, Chae, Jeong-Ho<sup>2</sup>*

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

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The Sewol ferry disaster not only caused the deaths of 304 passengers but also left family members with grief and pain. It is crucial for married parents of the victims to reconstruct and reorganize their self-regulatory system in order for them to regulate their life meaning over time (having meaning in life (HML) and search for meaning in life (SML) after the disaster. To investigate whether parents of the victims regulate HML and SML independently and/or concurrently as couples, we used a Repeated Measures of Actor-Partner Interdependent Model (RM APIM; Kenney et al., 2006) with dynamical systems method (Butner & Story, 2010). Among participants, we selected a total of eighteen pairs of parents who participated in the present study for three consecutive years ( $n=36$ , mean age = 47.36 y,  $SD=4.88$ ). Frankl (2006) argued that each individual constructs HML. The present study expanded from individual to pairs of parents of the Sewol ferry disaster victims and looked at a dynamic attractor state using different pairs of ML (Either couples' HML and/or SML). Results indicate that although a catastrophic life event occurred for parents of the victims, *life meaning, whether HML or SML, is an individualistic and unique process for each parent who suffered a catastrophic life event, i.e, parents of the victims did not necessarily construct and/or search for meaning in life as couples.*

#### 4-204

### Factor Structure of the Trauma Symptom Checklist for Children: Invariance across Gender and Race

(Abstract #1082)

Poster #4-204 (CulDiv, Res Meth, Child/Adol) M - Industrialized Gloucester

*Morelli, Nicholas<sup>1</sup>, Elson, Damian<sup>2</sup>, Duong, Jacqueline<sup>2</sup>, Evans, Meghan<sup>2</sup>, Villodas, Miguel<sup>2</sup>*

<sup>1</sup>*San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, California, USA*

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Accurate measurement of trauma-related symptoms is critical for understanding and treating psychopathology in maltreated youth. Despite widespread use of the Trauma Symptom Checklist for Children (TSCC), its factor structure has been largely understudied, particularly in diverse populations. The current study examines the factorial validity of the TSCC and its structural invariance across gender and race. Participants were ( $N = 738$ ) ethnically and socioeconomically diverse 16-year-olds who participated in the Longitudinal Studies of Child Abuse and Neglect. Confirmatory factor analysis was used to test the original six-factor structure of the TSCC for the entire sample, and then separately by gender and race (Black vs. non-Black). The six-factor structure originally proposed by the test developer fit the data well. However, a modified five-factor model combining Posttraumatic Stress (PTS) and Anxiety subscales provided a more parsimonious solution,  $\chi^2(1366) = 3100.54, p < .05$ ; CFI = .95; TLI = .95; RMSEA = .04. Testing across gender and race revealed a number of items, particularly those on the PTS, anxiety, and depression subscales, with discrepant factor loadings for males and females and for Black and non-Black adolescents. Findings highlight needed revisions to a key measure of trauma-related symptoms among diverse populations of at-risk adolescents.

#### 4-205

### **Sex Differences in Trajectories of Aggressive and Delinquent Behaviors in a Multi-Site Sample of Maltreated Children: An Exploration of Risk and Resilience**

(Abstract #885)

**Poster #4-205 (CulDiv, CPA, CSA, Chronic, Gender, Child/Adol) M - Industrialized Gloucester**

*Lauterbach, Dean, Prakash, Krithika, Paschall, Ethan  
Eastern Michigan University, Ypsilanti, Michigan, USA*

Lauterbach et al (2017) examined gender differences in externalizing symptom trajectory using the CBCL (Achenbach, 1991) in a sample of maltreated children. Growth model testing supported a 3-class solution [consistently low (*resilient*), improving, & worsening (*risk*)]. Surprisingly, boys and girls did not differ in class membership and invariance tests revealed no gender differences in slope or intercept. However, the CBCL Externalizing Scale is composed of two subscales assessing overt (Aggressive) and covert (Delinquent) behavior. No studies have examined gender differences in the trajectories of these subscales. Consequently, this study examined gender differences in aggressive and delinquent symptom trajectories in a sample of 1354 maltreated and at-risk youth. Symptoms were assessed by the CBCL bi-annually from age 4 to 16. Tests of growth models with 1-5 classes supported a 3-class solution [consistently low (*resilient*), improving, & worsening (*risk*)] for Aggressive Behavior. Gender was not predictive of group membership. For Delinquent Behavior, both a 2- [consistently low (*resilient*) & worsening (*risk*)] and 3-class model were supported. Gender was predictive of group membership for the 2- and 3-class models. Findings from multigroup analyses will also be presented. Results argue for a more nuanced approach to examining gender differences in risk and resilience.

## GLOBAL ISSUES POSTERS

4-207

### **Coping with Post-Conflict Stressors: A Qualitative Study Examining the Role of Resilience Processes and Daily Stressors in Northern Sri Lanka**

(Abstract #810)

**Poster #4-207 (Global, Chronic, Refugee, Grief, Civil/War, Adult) - S Asia**

**Gloucester**

*Thomas, Fiona C.<sup>1</sup>, Magwood, Olivia<sup>2</sup>, D'Souza, Malasha<sup>3</sup>, Kirupakaran, Sivalingam<sup>4</sup>, McShane, Kelly<sup>5</sup>*

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<sup>5</sup>*Ryerson, Toronto, Ontario, Canada*

Forcibly displaced individuals typically encounter daily stressors, which can negatively impact mental health above and beyond direct exposure to war-related violence, trauma and loss (Miller, Fernando & Berger, 2009). The aim of the current study was to: (a) explore how daily stressors are conceptualized in a post-conflict setting, and (b) examine the impact of daily stressors on resilience processes and coping strategies. Data collection was completed with 53 adult participants in 2018. Participants were recruited from primary healthcare clinics in Northern Sri Lanka. Individual interviews were conducted in Tamil, audio-recorded, translated from Tamil to English, and transcribed. Concepts emerging from the data were organized into an analytical framework based on iterative coding and grounded in the daily stressors framework. Findings indicate that daily stressors, such as loss of property and lack of safety (particularly for females), have a profound impact on psychological wellbeing and healthy coping strategies almost a decade post-conflict. Additional chronic stress stemmed from complicated grief for missing family members and lack of support from institutions. These results will be presented with a discussion of how an integrated model of mental health can more fully inform the needs stemming from daily stressors in post-conflict settings.

4-208

### **"Pain in my Back": How Women from Indian Slums Explain and Recover from Somatic Complaints Following Gender-Based Violence**

(Abstract #811)

**Poster #4-208 (Global, Cul Div, Gender, Adult) - S Asia**

**Gloucester**

*Patel, Anushka, Richardson, Julia, Newman, Elana*

*The University of Tulsa, Tulsa, Oklahoma, USA*

Background: Psychological disorders result in somatic complaints that burden Indian primary care services. Despite scholarship linking somatic complaints with trauma exposure, explanatory models (EMs) (i.e., attributed causes and coping) of somatic complaints post-trauma remain unexplored. Aim: To document somatic complaints and EMs post-trauma. Method: Of 114 women from Indian slums, 98 surviving gender-based violence completed the PHQ-15; a subset of 45 were interviewed about EMs of

severe somatic complaints. Interviews examined if participants attributed somatic complaints to biomedical or psychosocial causes, and coping strategies used. Results: Most common complaints were fatigue (79%), headaches (79%), and back pain (74%); least common were bowel problems (28%), sex-related pain (16%), and fainting (5%). Biomedical causes were attributed more often than psychosocial causes to back pain, dizziness, indigestion, menstruation pain, and bowel problems. Psychosocial causes were attributed more often than biomedical causes to fatigue, headaches, sleep problems, joint pain, racing heart, and chest pain. Participants used biomedical coping for all somatic complaints except sleep problems. Discussion: Findings highlight the popularity of biomedical coping and existent psychosocial coping that can be strengthened.

#### 4-209

##### **Understanding Resilience: The Role of Trauma Type in Peruvian Adults**

(Abstract #1639)

**Poster #4-209 (CulDiv, CSA, Cog/Int, Comm/Vio, Adult) - Latin Amer & Carib**

**Gloucester**

*Paulson, Julia, Miller-Graff, Laura, Guzman, Danice*  
*University of Notre Dame, Notre Dame, Indiana, USA*

Despite established links between trauma and psychopathology, many individuals exhibit resilience in the face of adversity. However, the extent that different forms of trauma relate to individual, relational, and contextual resilience is unknown. Thus, this study assessed differential relations among trauma type and resilience factors, controlling for depression in an adult peri-urban sample from Lima, Peru (N=665). Results of multivariate regressions indicated trauma type explained significant variance in individual ( $F=24.13, R^2=12.76\%, p<.001$ ), relational ( $F=13.79, R^2=7.71\%, p<.001$ ), and contextual ( $F=17.38, R^2=9.53\%, p<.001$ ) resilience. Physical and sexual trauma were associated with lower individual ( $\beta=-0.77, p<.05$ ), relational ( $\beta=-0.60, p<.05$ ), and contextual ( $\beta=-0.70, p<.05$ ) resilience. General disaster, however, was related to higher individual ( $\beta=0.41, p<.05$ ), relational ( $\beta=0.25, p<.05$ ), and contextual resilience ( $\beta=0.32, p<.01$ ). Crime-related trauma was related to lower individual ( $\beta=-0.54, p<.05$ ) and contextual resilience ( $\beta=-0.40, p<.05$ ), but not relational resilience. Depression was associated with lower individual ( $\beta=-2.16, p<.001$ ), relational ( $\beta=-1.22, p<.001$ ), and contextual resilience ( $\beta=-1.28, p<.001$ ). These findings provide evidence for differential effects of trauma type on resilience factors and suggest avenues for future resilience-based interventions.

#### 4-210

##### **Parenting Practices and Intergenerational Cycle of Victimization in Peru**

(Abstract #1640)

**Poster #4-210 (Clin Res, Cul Div, Dev/Int, Fam/Int, Intergen, Lifespan) - Latin Amer & Carib**

**Gloucester**

*Scheid, Caroline, Miller-Graff, Laura, Guzman, Danice*  
*University of Notre Dame, Notre Dame, Indiana, USA*

Children of caregivers with trauma histories are at heightened risk for victimization, often referred to as intergenerational transmission of victimization. Several proposed theories explain the intergenerational cycle of risk, but further testing needs to identify key processes and possible opportunities for intervention. With data from peri-urban households in Lima, Peru, this study analyzed roles of parenting behaviors in the relation between caregivers' trauma history and child victimization, evaluating direct, indirect, and moderating effects, controlling for caregivers' depression symptoms. Participants (N=385) were caregivers of children aged 4-17. Results indicated caregivers' trauma history ( $b=.08$ ,  $p<.001$ ) and negative parenting behaviors (harsh discipline, punishment;  $b=.07$ ,  $p<.05$ ,  $b=.22$ ,  $p<.001$ , respectively) related to child victimization, and negative parenting behaviors mediated the intergenerational cycle ( $IE=.009$ ,  $p<.05$ ). Positive parenting behaviors were not found to directly affect or mediate child victimization. Moderation models were not significant, suggesting parenting behaviors may not buffer or exacerbate the association between caregivers' trauma history and child victimization. These results shed light on potential pathways of the intergenerational cycle of victimization and suggest high-risk families in Peru may benefit from parenting supports.

#### 4-211

### **Maternal Resilience: Intergenerational Effects on Child Adjustment in At-Risk Families Living in Lima, Peru**

(Abstract #1641)

**Poster #4-211 (Global, Clin Res, Cul Div, Fam/Int, Lifespan) - Latin Amer & Carib Gloucester**

*Miller-Graff, Laura, Scheid, Caroline, Guzman, Danice, Grein, Katherine  
University of Notre Dame, Notre Dame, Indiana, USA*

Although research has often focused on the intergenerational transmission of risk from mothers to children, emerging evidence suggests maternal resilience may also confer protection on children's developmental outcomes (e.g., Miller-Graff, Howell & Scheid, 2018). The current study examined the extent to which mothers' resilience at different social ecological levels contributed to child adjustment, controlling for both maternal depression and child exposure to victimization. Results of multivariate regressions conducted in a sample of Peruvian families drawn from a peri-urban setting in Lima, ( $n=404$ ) indicated mothers' relational resilience was significantly associated with lower levels of internalizing symptoms ( $\beta=-0.09$ ,  $p<.01$ ) and conduct problems ( $\beta=-.07$ ,  $p<.05$ ) in their children. Mothers' individual resilience was associated with higher levels of child prosocial behavior ( $\beta=.07$ ,  $p<.05$ ). Mothers' social ecological resilience was not significantly associated with children's hyperactive/inattentive behaviors or problems with peers. These findings suggest maternal resilience factors may confer protection differentially across child adjustment outcomes. The consideration of intergenerational resilience factors and their effects on various domains of child adjustment has important implications for transdiagnostic trauma interventions in high-risk settings.

4-212

**How Organizational and Individual Factors Mediate Treatment Access and Post-Traumatic Stress Symptoms in Human Rights Advocates**

(Abstract #945)

**Poster #4-212 (Global, Rights, Train/Ed/Dis, Self-Care, Other) I - Global****Gloucester**

*Parnes, McKenna<sup>1</sup>, Bagrodia, Rohini<sup>2</sup>, Satterthwaite, Margaret<sup>3</sup>, Knuckey, Sarah<sup>4</sup>, Bryant, Richard<sup>5</sup>, Brown, Adam<sup>6</sup>*

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Human rights advocates are routinely exposed to direct and secondary trauma. In addition, a growing body of research has found that trauma-exposure in human rights work is associated with depression, burnout, and posttraumatic stress disorder (PTSD) in human rights advocates. Despite the potential mental health risks associated with advocacy, little is known about the way in which organizational and individual factors contribute to mental health symptoms, such as PTSD, in this population. This study sought to address questions around the potential benefits associated with access to mental health services in a human rights organizations and mechanisms contributing to barriers to care. Human rights advocates (N = 346) completed an on-line survey assessing access to psychological services, perceived organizational encouragement of seeking support, occupation-related appraisals, and symptoms of PTSD. Structural equation modeling revealed an indirect association between access to psychological services and lower levels of PTSD through perceived organizational encouragement of support seeking and less negative occupation-related appraisals. This study is the first to demonstrate that access to mental health support in human rights organizations may contribute to a reduction in PTSD symptoms when advocates feel a sense of efficacy and support from their organization to seek help.

## ASSESSMENT AND DIAGNOSIS POSTERS

4-213

### **Anxiety Sensitivity's Cognitive and Physical Concerns Predict Latent Class Membership of PTSD and Alcohol Use.**

(Abstract #531)

**Poster #4-213 (Assess Dx, Affect/Int, Cog/Int, Res Meth, Sub/Abuse, Adult) M - Industrialized**

**Gloucester**

*Christ, Nicole<sup>1</sup>, Lv, Xin<sup>2</sup>, Elhai, Jon<sup>1</sup>*

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

The link between anxiety sensitivity and substance use in PTSD samples is well-established. However, little is known about the role different forms of anxiety sensitivity have on substance use in trauma-exposed individuals. We used mixture modeling to determine latent subgroups of individuals based on PTSD and alcohol use symptoms in trauma-exposed adults from Amazon's Mechanical Turk (N= 371), then employed multinomial logistic regression to assess how forms of anxiety sensitivity differ in their prediction of class membership. A three-class model demonstrated the best fit (Class 1=low, Class 2=low alcohol-high PTSD, Class 3=high). Multinomial logistic regression showed that, with Class 3 (the most symptomatic class) as the reference class, as physical concerns increase, there is a decreased probability of membership in Class 1 (OR=0.85) or Class 2 (OR=0.88) relative to Class 3. Additionally, for cognitive concerns there was a decreased probability of membership in Class 1 (OR=0.69) or Class 2 (OR=0.85) relative to Class 3. These results highlight relations between different types of anxiety sensitivity, PTSD, and alcohol use, indicating the need to assess those individuals with heightened cognitive and physical concerns of anxiety as they could be at particular risk for co-occurring PTSD and alcohol use.

4-214

### **The Mediating Effect of PTSD Symptom Severity on the Relationship between Childhood Poly-Victimization and Other Adverse Early Life Experiences and Anger: A Path Analysis**

(Abstract #532)

**Poster #4-214 (Assess Dx, Aggress, CPA, CSA, Chronic, Adult) M - Industrialized**

**Gloucester**

*Christ, Nicole<sup>1</sup>, Meadows, Emily<sup>2</sup>, Charak, Ruby<sup>3</sup>, Armour, Cherie<sup>4</sup>, Elhai, Jon<sup>1</sup>*

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<sup>4</sup>*University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom*

The link between adverse childhood experiences and symptoms of posttraumatic stress disorder (PTSD), is well-established. These adverse childhood events and adult PTSD symptoms are associated with externalizing behavior, specifically anger. In this study, we assessed the effect these adverse experiences in childhood have on adult PTSD symptoms in predicting anger. Using a trauma-exposed adult sample (N=341) collected via Amazon's Mechanical Turk, we conducted a path analysis of four target

variables to evaluate if symptoms of PTSD explain the relationship between anger and both juvenile poly-victimization and other adverse early life experiences. The resulting structural model demonstrated good to excellent fit,  $\chi^2(7, N=341)=28.95$ ,  $p < 0.001$ , CFI=0.90, TLI=0.87, SRMR=0.07, RMSEA=0.09). PTSD severity mediated between both childhood poly-victimization ( $b=0.113$ , S.E.=0.026,  $p < 0.001$ ) and other adverse childhood experiences ( $b=0.088$ , S.E.=0.025,  $p < 0.001$ ) and anger, after controlling for age and gender. These results highlight the impact adverse childhood experiences and poly-victimization have on adult PTSD symptoms and anger, indicating the clinical importance of assessing for adverse childhood experiences. Interventions should address childhood victimization and adult victimization in context with PTSD symptoms and anger.

#### 4-215

### **Misattribution of Military Trauma Symptoms to Borderline Personality Disorder: A Case Series**

(Abstract #395)

**Poster #4-215 (Assess Dx, Chronic, Clinical Practice, Complex, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Varon, Samantha<sup>1</sup>, McCarron, Kelly<sup>1</sup>, Chandler, Helena<sup>2</sup>*

*<sup>1</sup>War Related Illness and Injury Study Center (WRIISC) Dept. of Veterans Affairs New Jersey Health Care System, East Orange, New Jersey, USA*

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Military trauma can result in complex psychosocial symptoms that mimic those of BPD. Despite the similar symptoms, BPD is not an appropriate label to capture deployment-related trauma symptoms, as BPD refers to a longstanding condition that begins by late adolescence or early adulthood. The Department of Defense and the Veterans Benefits Administration do not regard borderline personality disorder (BPD) to be a condition resulting from military service, and thus do not provide disability benefits for BPD. Thus, it is important for health care providers to take extra caution when considering the diagnosis of BPD for a military veteran. The War Related Illness and Injury Study Center (WRIISC) at the Veterans Affairs New Jersey Health Care System utilizes an interdisciplinary team approach to assess post-deployment health concerns in veterans with chronic medically-unexplained and difficult to diagnose conditions. This poster presents a case series of three veterans, evaluated at the WRIISC, who had been previously diagnosed with BPD without full consideration of symptom onset, military trauma exposure, psychiatric co-morbidities, and co-occurring medical conditions. This case series highlights the risk of misdiagnosing BPD in military veterans, the potential harm resulting from the BPD diagnosis, and will be linked with existing literature.

#### 4-216

### **A Test of the Incremental Explanatory Power of Moral Injury to Account for Impulsivity in U.S. Post-9/11 Veterans**

(Abstract #662)

**Poster #4-216 (Assess Dx, Mil/Vets, Theory, Moral, Adult) - Industrialized**

**Gloucester**

**Frankfurt, Sheila<sup>1</sup>, Meyer, Eric<sup>2</sup>, DeBeer, Bryann<sup>3</sup>, Morissette, Sandra<sup>4</sup>, Kimbrel, Nathan<sup>5</sup>**

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<sup>4</sup>*The University of Texas at San Antonio, San Antonio, Texas, USA*

<sup>5</sup>*Durham VA Medical Center and Duke University Medical Center, Durham, North Carolina, USA*

Moral injury is a bio-psycho-socio-spiritual syndrome that describes the disturbance that follows actions that violate deeply held norms (moral injury events [MIE]; Frankfurt & Frazier, 2016). Impulsive behavior is a proposed indicator of combat-related moral injury (Shay, 2002). However, PTSD is associated with impulsive behavior independent of MIE (Casada & Roache, 2005). We evaluated the incremental explanatory power of moral injury by testing whether MIE were associated with increased behavioral and emotional impulsivity after accounting for PTSD and depression using hierarchical linear modeling. U.S. Veterans (N = 366) completed the Moral Injury Events Scale (Nash et al., 2013), Beck Depression Inventory-II (Beck et al., 1996), Posttraumatic Stress Disorder Checklist-5 (Weathers et al., 2013), Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), and Monetary Choice Questionnaire (Kirby et al., 1999). MIE were negatively associated with delay discounting (i.e., impulsive decision-making) after accounting for PTSD-depression; MIE-transgressions but not MIE-betrayals accounted for this association. MIE were not associated with difficulties in emotional regulation after accounting for PTSD-depression. This pattern of results was replicated in high combat exposure Veterans. Implications and future directions for moral injury construct testing will be discussed.

**4-217**

### **How Personality Amplifies PTSD-Health Comorbidities**

(Abstract #663)

**Poster #4-217 (Assess Dx, Affect/Int, Clin Res, Health, Terror, Adult) - Industrialized Gloucester**

**Ruggero, Camilo<sup>1</sup>, Schuler, Keke<sup>1</sup>, Kotov, Roman<sup>2</sup>**

<sup>1</sup>*University of North Texas, Denton, Texas, USA*

<sup>2</sup>*Stony Brook University, Stony Brook, New York, USA*

Post-traumatic stress disorder (PTSD) has been linked with numerous health consequences. Personality has been shown to moderate individuals' reaction to trauma and likelihood of developing PTSD, but personality facets may also have ongoing effects after development of PTSD. Specifically, they may amplify associations between PTSD and poor health outcomes. The present study tested this possibility in 452 World Trade Center responders (mean age = 55.2 years, SD=8.7; male=89.4%; Caucasian=89.8%) assessed approximately 16 years after the 9/11 attacks. Comprehensive personality assessment was conducted, followed by surveys of physical and mental health problems. Participants then completed two weeks of daily diaries. As expected, PTSD was associated with several mental and physical health outcomes. Personality facets moderated some, but not all, of these associations. For example, depression facets amplified the association between PTSD and suicidality. For physical health, facets of ascendance increased the association between PTSD and LRS and GERD. Ongoing analyses of the daily diaries are testing which specific health behaviors might explain these increased, moderated risks. Results have implications for augmenting treatment of PTSD by taking into consideration the influence of personality.

**4-218****Childhood Disrupted Attachment and Emotion Dysregulation: Implications for Suicide Prevention**

(Abstract #664)

**Poster #4-218 (Assess Dx, CPA, Complex, Dev/Int, Theory, Adult) - Industrialized Gloucester***Roley-Roberts, Michelle<sup>1</sup>, Sangret, Rachel<sup>2</sup>, Ifakorede, Wuraola<sup>2</sup>*<sup>1</sup>*The Ohio State University, College of Medicine, Columbus, Ohio, USA*<sup>2</sup>*The Ohio State University, Columbus, Ohio, USA*

Disrupted attachment (e.g., being separated from your primary caregiver) can lead to adverse adult outcomes. Disrupted attachment leads to emotional dysregulation, which may leave individuals vulnerable to suicidal behaviors. The Interpersonal Theory of Suicide theorizes that acquired capability for suicide (ACSS) is an imminent predictor of suicide attempts. We hypothesized that the relationship between disrupted attachment and suicide attempts would be mediated by emotion dysregulation. We also hypothesized that the relationship between disrupted attachment and suicide attempts would be mediated by ACSS. College students ages 18-22 (N=121) who endorsed a history of childhood traumatic events completed a 45-minute online questionnaire and a 25-minute follow-up questionnaire one month later. Two mediation analyses were conducted using the PROCESS macro. Emotional dysregulation was a significant mediator of disrupted attachment and past suicide attempts ( $b=0.066$ ,  $t(118)=3.09$ ,  $p=0.0025$ ). However, ACSS did not mediate the relationship between disrupted attachment and past suicide attempts ( $b=0.027$ ,  $t(118)=3.20$ ,  $p=0.0018$ ). Instead, there is a direct effect of disrupted attachment in childhood on suicide attempts ( $b=0.15$ ,  $t(118)=2.72$ ,  $p=0.0075$ ). Results inform future theory-building on how disrupted attachment may lead to greater suicide risk among childhood trauma survivors.

