years and regarded as unavoidable. Since humans clearly do not respond homogeneously to potentially traumatic experiences, the heterogeneity in animal responses might be regarded as confirming the validity of animal studies, rather than as a problem. It stands to reason that a model of diagnostic criteria for psychiatric disorders could be applied to animal responses to augment the validity of study data, as long as the criteria for classification are clearly defined, reliably reproducible and yield results which conform to findings in human subjects. Of course, different study paradigms may give rise to different sets of criteria.

This animal model enables us to test interventions that might be impossible (i.e. Anisomycin) or difficult (e.g. BNZ, SSRI, Cortisol) to do in a clinical setting without any proper preclinical basis. Results from interventions given at specific timepoints (either immediately after exposure or much later) in a group of rats that were followed prospectively will be presented. Their implications on potential pharmacological approaches will be discussed, with emphasis on three examples. One is early administration of SSRI, the second, early administration of cortisol and the long-term consequences. Thirdly, the early or late administration of cortisol in different dose regimens will be presented in the talk.

Treating Complex Trauma in Older Adolescents and Adults: The Self-Trauma Model

(Abstract #197587)

Master (Practice, Clin Res)

State Ballroom, 4th Floor

Briere, John, PhD1

¹University of Southern California, Keck School of Medicine, Los Angeles, California, USA

Recent research indicates that trauma-related disturbance can be quite complex. When trauma exposure involves early, repetitive, interpersonal maltreatment, or when there have been multiple and prolonged traumas in adulthood, the outcome may involve not only classic posttraumatic stress and related dysphoria, but also dysfunctional attachment styles, altered relational schema, affect dysregulation, overdeveloped avoidance responses (especially substance abuse, dissociation, and tension reduction behaviors), and conditioned cognitive-emotional responses.

This presentation will outline the central aspects of a cognitivebehavioral/relational approach to complex trauma in older adolescents and adults, referred to as the Self-Trauma Model (STM). The STM is a customized, components-based intervention that involves (a) carefully titrated exposure to traumatic material as it arises (or is elicited) during treatment, as opposed to a formal exposure hierarchy or focus on a single traumatic memory, (b) cognitive consideration of archaic trauma-related beliefs and expectations, (c) the development of increased self-capacities (especially identity and affect regulation) so that avoidance behaviors such as substance abuse or tension reduction activities are less necessary for psychological equilibrium, and (d) the reworking of activated relational schema and other implicit memories within the therapeutic relationship. Although most of the components of STM have been empirically validated, the overall model varies considerably according to the specific needs of each client. As a result, the STM is not manualized on a sessionby-session basis. However, there is an associated text for its application (Briere and Scott's [2006]. Principles of trauma therapy: A guide to symptoms, evaluation, and treatment). Videotaped vignettes with an actress will be played at various points in this presentation to illustrate the implementation of specific treatment components.

Narrative Exposure Therapy as a Treatment for Traumatized War Victims: The Evidence

(Abstract #195932)

Symposium/Panel (Civil Ref, Clin Res)

Crystal Room, 3rd Floor

Neuner, Frank, PhD¹; Elbert, Thomas, PhD¹; Martina, Ruf, MA¹; Ertl, Verena, MA¹; Schaal, Susanne, PhD¹

¹University of Konstanz, Konstanz, Germany

Traumatic stress due to conflict and war causes major mental health problems in many resource-poor countries. Narrative Exposure Therapy is a pragmatic short-term intervention that has been developed for the field context. The symposium presents data from recent randomized controlled trials.

Treatment of Posttraumatic Stress Disorder by Trained Lay Counselors in an African Refugee Settlement

The objective of this study was to examine whether trained lay counselors can carry out effective treatment of PTSD in a refugee settlement. In a randomized controlled dissemination trial in Uganda with 277 Rwandese and Somali refugees who were diagnosed with PTSD we investigated the effectiveness of psychotherapy administered by lay counselors. Strictly manualised Narrative Exposure Therapy (NET) was compared with more flexible Trauma Counseling (TC) and a no-treatment monitoring group (MG). Less subjects (4%) dropped out of NET treatment than TC (21%). Both active treatment groups were statistically and clinically superior to the monitoring group on PTSD symptoms and physical health, but did not differ from each other. At follow up, a PTSD diagnosis could not be established anymore in 70% of NET and 65% TC participants, whereas only 37% in the monitoring group did not meet PTSD criteria any more. Short-term psychotherapy carried out by lay counselors with limited training can be effective to treat war-related PTSD in a refugee settlement.

Narrative Exposure Therapy Versus Group Interpersonal Psychotherapy—An RCT With Orphans of the Rwandan Genocide The 1994 genocide of Rwanda has left numerous children orphaned. 11 years later, 26 orphans (age 19±3 yrs) who fulfilled DSM-IV diagnosis of PTSD (assessed twice across a period of 6 months) were offered participation in a controlled treatment trial. A group adaptation of Interpersonal Psychotherapy (IPT, n = 14) was compared to Narrative Exposure Therapy (NET, n = 12). Main outcome measures were symptoms of PTSD and depression assessed pre-treatment, 3 months and 6 months after therapy using the CAPS, MINI and Hamilton Rating Scale. At post-test, participants in both treatment conditions showed reductions in posttraumatic stress symptoms and depression symptoms. At 6month follow-up, NET proved to be more effective in the treatment of PTSD. Only 25% (n = 3) of NET-participants but 71% (n = 10) of the IPT-participants still reached the threshold for PTSD. There was a significant reduction in depression symptoms in both treatment groups, whereby NET again proved to be more effective. This treatment-trial demonstrates that NET and group-IPT are powerful treatment modules even when most severe traumatic stress and difficult living conditions have led to chronic mental suffering.

The Efficacy of KIDNET (Narrative Exposure Therapy for Children) in the Treatment of Traumatized Refugee Children: 6- and 12-Months

In a previous epidemiological study we found that every fifth child who came to Germany accompanying his asylum-seeking parents, suffered from a PTSD according to the *DSM-IV*-Criteria. In a subsequent RCT we evaluated the efficacy of KIDNET – a short-term trauma-focused intervention for traumatized children. 26 refugee children were randomly assigned either to the treatment group or to a waiting list control group. The children's PTSD symptom severity was assessed before treatment, as well as six and 12 months after treatment using the UCLA PTSD Index for Children. Results of the six-month-follow-up showed that KIDNET is a highly effective intervention in the treatment of traumatized children – especially in child survivors of war and organized violence (F (23)=9.2, p=.006). Six months after treatment the

average symptom score of children treated with KIDNET was reduced from initially 43.3 to 17.2 whereas the waiting list group showed only a small symptom reduction from 38.3 to 33.8 in the post-test. Following the six-month evaluation, KIDNET treatment was also offered to the children in the waiting list control group. The results of the 12-month follow-up confirmed the outcome of the six-month post-test, the average symptom severity remained low and stable over time.

Follow Up of a Randomized Controlled Trial Narrative Exposure Therapy: A Disseminable, Community-Based Treatment Approach for Former Child Soldiers

In the conflict between the rebel group `Lord's Resistance Army' and the Ugandan government an estimated 25.000 children were abducted and almost 2 million people forcefully displaced. In an epidemiological survey (n=1121) we examined trauma spectrum disorders and related functional impairment in formerly abducted and war-affected children and youth in 3 Northern Ugandan Districts. Results indicated that 8% (n=432) of the nonabducted and 31% (n=344) of the abducted children and youths suffer from PTSD; rising to 44% if abduction time 1 month (n=151). Thereafter, 60 former child soldiers (mean age=18) suffering from PTSD were enrolled in a dissemination RCT. Treatments were carried out by local counsellors in 8 sessions, comparing NET to an active control-group (education support, ES) and a waiting list (WL). to date results from 3-months post-therapy show a significant reduction of PTSD-symptoms in both active treatment groups with NET being superior to ES, supporting the notion that short-term trauma treatment reduces the suffering of even highly affected groups, like child soldiers and can be effectively disseminated to lay-personnel in (post-)conflict areas. 12-months follow-up data and resulting recommendations will be presented.

Afterdeployment.org: A Self-Guided Education and Skills Building Web Site

(Abstract #196121)

Symposium/Panel (Prev El, Mil Emer)

Monroe Ballroom, 6th Floor

Gahm, Gregory, PhD¹; Ciulla, Robert, PhD¹; Whealin, Julia M., PhD²; Johnson, Patti, PhD³; Ruzek, Josef, PhD⁴; Kuhn, Eric, PhD⁵

¹Madigan Army Medical Center, Fort Lewis, Washington, USA ²VAPIHCS, National Center for PTSD Pacific Islands Division, Honolulu, Hawaii, USA

³Department of Graduate Medical Education, Madigan Army Medical Center, Tacoma, Washington, USA

⁴National Center for PTSD Education and Dissemination Division, Menlo Park, California, USA

⁵Sierra Pacific MIRECC, VA Palo Alto Health Care System, Menlo Park, California, USA

The U.S. military is now faced with a large number of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) returnees suffering from post-deployment mental health problems (Hoge, 2004). Clinical research shows that cognitive-behavioral intervention in the weeks following trauma can decrease the likelihood of development of PTSD (Bryant et al., 1998, 1999; Litz, 2004). However, issues including geographic dispersion and stigma related to participating in mental health services have presented significant barriers to care for the OIF/OEF population. This panel describes work conceptualizing, developing, and implementing the new Congressionally-funded U.S. Department of Defense website, called afterdeployment.org. The website provides OIF/OEF returnees and their families with self-guided assessment, interactive educational activities, and cognitive-behavioral skillsbuilding workshops on user-friendly topics as varied as sleep, anger, unwanted memories, and children. Panel members will demonstrate the website and will lead a discussion about the benefits and limitations of web-based interventions, including how such interventions can function as personalized, anonymous treatment for individuals who may otherwise not receive care, assist with referral to mental health services, and augment traditional face-to-face clinical practice.

Addressing Child Trauma in Pediatric Medical Settings (Abstract #196308)

Symposium/Panel (Child, Prev El)

Salons 7-9, 3rd Floor

Kassam-Adams, Nancy, PhD¹; McAlister Groves, Betsy, LICSW²; Marsac, Meghan, PhD¹; Landau Fleisher, Courtney, PhD³; Kohser, Kristen, MSW¹

¹Center for Injury Research & Prevention, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

²Child Witness to Violence Project, Boston Medical Center, Boston, Massachusetts, USA

³Chicago Child Trauma Center, La Rabida Children's Hospital, Chicago, Illinois, USA

Pediatric medical settings offer unique opportunities to identify and address child traumatic stress from medical events or other types of trauma exposure. This symposium will describe multiple approaches to raising awareness, training frontline pediatric health care providers, and integrating trauma-informed services in pediatric settings.

