

Session 3: Saturday November 15 Exhibition Hall, 4th Floor

Poster Organization

Each poster is scheduled for either Poster Session 1 on Thursday, Poster Session 2 on Friday or Poster Session 3 on Saturday. Each session includes a one-hour time period where the presenting author is available to answer questions.

Posters are organized within the final program by presentation day. The presenting author is underlined. In addition, the index provided at the rear of the final program includes all of the authors. A floor map showing the layout of posters is available in the poster hall and is available on page 160.

Session 3: Saturday, November 15
Exhibition Hall, 4th Floor

Poster Set-Up: 7:30 a.m. – 9:30 a.m.
Poster Display: 9:30 a.m. – 6:00 p.m.
Poster Presentation: 5:00 p.m. – 6:00 p.m.
Poster Dismantle: 6:00 p.m.

Poster Dismantle

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

Tracks

Posters will be presented on a wide variety of topics indicated by track:

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

Life Stressors and Posttraumatic Symptoms in Juvenile Offenders: Implications for Developmental Trauma Disorder

(Abstract #196369)

Poster # S-101 (Child, Assess Dx) Exhibition Hall, 4th Floor

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This study tested predictions derived from the concepts of Developmental Trauma Disorder (DTD) and simple PTSD. Participants were 138 recidivist, male adolescent criminal offenders; all had non-violent offenses and 79 had violent offenses. Four data sources about maltreatment and other childhood stressors were utilized, as were criminal records and measures of symptoms and anti-social attitudes. Over 80% of subjects had maltreatment histories. Consistent with both diagnoses, elevated PTSD symptoms were associated with acutely frightening PTSD

Criterion A maltreatment (i.e., physical and sexual abuse and domestic violence.) DTD suggests that additional stressors that do not meet Criterion A, but disrupt child-parent attachment, (e.g., neglect, psychological abuse) induce PTSD and various other symptoms, including dissociation and violence. Numerous findings were consistent with DTD. For example, psychological abuse predicted elevated PTSD symptoms, and Criterion A maltreatment and psychological abuse predicted dissociation. DV and certain other stressors predicted violent versus only non-violent crimes; PTSD symptoms (not anti-social attitudes) were significantly higher among violent offenders. Neglect, however, predicted no symptoms. DTD improves upon PTSD in accounting for the high rate of childhood stressors and diverse associated symptoms in these externalizing youth.

Responding to Immediate and Long-Term Consequences of Terror

(Abstract #196372)

Poster # S-102 (Civil Ref, Cul Div) Exhibition Hall, 4th Floor

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Terror has profound immediate and long-lasting impact on human lives and communities. This presentation will describe work being done to support humanitarian workers remaining in Darfur, the development of a torture treatment center in northern Iraq, and the response to the emerging problem of sexual abuse of children in Rwanda.

Responding to the Training Needs of Providers in Iraq

The United Nations High Commissioner for Refugees (UNHCR) estimates more than 4.2 million Iraqis have left their homes. 2.2 million are internally displaced and close to one million are living in northern Iraq. In a study conducted by UNHCR, one in five Iraqi's is a victim of violence or torture. A study with refugees in Syria found 89% had symptoms of depression and 82%, anxiety. With these staggering numbers, the State Department's Bureau of Populations, Refugees and Migration has funded the development of a torture treatment and training center in northern Iraq. This presentation will describe the identification, training, and supervision of Iraqi staff that will be responsible for improving the quality and access to specialized treatment for adult victims of torture and other human rights violations in Iraq by establishing the Center for the Trauma Rehabilitation and Training in Suleymaniya. The trainings include assessing and improving the clinical and management skills of physicians, social workers, and psychiatrists in the treatment of traumatic stress in adults and their families. This presentation will describe and discuss the development of training needs and their implementation with a focus on cultural adaptation for the Iraqi experience.

In the Wake of Terror: Managing Staff Stress in Darfur

The Darfur crisis reports some of the worst human rights abuses imaginable, including systematic and widespread abduction, murder, and rape. Over 2 million people are displaced, and it is estimated over 200,000 people have been killed. The ongoing terror Darfurians and humanitarian workers are exposed to almost daily contribute to elevated stress levels. Aid workers are targets in the ongoing violence. Exposure to shooting, killing and human atrocity is common. This presentation describes the development of a comprehensive staff support program, tailored for the largest nongovernmental organization (NGO) operating in West Darfur. While many NGO's have withdrawn from the region, those remaining continue to provide crucial support to internally displaced persons at great personal risk to both expatriate and national staff. Staff stress level assessments, psychological first aid, strategies for individual and organizational stress management, wellness practice, critical incident response,

reflective listening and supervision, and team support and cohesion are all components of the agency-wide program. This presentation will describe a contextual background for the work, assessment strategies, cross cultural adaptations of the instruments and interventions, resources used and developed, and recommendations for organizational staff support in complex humanitarian crises.

Child Sexual Abuse in Post-conflict Societies: A Rwandan Example
 Rwandan National Police report sexual abuse of children the most frequently committed crime in post-genocide Rwanda.

Development of a protocol to assess the needs of the children is imperative. The Kigali based Family Program of Women's Equity in Access to Care and Treatment (WE-ACTx) developed an evaluation strategy to identify child victims of sexual abuse. The WE-ACTx treatment team is comprised of Rwandan physicians, nurses, trauma counselors and a psychologist. The trauma counselors identify children in the program with poor self-esteem, high risk behaviors, and inappropriate sexual conduct. Medical personnel evaluated somatic complaints such as headaches, trouble sleeping, and genital pain. Identified cases were referred to the psychologist for evaluation and treatment recommendations. This presentation will describe the implementation of this model with fifteen adolescents. The team observed a qualitative reduction of symptoms. All fifteen girls demonstrated improved peer relationships and self-esteem. Several who had stopped attending school elected to return. Cultural taboos that handicap therapeutic intervention will also be discussed. Recommendations to promote coordinated efforts for the protection of the child in Rwanda and other post-conflict societies will also be offered.

**How Will We Know Things Are Getting Better?
 A Logic Model for Veteran Mental Healthcare**

(Abstract #196373)

Poster # S-103 (Ethics, Res Meth)

Exhibition Hall, 4th Floor

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Governments build policy and implement change around strategic objectives and goals. The assumptions underlying strategies are often unstated. Despite this there is an implicit underlying logic that links all initiatives - from broad service and system development activities to specific targeted projects - to the strategic goals. While there is a growing interest in evidence-based policy, particularly through what is termed "knowledge translation", governments need to have a strong understanding of the logic underlying broad strategic policy in order to use evidence effectively.

One of the agreed goals for the (Australian) Department of Veterans' Affairs is to improve the mental health and wellbeing of veterans. This paper describes a logic model that represents the links between the strategic policy projects and their intended impacts and outcomes for veterans. The paper describes how this model operates as a framework for research, evaluation and monitoring of the mental health system. A logic model framework supports collection of appropriate targeted data and interpretation of secondary data in a cohesive and coherent manner that supports policy and service development.

Challenges in Developing a Mental Health Evaluation Program for Refugees

(Abstract #196377)

Poster # S-104 (Civil Ref, Clin Res)

Exhibition Hall, 4th Floor

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This presentation addresses the experiences of the authors in developing and implementing a program of mental health evaluation in refugee migrants recently arrived in Western Australia. The program aims to evaluate 200 adult refugees using the Kessler 10 and the WHO PTSD Screener. Participants screening positive will be offered further evaluation with the PTSD, depression and anxiety modules of the CIDI. Aims are to establish prevalence rates for these disorders within this population and to identify any relationships between demographic factors, country of origin or trauma history and current psychopathology. Issues in developing the project to the point of initial implementation have included difficulties in identifying the optimal point of contact within current refugee services for integrating the screening process, overcoming language barriers when multiple languages are represented, instrument selection, and addressing concerns of other parties involved in existing health and social assessments of incoming refugees. Ethical considerations have included difficulties with obtaining valid consent in this population due to language and cultural barriers, ensuring adequate clinical follow-up when indicated, adequate interpreter skills to reduce risk of bias/misdiagnosis and ensuring that our assessment would have no implications for a participant's visa status.

Predicting PTSD, Quality of Life, and Disease Progression Among Cancer and HIV Survivors

(Abstract #196378)

Poster # S-105 (Bio Med, Prev EI)

Exhibition Hall, 4th Floor

Park, Crystal, PhD¹; Mills, Mary Alice, MA²; Kissinger, Patricia, PhD³; Reilly, Kathleen, MPH⁴; Benight, Charles C., PhD⁵; Schmidt, Norine, MPH⁶; Curtin, Erin, MPH⁶; Luszczynska, Aleksandra, PhD⁷

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The poster discusses psychological processes explaining changes in PTSD and quality of life among survivors of health-related trauma. Our research indicated that prevention programs should address making meaning, support provision, and self-efficacy, which affect the development of PTSD or quality of life. Prevention of PTSD may reduce disease progression.

Meaning Making and Intrusions in Longer-Term Cancer Survivors

The experience of cancer is often a traumatic experience, even years later, yet little is known about the cognitive factors that lead to lingering PTSD symptomatology. In the present study, we tested the hypothesis that the extent to which longer-term survivors of various cancers continued to experience intrusions would be related to their appraised meanings of the cancer as well as their meaning-focused coping efforts. Participants were 158 younger adult cancer survivors (M time since treatment completion = 2.6 years; age = 18-50 (M = 45.2), 88% Caucasian, 68% women). Results indicated that most survivors experienced some intrusions; only 14% reported none, while 20% scored above a clinical cut-off

score on the IES-R intrusions subscale. Predictors of intrusions were appraising the cancer as violating their goals and their beliefs in the fairness of the world and one's views of self, medical staff, and God as being in control. Acceptance coping was also predictive of fewer intrusions, but religious coping, positive reappraisal and emotional processing were unrelated. These results suggest that perceived violations of one's global meaning are potent predictors of continued intrusions, but few meaning making coping strategies seem to lessen them, a partial confirmation of the meaning making model.

Psychological Effects on HIV Disease Progression Following Hurricane Katrina

In August 2005 Hurricane Katrina displaced approximately 8000 HIV-infected persons. The psychological effects on the disease progression of HIV-infected patients from this disaster is unknown. One year post-storm, we interviewed 145 patients who had attended the HIV Outpatient Program clinic prior to the storm. We gathered information on demographics and psychological measures, along with HIV-related laboratory results. Fifty-four (37.2%) patients had posttraumatic stress disorder (PTSD) one year after the storm. There was no significant difference in median CD4 before the hurricane for those who had PTSD (285) and those who did not have PTSD (374) ($p=0.46$). There were, however, significantly more CD4 for those with PTSD at one year (247 vs. 357 ($p=0.003$)) and 18 months after the hurricane (283 vs. 383 ($p=0.01$)). Likewise, median log-transformed HIV viral loads were not significantly different pre-storm (PTSD: 8.94, no PTSD: 5.99 ($p=0.13$)), but those with PTSD had higher viral loads both at one year (7.71 vs. 5.99 ($p=0.03$)), and 18 months (6.26 vs. 5.99) ($p=0.007$). Those with HIV that develop PTSD after experiencing a traumatic event are more likely to progress in their HIV severity. Special assistance should be provided to HIV patients at the time of disasters to prevent deleterious psychological events and HIV progression.

Psychological Resources and Quality of Life Among HIV/ Cancer Survivors

The paper discusses findings from three studies investigating whether among people living with HIV and cancer survivors social support and self-efficacy may predict finding benefits, which in turn may be related to quality of life (QoL). Study 1, conducted among 104 patients living with HIV suggested that finding benefits and self-efficacy were directly related to adherence to medication and QoL. Finding benefits mediated the relation between social support and adherence or QoL. Using longitudinal design, Study 2, conducted among 50 dyads of cancer survivors and their partners confirmed that both perceived and provided social support predicted aspect of finding benefits among patients, whereas benefits predicted QoL. Benefit finding among partners and patients did not predict support provision or receipt measured at a follow-up. Data collected among 109 individuals over 1 year after cancer diagnosis (Study 3) indicated that controlling for disease characteristics self-efficacy remained the strongest predictor of an increase of most of QoL dimensions, whereas support receipt predicted changes in psychological dimensions of QoL. Concluding, the longitudinal studies confirm direct effects (size: medium) of self-efficacy and benefit finding and indirect effects of provision and receipt of social support on QoL.

Prevalence of Civilian Trauma and Posttraumatic Stress Disorder in the Population Sample of Kashmir (Abstract #196379)

Poster # S-106 (Disaster, Cul Div)

Exhibition Hall, 4th Floor

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Kashmir has been witnessing a continuous mass trauma situation for more than past 18 years. A community based survey, assessing the prevalence of traumatic events and its impact was undertaken by the first author and his team. Evaluation yielded a lifetime prevalence of traumatic events of 58.69%. The trauma exposure rates in males and females were similar (males = 59.51%, females = 57.39%). Among the vents experienced, firing and explosions, war zone trauma, death of a close person, physical assaults, life threatening injury or illness were among the commonest traumas experienced in a mass trauma situation in this part of the world. DSM-IV based MINI neuropsychiatric interview assessment yielded a current PTSD rate of 7.27% and lifetime PTSD rate of 15.19%. Importantly the rates in males and females were comparable. Because of the loss of social support network which chronic conflict is known to cause, many of the traumatized children land up in orphanages. Posttraumatic Stress Disorder was the commonest diagnosis present in 40.62% of the sample in one of our studies on children in orphanages in Kashmir, followed by Major Depressive Disorder (25%); Conversion Disorder in 12.5%; panic disorder in 9.38% and Attention Deficit Hyperkinetic Disorder in 6.25%.

The Affective Diary: A New Digital Device as a Help for Coping With the Aftermath of Terror

(Abstract #196380)

Poster # S-107 (Child, Prev EI)

Exhibition Hall, 4th Floor

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A diary provides means to express inner thoughts, record experiences of past events and provides a resource for reflection. A digital diary that can record both notes, drawings, pictures, SMSs, blue tooth-presence and biosensor data provides a new possibility to document life from an affective point of view. The idea behind the design is embodied emotional experiences, where movement and arousal are presented as ambiguously shaped and colored characters mapped out along a timeline. The representation of the data can be played as a movie, thus reflecting the day. The user is involved in a creative process, with the possibility to reflect on personal problems from an affective perspective and also to document thoughts and feelings preparing for future treatment. The system also offers the possibility to identify those individuals who has the most urgent need for treatment. The evaluation-group is between 16 and 20 years old and experienced the tsunami-disaster in south-east Asia in 2004. The results suggest future usage by young people exposed to terror and war.

Posttraumatic Stress Disorder in Acute Myocardial Infarction Patients

(Abstract #196381)

Poster # S-108 (Res Meth, Clin Res) Exhibition Hall, 4th Floor

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Acute myocardial infarction (AMI) is a sudden, extremely stressful, potentially life-threatening event.

Aim: Participants will be able to describe the frequency and correlates of Acute stress disorder (ASD) and Posttraumatic stress disorder (PTSD) in patients with AMI.

Method: Seventy-six patients were evaluated during the first week and sixth month after AMI. A semistructured interview form, Clinician Administered PTSD Scale (CAPS), The Impact of Events Scale-Revised (IES-R), Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS), Brief Illness Perception Questionnaire (BIPO) were applied.

Results: We found the frequency of ASD and PTSD in AMI patients as 9.2% and 11.9%, respectively. Being alone during the AMI attack, transportation difficulties, feeling threatened death, helplessness and horror were risk factors for PTSD. CAPS, IES, HDRS and HARS points were significantly higher in PTSD. Intrusion had the highest score. The disease perception factors as disorder significance, description, anxiety and emotion were positively correlated with PTSD.

Conclusion: Diagnosis and treatment of the patients with PTSD after AMI is required for preventing death risk related to disease, providing better occupational, social and familial lives and also treatment cooperation.

Exploratory Factor Analysis of the Bosnian Version of the Inventory of Complicated Grief
(Abstract #196382)

Poster # S-109 (Civil Ref, Assess Dx) Exhibition Hall, 4th Floor

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The Inventory of Complicated Grief (ICG; Prigerson et al., 1995) is a 19-item, single factor measure of complicated grief that has a five-point response format that ranges from 0 never to 4 always for each item. It has demonstrated excellent internal consistency ($\alpha = .94$) and test-retest reliability ($r = .80$). However, in order to study populations from other cultures, translation of the English version into another language is often necessary. This study was part of a larger study that used a translation-back-translation method to convert the ICG into the Bosnian language. A survey package constituting 4 translated measures with the ICG being one of them was randomly distributed to 500 resettled Bosnians living in the Southern United States with 126 (25%) usable surveys being returned. An exploratory factor analysis of this translated Bosnian version of the ICG using principal axis extraction and promax rotation indicates a single factor structure with all 19 items having factor coefficients that range from .46 to .88 on one factor and accounting for 52.73% of the variance. Internal consistency is excellent ($\alpha = .95$). This Bosnian translation of the ICG has initial evidence of being a valid measure of complicated grief for Bosnian refugees.