**4-219****The Serial Mediating Role of Daily Heterosexism and Emotion Dysregulation on the Association between Sexual Orientation Outness and Alcohol Use among Lesbian, Gay and Bisexual Emerging Adults**

(Abstract #1221)

**Poster #4-219 (Assess Dx, Clin Res, Orient, Sub/Abuse, Adult) M - Industrialized Gloucester***Hsieh, Claire, Villarreal, Lillianne, Trujillo, Oscar, Charak, Ruby  
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The aim of the present study was to examine the serial mediating role of daily heterosexist experiences—vigilance, vicarious trauma, isolation—emotion dysregulation on the association between sexual orientation outness and alcohol use among lesbian, gay, and bisexual emerging adults. Participants were 277 emerging adults ages 18-29 years ( $M = 25.38$ ,  $SD = 2.77$ ; 59.6% women; 16.6% lesbian, 25.6% gay, 57.8% bisexual). Results indicated that 8.6% of people scored higher than the cut-off score of 8 on alcohol use indicative of problematic alcohol use. Findings suggested a serial mediation between outness and alcohol use via proximal stressors, namely, vigilance, vicarious trauma, and isolation, and emotion dysregulation. The serial mediation pathways comprising serial mediation models were all significant (Brange = .06 to 1.33,  $p < .05$ ). The indirect effects via emotion dysregulation were significant between

vigilance ( $B = -.0104$ ,  $CI = -.0191 - -.0040$ ), vicarious trauma ( $B = -.0140$ ,  $CI = -.0244 - -.0063$ ), isolation ( $B = -.0108$ ,  $CI = -.0187 - -.0044$ ), and alcohol use. Further research focused on the unique stressors affecting LGB people can help curb the related negative psychological issues. Clinical interventions should be directed toward imparting emotion regulation skills to those with increased risk of alcohol abuse, especially to those who identify as sexual minorities.

#### 4-220

### **The Mediating Role of Dimensions of Rumination in the Association between PTSD and Suicidal Behavior in a Predominantly Hispanic Sample of Emerging Adults**

(Abstract #1235)

**Poster #4-220 (Assess Dx, Assess Dx, Health, Grief, Adult) M - Industrialized**

**Gloucester**

*Hsieh, Claire<sup>1</sup>, Maciel, Jacob<sup>1</sup>, Erwin, Meredith<sup>2</sup>, Cano-Gonzalez, Ines<sup>1</sup>, Charak, Ruby<sup>1</sup>*

<sup>1</sup>*University of Texas Rio Grande Valley, Edinburg, Texas, USA*

<sup>2</sup>*Summa Health Traumatic Stress Center, Akron, Ohio, USA*

Posttraumatic stress disorder (PTSD) is a well-established risk factor of suicidal behavior. Studies suggest that rumination is a maladaptive cognitive coping mechanism that occurs in response to a negative emotional experience (e.g., traumatic event), and a potential risk factor for suicidal behavior. The present study examined four domains of rumination (problem-focused thinking, counterfactual thinking, repetitive thinking, anticipatory thinking) as mediating factors between PTSD and suicidal behavior. Participants were 223 undergraduate students in the age range of 18-29 years ( $M = 21.5$ ,  $SD = 12.04$ , 71.6% female, 86.2% Hispanic) Findings indicated significant direct effects between PTSD and rumination subtypes ( $B_{range} = .06$  to  $.20$ ,  $p < .05$ ), between rumination subtypes and suicidal behavior ( $B_{range} = .09$  to  $.12$ ,  $p < .05$ ), and between PTSD and suicidal behavior ( $B_{range} = .04$  to  $.05$ ,  $p < .05$ ). Further, findings indicated significant indirect effects of problem-focused thinking ( $B = .09$ ,  $p < .001$ ), counterfactual thinking ( $B = .12$ ,  $p < .001$ ), repetitive thinking ( $B = .12$ ,  $p < .001$ ), and anticipatory thinking ( $B = .10$ ,  $p < .001$ ) on the association between PTSD and suicidal behavior. The content of ruminative thinking should be considered when assessing for suicidal behavior, and in the development of clinical interventions targeting rumination.

#### 4-221

### **Psychometric Evaluation of the Swedish Version of the Prolonged Grief Disorder-13 (PG-13) in a Bereaved Mixed Trauma Sample**

(Abstract #382)

**Poster #4-221 (Assess Dx, Death, Res Meth, Grief, Adult) I - Industrialized**

**Gloucester**

*Sveen, Josefin, Bondjers, Kristina, Arnberg, Filip*

*Uppsala University, Department of Neuroscience, Uppsala, Sweden*

This study aimed to examine the psychometric properties of the Swedish PG-13 in a bereaved trauma sample.

The participants were individuals taking part in an ongoing longitudinal study regarding the effects of

potentially traumatic events. Participants were adults (n=123) whom had experienced a potentially traumatic event during the past 5 years and had reported the loss as the traumatic event or in addition to the traumatic event. The assessment included self-report of prolonged grief, PTSD and general psychiatric symptoms. Clinical interviews were used to assess for depression, PTSD, and functional disability. Psychometric properties of the PG-13 were examined through confirmatory factor analyses (CFA), reliability analyses, and assessment of associations between PG-13 and symptoms of PTSD, depression, functional disability, and general psychiatric symptoms.

The internal consistency and test-retest reliability were good. The CFA showed that a three-factor model fitted the data well. The Swedish PG-13 was able to differentiate between symptoms of PGD and PTSD, depression, general psychiatric symptoms and functional disability, which supports the divergent validity of the instrument.

The Swedish PG-13 demonstrated good psychometric properties, which supports its use in research and practice as a measure to assess prolonged grief in Swedish sample experiencing a trauma.

#### 4-222

### **Prolonged Grief Disorder Symptom Influence and Centrality**

(Abstract #1694)

**Poster #4-222 (Assess Dx, Death, Adult) M - Industrialized**

**Gloucester**

*Eddinger, Jasmine<sup>1</sup>, Hardt, Madeleine<sup>1</sup>, Henschel, Aisling<sup>1</sup>, Jobe-Shields, Lisa<sup>2</sup>, Williams, Joah<sup>1</sup>*

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Prolonged grief disorder (PGD) affects an estimated 9.8% of griever (Lundorff et al., 2017). As different criteria sets for PGD have been developed for inclusion in the DSM-5 and ICD-11, PGD continues to garner attention aimed at understanding the core symptoms. For this study, we use network analysis to examine which PGD symptoms are most central and influential within the symptom network. Our sample (N=595) was comprised of college students in the Midwest. It was predominantly female (79%) and racially diverse (64% White, 17% Black, 13% Asian, and 13% Hispanic). Using the Prolonged Grief Disorder-13 (Prigerson et al., 2009), we found in our preliminary results that intense emotional pain was most strongly correlated with all other symptoms. The second most related symptom was emotional numbness. Both symptoms are present in the diagnostic criteria for the most researched models of pathological grief: persistent complex bereavement disorder, complicated grief, PGD based on the work of Prigerson and colleagues (2009), and PGD as presented in ICD-11. The least influential symptoms were based on avoidance of reminders of the lost loved one and role confusion after the loss. The ICD-11 has included neither of these symptoms, but the other models have included at least one. We will discuss the potential implications for these findings.

4-223

**Psychological Symptoms among Bereaved Parents: Prevalence and Response to an Inpatient Rehabilitation Program**

(Abstract #1026)

**Poster #4-223 (Assess Dx, Clin Res, Death, Depr, Grief, Adult) A - Industrialized Gloucester**

*Tutus, Dunja<sup>1</sup>, Baumann, Ines<sup>2</sup>, Keller, Ferdinand<sup>1</sup>, Künzel, Jochen<sup>3</sup>, Goldbeck, Lutz<sup>1</sup>, Niemitz, Mandy<sup>4</sup>*

<sup>1</sup>*University Hospital Ulm, Ulm, Germany*

<sup>2</sup>*University of Heidelberg, Heidelberg, Germany*

<sup>3</sup>*After-Care Clinic Tannheim, Tannheim, Germany*

<sup>4</sup>*University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm University, Germany*

Objective: To describe psychological symptoms in a clinical sample of bereaved parents and their response to an inpatient rehabilitation program. Methods: Bereaved parents, referred to the program (N=323), were assessed by questionnaires measuring symptoms of prolonged and complicated grief, depression and posttraumatic stress (PTS) at baseline and post-treatment. Results: At baseline 160 (49.5%) parents showed symptoms of prolonged grief disorder (PGD), as proposed for the ICD-11. Complicated grief was indicated in 272 (84.2%) parents, major depression in 191 (59.1%) and PTSD in 242 (74.9%) parents. Mothers were at higher risk for complicated grief ( $p \leq .001$ ), major depression ( $p = .029$ ) and PTSD ( $p = .004$ ), compared to fathers. Significant remissions of symptoms between admission and discharge from the program emerged in complicated grief, depression and PTS, while the parents' quality of life improved. Effect sizes ranged between  $d = .68$  and  $d = 1.22$ . Additionally, significantly less parents fulfilled PGD criteria at discharge from the program ( $p \leq .001$ ). Conclusions: A majority of bereaved parents referred to the inpatient rehabilitation program showed clinically relevant symptoms of complicated grief, major depression and PTS and less than half reported the full spectrum of symptoms of PGD. Inpatient rehabilitation appears promising to improve the bereaved parents' mental health.

4-224

**Moral Decision Making and Moral Injury: A Moderation Mediation Model**

(Abstract #729)

**Poster #4-224 (Assess Dx, Moral, Adult) M - Industrialized Gloucester**

*Lancaster, Steven, Miller, Maggie*

*Bethel University, St Paul, Minnesota, USA*

Moral injury is the recognition that acts perpetrated during stressful situations can have lasting psychological impacts. Similar to other cognitive models, models of moral injury examine the links between transgressive acts and symptoms of moral injury, with appraisals of these acts as a potential mediator. While moral injury presumes a moral evaluation has taken place, no research has specifically examined the role of moral decision-making within this experience. The current study aimed to test the role of moral decision-making as a possible moderator of the pathways between acts, appraisals, and symptoms of moral injury. Given previous research, we separately examined these pathways for self-

focused and other-focused appraisals and symptoms in a sample of 121 military veterans who had reported a history of at least one transgressive act. Results indicated appraisals significantly mediated the relationship between acts and symptoms in both models; for self-focused moral injury the path between acts and appraisals was significantly moderated by moral decision making, while the other-focused model showed moderation of the act-appraisal pathway as well as the act-symptoms pathway. This study is the first to show that broader moral decision-making processes may play an important role in the experience of military-based moral injury.

**4-225**

**Clinical Outcome of Posttraumatic Stress Disorder with Impaired Coronary Distensibility**  
(Abstract #1158)

**Poster #4-225 (Assess Dx, Bio Med, Mil/Vets, Adult) A - Global**

**Gloucester**

*Ahmadi, Naser<sup>1</sup>, Pynoos, Robert<sup>2</sup>*

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<sup>2</sup>*UCLA - National Center for Child Traumatic Stress, Los Angeles, California, USA*

OBJECTIVE: impairments reflect endothelial-dependent process associated with vulnerable-plaque composition. This study investigated the relation of impaired Coronary Distensibility Index (CDI) with posttraumatic stress disorder (PTSD) and their predictive value for major adverse cardiovascular events (MACE).

Finding: Impaired CDI is strongly associated with the severity of PTSD symptoms. Both impaired CDI and PTSD were independently associated with an increased risk of MACE during follow-up, and evidence indicated an interaction between these two factors. These findings highlight the important role of CDI in identifying individuals with PTSD at risk for MACE

**4-226**

**Examining the DSM-5 Latent Structure of Posttraumatic Stress Disorder in a National Sample of Student Veterans**

(Abstract #1747)

**Poster #4-226 (Assess Dx, Mil/Vets, Prof) I - Industrialized**

**Gloucester**

*Brooks, Malisa<sup>1</sup>, Hinkson, Kent<sup>1</sup>, Osteen, Philip<sup>2</sup>, Bryan, Craig<sup>1</sup>*

<sup>1</sup>*National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA*

<sup>2</sup>*University of Utah, Salt Lake City, Utah, USA*

Past research has explored various factor structures of posttraumatic stress disorder (PTSD) to try and find the best representation of observed symptoms in trauma survivors; the most widely used measure for this is the posttraumatic checklist (PLC-5). The purpose of this study (n=297) was to examine five factor models of PTSD, which have been researched in multiple studies and various samples, in a sample of student veterans using confirmatory factory analysis and the PCL-5; no CFA studies have examined the latent structures of PTSD within this population to date.

Results demonstrate good model fit across all factor structures, including a 1-factor model used as a

baseline comparison, and the fit improved with increasingly complex models. Examination of the AIC values shows the 7-factor model has the lowest value when directly comparing models. Chi-square difference testing suggests the null hypothesis should be rejected, and all multi-factor models should be retained over the 1-factor baseline model.

For this sample of student veterans, there is no quantitative advantage to one multi-factor model over another, which is suggesting there is something unique about the combination of being a student and a veteran that may not optimally fit into the current diagnostic structure of PTSD.

**4-227**

**The Role and Impact of Trauma and PTSD on Negative Behaviors among Sentenced Male Prisoners in the UK**

(Abstract #1003)

**Poster #4-227 (Assess Dx, Aggress, CPA, CSA, Complex, Adult) I - Industrialized Gloucester**

*Facer-Irwin, Emma*

*King's College London, University of London, London, United Kingdom*

**Aim/Objective:** To examine the prevalence of trauma and trauma-related difficulties among male prisoners and explore their role in predicting outcomes such as self-harm, suicide attempts, and violence.

**Method:** An ongoing prospective cohort study conducted in a large prison in London, UK. Randomly sampled prisoners took part in a clinical research interview. Outcomes were measured one and three months later, using healthcare and prison record databases.

**Results:** 99% (n=205) reported exposure to at least one traumatic event, with 70% reporting polyvictimization. Over 50% reported childhood physical abuse; 15% reported childhood sexual abuse. The prevalence of current PTSD was 12% according to DSM-V and 7% according to recently published ICD-11 criteria. The prevalence of complex PTSD was 17%. PTSD symptoms were found to mediate the relationship between trauma and both self-harming and violent behaviour in prison.

**Conclusions:** Findings highlight a need for trauma-informed correctional care in the male prison estate. Associations with negative outcomes support the need for improved identification and management of trauma sequelae in this at-risk population.

**4-228**

**A Psychopathological Clinical Picture of ICD-11 PTSD and CPTSD**

(Abstract #1061)

**Poster #4-228 (Assess Dx, Clinical Practice, Complex, Adult) I - Industrialized Gloucester**

*Moeller, Lise<sup>1</sup>, Elklit, Ask<sup>2</sup>, Simonsen, Erik<sup>3</sup>, Soegaard, Ulf<sup>d</sup>*

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*<sup>2</sup>University of Southern Denmark, National Centre for Psychotraumatology, Odense, Denmark*

*<sup>3</sup>Psychiatric Research Department, Slagelse, Denmark*

The distinction between ICD-11 PTSD and CPTSD has considerable support from different methodological research studies. However, exploration of clinical psychopathological descriptive

differences of the core disturbances of ICD-11 PTSD and CPTSD is yet less investigated.

The purpose of the current study is to explore the psychopathological difference of ICD-11 PTSD and CPTSD from endorsement on 'The Personality Inventory for DSM-5' (PID-5) under the alternative model for Personality disorder in DSM-5, section III.

The sample includes a minimum of 110 consecutively referred patients with ICD-10 PTSD from different Danish outpatient psychiatric clinics. ICD-11 PTSD and CPTSD was measured using the ITQ, lifetime traumatic experiences using LEC-r, dimensions of personality facets/traits using PID-5, well-being using the WHO-5 and general psychopathology using The MINI International Neuropsychiatric Interview 7.0.0. Summary statistic is used to report on average scores of the personality facets and domains, ICD-11 PTSD and CPTSD, traumatic experiences, general psychopathology and general well-being. Binary logistic regression modelling and regression analysis will be used for predictive and discriminatory analysis.

Results will be presented at the poster

Psychopathological descriptions of ICD-11 PTSD and CPTSD may be valuable for clinicians and for demarcation to other disorders.

#### 4-229

### **Evaluating the Factor Structure of the Posttraumatic Cognitions Inventory Using Confirmatory and Exploratory Factor Analysis**

(Abstract #1062)

**Poster #4-229 (Assess Dx, Rape, Adult) M - Industrialized**

**Gloucester**

*Whiteman, Sarah, Kramer, Lindsay, Weathers, Frank  
Auburn University, Auburn, Alabama, USA*

The Posttraumatic Cognitions Inventory (PTCI; Foa et al., 1999) is one of the most widely used assessments of posttraumatic cognitions. The original factor analysis of the PTCI found that a three-factor model of negative cognitions about self, world, and self-blame yielded the best fit. However, subsequent research has failed to replicate this factor structure without removing multiple items (e.g., Hyland et al., 2015). Given these inconsistent findings, we examined the PTCI factor structure in two samples of trauma-exposed undergraduates ( $n = 687$  and  $640$ ). First, we conducted a confirmatory factor analysis (CFA) in each sample, which indicated poor fit for the three-factor model. We then conducted an exploratory factor analysis (EFA) in each sample. In both samples, none of the factor solutions indicated appropriate fit. Given previous findings on the differential relationships between the type of traumatic event experienced and posttraumatic cognitions (e.g., Cromer & Smyth, 2010), we hypothesized that the mediocre fit could be due to the heterogeneity of traumatic event types in these samples. Accordingly, we reconducted the CFAs and EFAs using only sexual assault survivors ( $n = 109$  and  $149$ ). Again, fit was mediocre for the CFAs and EFAs in both subsamples. These findings highlight the need to further evaluate the factor structure and item content of the PTCI.

4-230

**The Relationship between Perceived Social Support and Severity of Trauma Symptoms Associated with Lifetime Sexual Victimization Mediated by Maladaptive Coping Tested in a Female Sample**

(Abstract #1153)

Poster #4-230 (Assess Dx, CSA, Ethnic, Rape, Adult) I - Industrialized

Gloucester

*Dials, Andrew, Hirai, Michiyo*

*The University of Texas Rio Grande Valley, Edinburg, Texas, USA*

The current model tested the following mediational relationships: 1) higher perceived social support would predict lower trauma symptoms; 2) higher perceived social support would predict lower maladaptive coping; 3) the relationship between perceived social support and trauma symptom severity would be mediated by coping. Ethnicity was investigated as a moderator. 267 female participants who reported sexual assault as a stressful life event completed a demographic questionnaire, Social Provisions Scale (Cutrona & Russell, 1987), PTSD Checklist - DSM V Version (Weathers, Keane, Palmieri, Marx, & Schnurr, 2013), Brief Coping Measure (Carver, 1997) online. 113 reported adulthood sexual assault (ASA) only, 100 reported childhood sexual abuse (CSA) only, and 54 reported both ASA and CSA. 108 (40.4%) were Hispanic. The results supported the mediation model that suggests that higher perceived social support decreases maladaptive coping, which consequently reduces severity of trauma symptoms in all three groups: CSA only, ASA only, and ASA and CSA. Ethnicity did not moderate any of the relationship. When the psychosocial variables are examined in relation to trauma symptom severity and are considered for interventions targeting female victims of sexual assault, the sequential effects of the variables should be taken into account.

4-231

**How did Parental Attachment Predict PTSD among Adolescents following the Jiuzhaigou Earthquake? Roles of Parent-Child Communication, Perceived Parental Distress, and Intrusive Rumination**

(Abstract #383)

Poster #4-231 (Assess Dx, Nat/Dis, Child/Adol) I - E Asia & Pac

Gloucester

*Zhou, Xiao<sup>1</sup>, Zhen, Rui<sup>2</sup>*

*<sup>1</sup>Zhejiang University, Hangzhou, China*

*<sup>2</sup>Hangzhou Normal University, Hangzhou, China*

Studies have suggested that insecure attachment is associated with higher rates of posttraumatic stress disorders (PTSD), but the potential mechanism whereby anxious and avoidant parental attachment relate to PTSD has not been assessed. To fill this gap, this study examines the roles of parent-adolescent communication, perceived parental distress, and intrusive rumination in the relation between parental attachment and PTSD. Following the Jiuzhaigou earthquake, six hundred and twenty adolescents were selected to complete self-report questionnaires. The results show that anxious rather than avoidant parental attachment is directly related to more PTSD, and avoidant parental attachment leads to more PTSD indirectly; these effects are mediated by open parent-child communication and by problematic

parent-child communication, which occurs via perceived parental distress or intrusive rumination. In addition, although the latter two similar indirect paths are shared between anxious and avoidant attachment, anxious parental attachment can exert positive effects on PTSD by perceived parental distress, by intrusive rumination or by perceived parental distress via intrusive rumination. These findings suggest that anxious and avoidant parental attachment have distinct predictive utility in PTSD.

## **TRAINING/EDUCATION/DISSEMINATION POSTERS**

**4-232**

**College Adjustment in Student Veterans and Non-Veteran Students: A Comparative Study**  
(Abstract #22)

**Poster #4-232 (Train/Ed/Dis, Anx, Depr, Train/Ed/Dis, Mil/Vets, Adult) M - N/A Gloucester**

*Ramirez, Allysia, Elwood, Lisa, Ahles, Emily*  
*University of Indianapolis, Indianapolis, Indiana, USA*

This study aims to investigate differences in college adjustment between traditional students and student veterans, the latter of whom are often reported to encounter a number of barriers in their adjustment process (Vidourek, King, Nabors, & Merianos, 2014). Perceptions of college adjustment will be assessed across six domains, including social relationships, sociocultural considerations (i.e., values), school administration, academic performance, financial burdens, and mental health (e.g., anxiety, depression, and PTSD; Kim & Cole, 2013). Independent samples t-tests, MANOVAs, and moderation analyses will be used to examine the following hypotheses: student veterans will report lower college adjustment than their traditional student peers in all but two of the six domains of adjustment, academic performance and financial support, as these are hypothesized to be areas of strength for this population; and mental health and social support will moderate the proposed differences in college adjustment observed between the two student groups. Currently, data collection is ongoing. Results will be conducted using all available data prior to the conference. Findings from this study could result in identifying the specific college adjustment challenges of student veterans to inform college/university programs of the resources needed to begin effectively addressing them.

**4-233**

**Risk and Resiliency Factors for Students Entering Field Placements**  
(Abstract #371)

**Poster #4-233 (Train/Ed/Dis, Anx, Prevent, Self-Care, Prof) I - Industrialized Gloucester**

*Nason, Erica, Kim, Jangmin, Caputo, Anastasia, Kim, Junhyoung*  
*Texas State University, San Marcos, Texas, USA*

Health and human service professionals, such as social workers and recreational therapists, often work with clients who have experienced and struggled with various types of trauma. Working with traumatized clients can engender professionals' Secondary Traumatic Stress (STS). Despite the prevalence of STS

among students who work with traumatized populations at practicum/internship placements, there is still little understanding of the psychological risk and resilience factors experienced by these students. The current study compared the mental health symptoms, trauma histories, burnout, and self-care behaviors of social work ( $n = 22$ ) and therapeutic recreation ( $n = 11$ ) students prior to entering field practicum/internship. The two samples had similar demographics; however, social work students were more likely to be female and non-White. Students in both disciplines were not significantly different regarding burnout, self-care behaviors, posttraumatic growth, and trauma history. Despite these similarities, social work students reported significantly more symptoms of depression ( $p = .035$ ) and anxiety ( $p = .035$ ) than recreational therapy students. This presentation will discuss implications for training, clinical practice, and future research.