Developing Training for Pediatric Providers About Young Children and Trauma

It is well documented that traumatic experiences in early life may have life-long consequences and that very young children react to highly stressful or traumatic events in ways that compromise the development of attachment relationships and the capacity to regulate emotions. A survey of 1700 children seen in National Child Traumatic Stress Network treatment sites revealed that children who received clinical services experienced an average of three traumas, and that the initial trauma exposure occurred by age five. These findings provide a powerful rationale for the importance of increasing the capacity of pediatric health settings to identify these children at an early age. Betsy McAlister Groves will describe efforts to increase the ability of primary care pediatric providers to identify and respond to young children who are traumatized. She will also describe the development of training materials for use in medical education settings. The presentation will review symptoms of early childhood trauma and findings from surveys and focus groups of medical providers on their knowledge and current practice of identifying trauma in early childhood, and their opinions about what kinds of training materials are useful. Specific elements of a training module for primary care pediatric providers will be presented.

Preventing and Responding to Traumatic Stress: Web-Based Tools for Parents and Health Care Providers

This presentation will describe the process of developing online traumatic stress resources for parents and pediatric health care providers. Our team has developed the "After the Injury" website for parents of injured children, with the aim of supporting parents' role in secondary prevention of traumatic stress after injury. This site integrates information on injury and traumatic stress, video and audio segments, and interactive features that guide parents to rate their child's reactions and create an individualized care plan. A website for pediatric health care providers is now under development. This site is designed to deliver broad access to practical tools for addressing medical traumatic stress in children, and to provide skills training in "trauma-informed" pediatric health care. We will describe progress and challenges in developing webbased information and/or interventions, and in evaluating the usability and effectiveness of multi-component websites for lay or professional audiences. Evaluation of the parent site has included two rounds of usability testing (to hone the site's functionality and ease of use for a broad range of users), as well as qualitative and quantitative evaluations of the site's impact on parents' understanding of child reactions and their ability to provide optimal coping assistance.

Traumatic Stress Consultation: Establishing Trauma-Focused Services in the PICU

Many aspects of the Pediatric Intensive Care Unit (PICU) and the injuries and illnesses that result in PICU admission are traumatogenic for patients and their caregivers. Traumatic stress reactions during or after PICU admissions are common. While patients' and caregivers' coping skills often yield a natural recovery trajectory, a considerable minority develop ASD, PTSD, or traumatic stress symptoms significant enough to warrant intervention. Units generally have supportive services for patients and caregivers, but professionals providing these services frequently report feeling unprepared to sufficiently address the needs. Trauma experts can be valuable consultants in assisting medical and psychosocial professionals to mitigate further trauma exposure, manage symptoms, and secure effective services for patients and families needing specialized care. Engagement strategies, needs assessment, observing unit dynamics, and developing services to meet identified needs are important to successful consultation and collaboration. This presentation will model application of these skills in establishing trauma-focused services in a large, Midwestern, urban PICU. Distinctions between mental health and medical cultures, and strategies to bridge these differences, will be highlighted. Tactics to maximize existing resources while minimizing additional clinical burden will be

Implementing and Evaluating a Stepped Preventive Intervention for Hospitalized Injured Children

Data suggests that 1 in 6 children hospitalized for unintentional injury develops persistent traumatic stress symptoms, and that traumatic stress is associated with poorer health and functional outcomes. The acute medical setting offers opportunities for secondary preventive interventions, but hospital stays are brief and the health care team's skill and comfort in providing psychosocial screening or intervention is variable. We are implementing and evaluating a stepped preventive intervention designed to be delivered within these constraints. The intervention is delivered by nursing and social work staff and combines systematic screening of injured patients with targeted follow-up for those at risk, and evidence-based interventions that are matched to individual need. A randomized controlled trial (n=270) is evaluating the impact of the intervention on psychosocial (PTSD and depression symptoms) and health outcomes (adherence to medical discharge instructions, health-related quality of life), and will provide preliminary data concerning cost-effectiveness and subsequent health service utilization. This presentation will describe the results of screening for PTSD risk in this large inpatient injury sample, the nature and course of stepped care provided for those who were randomized to treatment, and preliminary follow-up data for the study.

Smoking, Nicotine, and Trauma

(Abstract #196037)

Symposium/Panel (Clin Res, Mil Emer)

Wabash Room, 3rd Floor

Acheson, Shawn K., PhD¹; Wilson, Sarah M., BA²; Kirby, Angela C., MS³; McDonald, Scott D., PhD³; Gulliver, Suzy B., PhD³; Straits-Troster, Kristy A., PhD⁵; Calhoun, Patrick S., PhD⁵; Dennis, Michelle F., BA⁰; Beckham, Jean C., PhD⁵; Lee, Sherman T., BA²; Hertzberg, Brian, BA⁰; McClernon, F. Joseph, PhD⁰; Collie, Claire F., PhD²; Yeatts, Beth P., PhD¹⁰; Dedert, Eric A., PhD⁰; Zaborowski, Daphne E., BA⁰

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⁶Duke University Medical Center, Durham, North Carolina, USA ⁷VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) and Duke University Medical Center, Durham, North Carolina, USA

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¹⁰Durham VA Medical Center, Durham, NC, USA

Using a combination of national public health data and experimental data, we will explore the success of smoking cessation in both military and clinical populations. We will also examine cognitive and mood effects of smoking in smokers with PTSD, as well as the antecedents of relapse in PTSD smokers.

Smoking Among U.S. Veterans Deployed to Iraq/Afghanistan: Health-Related and Demographic Correlates

Tobacco use and related illness among U.S. veterans continues to be a challenge within the VA healthcare system. Although efforts have been made by the Department of Veterans Affairs to reduce the mortality and morbidity associated with tobacco use, little is known about the health-related correlates of tobacco use among recent combat veterans. A nationwide survey of healthcare experiences among VA outpatients (2005 SHEP) provides useful data to address this question. Approximately 21% of OEF/OIF veterans surveyed within the VA healthcare system during FY2005 responded. In this sample, 24% were identified as current smokers and 23% were identified as former smokers. Although the odds of attempting to guit within the last 12 months was ~3 times greater among those that were asked if they wanted to guit by their VA healthcare provider, none of the other demographic, health-related, or time since return from service variables were related to attempt to quit smoking. The odds of long-term abstinence increased with age and active employment and decreased among males and minorities. Time since return from active duty and health-related variables did not differentiate short-term from long-term abstainers. Results highlight the importance of patient-provider communication and its influence upon patient health risk behaviors.

Relapse and Craving During a Smoking Cessation Quit Attempt Among Smokers With and Without PTSD

This study investigated the correlates of cigarette craving and post-quit relapse in smokers with posttraumatic stress disorder (PTSD) using electronic diaries. Seven days of monitoring following a cessation attempt by 28 smokers (15 with PTSD; 13 without PTSD) were collected. 349 craving, 190 smoking lapse, and 347 nonsmoking occasions were compared. PTSD smokers reported a significantly greater smoking craving than non-PTSD smokers during the post-quit week. PTSD individuals reported significantly higher negative affect, number of PTSD symptoms, and severity of PTSD symptoms immediately following smoking relapse occasions when compared with ratings following craving occasions (but no lapse) and nonsmoking occasions. The PTSD

smokers also reported significantly higher negative affect during craving occasions compared to nonsmoking occasions. These results suggest that compared to smokers without PTSD, smokers with PTSD experience higher smoking craving during the first days following a quit attempt. for PTSD smokers, PTSD symptoms and negative affect are significantly related to smoking craving and relapse during smoking cessation. These results are consistent with previous ad lib monitoring studies, and underscore the importance of addressing more intense craving, PTSD symptoms and negative affect as antecedents of relapse among PTSD smokers.

Smoking in Help-Seeking Veterans With PTSD Returning From Iraq and Afghanistan

Past research has shown that veterans and individuals with posttraumatic stress disorder (PTSD) have increased rates of smoking. However, the rates of smoking in younger help-seeking veterans returning from Iraq and Afghanistan, and possible correlates of smoking among this population are unknown. In this study, we evaluated the rate of lifetime and current smoking among a sample of 87 returning male veterans diagnosed with PTSD. Twenty-six percent were lifetime smokers and 29% were current smokers. Current smokers were significantly younger than nonsmokers. Current smokers (mean age = 28) reported a mean age of smoking onset as 15.87 with a pack year history of 7.45. These smokers reported on average one previous quit attempt (with 27% reporting relapse within three days). According to a stages-of-change model, the majority of the smokers were in the contemplation phase of stopping smoking (56%) with 32% in the precontemplation phase and only 12% in the preparation phase. The results are placed in the context of non-psychiatric and psychiatric smokers.

Cigarette Smoking Modulates Mood and Attention in Posttraumatic Stress Disorder

Cigarette smoking is prevalent among those with PTSD. Although PTSD is associated with impairment of attention and memory, the effects of smoking on cognitive functions in PTSD has not been investigated. This study examined the effects of overnight cigarette abstinence on mood and cognition in 16 veterans with PTSD (7 male, 9 female). Participants completed several symptom questionnaires (e.g., Questionnaire on Smoking Urges) and cognitive tasks during two sessions (overnight abstinence vs. overnight abstinence followed by ad lib smoking). Paired-samples t-tests indicated that participants reported significantly more anxiety, negative affect, and cigarette craving in the abstinence session. An increase in PTSD symptoms was also reported, although the effect was not statistically significant. On a task of sustained attention (Connors Continuous Performance Test), abstinence resulted in a more impulsive response style, a more variable response time, and decreased vigilance. Visuospatial working memory (VSWM) was reduced and processing speed (Trail Making Test-A) was faster in the abstinence session, although the differences were not statistically significant. Taken together, these results suggest that cigarette smoking modulates mood, craving, and attention in smokers with PTSD.