The Impact of Therapeutic Engagement With Survivors of Trauma on a Sample of Irish Therapists

(Abstract #196384)

Poster # S-110 (Practice, Assess Dx) Exhibition Hall, 4th Floor

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Objectives: This study sought to examine the impact of therapeutic engagement with trauma survivors on a sample of Irish therapists and to study the prevalence of and relationships between vicarious traumatization (VT), compassion fatigue (CF) and burnout (BO).

Method: 164 trauma therapists completed a Therapist Information Questionnaire which examined therapist, client, workload and work-setting variables that might act as risk or protective factors for VT, CF or BO: the Professional Quality of Life Scale; Maslach Burnout Inventory and the Trauma and Attachment Belief Scale.

Results: While mean scores on VT, CF and BO were significantly lower than standardised norms, scores on Compassion Satisfaction and Personal Accomplishment were significantly higher. No notable differences in VT scores emerged between therapists with a personal history of trauma (n=83) and those without, but these therapists scored significantly higher on CF and EE than therapists with no trauma history. Satisfaction with professional and psychological self-care accounted for a significant proportion of variance.

Conclusions: This is an experienced, resilient sample of therapists and those with a history of trauma do not appear to be more vulnerable to VT than their counterparts. They do, however, appear to be more vulnerable to CF and EE.

Poster # S-111 (withdrawn)

Poster # S-112 (withdrawn)

Coping, Posttraumatic Stress Disorder and Comorbid Symptoms Among Active Military Personnel

(Abstract #196390)

Poster # S-113 (Practice, Mil Emer) Exhibition Hall, 4th Floor

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Coping strategies have been shown to modulate the effects of trauma on posttraumatic stress symptoms, but less is known about how this variable could affect comorbid symptoms of PTSD. The purpose of this study was to examine how the various ways of coping with stress could predict comorbid symptoms of military personnel with PTSD. A sample of 33 Canadian militaries exposed to operational stress when deployed was recruited. Participants were assessed for PTSD diagnosis and were asked to complete self-report measures on PTSD symptoms, depression symptoms, worries and ways of coping with stress. Results: Hierarchical regression analyses indicate that **avoidance strategies** are positively linked with depression scores variance ($\beta = .25$; $p < .05$) and worries ($\beta = .35$; $p < .05$), while **positive re-evaluation** and **problem solving** are negatively linked ($\beta = -.44$; $p < .01$) with depression scores variance, even after controlling the severity of PTSD symptoms. Coping strategies seem to exert a unique and specific contribution on the prediction of different comorbid symptoms among military personnel with PTSD. Our findings suggest a need to address comorbid symptoms of depression and worries with distinct strategies.

Poster # S-114 (withdrawn)

Poster # S-115 (withdrawn)

Relationship Between Personality Dimensions and Clinical Disorders in the Context of Lifetime Trauma

(Abstract #196396)

Poster # S-116 (Assess Dx, Clin Res)

Exhibition Hall, 4th Floor

Basu, Archana, MA¹; Von Eye, Alexander, PhD¹; Levendosky, Alytia, PhD¹; Bogat, G., PhD¹¹Michigan State University, East Lansing, Michigan, USA

The current study compared 3 mechanisms of the relationship underlying personality dimensions and clinical disorders that have been proposed in the literature. Structural equation modeling was used to model the 3 mechanisms underlying personality functioning (negative and positive emotionality dimensions based on a five-factor model of personality) and clinical outcomes (depression and anxiety) in adulthood, in the context of childhood exposure to trauma and concurrent exposure to domestic violence in 195 adult women. First, the pathoplasty model suggests that clinical disorders and personality dimensions may be independent but have a synergistic relationship (RMSEA=.07 GFI=.86 CFI=.95). Second, the vulnerability model suggests that maladaptive personality traits increase predisposition for a clinical disorder (RMSEA=.06 GFI=.90 CFI=.96). Finally, the spectrum model suggests a dimensional model with common bases for personality and clinical disorders (RMSEA=.06 GFI=.92 CFI=.97). Chi-square difference tests indicate that the spectrum model provides the best fit. Personality dimensions were found to mediate the effects of childhood trauma and concurrent exposure to domestic violence. Thus, personality dimensions may be viewed as extreme variants of clinical disorders and personality functioning could be used as a broader context for understanding clinical disorders.

Reason for Non-Response to a Postdisaster Questionnaire Study

(Abstract #196397)

Poster # S-117 (Res Meth, Disaster)

Exhibition Hall, 4th Floor

Hussain, Ajmal, MD¹; Heir, Trond, PhD¹¹Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

A questionnaire was sent out in November 2006 linked to the Tsunami research program carried out by our research centre. Target population was all Norwegian citizens (adults) who were in a country hit by The Indian Ocean Tsunami 2004 at time of the disaster. As a consequence of relatively low response rate, 49%, we decided to determine the reasons for non-response.

A telephone survey (structured interviews) was performed on a systematic sample of non-responders from the target population. Ten statements were presented as reasons for non-attendance which the interviewed could agree or disagree with. Additionally, questions about exposure and posttraumatic stress were asked.

171 persons agreed to be interviewed. Persons interviewed did not differ significantly from the participating group regarding sex or age. The three most common reasons given for non-response were "My experiences were of lesser importance to the study" (60%), "The study was not of any use for me personally" (49%) and "The questionnaire was too long" (48%). Nine percent of the people found the study too personal and 35% agreed with the statement "The study reminded me too much of the disaster".

The findings indicate that for the majority of non-responders to a postdisaster questionnaire study, non-response is not related to fear of retraumatization or high degree of posttraumatic stress.

After the Flood: A Study of Swedish Tsunami-Victims Between 16 and 19

(Abstract #196399)

Poster # S-118 (Child, Disaster)

Exhibition Hall, 4th Floor

Uttervall, Mats, PhD-Student¹; Eckerwald, Hedvig, Professor²; Lindam, Anna, MSc³; Hultman, Christina, Associate Professor⁴¹Department of Epidemiology and biostatistics, Karolinska Institutet, Stockholm, Sweden²Department of Sociology, University of Uppsala, Uppsala, Sweden³National Center for Disaster Psychiatry, University of Uppsala, Uppsala, Sweden⁴Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

Studies of adolescents exposed to terror and trauma suggest different coping strategies. 14 months after the south-Asian tsunami in 2004, a questionnaire was sent out to 10 116 Swedish citizens who were in the area of the disaster. 4932 responded, of those were 293 in the age of 16 to 19. Five months after the questionnaire was sent out, a randomly chosen number in that age-group were approached to take part in a combined qualitative and quantitative study. They were interviewed about their reactions during the tsunami, life afterwards, their view on media and public authorities, current health-situation and their families. In addition to this it was possible to evaluate them on a quantitative basis and compare their reactions and stress-levels with others who had suffered the same trauma exposure. Altogether, this information creates a picture of how young people are affected by a traumatic event and their coping-strategies afterwards.

Sex-Related Difference in Stress-Induced BDNF Expression in Rat Cerebellum

(Abstract #196400)

Poster # S-119 (Bio Med, Res Meth)

Exhibition Hall, 4th Floor

Zhang, Lei, MD¹; Carlton, Janis, MD¹; Xing, Guoqiang, PhD²; Li, He, MD³; Li, Xiaoxia, BS³; Ursano, Robert, MD³¹USUHS, Bethesda, Maryland, USA²Department of Psychiatry, Uniformed Services University of the Health Science, Bethesda, Maryland, USA³Psychiatry, USUHS, Bethesda, Maryland, USA

Background: Brain-derived neurotrophic factor (BDNF) is involved in neuroplasticity and is important for growth, survival, and activity-dependent synaptic strengthening in CNS. BDNF plays an important role in a variety of physiological and stressed conditions. Chronic stress-induced down regulation of BDNF can result in neuronal cell death in CNS and increases in BDNF have been associated with new learning. The cerebellum has been associated with several pathways and responses involved in acute and posttraumatic stress including regulation of altered sense of time, spatial memory, and fear memory consolidation.

Methods: We used quantitative real-time polymer chain reaction (qPCR) to measure mRNA for BDNF and its receptors TrkB, neural growth factor (NGF) and its receptor TrkA, and neurotrophin factors NT3 and NT4 and their receptor TrkC in cerebellum in stressed rats.

Results: We found a significant increase in expression of BDNF mRNA in male rats, while there was lower level of BDNF mRNA in female rats compared to control values. There were similar trends, but not statistically significant changes, for NGF, NT3, NT4, and their receptors.

Conclusions: If these sex-related differences in BDNF mRNA expression lead to reduced BDNF activity, they could contribute to the sex difference in adaptive activity after stress. This should be further determined.

Mentorship of Veterans Returning From Iraq and Afghanistan Using World War II Veterans

(Abstract #196401)

Poster # S-120 (Mil Emer, Practice)

Exhibition Hall, 4th Floor

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This presentation describes a pilot psychotherapy/psychoeducation group developed by the Washington, DC Veterans Affairs Medical Center Trauma Services team combining World War II Veterans with PTSD and OIF/OEF Veterans with PTSD. Two group sessions were held which focused on the similarities between the two veteran cohorts and their experiences. Group facilitators focused on the challenges of homecoming that both groups shared. These included psychosocial factors such as difficulties with employment and relationships as well as difficulties with substance abuse and depression. In keeping with program development, a brief survey was provided to both groups of veterans to ascertain their reactions to the session. Results of the survey concluded that both groups were surprised at the similarities in their experiences. OIF/OEF veterans were able to connect with the older generation easily and benefited from seeing the high levels of resiliency in the other group. World War II veterans who participated reported positive feelings surrounding their ability to help new soldiers returning home from combat. Group facilitators reported that most comments from both groups were appropriate and therapeutically valuable.

Death Notification in Japan

(Abstract #196402)

Poster # S-121 (Cul Div,Prev EI)

Exhibition Hall, 4th Floor

Yanagita, Tami, PhD¹

¹Niigata University, Niigata, Japan

Sudden deaths resulting from accident, heart attack, suicide, violence take place everyday in the emergency rooms. Notification of sudden death leads left family to acute stress reaction and grief reaction. Among the tasks related to sudden death, death notification is one of the most difficult tasks for the medical staffs. In previous study we conducted questionnaire survey at emergency rooms in Japan to explore how death notifications are delivered in emergency settings. The result had showed high needs for having a working protocol to conduct appropriate death notification for left family, so that we conducted questionnaire survey at universities in Japan to explore their priority concerning death notifications. The questionnaire includes the items concerning "notification setting" and "timing of contact". Although this survey is conducted as a preliminary examination, the purpose of the survey is to define the issues concerning death notification and optimize a working protocol for notifying and supporting left family. This survey is on going, the latest result will be presented.

In for the Long Haul: The Role of PTSD in Litigation Persistence in a Sexual Harassment Class

(Abstract #196403)

Poster # S-122 (Ethics, Assess Dx)

Exhibition Hall, 4th Floor

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Women describe a variety of constraints that prevent them from reporting workplace sexual harassment experiences to employers, such as believing that nothing will be done and reluctance to cause problems for the harasser. The most common reason women cite, however, is fear; fear of retaliation, jeopardizing their career, experiencing shame and humiliation, and losing their privacy. The extent literature suggests these fears may be well founded; therefore it is thus not surprising that only between 5-30% of victims file formal complaints and less than 1% subsequently participate in litigation, where the majority of cases result in settlement or Alternative Dispute Resolution. The current study investigated which factors influence victims to persist with litigation in a sample of 492 class action litigants. Multinomial logistic regressions suggested litigants who accepted a first settlement offer as opposed to going to arbitration/mediation reported experiencing fewer PTSD symptoms in response to their harassment, felt less financially dependent on their job, and reported completing less formal education. Dominance analysis identified PTSD symptomology as the most dominant predictor in the model. Theoretical and practical implications for the role of PTSD and litigating sexual harassment claims are discussed.

Conceptual and Methodological Issues in Longitudinal Trauma-Related Research

(Abstract #196405)

Poster # S-123 (Res Meth, Assess Dx)

Exhibition Hall, 4th Floor

Meyer, David, PhD¹; Gulliver, Suzy, PhD²; Kamholz, Barbara, PhD¹; Morissette, Sandra, PhD¹; Knight, Jeffery, PhD¹; Zimering, Rose, PhD¹

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The existing literature on methodological issues encountered while conducting prospective, longitudinal research with trauma populations is limited in general and almost non-existent for emergency response personnel. This poster presentation is based on findings from an on-going study of the developmental patterns for PTSD and substance abuse in firefighter recruits, who by virtue of their profession are at risk for repeated exposure to traumatic events during their daily work. The sample includes a large cohort of firefighter recruits from 5 major metropolitan cities. Recruits complete a comprehensive baseline assessment during fire training academy. Those with non-clinical levels of symptoms are enrolled and evaluated every four months during their first three years in professional fire service. We will review and discuss critical methodological issues and challenges faced by researchers who repeatedly evaluate traumatic event exposure (A1, A2), conduct PTSD diagnostic interviews in the context of multiple traumatic events over time and struggle with retention of the sample over time. Discussion will focus on practical and conceptual issues that shape assessment protocols, long term retention of study participants, data collection procedures, and potentially introduce biases that can skew interpretations of observed symptom patterns.

Peritraumatic Predictors of Acute PTSD Symptoms in Mothers of Children Exposed to a Traumatic Event

(Abstract #196406)

Poster # S-124 (Assess Dx, Practice)

Exhibition Hall, 4th Floor

Allenou, Charlotte, MA¹; Brunet, Alain, PhD²; Bourdet-Loubère, Sylvie, PhD¹; Olliac, Bertrand, MD¹; Birmes, Philippe, PhD, MD¹

¹Laboratoire du Stress Traumatique, Toulouse, France²Dept. Psychiatry, McGill University, Centre de Recherche Hospital Douglas, Montréal, Quebec, Canada

Purpose: To assess the predictive power of peritraumatic dissociation and peritraumatic distress on the development of acute PTSD symptoms in a group of mothers whose child was involved in a serious motor vehicle accident.

Methods: Peritraumatic dissociation and distress were assessed by self-report among a group of 57 mothers in the week following the accident to their child while PTSD symptoms were assessed 4 weeks later by self-report as well as with a semi-structured interview. Results were analyzed using two-sided t-tests and in a linear regression. The alpha level was set at .05.

Findings: Compared to mothers with little or no acute PTSD symptoms, mothers with clinically significant PTSD symptoms had higher scores of peritraumatic dissociation ($M=26$; $SD=13.9$ vs. $M=17.54$; $SD=7.5$; $t(54)=2.03$, $p<.05$) and of peritraumatic distress ($M=29.75$; $SD=9.2$ vs. $M=14.08$; $SD=9.3$; $t(54)=3.3$, $p<.05$). Peritraumatic distress was the main predictor of acute PTSD symptoms (adjusted $R^2=0.21$; standardized $\beta=.47$, $p<.001$).

Conclusion: These results confirm and extend the role of peritraumatic variables in the development of PTSD symptoms among a sample never studied before, that of mothers whose child experienced a psychological trauma.

Marine Resilience Study: Challenges of VA-DoD Collaboration for Prospective Longitudinal Research

(Abstract #196407)

Poster # S-125 (Mil Emer, Res Meth)

Exhibition Hall, 4th Floor

Baker, Dewleen, MD¹; Litz, Brett, PhD²; Nash, William, MD³

¹University of California, San Diego, La Jolla, California, USA²Psychiatry, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA³Headquarters, Marine Corps, Quantico, Virginia, USA

The challenges of VA and military service collaboration in the planning and execution of prospective longitudinal research on risk and resilience for posttraumatic stress disorder in ground combatants will be discussed, and early results will be presented of the Marine Resilience Study, a large-scale military cohort study. Marine Resiliency Study: Challenges and Outcomes Combat is emotionally and physically challenging. Most war-related research so far has been retrospective, cross-sectional and insular, predominantly focusing on single systems. The objective of the Marine Resiliency Study is to complete a series of three prospective, longitudinal, interrelated psychosocial, biological and genetic projects that seek to better understand risk and resilience in Marines deploying to a combat zone. Subjects for this integrated study will be consenting male Marines from 2 infantry battalions; a pool of approximately 1600 eligible participants. The primary goals of this talk will be to 1) Briefly describe the study objectives and methods, 2) Discuss the challenges that must be met across the VA-military systems to set up and implement a collaborative study. These challenges include system specific rules, regulations and culture, as well as Institutional Review Board (IRB) issues, 3) To present preliminary outcomes for selected biological measures.