#### 4-234

#### Measurement-Based Care in a VA PTSD Clinic: A Mixed Methods Program Evaluation (Abstract #1793)

Poster #4-234 (Train/Ed/Dis, Assess Dx, Clinical Practice, Mil/Vets, Prof) I -  
Industrialized

Gloucester

*Chiriboga, Eva<sup>1</sup>, McCormick, Wesley<sup>2</sup>, Aldea, Mirela Adina<sup>1</sup>*  
*<sup>1</sup>Bay Pines VA Healthcare System, Bay Pines, Florida, USA*  
*<sup>2</sup>University of South Alabama, Mobile, Alabama, USA*

A key aspect of evidence-based trauma-focused treatment (EBTs), measurement-based care (MBC), allows clinicians to monitor treatment progress, reduce symptom deterioration and improve client outcomes (Hannan et al., 2005; Harmon et al., 2005). MBC has been identified as one of the minimum interventions necessary for change in implementing evidence-based treatments (Scott & Lewis, 2015). Despite the utility of MBC, fewer than 20% of clinicians report using standardized progress measures at regular intervals (Jensen-Doss et al, 2018). Noting the benefits of MBC, the Veterans Health Administration (VHA) launched an initiative in 2016 to implement MBC at VHA facilities throughout the country. To support the MBC initiative within a local VA PTSD Clinic, the current program evaluation utilizes a sequential explanatory mixed methods design (Ivankova et al., 2006) the use of MBC (e.g., frequency of measure administration) across mental health disciplines (e.g., psychologists, psychiatrists, social workers). Results of the evaluation will identify ways of addressing barriers to effective MBC practice on an administrative and individual level. Improving the implementation of MBC in PTSD clinics could address some of the barriers to evidence-based treatment and increase the implementation of EBTs in VA PTSD clinics.

4-235

**Leadership Best Practices for Managing Soldiers with PTSD.**

(Abstract #224)

**Poster #4-235 (Train/Ed/Dis, Mil/Vets, Prof) I - N/A****Gloucester*****Bowen, Shari******University of Phoenix, Phoenix, Arizona, USA***

The past 10 years of constant conflict in Iraq and Afghanistan attribute to a high rate of soldiers returning to daily duties suffering with persistent symptoms of Post-Traumatic Stress Disorder (PTSD), and leaders who face difficulties effectively managing these soldiers. This qualitative study used three iterations of the Delphi method to identify leadership best practices that met the needs and requirements of managing soldiers with PTSD. A panel with a minimum of 20 psychologist/counselor experts and leadership professionals were desired; however, recruitment yielded 22 who completed the study. The expert panel provided open and closed ended subjective responses to the study question. The survey service collected and summarized the raw data and the study was manually analyzed. The research question was, "What are the leader best practices among an expert panel of professional leaders and psychologist/counselor for managing soldiers with PTSD?" The findings in this research did build consensus of 16 leadership best practices for managing soldiers with PTSD. These leadership best practices may provide leaders knowledge to improve innovation and strategic leadership managing soldiers with PTSD.

4-236

**Community Mental Health Provider Buy-in: Looking at Protocol Adherence in a Cognitive Processing Therapy Training Program**

(Abstract #404)

**Poster #4-236 (Train/Ed/Dis, Clin Res, Clinical Practice, Commun, Prof) I - Industrialized****Gloucester*****Karp, Jeremy<sup>1</sup>, Marsden, Arthur<sup>1</sup>, Kaya, Robert<sup>2</sup>, Barrera, Michelle<sup>2</sup>, Fina, Brooke<sup>1</sup>, Dondanville, Katherine<sup>1</sup>******<sup>1</sup>University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA******<sup>2</sup>UT Health San Antonio, San Antonio, Texas, USA***

Learning a new treatment protocol can be challenging for mental health providers. The STRONG STAR Training Initiative (SSTI) trained community-based mental health providers in EBTs for PTSD including Cognitive Processing Therapy (CPT). Six months post-training, providers completed a survey which included questions about adherence to specific CPT components and attitudes related to adherence to protocol. Most providers reported that adherence to a CPT protocol led to better patient satisfaction (85%) and outcomes (91%). Providers' self-reported adherence to measurement-based care (i.e., implementing PTSD measurement using the PCL-5) ranged from 93%-100%, Phase 1: Education about Trauma and PTSD (i.e., Session 1 Education, Impact Statement and Stuck Point Log) ranged from 98%-100%, Phase 2: Processing Trauma and Learning to Challenge (i.e., ABCs, Challenging Questions) ranged from 96%-98%, and Phase 3: Trauma Themes (i.e., trust and safety modules) ranged from 76%-85%. Predictors of adherence will be further examined in the poster. We theorize that elements of this training initiative led

to providers adhering to protocol such as: pre-training learning, in-person workshops, weekly case consultation for 7 months, online portal of resources, and organizational consultation. Future directions and limitations will be discussed.

## **SOCIAL ISSUES – PUBLIC POLICY POSTERS**

**4-237**

### **Tonic Immobility in Response to Interactions with Police in the United States**

(Abstract #425)

**Poster #4-237 (Social, Comm/Vio, Adult) M - Industrialized**

**Gloucester**

*Ray, Travis<sup>1</sup>, Gildner, Daniel<sup>2</sup>, Ibrionke, Ohuwatoyin<sup>2</sup>, Kris, Erica<sup>1</sup>, Parkhill, Michele<sup>2</sup>, Pickett, Scott<sup>3</sup>*  
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*<sup>3</sup>Florida State University, Tallahassee, Florida, USA*

Due to disparate criminal justice treatment and recent high profile police killings of unarmed Black citizens, Black Americans may perceive interactions with police to be particularly traumatic. Tonic immobility is a trauma response characterized by physical inhibitions of motor functioning. If there is an elevated trauma response, the lack of compliance may be due to tonic immobility, but interpreted by the officer as uncooperative, thus increasing the likelihood of physical force. It was hypothesized that Black Americans would report increased levels of tonic immobility symptoms, in response to officer interactions, when compared to White Americans. Participants (41% male) consisted of 151 Black and 396 White respondents. Participants completed a self-report measure of tonic immobility symptoms in response to a police interaction. Black respondents reported significantly higher levels of tonic immobility than did White respondents,  $F(1, 545) = 11.73, p < .01$ . Race and sex significantly interacted; Black men had the highest levels of tonic immobility,  $F(1, 543) = 4.12, p = .04$ . Results suggest that interventions aimed at educating police officers about the effects of tonic immobility, especially among Black Americans, may help to reduce instances of excessive force.

**4-238**

### **The Victimization Myths and the Victims of Sexual Violence in Korea**

(Abstract #1846)

**Poster #4-238 (Social, Gender, Adult) M - E Asia & Pac**

**Gloucester**

*Kim, Sunyoung<sup>1</sup>, Kwon, Insook<sup>2</sup>, Stormberg-Firestein, Sasha<sup>1</sup>, Gunjung, Lee<sup>3</sup>*

*<sup>1</sup>University of Hawaii at Hilo, Hilo, Hawaii, USA*

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Introduction: his study focuses on effects of victimization myths. These myths view sexual violence victims as being dirtied, stigmatized, helpless and incapable, permanently ruined, and comprehensively

damaged so much that it is impossible to return to the normal life. These myths can bring the secondary victimization to the sexual violence victims during the legal process or counseling in the family, school and community.

Method: 235 sexual violence victims in Korea have been administered a set of questionnaires that measure victimization myths, perceived secondary victimization, and responses from various community members regarding the sexual violence the women experienced. Using the SPSS, descriptive, correlations, and t-tests were administered to analyze the data.

Results: Outcomes indicated that a great portion of Korean sexual violence victims experience victimization myths (47.0%) as well as rape myths (30.4%). The most common themes were blaming the victim (49.1%) and discouragement of reporting the crime to police (61.9%). There were significant correlations between experiencing rape myths and experiencing victimization myths ranging from  $r^2=.354$  ( $p<.01$ ) to  $r^2=.139$  ( $p <.05$ ).

Conclusion: This study showed that unlike other crime victims, sexual violence victims do not receive support and instead, have to deal with victimization myths.

#### 4-239

### Identifying Predictors of Intimate Partner Violence (IPV) in the Context of Natural Disaster: A Systematic Review of the Literature

(Abstract #1598)

Poster #4-239 (Social, DV, Nat/Dis, Pub Health, Gender, Adult) I - Global

Gloucester

*Medzhitova, Julia<sup>1</sup>, Colgan, Courtney<sup>1</sup>, Killenberg, Parker<sup>2</sup>, Lai, Betty<sup>1</sup>*

<sup>1</sup>*Boston College, Boston, Massachusetts, USA*

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Intimate partner violence (IPV) is estimated to impact 35% of women worldwide (WHO, 2013). IPV is linked to psychological distress, economic hardship, physical injury, and death in women (CDC, 2014). Growing evidence indicates that rates of IPV rise in the context of disasters (WHO, 2005). This has been examined across different ecological levels of analysis in the literature, but findings remain disintegrated. This poster will present findings from a systematic review of the IPV and disaster literatures. Aims were to evaluate and synthesize the empirical literature on this subject to identify if disasters exacerbate existing risk factors for IPV and if unique risk factors for IPV emerge in the disaster context. Following, PRISMA guidelines, a systematic search was conducted using specific keywords in four databases: CINAHL, PubMed, PsycINFO, and PILOTS. Of the 332 articles identified, 29 were selected for review. Studies examined individual, community, cultural and policy level variables as risk factors for increased IPV. Studies were grouped together and analyzed according to these factors. This review provides insight on the current state of scientific literature of the risk factors for increased prevalence and severity of IPV in the context of natural disaster. Policy and practice implications as well as directions for further research are discussed.

4-240

**Impact of the Soviet-Afghan War (1979-1989) on the First Post-Soviet Generation: An Investigation into Intergenerational Transmission of Combat-Related Trauma from Parents to Children**

(Abstract #202)

**Poster #4-240 (Social, DV, Sub/Abuse, Mil/Vets, Intergen, Lifespan) I - C & E Europe & Indep Gloucester**

*Denejkina, Anna*

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Results of a mixed-methods PhD study on intergenerational transmission of combat-related trauma from parents to children – focusing on returned Soviet veterans of the Soviet-Afghan war, 1979-89 – suggests the correlation of mental health issues between children and their veteran parents is a result of intergenerational effects of military service in the Soviet–Afghan war. The qualitative analysis was based on interviews with veterans, now-adult children of veterans, and veterans’ other family members (n=12); the quantitative analysis was based on questionnaire responses from now-adult children of veterans (n=15). Research results show an ongoing impact of the Soviet–Afghan war on the first post-Soviet generation in four key findings: intergenerational trauma transmission; domestic violence; collective trauma and mental health in the former Soviet Union; and makeshift group therapy and the role of alcohol misuse. Results show the critical situation of mental health and trauma in the former Soviet Union, highlighting an urgently needed improvement in mental health education and support within post-Soviet society generally, and military and veteran populations specifically.

## CLINICAL PRACTICE POSTERS

4-241

### **Peritraumatic Dissociation Uniquely Predicts Somatic Burden in Trauma Survivors**

(Abstract #1544)

**Poster #4-241 (Practice, Assess Dx, Clinical Practice, Health, Med/Som, Adult) I - N/A Gloucester**

*Bartel, Alisa, Samuelson, Kristin*

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The high comorbidity of PTSD with physical health symptoms and disease is leading to its reconceptualization as a “systemic disorder” (McLeay et al., 2017). Somatic symptoms occur in multiple domains (e.g. cardiac, joint aches, dizziness) and lead to distress, defined as somatic burden. Somatic burden predicts healthcare use, hospitalization, and death (Gierk et al., 2014), but little is known about its onset in trauma survivors. Research reveals a causal link between trauma, dissociation, somatization, and chronic health conditions (Salmon et al., 2003), with peritraumatic dissociation predicting immediate somatic symptomology (Dimoulas et al., 2007). However, the link between peritraumatic dissociation and long-term somatic burden has not been explored. This study examined whether peritraumatic dissociation (Peritraumatic Dissociative Experiences Questionnaire), independent of PTSD (Clinician Administered PTSD Scale) and pain severity (Brief Pain Inventory), predicted somatic burden (Somatic Symptom Scale) in trauma survivors seeking cognitive training treatment. Peritraumatic dissociation predicted somatic burden after controlling for PTSD and pain severity,  $F(3,103) = 20.94$ ,  $p < .001$ ,  $R^2$  of .38. Results emphasize the importance of clinicians integrating somatic symptoms into traditional psychotherapeutic care, especially in survivors reporting peritraumatic dissociation.

4-242

### **A Qualitative Analysis of Meaning-Making Appraisals and Mental Health among OIF/OEF Combat Veterans**

(Abstract #230)

**Poster #4-242 (Practice, Health, Mil/Vets, Adult) I - Industrialized**

**Gloucester**

*Keller, Emily, Perkins, Marjorie, Hamrick, Lauren, Owens, Gina*

*University of Tennessee - Knoxville, Knoxville, Tennessee, USA*

Qualitative interviews were conducted to examine military veterans’ appraisal or meaning-making process, as well as how serving in combat affected their mental health. The sample consisted of 14 active duty and reserve OIF/OEF combat veterans. The majority of these veterans were male ( $n = 12$ ) and Caucasian ( $n = 12$ ), and the mean age of the sample was approximately 30. Participants answered questions in semi-structured face-to-face interviews designed to assess how their perspectives might have changed since returning from their combat experience. A qualitative analysis based on grounded theory was applied to analyze the interviews, which resulted in the identification of six theoretical constructs related to meaning-making and posttraumatic outcomes: psychological distress, reactions to death, disillusionment, desiring distance from others, perceptions of growth, and a broadened understanding of the world. Our findings demonstrate the mental health symptoms and emotional struggle that may occur

post-deployment. However, findings also indicate that many veterans employ meaning-making strategies to make sense of their combat experiences. Our results provide useful information regarding types of meaning made following combat experiences and associated clinical implications.

**4-243**

**Spiritual Dimensions of Moral Injury: Contributions of Mental Health Chaplains in the Canadian Armed Forces**

(Abstract #1713)

**Poster #4-243 (Practice, Mil/Vets, Moral, Adult) M - Industrialized**

**Gloucester**

*Bremault-Philips, Suzette*

*University of Alberta, Edmonton, Alberta, Canada*

Moral Injury (MI) describes spiritual, moral, and existential distress caused by a perceived violation of personal beliefs. Military personnel (MP) are at risk of MI due to the nature of modern conflicts. MI can impact psychological and spiritual health and wellbeing. Evidence illustrates MI's association with spiritual/religious (S/R) distress and the need to find hope, faith, trust, reconciliation. Addressing S/R wounds can help MP participate more effectively in trauma therapies or have a fuller recovery. Military Chaplains in the Canadian Armed Forces (CAF) are both embedded with the troops in the field and garrison and work closely with the Royal Canadian Medical Services. As such, they offer front-line support and services to members and their families and facilitate access to medical care. Mental Health Chaplains (MHCs) additionally offer a complimentary clinical skill set that contributes to the assessment and treatment of MI and OSIs. This case study aimed to explore S/R dimensions of MI and the role of MHC in the CAF Mental Health Clinics. Clinical perspectives of a MHC regarding MI treatment are isolated including bridging to other mental health services and supports, and facilitating S/R coping and grounding, shifting worldviews, resolving anger at a God-figure (not specific to a S/R perspective) and fostering reconciliation.

**4-244**

**Determinants of the Mental Health of Detained Asylum Seekers: A Consecutive Case Series Study**

(Abstract #1283)

**Poster #4-244 (Practice, Rights, Refugee, Torture, Adult) M - Industrialized**

**Gloucester**

*Steel, Zachary<sup>1</sup>, Coffey, Guy<sup>2</sup>, Schweininger, Stephanie<sup>2</sup>, Hadzi-Pavlovic, Dusan<sup>3</sup>*

*<sup>1</sup>St John of God Health Care and University of New South Wales, Randwick, NSW, Australia*

*<sup>2</sup>Victorian Foundation for Survivors of Torture, Brunswick, Victoria, Australia*

*<sup>3</sup>University of New South Wales, The Black Dog Institute, Prince of Wales Hospital, Randwick, NSW, Australia*

The provision of mental health care in immigration detention remains a complex and fought endeavour. One model has been to refer vulnerable detainees to specialist torture and trauma mental health services. METHOD. This study reports the findings from initial assessments undertaken with 160 detained asylum

seekers referred to a community-based specialist torture and trauma service between August 2008 and June 2013. The data was drawn from case file documentation of asylum seekers' first three sessions within the first two months of contact. This included a structured assessment of depression and anxiety symptoms, demoralization and functional impairment as well as detention duration and detention adverse events. RESULTS. Linear regression identified significant associations between time in detention, depression, anxiety, demoralization and functional impairment (all  $p < .001$ ). A structural equation model with psychopathology modelled as a latent variable comprising impairment, demoralization, depression and anxiety was undertaken. Results showed duration of detention and younger age were associated with greater psychopathology. This association was strongly mediated by increased risk of exposure to detention related violence across time (ppp = .068). CONCLUSION. Longer periods of detention were associated with greater risk of trauma exposure and adverse mental health outcomes.

#### 4-245

### **Integrating Dialectical Behavior Therapy (DBT) and Trauma-Focused Treatment: A Review of Emerging Approaches and Framework for Using DBT Skills to Target Trauma Sequelae**

(Abstract #436)

**Poster #4-245 (Practice, Complex, Adult) I - N/A**

**Gloucester**

*Zelkowitz, Rachel<sup>1</sup>, Zerubavel, Noga<sup>2</sup>*

<sup>1</sup>*Vanderbilt University, Nashville, Tennessee, USA*

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Individuals struggling with pervasive emotion dysregulation (eg, borderline personality disorder; BPD) frequently present with profound trauma histories. Many also meet criteria for PTSD or other trauma and stressor-related disorders (eg, Pagura et al., 2010; Zanarini et al., 1998). Dialectical behavior therapy (DBT; Linehan, 1993) is an evidence-based treatment for BPD but often does not adequately address PTSD symptoms (Harned et al., 2008). Treatment researchers have sought to address this gap by directly integrating trauma-focused care with DBT approaches for individuals with BPD or other conditions marked by emotion dysregulation and comorbid concerns (eg, Bohus et al., 2013; Harned, Korslund, Foa, & Linehan, 2012). This poster will first review recent developments in the integration of trauma-focused treatment and DBT, summarizing emerging evidence for acceptability and effectiveness of these protocols. We then present a conceptual framework linking specific DBT skills to target core symptoms and areas of dysfunction associated with traumatic stress. Clinical implications and potential applications of this framework throughout a phase-oriented approach to treatment of traumatic stress are discussed.

#### 4-246

### **Military Sexual Trauma and Insecure Attachment Predict PTSD Severity among Veterans with Sexual Trauma**

(Abstract #1820)

**Poster #4-246 (Practice, Clin Res, Complex, Rape, Orient, Adult) I - N/A**

**Gloucester**

*Bariani, Antonella<sup>1</sup>, Cabral, Marvin<sup>2</sup>, Allard, Carolyn<sup>2</sup>*

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Military sexual trauma (MST) is associated with a heightened risk for posttraumatic stress symptomology, which has been empirically related to increased likelihood of revictimization and insecure attachment (IA). The current study examined the association between MST, revictimization, IA, and posttraumatic stress disorder (PTSD) in 241 Veterans seeking services in a Veterans Affairs outpatient clinic for posttraumatic distress related to interpersonal trauma. Participants, grouped by non-MST, MST only, and sexual revictimization, were compared on the Trauma Symptom Inventory (TSI-2) IA scale and its subscales, Relational Avoidance (RA) and Rejection Sensitivity (RS). As hypothesized, MST group were significantly different on PTSD severity in comparison to non-MST group. Additionally, those who had MST and revictimization were significantly different on IA than MST only group. Experiencing MST and endorsing IA, specifically relational avoidance, predicted PTSD severity. Extending the current research, results suggest that MST is a unique type of trauma that is associated with psychological distress and may be related to IA. As such, treatment outcomes for Veterans with a history of MST and revictimization may be improved by targeting insecure attachment, specifically relational avoidance which denotes a discomfort and avoidance of intimacy and interdependence in relationships.

4-247

**Implementation of Evidence-Based Treatment for PTSD in Norway: Clinical Outcomes**  
(Abstract #1458)

Poster #4-247 (Practice, Clin Res, Clinical Practice, Train/Ed/Dis, Adult) M -  
Industrialized

Gloucester

*Bækkelund, Harald, Egeland, Karina, Laukvik, Erlend, Peters, Nadina, Babai, Aida, Endsjø, Mathilde Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

Implementation of evidence-based treatment for PTSD in ordinary clinical services has been described as one of the biggest challenges in mental health care (Ruzek and Rosen, 2009). Several studies report that PTSD- interventions are under-utilized and challenging to sustain after initial dissemination (Rosen, 2016). Clinicians' concerns about using exposure-based treatment has been described as a barrier to implementation. Many believe trauma-focused treatments can exacerbate both PTSD and comorbid symptoms (Becker, Zayfert, & Anderson, 2004), and that findings from clinical trials may not be representative for clinical populations (Beidas & Kendall, 2010).

The project "Implementation of evidence-based treatment for PTSD for adults" aims to implement Eye-Movement Desensitization and Reprocessing (EMDR) and Cognitive Therapy for PTSD (CT-PTSD) in Norwegian specialized mental-health services for adults. Twenty outpatient-clinics have so far been recruited and approximately 100 clinicians have received training, and undergoing supervision and fidelity assessment. Approximately 200 patients have been recruited and are undergoing treatment. Clinical outcomes are assessed with several self-report measures collected weekly, pre- and post-treatment. We here present preliminary findings on patient – characteristics, treatment effects and symptom exacerbation during treatment.

4-248

**Trauma Treatment Considerations for Sexual Minority Veterans**

(Abstract #1576)

**Poster #4-248 (Practice, Clinical Practice, Cul Div, Orient, Theory, Adult) I - N/A Gloucester**

*Davis, Brittany<sup>1</sup>, Bannister, Jenny<sup>2</sup>, Taylor, Leah<sup>1</sup>*

<sup>1</sup>*James A. Haley VA Hospital, Tampa, Florida, USA*

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Sexual minority (Lesbian, Gay, and Bisexual (LGB) service members have endured a history of being victimized and marginalized by both the general community and policy placed by the Department of Defense (DoD). Sexual minorities enter the military with higher rates of stigmatization and childhood trauma, and they are also at an increased risk of experiencing military sexual trauma while serving in the military. As a result, often times, treatment-seeking sexual minorities present with more complex and severe symptomology; including elevated rates of suicidality, depression, substance abuse, anxiety, and PTSD compared to heterosexual service members. When providing evidence-based trauma-focused treatments to this population (e.g., Prolonged Exposure and Cognitive Processing Therapy), providers may need to integrate the assessment and discussion of minority stress, institutional betrayal, and identity related concerns. In order to continue to chart a course forward in trauma recovery, it is important to consider necessary provisions in order to meet the contextual needs of minority populations. This presentation will provide an overview of the limited research on sexual minority service members and explore clinical modifications to consider when providing evidenced-based trauma focused treatment with this population.

4-249

**Predictors of Posttraumatic Growth in Women Following Pregnancy Loss**

(Abstract #443)

**Poster #4-249 (Practice, Acute, Death, Grief, Adult) I - Industrialized Gloucester**

*Freedle, Agata, Kashubeck-West, Susan*

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Research recognizes that pregnancy loss is a devastating event (Black et al., 2016) and it is considered a traumatic loss that can lead to symptoms of PTSD (Hutti et al., 2015) and other negative mental health outcomes (Shreffler et al., 2011). Nevertheless, 50%-80% of woman who experience perinatal loss become pregnant again within 12-18 months after their loss (Henke, 2018). Therefore, identifying factors related to pregnancy loss and how they impact women's adjustment is important.

There is limited research in the U.S. focusing on posttraumatic growth (PTG; Calhoun & Tedeschi, 2006) following pregnancy loss. This study's goal is to address this gap and further investigate the predictors of PTG among sample of women who experience pregnancy loss. Specifically, this study will investigate woman's self-disclosure, perceived severity of the event, perceived personhood of the fetus, grief and context factors related to loss (e.g. gestational age)

Data are currently being collected from women who have experienced pregnancy loss defined as miscarriage or stillbirth. Participants are being asked to complete an online questionnaire consisting of a

demographic survey, loss context questions and Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). The poster will present the data as well as the implications of the findings in relation to current and previous research.

**4-250**

**On the Effectiveness of FAP Therapy in Complex PTSD**

(Abstract #145)

**Poster #4-250 (Practice, Neglect, QoL, Grief, Intergen, Adult) M - Industrialized Gloucester**

*Ohtsuka, Shizuko<sup>1</sup>, Ohshima, Nobuyori<sup>2</sup>*

*<sup>1</sup>Counseling Room Growth, Yokohama, Japan*

*<sup>2</sup>Insight Counseling Corporation, Tokyo, Japan*

Childhood traumas predict psychotic symptoms in adulthood (Marylene Cloitre et al, 2009), and women experiencing physical abuse and sexual abuse are associated with an increased risk of complex PTSD (Judith Herman, 1992; Susan Roth et al, 1997). Several methods are used for treating complex PTSD depending on symptoms and patient's condition. Verbalization of traumatic memories and emotion regulation have been reported to be beneficial in terms of effectiveness and safety (Marylene Cloitre et al, 2011).