Papers

Resilience in the Face of War

Adams Ballroom, 6th Floor

Chair: Nikki R. Wooten, MSW, LCSW-C, School of Social Work, University of Maryland, Baltimore, Maryland, USA

Predictors of Resiliency and Posttraumatic Stress Disorder Following Traumatic Injury

(Abstract #195920)

Paper Presentation (Bio Med, Prev EI)

deRoon-Cassini, Terri, MS1; Rusch, Mark, PhD2

¹Psychology, Marquette University, Pewaukee, Wisconsin, USA ²Department of Plastic Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

Over the past 20 years research has focused on psychological factors and person characteristics that increase the risk of developing PTSD following traumatic injury. More recently, research has focused on factors that contribute to resiliency, given that over 50% of individuals do not develop PTSD following single incident trauma. The purpose of this study is to identify peritrauma and immediate posttrauma variables that predict recovery (acute PTSD), delayed PTSD, chronic PTSD, or resiliency in a prospective design across six months for single incident injured trauma (e.g. gunshot wound, physical assault) survivors. One-hundred thirtyeight participants were interviewed immediately posttrauma, and again at four weeks, three months, and six months. Utilizing a logistic regression, the probability of having PTSD compared with resiliency is related to coping self-efficacy, dissociation, and functional impairment (X2 (15, 124) = 52.3, p < .01). Significant group differences related to depression were found at each time point (F (9, 123) = 5.38, p<.001). Assessment and treatment implications are presented with a discussion focused on identifying individuals who may be at heightened risk for psychological distress in the aftermath of trauma.

Measuring Resilience in OIF/OEF Veterans

(Abstract #195258)

Paper Presentation (Clin Res, Asses Dx)

Mavissakalian, Matig, MD

¹Case Western Reserve University, Brecksville, Ohio, USA

A 10 week psychoeducational workshop (R&R) was designed to promote resources and increase resilience in OIF/OEF (Iraq and Afghanistan veterans) seen at the Cleveland VAMC. The Connor-Davidson Resilience Scale (CD-RISC) a self rating measure ranging from 0-100 with higher scores reflecting greater hardiness, dynamism, self efficacy, patience, humor in the face of adversity, altruism and/or spirituality was administered to the first 34 participants. Repeated measures ANOVA and effect sizes revealed statistically (p=.005) and clinically (ES=0.53) significant improvement in 23 completers. Median (65) split comparisons showed greater attrition (8/17 vs 3/17,p=0.67) and greater effect sizes (ES=0.77) in the initial lower resilience subgroup. The psychoeducational classes improved resilience to a significant degree in OIF/OEF veterans. The differential effects of initial resilience on outcome highlight the potential usefulness of measuring resilience in future efforts, both at the individual and policy making levels, to improve the retention of OIF/OEF veterans who have the most to gain but tend to drop out from an effective, time limited psycheducational intervention

The Relationship Between Resilience and PTSD: A Test of the Basic-PH Model in the Context of War

(Abstract #195891)

Paper Presentation (Prev EI, Clin Res)

Farchi, Moshe, PhD1

¹School of Social Work, Tel Hai Academic College, Upper Galilee, Israel

This study examines the relationship between the Basic-PH model (lahad 1993) and PTSD in the context of war. The Basic-ph model relates to the six major dimensions of coping styles: Belief, Affect, Social, Imagination, Cognition and Physiology. The study sample included 290 male students who participated as active soldiers during the second Lebanon war between Israel and the Hizbulla and 120 female students who volunteered mainly in child care during the war. All students where given the Basic-ph questionnaire (Carlaton, 1996) and a PTSD questionnaire (Foa, 1996). Results indicated a positive strong correlation between coping resources and PTSD. Linear multiple regression indicated that avoidance and numbing where the main predictors of using most of the Basic-ph clusters. This positive relation is assumed to demonstrate that traumatic events encourage the elicitation of coping resources after the traumatic event. Coping resources might exist on a low level before the trauma but the traumatic event enables them to emerge and be useful for the coping person. This study adds the "after shock" coping aspect to Lahad's theory that emphasizes the preliminary importance of strong and stable resilience demonstrated by the Basic-ph clusters.

Deployment Risk Among Women Veterans: Traumatic Experiences and Mental Health Outcomes (Abstract #195936)

Paper Presentation (Mil Emer, Practice)

Wooten, Nikki R., MSW, LCSW-C1

¹School of Social Work, University of Maryland, Baltimore, Maryland, USA

Since the Vietnam War, women's roles in the armed forces have increased significantly. Evidence suggests women's participation in military deployments may have adverse effects on their psychosocial, physical, and mental health. This presentation will explore the relationship between deployment risk and mental health outcomes among women veterans including linkages between traumatic experiences, subsequent risk, and gender disparities affecting help-seeking behaviors. A critical analysis of the literature on women veterans emphasizing deployment experiences as well as sociodemographic characteristics increasing women's risk for adverse post-deployment outcomes will be presented. Traumatic experiences and cumulative risks influencing the development of co-occurring mental health disorders and substance abuse will also be discussed. A synthesis of seminal findings from the Vietnam, Persian Gulf, and Global War on Terrorism conflicts will inform a discussion of implications for future research and practice.

Papers Child Maltreatment and PTSD

Salon 1, 3rd Floor

Chair: Nicole Nugent, PhD, Brown Medical School, Providence, Rhode Island, USA

Posttraumatic Stress Symptom Trajectory in Children With Reported Family Violence

(Abstract #196120)

Paper Presentation (Child, Res Meth)

<u>Nugent, Nicole, PhD</u>¹; Saunders, Benjamin, PhD²; Williams, Linda M., PhD³; Hanson, Rochelle, PhD²; Smith, Daniel, PhD²; Fitzgerald, Monica, PhD²

¹Brown Medical School, Providence, Rhode Island, USA ²Medical University of South Carolina, Charleston, South Carolina, USA ³University of Massachusetts at Lowell, Lowell, Massachusetts, USA

Most examinations of PTSD development and chronicity, particularly investigations of PTSD in youth, have used variablecentered approaches. The present investigation sought to: (1) identify distinct latent classes of youth PTSD symptom trajectories and (2) examine the impact of one clinically-relevant factor (i.e., parent symptoms of avoidance) on class membership. Participants consisted of 201 (73 boys, 128 girls) youth 7-18 years of age recruited from 530 Navy families following allegations of child sexual abuse, child physical abuse, or intimate partner violence. Using Growth Mixture Modeling (GMM) analyses MPlus Version 4.21, a three-class model was identified as evidenced by progressive decrease BIC values and non-replication of the 4-class solution. Multinomial logistic regression, covarying for child age and sex, indicated that maternal and paternal avoidance significantly predicted child class membership, Pearson Chi-Square (294) = 216.47, p = 1.00; Deviance Chi-Square (294) = 234.28, p= .99. Limitations and implications of this investigation are

Symptom Development Following Child Maltreatment: Understanding the Role of Attributions

(Abstract #196005)

Paper Presentation (Child, Asses Dx)

Risk, Heather, PsyD¹; Hart, Kathleen, PhD, ABPP²
¹Department of Psychology, Xavier University, Lexington, Kentucky,

²Department of Psychology, Xavier University, Cincinnati, Ohio, USA

Victims of child maltreatment present with a variety of psychological symptoms. This study examined the role a child's attributions for events play in symptom formation. Children (n=67) with and without histories of maltreatment (ages of 7-12) completed measures of general attributional style (Children's Attributional Style Questionnaire- Revised), abuse-related attributional style (Children's Attributions and Perceptions Scale), and self-reported symptoms (Beck Youth Inventories). All children were receiving clinical services. We found that negative internal attributions were related to both children's self-reported internalized symptoms (depression, anxiety, and poor self-concept) and externalized symptoms (anger and disruptive behavior). These results differ from the previous theory that internalized attributional style is related to significant levels of internalized problems, whereas externalized attributions are related to externalized behavior. The current finding has important implications for the assessment and treatment of children who have been abused in that attention may be drawn to their disruptive behavior without attention to the internalized processes (self-blame) that may be contributing to their externalized symptoms. Limitations to this study and implications for future research will be provided.

Emotion Dysregulation and Trauma-Related Internalizing Symptoms After Child Psychological Abuse

(Abstract #195979)

Paper Presentation (Asses Dx, Child)

<u>Coates, Aubrey A., MA¹;</u> Messman-Moore, Terri, PhD¹; Volz, Angela R., MA¹; Gaffey, Kathryn, MA¹

¹Miami University, Oxford, Ohio, USA

The complexity involved in defining childhood psychological abuse (CPA) has impeded research on this topic. At times CPA is divided into types which are believed to be conceptually distinct from other types of CPA. Other times CPA is studied without attention to types. It is unclear which approach is empirically supported. If distinct types of CPA exist, certain types may be more salient for the development of later psychological difficulties. This hypothesis was examined in 846 college women. Types of CPA were examined in relation to common long-term psychological difficulties related to CPA: emotional impulsivity, unawareness, and nonacceptance and trauma-related depression and anxiety. Approximately 13% reported experiencing CPA. Results indicated 4 distinct types of CPA: Spurning, Emotional Nonresponsiveness, Corrupting, and Demanding. Results suggest that there may be specific long-term difficulties which develop when particular types of emotionally abusive behavior is experienced. Emotional Nonresponsiveness was related to later emotional unawareness; Spurning was related to trauma-related internalizing symptoms, emotional nonacceptance and impulsivity. Experiences of spurning may be partciularly salient in the development of later emotion dysregulation and internalizing symptoms.

Co-Occurrence of Community Violence and Child Maltreatment: Assessing Risk for PTSD

(Abstract #196262)

Paper Presentation (Child, Cul Div)

<u>Aisenberg, Eugene, PhD</u>¹; Ayon, Cecilia, MSW¹; Garcia, Antonio, MSW¹

¹Social Work, University of Washington, Seattle, Washington, USA

This presentation examines lifetime exposure to community violence (ECV) among 246 African American, Latino, and White maltreated and 140 non-maltreated adolescents residing in a large urban county. It focuses on three questions: 1) Are maltreated youth at higher risk for ECV than non-maltreated youth? 2) Does maltreatment status differentiate risk for PTSD and behavior problems? 3) While controlling for gender, age, and ethnicity, does maltreatment act as mediator of the effects of ECV upon PTSD and behavior problems?

Subjects reported substantial exposure to at least one violent event (84% as victims and 78.5% as witnesses). Maltreated adolescents were more likely than non-maltreated youth to report a high level of violence exposure. One-third of each group met PTSD criteria. Examination of subscales revealed a statistically significant difference in mean score (p <.01) only for hyperarousal score (.19 non-maltreated, .31 maltreated). Maltreated adolescents manifested substantially more behavior problems than the non-maltreated adolescents.

Analyses identified maltreatment is a partial mediator of behavior problems accounting for 6.5% of the variance (F(7,378)= 3.770, p =.001). Findings underscore the need for systematic assessment of the co-occurrence of community violence exposure among maltreated adolescents to inform prevention and treatment efforts.