Psychosocial and Psychiatric Predictors of Trajectories of Adaptation to Combat Trauma

Exposure to at least one traumatic event in the war-zone is a necessary but not sufficient cause of chronic PTSD. Cross-sectional research has revealed a variety of additional psychosocial and

psychiatric risk indicators that putatively create the sufficient conditions for the emergence of posttraumatic pathology, including demographics, prior exposure to highly stressful life events, history of mental health problems, retrospectively reported peritraumatic dissociation or panic, poor social and family supports, and other individual difference characteristics such as hardiness and self-esteem. The key challenge for the field, which the Marine Resilience Study aims to address, is to propose and test mechanisms of risk that mediate between stressor exposure and outcome over time. This presentation will discuss some of the challenges associated with assessing multiple psychosocial and psychiatric predictors and outcomes longitudinally in a military cohort, and present some of the early results of our study.

Peritraumatic Behavior Questionnaire (PBQ): A Proposed Third-Person Measure of Traumatic Stress

One of the significant challenges for military psychiatry is to identify those individuals in a combat zone who are at greatest risk for posttraumatic stress disorder so that they can be provided focused early interventions to reduce risk. Mere exposure to traumatic stressors is an insufficient indicator of risk, and studies have shown that peritraumatic psychological processes are stronger predictors of PTSD than are pre-trauma or post-trauma factors. A number of validated, self report measures of peritraumatic distress and dissociation exist, but relying on subjective self-report in a combat zone is problematic for several reasons, including those related to stigma and adaptive denial. To meet this need, the Peritraumatic Behavior Questionnaire (PBQ) was created as a third-person measure of observable peritraumatic behavioral change that can be used by medical personnel and chaplains in theater to identify service members possibly in need of early intervention. This presentation will review the development and early validation of the PBQ in pilot studies, and describe its role in the Marine Resilience Study.

Comparing the Factor Structure of the PCL in Nonclinical Hispanic and White Groups

(Abstract #196409)

Poster # S-126 (Assess Dx, Cul Div)

Exhibition Hall, 4th Floor

Hoyt, Tim, MS¹; Nason, Erica, BA¹; Yeater, Elizabeth A., PhD¹

¹Department of Psychology, University of New Mexico, Albuquerque, New Mexico, USA

A number of models have been proposed with respect to the symptom structure of PTSD. The current study used confirmatory factor analysis (CFA) to compare the fit of ten symptom structure models of PTSD between Hispanic and White ethnic groups. PTSD symptoms were measured using the PTSD Checklist, Civilian version (PCL-C), which was completed by a diverse sample of nonclinical undergraduates ($N = 504$; 45% Hispanic; 66% Women) at a southwestern university. Of the models tested, only four models [3-factor (Anthony et al., 1999), 4-factor Dysphoria, 4-factor Avoidance, and 4-factor Numbing] had a CFI score above .9 in both populations. Overall, the PTSD models tested in this study were a better fit when applied to Hispanic populations with the 4-factor Avoidance model being the only exception (White CFI = .916, Hispanic CFI = .903). Additionally, Hispanic and White populations differed in which models were the best fit. The 4-Factor Numbing Model was the best fitting model among the Hispanic sample in this study (CFI = .938, $X^2 = 196.59$, $ECVI = 1.229$, $NFI = .867$, $RMSEA = .057$) whereas the 4-Factor Avoidance model was the best fitting model among the White sample (CFI = .916, $X^2 = 269.61$, $ECVI = 1.262$, $NFI = .865$, $RMSEA = .071$). This differential symptom structure suggests that interventions may need to be tailored to specific ethnic groups based on PTSD symptomatology.

The Assessment of Dissociation Symptoms in Patients With Mental Disorder by the DIS-Q Japanese

(Abstract #196410)

Poster # S-127 (Assess Dx, Cul Div)

Exhibition Hall, 4th Floor

Matsui, Yusuke, MD, MDIV, ME, MESCI, MED, MENG, MFA, MGEOL¹; Tanaka, Kiwamu, MD²; Fukushima, Haruko, MD¹

¹JSTSS, Kobe, Japan

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This study investigates that patients with Dissociative Disorder (DDNOS), Obsessive-Compulsive Disorder (OCD), Eating Disorder (ED) by using the Structural Clinical Interview for DSM-V have dissociation symptoms by the Dissociative Experience Scale DES Japanese version and the Dissociation Questionnaire DIS-Q Japanese version of 89 outpatients. A test-retest procedure was conducted with a normative sample of 68 adolescents. The results showed good reliability concerning both internal consistency and test-retest stability. In this study, we exclude the patients with Schizophrenia, because we published a paper in previous study of our group. (Trauma-related Dissociative symptoms of patients with Schizophrenia, 2001). The intercorrelation matrix (Pearson r) for total DIS-Q score in patients of Dissociation Disorder shows high intercorrelation between DIS-Q and DES ($r=0.724, p<0.01$); similarly, Obsessive-Compulsive Disorder ($r=0.682, p<0.05$), Eating Disorder ($r=0.659, p<0.05$). In this study, we translate DIS-Q Japanese version under the permission of the author, Vanderlinden, is found between the DES and the DIS-Q, so the DIS-Q Japanese version has proven to be a screening instrument in the assessment of dissociative symptom in patients with DID, OCD, ED.

Racial Identity and Trauma: Understanding the Symptoms Reported by African American Victims

(Abstract #196412)

Poster # S-128 (Cul Div, Practice)

Exhibition Hall, 4th Floor

Richmond, Adeya, MA¹; Crouch, Julie, PhD¹; Casanova, Gisele, PhD²

¹Northern Illinois University, DeKalb, Illinois, USA

²Purdue University Calumet, Hammond, Indiana, USA

There is growing recognition that race-based traumatic stress may influence psychosocial functioning among racial minorities in the U.S., yet race-related adjustment is seldom considered in efforts to understand the functioning of victims seeking trauma-focused treatment. The present study examined whether measures of racial identity among African Americans were associated with a measure of trauma-related symptoms after controlling for lifetime victimization experiences. Three-hundred three (219 Caucasian, 84 African American) undergraduates completed measures of lifetime victimization, trauma symptoms, and racial identity. Regression analyses were conducted to examine whether racial identity development was associated with trauma symptoms after controlling for demographic factors and self reported lifetime victimization. For African American, but not Caucasian, respondents measures of racial identity were significantly associated with trauma symptoms even after controlling for lifetime trauma and other demographic factors. Findings suggest that measures of trauma symptoms may tap race-related stress independent of the impact of the more traditionally assessed victimization events (e.g., witnessing violence, physical assault, etc). These findings suggest race-related stress should be considered when interpreting trauma symptom profiles for African American victims.

Poster # S-129 (withdrawn)

Humiliation, Terror, and Degradation in Women Sexually Abused as Children

(Abstract #196416)

Poster # S-130 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Armstrong, Mary, EDD¹; Sutherland, R. John, MA²

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Humiliation as it relates to trauma has been overlooked in the literature until recently but remains an area in need of further exploration (Hartling, 2005). Miller (1988) postulated that "humiliation threatens one's survival by threatening one's vital connections". To explore this notion, a sample of 40 women with childhood incest (from a larger qualitative interview study by the first author), included specific descriptions of trauma experienced, as well as participants' perceptions of their connectedness as children and as adults. All experienced incest that included humiliating acts such as sadistic rape and anal rape. Physical abuse was experienced by 85% of the sample, with the same percent hit with fists or objects, tissue damage in 75% of subjects, and being choked, restrained, kicked, burned, or bones broken in 15- 38% of reports. All participants reported emotional abuse with the following behaviors: 88% experienced humiliation, 85% were verbally abused, 45% were threatened with death or harm, and 75% were shunned and silenced. Disconnection and relational difficulties as a child and as an adult were reported by all of the 40 subjects. Survival methods included reliance on self, isolation, withdrawal, numbing, dissociation, and prayer. Further links between trauma, humiliation and degradation will be discussed, with implications for treatment provided.

Impact of Personality Traits and Negative Affect on PTSD in a Prospective Study of Police Officers

(Abstract #196417)

Poster # S-131 (Mil Emer, Assess Dx)

Exhibition Hall, 4th Floor

Apfel, Brigitte, MD¹; McCaslin, Shannon, PhD¹; Inslicht, Sabra, PhD¹; Metzler, Thomas, MA¹; Wang, Zhen, MD²; Marmar, Charles, MD¹

¹University of California San Francisco, San Francisco, California, USA

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Purpose: Peritraumatic emotional distress and dissociation are known risk factors for the development of PTSD. This prospective study examined the influence of personality traits and negative emotion prior to trauma exposure on PTSD symptoms.

Methods: In 136 police recruits personality traits, negative emotion, and prior trauma were assessed during academy training. Critical incident (CI) exposure, peritraumatic distress and dissociation, and posttraumatic stress symptoms were assessed after 24 months of active duty.

Findings: PTSD symptoms were significantly associated with neuroticism, negative affect, critical incident life threat exposure, and peritraumatic dissociation and distress. Employing path analysis, negative affect was found both to have a direct effect on PTSD symptoms and to mediate the effect of prior trauma via increased peritraumatic distress. Extraversion had a significant positive effect on CI exposure and a borderline significant negative effect on PTSD symptoms, while neuroticism was not longer a significant predictor of PTSD symptoms. CI exposure had a significant direct effect on PTSD symptoms.

Conclusions: Police recruits with greater negative affect prior to CI exposure may develop greater distress at the time of a trauma, resulting in more PTSD symptoms. Some aspects of extraversion may confer risk while other aspects may be protective.

A Critical Evaluation of Emotional Numbing as a Distinguishing Feature of PTSD

(Abstract #196422)

Poster # S-132 (Assess Dx, Res Meth)

Exhibition Hall, 4th Floor

Slagle, David, PhD¹; Gray, Matt, PhD²¹University of Wyoming, Laramie, Wyoming, USA²Psychology, University of Wyoming, Laramie, Wyoming, USA

Emotional numbing (EN) has been purported to be a distinguishing feature of posttraumatic stress disorder (PTSD). The present study evaluated whether EN distinguished individuals endorsing diagnostic levels of PTSD from those reporting diagnostic levels of depressive symptoms and those reporting non-diagnostic levels of PTSD or depressive symptoms. Participants consisted of 65 undergraduates who completed a self-report measure of affective valence twice a day for six days and self-report measures evaluating emotional intensity, trauma exposure, PTSD, and depressive symptoms. Participants in the PTSD group evidenced less positive affect (PA) and greater negative affect (NA) than those in the depressive group (PA $d = -.31$; NA $d = .39$) or those in the non-diagnostic group (PA $d = -.52$; NA $d = 1.28$). The PTSD group demonstrated less positive emotional intensity than the depressive ($d = -.41$) or non-diagnostic groups ($d = -.85$) and greater negative emotional intensity than the non-diagnostic group ($d = .89$). The PTSD group, not surprisingly, reported greater EN on a trauma symptom measure than the depressive ($d = 1.98$) or non-diagnostic ($d = 3.16$) groups. Non-trauma measures of emotion failed to distinguish the PTSD and depressive groups, suggesting that the EN may not distinguish PTSD from depression.

How Do We Help OEF/OIF Veterans With Post-Deployment Problems Enter and Stay in Psychotherapy?

(Abstract #196427)

Poster # S-133 (Practice, Mil Emer)

Exhibition Hall, 4th Floor

Murphy, Ronald, PhD¹; Thompson, Karin, PhD²; Stanton, Theresa, BA¹; Bennett, Bruce, MHS PA-C³; Stanton, Eric, BA⁴¹Psychology, Francis Marion University, Florence, South Carolina, USA²Memphis VA Medical Center, Memphis, Tennessee, USA³Northampton VA Medical Center, Leeds, Massachusetts, USA⁴United States Navy, Conway, South Carolina, USA

Research shows that many Iraq and Afghanistan veterans with post-deployment problems, such as PTSD, are not seeking help. Clinicians also report that even if veterans enter treatment, many are not remaining long enough to get adequate help. Despite this great need to engage these returning warriors in treatment, treatment engagement issues in PTSD have rarely been addressed either by researchers or clinicians in the field. The goal of the panel is to address issues that are critical to recruiting veterans into treatment. The panel members have diverse backgrounds as clinicians and researchers in PTSD among veterans, and will each briefly discuss from an empirical or clinical perspective one of the following issues in treatment engagement: research on motivation enhancement issues in PTSD treatment, the literature on PTSD treatment engagement among OEF/OIF returnees, the role of treatment expectations, fears, and beliefs, and barriers to treatment engagement. Panel members will also briefly discuss how to address these issues effectively with individual veterans and at the administrative/systems level. Panel member presentations will be kept brief, as the goal of the panel is to create a relevant and productive discussion of these treatment engagement issues among panel and audience members.

Effects of Childhood Physical Violence on Trauma Symptoms and Perceived Social Support Satisfaction

(Abstract #196428)

Poster # S-134 (Clin Res, Child)

Exhibition Hall, 4th Floor

Bryant, Cody, BA¹; Skinner, Sabrina, BA¹; Legerski, Joanna, MA¹; Fiore, Christine, PhD¹¹University of Montana, Missoula, Montana, USA

Women who are physically abused as children are more likely to be in a violent relationship as an adult (Coid et al., 2001). In addition, IPV has been associated with mental and physical health difficulties (Coker, 2002). Research indicates social support reduces by almost one half the risks of adverse mental health outcomes among women (Coker, 2002). To more fully understand the relationship between IPV victims, use of social support, trauma symptoms and their history of child abuse, quantitative data from 393 participants who have experienced IPV will be assessed. The participants in this study were obtained from a community sample within Montana. The subjects participated in a semi-structured interview and self-report assessments of social support access, perceived satisfaction and the Trauma Symptoms Checklist. Findings indicate adult women with only a history of child physical abuse showed no significant differences in trauma symptoms when compared with women who had no childhood history of abuse. However, women who had multiple childhood abuses including childhood physical abuse were found to be significant in adult trauma symptoms. The qualitative differences in social support usage will be discussed. Findings may provide insight into better ways to provide for women in a violent relationship.

Predicting Post-Trauma Quality of Life: Meaning-Making Trumps Medical Reality

(Abstract #196429)

Poster # S-135 (Clin Res, Mil Emer)

Exhibition Hall, 4th Floor

De St. Aubin, Ed, PhD¹; Valvano, Abbey, BS¹; Deroon-Cassini, Terri, MS¹; Hastings, Jim, PhD²; Horn, Patricia, PhD²¹Psychology, Marquette University, Milwaukee, Wisconsin, USA²Spinal Cord Unit, Zablocki VA Medical Center, Milwaukee, Wisconsin, USA

This study, based on a large sample of US veterans who had experienced a spinal chord injury, was designed to investigate the relevance of individual differences in meaning-making as these relate to post-trauma adjustment (Bonanno, 2004; Hobfoll et al., 2007). We combined two medical measures to constitute a score of objective severity of injury. This score was not related to any of four indices of quality of life: psychological, financial, physical, and social well-being. Subjective severity of injury was quantified as the participant's perception of the loss of physical resources and daily functioning ability. By subtracting the subjective from the objective score (z converted), we created a GAP variable. A GAP close to 0 indicates the participant is a realist who accurately perceives the severity of the injury. An optimist (high GAP) perceives the severity to be less than the objective reality and a defeatist (low GAP) overestimates the severity of the injury. The GAP scores were positively related to three of the four indices of post trauma quality of life: psychological, financial, and physical well-being. We then examined participant's narrative responses regarding meaning making (identity, ideology, spirituality) to discern differences in the trauma rhetoric of realists, defeatists, and optimists.

Lifelong Versus Trauma-Related Nightmares in a Treatment Seeking Sample

(Abstract #196430)

Poster # S-136 (Clin Res, Assess Dx) Exhibition Hall, 4th Floor

Davis, Joanne, PhD¹; Ensor, Kristi, BA¹; Byrd, Patricia, MA¹; Rhudy, Jamie, PhD¹

¹University of Tulsa, Tulsa, Oklahoma, USA

Nightmares and sleep disturbances are increasingly viewed as potential key factors in the development and maintenance of long-term problems post-trauma. Little is currently known about potential differences between lifelong [LLN] and trauma-related nightmares [TRN]. Data will be presented from 66 treatment seeking trauma-exposed individuals, 69% of whom reported that nightmares began following a traumatic event. Those with TRN were more likely to report nightmares that were exact replays of the traumatic event and less likely to report nightmares unrelated to the trauma. Individuals with TRN experienced more distress including higher depression, frequency and severity of PTSD symptoms, panic symptoms upon waking from a nightmare, and poorer sleep quality. No differences were found for fear of sleep, frequency or severity of nightmares, dissociative symptoms, and physical health symptoms. Approximately half of these individuals were treated with a brief cognitive behavioral treatment targeting nightmares. Six-month follow-up assessments are almost complete and we will report on any differences in treatment outcome between those with LLN and TRN. Based on findings, implications for treatment will be discussed and directions of future research outlined.