The FAP (Free from Anxiety Program) therapy, used in Japan, has been found to be effective in the treatment of complex PTSD. This therapy of Japanese origin was developed in 2001 by Oshima. It is considered effective in improving various symptoms of PTSD, as well as overcoming phobias, panic disorder, and a wide range of other problems (Oshima, 2001; Kudo, 2003; Otsuka, 2018).

In this study, the FAP therapy was conducted on 20 patients with the problems of complex PTSD. The study participants were asked to complete PCL-S and GHQ12 at the beginning and the end of an interview. The pre- and post-interview scores were compared, and the mean number of interviews was analyzed. We provide an overview of the procedures of the FAP therapy, and then discuss its effectiveness in complex PTSD and the factors associated with recovery.

**4-251**

**Preserving Psychological Resilience in Youngsters with Chronic Physical Illness**

(Abstract #220)

**Poster #4-251 (Practice, Complex, Illness, QoL, Child/Adol) I - Industrialized Gloucester**

*Ihle, Eva, von Scheven, Emily*

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

Mental health is a fundamental component of the overall wellbeing of children and adolescents with chronic illness. The Mental Health Working Group (MHWG) of the University of California San Francisco Child and Adolescent Chronic Illness Center was established through Tier II Patient-Centered Outcomes Research Institute (PCORI) grant funding awarded to Emily von Scheven. The MHWG's mission is to develop strategies to support the emotional wellbeing of chronically ill youth, based on the premise that everyone is resilient and that sometimes, especially in the setting of chronic

illness, resilience needs to be bolstered. Feedback from stakeholders (patients and their families, clinicians, and allied professionals) has guided initiatives to address modifiable factors of resilience, such as transforming the culture of medical treatment so that it embraces positive psychological growth and trauma-informed care. Results: These initiatives and their early outcomes will be presented. Early qualitative outcomes include recognition of attitudes that challenge the implementation of trauma-informed care; early quantitative outcomes include stratification of pilot projects in response to member questionnaires. Conclusions: Pediatric specialists can successfully work collaboratively with patients to enhance resilience and promote positive psychological growth in chronically ill youth.

**4-252**

**Resilience of Syrian Children and Adolescents Living in Turkey**

(Abstract #533)

**Poster #4-252 (Practice, Clin Res, Depr, Refugee, Civil/War, Child/Adol) M - C & E  
Europe & Indep**

**Gloucester**

*Kurt-Akkoyun, Sevde*

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Since the starting of Syrian war in 2011, the number of the people migrated to Turkey is increased. According to United Nations High Commissioner for Refugees (2018), 3,594,232 Syrian refugees registered in Turkey as of November 2018. Turkish society becomes more diverse and it is important to promote young peoples psychological well being. Existing literature mostly focuses on psychopathology, stress and trauma of refugee children and adolescents. There are less studies conducted to assess resilience and resilience promoting factors, especially in children and adolescents refugee population. As a result of important percentage of Syrian people are living in Turkey and almost half of them are children, it is crucial to take steps to understand protective factors and what helps children to be more resilient in able to continue their healthy development as well as for healthy future generations and society. The purpose of this study is to investigate the relationship between Syrian children and adolescents perceived social support, peer relationships, individual strenghts such as prosocial behaviour and difficulties such as depression, anxiety and stress levels and their levels of resilience.

**4-253**

**Intergenerational Transmission of Trauma**

(Abstract #1584)

**Poster #4-253 (Practice, Health, Intergen, Gender, Lifespan) M - Industrialized**

**Gloucester**

*Szymanski, Kate, Spiel, Shira, Springer, Carolyn*

*Adelphi University, Derner Institute, Garden City, New York, USA*

The high prevalence of traumatic events experienced by individuals and their adverse effects on mental health functioning is evident. Less understood are the processes by which parental traumas impact the next generation (Bradfield, 2011, Lev-Wiesel, 2007). This on-line survey study investigated the types of traumas experienced by mothers and fathers and their effect on children's mental and interpersonal

functioning. 987 college students (mean age= 19.15 years) completed measures of self and parental experiences with trauma, parental attachment security, interpersonal dependency and mental health functioning. When child trauma was controlled, maternal trauma negatively impacted attachment to fathers ( $r=-.150, p=.000$ ). Maternal and parental trauma were associated with unhealthy dependency ( $r=.114, p=.000$ ;  $r=.076, p=.016$ ). Maternal trauma was related to overall PTSD ( $r=.070, p=.027$ ), negative affect ( $r=.089, p=.005$ ) and reactivity ( $r=.074, p=.020$ ). Maternal and paternal trauma experiences were both associated with interpersonal sensitivity ( $r=.096, p=.002$ ;  $r=.107, p=.001$ ) but maternal trauma was also associated with OCD ( $r=.067, p=.034$ ), depression ( $r=.065, p=.042$ ), and impaired overall functioning ( $r=.069, p=.033$ ). Results show that parents experience a diverse set of traumas and that maternal experiences have more negative effects. Clinical implications are discussed.

## COMMUNITY-BASED PROGRAMS POSTERS

4-257

### **A Longitudinal Analysis of Untreated PTSD Symptoms and Mental Health among People Sentenced to Drug Court**

(Abstract #207)

**Poster #4-257 (Commun, Commun, Sub/Abuse, Adult) I - Industrialized**

**Gloucester**

*Zielinski, Melissa, Martel, Isis*

*University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA*

Drug treatment courts are an evidence based practice offering an alternative to incarceration for men and women who are facing criminal charges related to addiction. Because addiction commonly co-occurs with trauma exposure and PTSD, drug treatment courts are likely to be serving people who are using drugs and alcohol in response to trauma-related difficulties. Yet, the influence of untreated PTSD symptoms on the outcomes of drug court participants over time is not well understood. Here, we will examine: (1) the associations between PTSD symptoms and facets of mental health at intake and (2) to what degree PTSD symptoms at intake predict changes in mental health at 6-month follow-up. Participants will be drawn from a sample of 983 adult drug treatment court participants (Mage = 29.19 years, 63.2% male, 83.3% White, 11.2% Latino) from the mid-southern United States. Because people with comorbid SUD and PTSD have been shown to have a more complex clinical course than either disorder alone (e.g., poorer psychiatric, physical, and social functioning; lower treatment adherence and response) in other settings, we expect that participants with untreated PTSD symptoms will show less improvement in mental health symptoms over their time in drug court as well. Implications for organizations likely to serve individuals with co-occurring addiction and trauma exposure will be discussed.

4-258

**Integrating Trauma-focused Treatments into Community Substance Use Treatment for Opioid Use Disorders: Patient and Provider Perspectives**

(Abstract #239)

**Poster #4-258 (Commun, Clin Res, Sub/Abuse, Gender, Adult) M - Industrialized Gloucester**

*Saraiya, Tanya<sup>1</sup>, Swarbrick, Margaret<sup>2</sup>, Kass, Sara<sup>3</sup>, Franklin, Liza<sup>4</sup>, Hien, Denise<sup>4</sup>*

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The 21st Century Cures Act has increased the delivery of medication assisted treatment (MAT) for opioid use disorders (OUD). However, outcomes of MAT alone may be complicated by the fact that OUD patients often present with co-occurring mental health problems, such as trauma or posttraumatic stress disorder (PTSD; Hemsing et al., 2016; Olf et al., 2007) and may also have gender-specific needs (Greenfield et al., 2007). In this mixed-methods study qualitative interviews were conducted with women receiving MAT and their providers in community substance use treatment in order to better understand the trauma-specific needs of women and the feasibility of implementing a technology-based intervention for trauma. We aimed to capture patients' and providers' experiences with (1) trauma treatment and barriers; (2) MAT; and (3) the feasibility of implementing a technology-based trauma treatment. Eleven women with trauma histories and OUD and five providers in their community treatment programs were interviewed and completed a quantitative survey. Data collection will be complete by April 2019. Qualitative data analysis is underway utilizing a grounded theory approach. Emerging themes among women with OUD and providers will be presented and inform the implementation of gender-specific, trauma-informed, technology adjuncts to community MAT, which thereby enhance recovery outcomes.

4-259

**Resilience-Promoting Factors among Low-Income, Trauma-Exposed Women**

(Abstract #1128)

**Poster #4-259 (Commun, Cul Div, DV, Rape, Gender, Adult) M - Industrialized Gloucester**

*Tankersley, Amelia<sup>1</sup>, Dike, Janey<sup>2</sup>, Jones, P'trice<sup>2</sup>, Jones, Russell<sup>2</sup>*

<sup>1</sup>*Virginia Polytechnic Institute and State University, Virginia Tech, Blacksburg, Virginia, USA*

<sup>2</sup>*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

Women, African Americans, and low-income individuals have consistently been identified as particularly at-risk of developing posttraumatic stress disorder (PTSD) in the wake of exposure to a potentially traumatic event (PTE). This study sought to investigate the degree to which social support, self-esteem, purpose in life, Africentric worldview, and shame were associated with resilience among low-income, trauma-exposed, racially and ethnically diverse women (N=13) seeking services from agencies that provide services for survivors of domestic, intimate partner, and/or sexual violence. Consistent with the Multi-System Model of Resilience (MSMR; Liu et al., 2018), resilience was treated as a dynamic process

that incorporates internal and external variables. Shame was strongly negatively associated with purpose in life, self-esteem, and social support at baseline. PTSD symptom severity was not negatively correlated with the resilience-promoting variables at baseline, contrary to hypothesis. Individual shame, depression, PTSD, social support, and self-esteem trajectories for subjects who completed longitudinal measures (N1month=9; N2month=5) are outlined. At the conclusion of this study, a workshop will be provided to the participating agencies, and evidence-based recommendations will be made to help caseworkers tailor their services to the unique strengths of the women they serve.

**4-260**

**WWP Talk: A Telephonic Support Program**

(Abstract #1845)

**Poster #4-260 (Commun, Anx, Complex, Mil/Vets, Adult) M - N/A**

**Gloucester**

*Dreckman, Dana, Peterson, Amanda*

*Wounded Warrior Project, Jacksonville, Florida, USA*

The veteran population experiences Post Traumatic Stress Disorder (PTSD) at a higher rate than their civilian counterparts. Of the more than 130,000 registered veterans at Wounded Warrior Project (WWP), 78% endorsed PTSD. A lack of social support is associated with persistent PTSD, and stigma regarding mental health may serve to further isolate individuals. One of WWP's mental health programs which targets the most isolated veterans is the WWP Talk program. WWP Talk provides non-clinical, telephonic support for veterans and their family members. WWP employees reach out weekly to provide empathic listening and goal setting. The goal is to provide high quality social support at the level the warrior is at, helping to reduce isolation, improve resilience, and empower warriors to seek mental health and other assistance. Resilience is a protective factor against PTSD and improving resilient coping mechanisms in everyday life has proved to be an effective treatment against PTSD. Through WWP Talk, veterans and family members establish SMART goals that target these coping skills and reduce isolation. Initial results at program completion show a significant improvement in both resilience and psychological well-being, as measured through the Connor-Davidson Resilience Scale and Veterans RAND 12-Item Health Survey.

**4-261**

**Creating Learning Communities in the Texas Border Region to Treat Post-Traumatic Stress Disorder (PTSD) Using Cognitive Processing Therapy (CPT)**

(Abstract #178)

**Poster #4-261 (Commun, Clinical Practice, Comm/Int, Cul Div, Train/Ed/Dis, Prof) I - Industrialized**

**Gloucester**

*Li, Feiyu<sup>1</sup>, Dondanville, Katherine<sup>2</sup>, Roberts, David<sup>1</sup>, Blankenship, Abby<sup>1</sup>, Karp, Jeremy<sup>2</sup>, Marsden, Arthur<sup>2</sup>*

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

<sup>2</sup>*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*

Despite the need for treatment, Latinos in U.S./Mexico border region experience profound challenges with accessing care; one challenge pertains to lack of access to effective PTSD treatment and a shortage of providers. This project aimed to increase community-level access to Evidence-Based Treatments (EBT) for PTSD in border regions of Texas through an intensive training program. The team built a Learning Community for Cognitive Processing Therapy (CPT), which consists of pre-training learning, in-person workshops, weekly case consultation for 7 months, online portal of resources, and organizational consultation. Thirty-six participants attended the workshop who are Licensed Professional Counselors (67%), Social Workers (12%), and Psychologists (18%) representing 11 cities in the Texas border region, 53% of whom were bilingual. We will examine the utilization of and feedback on two versions of Spanish manuals (Castellano direct translation and community adaptation) adapted from Resick, Monson and Chard (2016), in addition to provider's experience and confidence in providing CPT in both English and Spanish. Data on patient education about PTSD and CPT and initiation of CPT will also be collected and analyzed.

#### 4-262

### **What Does it Mean to be Trauma-informed?: A Multi-System Perspective from Practitioners Serving the Community**

(Abstract #227)

**Poster #4-262 (Commun, Clin Res, Commun, Comm/Int, Train/Ed/Dis, Prof) I - Industrialized**

**Gloucester**

*Melendez Guevara, Ana Maria<sup>1</sup>, Lindstrom-Johnson, Sarah<sup>1</sup>, Elam, Kit<sup>1</sup>, Mcintire, Cami<sup>1</sup>, Gal-Szabo, Diana<sup>2</sup>, Chen, Sophia<sup>1</sup>*

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Trauma-informed care (TIC) approaches are salient in the treatment and recovery of those who have survived adversity. A rising awareness of the detrimental effects of adverse experiences has led researchers to focus their attention in identifying best practices in integrating TIC guidelines. Unfortunately, it is not clear how, or if, these guidelines are being implemented across different youth service systems. Using a mixed methods approach, we examined important considerations that support successful implementation of TIC. Key informant interviews and surveys were conducted with community practitioners (child welfare, education and healthcare) in Phoenix, AZ. A structured interview guide included questions about training, current practices and barriers to service engagement. Transcripts were coded in ATLAS.ti using a template approach (Patton, 2002). Surveys were analyzed in SPSS. Preliminary findings suggest that practice of TIC in Arizona differs by system and is largely driven by experiential and informal learning experiences. Practitioners also report challenges unique to each system hinder the utilization of screening and intervention best practices. In conceptualizing key practitioner perspectives from various systems, we hope to suggest practice mechanisms that inform promising strategies to integrate TIC in services to promote ongoing positive outcomes for youth.

**BIOLOGICAL/MEDICAL POSTERS****4-263****Mean Platelet Volume and Anxiety Symptoms among Veterans**

(Abstract #837)

**Poster #4-263 (Bio Med, Mil/Vets, Adult) I - Industrialized****Gloucester***Hinkel, Hannah<sup>1</sup>, Kudinova, Anastacia<sup>2</sup>, Barlow, Kristy<sup>3</sup>*<sup>1</sup>*Western Carolina University, Cullowhee, North Carolina, USA*<sup>2</sup>*Alpert Medical School of Brown University, Division of Clinical Psychology, Department of Psychiatry and Human Behavior, Providence, Rhode Island, USA*<sup>3</sup>*Charles George VA Medical Center, Asheville, North Carolina, USA*

Mean platelets volume (MPV) has been implicated in psychopathology due to their involvement in serotonergic processes. However, previous studies mostly focused on a single anxiety diagnosis yielding mixed results. Given the heterogeneity and high rates of co-morbidity among anxiety disorders, there is a need to identify trans-diagnostic biomarkers. Thus, we focused on examining whether platelet characteristics were associated with anxiety symptoms, vs. a specific anxiety diagnosis among a Veteran population. We conducted chart reviews of Veterans seen by a mental health professional at the emergency department (ED) at the Charles George VAMC and completed standard blood and urine tests. We compared MPV assessed on the day of the ED visit among Veterans with and without the presence of anxiety symptoms (n = 32). We conducted a series of binary logistic regressions using MPV as a predictor and anxiety symptoms (yes/no) as criterion variables. We found that Veteran's MPV,  $\beta = -2.67$ , OR = 0.07, p = .01, CI = 0.01-0.57, was significantly associated with the anxiety symptoms, such that Veterans with lower MPV were significantly more likely to have anxiety symptoms, compared to Veterans with higher MPV. Notably, these results were maintained when we statistically controlled for demographic and clinical variables. Limitations and implications will be discussed.

**4-264****Plasma GABA Levels in Trauma Exposed Women with or without PTSD**

(Abstract #843)

**Poster #4-264 (Bio Med, Bio Med, Bio/Int, Gender, Adult) I - N/A****Gloucester***DeLane, Sumaiya<sup>1</sup>, Arditte Hall, Kimberly<sup>2</sup>, Pineles, Suzanne<sup>3</sup>*<sup>1</sup>*National Center for PTSD at VA Boston Healthcare System, Boston, Massachusetts, USA*<sup>2</sup>*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*<sup>3</sup>*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

Only a few studies have investigated the association between PTSD and GABA, the brain's primary inhibitory neurotransmitter, and findings were mixed. Sex related hormonal fluctuations may affect GABA levels; some studies have found lower GABA levels in the luteal phase compared to the follicular phase of the menstrual cycle. As part of a larger investigation, 47 trauma-exposed women with or

without PTSD completed a series of psychophysiological tasks and blood draws during two separate menstrual cycle phases. We then examined the impact of PTSD and menstrual cycle phase on plasma GABA levels measured at baseline, after mild and moderate stress, and recovery. Women with PTSD had significantly higher GABA levels ( $M = 16.71$ ,  $SE = 1.10$ ) than trauma controls ( $M = 13.93$ ,  $SE = .89$ ) during the recovery period,  $B = -2.78$ ,  $SE = 1.41$ ,  $p = .05$ . When investigating PTSD symptom clusters separately, higher GABA levels were associated with avoidance symptoms ( $F(1, 225) = 4.08$ ,  $p = .05$ ) and dysphoria symptoms ( $F(1, 177.85) = 4.61$ ,  $p = .03$ ). Menstrual cycle phase was not a significant predictor of GABA levels in any of the models. These findings offer insight into a potential neurobiological factor that may contribute to PTSD.

#### 4-265

### **Experience of Childhood Physical Abuse Predicts Mortality in Persons Living with HIV: A Longitudinal Study**

(Abstract #1080)

**Poster #4-265 (Bio Med, Health, Illness, Bio/Int, Pub Health, Adult) M - Industrialized Gloucester**

*Hylton, Emily, Ironson, Gail*

*University of Miami, Coral Gables, Florida, USA*

**Background:** Exposure to traumatic events is common in people living with HIV (PLWH) and is associated with riskier health behaviors, increased viral load, faster disease progression, and poorer physical functioning. This study seeks to determine whether experience of childhood trauma predicts mortality in PLWH.

**Methods:** This study used a 17-year longitudinal design. Participants ( $n=177$ ) were in the mid-stage of disease (150-500 CD4-cells/mm<sup>3</sup>); no prior AIDS-defining symptoms) and were administered a battery of psychosocial questionnaires and a blood draw.

**Results:** In our sample, childhood trauma rates for neglect were 5.1%, for physical abuse were 14.4%, for psychological abuse were 13.0%, and for sexual abuse were 19.1%. Controlling for medical variables (baseline CD4/viral load), adherence to antiretroviral medications, and age, Cox regression analyses revealed that physical abuse significantly predicted mortality. Participants who experienced physical abuse in childhood were nearly 10 times as likely to die over 17 years as those who did not experience this abuse ( $HR = 9.99$ ,  $p = 0.024$ ). Experience of neglect, sexual abuse, and psychological abuse in childhood did not significantly predict mortality ( $ps > 0.05$ ).

**Conclusion:** PLWH with a history of childhood physical abuse are at an increased risk for mortality and may benefit from psychosocial interventions.

**4-266****Do Sexual Assault Survivors Exhibit Spinal Cord (Central) Sensitization of Incoming Pain Signals?**

(Abstract #1296)

**Poster #4-266 (Bio Med, Bio Med, Health, Bio/Int, Rape, Adult) I - Industrialized Gloucester***Hellman, Natalie<sup>1</sup>, Sturycz, Cassandra<sup>1</sup>, Huber, Felicitas<sup>2</sup>, Lannon, Edward<sup>1</sup>, Shadlow, Joanna<sup>1</sup>, Rhudy, Jamie<sup>1</sup>*<sup>1</sup>*University of Tulsa, Tulsa, Oklahoma, USA*<sup>2</sup>*University of Vienna, The University of Tulsa, Tulsa, Oklahoma, USA*

Sexual assault (SA) is associated with increased risk for chronic pain. Previous evidence using experimental pain paradigms suggest SA survivors exhibit greater pain report (hyperalgesia) and there is evidence that SA disrupts descending (cerebrospinal) inhibition of spinal nociception (pain signaling). However, it is unclear whether SA survivors exhibit an amplification of nociception due to hyperexcitability of neurons within spinal pain pathways (central sensitization). Temporal summation is a laboratory paradigm that can assess whether spinal neurons are hyperexcitable. Participants were 46 SA survivors matched to: 1) 46 pain-free, trauma-exposed persons without SA, and 2) 37 pain-free persons who reported no trauma history. Outcomes were pain report and nociceptive flexion reflex magnitudes (NFR, a physiological correlate of pain signaling in the spinal cord). Multilevel modeling found that all 3 groups demonstrated significant temporal summation of pain and NFR, but there were no significant group differences in this amplification process. Taken with previous findings, this suggests that chronic pain risk in SA survivors may not stem from amplification of incoming pain signals at the spinal level, but rather from disrupted cerebrospinal inhibition. Hence, this study provides unique insight into pain processing in SA survivors.

**4-267****Predicting Stress Resiliency and Health from Adverse Childhood Trauma and Mindfulness**

(Abstract #1715)

**Poster #4-267 (Bio Med, Affect/Int, Bio Med, CPA, CSA, Adult) A - Industrialized Gloucester***Taylor, Veronique<sup>1</sup>, Keramidas, Maiko<sup>1</sup>, Logan, Danica<sup>1</sup>, Hood, Suzanne<sup>1</sup>, Mendrek, Adrianna<sup>1</sup>, Godbout, Natacha<sup>2</sup>*<sup>1</sup>*Bishop's University, Sherbrooke, Quebec, Canada*<sup>2</sup>*Universite du Quebec a Montreal (UQAM), Montreal, Quebec, Canada*

The ability to be mindful and focused on the present moment has been proposed as a potential buffer against adverse effects of childhood trauma (ACE) on health. The aim of this study was to examine the predictive relationship of ACE, trait mindfulness, and the interaction of both variables on an index of resiliency to stress and overall health, heart rate variability (HRV). Young adults (N=23, 18-30 yrs) were tested using the Adverse Childhood Experience Scale, the Five-Factor Mindfulness Questionnaire, and a 5-min resting state electrocardiogram to assess the stress resiliency marker. Recruitment is ongoing (expected N = 60). Hierarchical regression was conducted by entering predictors of HRV in the following steps: 1- ACE, 2- Trait mindfulness scores, 3-ACE x Trait mindfulness interaction term. ACE

significantly predicted HRV ( $p = 0.024$ ). Moreover, the significant ACE x mindfulness interaction term ( $p < 0.01$ ) supported the hypothesized moderating role of mindfulness traits in the link uniting ACE and stress resiliency in adulthood, indicating that ACE's impact was lessened for participants high in trait mindfulness. Future research examining the impact of mindfulness-based clinical interventions is needed to support their effectiveness on stress resiliency health markers in survivors of ACE.

**4-268****The Moderating Role of Developmental Stage during Earliest Trauma Exposure on HPA Reactivity and Recovery**

(Abstract #1311)

**Poster #4-268 (Bio Med, Anx, Bio Med, CPA, Child/Adol) M - Industrialized****Gloucester**

*Howell, Ashley<sup>1</sup>, Bendezu, Jason<sup>1</sup>, Findley, Abigail<sup>1</sup>, Calhoun, Casey<sup>1</sup>, Adams, Zachary<sup>2</sup>, Kmett Danielson, Carla<sup>1</sup>*

<sup>1</sup>*Medical University of South Carolina, Charleston, South Carolina, USA*

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The transition from early to mid-childhood may be a sensitive developmental period for anxiety and stress-related problems. Also, exposure to trauma around this period may impact neurobiological systems implicated in stress regulation, including the HPA-axis. Youth ( $n=98$ ; ages 7-15; 45% female; 62% white) completed an adapted Trier Social Stress Test (TSST). Trauma history was assessed via the UCLA PTSD Reaction Index for DSM-5 (Youth and Caregiver reports). Salivary cortisol and self-report ratings measured stress reactivity and recovery throughout five TSST timepoints: Baseline; Post-Speech; +15 min; +30min; +45min. A Repeated Measures ANOVA was conducted, with earliest age of trauma exposure (coded: no trauma; before age 8; after age 8) as the between-subjects factor, time as the within-subjects factor, and current age, time since awakening, and medication as covariates. Per significant multivariate and WS effects, youth with no trauma showed typical cortisol reactivity/recovery. This pattern was similar for later exposed youth, but with lower cortisol concentrations. Earlier exposed youth showed lack of reactivity. Neither time since earliest trauma nor number of traumatic events moderated this effect. There was no significant effect on subjective stress. Results suggest that age of earliest trauma exposure may have some impact on HPA regulation, but not perceived stress.