Papers **Papers**

Predictors and Treatment Issues in Children

Salon 3, 3rd Floor

Chair: Lilach Rachamim, MA,

Department of Psychology, Bar Ilan University, Ramat Gan, Israel

Fear Activation and Habituation During Imaginal Exposure in Youth Suffering From PTSD

(Abstract #196109)

Paper Presentation (Clin Res, Child)

Rachamim, Lilach, MA¹; Helpman, Liat, MA¹; Foa, Edna, PhD²; Shafran, Naama, MA¹; Daie-Gabai, Ayala, MA¹; Gilboa-Schechtman, Eva, PhD¹

¹Department of Psychology, Bar Ilan University, Ramat Gan, Israel ²University of Pennsylvania, Philadelphia, Pennsylvania, USA

No studies to date examined emotional processing (Foa and Kozak, 1986) in youth with PTSD. Meta-cognitive beliefs identified in anxious adolescents (e.g.," My worrying could make me go mad"), were positively associated with symptoms of anxiety (Cartwright-Hatton, Mathers, Illingworth, Brocki et al., 2004). Thought suppression strategies were used more by adolescents than children (Farrell and Barrett, 2006). These findings suggest that children may not have a meta-cognitive beliefs concerning affective response to re-telling of the trauma story. Therefore, they maybe less likely than adolescents to activate the fear-structure during imaginal exposure (IE). We examined fear activation and habituation in 45 (24 girls) youths (8-18 years) with PTSD, who underwent an adaptation of Prolonged Exposure Treatment for Children and Adolescents (Foa, Chresman, Gilboa-Schechtman 2008). For the whole sample, children and observers reported significant within- and between-session habituation for the first three sessions. Younger children showed lower activation levels, and needed fewer IE sessions to achieve comparable treatment gains. Higher activation levels during the first session predicted better treatment outcome. Implications of developmental considerations for treatment adaptation for youth are discussed.

A Web-Based Early Intervention for Children and Their Parents Following Unintentional Trauma (Abstract #196196)

Paper Presentation (Prev El, Child)

Cox, Catherine, BA, BSOSCI1; Kenardy, Justin, PhD2

¹School of Psychology & Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland, Herston, Queensland, Australia

²Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland, Herston, Queensland, Australia

Unintentional trauma in children can result in chronic and severe psychopathology that often goes undetected and untreated. This presentation will outline a randomised control trial that investigated the effectiveness and helpfulness of a web based early intervention aimed at children and their parents following unintentional trauma. Eight-five children aged 7-16 years were recruited from surgical wards and given a questionnaire battery at three time points, (1-2 weeks, 4-6 weeks and 6 months post) assessing traumatic stress reactions and coping. Following the first assessment, children were randomised into either an intervention or control group (treatment as usual). The intervention consisted of a website, designed to assist in normalising reactions, teach coping skills and enhance a child's strength and resiliency. Parents were provided with an information booklet explaining normal stress reactions and how they can help their child or themselves with the stresses related to the trauma. Data analysis will focus on the differing severity and duration of stress reactions between the groups as well as analyse coping skills employed. A web based intervention is not only cost effective and easily accessible but also places this study at the cutting edge of treating childhood trauma.

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

Exploring the Relationships Among Dissociation, Victimization and Juvenile Sexual Offending

(Abstract #195825)

Paper Presentation (Child, Asses Dx)

Leibowitz, George, PhD1

¹University of Vermont, Burlington, Vermont, USA

An etiological model of dissociation can have utility for researchers and treatment providers working with sexually abusive youth with trauma histories. This presentation explores the relationships among dissociation, victimization, and juvenile sexual offending in two racially/ethnically diverse groups of sexually abusive and general delinquent male adolescents (n=503). Bivariate analysis showed significant correlations between all types of child abuse and dissociation, with the exception of emotional neglect. Hierarchical logistic regression analysis indicated that dissociation was highly significant in predicting sexual offender status. Moreover, dissociation, sexual victimization, and physical abuse showed significant effects in predicting membership in the sexual offender group; however, emotional abuse eliminated the effects of dissociation and the other abuse variables. The results confirmed the need for additional research in the areas of assessment and treatment of dissociation among sexually abusive youth.

Papers

Sleep and Trauma

Salons 4 - 6, 3rd Floor

Chair: Claudia Zayfert, PhD,

Psychiatry, Dartmouth Medical School, Lebanon, New Hampshire,

UŠA

Cognitive Behavioral Social Rhythm Therapy for Veterans With PTSD, Depression, and Insomnia

(Abstract #196210)

Paper Presentation (Clin Res, Mil Emer)

Haynes, Patricia, PhD¹; Williamson, Marta, MA¹; Kelly, Monica, BS²; Marks, Michael, PhD³; Bootzin, Richard, PhD⁴

¹University of Arizona, Southern Arizona VA Healthcare System, Tucson, Arizona, USA

²University of Arizona, Tucson, Arizona, USA

³Southern Arizona VA Healthcare System, Tucson, Arizona, USA

⁴University of Arizona, Tuscon, Arizona, USA

Patients with PTSD, Major Depressive Disorder (MDD), and insomnia have more severe psychopathology and worse treatment outcomes than patients with only one of these disorders. Although cognitive behavioral interventions are highly effective treatments for each of these problems, few treatments target both sleep and psychiatric symptoms. The purpose of this study was to develop and test an integrative group psychotherapy, Cognitive Behavioral Social Rhythm Therapy (CBSRT), for veterans with these comorbid disorders. CBSRT is a 12-week, 2-hour group therapy designed to improve sleep and increase the frequency and regularity of daily habitual behaviors, to date, 15 veterans with PTSD and MDD have started CBSRT. Throughout the treatment, patients completed the Pittsburgh Sleep Quality Index, PTSD Checklist, and Beck Depression Inventory. Analysis of change trajectories via mixed linear modeling showed that all of these measures improved significantly over time (p < .01). By the end of treatment, both MDD and PTSD symptoms reduced by a mean of 10 points, and sleep onset improved by 24 minutes. The majority of patients (80%) experienced a clinically significant change on sleep or depression scores. Overall, these data demonstrate that CBSRT is both feasible to administer and effective for sleep and depression symptoms in veterans with PTSD, MDD, and sleep problems.

The Role of Fear of Sleep and Rumination in the Sleep Disturbance of Patients With PTSD

(Abstract #196018)

Paper Presentation (Clin Res, Practice)

Zayfert, Claudia, PhD¹; Dryman, M. Taylor, BA²; Morris, Kris, PhD¹; DeViva, Jason, PhD³; Pigeon, Wilfred, PhD⁴

¹Psychiatry, Dartmouth Medical School, Lebanon, New Hampshire, USA ²Dartmouth College, Hanover, New Hampshire, USA ³Newington VAMC, Newington, Connecticut, USA ⁴University of Rochester School of Medicine & Dentistry, Rochester,

*University of Rochester School of Medicine & Dentistry, Roche. New York, USA

Patients with PTSD frequently report fear of sleeping. This study examined relationships between fear of sleep and insomnia of patients with posttraumatic stress disorder (PTSD). Patients (n=123) completed the PTSD Checklist, Penn State Worry Questionnaire (PSWQ), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Fear of Sleep Inventory (FOSI, including nightmare avoidance and nighttime vigilance subscales), the Clinician Administered PTSD Scale (CAPS; n = 89) and Insomnia Severity Index (ISI; a measure of impairment due to insomnia). Separate stepwise linear regressions found that only FOSI-NA predicted CAPS13 (insomnia), R2 = .19. and only PSWQ and FOSI-NA predicted ISI, R2 = .39, (PSWQ R2 = .08 and FOSI-NA R2 = .18). An exploratory analysis of patients without nightmares (n = 50) found only PSWQ and FOSI predicted ISI, R2 = 30, each contributing unique variance to the prediction of ISI, R2 = .12 and .16, respectively. These findings suggest that the association of nightmares with insomnia in PTSD is largely due to fear of nightmares. Worry/rumination also relates to impairment due to insomnia. For patients not troubled by nightmares, fear of sleep and rumination are prominent factors contributing to sleep-related impairment. Treatment that addresses these factors may improve insomnia of PTSD patients.

Sleep in Healthy Adults With History of Childhood Trauma Exposure

(Abstract #196247)

Paper Presentation (Bio Med, Asses Dx)

Neylan, Thomas, MD¹; Metzler, Thomas, MS¹; Henn-Haase, Clare, PsyD¹; Marmar, Charles, MD¹

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

Childhood trauma exposure is known to have persistent neurobiologic effects on arousal and stress reactivity. Our objective was to test whether subjective and objective sleep measures distinguished subjects with and without childhood trauma exposure in a healthy well characterized sample of police academy recruits who had no current Axis I psychopathology.

Methods: 366 psychologically healthy recruits were evaluated while in police academy training. Subjective sleep quality was indexed by the Pittsburgh Sleep Quality Index (PSQI). A subsample (N= 206) was also assessed with the Insomnia Severity Index (ISI), a scheduled interview for sleep disorders, and 7 days of monitoring with actigraphy.

Results: Subjects with history of childhood trauma (N= 54) had significantly worse subjective sleep quality on the PSQI (t= 2.0, p <.05) compared to subjects without childhood trauma exposure (N= 312). Similarly, subjects with childhood trauma had higher scores on the ISI (t= - 2.8, p < .01). Childhood trauma exposure was associated with an increased lifetime prevalence of several parasomnias. There were no differences in actigraph estimates of sleep duration, wake after sleep onset, or number of awakenings.

These results are consistent with other studies demonstrating greater persistent effects of trauma exposure on subjective versus objective measures of sleep quality.

Overcoming Treatment Resistant PTSD Nightmares With an Endocannabinoid Receptor Agonist

(Abstract #196336)

Paper Presentation (Practice, Clin Res)

Fraser, George, MD, FRCPC1

¹Operational Trauma and Stress Support Centre, Canadian Forces, Ottawa, Ontario, Canada

Treatment resistant nightmares in PTSD represent a distressing problem for a significant number of patients with the disorder. A potential breakthrough in pharmacotherapy may be found in endocannabinoid receptor agonists. Endocannabinoid receptors are the most abundant G-coupled protein receptors in the brain (Pagotto, 2006) and endocannabinoids are thought to exert an effect through a variety of interactions with CNS systems related to PTSD. These include the HPA axis, function of the hippocampus and amygdala, and controlling cortical regulation of memory processes. (Barna, 2004; Jiang, 2004; Chatwal, 2005) This paper outlines the results of chart reviews of 47 patients diagnosed with PTSD who continued to suffer from nightmares in spite of conventional antidepressant and hypnotic medications. They were introduced to the endocannabinoid receptor agonist nabilone as an adjunct therapy. The majority of patients (72%) receiving nabilone experienced either cessation or a significant reduction in nightmare frequency and severity. Subjective improvement in sleep time, quality of sleep and the reduction of daytime flashbacks and nightsweats were also noted in some patients. The results of this chart review indicate the potential benefits of nabilone, a synthetic cannabinoid, for PTSD patients experiencing poor control of nightmares with standard pharmacotherapy.