Psychopathology and Response Style: Affecting Participants Response to Trauma Related Research

(Abstract #196431)

Poster # S-137 (Ethics, Clin Res) Exhibition Hall, 4th Floor

Pennington, Hannah, MA¹; Newman, Elana, PhD¹; Carlson, Eve, PhD²

¹University of Tulsa, Tulsa, Oklahoma, USA

²National Center for PTSD, Menlo Park, California, USA

There is concern that trauma-related studies may evoke distress not already present in survivors. Participants with psychopathology have reported greater emotional upset but not more regret in regards to trauma-related research participation. In this study we explored the relationship between psychopathology & reactions to trauma-related research by evaluating RRPO-R factor scores in a trauma exposed population. We then analyzed factors hypothesized to affect emotional reactivity: emotional lability, feeling unsupported when confiding in others, and emotion focused coping. Results show higher scores on major depression, PTSD, anxiety, and dysthymia scales were related to emotional reactivity, but not to appraisals of drawbacks or the value of participation. RRPO-R Emotional Reactivity (ER) and the Affective Lability Scale were significantly related. RRPO-R ER and Emotional Approach Coping scores were not related. A significant relationship emerged between RRPO-R ER and the Social Constraints Scale. These results replicate previous findings, yet suggest that factors such as affective lability and perceived constraint from others are also related to emotional reactions during participation. Thus, emotionality may indicate ongoing distress and should not be assumed the product of the research experience without further investigation.

Imagery Vividness, Reexperiencing Symptoms, and Treatment Outcome

(Abstract #196432)

Poster # S-138 (Clin Res, Practice) Exhibition Hall, 4th Floor

Pennington, Hannah, MA¹; Davis, Joanne, PhD¹; Rhudy, Jamie, PhD¹; Ensor, Kristi, BA¹; Byrd, Patricia, MA¹

¹University of Tulsa, Tulsa, Oklahoma, USA

Research elucidating the relationship between vividness of imagery and posttraumatic stress symptomology is sparse. Imagery vividness has been related to greater PTSD symptomology and nightmare frequency. Bryant and Harvey (1996) found vividness of imagery related to nightmares and flashbacks. With increased anxiety, vivid imagery ability decreased and they suggest therapies utilizing imagery could be less effective with people who are lower in imagery ability or avoid imaginal exercises.

To further explore the relationship between imagery vividness and re-experiencing symptoms, it was hypothesized that better vivid imagery ability would be associated with reexperiencing symptoms in a sample of treatment seeking trauma survivors. Vividness of non-trauma imagery was associated with intrusive thoughts, flashbacks and emotional experiencing as predicted, yet not related to dreams. We further hypothesized that greater vividness of imagery would be related to a reduction in trauma related nightmares after treatment that included an imaginal exposure component. Results indicated that greater vividness of imagery at baseline was associated with the frequency of trauma-related nightmares in the past month post-treatment. This study provides evidence that vividness of imagery is not only related to reexperiencing symptoms, but may also be related to treatment response.

Treatment of Combat Related PTSD With Virtual Reality Exposure

(Abstract #196433)

Poster # S-139 (Clin Res, Mil Emer) Exhibition Hall, 4th Floor

Reger, Greg, PhD¹; Rizzo, Albert, PhD²; Wilson, Jaime, PhD³; Mishkind, Matt, PhD³; Reger, Mark, PhD¹; Gahm, Gregory, PhD¹

¹Telepsychological Health and Technology, National Center of Excellence, Tacoma, Washington, USA

²University of Southern California, Marina del Rey, California, USA

³Madigan Army Medical Center, Tacoma, Washington, USA

Virtual reality exposure has been used for the treatment of a variety of anxiety disorders including specific phobias and social anxiety disorder. Researchers and clinicians have more recently explored its utility for exposure therapy for combat-related posttraumatic stress disorder (PTSD). Service members returning from Iraq are at increased risk of posttraumatic stress disorder and one efficacious available treatment is prolonged exposure. A core component of this treatment is imaginal exposure, which involves confrontation of the index trauma in one's mind. VR may enhance emotional engagement and increase activation of the fear structure during exposure through multisensory stimuli that resemble aspects of the patient's traumatic memory. This presentation will review the findings of research exploring Soldiers' attitudes about using VR in mental health treatment and the results of research assessing previously deployed Soldiers' subjective evaluation of the realism of a VR Iraq. Initial results from clinical applications with service members with combat-related PTSD will also be discussed. In the case that future research establishes the efficacy of VR exposure for PTSD, this technology may increase Service Members' willingness to seek and participate in treatment due to an approach that may be more appealing than traditional talk therapy.

Poster # S-140 (withdrawn)

Treating Nightmares in Trauma-Exposed Persons: Psychological and Physiological Outcomes

(Abstract #196435)

Poster # S-141 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Davis, Joanne, PhD¹; Rhudy, Jamie, PhD¹; Ensor, Kristi, BA¹; Byrd, Patricia, MA¹; Williams, Amy, MA¹; McCabe, Klanci, MA¹¹University of Tulsa, Tulsa, Oklahoma, USA

Sleep disturbance, including fear of going to sleep, difficulty maintaining sleep, and experiencing nightmares, is considered to be a hallmark of posttraumatic stress disorder (Ross et al., 1989). Research studies find that nightmares and other sleep disturbances are quite prevalent immediately following a trauma (Kilpatrick et al., 1998), are associated with severity of distress (Schreuder, Kleijn, & Rooijmans, 1999), are predictive of long-term functioning (Harvey & Bryant, 1998), and are resistant to both pharmacological and psychological interventions (e.g., Clark et al., 1999; Forbes, Creamer, & Biddle, 2001). Variants of imagery rehearsal therapy are promising for the reduction of the severity and frequency of trauma-related and idiopathic nightmares, PTSD symptoms, depression, and improving sleep quality, based on several randomized clinical trials. No studies to date have examined the efficacy of targeted treatments on underlying physiological indices of distress. The present study reports on the outcome of randomized clinical trial of a three session treatment for chronic nightmares on psychological and physiological measures. The treatment component of the trial is complete and six month follow-up assessments are nearing completion. Based on findings, future clinical and research efforts will be discussed.

Alexithymia and Family Environment in Adult Survivors of Childhood Sexual Abuse

(Abstract #196436)

Poster # S-142 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Castillo, Yenys, MS¹; Morrow, Jessie L., BA²; Hendel, Ruhama, BS³; Gold, Steven, N., PhD⁴¹Center for Psychological Studies, Nova Southeastern University, Hialeah Gardens, Florida, USA²Center for Psychological Studies, Nova Southeastern University, Hollywood, Florida, USA³Center for Psychological Studies, Nova Southeastern University, Plantation, Florida, USA⁴Nova Southeastern University, Fort Lauderdale, Florida, USA

Purpose. Alexithymia involves difficulties defining physiological states or emotions with words. Limited research has suggested a relationship between alexithymia and a history of childhood sexual abuse or family dysfunction. We explored the relationship between self-reported alexithymia and dysfunction in clients' family of origin, in a sample of adult survivors of childhood sexual abuse (CSA). Methods. Participants were 87 adult survivors of CSA receiving psychotherapy in a private South Florida university clinic. The sample was 19.2% male, 80.8% female, with mean age 36 years (SD = 9.48) and ranging from 22-53 years. The Toronto Alexithymia Scale (TAS-20) was used. Consistent with the literature, a total TAS-20 score of 61 or higher was used to identify the presence of alexithymia. The Family Environment Scale (FES) was utilized to measure family dysfunction. Findings. Preliminary findings suggest that two FES scales (Intellectual-Cultural Orientation and Organization) are related to alexithymia. Conclusions. Preliminary findings suggest that alexithymia in CSA survivors is related to family interest in political, intellectual, and cultural activities, and the amount of family structure.

Assessing Axis-II Disorders With the Self-Report SNAP in a PTSD Sample

(Abstract #196437)

Poster # S-143 (Assess Dx, Practice)

Exhibition Hall, 4th Floor

Wolf, Erika, MA¹; Fabricant, Laura, BA²; Vanderhoef, Kimberly, BA²; Paysnick, Amy, BA²; Reardon, Annemarie, PhD²; Miller, Mark, PhD²¹National Center for PTSD, Boston University; VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA²National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

Posttraumatic stress disorder (PTSD) is associated with high rates of comorbid personality disorders (PDs). Assessing PDs in individuals undergoing PTSD evaluation and/or treatment provides useful information for case conceptualization and treatment planning. However, the use of structured diagnostic interviews for such purposes may be impractical. This study compared the performance of the Schedule for Nonadaptive and Adaptive Personality (SNAP; Clark, 2003), a 411-item true/false self-report inventory of PDs, to the International Personality Disorder Exam (IPDE; Loranger, 1999), a structured diagnostic interview, in a sample of 40 veterans (90% male) with current PTSD. Rates of PDs in the sample ranged from 0% for Dependent PD to 12.5% for Borderline PD. Initial results indicated that dimensional scores on the two measures tended to covary: (mean for all PDs: $r = .40$, range: $r = .19$ for Dependent PD to $r = .57$ for Antisocial PD). However, diagnostic agreement (kappa) between the two measures was poor (mean for disorders occurring in at least 5% of the sample = .21). These results suggest that the SNAP may be a useful, resource-efficient measure for assessing PD severity in the PTSD population but that the scoring algorithms for the diagnostic classifications require additional examination and refinement.

Applying the Concept of Violent Behavior as Etiological Stressor to Social Justice Controversies

(Abstract #196440)

Poster # S-144 (Ethics, Media)

Exhibition Hall, 4th Floor

MacNair, Rachel M., PhD¹¹Director, Institute for Integrated Social Analysis, Kansas City, Missouri, USA

Evidence suggests that the act of killing or committing other horrific violence may be an etiological stressor for PTSD at clinical or sub-clinical levels. Secondary analysis of the most extensive data base available, the large stratified random sample of the National Vietnam Veterans Readjustment Study, shows that such behavior may lead to more severe symptoms than other etiological stressors in the combat situation. Small studies and case studies show this concept may be applicable in a wide range of issues beyond that of direct combat. Questions about specific issues include: How does the theory of the traumatic nature of inflicting violence on others apply to those who participate in torture? How does it apply to those who carry out judicially-approved executions? What impact might this have on policy? What impact might it have in the public debate and the persuasiveness of the case against these forms of violence, as people consider not merely the victims but the people who must carry out policy? Is there any evidence for the debate over whether or not abortion is simply medicine or actually violence? Would it have any policy implications for workers compensation for police who shoot in the line of duty? Are there any implications for blood sports or slaughterhouses? Does it say anything about the therapy needs for those who have committed criminal homicide?

Criterion A Exposure in the Aftermath of Traumatic Brain Injury

(Abstract #196442)

Poster # S-145 (Clin Res, Practice) Exhibition Hall, 4th Floor

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Purpose: This project explores the lifetime history of Criterion A exposure for individuals with a history of traumatic brain injury (TBI).

Methods: Each participant completed a structured interview regarding TBI history and the Stressful Life Experience Screen (SLES; Stamm & Rudolph, 1996) for both pre- and post-head injury.

Findings: Participants' average age at the time of head injury was 19.4 (SD=11.1) and the number of years since the TBI averaged 17.9 (SD=11.8). The average number of Criterion A categories participants endorsed as happening prior to their TBI was 3.24 (SD=2.09), which is not significantly different from the general public (mean=2.82; SD=2.9). However, post-TBI Criterion A experiences were reported at 5.84 average (SD=2.53), significantly higher than both the general population (t=5.97, p=.000) and the pre-TBI reports for this sample (t=5.14, p=000).

Conclusions: Results suggest that TBI survivors are at risk for elevated rates of criterion A exposure. This may be due to impulsivity or impaired decision making associated with TBI deficits.

Poster # S-146 (withdrawn)

Poster # S-147 (withdrawn)

Poster # S-148 (withdrawn)

Gender Differences Among Outpatients With Posttraumatic Stress and Substance Use Disorders

(Abstract #196451)

Poster # S-149 (Assess Dx, Cul Div) Exhibition Hall, 4th Floor

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Community studies consistently find that women have higher rates of PTSD than men. In contrast, studies of SUD patients suggest an attenuation of gender differences in PTSD, suggesting potential gender-linked etiological differences (Stewart et al., 2006). This study further explores gender differences in PTSD in an ongoing study of SUD outpatients. To date, 44 participants have completed clinical research interviews assessing PTSD, and alcohol and drug use (target N =168). Approximately, half of the sample is female (48%), and Caucasian (56%), with an average age of 33 years. Results will explore whether specific trauma, PTSD, and substance abuse characteristics are linked to gender. A more comprehensive understanding of gender, PTSD, and SUD will help inform future assessment and intervention methods for this difficult to treat population.

Brief Intervention for Alcohol Misuse Among Returning Veterans

(Abstract #196454)

Poster # S-150 (Clin Res, Mil Emer) Exhibition Hall, 4th Floor

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¹University of Memphis, Memphis, Tennessee, USA

²Brown University, Providence, Rhode Island, USA

The proposed work would describe the development of a brief intervention aimed at reducing alcohol abuse among veterans returning from combat tours in Iraq and Afghanistan (OEF/OIF veterans). The intervention is based on the Screening Brief Intervention and Referral to Treatment (SBIRT) model and is tailored to the needs of this population. Participants are recruited from a primary care clinic dedicated to the needs of OEF/OIF veterans at a large Veterans Affairs Medical Center. All veterans attending the clinic are offered the opportunity to complete a screening packet. Participants obtaining a score of 8 or greater on the Alcohol Use Disorders Identification Test (AUDIT) are offered the opportunity to participate in the full study. Participants are randomized to receive personalized feedback and psychoeducation delivered either with or without a motivational interviewing (MI) session. Personalized feedback includes content about symptoms of PTSD that may contribute to hazardous drinking as well as positive and negative coping skills employed. Goals for the intervention include reduction in hazardous alcohol use and engagement in formal mental health treatment for those with clinically significant symptoms of PTSD. Recruitment was initiated in February 2008 and preliminary results will be available by November 2008. (Supported by NIAAA K23AA016120).

Differential Pathways to Drug Versus Alcohol Abuse in Veterans With PTSD

(Abstract #196457)

Poster # S-151 (Assess Dx, Practice) Exhibition Hall, 4th Floor

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Substance abuse occurs in 50-85% of individuals with PTSD. Recent research has demonstrated the role of personality traits in mediating the relationship between PTSD and substance use. In the current study we sought to examine whether PTSD comorbidity, in addition to personality traits, explains the differential pathways to drug and alcohol abuse. Structured clinical interviews were administered to 77 veterans to assess PTSD severity and Axis I and II diagnostic status; personality traits were assessed with the Multidimensional Personality Questionnaire. In this sample, 72% of participants met diagnostic criteria for a substance use disorder. Alcohol abuse was significantly associated with PTSD avoidance and numbing severity (r = .27, p < .05), Negative Emotionality (r = .23, p < .05), and Constraint (r = -.24, p < .05). Drug use was associated with ADHD (r = .23, p < .05), and Borderline Personality Disorder (r = .33, p < .01). These results suggest the presence of differential associations between PTSD and drug use and PTSD and alcohol use.

The Emotional Cost of Resiliency Following a Residential Fire

(Abstract #196459)

Poster # S-152 (Child, Disaster)

Exhibition Hall, 4th Floor

Schwartz, Kathryn, BA¹; Jones, Russell, PhD¹¹Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

There has been debate in the resilience literature about whether resilience should include internal adaptation or whether external adaptation is enough to constitute resilience. Initially, resilience was conceptualized as behavioral competence following exposure to adversity. This led to the finding, however, that individuals who had been identified as resilient were found to be experiencing increased levels of anxiety and depression. The current study attempted to address the question of whether competence is associated with higher levels of internalizing symptoms following a residential fire. It was hypothesized that those who exhibit competence would, in fact, experience elevated levels of psychopathology as compared to their less competent peers. Competence ratings were obtained using the Child Behavior Checklist (CBCL; Achenbach) as well as measures of internalizing symptoms. The Child's Reactions to Traumatic Stress (CRTES; Jones) was used to assess Posttraumatic Stress symptoms. Preliminary analyses suggest that competence is not significantly correlated with PTSD; however a significant relationship does exist between competence and overall internalizing symptoms. Future analyses include examining the relationship between the different clusters of PTSD symptoms and competence, as well as their relationship to other internalizing symptoms.