## PREVENTION/EARLY INTERVENTION POSTERS

4-269

### **A Group Intervention to Prevent Dating Violence among Latino College Students** (Abstract #59)

**Poster #4-269 (Prevent, Clin Res, Clinical Practice, Cul Div, Gender, Adult) A - Industrialized**

**Gloucester**

*Terrazas-Carrillo, Elizabeth, Garcia, Ediza, Rodriguez, Amanda, Lopez, Victoria*  
*Texas A&M International University, Laredo, Texas, USA*

We present results from DRIVEN (Dating Relationships Involving Violence End Now), a culturally-tailored dating violence prevention program designed for Latino male and female young adults in college (Gonzalez-Guarda et al., 2013). In our analyses, we conducted separate paired samples t-tests for men and women's scores to evaluate whether the intervention showed decreases on target outcomes. Statistically significant decreases were found in DV attitudes from pre-intervention to post-intervention in men with a moderate effect size and DV perpetration from pre-intervention to post-intervention for women with a moderate effect size (Cohen, 1988). A statistically significant decrease in marianismo virtuous from pre-intervention to post-intervention was found for men with a large effect size (Cohen, 1988). For women, statistically significant decreases for machismo and marianismo virtuous from pre-intervention to post-intervention were found with moderate effect sizes (Cohen, 1988). The communication skill subscale of asserting displeasure showed a statistically significant increase from pre-intervention to post-intervention for women with a moderate effect size (Cohen, 1988). Potential implications of the study's results are discussed in a culturally responsive context, which considers the impacts of gender dynamics while conducting groups with Latinos.

4-270

### **Teaching Mental Health Literacy to Latino College Students** (Abstract #381)

**Poster #4-270 (Prevent, Cul Div, Adult) I - Industrialized**

**Gloucester**

*Garcia, Ediza, Terrazas-Carrillo, Elizabeth, Rodriguez, Liabette, Vasquez, Jacob, Ortiz, Daniela*  
*Texas A&M International University, Laredo, Texas, USA*

Mental illness prevalence is high among college students; however, many do not seek treatment (Hunt & Eisenberg, 2009). Mental health stigma makes Latinos less likely to seek help (Turner et al., 2015). We developed six culturally tailored workshops called MATTER (Minds Acting Together To Enhance Resilience) to enhance mental health literacy, reduce stigma, and build healthy coping strategies and help-seeking of Latino college students (Jorm, 2012). We describe MATTER and findings from one semester implementation. A total of 46 college students completed the pre- and post- workshop assessments and attended MATTER workshops. A paired-samples t-test was conducted to evaluate the impact of the intervention on students' scores on mental health knowledge, attitudes toward seeking psychological help, academic self-efficacy, coping, stress levels, and college persistence. There were statistically significant increases in attitudes toward seeking psychological help and knowledge of mental health conditions. We

found statistically significant increases in academic self-efficacy, including peer relationships, goal orientation, and on institutional integration scales, including utilization of resources, and supportive services satisfaction. We also found statistically significant increases on indicators of college persistence including academic consciousness, and degree commitment.

**4-271**

**Latinx Borderlanders's Perspectives and Knowledge about Mental Health and Help-seeking**

(Abstract #846)

**Poster #4-271 (Prevent, Cul Div, Pub Health, Train/Ed/Dis, Adult) I - N/A**

**Gloucester**

*Garcia, Ediza, Terrazas-Carrillo, Elizabeth, Rodriguez, Amanda, Lopez, Victoria  
Texas A&M International University, Laredo, Texas, USA*

Latinx borderlanders (i.e., individuals living along the U.S. and Mexico border) demonstrate an elevated risk for traumatic stress, stress related to immigration factors and mental health symptoms. Five focus groups with 18 university students and three focus groups with 11 university personnel were conducted. Students noted difficulties balancing family obligations and academic responsibilities and uncertainty of family safety. University personnel emphasized the stigma connected to mental health that contributes to student reticence to pursue treatment. Twelve interviews were conducted to community members in Spanish. The themes included: misconceptions and lack of knowledge of mental health disorders, inequality of opportunities for personal and professional advancement, exposure to community violence, and discrimination, and ineffective coping. Quantitative data was obtained with 76 borderlanders. 18 (23.7%) participants reported symptoms consistent with mild depression on PHQ-9 and 16 (21.1%) met clinical threshold for PTSD. 44 (57.9%) did not identify places where they could seek help for mental illness. 17 (22.4%) correctly identified the male schizophrenia vignette, while 56 (73.7%) did not. Implications and recommendations on culturally-responsive prevention programs that increase knowledge, decrease barriers, and increase help-seeking will be provided.

**4-272**

**Student Reactions to Emotionally Provocative Literature as a Function of Trauma and PTSD.**

(Abstract #1597)

**Poster #4-272 (Prevent, Affect/Int, Prevent, Social, Adult) M - Industrialized**

**Gloucester**

*Kimble, Matthew<sup>1</sup>, Flack, William<sup>2</sup>, Koide, Jennifer<sup>3</sup>, Bennion, Kelly<sup>4</sup>, Brenneman, Miranda<sup>5</sup>,  
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<sup>1</sup>*Middlebury College, Middlebury, Vermont, USA*

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Despite ongoing controversies, few studies have actually investigated how students, including those with trauma and/or PTSD, typically respond to reminders of their trauma in class assignments. Such data could inform the discussion about if, when, and how trigger warnings should be issued. Method: In this study, three hundred and fifty-five undergraduate students from four universities read a literary passage describing incidences of both physical and sexual assault. Longitudinal measures of subjective distress, PTSD symptoms, and emotional reactivity were taken. Results: Greater than 96% of participants, including those with PTSD, read the triggering passage even when given a non-triggering alternative to read. A triggering passage generated more distress than a neutral passage, but this did not vary as a function of trauma type. In addition, those with trigger traumas and/or PTSD did not report an increase in symptoms two weeks later. Conclusions: Students with relevant traumas do not avoid triggering material and their effects appear to be brief. In addition, students with PTSD do not report an exacerbation of symptoms two weeks later as a function of reading the passage.

**4-273****Trauma Type Moderates the Relationship between Social Cognition Deficits and Posttraumatic Stress Disorder Symptoms: A Meta-Analytic Review**

(Abstract #1537)

**Poster #4-273 (Prevent, Comm/Int, Fam/Int, Adult) I - Industrialized****Gloucester**

*Wise, Anna, Junglen, Angela, Delahanty, Douglas*  
*Kent State University, Kent, Ohio, USA*

Individuals with PTSS often display deficits in social cognitive (SC) abilities, which could be a likely barrier to effectively utilizing social support. We sought to establish a mean correlative effect of the relationship between social cognition deficits (SCD) and PTSS in trauma-exposed samples. We also examined the extent to which trauma type, SCD type, type of SC measure, and gender impacted this relationship. Fourteen independent studies (N=483) met inclusion criteria, with sample sizes ranging from 24 to 164 (M= 60.38, SD= 43.69). A medium to large effect was found for the relationship between PTSS and SCD (weighted  $r = .42$ , 95% CI: 0.32- 0.50), such that higher PTSS were associated with more SCD. Trauma type moderated the relationship between PTSS and SCDs ( $Q_b(1) = 4.89$ ,  $p < .05$ ) such that mixed trauma samples (including both interpersonal and non-interpersonal trauma victims) had a larger effect ( $r=.51$ ) than samples consisting solely of interpersonal abuse victims ( $r=.34$ ). SCD type, type of SC measure and gender did not moderate the relationship between PTSS and SCD. Results suggest that there is consistency across methods and operational definitions of SCD; however, type of trauma sample may be an important consideration in future investigations of barriers to mobilizing social support as SCD may be more common in mixed trauma samples.

4-274

**Deficits in Inhibitory Control Strengthen the Intervention Effect on PTSD among Male Service Members**

(Abstract #560)

**Poster #4-274 (Prevent, Mil/Vets, Adult) M - Industrialized**

**Gloucester**

*Zhang, Jingchen, Buchanan, Gretchen, Gewirtz, Abigail  
University of Minnesota, St Paul, Minnesota, USA*

Military service members face substantial challenges due to war-related trauma exposure, such as posttraumatic stress disorder (PTSD). Individuals with deficits in inhibitory control (IC) would have a greater risk of developing PTSD due to their reduced abilities to control their cognitive responses to and disengage from trauma-related stimuli. After Deployment, Adaptive Parenting Tools (ADAPT) is a mindfulness-infused parenting program for military families. Service members' IC may affect their response to this emotional skills-focused intervention and further influence their PTSD. This study aims to examine how IC moderates the intervention effect on PTSD at 1-year (T3).

The sample included 282 deployed male service members. IC was measured using a computer-administered Go-NoGo task. The Post-Traumatic Stress Disorder Checklist-Military version (PCL-M) was used to assess PTSD.

The main effect of the intervention on PTSD ( $b = -.005$ ,  $p > .05$ ) was not found. However, service members' IC at T1 moderated the intervention effects on PTSD ( $b = .21$ ,  $p = .017$ ). Specifically, males with lower inhibitory control at T1 had a significantly greater decrease in PTSD at T3 in the intervention vs. control group.

The intervention has its most benefits on service members' PTSD for those with more deficit in IC. Our findings have implications for personalizing preventive interventions

4-275

**Correlates of Attempted Suicide among Women**

(Abstract #765)

**Poster #4-275 (Prevent, CSA, Depr, DV, Epidem, Adult) I - Industrialized**

**Gloucester**

*Kapij, Alexis, Ward, Khyia, Cavanaugh, Courtenay  
Rutgers University, Camden, New Jersey, USA*

Background: There is a need for studies that test multiple correlates of attempted suicide among women including women who identify as sexual minorities (i.e., gay, lesbian, or bisexual). This study tested the influence of childhood psychological abuse, childhood physical abuse, childhood sexual abuse, intimate partner violence, and mental disorders (major depressive episode, posttraumatic stress disorder, and alcohol use disorder) on attempted suicide among women including sexual minority women. Methods: Data were used from 19,563 women who participated in wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Analyses were run on the entire sample of women and then in stratified analyses by sexual orientation (N=302 sexual minority women). Results: In the adjusted models for all women, women with a lifetime history of a major depressive episode (Adjusted odds ratio (AOR) =4.02), childhood sexual abuse (AOR=2.84), or intimate partner violence (AOR=2.50) had the greatest

odds for having ever attempted suicide. In the adjusted models for sexual minority women, women with a lifetime history of intimate partner violence (AOR=4.47), major depressive episode (AOR=3.53), and childhood psychological abuse (AOR=2.15) had the greatest odds of ever attempting suicide. Discussion: Findings may inform related suicide prevention interventions.

4-276

**Social Support and Anxiety-Mood Symptoms as Predictors of PTSD Symptom Severity in the Aftermath of a Mass Shooting**

(Abstract #1096)

**Poster #4-276 (Prevent, Acute, Anx, Comm/Vio, Depr, Adult) M - Industrialized Gloucester**

*Dike, Janey<sup>1</sup>, Tankersley, Amelia<sup>2</sup>, Smith, Andrew<sup>3</sup>, Hughes, Michael<sup>4</sup>, Jones, Russell<sup>1</sup>*

<sup>1</sup>*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

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<sup>3</sup>*University of Utah/VA Salt Lake City Healthcare System, Salt Lake City, Utah, USA*

<sup>4</sup>*Virginia Polytechnic Institute and State University, Department of Sociology, Blacksburg, Virginia, USA*

There is growing dialogue around the prevalence of mass shootings and their psychological impact. Social support is regarded as one of the strongest protective factors in the aftermath of exposure to a traumatic event (Bonanno et al., 2007; Ozer et al., 2003). Due to their comorbidity with trauma exposure, anxious and depressive symptoms (captured in this study by an anxiety-mood scale) are highly correlated with posttraumatic stress disorder (PTSD) symptoms (Church, 2014; Kessler et al., 2003). Prior research has investigated student survivors of the mass shooting that took place April 16th, 2007 at Virginia Tech, but faculty and staff responses have yet to be examined (n=1,561). The current study builds on this work by investigating the relationships between perceived and actual social support, anxiety-mood symptoms, and PTSD symptoms. Regression analyses were conducted to identify the predictive value of these variables on PTSD symptom severity post-exposure. As hypothesized, anxious-mood symptoms and actual social support were individually and significantly predictive of PTSD symptoms ( $R^2=.434$ ;  $p<.01$ ). Despite perceived social support being significantly correlated with PTSD symptoms ( $r=-.09$ ;  $p<.01$ ), it was not a significant predictor. These findings may help to identify community members at risk for PTSD following trauma and inform future research and intervention efforts.

4-277

**An Assessment of the Influence of Post-Deployment Screening on Delay to Mental Disorder Diagnosis in the Canadian Armed Forces**

(Abstract #1634)

**Poster #4-277 (Prevent, Prevent, Mil/Vets, Epidem, Adult) M - Industrialized Gloucester**

*Boulos, David, Garber, Bryan*

*Canadian Forces Health Services Group, Ottawa, Ontario, Canada*

**Objective:** We assessed the influence of the Canadian military's post-deployment screening (PDS) on the latency from deployment return to mental disorder diagnosis (i.e., delay to care).

**Methods:** We used a retrospective cohort of personnel (n=28,460) with deployments over 2009 to 2014; inferences were based on a probabilistic sample (n=2997). Delay to care was assessed in those with a post-deployment mental disorder that was service-related (n=1157). Cox regression assessed the influence of PDS completion on delay to care.

**Results:** PDS was associated with shorter delays to care (adjusted hazard ratio [aHR]: 1.43; 95%CI: 1.11-1.86). Identification of a major mental health concern (aHR: 3.36; 95%CI: 2.38-4.73) or recommendations for mental health care follow-up (aHR: 2.35; 95%CI: 1.73-3.21) during PDS were associated with shorter delays to care relative to PDS non-completers. In contrast, 41.8% (95%CI: 35.7-47.9) of PDS completers had no mental health concerns identified and their delay to care was comparable to PDS non-completers (aHR: 0.98; 95%CI: 0.72-1.33).

**Conclusions:** Our findings suggest a beneficial impact of PDS, shortening delays to care in those with an apparent need. However, some with an apparent, eventual need had none identified during screening, perhaps due to a lack of symptoms or their recognition at PDS. Sensitivity and specificity assessments are warranted.

#### 4-278

### **Intergenerational Effects of Maternal Adverse Childhood Experiences on Infant Health Problems: Pregnancy Conditions as Mediators**

(Abstract #518)

**Poster #4-278 (Prevent, Dev/Int, Fam/Int, Health, Intergen, Child/Adol) - Industrialized**

**Gloucester**

*Coe, Jesse, Seifer, Ronald, Parade, Stephanie*

*Alpert Medical School of Brown University & Bradley/Hasbro Children's Research Center, Providence, Rhode Island, USA*

Adverse childhood experiences (ACEs) are linked with physical and mental health problems across the lifespan, but very little research has focused on intergenerational effects of maternal ACEs on child health. In this study, we tested maternal health and depression in pregnancy as potential mechanisms explaining links between maternal ACEs and infant health problems in a sample of 295 mother-infant dyads (40% Hispanic, 42% White, 19% Black, 39% biracial or other races; 66% of mothers unemployed) recruited through Women, Infants, and Children (WIC) clinics. At prenatal enrollment, mothers completed interviews and questionnaires to assess their ACEs, depressive symptoms, and health in pregnancy. Infant internalizing, externalizing, and physical health problems were assessed at 12 months postpartum. Results of regression and bootstrapping tests showed that maternal ACEs exerted a significant indirect effect on: (a) infant physical health and externalizing problems through maternal physical health problems in pregnancy and (b) infant internalizing problems through prenatal depressive symptoms. Results show the relevance of maternal ACEs to maternal-child health and that experiences in pregnancy are key to intergenerational effects of ACEs. Promoting maternal physical and mental health during pregnancy in mothers with a trauma history may be advantageous for mothers and infants.

4-279

**Parental Initial Response to Child Injury Predicts Child PTSD Symptom Clusters Three Months Post-Injury**

(Abstract #1645)

**Poster #4-279 (Prevent, Acc/Inj, Fam/Int, Lifespan) I - N/A**

**Gloucester**

*Sayer, MacKenzie<sup>1</sup>, Wise, Anna<sup>1</sup>, Ostrowski-Delahanty, Sarah<sup>2</sup>, Garcia, Monica<sup>1</sup>, Christopher, Norman<sup>3</sup>, Delahanty, Douglas<sup>1</sup>*

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

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<sup>3</sup>*Akron Children's Hospital & Northeast Ohio Medical University, Akron, Ohio, USA*

The association between parent and child distress after a child traumatic injury is not well understood. The present study investigated the extent to which maternal and paternal initial responses to child traumatic injury predicted child posttraumatic stress disorder symptom (PTSS) clusters three months post-injury. Our sample included 69 mother-child and 49 father-child dyads recruited from an emergency department at a local children's hospital. Hierarchical linear regression analyses, controlling for child gender and child initial responses to traumatic injury, indicated that maternal initial responses significantly predicted all child PTSS clusters, including intrusion ( $\beta = 0.29$ ,  $p = .007$ ), avoidance ( $\beta = 0.34$ ,  $p = .004$ ), negative alterations in cognition and mood ( $\beta = 0.40$ ,  $p < .001$ ), and arousal and reactivity ( $\beta = 0.35$ ,  $p = .002$ ). Paternal initial responses did not significantly predict any child symptom clusters. These results suggest that existing screeners for PTSS in children could be improved by the inclusion of initial maternal responses.

## PUBLIC HEALTH POSTERS

4-280

### Post-Traumatic Stress Symptoms Partially Mediate the Relationship between Wildfire Disaster Exposure and Identity Distress

(Abstract #962)

Poster #4-280 (Pub Health, Nat/Dis, Pub Health, Adult) - Industrialized

Gloucester

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Natural disaster exposure may interrupt normal development trajectories of youth and may be associated with identity distress, intense or prolonged worry about personal identity issues (Berman, et al., 2004), impacting adolescent mental health. Research following Hurricane Katrina found that post-traumatic stress symptoms (PTSS) partially mediated the relationship between hurricane exposure and identity distress among 9th-11th grade students (Scott et al., 2014). This study explores whether this partial mediation model is also true in a college sample exposed to recent California wildfires. College youth from two universities (n=403, M=19.98 years, 73% female) answered questions about wildfire exposure, PTSS, and identity distress. Mediation was tested using SPSS PROCESS (Hayes, 2018). Wildfire exposure had a direct influence on identity distress ( $\beta=.69$ ,  $p=.000$ ) and PTSS ( $\beta=.03$ ,  $p=.019$ ), and the pathway of PTSS on identity distress ( $\beta=.04$ ,  $p=.001$ ) was also significant. A bootstrap confidence interval for the unstandardized indirect effect based on 5,000 bootstrap samples did not include zero (IE=.0296, SE = .0099, 95% CI = .0122-.0505), providing evidence that PTSS partially explains the relation between wildfire exposure and identity distress. These findings suggest trauma exposure and post-disaster PTSS may impair young adult identity development and functioning.

4-281

### Self-Regulation Shift in People Exposed to Wildfires

(Abstract #964)

Poster #4-281 (Pub Health, Nat/Dis, Adult) - Industrialized

Gloucester

*Shoji, Kotaro<sup>1</sup>, Harwell, Aaron<sup>1</sup>, Benight, Charles<sup>2</sup>*

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<sup>2</sup>*UCCS, Psychology Department, Colorado Springs, Colorado, USA*

Self-regulation shift theory (SRST; Benight et al., 2017) provides a new theoretical approach to understand the resilience dynamics of trauma adaptation. SRST is an extension of social cognitive theory (Bandura, 1997) and suggests that a small number of trauma exposed individuals reach a critical threshold where their belief in self-determination is shattered (self-determination violation effect). This threshold results in a non-linear shift with critical negative motivational consequences. SRST targets identification of key catalyst variables related to positive (resilience) and negative (personal agency crisis) non-linear

systemic change across time. The present study focused on the recovery from the Thomas wildfire that struck southern California in December 2017. A total of 29 participants (M age = 38.22 years old, 65.5% female) responded to a momentary ecological assessment daily diary for 30 days (55.4% compliance). Results of a mixed effects cusp catastrophe model demonstrated that there was a significant non-linear shift in the sample, bootstrap confidence intervals (CIs) for CSE (bifurcation factor) =  $-.03 - -.01$ , bootstrap CIs for injury (controlling factor) =  $.01 - .09$ . The findings are consistent with previous results supporting CSE as a prime catalyst for bifurcation and a negative non-linear shift. The shift occurs when injury from the fire was higher.

#### 4-282

### **The Harvard Trauma Questionnaire-5 (HTQ-5): Introduction to the Revisions for DSM-5 PTSD Symptoms and Refugee-Specific Functioning Items**

(Abstract #1131)

**Poster #4-282 (Assess Dx, Cul Div, Refugee, Torture, Civil/War, Lifespan) - Global Gloucester**

*Berthold, S. Megan<sup>1</sup>, Mollica, Richard<sup>2</sup>, Silove, Derrick<sup>3</sup>, Tay, Alvin<sup>4</sup>, Lavelle, James<sup>5</sup>, Lindert, Jutta<sup>6</sup>*

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Accurate screening of post-traumatic distress and dysfunction in refugees allows for effective triaging to scarce health resources (Sigvardsson et al., 2016). The original Harvard Trauma Questionnaire (HTQ) was developed as a cross-cultural screening instrument to document trauma exposure, head trauma and trauma-related symptoms in refugees. Objectives: To (1) outline the process of revision of Part IV of the HTQ to (a) include the new DSM-5 diagnostic criteria for PTSD, and (b) separate out and more fully develop the refugee-specific functioning items; and (2) promote a consistent approach to the validation of the HTQ-5 when adapted for use in other cultures and language groups (Berthold et al., 2018). Methods involved item mapping; expert consultations; generating items according to the new DSM-5 criteria; and focusing on issues of meaning, future translation into multiple languages and comprehension amongst groups with low literacy and limited exposure to Western trauma concepts. Results: The HTQ was modified consistent with current DSM-5 diagnostic criteria to identify those refugees at risk for symptoms associated with traumatic life events, disability and dysfunction. Conclusions: Screening measures to inform public health policy and practice must bridge the gap between western (etic) nosologies and indigenous (emic) understandings of traumatic stress.

4-284

**Depression, Traumatic Stress Disorders and Resilience among Refugees Affected by Human Rights Violations**

(Abstract #1133)

**Poster #4-284 (Pub Health, Global, Pub Health, Adult) - Industrialized****Gloucester***Lindert, Jutta<sup>1</sup>, Berthold, S. Megan<sup>2</sup>*<sup>1</sup>*University of Emden, Emden, Germany*<sup>2</sup>*University of Connecticut School of Social Work, Hartford, Connecticut, USA*

A recent systematic review found that refugees from countries with severe human rights violations are more affected by traumatic stress than refugees from countries with less severe human rights violations. To date previous systematic reviews have reported on mental health outcomes in refugees as a whole without considering the excessive heterogeneity that exists amongst the refugee population. The systematic review investigated studies from PUBMED, EMBASE, ISI Web of Science, and PILOTS. By applying database specific search terms we identified 4234 single publications. We added hand search and identified three additional studies. We set up a study protocol and agreed upon inclusion and exclusion criteria. In general, prevalence rates of PTSD and depression were reported by utilizing different psychological scales, most of which were self-reported instruments. Despite the fact that all reviewed studies meet the inclusion criteria, our review demonstrated a considerable variation with respect to the rates of trauma-related mental disorders. More specifically, PTSD was found to vary from 8 to 80.2 %, with depression fluctuating more widely (28.3 to 75 %). Results indicate that more precise exposure measurement is needed, including severity and duration of human rights violations, to better understand the heterogeneity of depression, PTSD and resilience among recent refugees.