Managing Deployment Stress: The Vermont VA/National Guard Program

(Abstract #196513)

Workshop/Case Presentation (Prev EI, Commun)

Salons 2, 3rd Floor

Pomerantz, Andrew, MD¹; Gajda, Stanley, MA²; Slone, Laurie, PhD³¹Veterans Affairs Medical Center, White River Junction, Vermont, USA²Veterans Affairs Medical Center, Leeds, Massachusetts, USA³National Center for PTSD, White River Junction, Vermont, USA

The deployment of National Guard and Reserve troops to wars in Iraq and Afghanistan has transformed entire states into virtual military installations. These military families do not have the embedded resources that usually provide support during deployments.

This workshop describes Mental Health inteventions provided by White River Junction's Veterans Affairs (VA) Medical Center, the Vermont National Guard and area community partners for families of National Guard soldiers for the past 4 years.

This model provides interventions before, during and following deployment to meet the needs of guardsmen/women and their families. Utilizing a combination of educational conferences, trainings for commanders, group, family, and individual outpatient sessions, the program helps to prepare soldiers and equips families to deal with the stress of deployment.

The program formed the groundwork for a larger collaborative network that has since facilitated the movement of the treatment model from being solely VA driven to one that is multi-agency and multidisciplinary: The Military, Family & Community Network. This network includes the VT Agency of Human Services and many other community organizations and has bridged gaps in services and enhanced care throughout the region, increasing awareness of readjustment issues and providing maximal community support to military and families.

Concurrent Session 11 Saturday, November 15 9:30 a.m. – 10:45 a.m.

The Genetics of Posttraumatic Stress Disorder: What Do We Know So Far?

(Abstract #195985)

Symposium/Panel (Bio Med, Res Meth)

Grand Ballroom, 4th Floor

Brunet, Alain, PhD¹; Thakur, Geeta Angeli, PhD Candidate¹; Koenen, Karestan C., PhD²; Lee, Min-Soo, MD, PhD³; Joober, Ridha, MD, PhD¹; Amstadter, Ananda, MS⁴; Ruggiero, Kenneth, PhD⁵; Acierno, Ronald, PhD⁵; Galea, Sandro, M.D., DR.P.H., M.P.H⁴; Kilpatrick, Dean G., PhD⁵; Gelernter, Joel, MD²

¹Douglas Mental Health University Institute, McGill University, Verdun, Quebec, Canada

²Departments of Society, Human Development and Health and Epidemiology, Harvard University, Boston, Massachusetts, USA ³Department of Psychiatry and Depression Center, Korea University College of Medicine, Seoul, Seongbuk-gu, South Korea ⁴Auburn University, Auburn, Alabama, USA

⁵Department of Psychiatry, Medical University of South Carolina, Charleston, South Carolina, USA

⁶Department of Epidemiology, University of Michigan, Ann Arbor, Michigan, USA

Departments of Psychiatry, Genetics, and Neurobiology, Yale University, West Haven, Connecticut, USA

It is now well understood that genetic factors play a significant role in the etiology of Posttraumatic stress disorder (PTSD). However, little is still known about which specific genes are involved in the development and persistence of the disorder. Here, we will review the literature in the field of genetics and PTSD, present current findings to highlight the importance of investigating various genes in relation to PTSD and recommend areas of future research that will allow for a better understanding of the underlying pathophysiology of the disorder.

Association Between Posttraumatic Stress Disorder and the 5-HTTLPR Polymorphism

Posttraumatic stress disorder (PTSD) is an anxiety disorder affecting individuals who have suffered a severe traumatic event involving a serious threat to self or to others. Research now indicates that approximately 1 in 10 individuals are affected by PTSD. So far, molecular genetic studies relating various genetic polymorphisms to the development and persistence of PTSD have been scarce. We investigated the association between PTSD and the serotonin transporter polymorphism (5-HTTLPR). DNA was extracted from 41 trauma-exposed individuals who had recently suffered a severe motor vehicle accident and the 5-HTTLPR polymorphism was genotyped. Subjects with the II genotype were more likely to develop chronic PTSD at Time 1 compared to those with the ss and sl genotypes (p=0.06). Furthermore, subjects with the ss and sl genotypes were less likely to suffer from chronic PTSD after being exposed to trauma compared to the II homozygotes (p=0.04). In this unique prospective study, the s allele of the 5-HTTLPR appears to be acting as a protective factor against the development and persistence of PTSD.

Association Between *RGS2* and Generalized Anxiety Disorder in an Epidemiologic Sample of Hurricane-Exposed Adults

Generalized anxiety disorder (GAD) is a common and sometimes disabling condition often associated with stressful life events that involve significant loss or danger. The disorder appears moderately heritable. Polymorphisms in the *RGS2* (regulator of G-protein signaling 2) gene were recently associated with anxious behavior in mice and panic disorder and trait anxiety in humans. We examined whether rs4606, a single nucleotide polymorphism (SNP) in the 3´UTR of RGS2, was associated with GAD in 607 adults from the 2004 Florida Hurricane Study who returned buccal DNA samples via mail. Participants were selected via random digit dialing procedures and interviewed via telephone. The outcome

measure was DSM-IV diagnosis of GAD derived from structured interviews. RGS2 SNP rs4606 was significantly associated with GAD in this sample. In logistic regression analyses, each C allele was associated with a 100% (p=.026) increased risk of GAD after controlling for age, sex, ancestry, hurricane exposure and social support. These findings point toward a relevant polymorphism for GAD at the 3' end of the RGS2 gene; and suggest that studying a recently disaster-exposed sample is both feasible and may improve power to find gene-disorder associations.

Psychosocial and Genetic Susceptibility to Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD) is an often-disabling psychiatric disorder resulting from exposure to trauma and develops in a subset of persons exposed to traumatic stress, suggesting individual differences for susceptibility to PTSD. We found that personal characteristics such as lower educational level, divorced or widowed marital status, and F and clinical scale elevations on the MMPI, were associated with symptoms of disaster survivors. Psychological vulnerability can affect the severity of PTSD. We also analyzed genotype and allele frequencies of candidate genes in PTSD patients and unrelated healthy controls using a case-control design and found that frequencies of 5-HTTLPR s/s genotype and the GG genotype of 5-HTR2A gene were significantly higher in PTSD patients than controls, however the levels of statistical significance were not high. Genotype and allele frequencies for the BDNF and DRD2 gene polymorphisms did not differ between PTSD patients and controls. Overall, it might be necessary to evaluate the possible involvement of as-yet-uncovered gene(s) that influence susceptibility to PTSD and to consider gene-gene, genepersonality, and gene-environment interactions. *Supported by Korea Health 21 R&D Project, Ministry of Health & Welfare, Republic of Korea (03-PJ10-PG13-GD01-0002)

Converging Evidence for Developmental Trauma Disorder: Empirical Support From Large Databases (Abstract #196087)

Symposium/Panel (Child, Asses Dx)

State Ballroom, 4th Floor

Stolbach, Bradley C., PhD1; Putnam, Frank, MD2; Perry, Melissa, DSC3; Putnam, Karen, MS4; Harris, William, PhD5; Kisiel, Cassandra, PhD6; Fehrenbach, Tracy, PhD6; McClelland, Gary, PhD6; Griffin, Gene, JD, PhD6; Pynoos, Robert, MD7; Fairbank, John, PhD8; Briggs-King, Ernestine, PhD9; van der Kolk, Bessel, MD10

¹Chicago Child Trauma Center, La Rabida Children's Hospital/University of Chicago, Chicago, Illinois, USA

²Children's Hospital Medical Center of Cincinnati, Cincinnati, Ohio, USA ³School of Public Health, Harvard University, Cambridge, Massachusetts, USA

⁴Department of Epidemiology and Environmental Health, University of Cincinnati, Cincinnati, Ohio, USA

⁵Children's Research and Education Institute, Belmont, Massachusetts,

Department of Psychiatry & Behavioral Sciences, Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA ⁷University of California, Los Angeles, Los Angeles, California, USA

⁸Duke University, Durham, North Carolina, USA

Duke University, Durham, North Carolina, USA

¹⁰Boston University, Boston, Massachusetts, USA

This symposium presents findings of studies of 5,500 adults, 5,000 foster children, and 8,000 children served at child trauma centers. All three studies suggest that complex relational trauma in childhood is associated with an array of developmental impairments, adaptations, and comorbidities, highlighting the need for a new Developmental Trauma Disorder diagnosis.

Childhood Antecedents of Clinical Complexity

The National Comorbidity Survey-Replication is a nationally representative survey of US households (N=5692) using a structured interview to assess 26 lifetime DSM-IV diagnoses as well as childhood antecedents including: sexual abuse, physical abuse, parental depression, parental substance abuse, crime victim, and high school dropout. An "ACE-type" analysis was performed with respect to the impact of childhood abuse, trauma, and household dysfunction on the number of DSM diagnoses received. As Cumulative Risk Scores (CRS) increased from 0 to 4 or more, the mean number of DSM diagnoses per individual increased from 1.4 (SE±0.04, N=3269) to 7.5 (SE±0.62, N=85) replicating the stepwise, dose-response pattern seen in the ACE studies. The pattern of diagnoses differed for males and females with PTSD being diagnosed in 20% or more of females starting at the CRS=2 level. In males, PTSD was not a common diagnosis even at the CR=4+ level. A history of childhood sexual abuse significantly increased likelihood for 18 of the 26 diagnoses in males (mean OR=3.3) and for 23 of the 26 diagnoses in females (mean OR=3.0). These analyses of a nationally representative adult sample demonstrate that childhood trauma and family dysfunction are associated with complex psychiatric profiles characterized by multiple DSM diagnoses.