The Relationship Between Age of Trauma Exposure, PTSD Severity and Personality Disorders

(Abstract #196460)

Poster # S-153 (Practice, Assess Dx)

Exhibition Hall, 4th Floor

Vanderhoef, Kimberly, BA¹; Reardon, Annemarie, PhD¹; Fabricant, Laura, BA¹; Klunk-Gillis, Julie, PhD¹; Paysnick, Amy, BA¹; Miller, Mark, PhD¹¹National Center for PTSD, Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA

Previous research has demonstrated associations between trauma exposure, PTSD and personality disorders (PDs). In the current study, we examined associations between age of trauma (i.e., child vs. adult, or combined), number of traumatic events, PTSD severity, and PD symptoms. Seventy-five veterans with PTSD completed the Traumatic Life Events Questionnaire to determine number and type of traumatic events experienced. The event indicated as most distressing was assessed using the Clinician-Administered PTSD Scale for DSM-IV (CAPS) to determine PTSD symptom severity and PD severity was assessed through the International Personality Disorder Exam (IPDE). Analyses indicated that both PTSD severity and number of traumatic events predict dimensional PD severity scores ($r = .40, p < .01, r = .38, p < .01$, respectively). Additionally, age of trauma predicted differential pathways to PDs. For individuals with childhood traumas only, there was an association between number of events and Narcissistic Personality Disorder symptom severity ($r = .65, p < .05$). For individuals with adulthood traumas only, there was no association with PD symptom severity. Combined trauma type predicted Borderline Personality Disorder ($r = .39, p = .05$), Histrionic Personality Disorder ($r = .40, p = .05$), and Paranoid Personality Disorder ($r = .33, p = .05$) severity scores.

Bearing Witness to Torture and the Abuse of Human Rights

(Abstract #196466)

Poster # S-154 (Ethics, Practice)

Exhibition Hall, 4th Floor

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This presentation discusses: (1) survey results on the evolutionary process clinicians go through in order to bear witness to torture accounts; (2) challenges in asylum work and survey results on secondary trauma in asylum attorneys; and (3) the benefits of adopting a human rights perspective of engaging in participatory action in torture treatment work.

Bearing Witness to Torture: The Evolution of the Clinician

Bearing witness to stories of overwhelming cruelty recounted by survivors of politically motivated torture leads the clinician on a convoluted path through secondary trauma and posttraumatic growth. This presentation will describe the results of a preliminary survey of senior torture treatment specialists who were asked to describe the process of evolution they have experienced in order to be able to cope with its traumatic impact and to continue to work effectively with survivors.

In addition to symptoms of secondary trauma, many clinicians described initial experiences that echo survivors' experiences in a way, such as feeling devastated by the clear evidence of evil in the world, experiencing a sense of isolation, feeling silenced, and experiencing a change in the belief that people are basically trustworthy. Clinicians described developing an increasing ability to "hold" accounts of torture that deepened with increased familiarity with these experiences and with emerging confidence that bearing witness to these stories in itself helped ease survivors' pain. Many clinicians revealed that becoming socially active in speaking out against human rights abuses defrayed their sense of helplessness in the face of man's inhumanity to man and gave voice to those survivors whose voices have been temporarily silenced.

Secondary Trauma in Asylum Attorneys

According to the UN Declaration of Human Rights, individuals have the right to seek and enjoy asylum from persecution in other countries. Within one year of arriving in the United States, individuals must apply for asylum. This involves presenting their cases to an immigration officer. Some cases, however, are referred to an immigration judge for adjudication. There is a role for both health and mental health professional in providing evaluations for those who seek asylum. Various challenges related to this process will be described. It has been demonstrated that being represented by an immigration lawyer increases the success rate of asylum claims. Asylum lawyers are exposed to hearing the traumatic accounts of their clients who have experienced serious human rights violations, have been forced to flee their countries due to persecution, and sometimes have been exposed to atrocities. Results of a mail-out study looking at secondary trauma in asylum lawyers will be described as well as the implications for their training.

Wearing the Lenses of Human Rights

Therapists who work with severe trauma are often affected by the secondary traumatization inherent in bearing witness to the testimonies of clients. Focus on self-care is essential for long-term work with traumatized individuals. Another aspect of maintaining a healthy clinical perspective in trauma work, however, involves the conceptualization of meaning of interventions. A human rights perspective allows the therapist to have a context that has the potential to create alternate psychological practices. This presentation will discuss the work within the torture rehabilitation field where clinicians frequently engage in participatory action that creates a relationship of solidarity with the torture survivor. Conventional therapeutic frame issues will be discussed in the context of power dynamics, culture, and justice. Examples of therapeutic work with torture survivors will illustrate how participatory action can result in stronger therapeutic relationships between the survivor and clinician.

Participant Alert: This presentation may contain examples of torture experiences that could be disturbing to some participants.

Ego Development as an Indicator of Resiliency in Adults Sexually Abused as Children

(Abstract #196468)

Poster # S-155 (Clin Res, Practice) Exhibition Hall, 4th Floor

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Individuals who have experienced sexual abuse in childhood (CSA) are at risk for developmental alterations of personality, influencing the formation of his or her frame of reference and one's interpersonal world. To further understand levels of functioning and resilience in a sample of 62 adults with histories of CSA, (n= 31 males, n= 31 females), participants completed Loevinger's Washington Sentence Completion Test, strongly influenced by Piaget's work, that examines stages of ego development. The SCT yields three hierarchical levels with eight qualitatively different stages and reflects an individual's impulse control, character development, cognitive complexity, and conscious preoccupations. Two trained raters for the SCT rated items for males and females to determine ego levels, with inter-rater reliability established by two other independent raters. Analyses compared the distribution of male and female ego levels obtained from the SCT. In addition, a series of ad hoc analyses were conducted to examine salient responses from demographic descriptive data for further understanding of results obtained. Results indicated that sexual abuse in childhood may not necessarily delay or arrest ego development and may indicate the individual's reliance on resilient coping, education, and other means for surviving. Clinical applications will be discussed.

Aggressive Driving in Male VA PTSD Patients

(Abstract #196470)

Poster # S-156 (Mil Emer, Practice) Exhibition Hall, 4th Floor

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Offensive combat driving is clearly adaptive in war zones. Stateside, however, this type of driving presents obvious dangers. Aggressive driving (AD) has been studied in the general population but has not been researched in combat veterans with PTSD. Therefore, this study examines AD in Afghanistan and Iraq war veterans and other war veteran cohorts. The relationship between AD and PTSD symptom severity and war-zone blast exposure is

also examined. Participants were 529 VA PTSD men's residential rehabilitation program patients. Among recent returnees, 60% reported having made verbal outbursts or angry hand gestures and approximately 20% reported having tailgated, intentionally cut-off, or chased other drivers in the past 4 months. These rates are nearly double those reported by Gulf or Vietnam War veterans. PTSD severity related to AD, including frequency of AD. Rates were higher for recent returnees with war-zone blast exposure. These findings show that AD is common in veterans being treated for PTSD and may be more of an issue for recent returnees than other veterans. The unique experiences of the newest veterans, including blast exposure and encountering trauma triggers while driving are discussed. Findings are also discussed in terms of their implications for future research and clinical efforts.

Long-Term Effects of a Flood

(Abstract #196472)

Poster # S-157 (Disaster, Res Meth) Exhibition Hall, 4th Floor

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¹Human Science, Universite du Quebec Chicoutimi, Chicoutimi, Quebec, Canada

In July 1996, floods disrupted the lives of people living in rural and urban communities in the Saguenay area. Data collected three years after the events showed that victims demonstrated more posttraumatic symptoms, somatic symptoms, social dysfunctions, and depressive symptoms than non-victims. Victims also showed significantly lower levels of psychological well-being than non-victims. In order to identify the long-term impacts of flood exposure, a second study was conducted eight years after the event with the same groups of victims (N=129) and non-victims (N=89). Analyses show that urban survivors obtained improved scores on scales measuring PTSD, and depression yet remained significantly more affected than non-victims. Over time, victims also obtained improved scores on the GHQ-28 and the Affect Balance Scale yet also remained significantly different from non-victims on the GHQ-28. Rural victims improved their GHQ scores over time as well, yet maintained significant differences with rural non-victims for the PTSD score. No significant differences were observed over time (time 1 and time 2) or between groups (victims and non-victims) regarding psychological well-being and depressive symptoms in rural area.

Evaluation of Psychological Distress and PTSD in Colombians Displaced by Armed Conflict

(Abstract #196474)

Poster # S-158 (Civil Ref, Assess Dx) Exhibition Hall, 4th Floor

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²Psychiatry, Universidad de Antioquia, Medellin, Region of Antioquia, Colombia

Purpose: To identify symptoms of psychological distress and treatment needs in Colombians internally displaced by armed conflict.

Methods: Focus groups and standardized surveys will identify the mental health problems, and psychosocial and treatment needs, of adult Colombians displaced by armed conflict and residing in Medellin. The sample is a convenience sample of individuals presenting to an NGO- and government-administered center providing support services for internally displaced people in Medellin. Focus groups will be homogeneous with respect to gender and ethnorracial status to identify differences in symptoms and needs amongst various population sub-groups. In addition to completing standardized surveys, participants will assess the relevance of the completed questionnaires to their experiences, in order to assess the value of the PTSD construct for this population.

Findings: NVIVO statistical software will be utilized to identify local idioms of distress and generate new hypotheses about the psychosocial consequences of armed conflict in Colombia. SPSS will be used to determine rates of PTSD, depression and anxiety symptoms and their relationship to demographic variables in this sample.

Conclusions: These findings will identify treatment needs and future directions for research in a highly traumatized and underserved population in Colombia.

Trauma-Related Guilt, Wrongdoing as a Mediator Between Posttraumatic Distress and Sexual Concerns (Abstract #196477)

Poster # S-159 (Clin Res, Practice) Exhibition Hall, 4th Floor

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Survivors of interpersonal trauma experience increased sexual concerns (SCs) as compared to non-survivors (Steel & Claes, 2007). To date, no study has addressed the role of posttraumatic guilt, which is a common reaction for many interpersonal trauma survivors (Resick, 2001). Current analyses were conducted on a sample of 11 initial participants from part of an NIMH-funded grant evaluating Cognitive Processing Therapy effectiveness. Participants completed the Posttraumatic Stress Diagnostic Scale, the Trauma-Related Guilt Inventory, and the Trauma Symptom Inventory. Regression analyses revealed that trauma-related guilt, specifically wrongdoing, significantly predicted SCs ($F = 28.82$, $p < .05$, adjusted $R^2 = .74$), such that increasing guilt predicted decreasing SCs. Mediation analyses revealed that posttraumatic stress symptoms (PSSs) significantly predicted wrongdoing at a more liberal p -value ($F = 3.25$, $p < .10$, adjusted $R^2 = .14$), and that PSSs and wrongdoing significantly predicted SCs ($F = 13.86$, $p < .005$, adjusted $R^2 = .72$). A Sobel test of the mediation was significant ($z = 2.50$, $p < .05$). The finding that increasing guilt predicted decreasing SCs is surprising and warrants further investigation. We expect to have a sample 40 individuals by November 2008, and an even stronger relationship is anticipated with more data.

False Positives on the PTSD Checklist (PCL) Among Outpatients With Substance Abuse Disorders (SUD) (Abstract #196478)

Poster # S-160 (Assess Dx, Res Meth) Exhibition Hall, 4th Floor

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Previous literature shows that the PCL performs well as a screening tool in outpatient samples. For our ongoing research with SUD outpatients, we use the PCL symptom scoring approach to identify participants with partial/full PTSD for enrollment. Given the high costs of false positives for the purposes of the research project, we sought to characterize reasons for false positive screens to improve screening methods. A total of 44 participants screened positive on the PCL yet 29% ($N = 13$) did not have partial or full PTSD upon research interview, as confirmed by the CAPS (Clinician-Administered PTSD Scale). Males were more likely to be false positives (69%) than women. Patient endorsed reasons for false positives included that PCL self-reports reflected symptoms of depression, non-traumatic stress, and withdrawal, and faking for monetary compensation. Implications for screening among SUD outpatients will be described as well as potential explanations for identified gender differences.

Social Adjustment and PTSD Symptoms in NYC Police Officers Exposed to the WTC Terrorist Attack (Abstract #196481)

Poster # S-161 (Disaster, Assess Dx) Exhibition Hall, 4th Floor

Jun, Janie, BA¹; Metzler, Thomas, MA¹; Henn-Haase, Clare, PsyD¹; Best, Suzanne, PhD¹; Marmar, Charles, MD¹

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A measure of social situation and adjustment within different areas of functioning (e.g. work, social and leisure activities, and relationship with family) may be an indicator of how well one will adapt to a traumatic event; thus, predicting the risk to developing PTSD symptoms. Prior to 9/11 urban police officers from NYC, Oakland, and San Jose ($n = 747$) were assessed to research their risk and resiliency to PTSD. After the World Trade Center terrorist attack occurred, follow-up assessments were administered. In this study we assessed NYC police officers ($n = 292$) who have been exposed to the WTC terrorist attack. We examined the relationship between their work and interpersonal adjustment prior to 9/11 (Social Adjustment Scale Self-Report; SAS-SR) and PTSD symptoms post 9/11 (PTSD Checklist; PCL). We found a significant positive relationship between social maladjustment prior to 9/11 and PTSD symptoms post 9/11 ($\beta = .26$, $t = 5.04$, $p < .00$), controlling for PTSD symptoms pre 9/11 and exposure to the WTC disaster relief operations. Additionally we found a positive relationship between social maladjustment pre 9/11 and general psychiatric symptoms (SCL 90-GSI) post 9/11 ($\beta = .15$, $t = 2.44$, $p < .02$), controlling for psychiatric symptoms prior to 9/11 and exposure. These results indicate that social maladjustment may be a risk factor for PTSD and other psychiatric disorders.

Psychogenic Factors in the Typological Formation of Non-Psychotic Disturbances After Brain Damage (Abstract #196482)

Poster # S-162 (Assess Dx, Practice) Exhibition Hall, 4th Floor

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Objective: to find how psychogenic factors conduce to the development of non-psychotic disturbances due to brain damage.

Methods: 124 patients (mainly war participants) after brain damage had been examined at the Center "Stress." Using specially designed questionnaires the psychiatric states of the mentioned patients had assessed. They also completed SCL-90 checklist.

Results: The psychopathological analysis showed, that the patients could be distributed into 3 groups. 31 of them had developed asthenic-depressive disturbances (Gr1), 57-personality changes (Gr2), 36-nosophobic and hypochondriacal disturbances (Gr3). 90% of patients of the Gr2 were affected by severe psychogenic factors such as reminiscences of war, painful losses, family poverty, but only 32% of patients in Gr1 and 22% of patients in Gr3 had the same influences. So the number of distressed patients in the personality changes group was significantly higher than in the other groups ($p < 0.001$). The hostility is significantly higher in group B according to SCL-90, than in groups A ($p < 0.05$) and C ($p < 0.001$).

Conclusions: The psychogenic factors are of great importance in the development of personality changes and social disadaptation, so it is important from the early stages after brain damage carry out psychotherapeutic treatment to prevent the pathological development of personality.

Smoking Motives Among Veterans Returning From Iraq or Afghanistan

(Abstract #196484)

Poster # S-163 (Mil Emer, Clin Res) Exhibition Hall, 4th Floor

Calhoun, Patrick S., PhD¹; Green, Kimberly T., MS²; Davison, Rita M., BA²; Pender, Mary C., PhD²; Dedert, Eric A., PhD³; Beckham, Jean C., PhD¹

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More deaths are caused by smoking related illness than suicide and homicide combined. While PTSD is associated with increased risk of smoking and decreased odds of smoking cessation, little is known regarding the mechanisms that underlie these vulnerabilities. Recent models of addiction propose that drug outcome expectancies influence drug utilization. The current study examined the relationship between PTSD and smoking outcome expectancies in veterans deployed to Afghanistan or Iraq. The sample (N=251) completed the Structured Clinical Interview for DSM-IV, the Combat Exposure Scale (CES), the Fagerström Test of Nicotine Dependence, and the Smoking Consequences Questionnaire. Analyses compared smoking outcome expectancies between smokers with and without PTSD. Smoking was associated with CES ($r=.14$, $p<.03$) and was more prevalent among veterans with PTSD (41% vs. 23%; $p<.003$). Among current smokers ($n=76$), there were no differences between those with and without PTSD in nicotine dependence or in the number of cigarettes smoked. PTSD smokers, however, reported greater expectancies for negative affect reduction, boredom reduction, state enhancement, and social facilitation. Significant differences in smoking outcome expectancies exist between smokers with and without PTSD. Expectancies may be an important risk factor for maintenance of smoking in persons with PTSD.

Meaning of Hymen Perforation a Group of Sexual Abused Women in a Muslim Country

(Abstract #196485)

Poster # S-164 (Practice, Clin Res) Exhibition Hall, 4th Floor

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Purpose: As a sexual relation before marriage is not accepted for the women by the society in Turkey, it is important to protect the hymen until marriage. For this reason hymen perforation has a special importance for women stigmatization. However for rape it does not make a difference in regarding psychological effects if the women's hymen perforated or not. Briefly it was not accepted that rape would cause severe psychological disorders in women in every condition.