4-285

**Promoting Help-Seeking in Canadian Forces Veterans and Service Members with Possible Moral Injury: A Qualitative Analysis**

(Abstract #1232)

**Poster #4-285 (Pub Health, Clinical Practice, Train/Ed/Dis, Mil/Vets, Moral, Adult) M  
- Industrialized****Gloucester***Houle-Johnson, Stephanie, Pollard, Cavan, Ashbaugh, Andrea  
University of Ottawa, Ottawa, Ontario, Canada*

Since the mission to Afghanistan, help-seeking has increased among Canadian Forces (CF) personnel (Sareen et al., 2016). While much is known about PTSD and help-seeking in this context, no study has examined help-seeking in those experiencing distress following high stakes transgressive acts by oneself or others (i.e., moral injury; MI). Ten CF service members (n=4) and veterans (n=6) exposed to potentially morally injurious events (PMIEs) were recruited from specialized clinics in Ottawa, Canada. Participants completed a semi-structured interview about their mental health experiences, including barriers and facilitators to help-seeking. Time elapsed before help-seeking ranged from two weeks to more than 20 years after the PMIE. Thematic analysis showed that common barriers to help-seeking include perceived stigma, negative perceptions of the military health system, and lack of knowledge of

the MI construct and the potential impacts of PMIEs (e.g., shame). Facilitators included support by peers and family members, and a sense of shared experience with others. Results suggest that PMIE-exposed CF members and veterans experience similar educational, systemic and cultural barriers to help-seeking found in previous studies on such behaviours (Sudom et al., 2012), but that specific education regarding MI may aid in promoting help-seeking in PMIE-exposed service members.

**4-286**

**The Prevalence of Social and Emotional Embeddedness among those with Chronic, Remitted, or No-PTSD, 17 Years after the 9/11 Disaster.**

(Abstract #1234)

**Poster #4-286 (Pub Health, Acute, QoL, Terror, Epidem, Adult) M - Industrialized Gloucester**

*Brackbill, Robert, Gargano, Lisa*

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Loneliness, a person's negative perception of social and emotional support, predicts mortality and adverse physical and mental health. The opposite of loneliness is embeddedness which reflects a subjective evaluation of positive social participation. Using a longitudinal study of persons exposed to the 9/11 disaster who were screened 4 times (approx. every 3-4 years) for probable PTSD, we examined the level of embeddedness among those with chronic (n=406), remitted (n=97), or no PTSD (resilient, n=4097). Using the De Jong Gierveld 6 Question Loneliness scale, social and emotional embeddedness were defined as scoring no greater than 1 for social or emotional loneliness components. The percentage with Social Embeddedness (SE), measured 17 years after 9/11 disaster exposure, was 52% among those resilient (PTSD Check List (PCL) score of less than 45 on each PCL) and 79% for Emotional Embeddedness (EE) among those with chronic PTSD, 16% had SE and 26% EE, while those with remitted PTSD 32% had SE and 42% EE. Greater social support was consistently associated with SE but not EE for all groups. Being employed predicted EE for those with chronic PTSD. Increasing perceived embeddedness through social support or other interventions post disaster is a potential strategy for PTSD recovery.

**4-287**

**Investigating the Role of Socio-environmental Stressors and Biological Vulnerability in PTSD Development among Ethnic/Racial Minorities after Traumatic Injury**

(Abstract #1852)

**Poster #4-287 (Pub Health, Acc/Inj, Comm/Vio, Ethnic, Adult) M - Industrialized Gloucester**

*Halling, Meredith<sup>1</sup>, Torres, Lucas<sup>2</sup>, Larson, Christine<sup>3</sup>, deRoon-Cassini, Terri<sup>4</sup>*

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*<sup>4</sup>Medical College of Wisconsin, Department of Surgery, Trauma & Critical Care, Milwaukee, Wisconsin, USA*

**Objective:** Assess risk for PTSD and poor quality of life (QoL) in traumatically injured racial/ethnic minority patients by investigating history of socio-environmental stressors and biological vulnerability created by chronic stress.

**Methods:** A longitudinal study of 78 injured ethnic/racial minority traumatic injury survivors was conducted, with participants assessed at 2 weeks and 6 months post-injury. Participants had blood drawn and vitals measured to create an index of allostatic load (AL), a measure of physiologic dysregulation due to stress. Survey measures collected included the Brief-Perceived Ethnic Discrimination Questionnaire (B-PEDQ), Exposure to Violence (ETV) scale, income, PTSD Checklist for DMS-5 (PCL-5), and the SF-36 Mental and Physical Component Scores (MCS, PCS) to assess QoL.

**Results:** Pre-injury ETV ( $r(65)=.25, p=.043$ ) and income ( $r(65)=-.24, p=.050$ ) correlated with increased 6-month PTSD symptom severity. B-PEDQ correlated with SF-36 PCS ( $r(63)=-.369, p=.003$ ). While no significant associations were demonstrated between AL and PTSD, AL at 6 months had a significant association with violence exposure occurring between the injury and the 6 month follow-up ( $r(51)=.301, p=.032$ ).

**Conclusion:** These results demonstrate the impact of social determinants of health in a patient population that is especially vulnerable to PTSD after trauma.

#### 4-290

### Child Maltreatment and Alcohol Related Negative Consequences – Longitudinal Trajectories from Early to Mid-Adolescence

(Abstract #1441)

Poster #4-290 (Pub Health, CPA, CSA, DV, Sub/Abuse, Child/Adol) M - Industrialized Gloucester

*Fahlke, Claudia, Thorvaldsson, valgeir, Hagborg, Johan*  
*Department of Psychology University of Gothenburg, Gothenburg, Sweden*

**Background** Child maltreatment has been associated with adult alcohol and substance use disorders. Little is however known about pathways that characterize alcohol users in adolescence that has been subjected to maltreatment. In the current study we investigate the longitudinal relationship between being subjected to: no maltreatment, one type of maltreatment or multiple maltreatment and experiencing alcohol related negative consequences (ARNCs) in adolescence.

**Method** We drew the data (667 girls and 649 boys) from the longitudinal research program LoRDIA (Longitudinal Research on Development In Adolescence). The data were collected via self-report questionnaires in classroom settings.

**Results** Estimates from growth curve models revealed that experiencing multiple maltreatment before the age of twelve was associated with increased frequency of ARNCs during the transition from early to mid-adolescence. This association was partly mediated by alcohol and substance use frequency. No changes in ARNC were found for the other two groups.

**Conclusions** Adolescents reporting multiple childhood maltreatment suffer more ARNCs compared to their non-maltreated peers as they transition from early to mid-adolescence. These findings identify ARNCs as one factor that could be hypothesized to put maltreated adolescents at increased risk for subsequent alcohol and substance use disorders.

4-291

**Child Marriage and Lifetime Violence Victimization of Women in India**

(Abstract #1075)

**Poster #4-291 (Pub Health, DV, Global, Pub Health, Epidem, Lifespan) M - S Asia Gloucester**

*Nayak, Sameera, Molnar, Beth*  
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India accounts for a third of the global burden of child marriage. Violence victimization (VV) is associated with poor health outcomes including post-traumatic stress, depression, and suicide. This study examines the relationship between child marriage and lifetime VV (violence perpetrated by partners and non-partners), and investigates if there is a gradient of risk by age at marriage. Data come from the 2015-2016 National Family Health Survey; the sample was restricted to ever-married women selected for the domestic violence module (n=66,013). Simple and multiple logistic regression models estimate the association between age at marriage and VV. Child marriage and lifetime VV were highly prevalent, 45% and 37% respectively. In multivariate analyses, marriage before the age of 18 years was associated with an increased odds of lifetime VV (AOR 1.20, 95% CI 1.04-1.17), an increased odds of intimate partner violence (IPV) (AOR 1.16, 95% CI 1.09-1.23), and a decreased odds of violence by a non-partner (AOR 0.83, 95% CI 0.76-0.91). Test for linear trend indicated that as age at marriage decreases, the likelihood of lifetime VV increases, IPV victimization increases, and violence by a non-partner decreases ( $p < .05$ ). Findings denote that underage marriage is an important risk factor for lifetime VV for women in India and a source of inequities in the health of women and girls.

4-292

**Understanding Physical Health Disparities between African-Americans and Whites: The Role of Chronic Stress**

(Abstract #1442)

**Poster #4-292 (Pub Health, Chronic, Ethnic, Health, Intergen, Lifespan) I - Gloucester Industrialized**

*Akinyemi, Adebisi<sup>1</sup>, Sweeting, Josiah<sup>1</sup>, Cohen Silver, Roxane<sup>2</sup>, Holman, E. Alison<sup>3</sup>*

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<sup>3</sup>*University of California, Irvine, Program in Nursing Science, Irvine, California, USA*

African-American children face worse physical health outcomes compared to Whites (Berry, Bloom, Foley, & Palfrey, 2010). We hypothesized that across generations, these disparities would be associated with African-Americans' historic exposure to chronic institutionalized traumatic stress. We conducted a systematic review to examine how chronic stress faced by one generation of African-Americans is associated with physical health outcomes of subsequent generations. Five databases were searched (e.g., PubMed, Scopus); inclusion criteria included:  $\geq 2$  generations of African-Americans and Whites in the U.S.,  $\geq 1$  individual-level chronic stressor in one generation, and  $\geq 1$  physical health outcome in subsequent generations. Two reviewers evaluated 220 abstracts. Twelve articles, published from 1997 to

2018, were included in this review, with sample sizes ranging from 805 to 403,315. Compared to Whites, African-Americans who experienced early, adulthood, or lifelong residence in low-SES neighborhoods had offspring with higher risk for low birthweight, small-for-gestational-age, and preterm birth (PTB). Parental high job strain was linked with higher risk for PTB. Our review provides evidence that for African-Americans, one generation's exposure to chronic stress is associated with negative health outcomes in subsequent generations at higher rates compared to Whites.

## RESEARCH METHODOLOGY POSTERS

4-293

### General Distress in the Relationship between Posttraumatic Stress Disorder and Depression

(Abstract #412)

Poster #4-293 (Assess Dx, Depr, Adult) - Industrialized

Gloucester

*Byllesby, Brianna, Palmieri, Patrick*

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Research consistently finds high comorbidity between posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). The current study attempts to understand the shared variance between PTSD and depression using a latent bifactor model, allowing the common variance or generalized distress ( $p$  factor) to be examined separately from the other factors of PTSD (i.e., intrusions, avoidance, etc.). The sample consisted of 300 treatment-seeking adults at a trauma-specialty outpatient clinic who completed measures of PTSD symptom severity (PCL-5) and depression (BDI) during an intake assessment. Confirmatory factor analyses (CFA) were conducted in Mplus to test the 4-factor DSM-5 PTSD structure, a bifactor model, and a combined model, each demonstrating adequate to excellent fit. Subsequent regression analyses examined the extent that each of the 5 factors (4 PTSD symptom factors and the general  $p$  factor) predicted total BDI score. Although all factors were related to BDI score, the bifactor was a stronger predictor of depression symptom severity than the other factors of PTSD (Bifactor  $B = .77$ ,  $S.E. = .03$ ,  $\beta = 27.42$ ). Results suggest comorbidity between PTSD and MDD may be more related to shared underlying general distress or negative affectivity than symptom categories of PTSD, such as intrusions, avoidance, alterations in cognitions/mood, and arousal.

4-294

### Re-evaluating PTSD Structure and Identifying Core Symptoms via Bi-factor Analysis

(Abstract #414)

Poster #4-294 (Res Meth, Assess Dx, Mil/Vets, Theory, Adult) - Industrialized

Gloucester

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Factor analytic models of PTSD symptom structure have appeared frequently in the trauma literature. Beginning after DSM-IV, competing models with a range of factors were presented. Relatedly, researchers have found that PTSD may also be conflated with depression and general dysphoria (e.g., Armour et al, 2012; Marshall et al., 2010), which calls into question the discriminant validity of symptom criteria. Moreover, a true “bottom up” empirical approach has not been utilized to separate core PTSD symptoms when attempting to best define the disorder. Accordingly, this study used bi-factor analytic techniques to identify core symptoms of PTSD. Participants were 694 Veterans attending outpatient therapy services at a Midwestern Veterans Affairs Medical Center. What resulted was the deletion of 4 symptoms and a better-fitting model than has ever appeared in the literature. Our results revealed two factors that relate best to theorized PTSD constructs, while others appeared more peripheral. These findings have implications for the assessment and diagnostic criteria of PTSD in that the DSM and ICD criteria may wish to revisit how many/few symptoms are included. The presentation will explore these implications as it relates to the new structural model.

**4-296**

### **Response Inhibition and DRD4 Gene in PTSD**

(Abstract #1060)

**Poster #4-296 (Res Meth, Mil/Vets, Bio/Gen, Adult) M - N/A**

**Gloucester**

*Zhewu, Wang*

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**Objective:** Posttraumatic stress disorder (PTSD) has been associated with dysfunction in several neurocognitive processes including impairments in response inhibition. While the dopamine receptor D4 gene (DRD4) has been implicated in other disorders, this research focused on a possible role in PTSD.  
**Method:** The current study analyzed the association between DRD4 exon III polymorphism, PTSD, and a cued Go/No-Go task in veterans with and without PTSD, and non-military volunteers (N=299).  
**Results:** Results indicated a significant difference between participants with PTSD and those without it in all areas assessed by the Go/No-Go (GNG) task; GNG latency  $F(1, 206) = 17.82, p < .001$ , response errors  $F(1, 206) = 11.19, p = 0.001$ . Further analysis indicated a significant difference between DRD4\*4R homozygotes and all other genotypes for GNG latency  $F(1, 208) = 5.89, p = .016$ , and response errors  $F(1, 208) = 6.36, p = 0.012$ .  
**Conclusion:** These findings complement previous studies on the neurocognitive mechanisms underlying PTSD while contributing potential genetic correlations that can be used in the development of etiological models and tailored interventions.

4-297

**Health Promoting-Behaviors Mediate the Relationship between Self-Compassion and Quality of Life in Post-9/11 Veterans with PTSD**

(Abstract #1249)

**Poster #4-297 (Res Meth, Health, QoL, Mil/Vets, Adult) M - N/A**

**Gloucester**

*Blessing, Alexis<sup>1</sup>, Meyer, Eric<sup>2</sup>, DeBeer, Bryann<sup>3</sup>, Kimbrel, Nathan<sup>4</sup>, Gulliver, Suzy<sup>5</sup>, Morissette, Sandra<sup>1</sup>*

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<sup>5</sup>*Baylor Scott and White Health, Waco, Texas, USA*

The current study attempts to fill a gap in current research regarding the interrelationships between self-compassion, health-promoting behaviors, and quality of life in veterans diagnosed with PTSD.

The current study is a secondary data analysis of data from a longitudinal study examining the factors influencing functional recovery in post-9/11 veterans. The sample consisted of 153 post-9/11 veterans (Mage = 41, SD = 8.28; 71.9% male) diagnosed with PTSD. Participants complete a baseline clinical assessment for past-month PTSD symptoms according to DSM-5 criteria (CAPS-5), as well as self-report measures on demographics, depression symptoms (PHQ-9), self-compassion (SCS-SF), health-promoting behaviors (HPLP-II), and quality of life (QLS).

Using Hayes PROCESS macro in IBM SPSS version 25, we estimated a cross-sectional model to determine the indirect effect of self-compassion on quality of life via health promoting behaviors, controlling for PTSD and depression symptom severity. The mediation model accounted for 14% of variance in quality of life. The analysis indicated health-promoting behaviors fully mediated the effect of self-compassion on quality of life,  $b = .15$  ( $SE = .06$ ), 95% [CI = .04 - .27].

These results suggest self-compassion significantly increases quality of life through its influence on health-promoting behaviors in veterans with PTSD.

4-298

**Psychometric Evaluation of the Connor-Davidson Resilience Scale in a Sample of Bereaved Youth**

(Abstract #606)

**Poster #4-298 (Res Meth, Death, Child/Adol) M - Industrialized**

**Gloucester**

*Napier, Taylor, Hasselle, Amanda, Howell, Kathryn  
University of Memphis, Memphis, Tennessee, USA*

The psychometric stability of the 25-item Connor-Davidson Resilience Scale (CD-RISC) is highly variable, with past research identifying a 2-factor, 3-factor and 5-factor model of trait-resilience. This study explores the utility of the CD-RISC in a sample of 102 bereaved youth (53% female), age 8-17, recruited from a counseling center in the MidSouth, United States. Six exploratory factor analyses (EFA)

were run to identify which factor solution (1-6) was the best fit for the data. Results indicated that five items loaded across multiple factors. Upon removal of these items, another EFA was run on a revised 20-item version of the measure. Using a scree plot, parallel analysis, and fit statistics, a three-factor model emerged as the best fit for the data (CFI= 0.96, RMSEA= 0.05 (CI 0.02 – 0.07), SRMR= 0.07). Factor 1 was comprised of 11 items related to personal control in overcoming adversity. Factor 2 contained 7 items corresponding to determination or tenacity, and the third factor consisted of 2 items related to spirituality or the role of fate. Despite a small third factor, this model suggests that there are multiple traits contributing to positive adjustment after the death of a loved one. Future research should aim to confirm this 3-factor solution with a larger, more diverse sample to determine the validity of these trait-resilience subscales in bereaved youth samples.

#### 4-299

### **Exploring Agreement in Substance-Use Reporting Between Online Social Networking Data Analysis, Clinical Interview, and Self-Report Survey**

(Abstract #1108)

**Poster #4-299 (Res Meth, Health, Sub/Abuse, Tech, Child/Adol) I - N/A**

**Gloucester**

*Schulwolf, Sara<sup>1</sup>, Fong, Grant<sup>2</sup>, Kim, Soyeong<sup>1</sup>, Brick, Leslie<sup>1</sup>, Huang, Jeff<sup>2</sup>, Nugent, Nicole<sup>1</sup>*

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<sup>2</sup>*Brown University, Providence, Rhode Island, USA*

Online social networking (OSN) analysis is a new tool that allows researchers to gather ecological data from participants' social media, which can be analyzed to provide information about sensitive topics (e.g., substance-use and sexual-health behaviors). We aim to investigate inter-method agreement between substance-use (SU) data from the Kiddie-Schedule of Affective Disorders interview, Adolescent Alcohol and Drug Involvement Scale self-report survey, and OSN analysis. A sample of 50 adolescents was drawn from an ongoing study of social context following trauma exposure (R01MH108641). SU data was extracted from the KSADS and AADIS. Novel methodology was used to extract SU data from OSN. Inter-rater reliability was calculated between all three data sources and chi-square analyses were performed to assess whether reporting discrepancies related to IPT exposure. Moderate agreement was found between KSADS and AADIS for nicotine and for cannabis use (Kappa = .621, .635). Agreement between OSN and AADIS for cannabis and for alcohol was also moderate (Kappa=.519, .520). There was poor agreement between OSN and KSADS. Chi-square testing yielded mixed results. No significant correlations found between SU, demographics, and IPT exposure. OSN analysis may prove an important tool in collecting sensitive data in adolescents. More research is needed into the effective use of OSN analysis.

## VICARIOUS TRAUMA AND THERAPIST SELF CARE

**4-300**

### **Measuring Secondary Traumatic Stress in a National Sample of Marriage and Family Therapists**

(Abstract #1578)

**Poster #4-300 (Self-Care, Clinical Practice, Prof) M - N/A**

**Gloucester**

*Armes, Stephanie, Seponski, Desiree, Bride, Brian, Bryant, Chalandra  
University of Georgia, Athens, Georgia, USA*

Background. Secondary traumatic stress (STS) is measured by many instruments throughout the literature, leading to confusion about the construct. The measurement of STS is explored using a national sample of Marriage and Family Therapists (MFTs) in this mixed methods study.

Method. A sample of 200 MFTs completed an online survey using the Secondary Traumatic Stress Scale (STSS) to assess their levels of secondary trauma. Then, a small sample ( $n = 10$ ) of therapists and their partners was recruited from the larger survey to complete an interview about how the therapists' trauma work affected their couple relationship. Qualitative responses were a priori coded and then counted to compare the number of times therapists qualitatively reported symptoms corresponding to the STSS during their interviews.

Results. Quantitative analyses indicated that a 1-factor model was the best fitting model of the STSS for the present sample. Therapists who scored as likely having PTSD based on the STSS reported more PTSD symptoms in the qualitative interviews than therapists who did not likely have PTSD based on their STSS scores.

Conclusion. This study advances knowledge of STS by focusing on a national sample of MFTs and using mixed methods to complement findings. Findings suggest that a unidimensional factor of STS should be considered when measuring secondary trauma.

**4-301**

### **It Takes a Village: Marriage and Family Therapists' Exposure to Trauma, Access to Support, and Intention to Leave**

(Abstract #1588)

**Poster #4-301 (Self-Care, Clinical Practice, Prof) M - N/A**

**Gloucester**

*Armes, Stephanie, Seponski, Desiree, Bride, Brian, Bryant, Chalandra  
University of Georgia, Athens, Georgia, USA*

Background. Secondary traumatic stress (STS), or experiencing trauma by exposure to clients' traumatic stories, has been identified in many helping professions. However, no study has uniquely focused on STS in Marriage and Family Therapists (MFTs). Identifying STS prevalence in MFTs may aid in increasing resilience of clinicians working with trauma.

Method. This study explored STS in a national sample of MFTs ( $N = 201$ ), hypothesizing that exposure to trauma via work with trauma populations would be associated with STS and intention to leave the field.

Results. Trauma exposure was significantly and positively associated with STS ( $\beta = .33, p < .001$ ) and

intention to leave ( $\beta = .18, p < .001$ ). STS partially mediated associations between exposure to trauma and intention to leave ( $\beta = .06, p < .05$ ). Compassion satisfaction ( $\beta = -.49, p < .001$ ) and organizational commitment to resilience building where participants were employed ( $\beta = -.26, p < .001$ ) were negatively and significantly associated with intention to leave.

Conclusion. STS may be one mechanism determining whether MFTs stay in their current work, move to a different agency, or leave the field. Given multiple factors affecting therapists' secondary trauma and intention to leave the field, this paper provides a systemic conceptualization of how secondary trauma could be prevented or maintained.

#### 4-302

### **The Development of a Systemic, Trauma-Informed Group Model to Reduce Secondary Traumatic Stress among Providers Working with Trauma Survivors**

(Abstract #468)

**Poster #4-302 (Self-Care, Clin Res, Comm/Int, Health, Self-Care, Prof) I - Industrialized**

**Gloucester**

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Secondary Traumatic Stress (STS), characterized by symptoms similar to posttraumatic stress disorder is pervasive among providers who work with trauma survivors. STS increases the risk of negative psychosocial and health outcomes and impacts not only individual providers, but their clients and organizations. Organizations have an ethical obligation to implement strategies to address STS to protect both providers and clients. Limited research addresses effective STS interventions, with existing interventions typically focusing narrowly on self-care strategies. Due to the significant and consistent trauma exposure inherent in this work, it is essential for STS interventions to be proactive, ongoing, and agency-based. This presentation describes a group model, The Stress-Less Initiative, an evidence-informed, theoretically grounded intervention that can be embedded within organizations to address and prevent STS. The Stress-Less Initiative is a team-based model that provides a safe context to reflect on the impact of trauma work, while increasing collegial support, coping strategies, team cohesion, and resilience. This presentation will include recommendations for agency use and implications for practice, research, and policy.

## TECHNOLOGY POSTERS

4-303

### **First Watch Device: A User-Centered Mobile Health (mHealth) Application for Monitoring of Post-Traumatic Stress Disorder (PTSD)**

(Abstract #1159)

**Poster #4-303 (Tech, Prevent, Res Meth, Tech, Adult) I - N/A**

**Gloucester**

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Post-traumatic stress disorder is a prevalent condition among populations that are exposed to traumatic events, such as combat veterans. While a combination of therapy sessions and medications is prevalent as recommended treatment options, there are no current capabilities to monitor veteran's health status, mental state changes, or progress between sessions. Mobile health (mHealth) technologies have shown promise in enabling continuous monitoring of patient for variety of conditions. Sensor-based wearable technologies can provide objective information about several key biochemical, biophysical, and behavioral metrics which can complement subjective ratings of PTSD symptoms and While several mHealth applications have been developed to manage PTSD, few of these apps have been validated. This poster documents the design of a veterans-centered PTSD-management tool in the form of smartwatch and smartphone applications. The First Watch Device (FWD) has been developed through an iterative user-centered design process that involved feedback from veterans, naturalistic testing, persuasive design, as well as usability testing. A machine learning algorithm has been developed to detect changes in stress levels attributed to PTSD and therapeutic activities to enable the user manage their symptoms. Evaluations have shown high sensitivity and specificity and high user satisfaction.