Symptoms of Developmental Trauma Disorder in a Sample of Youth Entering the Child Welfare System in Illinois

To demonstrate the utility of a Developmental Trauma Disorder (DTD) diagnosis, patterns of trauma exposure and symptoms associated with complex trauma and DTD will be identified within a large data set in Illinois. The present study consisted of data collected since July 2005, in conjunction with the Illinois Department of Children and Family Services (IDCFS). An Integrated Assessment was conducted on each child upon entry into the child welfare system, including a comprehensive evaluation of safety, health and mental health needs. The centerpiece of the mental health assessment is the IDCFS Child and Adolescent Needs and Strengths Comprehensive, an instrument used for assessment, treatment and service planning. The sample included 5,000 youth (ages 0-18). Factor analyses were conducted according to the indicators for each domain of complex trauma. Results suggest that different patterns of traumatic experiences, including combinations of violent (sexual abuse, physical abuse and family violence) and non-violent (neglect and emotional abuse) interpersonal trauma are associated with different response patterns across domains of complex trauma. Additionally, these patterns of response manifest differently across developmental stages. These findings will be discussed in terms of their implications and empirical support offered for Developmental Trauma Disorder

Trauma Exposure, Adverse Experiences, and Diverse Symptom Profiles in a National Sample of Traumatized Children

This study utilizes the Core Data Set (CDS) of the National Child Traumatic Stress Network (NCTSN) to evaluate evidence for a Developmental Trauma Disorder among children with histories of multiple chronic traumas and other adverse experiences. The CDS includes initial data from over 8,000 children and adolescents served at 43 NCTSN treatment sites, as well as treatment or posttreatment data from over 4,000. The CDS gathers detailed trauma history profiles that include information on a broad range of adverse experiences and utilizes the Trauma Symptom Checklist for Children, the UCLA Reaction Index for PTSD, the Child Behavior Checklist, and clinician reports of symptoms, diagnoses, functional impairments, services, and demographic information. In this sample, Trauma History Profiles and ACE indicators were related to changes in symptom profiles and increases in behavioral disturbances such as suicidal behaviors. Although approximately 70% of the children in this sample had multiple trauma exposures or complex trauma histories, fewer than 30% were reported to meet DSM-IV criteria for PTSD, highlighting the need for a diagnostic formulation that can more effectively account for their complex symptom profiles and wide range of developmental, behavioral and emotional impairments.

How to Overcome Military Members' Mental Health Stigma and Barriers to Care

(Abstract #196093)

Haven, Connecticut, USA

Symposium/Panel (Mil Emer, Clin Res)

Adams Ballroom, 6th Floor

Slone, Laurie, PhD¹; Friedman, Matthew, MD, PhD²; Southwick, Steven M., MD³; Stecker, Tracy, PhD⁴; Washam, Terry, LISW, DCSW⁵¹VA National Center for PTSD, White River Junction, Vermont, USA²VA National Center for PTSD, White River Junction, Vermont, USA³Clinical Neurosciences Division, VA National Center for PTSD, West

⁴Department of Community and Family Medicine, Psychiatric Research Center, Lebanon, New Hampshire, USA

5VHA/DoD Outreach Office, VA Central Office, Avon, Ohio, USA

Following deployment, veterans face barriers that prevent them from seeking treatment. Research and practical advice are presented with the goal of helping Service Members acquire the care that they need, including a discussion led by Dr. Matthew Friedman covering the pros and cons of strategies presented.

Barriers to Mental Health Care Among OEF/OIF Veterans Presenting at VA

Hoge et al. (2004) identified specific barriers to receiving mental health care among OEF/OIF veterans. Some barriers were related to education, outreach and resources (e.g. "I don't know where to get help"), others to perceived stigma (e.g. I would be seen as weak"), and others centered on beliefs soldiers held about mental healthcare in general (e.g. "I don't believe that mental health care is beneficial."). Dr. Steve Southwick will discuss new research on barriers to receiving care among OEF/OIF veterans who present to a VA hospital.

Purpose: to assess the relationship between treatment seeking, beliefs about mental health care and potential barriers to receiving mental health care among OEF/OIF veterans.

Methods: Participants include OEF/OIF veterans who present to primary care clinics/ mental hygiene clinic and agree to participate in research about barriers to care (perceived personal barriers, institutional barriers, beliefs about psychotherapy, beliefs about medication and fear of loss of vigilance.)

Results and conclusion: We analyze the relationship between barriers to care and degree of traumatic exposure, degree and types of symptomatology (PTSD, depression, alcohol), level of psychosocial function, perceived unit support, stress resilience, interest in receiving mental health treatment and history of mental health treatment.

Predicting Treatment Seeking in OIF National Guard Soldiers
Stigma about mental health treatment can interfere with decisions
to seek care. Dr. Tracy Stecker discusses research (NIMH
1R34MH078898-01) conceptualized using the Theory of Planned
Behavior (TPB), a model to understand the relationship between
beliefs & behavior. The purpose of this research was to create a
psychometrically-sound, theoretically-based instrument to assess
beliefs about mental health treatment to understand treatment
seeking behavior among National Guard soldiers returning from
Iran

Methods: National Guard soldiers who screened positive for mental health problems on the MINI (N=150) completed a scale designed from the TPB assessing beliefs about mental health treatment (including behavioral, normative & control beliefs, e.g. treatment helps reduce symptoms, work would support my seeking treatment), intention to seek treatment, and treatment seeking behavior.

Results and conclusion: The instrument was found to have high internal reliability & good test-retest reliability. Beliefs about mental health treatment differentiated between soldiers who sought treatment and those who did not. Theoretically, behavioral & control beliefs predicted intention to seek treatment and actual engagement into care. Findings suggest that interventions must be

directed toward cognitive factors that motivate treatment seeking in addition to traditionally targeted structural barriers.

VA's Reserve Components PDHRA Partnership with DoD—Overcoming Barriers to Care Among the Reserve & National Guard The Assistant Secretary of Defense for Health Affairs mandated the Post-Deployment Health Reassessment (PDHRA) Program in March 2005. The PDHRA is a global health screening and functions as part of DoD's deployment-related continuum of care completed between 90-180 days post-deployment. The PDHRA is offered to all Service Members who have returned from operational deployment to include both Active and Reserve Components. Col Terry Washam will discuss key elements of PDHRA's mission: Outreach; early identification; education; and access to care.

The Global War on Terror (GWOT) is relying heavily upon the Reserve & National Guard Forces (Reserve Components). Historically they have comprised 30-50% of combat forces in Afghanistan and Iraq. DoD's reliance on the Reserve Components along with their geographical distribution and combat-related health care needs made a DoD partnership with VA a necessity for successful implementation of the PDHRA with Reserve Components.

Discussant Dr. Matthew Friedman, Executive Director of the VA's National Center for PTSD will lead a discussion covering the pros and cons of various strategies to help overcome the barriers to care that service members face.

Predicting and Treating Posttraumatic Stress in Injured Children

(Abstract #196115)

Symposium/Panel (Child, Clin Res)

Salons 7-9, 3rd Floor

Nixon, Reg, PhD¹; McKinnon, Anna, BPSYCH(HONS)²; Le Brocque, Robyne, PhD³; Kassam-Adams, Nancy, PhD⁴; Kenardy, Justin, PhD³; Winston, Flaura, PhD⁴; Hendrikz, Joan, BSC³

¹School of Psychology, Flinders University of South Australia, Adelaide, South Australia, Australia

²School of Psychology, Flinders University Australia, Adelaide, Australia

³Centre of National Research on Disability and Rehabilitation, University of Queensland, Australia, Herston, Queensland, Australia ⁴Center for Injury Research & Prevention, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Injury leading to hospitalisation is one of the most common traumas that children will experience that can lead to posttraumatic stress disorders. Over 4 presentations this symposium will report on research from the USA and Australia that aims to identify children most at risk of developing PTSD after such injuries and the outcomes of interventions designed to either prevent the development of PTSD, as well as a randomised trial for children who have already developed disorder.

The Influence of Memory Processes on the Development and Maintenance of Posttraumatic Stress Symptoms in Children How traumatic experiences are encoded and re-experienced is argued to be a critical component in determining adjustment following trauma (Ehlers & Clark, 2000). The findings of two studies exploring the role of data-driven processing and perceptions of memory quality in the development and maintenance of posttraumatic stress (PTSS) reactions will be reported. In Study 1, 75 children (7 - 16 years) were interviewed within 4 weeks of an injury leading to hospital treatment. Results indicated that perceptions of memory quality and data-driven processing predicted acute stress symptoms. Study 2 is in progress. Children are interviewed within 4 weeks of their hospital injury (Time 1; T1) and 8 weeks later (Time 2; T2). Preliminary results (N = 50) reveal that, contrary to Study 1, T1 data-driven processing and perceptions of memory quality at T1 do not predict T2 PTSS reactions, after accounting for event-related fear, but initial trauma-related cognitions do. However, after controlling for initial acute stress reactions, T2 perceptions of memory quality (but not trauma-cognitions) significantly predict later PTSS reactions. The findings suggest these variables have a differential influence on the onset and maintenance of PTSS respectively. The results are discussed in the context of cognitive models of child PTSD.

The Course of Posttraumatic Stress Disorder: An Exploration of Recovery Trajectories of Children and Their Parents Following Accidental Injury

Objective: Although researchers have observed varying rates of symptoms of PTSD following trauma, few studies have explored individual recovery patterns. This paper explores the trajectories patterns for symptoms of Posttraumatic stress in children and parents following child accidental injury.

Method: Data for this study comes from a prospective study of 191 children aged 7-15 years admitted to hospital in Brisbane, Australia, and their parent. Analyses utilized a generalized, semi-parametric, mixture model to identify number and shape of trajectories describing the course of PTSD symtoms for two years following child trauma. PTSD symptoms were assessed using the adult and child version of the Impact of Events Scale (IES).

Results: Results showed three distinct trajectories for children's psychological response to traumatic injury: (i) well below the clinical level, (ii) above clinical level in the first 4-6 weeks then declined to below clinical level, or (iii) above the clinical level. Parent symptoms were characterized by three similar trajectories although all parents had symptoms below clinical level by six months.

Conclusion: The ability to identify distinct PTSD trajectories post child trauma and the correlates of these trajectory groups has critical clinical implications for the early identification of individuals who may be at risk.

Evaluating Information and Psycho-Education as Secondary Prevention After Pediatric Injury

Informational interventions have the potential to be an accessible and cost-effective means of reducing the impact of potentially traumatic events. Several studies have found that trauma informational materials are appreciated and perceived as helpful by users. Evidence to date has been inconsistent regarding the effectiveness of such materials in preventing or reducing the severity of posttraumatic stress symptoms. As part of an ongoing research program on secondary prevention of traumatic stress after pediatric injury, our team has developed a set of informational and psychoeducational materials for parents of injured children, including print materials, a brief multi-segment video, and an interactive website. The website combines practical information about injury recovery with video segments and interactive features allowing parents to rate child reactions and create an individual care plan for helping their child. This presentation will report the results of a series of evaluations of the print, video, and web materials: a randomized trial of print materials (n=120); and qualitative and quantitative evaluations of video and web-based materials now underway. Each study aimed to understand how parents use the materials, and their potential impact on parent awareness of traumatic stress reactions and the coping assistance provided by parents to their injured children.