Method: 80 women patients with a history of SA who were admitted to Istanbul Psychosocial Trauma Program were evaluated.

Findings: The patients were in between 15 - 65-years-old (mean 25.8+10.27). Behaviour of own damage was seen in 67% of patients with hymen perforation and 43% of patients without hymen perforation. A relation was observed with hymen perforation and self mutilating behavior. There was no difference between two groups regarding their friend, parents and family relations, abnormality in functional levels, psychological problems after trauma and suicide thought.

Discussion: In this evaluation which was done in Turkey, the meaning of sexual trauma for women whose first sexual relations were SA and the importance of virginity will be discussed.

Poster # S-165 (withdrawn)

Poster # S-166 (withdrawn)

Poster # S-167 (withdrawn)

Predicting Adult PTSD Symptomatic Distress From Child Emotional Abuse and Post-Trauma Cognitions

(Abstract #196495)

Poster # S-168 (Assess Dx, Clin Res) Exhibition Hall, 4th Floor

Petretic, Patricia, PhD¹; White, Elizabeth, BSC, BA²; Makin-Byrd, Lori, MA²; Limberg, Neal, MA²; Addison-Brown, Kristin, MA²; Jacobs, Ingrid, MA³

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This study evaluated the role of cognitive distortions in explaining PTSD and other forms of symptomatic distress in young adults who reported experiences of childhood emotional abuse victimization. Childhood physical, sexual, and emotional abuse experiences, cognitive distortions (CDS), and symptomatic distress (TSI) were assessed in a sample of 762 undergraduates in a study examining predictors of long-term outcome of childhood trauma experiences. A subsample of 192 participants reported childhood emotional abuse, either with or without co-morbid physical and/or sexual abuse. Clinically significant levels of self-blame, self-criticism, and preoccupation with danger were present in the multiple abuse and emotional abuse only groups compared to the physical abuse only and no abuse control groups. In the emotional abuse only group, self-critical cognitions predicted PTSD (e.g., defensive avoidance, intrusive experiences, anxious arousal, dissociation) symptoms, while self-blame predicted impaired sense of self (impaired self-reference) and maladaptive coping (tension-reducing behaviors). In the physical + emotional abuse group, cognitions that view the world as a dangerous place predicted PTSD symptoms of intrusive experiences and defensive avoidance), while multiple types of cognitive distortions predicted impaired self-reference and anxious arousal.

Dissociation, Metacognition, and Emotional Control in Students With Different Trauma Experiences

(Abstract #196496)

Poster # S-169 (Res Meth, Assess Dx) Exhibition Hall, 4th Floor

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Dissociation is a common response to trauma, and has been associated with alexithymia. Trauma is also related to changes in information processing and emotion. However, previous research has not fully examined the impact of trauma on metacognitions, specifically, attempts to control one's own negative thoughts and to control difficult emotions. Several measures have been created to address alexithymia and attempts to regulate emotion. These measures include the TAS, the IES, measures by Lischetzke and Eid (2003), the MCQ-30 (Wells & Cartwright-Hatton, 2004), and the TCQ (Wells & Davies, 1994). Research is needed to establish the psychometric properties of several of these measures and the relations among their constructs and outcomes. The current study examined the relationships among dissociation, alexithymia, and regulation of cognition and emotion in a sample of college students with various trauma histories, as well as students with no reported history of trauma. Results demonstrate that these constructs are interrelated, yet tap different aspects of

metacognitive and emotional experiences. Findings are discussed in light of implications for posttraumatic cognition and emotion, and for future research.

Quality of Life and Symptom Cluster Severity Among Veterans With PTSD

(Abstract #196500)

Poster # S-170 (Clin Res, Mil Emer)

Exhibition Hall, 4th Floor

Eggleston, Angela, PhD¹; Calhoun, Patrick S., PhD²; Collie, Claire, PhD²; Beckham, Jean, PhD²; Yeatts, Beth P., MS³; Dennis, Michelle, BS⁴

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PTSD patients experience poorer subjective satisfaction and functioning (quality of life; QOL), than patients with chronic psychiatric or medical disorders and patients with other anxiety disorders. The relationship between QOL and symptom cluster severity has not been examined, however. Data were collected from clinician-referred veterans diagnosed with PTSD (N=571) during a standard diagnostic evaluation at a VA specialty PTSD clinic between June 2000 and August 2007. PTSD diagnosis was based on the Clinician-Administered PTSD Scale. Patients completed the Sheehan Disability Questionnaire and the Quality of Life Inventory during the standard clinical evaluation. Initial analyses show majority (76%) of veterans endorsed very low or low satisfaction scores and reported marked perceived stress (M=7.1, SD=2.7) and little perceived social support (M=35.3, SD=29.5). Subsequent analyses controlled for age and depression (BDI). PTSD severity predicted overall satisfaction scores and perceived stress (both $p < .05$), but not perceived social support ($p > .10$). All three symptom cluster severity ratings were related to perceived stress (all $p < .05$). Only the avoidance symptom cluster predicted overall satisfaction and perceived social support ($p < .01$). Targeting PTSD symptoms globally or avoidance symptoms specifically may provide more rapid subjective improvements.

Predictors of Adjustment to Sexual Assault Trauma

(Abstract #196503)

Poster # S-171 (Clin Res, Prev EI)

Exhibition Hall, 4th Floor

Steenkamp, Maria, MA¹; Salters-Pedneault, Kristalyn, PhD²; Conoscenti, Lauren, PhD³; Fuse, Tiffany, PhD³; Vine, Vera, BA³; Litz, Brett, PhD⁴

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Although most sexual assault survivors recover effectively after an initial period of severe distress, there is evidence that those who fail to recover within several months of the event are at risk for chronic posttraumatic symptomatology. Studies examining predictors of chronic PTSD in this population have typically used cross-sectional designs, and little is known about adjustment to sexual assault over time. The present ongoing study, conducted collaboratively by the Boston VA and the Boston Area Rape Crisis Center, aims to examine predictors of chronic trauma-related symptomatology longitudinally in a group of recently sexually assaulted women. Women who have been assaulted within the past four weeks are asked to complete online questionnaires at four time points, obtained monthly within the first four months of the assault. Analyses will examine which PTSD symptoms and

cognitive reactions in the acute phase after the trauma predict longer-term PTSD symptoms and impairment in functioning, using the PTSD Checklist-Civilian Version, the Depression Anxiety Stress Scale, the Posttraumatic Cognitions Inventory, and the Rape Attribution Questionnaire. Preliminary results indicate the presence of significant PTSD symptomatology across all time points, with mean PCL scores of 61.33 at Time 1; 51 at Time 2; 34.5 at Time 3; and 33.5 at Time 4.

Poster # S-172 (withdrawn)

Impact of Injury Description on Scar-Rated Cognitive Appraisals

(Abstract #196505)

Poster # S-173 (Clin Res, Ethics)

Exhibition Hall, 4th Floor

Weaver, Terri, PhD¹; Hinrichs, Jon, BS²; Howell, Meagan, MS¹

¹Psychology, Saint Louis University, Saint Louis, Missouri, USA

An estimated 1.5 million women experience intimate partner violence each year, 1/3 of whom experience some form of injury (Tjaden & Thoennes, 2000). Following such injury, residual marks or scars often result. Research shows that women with violence-related scars report significantly more negative perceptions of their scar than an observer (Weaver, Turner, Thayer, Schwarze, & Sand, 2007). The current study explores whether participants' perceptions of a scar's appearance are influenced by the method of injury resulting in the scar. Participants were randomly assigned to receive a fictional script describing an injury caused by intimate partner violence-related interactions versus accidental events, and violence as the direct versus an indirect cause of the scar. Participants then viewed a photograph of a scar and were asked to rate their perception of the scar's appearance using the Manchester Scar Assessment Proforma. The potential influence of race was also explored by digitally altering the existing scar so that one image represents an African American victim and one image a Caucasian victim. If perceptions differ depending on the injury-producing mechanism, race, or some interaction of these factors, such findings would support the importance of injury context as influencing resulting perceptions.

Contemporary Approaches to Behavioral Health in Fire and EMS Organizations

(Abstract #196507)

Poster # S-174 (Mil Emer, Prev EI)

Exhibition Hall, 4th Floor

Gist, Richard, PhD¹; Taylor, Vickie Harris, MSW²

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²National Fallen Firefighters Foundation, Emmitsburg, Maryland, USA

Recent advances in research and understanding of the behavioral health impacts of a fire or emergency medical services career have necessitated reconceptualization of previous approaches to prevention and intervention. A growing body of research has indicated limited efficacy for techniques based on critical incident stress debriefing while suggesting potential for paradoxical impacts on recovery of some recipients. Current recommendations focus on personal and organizational foundations that help to bolster resilience while ensuring appropriate screening and access to evidence based clinical intervention where indicated.

The National Fallen Firefighters Foundation (NFFF), as part of its mandate to reduce the impact of occupational fatality and injury among first responders, developed 16 Life Safety Initiatives in cooperation with leaders in industry, academic, and practice roles. Projects under its behavioral health initiative have focused on building consensus approaches for the organizations providing these essential community services and the professionals who provide care to their members. This workshop will provide overview of NFFF's behavioral health initiative, with particular

emphasis on recommendations regarding preparation, mitigation, screening, and intervention related to occupational exposures to potentially traumatic events.

Poster # S-175 (withdrawn)

From War to Asylum: Stress and Coping Behaviors of East African Refugees

(Abstract #196510)

Poster # S-176 (Civil Ref, Cul Div)

Exhibition Hall, 4th Floor

Gavian, Margaret, MA¹; Perera, Sulani, BA¹; Frazier, Patricia, PhD²; Johnson, David, MD, MPH³; Spring, Marline, PhD³

¹Psychology, University of Minnesota, Minneapolis, Minnesota, USA

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The purpose of this investigation was to determine the most stressful life events experienced, and the coping strategies used, by East African (Somali and Oromo) refugees (N = 535) living in Minnesota at three time periods: in their home countries, in transit and the US was not without stress. Language (28%), employment (13%) and housing (10%) difficulties were most frequently reported as most stressful. To cope with these stressors, participants made efforts to learn English (31%), and sought social (21%) or professional support (8%). Religious practices were a consistent coping strategy (12-14%) before resettlement but waned once participants arrived in the US. Gender and ethnic group (Somali vs. Oromo) differences will be explored.

Post-War Recovery – It's Not All About Losses

(Abstract #196511)

Poster # S-177 (Mil Emer,Prev EI)

Exhibition Hall, 4th Floor

Pierce, Penny, PhD¹

¹University of Michigan, Ann Arbor, Michigan, USA

Drawing on a recent reformulation of the stress and coping model known as Conservation of Resources (COR) theory (Hobfoll et al., 1988), we explored the relationship between gains and losses and health and functioning outcomes with a sample of Air force personnel serving in Operation Iraqi Freedom. Regression models explained 25 - 43 % of the explained variance in outcome scores; independent of demographics, military background and job-related stressor variables, COR theory constructs were significant predictors of depression symptoms ($\Delta R^2 = 0.06^{***}$), PTSD symptoms ($\Delta R^2 = 0.08^{***}$), role and emotional functioning ($\Delta R^2 = 0.01^{**}$) and perceived physical health ($\Delta R^2 = 0.03^{***}$). Greater depression symptoms were reported by those experiencing greater losses and gains during deployment (Stdz.Beta = 0.28^{***} and Stdz.Beta = 0.08^{*}, respectively). Greater posttraumatic stress disorder (PTSD) symptoms were predicted by the experience of greater losses during deployment (Stdz.Beta = 0.35^{***}); yet PTSD was unrelated to gains (Stdz.Beta = 0.03). Better physical health was more likely to be reported by those having fewer losses (Stdz.Beta = -0.20^{***}) but perceived physical health was unrelated to gains (Stdz.Beta = 0.06). Finally, role and emotional functioning was higher for those reporting greater gains (Stdz.Beta = 0.07^{*}) and fewer losses (Stdz.Beta = -0.07).

A Factor Analysis of the PDEQ From a Sample of Police Officers Following the WTC Attack

(Abstract #196514)

Poster # S-178 (Disaster, Res Meth)

Exhibition Hall, 4th Floor

Henn-Haase, Clare, PsyD¹; Metzler, Thomas, MA¹; Best, Suzanne, PhD²; Neylan, Thomas, MD¹; Marmar, Charles, MD¹

¹University of California San Francisco; Veterans Affairs Medical Center, San Francisco, California, USA

²Veterans Affairs Medical Center, San Francisco, California, USA

Brooks et al. (2008, in preparation) examined the factor structure of the Peritraumatic Dissociative Experiences Questionnaire, the most widely used measure of peritraumatic dissociation. Using exploratory factor analysis with promax rotation, they found two correlated factors: Lack of awareness and depersonalization/derealization in a sample of accident victims. This study attempted to replicate these findings based on a cross-sectional sample of 725 police officers assessed prior to the attack on the WTC, and to determine if the two factors differentially predict subsequent PTSD symptoms measured using the PCL and SCL-90 in a subsample of 293 New York City police officers exposed to the WTC attack. The results essentially replicated the 2 factor structure, with a correlation between factors of .71, compared to .59 in Brooks et al. The 2 factors were equally correlated with subsequent PCL scores ($r = .32$ and $.29$) and SCL-90-GSI scores ($r = .28$ and $.26$). A single factor PDEQ score predicted nearly identically ($r = .30$ and $.27$ for PCL and SCL-90-GSI, respectively). Because the two factors are highly correlated with each other and do not differentially predict symptom outcomes, there appears to be no compelling evidence to support measuring peritraumatic dissociation using two factors.

Vicarious Trauma Exposure, Community Violence Exposure, and PTSD Among Guatemalan Aid Workers

(Abstract #196515)

Poster # S-179 (Cul Div, Civil Ref)

Exhibition Hall, 4th Floor

Roberts, Rebecca, MA¹; Cree, Emily, MA¹; Gallegos, Autumn, MA¹; Potts, Amy, MA¹; Putman, Katharine, PsyD¹; Foy, David W., PhD²

¹Fuller Graduate School of Psychology, Pasadena, California, USA

²Pepperdine University Graduate School of Psychology, Encino, California, USA

Studies have identified aid workers as being at risk for both direct personal exposure and vicarious exposure to traumatic events as result of working with traumatized individuals in often dangerous locales (Eriksson, 2001). The current study explored personal and vicarious trauma exposure and the number of children a worker serves in relation to negative symptomatology among teachers and aid workers at 2 NGOs in Guatemala. Workers reported that they knew about an average of 9.54 traumatic events (SD = 4.97) that the children they served experienced, including being beaten up or robbed, seeing a dead body, being asked to use drugs, being raped, or being ill. Personal exposure to violence for the workers was positively related to vicarious exposure through hearing children's stories of violence, a reflection of the overall legacy of violence for the country. Nineteen percent of workers met criteria for a PTSD diagnosis, and another 26% had clinically significant symptoms. A higher number of children on a worker's caseload was significantly related to worker PTSD, though not in the predicted direction; teachers with fewer students are likely to have closer relationships with them, which may put the workers more at risk for vicarious exposure.

Occupational Functioning and PTSD in Women With Military Service Experience

(Abstract #196517)

Poster # S-180 (Clin Res, Mil Emer)

Exhibition Hall, 4th Floor

Schnurr, Paula, PhD¹; Lunney, Carole, MA¹; Marx, Brian, PhD²¹National Center for PTSD, White River Junction, Vermont, USA²National Center for PTSD, Boston, Massachusetts, USA

Concerns about substantial increases in PTSD disability claims by veterans have heightened the need for knowledge about occupational functioning among veterans with PTSD. To further understanding of the topic, we used data from 284 female veterans and active duty personnel who participated in a randomized clinical trial of psychotherapy for PTSD. Our first objective was to examine the relationship between PTSD symptom clusters and occupational functioning, operationalized as work-related quality of life (QoL) and clinician-rated occupational impairment. Our second objective was to examine how changes in PTSD symptom clusters relate to changes in occupational functioning. Analyses are ongoing. Initial analyses show that, as expected, veterans who were not working had greater occupational impairment relative to those working full- or part-time. Similarly, veterans with disability ratings of 50% had greater impairment relative to participants with lower disability ratings or those who had never applied. Veterans who were not working had lower work-related QoL than those who were retired or working. There were no differences in work-related QoL among disability groups. All symptom clusters uniquely contributed to predicting occupational impairment, but only numbing symptoms uniquely predicted work-related QoL. Implications for treatment will be discussed.