4-304

### **Technology Enhanced Psychotherapy Reduces Agitation among a Geriatric Cohort with Post Traumatic Stress Disorder and Superimposed Neurocognitive Impairments**

(Abstract #91)

**Poster #4-304 (Tech, Aggress, Clinical Practice, Tech, Aging, Older) I - N/A**

**Gloucester**

*Mazzone, James<sup>1</sup>, Sills, Jonathan<sup>2</sup>, Louras, Peter<sup>3</sup>, Ma, Flora<sup>3</sup>, Erickson, Alexander<sup>3</sup>*

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Older Veterans with Post Traumatic Stress Disorder (PTSD) and Neurocognitive Impairments (NCI) may experience behavioral agitation. To buffer agitation, psychological services were expanded to include mobile technologies. Outcomes were gathered in a Veteran's Affairs extended care facility. To augment Veteran self-reported distress, a provider rated measure of acute distress was utilized. 28 Veterans receiving technology enhanced services were rated by staff on observed agitation behaviors prior and following clinical encounters. In addition, subset 16 Veterans also provided subjective unit of distress (SUD's) ratings based on Brief Interview for Mental Status inclusion criteria. Paired sample T-Tests

were completed to assess if technology-enhanced interventions resulted in average reductions of clinician rated observations of Veteran agitation behaviors. Significant differences were found in observations of Veteran facial tension ( $t(27)=3.751, p<.001$ ), elevated breathing ( $t(27)=1.730, p=.0475$ ), agitated body movement ( $t(27)=2.266, p=.016$ ), and threatening posture ( $t(27)=2.572, p=.008$ ). Evaluation of a subset of those residents who also provided SUD's ratings show a significant change in self-reported distress after intervention ( $t(15)=5.052, p<.001$ ). These results suggest that mobile technologies can help reduce agitation among older Veterans with PTSD and NCI.

## LATE BREAKING RESEARCH

### 4-305

#### **Psychometric Evaluation of a Novel Measure of Posttraumatic Safety Behaviors**

(Abstract #1962)

**Poster #4-305 (Assess Dx, Clin Res, Adult) M - Industrialized**

**Gloucester**

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Safety behaviors are unnecessary protective actions taken to prevent, escape, or reduce the severity of a perceived threat. Previous research has demonstrated that the use of safety behaviors contributes to appraisal of relevant stimuli as threatening. According to several prevalent theories, threat appraisals following a traumatic event contribute to a sense of ongoing threat that maintains posttraumatic stress disorder (PTSD). Despite the conceptual link between safety behaviors and PTSD, little research has been done to investigate this relationship. This study aims to bridge that gap by providing a novel self-report measure of posttraumatic safety behaviors, the Posttraumatic Safety Behavior Inventory (PSBI), and psychometrically evaluating this scale in a sample of trauma survivors found on Amazon Mechanical Turk. Our findings suggest that the PSBI is best characterized by a single-factor model and displays favorable internal consistency, test-retest reliability, convergent validity, and discriminant validity. Our findings also suggest that scores on the PSBI are significantly associated with trauma-related threat appraisals and PTSD status, and can be used to distinguish between trauma survivors with and without PTSD. Researchers and clinicians working with people suffering from PTSD are encouraged to incorporate the PSBI into their work.

### 4-307

#### **Executive Functioning in Child Victims of Sexual Abuse: A Comparative Multi-Informant Study**

(Abstract #2080)

**Poster #4-307 (Assess Dx, CSA, Cog/Int, Complex, Dev/Int, Child/Adol) M - Industrialized**

**Gloucester**

*Amédée, Laetitia Méli ssande, Hébert, Martine, Cyr, Chantal, Tremblay-Perreault, Amélie*

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The present study aimed to compare executive functioning (EF) of child victims of sexual abuse with non-victims and to examine its association with internalizing and externalizing behavior problems. A sample of 208 (108 victims and 100 non-victims) children aged 6 to 12, their parents and teachers were recruited. Parents and teachers completed the Behavior Rating of Executive Functions. The children completed the Flanker task to measure attention and inhibition and the Dimensional Card Sorting (DCCS) test to measure cognitive flexibility. Parents and teachers of child victims reported more problems related to executive functioning; child victims also performed significantly poorer than their non-abused peers on all tasks (Partial  $\eta^2$  ranging from 0.05 to 0.07). After taking into account sociodemographic characteristics, executive functioning was found to predict internalizing and externalizing problems, when assessed by parents and teachers. Children's performance on the task assessing cognitive flexibility did not predict behavior problems, but attention and inhibition were associated with internalizing behavior problems assessed by teachers. This study is the first, to our knowledge, to examine executive functioning in victims of child sexual abuse. Results underscore the importance of assessing and targeting executive functioning among this vulnerable population.

**4-308****Trauma Exposure is Associated with Physiological Startle, but not Self Report Startle**  
(Abstract #2159)**Poster #4-308 (Bio Med, Affect/Int, Bio/Int, Adult) I - Industrialized****Gloucester***Lewis, Michael<sup>1</sup>, Huskey, Alisa<sup>2</sup>, Friedman, Bruce<sup>2</sup>, Jones, Russell<sup>2</sup>**<sup>1</sup>Virginia Tech, Blacksburg, Virginia, USA**<sup>2</sup>Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

Exaggerated startle response is one PTSD symptom that is thought to reflect hyperarousal. Further, exaggerated physiological startle has previously been associated with PTSD. In clinical settings, PTSD is diagnosed using clinician interviews and relies upon the reporting of patients. However, the degree to which trauma's impact on self reported startle and physiological measures of startle correspond is not clear. In this study, 45 undergraduates at Virginia Tech responded to a survey indexing an array of psychological variables and also went through a physiological fear learning paradigm. Before the fear learning portion of the study began, participants were exposed to four startle probes during a habituation procedure. Startle responding during habituation trials were measured using electromyography (EMG), which considered to be an objective and reliable index of startle. Self-report startle symptoms were measured using question 18 of the PTSD Checklist for DSM 5 (PCL 5). Multiple linear regression analysis revealed a positive association for trauma exposure level, as indexed using the traumatic events checklist, with average responding during habituation ( $t = 2.494$ ,  $p = .0171$ ) but not PCL question 18 ( $t = .0574$ ,  $p = .5694$ ). Thus, an objective physiological measure may capture an effect of trauma that self report may sometimes miss. Clinical implications will be discussed.

4-309

**Common Themes Shared between Cross-Disciplinary Collaborations and Trauma-Informed Interventions with Underserved Families**

(Abstract #2141)

**Poster #4-309 (Commun, Clin Res, Commun, Pub Health, Sub/Abuse, Other) M - Industrialized**

**Gloucester**

*Sood, Charu<sup>1</sup>, Zacharia, Joy<sup>2</sup>, Wetzler, Scott<sup>1</sup>, Jose, Anita<sup>1</sup>, Martin, Jacqueline<sup>1</sup>*

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In an effort to support low-income, underserved Bronx families involved in child welfare preventive services due to parental substance use, Montefiore Medical Center, the New York City Administration for Children's Services (ACS), and Metis Associates created and nurtured a regional partnership over the past 5 years.

This partnership brought together local substance abuse treatment providers, preventive services providers and local agency leaders in providing services enhanced with three empirically supported treatments aimed at addressing trauma, improving parenting skills and supporting treatment engagement.

Historically, there has been little cooperation between entities, creating isolation and distrust. This project created a venue for sharing clinical information and collaboration to improve child welfare outcomes.

This poster presents a qualitative analysis of how the process of developing cross-disciplinary collaborations paralleled the trauma-based interventions provided for participants. Specific themes include using a trauma-informed approach, creating support structures, providing organizing structures, empowerment, and focusing on goals beyond sobriety.

Our main objective is to highlight how utilizing a trauma-informed approach in developing collaborations among providers can effectively create lasting partnerships to support underserved trauma-survivors.

4-310

**Ethnic Identity Moderates the Association between Anger and Posttraumatic Growth following a Community Racial Trauma**

(Abstract #2157)

**Poster #4-310 (CulDiv, Comm/Vio, Ethnic, Health, Adult) I - Industrialized**

**Gloucester**

*Sawdy, Molly<sup>1</sup>, McClendon, Juliette<sup>2</sup>, Galovski, Tara<sup>1</sup>*

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This study explored associations among race, ethnic identity, anger and posttraumatic growth (PTG) in a sample of Ferguson, Missouri community members exposed to civil unrest in the aftermath of the shooting death of an unarmed Black man by a White police officer. Participants (N = 107; 60% Black, 5% other; 70% female; mean age = 43.8, SD = 16.2) completed surveys one year following the shooting. Black race and higher anger were significantly correlated with higher PTG, and Black race was correlated

with higher ethnic identity. Regression analyses found a significant interaction between ethnic identity and anger ( $\beta=.26, p=.006$ ), such that higher anger was significantly associated with higher PTG only for individuals with a stronger ethnic identity, whereas this association was non-significant for those with a weaker ethnic identity, controlling for race. Race did not moderate the association between anger and PTG. These findings suggest that angry reactions may play a role in promoting PTG after exposure to a community racial trauma specifically among individuals who identify strongly with their ethnic background. It is important to explore how cultural variables moderate protective factors that could assist community members in recovering from exposure to racial trauma.

Keywords: ethnic identity, racial trauma, posttraumatic growth, anger

#### 4-311

### **Stress Inoculation Training (SIT-NORCAL) Outcomes among Veterans with PTSD and TBI**

(Abstract #2187)

**Poster #4-311 (Multi-Media, Clin Res, Clinical Practice, Media, Mil/Vets, Adult) I - N/A**

**Gloucester**

*Jackson, Sarah*

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Objective: The efficacy of a novel 3-phase group formulation of Stress Inoculation Training (SIT-NORCAL) was applied to a naturalistic population of Veterans with PTSD and Traumatic Brain Injury (TBI). The treatment targets were increased treatment initiation, engagement, and follow through with trauma-focused care, PTSD and depression symptom reduction, and improved adaptive functioning, among Veteran populations reticent to enter trauma focused treatment as a first step in recovery. Method: A program development and evaluation archival analysis of 65 Veterans engaged in SIT over an 18-month period at an outpatient PTSD clinic was conducted. Participants completed baseline measures of PTSD and depression symptoms, substance use, and perceived performance. Results: Paired samples t-tests were used to evaluate pre- to post-treatment gains and demonstrated significant reductions in PTSD (PCL,  $d = 0.66$ ) and depression symptoms (BDI,  $d = 0.67$ ), increases in aspects of perceived stress tolerance and performance in multiple life domains, as well as improvements in both social and occupational functioning (SASS,  $d = 1.26$ ). Conclusions: The results of this study provide preliminary support for the utility of SIT-NORCAL in reducing symptoms of PTSD and depression, improving performance, and increasing rates of treatment initiation in evidence-based and trauma-focused treatments.

#### 4-312

### **Examining PTSD, Risky Behavior, and Internalizing Symptoms among Trauma Exposed Community Members**

(Abstract #2046)

**Poster #4-312 (Practice, Anx, Clinical Practice, Pub Health, Gender, Adult) I - N/A**

**Gloucester**

*Nomamiukor, Faith, Suresky, Rachel, May, Casey, Wisco, Blair*

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There is a dearth of research on PTSD in relation to a broad range of risky behaviors in nonmilitary samples. The following study examined the risk taking behaviors of thrill seeking, aggression, substance use, and risky sex among a sample of 62 trauma exposed civilians with and without PTSD (85% females; 49% PTSD diagnosed). Results revealed that there were no significant differences between individuals with and without PTSD for any risky behavior. Follow up analyses were conducted to examine whether the internalizing symptoms of social anxiety, worry, and depression differed among individuals with and without PTSD. Individuals with PTSD were significantly more likely to have the internalizing symptoms of depression (BDI;  $t(59)=3.94, p<.001$ ), social anxiety (SIAS,  $t(59)=3.97, p<.001$ ) and worry (PSWQ,  $t(59)=3.08, p<.05$ ). Results may reflect gender effects because women are less likely to endorse risky behavior and more likely to endorse internalizing symptoms than men. Our results are limited because the risk taking behavior scale used (Strom et. al, 2012) was validated in a predominantly male military sample (94.5% male), and may index types of risk taking less relevant for our sample. Findings imply that among civilian women with PTSD, internalizing symptoms may be more common than risk taking behavior.

#### 4-313

### **Facilitating Recovery from Military Sexual Trauma (MST): Effectiveness of MST Group Therapy on Reducing Posttraumatic Cognitions**

(Abstract #2094)

**Poster #4-313 (Practice, Clin Res, Cog/Int, Adult) I - Industrialized**

**Gloucester**

*Shotwell Tabke, Chelsea<sup>1</sup>, Calmes, Christine<sup>1</sup>, Romero, Erin<sup>2</sup>*

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Most occurrences of military sexual trauma (MST) are never reported, contributing to a sense of shame and isolation for survivors. Group treatment for MST survivors may allow for survivors to connect with others, identify personal negative beliefs, and develop adaptive alternative interpretations to maladaptive posttraumatic cognitions.

This poster presents clinical program evaluation data from an urban VA hospital examining the effectiveness of 12 session, weekly, male and female outpatient MST groups on reducing maladaptive posttraumatic cognitions. These groups are psychoeducational in nature and focused on normalizing and reducing the intensity of posttraumatic symptoms, developing coping skills, and providing motivational assistance for group members to complete or initiate an EBP for PTSD. Preliminary data is available for 30 Veterans (21 Female, 86% African American). The modal number of sessions attended was 11. Statistically significant ( $p < .05$ ) decreases between group start and group end were found across all Posttraumatic Cognitions Inventory (PTCI) scales. However, results differed by gender, which will be discussed. Further, 35% of participants were referred to EBP for PTSD during the group, 21% of which engaged during or soon after completing the group. Results provide preliminary evidence for effectiveness of general skills groups for MST survivors.

4-314

**Talking to Teens about Natural Disasters: Why Caregivers Should Use Age-Appropriate Language**

(Abstract #2035)

**Poster #4-314 (Practice, Nat/Dis, Child/Adol) M - Industrialized****Gloucester***Abel, Madelaine<sup>1</sup>, Vernberg, Eric<sup>1</sup>, Lochman, John<sup>2</sup>*<sup>1</sup>*University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA*<sup>2</sup>*University of Alabama, Tuscaloosa, Alabama, USA*

Youth who use more negative emotion (NE) terms when describing their disaster experiences tend to report higher PTSS. However, recent research indicates that greater use of NE terms when recalling disaster experiences is not always associated with more PTSS. This research suggests that qualities of conversations with caregivers may influence the association between NE terms and PTSS. We examined whether the link between NE terms and PTSS diminishes when caregivers use language sophistication that matches adolescents' developmental level. Adolescents (N=172; Mage=14.5) who experienced an EF4 tornado provided individual recollections and then co-reminded with a caregiver about their tornado experiences. Youth's NE terms were coded from the individual recollections; caregivers' language sophistication was measured during co-reminding using the Flesch-Kincaid Grade Level. Adolescents completed a self-report measure of tornado-related PTSS. Youth's use of NE terms was associated with higher PTSS only when caregivers spoke at low (M=1st grade) language sophistication level (B=2.56, SE=.68, p<.001). Youth NE terms and PTSS were unrelated when caregivers spoke at higher language sophistication levels (B=4.64, SE=.51, p=.26). Findings suggest that caregivers' use of age-appropriate language sophistication when co-reminding about disasters may buffer against disaster-related PTSS.

4-315

**The Role of Shame, Guilt, and Hazardous Alcohol Use in the Association between Child Adversity and Adult Sexual Assault: A New Look Using the Threat-Deprivation Model of Early Adversity**

(Abstract #2051)

**Poster #4-315 (Prevent, CPA, Neglect, Rape, Adult) I - Industrialized****Gloucester***Bach, Erika<sup>1</sup>, Lee, Mia<sup>1</sup>, Lowe, Sarah<sup>2</sup>, Walsh, Kate<sup>3</sup>*<sup>1</sup>*Ferkauf Graduate School of Psychology, Yeshiva University, Bronx, New York, USA*<sup>2</sup>*Montclair State University, New Jersey, USA*<sup>3</sup>*Columbia University, New York, New York, USA*

Exposure to childhood adversity increases the likelihood of adult sexual assault; however, it is unclear whether abuse (threat) and neglect (deprivation) confer the same level of risk for later assault. Additionally, although binge-drinking, shame and guilt have been found to mediate the association between child adversity and adult sexual assault, it is not known whether these mediators are specific to threat or deprivation. The current study examined associations between abuse, neglect, hazardous alcohol use, shame, guilt, and adult sexual assault in a sample of 744 college students ( $M = 20.9$ ;  $SD = 3.6$ ; 75%

female). Regression analyses revealed that child abuse,  $B=.06$ ,  $SE=.01$ ,  $p<.001$ , and neglect,  $B=.04$ ,  $SE=.01$ ,  $p<.001$ , were independently associated with adult sexual assault, but when entered into a model together, only abuse significantly predicted adult assault,  $B=.06$ ,  $SE=.01$ ,  $p<.001$ . Abuse was associated with shame ( $r=.09$ ,  $p<.01$ ) and neglect was associated with guilt ( $r=-.21$ ,  $p<.001$ ) but neither were associated with hazardous alcohol use. When entered into a regression model simultaneously, abuse, shame and hazardous alcohol use were significantly associated with adult sexual assault ( $p<.001$ ). Risk reduction programs targeting college students who have experienced childhood abuse could also address shame and binge-drinking to mitigate risk for adult sexual assault.

#### 4-316

### A Path Analysis of Known PTSD Risk Factors and a Predictive Screen of PTSD Risk among Single-Incident Trauma Survivors

(Abstract #2095)

Poster #4-316 (Prevent, Acute, Ethnic, Gender, Adult) M - Industrialized

Gloucester

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Each year millions of American are hospitalized after sustaining traumatic injuries. Of those injured, screening instruments are utilized to predict those most at risk for developing post-traumatic stress disorder (PTSD). A predictive measure, the Injured Trauma Survivor Screen (ITSS), has been developed with single-incident trauma survivors to predict PTSD outcomes. Various risk factors in the literature have been examined to determine the influence on psychological outcomes, including minority status, previous trauma exposure and gender. This study evaluates the ability of the ITSS screen to mediate the relationship between established risk factors on PTSD symptom severity using path analysis in MPLUS. Preliminary findings indicate: 1) significant effects between minority status, previous trauma exposure and gender on PTSD symptom severity at both one and six-months post-trauma; 2) significant and non-significant effects were found regarding minority status, previous trauma, and gender of the ITSS screen at one and six-months post-trauma. Results highlight the need for a nuanced approach to socio-demographic variables related to PTSD risk in the single-incident trauma population. Further, results demonstrate some established risk factors may be helping in identifying chronic PTSD, but not acute symptomology.

#### 4-317

### Chronic Post-Traumatic Stress following a Myocardial Infarction: Prevalence and Detection in Hospital Setting

(Abstract #2175)

Poster #4-317 (Pub Health, Bio Med, Health, Adult) I - Industrialized

Gloucester

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Context: Given its unpredictable nature and the obvious threat to life it represents, myocardial infarction (MI) may be perceived as a traumatic event by cardiac patients. Indeed, some patients will develop post-traumatic stress disorder (PTSD) symptomatology following the infarction. PTSD can have serious consequences on the health of patients with cardiac disease. Objectives: The current paper examines the prevalence of chronic PTSD after a MI and the factors associated with its symptomatology for an early detection in a hospital setting. Methods: 500 patients with a confirmed MI diagnosis consented to participate in the study. A structured clinical interview (DSM-IV-TR PTSD module) and questionnaires were administered to patients 48 hours to 14 days post-MI (M=4, SD=2.7 days) as well as three months later. Results: Respectively 4.4% and 11.1% of the patients met the full and partial diagnostic criteria of chronic PTSD. Using binary logistic regression, both the intensity of anxiety (Beck Anxiety Inventory) and acute stress disorder symptoms (Modified PTSD Symptom Scale), measured while in-hospital were associated with the presence of symptoms of PTSD three-months after the MI. Conclusions: Systematic in-hospital investigation of easily assessable risk factors is recommended in order to improve the detection of chronic PTSD and to prevent its detrimental effects on health.

4-318

**On the Way to Mapping Trauma: an Exploration of the Prevalence and Impact of Childhood Traumatic Events in a Sample of over 150,000 UK Residents**

(Abstract #2114)

Poster #4-318 (Pub Health, CPA, CSA, Death, Health, Lifespan) M - Industrialized Gloucester

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Background: Increasing evidence suggests the importance of trauma in the development of various psychological disorders and physical health conditions. In this study, we address the prevalence and impact in adulthood of 4 childhood traumatic events: 1) death of a parent; 2) major upheaval such as parental divorce or separation; 3) physical abuse; and 4) sexual abuse.

Study Questions:

- How prevalent are the 4 types of childhood traumatic events in the UK?
- What are the psychological outcomes for adults who experience them?
- What are the physical health outcomes for adults who experience them?

Methods: Data were collected through 'The Big Personality Test', an online survey hosted by the BBC. Data collection occurred from Nov 2009 to Apr 2011. A total of 588,014 people responded across the UK. A subset of over 150,000 individuals was used for the present study to include only those who reported on whether or not they experienced childhood traumatic events.

Conclusions: This is among the largest study of its kind to explore both the prevalence and impact of 4 major types of childhood trauma in the UK. This adds to the current evidence base on the impact of childhood trauma on adult mental and physical health. By understanding the prevalence and impact of various traumas, we can consider whether local service provision meets the demand of the population it serves.

**4-319**

**PTSD-Repository Clinical Trials Database: Overview of Treatments Utilizing Technology and Telemental Health**

(Abstract #2135)

**Poster #4-319 (Res Meth, Clin Res, Clinical Practice, Res Meth, Tech, Adult) A - Global**

**Gloucester**

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The PTSD-Repository database contains systematically abstracted patient, intervention, and outcome data from 318 randomized controlled trials (RCTs) of PTSD interventions, published from 1988 to 2018. We identified a subset of 36 studies which met telehealth and technology criteria in order to describe their use in PTSD RCTs to date. RCTs tested telehealth and technology as the primary treatment modality, as a treatment enhancement, or as a method of flexible treatment delivery to medical populations. Seven RCTs compared the use of Telemental health to in-person treatment, and of those, 2 were Cognitive behavioral therapy group treatments, 3 were Cognitive processing therapy individual treatments, and 3 were Prolonged Exposure in-home video treatments. The use of virtual reality was assessed in 8 RCTs. Internet self-help treatments comprised 7 of the RCTs, with variable therapist interaction levels, although all included some form of therapist feedback or support. Mean age of participants across these RCTs was 44.01 (21.22); 37% of participants were female; and fourteen reported some percentage of Veteran participants. Although PE was examined via in-home telehealth, CPT was not despite becoming a more popular treatment choice for Veterans. Future directions include comparing these high quality treatments for PTSD within the telehealth modality.

**4-320**

**The Relationship between Leadership, Professional Quality of Life, and Turnover Intention in Norwegian Child and Adolescent Mental Health Services**

(Abstract #2147)

**Poster #4-320 (Self-Care, Train/Ed/Dis, Prof) I - Industrialized**

**Gloucester**

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**Research question:** Therapists working with trauma patients might experience emotional burdens leading to compassion fatigue, reduced professional satisfaction, and high turnover. We investigate whether leadership in CAMHS is related to (1) therapists' professional quality of life and (2) therapists' turnover intentions.

**Methods:** Subordinates and leaders often differ in their perceptions of the same leadership behaviors, so

we have measured both therapist and leader perceptions. 132 therapists and 29 leaders completed questions from the Implementation Component Questionnaire. Therapists also completed the Professional Quality of Life Scale, and the Turnover Intentions Scale.

**Results:** Therapists reported low to moderate levels of secondary traumatic stress ( $M=19.4$ ;  $SD=4.1$ ) and burnout ( $M=20.5$ ;  $SD=4.3$ ), and high levels of compassion satisfaction ( $M=41.0$ ;  $SD=5.1$ ). Therapists' perceptions of leadership differed significantly from the leader's own perception. Therapist—but not leader—perceptions of leadership were significantly related to compassion satisfaction, compassion fatigue, and turnover intentions.

**Conclusion:** Results underscore the importance of addressing leadership to facilitate professional quality of life and prevent turnover in CAMHS. Leadership training with multi-rater feedback might help close the therapist-leader gap in leadership perceptions.