A Comparison of Cognitive Behavior Therapy Versus Cognitive Therapy for Childhood PTSD

At present, the majority of randomised controlled trials of CBT for childhood PTSD have been for sexually abused samples. Preliminary findings will be presented for a randomised treatment trial of childhood PTSD following motor vehicle accidents and nonsexual assault. The study has two aims: (a) to examine the efficacy of treatment for nonsexual assault trauma in children and (b) to examine whether cognitive therapy alone can achieve outcomes comparable to a full CBT intervention. Given that CBT for PTSD typically involves imaginal and *in vivo* exposure, it is possible that some children will not tolerate such treatment components, and thus not respond to treatment. Similarly, there is evidence that clinicians in the field often do not use exposure techniques despite their empirical support. At the time of writing,

28 families have entered treatment. Preliminary results indicate that there is little difference between the CBT and CT groups posttreatment in terms of PTSD, depression, maladaptive beliefs, and general anxiety. Overall children demonstrated clinically significant reductions in symptoms following treatment (pre-post effect sizes for PTSD and depression are 2.17 and 0.65, respectively). The role that parents can play in assisting children to manage their posttrauma reactions will be discussed.

Mindfulness, Meditation, and CBT: Similarities and Differences

(Abstract #196315)

Symposium/Panel (Clin Res, Practice)

Wabash Room, 3rd Floor

Waelde, Lynn C., PhD¹; Klunk-Gillis, Julie, PhD²; Niles, Barbara, PhD²; Batten, Sonja, PhD³; Walser, Robyn, PhD⁴

¹Pacific Graduate School of Psychology, Redwood City, California, USA ²National Center for PTSD, Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA

³Trauma Recovery Programs, VA Maryland Healthcare System, Baltimore, Maryland, USA

⁴National Center for PTSD, Education Division, VA Palo Alto Health Care System, Menlo Park, California, USA

Current interest in mindfulness and meditation as PTSD interventions raises questions: 1) Does mindfulness overlap with CBT? 2) Does mindfulness interfere with or promote traumarelated avoidance? 3) Should mindfulness be adjunctive to CBT or offered as a stand-alone treatment? We will present research and clinical findings to address these issues.

Possible Mechanisms of Mindfulness and Meditation as PTSD Interventions

There has been recent speculation that mindfulness, meditation, and cognitive behavioral therapy (CBT) share similar mechanisms. Baer (2003) reviewed evidence that mindfulness might promote a range of cognitive behavioral benefits, including exposure, cognitive change, increased self-management skills, and relaxation. Thus, meditation, like CBT, may reduce reexperiencing distress and avoidance of trauma reminders. In addition, the relaxation entailed in mindfulness and meditation practice may confer additional benefits. Taylor and colleagues (2003) proposed that relaxation may help PTSD symptoms because it reduces hyperarousal, which in turn reduces distress and the concomitant need for avoidance. Findings from our studies of meditation for dementia caregivers (Waelde, Thompson, & Gallagher-Thompson, 2004) and Hurricane Katrina survivors (Waelde et al., in submission) will illustrate the possible effects of meditation on cognitive change and PTSD symptoms, though further research is needed to investigate the efficacy and mechanisms of mindfulness and meditation for PTSD.

Mindfulness as a "Complementary" Treatment for Posttraumatic Stress Disorder

Empirically validated cognitive-behavioral treatments for PTSD have not traditionally included mindfulness meditation as an intervention or a component of treatment. An 8-week telehealth treatment for PTSD modeled after Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990) was evaluated in a pilot study conducted in a cognitive-behavioral PTSD clinic setting. This presentation will detail some of the challenges encountered and lessons learned from introducing the concepts of mindfulness to the clients participating in the study and the clinic staff. Both differences and similarities between mindfulness and cognitivebehavioral approaches became apparent during the course of the pilot study. For example, in dealing with difficult thoughts and feelings, an MBSR-informed approach would likely focus on allowing or acknowledging the difficulty and "letting it be." By contrast a more traditional CBT approach would be to challenge the negative thought or emotion. On the other hand, a mindfulness intervention can also complement a cognitivebehavioral approach as they both endeavor to decrease avoidance. In addition, both cognitive-behavioral and mindfulness approaches emphasize choice in actions and thoughts, rather than automaticity, and encourage exploration of alternative ways of responding to thoughts and feelings.

The Role of Mindful Awareness in Facilitating Committed Action One of the essentials of third wave behavior therapies, such as Acceptance and Commitment Therapy and Dialectical Behavior Therapy is mindful, present-moment awareness. Mindfulness allows one to disrupt avoidance and helps one not to escalate in emotionally challenging situations, while providing the space in which to make choices that are aligned with one's values. Some traditional CBT approaches begin with an assumption that being aware of the pros and cons or potential consequences of an action can be enough to guide behavior. However, everyone has the experience of being fully aware of what "should" be done, while following through with a less adaptive response. Trauma survivors are motivated to avoid difficult thoughts, feelings, and bodily sensations, and avoidance has been proposed as one of the key factors in PTSD (Batten, Orsillo, and Walser, 2005). Thus, mindful awareness of these difficult private events is key for trauma survivors looking to transform their lives from one focused on short-term reductions in difficult emotions and sensations, to one focused on a long-term path of valued choices and actions. Examples of using mindfulness in session with trauma survivors will be provided, contrasted with more traditional CBT approaches to trauma treatment.

Use of Mindfulness in Treating PTSD

In the last several years, there has been considerable research into the use of mindfulness in treating a number of conditions including stress, medical disorders, mood disturbance, cardio-vascular and gastrointestinal problems, and has more recently been applied to posttraumatic stress disorder (PTSD). These findings supported broad generalizability for the use of mindfulness. A modern definition of mindfulness is "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p. 145). We have been using mindfulness in our women's inpatient trauma treatment program and have had some successes plus we have learned some valuable lessons. We will discuss the use of mindfulness with individuals who carry a diagnosis of PTSD plus explore some of the issues in using mindfulness with this population.

Papers

Cross-Cultural Assessment and Field Research Crystal Room, 3rd Floor

Chair: Julia Mueller, PhD,

Department of Psychiatry, University Hospital Zurich, Zurich,

Switzerland

Multilingual Computerized Diagnostics in Traumatized Refugees: Validity and Acceptance of MultiCASI

(Abstract #196065)

Paper Presentation (Asses Dx, Clin Res)

Crystal Room, 3rd Floor

Mueller, Julia, PhD¹; Knaevelsrud, Christine, PhD²
¹Department of Psychiatry, University Hospital Zurich, Zurich,
Switzerland

²Treament Center for torture Victims Berlin, Berlin, Germany

Migrants and refugees often don't receive the health care they need due to lacking clinical information on their health status. Illiteracy and multilingualism make standardized psychological assessment methodologically difficult and resource consuming. We developed a multilingual computer assisted self-interview (MultiCASI) allowing psychodiagnostic assessment in diverse languages for persons with varying literacy skills.

Aim of the study was to validate MultiCASI in examining its feasibility, usability, and acceptability in a clinical sample of traumatized refugees. Also we were interested if the use of MultiCASI would increase reports of sensitive information.

We randomly assigned N=67 treatment seeking traumatized refugees (13 countries, 58% male, mean age 38 years) undergoing our institution's quality management assessment procedures to either the conditions MultiCASI or Interviewer-Administered Questionnaire (IAQ). Mental health (HSCL, PDS), quality of life (Eurohis), socio-demographics and MultiCASi-acceptance were assessed. The questionnaires were translated into 12 languages and recorded in MultiCASI.

Severity of PTSD, depression, anxiety and the reported number of traumatic events were equal in both diagnostic conditions. Patients and therapists accepted MultiCASI well. MultiCASI proved to be a valid, time and cost saving alternative to IAQ assessment.

HIV-Related Stigma and Concerns in Relation to Distress Among Malawi Women

(Abstract #195644)

Paper Presentation (Cul Div, Sos Ethic)

Crystal Room, 3rd Floor

<u>Khaylis, Anna, MS</u>¹; Shenkman, Tammy, BA²; Wiener, Sarah, BS³; Arganbright, Jill, BS³; Koopman, Cheryl, PhD²; Gore-Felton, Cheryl, PhD⁴

¹Department of Psychiatry and Behavioral Medicine, Stanford University, Palo Alto, California, USA

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³Medical College of Wisconsin, Milwaukee, Wisconsin, USA ⁴Stanford University, Stanford, California, USA

This study examined the following hypotheses in a communitybased sample of sexually active Malawi women: 1) perception of greater HIV stigma would be associated with more emotional distress; 2) worry about being HIV-positive and worry about the possibility of infecting others would be related to greater emotional distress; and 3) among those who had experienced interpersonal violence, compared to those who had not experienced interpersonal violence, there would be greater perception of HIV stigma. Forty five of 46 women ages 17-46 recruited from the Namitete area of Malawi who had been sexually active within the past two months completed the Malawi Health Behavior Survey, the Center for Epidemiological Studies -Depression scale and the mini Behavior Symptom Inventory. Women who reported greater worry about having HIV and viewed HIV as more stigmatized reported significantly greater depression and anxiety. Women who had been physically abused by their partners also reported significantly greater anxiety. These findings highlight the importance of addressing HIV stigma and HIV-related concerns as well as intimate partner violence in addressing women's mental health in Malawi.

Spirit Possession as an Idiom of Distress, Coping With the Aftermath of Terror and Trauma in Uganda

(Abstract #196519)

Paper Presentation (Cul Div, Asses Dx)

Crystal Room, 3rd Floor

<u>Van Duijl, Marjolein, MD</u>¹; de Jong, Joop, MD, PhD²; Nijenhuis, Ellert, PhD³

¹Clinic for traumatized refugees, Center 45, Rijnsburg, Netherlands ²Vrije Universiteit Amsterdam, Boston University School of Medicine, Amsterdam, Netherlands

³GGZ Drenthe, Assen, Netherlands

Background: Like many African countries Uganda has suffered a history of terror causing societal disruption. Little research has been done on local idioms of distress such as spirit possession and subsequent help seeking behavior, and how this is related to potentially traumatic experiences.

Purpose: To explore the characteristics of spirit possession and its relationship with reported potentially traumatizing events.