Poster # S-181 (withdrawn)

Posttraumatic Stress Disorder Symptoms Associated With Abuse in College Relationships

(Abstract #196520)

Poster # S-182 (Clin Res, Prev EI)

Exhibition Hall, 4th Floor

Avant, Elizabeth, BS¹; Davis, Joanne, PhD¹; Elhai, Jon, PhD²¹University of Tulsa, Tulsa, Oklahoma, USA²University of South Dakota, Vermillion, South Dakota, USA

Previous research has compared symptoms of posttraumatic stress disorder (PTSD) with physical, sexual, and psychological abuse in intimate relationships among treatment/help-seeking women. The results suggest that psychological abuse was a significant predictor of PTSD symptoms while other forms of abuse were not (Dutton, Goodman, & Bennett, 1999; Taft, Murphy, King, Dedeyn, & Musser, 2005). However, no previous study has evaluated this relationship in a college sample. Thus, this study was designed to compare PTSD symptoms associated with physical, sexual, and psychological abuse in intimate relationships among college students. The sample included 49 college men and women who answered a web based survey comprised of the following measures: Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), Modified PTSD Symptom Scale (Falsetti, Resnick, Resick, & Kilpatrick, 1993), and Trauma Assessment for Adults (Resnick, Best, Freedy, Kilpatrick, & Falsetti, 1993). In contrast to previous findings, multiple regression analyses indicated no significant relationships between the three types of abuse and PTSD symptoms. These results may reflect a difference between a college population and other populations that may report more severe abuse and/or more severe PTSD symptoms. Thus, further research including a college population is needed.

Daily PTSD Symptom Presentation in Individuals With and Without Major Depressive Disorder

(Abstract #196521)

Poster # S-183 (Assess Dx, Res Meth)

Exhibition Hall, 4th Floor

Slagle, David, PhD¹; Bittinger, Joyce, MS¹; Parker-Maloney, Kelly, BA¹; Fabritius, Jennifer S., BA²; McDavid, Joshua, MD¹; Zoellner, Lori, PhD¹¹University of Washington, Seattle, Washington, USA²Case Western Reserve University, Cleveland, Ohio, USA

The frequent co-occurrence of major depressive disorder (MDD) with posttraumatic stress disorder (PTSD) has been well established in the literature by the use of measures that evaluate PTSD retrospectively. Retrospective methods, however, have offered little insight into daily PTSD symptom presentation among those with comorbid MDD compared to those without depression. The immediate research sought to better understand the daily PTSD symptom presentation among those with and without co-occurring MDD. A sample of 89 adults entering a randomized clinical trial with a primary diagnosis of PTSD monitored daily PTSD symptoms using the Posttraumatic Stress Scale-Self Report over seven days prior to treatment. Individuals with PTSD+MDD reported greater overall PTSD symptom severity relative to those with PTSD only ($d = .73$). Moreover, those with PTSD+MDD endorsed greater re-experiencing ($d = .50$), avoidance/numbing ($d = .76$), and hyperarousal ($d = .61$) symptoms relative to those with PTSD. In contrast to research using retrospective methods (e.g., Shalev et al., 1998), daily monitoring demonstrated that those with PTSD+MDD experienced greater symptom severity in all symptom clusters over time relative to those without depression. Retrospective methods may not completely capture clinical differences and use of daily evaluation may offer a more refined clinical picture.

Adult Children of Domestic Violence: Psychobiological Correlates in Victims of Domestic Violence

(Abstract #196522)

Poster # S-184 (Assess Dx, Bio Med)

Exhibition Hall, 4th Floor

Pinna, Keri, MA¹; Johnson, Dawn, PhD²; Delahanty, Doug, PhD¹¹Kent State University, Kent, Ohio, USA²Summa Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

Exposure to domestic violence (DV) is a specific type of trauma history that is typically not assessed for in traditional trauma history questionnaires. Further, little is known about the long-term effects of exposure to domestic violence during childhood. The present report seeks to provide preliminary data to remediate this deficit in the literature. Psychobiological characteristics were examined in a sample of women currently residing in battered women's shelters. A number of differences were identified between women reporting a history of exposure to DV and those denying such a history. Women endorsing a history of exposure had higher rates of Bipolar Disorder, more severe symptoms of PTSD, earlier age of first trauma, and a greater number of interpersonal traumas and childhood sexual abuse. Differences were also noted in the extent to which cortisol activity was associated with symptoms of PTSD between groups. Results suggest the importance of specifically accounting for exposure to DV during childhood during assessment of trauma history, and provide preliminary results characterizing adult children of domestic violence.

Perceived Social Support and Distress Among Tibetan Survivors of Torture and Refugee Trauma

(Abstract #196525)

Poster # S-185 (Civil Ref, Cul Div) Exhi Exhibition Hall, 4th Floor

Lhewa, Dechen, MA¹; Rosenfeld, Barry, PhD²
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²Fordham University, New York, New York, USA

Research on social support and psychological distress indicate that greater social support is associated with less psychological distress. There is a lack of literature on this relationship among traumatized Asian populations. This study sought to examine the relationship between social support and psychological distress among Tibetan survivors of torture and refugee trauma living in New York City. The Multidimensional Scale of Perceived Social Support (MSPSS) and the Brief Symptom Inventory-18 (BSI-18) were translated and back-translated by college educated Tibetan professionals. All 57 adult participants were administered the two questionnaires as a part of a larger battery assessing for coping and distress. Preliminary analysis show that there was a significant negative correlation between total perceived social support and psychological distress ($r(55) = -.271, p < .05$). There was also a significant negative correlation between perceived social support from friends and psychological distress ($r(55) = -.319, p < .05$). There were no significant correlations between perceived social support from family members or 'significant others' and psychological distress. The findings will be discussed.

Poster # S-186 (withdrawn)

Why Some Women Do Not "Grow" After Surviving Intimate Partner Violence

(Abstract #196528)

Poster # S-187 (Clin Res, Res Meth) Exhibition Hall, 4th Floor

Kelso, Lauren, BA¹; Fiore, Christine, PhD²; Legerski, Joanna, MA²; Skinner, Sabrina, BA²
¹Psychology, The University of Montana, Missoula, Montana, USA
²University of Montana, Missoula, Montana, USA

Struggling with very stressful and challenging circumstances does not always have a negative outcome, and the positive beneficial change that comes from this is described as posttraumatic growth (Calhoun & Tedeschi, 1998). The purpose of this poster is to explore possible reasons why some survivors of intimate partner violence (IPV) do not experience any resilience or posttraumatic growth after the ending of their violent relationship. In a recent qualitative study (Young, 2007), 8 out of 135 women who were survivors of IPV and had been out of their violent relationship for at least 1 year were found to have not shown any signs indicative of resilience or posttraumatic growth. Using Strauss and Corbin's (1990) grounded theory, the current study explored possible reasons why the 8 women from Young's (2007) study did not evidence any resilience or posttraumatic growth. Qualitative analysis revealed that during their violent relationship, 6 out of the 8 women experienced partner infidelity. In addition to surviving their violent relationship, the infidelity the women experienced may have been a barrier to resilience or posttraumatic growth. Findings will be discussed in the context of existing theories on resilience and posttraumatic growth following intimate partner violence.

Assessing Clinical Staff Members' Cultural Competence in a Traumatic Stress Training Program

(Abstract #196530)

Poster # S-188 (Cul Div, Media) Exhibition Hall, 4th Floor

Whealin, Julia, PhD¹; Aosved, Allison, PhD²
¹National Center for PTSD, Honolulu, Hawaii, USA
²Pacific Islands Health Care System, Department of Veteran Affairs, Honolulu, Hawaii, USA

Cultural competence refers to the knowledge, skills, and attitudes that are required to work effectively across diverse groups. As part of a broader program evaluation for cultural competency, clinical supervisors (N=7) in a multidisciplinary trauma training program completed the Staff Cultural Assessment Inventory (SCAI; Whealin and Aosved, 2007), a survey that assesses staff's cultural training, knowledge, and clinical practices. Results showed that staff received training in cultural competency at least yearly and sought out additional education on their own, for example, by reading cultural and/or professional literature. Moreover, the majority of staff spent free time with people who differed from them culturally and participated in the cultural events of diverse groups. Supervisors were able to identify the major client demographic subgroups, and reported that they incorporate cultural factors into their interventions. However, only a portion (57%) reported that they regularly incorporate cross-cultural factors in assessment or assessed whether clients have had past experience with discrimination or racism. Results of the evaluation helped identify discrepancies in cross cultural care and targeted behavioral goals for future training. This poster will discuss the benefits and limitations of this evaluation and copies of the SCAI tool will be provided.

An Examination of Risk Factors for Chronic Dating Violence in a College Population

(Abstract #196535)

Poster # S-189 (Clin Res, Prev EI) Exhibition Hall, 4th Floor

Ghimire, Devika, BA¹; Follette, Victoria, PhD¹; Clark, Nick, HSCD¹
¹University of Nevada Reno, Reno, Nevada, USA

Research indicates that survivors of childhood abuse are significantly more likely to be revictimized, including in dating relationships (Stets & Pirog Good, 1989). However, the distinguishing characteristics of revictimized and non-revictimized individuals are not clearly understood (Few & Rosen, 2005), especially as they relate to individuals who remain in chronic violent dating relationships. The goal of the current study is to better understand risk factors for experiencing dating violence, especially chronic dating violence, among those with and without a history of physical and/or sexual childhood abuse. To this end, a constellation of variables that have not been extensively studied within this population will be investigated. Avoidance, emotion regulation, alcohol use, and self-blame will be assessed in approximately 300 college students. It is hypothesized that greater levels of avoidance, difficulties in emotion regulation, alcohol use, and self-blame will differentiate revictimized from non-revictimized individuals. By identifying features of victims' repertoire in dating violence, this study will provide a theoretical background to the understanding of relationship violence. Increased knowledge about risk factors for experiencing dating violence is expected to have important implications for the prevention of chronic dating violence.

Examining the Relationship of Resilience and Symptomatic Distress

(Abstract #196538)

Poster # S-190 (Clin Res, Assess Dx)

Exhibition Hall, 4th Floor

White, Elizabeth, BSC, BA¹; Petretic, Patricia, PhD²¹University of Arkansas, Farmington, Arkansas, USA²University of Arkansas, Fayetteville, Arkansas, USA

Resilience is widely defined as the ability of individuals to achieve an adaptive and relatively positive outcome, either in the face of adversity or following an adverse and highly stressful life event. While there is often a range of reactions displayed following trauma that fall along a continuum of positive and negative outcomes in terms of adaptive functioning and symptomology, resilience is considered to be among the most positive outcomes following trauma. Most conceptualizations of resilience broadly view the construct as a possession of multiple positive coping characteristics that are utilized to overcome the negative impact of trauma. An assumption exists that these coping mechanisms will prevent the development of pathological symptoms. However, there has been little investigation of the symptomatic presentation of resilient individuals. The study hypothesizes that those who display high resilience will show less distress and pathological symptomology following trauma. Relations between scores of resilience (CD-RISC) and trauma symptomology (TSI) will be examined to determine if lower symptomatic distress is indeed associated with higher resilience.

Relationship Between Religious Coping and PTSD Symptoms Among Firefighter Recruits

(Abstract #196539)

Poster # S-191 (Mil Emer, Cul Div)

Exhibition Hall, 4th Floor

Meyer, David, PhD¹; Smith, Lisa M., BS¹; McNeill, Shannon, BS¹; Liverant, Gabrielle, PhD¹; Kamholz, Barbara, PhD¹; Gulliver, Suzy, PhD²¹Psychology, VA Boston Healthcare System/Boston University, Boston, Massachusetts, USA²VISN 17 Center of Excellence for Research on Returning War Veterans/Texas A&M College of Medicine, Waco, Texas, USA

Firefighters are exposed to potentially traumatic events throughout their careers. For some, pre-existing risk factors and coping strategies can increase vulnerability for the development of psychopathology. Others will show resilience, which is defined as "the ability to maintain a stable equilibrium" (Bonanno, 2004; p. 20). Previous research suggests that religious coping may promote posttraumatic growth and serve as a protective factor against the development of trauma related symptoms (Shaw, et al, 2005). Measurement of religious coping typically involves assessment of both religious belief and engagement in religious or ritualistic behaviors (Carver, et al, 1989). This presentation explores the relationship between these different aspects of religious coping and self-reported symptoms of PTSD in firefighter recruits. Approximately 200 firefighter recruits, from six professional fire departments, were sampled as part of a prospective longitudinal study following recruits through the first three years in fire service. Discussion focuses on the relationship between religious belief and religious behavior and PTSD symptoms over time. These findings advance our basic understanding of the characteristics of individuals enrolled in the fire academy as well as the relationship between religious coping, psychopathology, and resilience in emergency responders.

Disgust in PTSD and its Affect on Autonomic Functioning

(Abstract #196540)

Poster # S-192 (Bio Med, Clin Res)

Exhibition Hall, 4th Floor

Grooms, Amy, BA¹; Smith, Rose C., BA¹; Bown, Stevie, BA¹; Feldner, Matthew T., BA, PhD¹¹University of Arkansas, Fayetteville, Arkansas, USA

Elevated disgust has been linked to posttraumatic stress disorder (Fairweather & Rachman, 2004; Foy et al., 1984). Disgust-based affective reactions to emotion-evoking stimuli also have been associated with decreased sympathetic, and increased parasympathetic, system activity (Rohrman & Hopp, 2008). Based on this literature we currently are testing the relation between laboratory-based disgust reactions to individualized traumatic event cues and both parasympathetic and sympathetic system reactivity. It is hypothesized that participants the level of disgust elicited during exposure to traumatic event cues among people with PTSD will positively relate to level of parasympathetic responses and negatively relate to level of sympathetic responses to the event cues. Sympathetic and parasympathetic activity is being measured via continuous measurement of the low and high frequency components of heart rate variability, respectively, prior to, during and after the guided imagery task. Although data collection is ongoing (with an expected completion date of 6-1-08), preliminary analyses are consistent with hypotheses.

The Impact of War on the Marriage: Development of a Therapy Group for Spouses of Veterans With PTSD

(Abstract #196541)

Poster # S-193 (Mil Emer, Practice)

Exhibition Hall, 4th Floor

Reck, Jennifer, MS¹; Bender, Steven, PhD²; Ryan, Linda, MSW²¹Department of Psychology, University of North Texas, Denton, Texas, USA²Sam Rayburn Memorial Veterans Center, Bonham, Texas, USA

Soldiers returning from the Iraq War are experiencing high levels of interpersonal and relationship problems. Such evidence underscores the impact of PTSD and other mental health problems on the soldiers' spouses and family (Milliken, Auchterlonie, & Hoge, 2007). Research with partners of veterans with PTSD has indicated that many partners exhibit high levels of psychological distress, marital discord, caregiver burden, and secondary PTSD symptoms (Manguno-Mire et al., 2007). Recent studies assessing the needs of veterans with combat-related PTSD and their families have indicated that one of the most requested services is a women-only group or wives' group (Sherman et al., 2005). The current study focuses on the development of an eight-week group therapy for spouses of veterans with PTSD. The group utilizes both psychoeducational and process components, and topics covered in the group include secondary traumatization, marital communication, intimacy, self-care skills, assertiveness, anger, and stress management. A summary of group demographics and individual sessions will be presented. In addition, preliminary outcome findings will be presented regarding PTSD symptoms, quality of life, marital functioning, and caregiver burden. Implications for the treatment of veterans with PTSD and their families will be discussed, along with suggestions for future research.

PTSD as a Prospective Mediator of Sexual Revictimization Among College Females

(Abstract #196542)

Poster # S-194 (Assess Dx, Res Meth) Exhibition Hall, 4th Floor

Hattula, Mandy, MA¹; Varkovitzky, Ruth, BS¹; Orcutt, Holly, PhD¹

¹Northern Illinois University, De Kalb, Illinois, USA

Theory and research suggest that posttraumatic stress disorder (PTSD) may mediate the relationship between childhood sexual abuse (CSA) and adult sexual assault (ASA). Recent research suggests that of the three PTSD symptom clusters (reexperiencing, avoidance, and hyperarousal), only hyperarousal mediates the relationship between CSA and ASA. However, these findings were based on a cross-sectional investigation. The present study explores the mediational role of PTSD symptoms in a prospective sample of undergraduate females. Two waves of data were collected from 702 females, 12 of whom reported sexual assault during the course of the study. Time 1 PTSD symptoms were used in analyses. Two structural equation models were proposed. The first model included total PTSD symptoms as a mediator, while the second model examined the 3 PTSD symptom clusters. Consistent with previous research, CSA reported at Time 1 was predictive of prospective sexual assault. CSA also predicted Time 1 PTSD symptoms. Time 1 PTSD symptoms, however, were not related to prospective sexual assault, and thus did not mediate the relationship between CSA and ASA. At the cluster level, CSA was significantly related to each of the 3 PTSD symptom clusters; however, none of the 3 PTSD symptom clusters was predictive of ASA.