#### 4-321

### **Does it matter how did they died? Self-Identified Changes in Risk-Taking Behaviors Resulting from Personal Death Experiences- Implications of Complicated Bereavement** (Abstract #2056)

**Poster #4-321 (Social, Acc/Inj, Death, Dev/Int, Prevent, Child/Adol) I - Industrialized Gloucester**

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The literature is rich in terms of describing how youth may respond to a loss via suicide, specifically internalizing behaviors (Brent et al. 1993; Feigelman & Gorman 2008; Pitman et al., 2018), but is limited when examining increases in risk taking behaviors. While there is literature that examines risk taking behavior in youth as a result of bereavement, no articles specify if the risks are linked to a cause of death. The aim of this study is to examine if the type of death (suicide, accident or illness) or the relationship between the survivor and the lost (family member, classmate, friend, or peer) affect the self-reported risk taking behaviors of the survivor and their death obsession (DO) or death anxiety (DA).

Survey data were collected on 1,129 emerging adults. Chi Square analysis was run to assess the relationships between the cause of death and self-reported risk taking in response to the death. Analysis suggest that those who experience death via suicide are more likely to self-report more risk taking behaviors as a result of the death, ( $X^2(1, N = 1129) = 6.709, p < .01$ ). Contrariwise, those who experience death via accident are more likely to self-report less risk taking behaviors as a result of the death ( $X^2(1, N = 1129) = 40.545, p < .001$ ). Other findings relating to who was lost, DO/DA, and clinical/policy implications for parents and schools will be discussed.

4-323

**Developing Education for Providers, Families, and Older Veterans with Trauma Exposure: Overview of the Stress, PTSD, Aging, & Resilience Clinical Collaborative (SPARCC)**  
(Abstract #2071)

**Poster #4-323 (Train/Ed/Dis, Clin Res, Res Meth, Train/Ed/Dis, Aging, Older) I - N/A Gloucester**

*Korsun, Lynn<sup>1</sup>, Pless Kaiser, Anica<sup>2</sup>, Sager, Zachary<sup>1</sup>, O'Malley, Kelly<sup>3</sup>, Bamonti, Patricia<sup>4</sup>, Moye, Jennifer<sup>5</sup>*

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The Stress, PTSD, Aging, & Resilience Clinical Collaborative (SPARCC) is a working group of clinicians and researchers in the National Center for PTSD (NCPTSD) Behavioral Science Division and the New England Geriatric Research Education and Clinical Center (GRECC) at VA Boston Healthcare System. SPARCC focuses on developing educational products to enhance understanding of clinical issues and clinical applications of research related to trauma and PTSD among aging Veterans. Current SPARCC educational projects include: developing a factsheet for the NCPTSD website specifically for family members of older Veterans with PTSD; examining the phenomenon of Later-Adulthood Trauma Reengagement (LATR) in older Veterans; and compiling a list of measures to be used by researchers studying aging and trauma. In addition, SPARCC was recently funded by the VA Office of Rural Health to design educational programming on the impact of PTSD at end of life targeting non-VA hospice staff providing care for dying rural Veterans. This program will build on a congressional mandate and funding to improve the care of Veterans at the end of life and bring awareness of PTSD, moral injury and suicide to community hospices. We will present current SPARCC initiatives and information about program implementation efforts.

4-324

**Mothers with a History of Childhood Maltreatment Differ in Identifying and Interpreting Expressions of Anger in Children**  
(Abstract #1911)

**Poster #4-324 (Clin Res, CPA, Fam/Int, Adult) I - Industrialized**

**Gloucester**

*Klicin, Crystal, Carlone, Christina, Milan, Stephanie*  
*University of Connecticut, Storrs, Connecticut, USA*

**Objective:** Childhood maltreatment has a lasting impact on development, including emotion-processing abilities. These deficits may impact how maltreated parents respond to their own child's emotions. The goal of this study was to examine if maternal maltreatment history is associated with differences in

recognizing and interpreting emotions in pictures of unknown children. **Methods:** In a matched case-control design, 146 mothers with and without maltreatment history completed an online survey and two emotion processing tasks. One task, modeled after the Reading the Eyes in the Mind, required mothers to select the emotion conveyed in pictures of children's eyes (i.e., identifying emotional states from limited information). In the second task, mothers selected the emotion displayed in naturalistic photos of children and then made attributions about the child's mental state. **Results:** Compared to the control group, maltreated mothers labeled more children as showing sadness and anger in the eyes task. In naturalistic photos, maltreated mothers did not differ in the types of emotions selected, but were more likely to believe children showing anger wanted to be alone rather than with a parent. **Conclusion:** Findings from this study have implications for emotion-focused and mentalization-based interventions with high-risk parents to help reduce the risk for intergenerational problems.

4-325

### A Systematic Review of Trajectories and Predictors of Response to Psychotherapy for PTSD: A Comparison of Military and Civilian Populations

(Abstract #2006)

Poster #4-325 (Clin Res, Clin Res, Clinical Practice, Adult) M - Global

Gloucester

*Dewar, Michelle<sup>1</sup>, Fortin, Christophe<sup>2</sup>, Paradis, Alison<sup>3</sup>*

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<sup>3</sup>*Universite du Quebec a Montreal (UQAM), Montreal, Quebec, Canada*

Objective. There is great variability in individual's response to therapy. Recent studies have identified diverse trajectories of response to therapy for PTSD. This systematic review is the first to compile evidence on the trajectories and predictors of response to therapy for PTSD in both civilian and military populations. Method. Four databases were searched using specific keywords. Independent reviewers evaluated eligibility, risk of bias and extracted data. Studies examining how subgroups of adults respond to therapy for PTSD using trajectory modeling were deemed eligible. Demographic, trauma-related and clinical factors associated to particular trajectories were also examined. Results. Of the 1 727 papers identified, 11 were included in this review: 6 focused on military members and 5 on civilians. While studies found between two and five trajectories, both military and civilian samples supported a three-trajectory model. Of the 22 predictors that were examined, comorbid depression and anxiety were the strongest predictors of poor response in civilians while comorbid alcohol abuse, anxiety, combat exposure and guilt were strongest amongst military. Conclusion. This review supports the heterogeneous trajectories of response to therapy and provides avenues for the development of therapies that consider individual-level factors specific to civilian and military populations.

4-326

**The Influence of Trauma History on Disaster Survivors' Adaptation Over Time**

(Abstract #2019)

**Poster #4-326 (Clin Res, Chronic, Nat/Dis, Theory, Adult) I - Industrialized****Gloucester***Morison, Margaret<sup>1</sup>, Harwell, Aaron<sup>1</sup>, Meskunas, Haley<sup>2</sup>, Felix, Erika<sup>2</sup>, Benight, Charles<sup>3</sup>*<sup>1</sup>*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*<sup>2</sup>*University of California, Santa Barbara, Gevirtz Graduate School of Education, Santa Barbara, California, USA*<sup>3</sup>*UCCS, Psychology Department, Colorado Springs, Colorado, USA, 80918*

Social Cognitive Theory asserts that trauma history may leave survivors vulnerable to new stressors affecting self-regulation where coping self-efficacy (CSE) is a key factor. The present study (N = 93) aimed to assess the relative influence of trauma history, exposure to the disaster, and CSE on PTSD over time in a sample of California wildfire survivors (62% female, Mage = 42.96). We hypothesized that trauma history would be predictive of PTSD at 6 weeks and this relationship would be mediated by CSE, which was confirmed using hierarchical linear regression and Hayes mediation. Trauma history and disaster exposure significantly predicted PTSD in step one controlling for time since disaster,  $F(3, 74) = 18.60, p < .001, R^2 = 43\%$ . The inclusion of CSE in step two significantly explained an additional 25% of the variance in PTSD,  $F(4, 73) = 38.79, p < .001$ . Mediation analysis revealed a significant indirect effect of CSE on the relationship between trauma history and PTSD,  $B = 2.25, SE = .53, 95\% CI = 1.195, 3.264$ . Greater trauma history predicted decreased CSE, which in turn predicted greater PTSD symptoms. This study highlights the importance of trauma history and targeting CSE in recovery with disaster survivors.

4-327

**Mindfulness and Modification Therapy (MMT) as Treatment for PTSD Symptoms among Women with Anger and Substance Use Issues**

(Abstract #2174)

**Poster #4-327 (Clin Res, Clin Res, Sub/Abuse, Adult) M - N/A****Gloucester***Harris, Catherine<sup>1</sup>, Wupperman, Peggilee<sup>2</sup>*<sup>1</sup>*City University of New York, John Jay College of Criminal Justice, New York, New York, USA*<sup>2</sup>*John Jay College, CUNY, New York, New York, USA*

Background: Mindfulness and Modification Therapy (MMT) is a transdiagnostic treatment that targets impulsive and addictive behaviors by helping clients improve their ability to regulate and tolerate emotions. Although many individuals with trauma histories struggle with impulsive and/or addictive behaviors, no studies to date have explored potential applications of MMT as treatment for PTSD. Method: The current study compared MMT versus treatment as usual (TAU; a CBT-oriented intervention in a clinic specializing in PTSD treatment) in decreasing PTSD symptom scores on the PCL-CV among self-referred women with anger and substance issues. All women reported clinically significant PTSD symptoms. Wilcoxon signed-ranked tests were used to compare the effect sizes of PTSD symptom reduction for women in MMT (N=12) vs. TAU (N=8). Results: MMT showed significant and large decreases in PTSD symptoms overall as well as across all

symptom clusters. The effect size for overall PTSD symptom reduction was larger for MMT ( $r=.55$ ; large effect) than for TAU ( $r=.47$ ; medium effect).

Discussion: MMT significantly reduced overall PTSD symptoms with a larger effect size than a CBT-oriented intervention that specifically addressed PTSD symptoms. MMT may decrease trauma symptoms as well as impulsive/addictive behaviors, and thus may be a viable treatment for individuals with PTSD.

#### 4-328

### **Effects of Discrimination onto PTSD Severity, Symptom Clusters, and Well-being: Exploring Gender as a Moderator within Muslim and Forcibly Displaced Samples**

(Abstract #2105)

**Poster #4-328 (Clin Res, Clinical Practice, Cul Div, Refugee, Adult) M - Global Gloucester**

*Holloway, Ash<sup>1</sup>, Zoellner, Lori<sup>1</sup>, Bentley, Jacob<sup>2</sup>, Rosencrans, Peter<sup>1</sup>, Dolezal, Michael<sup>3</sup>*

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

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Forcibly displaced Muslim populations are at high risk for PTSD; little is known of factors affecting mental health within this group. PTSD is related to high discrimination, race-based stress and low well-being (Abu-Raus & Soares, 2009). Forcibly displaced women are vulnerable to higher discrimination which may increase PTSD. We hypothesized high discrimination would predict high PTSD severity and low well-being with gender moderating the relationship. Measures included a PTSD screen (PC-PTSD-5; Prins et al., 2015), discrimination (EDS; Williams et al., 1997) and well-being (WHO-5; Bech, Olsen, Kjoller & Rasmussen, 2003). Participants ( $N = 112$ ) were recruited through Amazon's MTurk and were screened for being Muslim and a UNHCR defined refugee. High discrimination was associated with PTSD ( $\beta = .32, p = .008$ ) but not well-being. Gender did not predict PTSD severity or well-being and did not moderate the effect of discrimination on PTSD. High discrimination was associated with higher re-experiencing ( $r = .32, p = .001$ ), avoidance ( $r = .20, p = .03$ ), hyperarousal ( $r = .21, p = .02$ ) and detachment ( $r = .28, p = .003$ ) but not guilt/blame. Future research must explore protective factors related to well-being and lack of gender effects. Findings have potential to enhance culturally-informed assessments and interventions, increasing quality of life within a growing at-risk population.

#### 4-329

### **“Living Nightmare”: Stories of Stress and Trauma from Expectant and Postpartum Mothers on the Eastside**

(Abstract #2106)

**Poster #4-329 (Clin Res, Chronic, Complex, Cul Div, Adult) I - Industrialized Gloucester**

*Somerville, Keaton, Neal-Barnett, Angela, Robinson, Diane*

*Kent State University, Kent, Ohio, USA*

Objective: Our study examined stress and life experiences of stress in urban low-income Black expectant women and postpartum mothers using a qualitative framework.

Methods: Six structured focus groups (N=26) were conducted. Licensed counselors open-coded the transcripts, then, selectively coded for experiences of trauma and racism, and usage of negative thinking styles.

Results: Stress was defined as a “mental barrier” and perceived as a negative inevitable daily experience. Conceptually, stress was associated with caretaking duties and uncertainty related to survival needs. Top stressors included lack of financial resources and social support, relationship conflict, and judgment. Traumatic experiences included enduring domestic violence, physical abuse, and neglect and witnessing violent deaths. Experiences of institutional, personally mediated, internalized racism were reported. Negative thinking about themselves, their future, and their environment was present. Participants expressed self-doubt, low self-esteem, and embarrassment of their situation, and general hopelessness for their lives and their kids’ lives due to community violence and lack of positive role models.

Conclusions: Our findings suggest the need for tailored multi-level interventions given the layers of stressors and racism present in this population.

#### 4-330

### **Non-disclosure of Sexual Victimization: Qualitative and Quantitative Analysis of Themes Contributing to Non-disclosure**

(Abstract #2117)

**Poster #4-330 (Clin Res, Assess Dx, Rape, Res Meth, Adult) I - N/A**

**Gloucester**

*Tineo, Katherine, Razak, Shanna, Carson, Kaitlin, Babad, Sara, Fairchild, Victoria, Nikulina, Valentina  
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One in five women experience completed rape, with potential deleterious psychological and physical health consequences. An estimated 25% of women never disclose the details of this sexual victimization to anyone. Although disclosers of sexual victimization have been well-researched, data on non-disclosers is almost nonexistent. To better understand non-disclosers of sexual victimization, analysis of data from a ethnically-diverse sample of female survivors (n=55, M age = 21.65), of sexual victimization was conducted. This revealed themes in reasons for non-disclosure: 27% of participants endorsed feelings of shame, 16% endorsed fear of consequences, 10.7% endorsed privacy, and 43% endorsed minimization of the experience. Extending this work, the authors are developing a standardized measure of non-disclosure for survivors of sexual assault. Using focus groups, the research team has generated 64 items, answered on a seven-point Likert scale, reflecting the previously-identified themes. Using an on-line pilot study of non-disclosures of sexual victimization, reliability and validity of the scale will be assessed. Construct validity will be examined in associations between scores on this measure, relationship status, cultural beliefs, and symptomatology. The completed measure can be used by researchers and practitioners to better understand the experiences of non-disclosers.

4-331

**Predictors of Change in Coping Self-Efficacy after a Trauma Web Intervention:  
Examining the Role of Sleep Impairment and Traumatic Stress**

(Abstract #2138)

**Poster #4-331 (Clin Res, Sleep, Tech, Theory, Adult) M - Industrialized****Gloucester***Harwell, Aaron<sup>1</sup>, Nolan, Ryan<sup>1</sup>, Durrrough, Donovan<sup>1</sup>, Benight, Charles<sup>2</sup>*<sup>1</sup>*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*<sup>2</sup>*UCCS, Psychology Department, Colorado Springs, Colorado, USA*

Coping self-efficacy (CSE) is a key predictor of posttraumatic recovery following a digital intervention. Little is known about how sleep impairment relates to CSE during treatment. The present study examined CSE, sleep impairment, and posttraumatic stress symptoms (PTSS) in a sample of 83 trauma survivors (55.0% female, Mage = 42.11 years) engaging in a trauma recovery website for three weeks. Subjects completed pre (T1) and post (T3) measures of CSE, sleep impairment, and PTSS. Participants were randomly selected to either receive (N = 67) or not receive (N = 16) a CSE enhancement manipulation. Two linear regression analyses were run separately for the two CSE manipulation conditions. These regressions assessed whether pre-intervention levels for sleep, CSE, and PTSS predicted CSE change between T1 and T3. Sleep impairment was only predictive of CSE change within the CSE enhancement condition ( $\beta$  -.511,  $p < .05$ ), explaining 21.3% of the variance in CSE change. T1 sleep impairment did not predict change in CSE for participants who did not get the manipulation ( $\beta$  -.120, ns). Efforts to promote empowerment among those with sleep impairment actually resulted in reduced CSE. These findings suggest that sleep may possess a differential relationship with CSE during the recovery process, depending upon posttrauma environmental feedback (i.e., CSE enhancing versus neutral feedback).

4-332

**Identifying Commonly Used Components of Brief Cognitive Behavioral Therapy for  
Suicide Prevention in a Military Population**

(Abstract #2145)

**Poster #4-332 (Clin Res, Cog/Int, Prevent, Mil/Vets, Adult) I - Industrialized****Gloucester***Baker, Shelby<sup>1</sup>, Rozek, David<sup>1</sup>, Oakey-Frost, D. Nicolas<sup>1</sup>, Andres, William<sup>1</sup>, Bryan, Craig<sup>2</sup>, Rudd, M. David<sup>1</sup>*<sup>1</sup>*University of Utah, Salt Lake City, Utah, USA*<sup>2</sup>*National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA*

Post-traumatic stress disorder and trauma-related mental health conditions are risk factors for suicidal thoughts and behaviors (May & Klonsky, 2016), and approximately 20 veterans die by suicide each day (VA Suicide Prevention, 2016). Treatments targeting suicide risk are specifically important to improve to decrease death by suicide. Rudd et al. (2015) found that brief cognitive behavioral therapy for suicide prevention (BCBT) reduced suicide attempts by 60% compared to treatment as usual among high-risk military personnel. The manualized protocol for BCBT consists of 3 phases of treatment: emotion regulation and crisis management, cognitive flexibility, and relapse prevention. BCBT is flexible and

clinicians choose from a diverse menu of interventions; therefore, it is not known what components are utilized by clinicians. The current project used 500 recorded BCBT sessions, comprised of 152 high-risk active-duty soldiers, many with a history of trauma and who attempted suicide in the past month and/or had current suicide ideation with intent to die. Sessions were coded using an itemized checklist of therapy techniques/interventions. Results from this study indicate which components of BCBT (e.g., Crisis Response Planning, cognitive restructuring) are most commonly used. Ultimately, these data can inform which components are used and how to improve BCBT.

#### 4-333

### **Skin conductance Reactivity to Trauma Imagery and Symptom Change in a Randomized, Placebo-Controlled Trial of Yohimbine-Augmented Exposure Therapy for Male Veterans with Chronic PTSD**

(Abstract #2153)

**Poster #4-333 (Clin Res, Anx, Bio Med, Clin Res, Med/Som, Adult) A - N/A**

**Gloucester**

*Cobb, Adam<sup>1</sup>, Tuerk, Peter<sup>2</sup>, Wangelin, Bethany<sup>2</sup>, Powers, Mark<sup>3</sup>, Smits, Jasper<sup>1</sup>, Acierno, Ron<sup>2</sup>*

*<sup>1</sup>University of Texas at Austin, Austin, Texas, USA*

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*<sup>3</sup>Baylor University Medical Center, Dallas, Texas, USA*

Prolonged exposure is highly effective for PTSD, but there is need for improvement. In lieu of direct effects on symptoms, contemporary efforts applying cognitive enhancers have sought to enhance extinction learning. Yohimbine is an adrenergic antagonist that enhances cognition, generally, and extinction learning, specifically, and exhibits sympathomimetic effects, whereas engagement and arousal predict better outcomes. Methods: Male Veterans (N = 26) with PTSD were randomized to receive either Yohimbine 21.6 mg. or placebo prior to their first imaginal exposure. Skin conductance (SC) during trauma imagery, and self-reported symptoms were obtained at pre-treatment, session 3, and post-treatment. Results: Reactivity based on differences and local increases in SC predicted maintained reactivity for yohimbine, and reductions for the placebo group. AUC analyses revealed reductions in both groups, but more reliable change for yohimbine. Yohimbine did moderate SC-symptom relations, and elevations across indices predicted reductions in symptoms. Conclusion: Results revealed significant changes in trauma-related reactivity, suggesting general physiological activation may maintain symptoms, whereas trauma-specific activation is associated with greater gains. Future work should assess a range of indices to capture distinct and informative aspects of psychophysiological reactivity.

#### 4-334

### **Emotion Clarity Predicts Internalizing Factor in Depressive and Anxiety-related Disorders: Evidence from a Longitudinal Study Using a Latent Growth Model**

(Abstract #2176)

**Poster #4-334 (Clin Res, Affect/Int, Anx, Depr, Res Meth, Adult) A - Industrialized**

**Gloucester**

*Zhu, Yiqin, Mu, Wenting, Bredemeier, Keith, Lieblch, Shari, Narine, Kevin, Foa, Edna  
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Emotion clarity has been found to be associated with multiple anxiety-related disorders. It is possible that this broad association is accounted for by the relationship between emotion clarity and the broad liability factor underlying different anxiety-related disorders. No research, to date, has tested this hypothesis. Data were available for three waves of self-reported assessment (baseline, mid-treatment, post-treatment) for treatment-seeking patients with anxiety-related disorders (N = 360) on emotion clarity, symptoms of PTSD, OCD, GAD, panic disorder, social phobia, and depression. We used second-order hierarchical model to extract a broad liability factor, and then employed latent growth curve models to examine the cross-sectional and longitudinal relationship between emotion clarity and the internalizing liability factor. The initial level of emotion clarity is negatively associated with the level of internalizing factor ( $\beta_1 = -.635, p_1 < .001$ ); change in emotion clarity is negatively associated with change in the internalizing factor ( $\beta_2 = -.671, p_2 < .001$ ). Taken together, these findings suggest patients with higher emotion clarity experiences a greater decrease in the internalizing liability factor underlying across different mood and anxiety-related disorders. It highlights the importance of targeting emotion clarity in treating patients with anxiety-related disorders.

#### 4-335

### Two-Week Intensive Clinical Treatment for US Special Operations Forces Service Members with Traumatic Brain Injury and Psychological Health Problems

(Abstract #2178)

Poster #4-335 (Clin Res, Assess Dx, Mil/Vets, Adult) M - Industrialized

Gloucester

*Furbish, Kayla<sup>1</sup>, Terry, Douglas<sup>1</sup>, Lynch, Elyse<sup>2</sup>, Zafonte, Ross<sup>1</sup>, Iverson, Grant<sup>2</sup>, Iaccarino, Mary<sup>2</sup>*

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The US Special Operations Forces (SOF) comprise about 2% of the military and have experienced extraordinary combat exposure over the past two decades. Some SOF members have experienced one or more traumatic brain injuries and currently experience traumatic stress, depression, cognitive concerns, pain, and insomnia. Our Intensive Clinical Program provides an innovative model of care for 2 weeks. We examined treatment outcomes in SOF members compared to other service members. Ninety-seven people completed the program; 14 were SOF personnel and 83 were other service members and veterans (age: M=42.0, SD=8.8). Patients completed measures of depression (PHQ-9), traumatic stress (PCL-5), and concussion-like symptoms (Neurobehavioral Symptom Inventory; NSI) before and after treatment. Independent t-tests and two-way mixed model ANOVAS were used to compare pre-post treatment scores. SOF personnel reported significantly lower symptom scores than other service members and veterans at baseline on all measures ( $ps < 0.001$ ). There were significant main effects of both time and group on the NSI, PHQ-9, and PCL-5 ( $ps < 0.001$ ). Group by time interaction effects were nonsignificant for all measures ( $ps > .05$ ). Both groups experienced improvement in depression, traumatic stress, and post-concussion symptoms. SOF personnel self-report fewer symptoms and problems before and after treatment.

**4-336**

**Sexual Minority Status Predicts PTSD Symptoms Independent of Childhood Trauma Exposure**

(Abstract #2184)

**Poster #4-336 (Clin Res, Orient, Adult) I - Industrialized**

**Gloucester**

*McKernan, Scott*

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

Longstanding research demonstrates that navigating the world as a sexual minority comes with a slew of psychological and health consequences including higher incidences of traumatic experiences. The leading framework for understanding these discrepancies is the minority stress model, which posits that the stressors induced by a hostile culture, which often result in continued experiences of maltreatment throughout a lifetime, create an inherently deleterious environment for minority group members. A growing body of research suggests experiences of marginalization strongly correlate with PTSD symptoms irrespective of current definitions of trauma diagnoses which don't include experiences of marginalization. This project used archival data to replicate the above findings and characterize the nature of sexual minority trauma. Statistical analyses showed that sexual minority members had more PTSD symptoms across all clusters than their heterosexual counterparts as indexed by the Clinician Administered PTSD Scale (CAPS). Further analyses demonstrated that sexual minority status predicted PTSD symptoms independent of childhood trauma and that sexual minority members' PTSD symptoms manifest with more self-harm and self-hate dimensions. Findings suggest a rearticulation of more inclusive trauma diagnostic criteria is needed.