Assessment of Psychophysiological Reactions to Traumatic Events

(Abstract #196544)

Poster # S-195 (Assess Dx, Practice) Exhibition Hall, 4th Floor

Fortson, Beverly, PhD¹; Tunno, Angela, BA¹; Moseley, Colby, BA¹; Ansley, Stephanie, BA¹

¹Department of Psychology, University of South Carolina-Aiken, Aiken, South Carolina, USA

Prior research has documented the heightened psychophysiological arousal (i.e., increased heart rate and skin conductance) that occurs in those individuals with posttraumatic stress disorder (PTSD) when presented with cues related to their traumatic event (e.g., sounds, visual reminders). Other research suggests that individuals with PTSD can be distinguished from non-PTSD individuals due to the heightened psychophysiological reactivity to these reminders. Fifty undergraduate students (ranging in age from 18-22) were recruited for the current study. Participants completed an assessment of their exposure to 18 traumatic events prior to the heart rate and skin conductance assessments. As part of this assessment, participants reported on the time of the trauma exposure (<1 month ago, 1 month to 1 year ago, and >1 year ago) and their current distress level with regard to the event. Participants then watched a 40-minute video series of traumatic events for which they may have been exposed while heart rate, skin conductance, and subjective units of distress scale (SUDS) ratings were assessed. Analyses will examine whether those individuals with PTSD can be distinguished from those without PTSD and to assess the relation between self-report of distress and psychophysiological reactions to traumatic events.

Language of Secondary Traumatic Stress Found in Nonprofit, National Workers in Guatemala

(Abstract #196545)

Poster # S-196 (Cul Div, Commun) Exhibition Hall, 4th Floor

Cree, Emily, MA¹; Roberts, Rebecca, MA²; Meese Putman, Katherine, PsyD²; Eriksson, Cynthia B., PhD, PhD²

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The field of psychology is developing a greater focus on the effect of trauma work on those in helping positions. Though this field of research is growing, minimal studies have been done to determine the cultural nuances of these terms for those working in developing countries. This study will utilize transcripts of qualitative focus groups of 26 volunteers, administrators, and teachers in a nonprofit organization serving children and families in Guatemala's city dump. These groups discussed what they felt qualified as child sexual abuse (CSA). This study examined these transcripts in order to determine whether language of secondary traumatic stress (STS) was evidenced and if any cultural nuances exist to explain how they might be effected by working with a high-risk population. Consensual qualitative research (CQR) was used to develop common themes between vicarious trauma, compassion fatigue and other similar terms in order to build a better understanding of the definition of STS and how the transcript material might fit into those categories. Implications will be discussed categorizing statements into the following areas: Exposure to direct or vicarious trauma, statements of empathy and/or identification, PTSD symptoms statements and/or distress statements, risk factors, and unique cultural statements.

Witnessing Domestic Violence May Affect White Matter Integrity in Visual Perception Pathways

(Abstract #196548)

Poster # S-197 (Bio Med, Child) Exhibition Hall, 4th Floor

Teicher, Martin, MD, PhD¹; Choi, Jeewook, MD, PhD²; Rohan, Michael, PhD(C)¹; Polcari, Ann, RN, PhD²

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The aim of this study was to ascertain if witnessing domestic violence during childhood affected brain white matter (WM) tract development using MR Diffusion Tensor Imaging (DTI). 1402 volunteers were screened to recruit 20 carefully-selected subjects who witness domestic violence but were exposed to no other forms of trauma (16F/4M, 22.4±2.48 yrs) and 27 healthy control (19F/8M, 21.9±1.97 yrs). DTI images were acquired with a 3T Siemens Trio scanner and analyzed using Tract-Based Spatial Statistics (TBSS). Fractional anisotropy (FA) values in skeletonized white matter of left lateral occipital lobe (inferior longitudinal fasciculus) were significantly lower (p<0.05, corrected for multiple comparison) in domestic violence group even after controlling for parent's education, perceived childhood economic status, total IQ and exposure to parental verbal abuse. FA values in this region were significantly associated with ratings of depression, anxiety, somatization, and dissociation (r=-0.502, p<0.001; r=-0.421, p=0.003; r=-0.377, p=0.01; r=-0.365, p=0.012). The inferior longitudinal fasciculus connects occipital and temporal cortex, and is the main component of the visual-limbic pathway that subserves emotional, learning and memory functions that are modality specific to vision.

Poster # S-198 (withdrawn)

Domestic Violence History and Attempts to Leave Batterers as Predictors of Violence Severity

(Abstract #196553)

Poster # S-199 (Clin Res, Prev EI)

Exhibition Hall, 4th Floor

Shin, Hana, MA¹; Ross, Leslie, PsyD¹; Yeh, Dow-Ann, BA¹; Foy, Patrick, BA¹; Foy, David, PhD²

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Research has shown that history of domestic violence (DV) and attempts to leave the batterer are predictors for severity of violence and continued abuse. The current study included 341 DV victims receiving acute care from crisis intervention specialists accompanying law enforcement responders in inner-city Los Angeles. The objective of the current study was to explore the prevalence of DV in the sample and predictors for frequency and severity of violence. Regression analyses examined the effects of the number of prior DV incidents with the current batterer and prior attempts to leave on the reported frequency of physical and psychological abuse in the relationship. Results significantly indicated that the number of prior DV incidents with the current batterer and number of prior attempts to leave predicted the frequency of physical violence, $B = -.33$, $t(316) = 10.86$, $p < .01$, $95\%CI = [0.27, 0.39]$. The two factors also were found to significantly predict the frequency of psychological abuse, $B = -.23$, $t(316) = 8.63$, $p < .01$, $95\%CI = [0.18, 0.29]$. These results inform and improve prevention and intervention efforts for service providers and law enforcement responders about the risk factors for adult DV victims and their children.

Meditation Homework Adherence in PTSD Treatment

(Abstract #196558)

Poster # S-200 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Waelde, Lynn, PhD¹; Uddo, Madeline, PhD²; Estupinian, Ginny, BA¹; Mortensen, Mary Jo, BA¹; Kukreja, Suniti, BA¹; Masse, Jenni, BA¹; Spanning, Jeanna; Zief, Adi¹

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Meditation interventions involve between-session practice of the techniques, yet there is little information about the types and intensity of homework adherence and relationships between adherence and outcomes. Daily sitting meditation practice and practice in daily life are important components of the Inner Resources meditation intervention, with the target adherence goal set at 180 minutes a week of sitting practice. The current paper will present adherence data from our one sample pilot studies of meditation for combat veterans and for Hurricane Katrina survivors. Analyses of participants' daily logs of homework practice indicate that minutes of practice per week increases across successive weeks in the intervention. At follow-up, most participants show continued adherence to daily practice. The use of meditation during stressful moments was associated with increased satisfaction with the program and increased adherence. Across studies, degree of homework adherence is associated with better treatment outcomes. Thus, despite the demanding nature of this homework regimen, participants have demonstrated a high degree of ongoing adherence to the homework and have tended to benefit more with greater levels of meditation practice.

The Relationship Between Physical Abuse, Experiential Avoidance and Sexual Revictimization

(Abstract #196559)

Poster # S-201 (Clin Res, Prev EI)

Exhibition Hall, 4th Floor

Vijay, Aditi, MED¹; Follette, Victoria, PhD¹

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The literature indicates that there is a high prevalence of physical abuse, in conjunction with child sexual abuse and that is correlated with sexual revictimization. There is evidence to suggest that physical abuse is a strong predictor of revictimization (Cloitre & Rosenberg, 2006). While sexual revictimization has been studied extensively there is no conclusive evidence to indicate specific factors that are predictive of future victimization (Breitenbecher, 2001). Experiential avoidance is the unwillingness to remain in contact with unpleasant thoughts, feelings or emotions (Hayes, Wilson, Gifford, Follette & Strosahl, 1996). It is possible that increased rates of physical abuse are correlated with increases in experiential avoidance and sexual victimization. This study investigates experiential avoidance and physical abuse as possible mediators of sexual revictimization through an Emotion Stroop task, the Acceptance and Action Questionnaire and the Conflict Tactics Scale. We hypothesize that higher rates of experiential avoidance and higher rates of physical abuse are correlated with increased incidents of sexual victimization. This poster will present correlational data and a regression analysis from a sample of 120 women (N=120) with a history of CSA, revictimized women and women with no history of sexual victimization.

The Clinical Correlates of Reported Childhood Sexual Abuse

(Abstract #196571)

Poster # S-202 (Clin Res, Child)

Exhibition Hall, 4th Floor

Schoedl, Aline, MCS¹; Pupo, Mariana, MCS¹; Mello, Marcelo, PhD¹; Mari, Jair J., PhD¹

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Background: The experience of early adversity is an important risk factor for the development of posttraumatic stress disorder (PTSD) and/or major depressive (MDD) during adulthood. Aims: The main aim of this paper was to investigate the relationship between the age of occurrence of reported sexual abuse and the development of PTSD and/or depressive symptoms during adulthood.

Methods: Seventy-nine outpatients were evaluated for the presence of PTSD and/or depressive symptoms. After consent, all patients were administered a standardized diagnostic interview, and 60 were found to meet *DSM-IV* criteria for a diagnosis of PTSD. These patients were evaluated for a reported history of sexual abuse before the age of 18 with the the Early Trauma Inventory (ETI), the Clinician-Administered Posttraumatic Stress Scale (CAPS), and the Beck Depression Inventory (BDI).

Results: Twenty-nine patients (48%) reported a history of sexual abuse before the age of 18. Relative risk (RR) of having severe PTSD symptoms was 10 times higher in patients reporting sexual abuse after age 12 than in those reporting sexual abuse before age 12. Conversely, RR of having severe depressive symptoms was higher for those reporting sexual abuse before age 12 than for those reporting such abuse after age 12.

Trauma Recovery, Remission and Resolution: Definitions, Differentiation and Measurement

(Abstract #196578)

Poster # S-203 (Res Meth, Assess Dx) Exhibition Hall, 4th Floor

Fenster, Juliane, MPH¹; Park, Crystal, PhD²; Sarfo-Mensah, Abena, Undergraduate²; Lam, Jonathan, BA²

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Interest in PTSD and trauma recovery has increased recently, as armed service members have been faced with "sustained ground combat" for the first time since the Vietnam War, because members have been sent for multiple tours of duty, and these individuals are seeking mental health treatment in record numbers (Regan et al., 2006; p. 40). Researchers have also shared an interest in understanding the concepts of resolution, remission and recovery, however these terms have been used interchangeably and clear distinctions have not been made. For example, is the resolution of trauma just the absence of PTSD symptoms? To confuse matters even more, multiple definitions of each construct may exist. For example, resolution has been defined as the modification or accommodation of one's schema system (Roth & Newman, 1993) or as a change in the symptoms of intrusions and avoidance (Lutgendorf & Antoni, 1999). The purpose of this presentation is to review the definitions of trauma resolution offered by various theoretical perspectives and then integrate them into a new definitional framework of resolution, recovery, and remission. We will illustrate how this framework helps to make sense of trauma-related phenomena and demonstrate the utility of a new self-report measure of trauma resolution.

Children in Disasters: Understanding Attachment Trauma of Gujarati Children

(Abstract #196582)

Poster # S-204 (Child, Disaster) Exhibition Hall, 4th Floor

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²Psychology, UCL, London, United Kingdom

Attachment trauma of children affected by the earthquake and riots in Gujarat in 2001-02 is studied. Attachment trauma can be defined as injury, separation, illness, death or other disruption of the primary caretaking relationship that significantly disrupts a child's expectation of being cared about and looked after adequately by a caretaking adult. Natural disasters and instances of social violence are precursors not only social to unrest but also to tremendous long-lasting psychological distress in children. The paper first evaluates recent disaster psychology literature to illuminate prominent mental health implications for young survivors of extreme trauma and disasters. Then, it highlights how post-disaster concerns for child and adolescent mental health are relatively underdeveloped and underreported in the worldwide disaster literature. Third, the paper raises methodological and theoretical debates associated with working with children in disasters in developing countries. Video-recorded Child Attachment Interviews provide insights into attachment-related issues and highlight various manifestations of trauma following the two events. The research is interested in knowing whether the nature of the trauma impacts differentially on the child's attachment representations. Few case studies on the nature of attachment trauma are presented here.

Reintegration of Returning Veterans and Families by Networking of Military and Community Resources

(Abstract #196604)

Poster # S-205 (Mil Emer, Commun) Exhibition Hall, 4th Floor

Wang, Paul, MDIV, PhD¹; Feder, Joel, DO²; Jerome, Jon, BA, BS³; Bobrow, Joseph, PhD⁴; Romberg, Barbara, PhD⁵

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Reintegration of Returning Veterans and Families by Networking of Military and Community Resources Thirty to forty nine percent of U.S. troops returning from the Iraq war have developed stress-related mental health problems three to four months after coming home. The highest risk groups are the returning reservists who are returned to civilian life without access to nearby military resources. Secondary trauma to spouses and children has often been overlooked. A national strategy for preventing, mitigating, and alleviating psychological, moral, and spiritual injury through unit cohesion training, peer mentoring, and family support programs synergizing the military with existing community resources on a national scale has been developed to meet the overwhelming challenges ahead. The comprehensive program provides psychological, moral, and spiritual support and emergency assistance to servicemembers and their families during all phases of the deployment cycle, including up to two years following demobilization. The national strategy also includes caring for our wounded warriors and their families.

Subjective Experience of Traumatic Events: Later Adjustment & Sympathetic Reactivity

(Abstract #196609)

Poster # S-206 (Child, Bio Med) Exhibition Hall, 4th Floor

Arcus, Doreen, PhD¹

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Students (N = 103) in an urban university were asked to complete questionnaires describing (a) adjustment to college life (SACQ; Baker & Siryk, 1989), and (b) history of traumatic events (TEs; related to crime, physical and sexual abuse, and natural disasters) and experience of horror and threat during the event (Trauma History Questionnaire; Green, 1996). Blood pressure and heart rate were also assessed before and after completing the questionnaires. Nearly 90% reported at least one TE in their lifetime; 60% reported feeling horror or threat to life during the event. Indices of adjustment and reactivity were not related to objective counts of TEs alone, but in combination with the subjective experience. More felt threat was associated with lower social (r = -.38; p < .05) and attachment (r = -.44; p < .01) adjustment among women. High TE combined with high felt threat was associated with higher post-test systolic blood pressure (F (1, 77) = 5.56, p < .05, eta = .07). Heart rate acceleration from pre- to post-test was observed in the high TE group only among those who never received treatment related to the traumatic experience (Fisher Exact p = .002). We conclude the subjective experience of trauma events is relevant to (a) relational aspects of adjustment among college women and (b) sympathetic reactivity to thinking about trauma.

Life After Terror: Jewish and Arab Israeli Experiences

(Abstract #196019)

Poster # S-207 (Civil Ref, Disaster)

Exhibition Hall, 4th Floor

Konvisser, Zieva, PhD¹

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This paper describes the experiences of Israeli civilian survivors of terror acts since September 2000. The research is interpretive and empirical, having qualitative data in the form of narratives elicited via in-depth interviews and quantitative data in the form of survey results--Demographics, Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1995), Core Belief Inventory (Cann et al., 2007), and Posttraumatic Stress Disorder Symptom Scale (Foa et al., 1993). The purpose of this research study is to understand the individual differences in how trauma survivors understand what has happened to them, find meaning in their experiences, and make choices that involve significant life changes. This is a follow-up to my 2006 doctoral dissertation and presents the findings from two post-doctoral research studies conducted in 2007. The first study was with the same population of Jewish-Israelis as in the dissertation research study to probe for any longitudinal changes in participants' levels of functioning and to probe for the impact of the summer of 2006 Lebanon-Israel Crisis. The second study examines the experiences of a complementary sample of Arab-Israeli civilians--Christian, Muslim, and Druze.

The Art of Surviving: A Project for Public Education About the After-Effects of Sexual Violence

(Abstract #196289)

Poster # S-208 (Commun; Ethics)

Exhibition Hall, 4th Floor

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In 2006-2008, the Virginia Sexual and Domestic Action Alliance (VSDVAA) and Rachel Mann, MettaKnowledge for Peace, LLC, received funding from the Virginia Foundation for the Humanities to launch a project called "The Art of Surviving". This dynamic traveling and on-line exhibition consists of the poetry, art and personal narratives of survivors of sexual violence from all over the state of Virginia. Since its inception, it has hung in half a dozen locations and can be accessed for education and research by scholars, educators, activists, clinicians, and survivors. Among the main research questions of the project are included "What is the art of surviving" and "How is self-expression connected to recovering from trauma?" The audience will be able to view selected works from the exhibit digitally and in person and to give input into what they see as part of our ongoing qualitative research project. An overview of the research to date on the project will be presented. Visitors will also be given information for how to participate in the research of The Art of Surviving and how to obtain the exhibit for presentation in and education of their communities.

Participant Alert: Art, poetry and survivor narratives can be graphic and difficult for participants.