Method: 119 possessed patients of traditional healers were compared to a control group of 71 persons. Interviews covered demographic features, questionnaires on the history of symptoms, explantions and help seeking behavior, and measures of dissociation (DES, SDQ) and traumatic experiences (HTQ).

Results: Symptoms of spirit possession in Uganda overlap with experimental criteria for possessive trance disorder in the *DSM IV*. Somatoform complaints often precede typical dissociative and possessive trance symptoms. The relationship between spirit possession and reported trauma is high.

Most patients first sought help from hospitals and health centers before turning to traditional healers. Through traditional healing practices they improved without their traumatic experiences being discussed.

Conclusions: Spirit possession deserves more interest as an idiom of distress related to potentially traumatizing experiences.

Readiness to Reconcile and Mental Health in Traumatized Refugees

(Abstract #196227)

Paper Presentation (Civil Ref, Asses Dx)

Crystal Room, 3rd Floor

<u>Knaevelsrud, Christine, PhD</u>¹; Boettche, Maria, MA¹; Neuner, Frank, PhD²; Stammel, Nadine, MA³

¹Treatment Center for torture Victims, Berlin, Germany ²University of Konstanz, Konstanz, Baden Württemberg, Germany ³Treatment Center for Torture Victims Berlin & University of Konstanz, Berlin, Germany

It is assumed that reconciliation has a positive effect on mental health in victims of human right violations. However, no assessment instrument exists so far. Therefore we constructed a questionnaire to assess the readiness to reconcile with the perpetrators. The sample (N=60) consisted of Kurdish refugees from Turkey. Factor Analysis revealed 3 questionnaire subscales. Reliability was high (Cronbach's =.88). Validity was proved with Monotrait-Multimethod. Low correlations between the readiness to reconcile and PTSD (r=-.076; p=.65), Depression (r=-,284; p=.115), Anxiety (r=-.275; p=.127) and Quality of Life (r=,174; p=,311) were found.

Results indicate that there is no relationship between PTSD and the readiness to reconcile and only low associations between mental health and readiness to reconcile in Kurdish victims of human right violations.

Papers

Research Issues and PTSD Factor Structure

Monroe Ballroom, 6th Floor

Chair: Katherine Iverson, MA,

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

Trauma Victim: Yes or No? Why it May be Difficult to Answer Traumatic Event Screening Questionnaires

(Abstract #195969)

Paper Presentation (Res Meth, Asses Dx)

Thoresen, Siri, PhD1; ÖVerlien, Carolina, PhD1

¹Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

Reliable measurement of potentially traumatic events (PTEs) is important for traumatic stress research. However, previous studies have found informants' self reports of PTEs to be relatively unstable over time. The objective of this study was to identify if, and why, informants may find it difficult to choose between a "yes" and a "no" answer to PTE questions. In a nonrepresentative pilot web survey, using qualitative and quantitative methods, community women (N = 628) answered a 13-item PTE screening instrument (SLESQ-Adapted); identified which, if any, questions they found difficult to answer; and described why it was difficult. The majority (65%) reported no difficulties. However, level of exposure to PTEs was positively associated with number of items that was difficult to answer (r = 0.34, p<0.001). The qualitative analysis identified three metacategories for why it was difficult to answer: "Event fit", "Me, Victim?", and "You, Perpetrator?". Most prevalent was Event fit; problems in deciding if the personal experience would "fit" the perceived intention of the question. Specifically, informants had difficulties deciding on a dichotomous answer to questions containing dimensional phenomena (such as "serious", "force"). "Me, Victim?" included responsibility, stress reactions, self protection and memory, and "You, Perpetrator?" included intention and protection.

The Myth of Subject Burden: Participants' Reactions to Research Assessment (Abstract #196270)

Paper Presentation (Asses Dx, Clin Res)

<u>Iverson, Katherine, MA</u>¹; Resick, Patricia, PhD¹; Artz, Caroline, BA¹ ¹National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

Institutional review boards and grant reviewers evaluate potential psychological stress or burden that may accompany participation in psychosocial research (Pollick, 2008). However, there is a dearth of empirical examinations of participant distress associated with psychological assessment (Breckler, 2006). The current study provides data regarding participants' reactions to participating in a study examining the efficacy of Cognitive Processing Therapy for PTSD (Resick et al., in press). We present participant responses to a 3- session pretreatment assessment (n = 158), which included interviews, self-report questionnaires, and psychophysiological assessment. Participants rated how distressing and interesting they found each assessment component, as well as their reactions to the length of the assessment and their willingness to be assessed again. Participants reported the diagnostic and trauma interviews and physiological assessment as minimally to moderately distressing and self-report questionnaires as mildly distressing. High levels of willingness to participate in assessments again were also reported. Subject burden, reactions to the length of time required to complete the assessment, was low, with only 9% of the sample rating the assessment as too lengthy. No relationship was found between treatment completion and reported subject burden.

A Four-Factor Structure of the Posttraumatic Diagnostic Scale (PDS): The Addition of Dysphoria (Abstract #196219)

Paper Presentation (Asses Dx, Cul Div)

Helpman, Liat, MA¹; Aderka, Idan M., MA¹; Daie-Gabai, Ayala, MA¹; Schindel, Inbal, PhD¹; Foa, Edna, PhD²; Gilboa-Schechtman, Eva, PhD¹

¹Department of Psychology, Bar Ilan University, Ramat Gan, Israel ²University of Pennsylvania, Philadelphia, Pennsylvania, USA

The Posttraumatic Diagnostic Scale (PDS; Foa, Cashman, Jaycox & Perry, 1997) assesses posttraumatic stress disorder (PTSD) symptoms according to DSM-IV criteria. The current study examined the factor structure of the Hebrew version of the PDS by means of confirmatory factor analysis in a sample of 378 Israeli adult trauma victims (225 women). The sample included volunteers (N=134), individuals who sought treatment for their children following trauma (N=101), and individuals seeking emergency medical care in a hospital setting (N=143). Participants also completed measures of depression and state anxiety. A series of two-, three- and four-factor models based on previous findings and current DSM specification were evaluated. A four-factor model (Intrusions, Avoidance, Dysphoria, and Hyperarousal) based on Simms, Watson and Doebbeling (2002) best fit the data. The Avoidance factor depicted active avoidance from thoughts, feelings and trauma reminders, and the Dysphoria factor included passive avoidance (e.g. numbing) as well as concentration problems, trouble sleeping, and irritability. All factors were significantly associated with measures of depression and state anxiety. It is concluded that the Hebrew version of the PDS is best described by four factors. Results are discussed in the context of the hierarchical models of anxious and depressive affect.

Confirmatory Factor Analysis of PTSD in Female Survivors of Sexual and/or Physical Abuse or Assault

(Abstract #196159)

Paper Presentation (Asses Dx, Res Meth)

Hetzel-Riggin, Melanie, PhD1

¹Psychology, Western Illinois University, Macomb, Illinois, USA

The structure of PTSD has been the subject of debate in recent years. Numerous two-, three-, four-, and five-factor models of PTSD have gained empirical support in studies utilizing exploratory and confirmatory factor analysis. Nine previously tested models of PTSD structure were compared in a large sample (N = 1,061) of female undergraduates who were survivors of sexual and/or physical abuse or assault. A four-factor model of PTSD that included correlated factors of intrusion, avoidance, dysphoria, and hyperarousal exhibited the best fit. The dysphoria factor was also moderately correlated with measures of depression, dissociative symptoms, and general psychological distress, suggesting that this factor may represent general distress found in many clinical disorders. Support for the four-factor dysphoria model may have important treatment and diagnostic implications for clinicians working with survivors with PTSD as well as for future versions of the diagnostic system.

Family Informed Trauma Treatment Model

(Abstract #196075)

Workshop/Case Presentation (Practice, Sos Ethic) Salon 1, 3rd Floor

Kiser, Laurel, PhD¹; Thompson, Elizabeth, PhD²; Connors, Kay, LCSW-C³

¹Department of Psychiatry, University of Maryland School of Medicine, Baltimore, Maryland, USA

²Kennedy Krieger Institute Family Center, Baltimore, Maryland, USA ³Department of Psychiatry, University of Maryland at Baltimore, Baltimore, Maryland, USA

Optimal functioning can be negatively impacted when families experience chronic exposure to trauma(s) and stressors. Contextual risks affect everyone involved, but the effects on children are exaggerated through detrimental influences on parental well-being and family functioning. The Family Informed Trauma Treatment (FITT) Model recognizes and aims to ameliorate the impact of traumatic events and contextual stressors on every member of the family, on family relationships, and on the family as a whole. The FITT Model is multi-layered including: a) explication of the context of chronic trauma/high stress and the multiple pathways through which this context might affect families, b) strategies for identifying and assessing the risk/protective factors and current functioning of family systems, and c) a structured approach for choosing and staging multi-modal, empirically sound treatments targeting the complex needs of traumatized families. The FITT Model indicates trauma specific, help seeking pathways to treatments that reduce PTSD symptoms, promote safety and recovery for all family members. This model provides the framework for an ecological family systems intervention approach that aims to tackle obstacles that derail families' efforts to attain safety and stability by putting families in the "driver's seat" as they plot a course to address their unique needs.

How to Succeed in Publishing as a Student (Abstract #196342)

Workshop/Case Presentation (Media Ed, Res Meth) Salon 2, 3rd Floor

<u>Legerski, Joanna, MA</u>'; Geffner, Robert, PhD²; Schnurr, Paula, PhD³; Taft, Casey, PhD⁴; La Bash, Heidi, BS⁵

¹University of Montana, Missoula, Montana, USA

²Family Violence and Sexual Assault Institute, San Diego, California, USA

³National Center for PTSD, VA Medical Center, White River Junction, Vermont, USA

⁴VA Boston Healthcare System, Boston, Massachusetts, USA ⁵University of Nevada, Reno, Nevada, USA

Four clinical researchers who have participated on editorial boards, present information regarding the process of successfully submitting scholarly articles for publication. Students of ISTSS have continued to request training at annual meetings related to the process of submitting scholarly work for publication within the field of traumatic stress. This student focused workshop will address key components of achieving success in publication.

The workshop will approach the process of publication with regard to four key topics:

- 1. Key features of successful article submission
- 2. How to strengthen your article for statistical review
- How to avoid procrastination; begin and COMPLETE the writing process
- How to develop collaborations and find publishing opportunities as a student

Psychological Effects of Long-Term Deployment on Children of Military Personnel

(Abstract #196501)

Workshop/Case Presentation (Practice, Child)

Salon 3, 3rd Floor

Findeis, Lori, MSW, LCSW1; Findeis, Michael, MS1

¹College of Social Work, University of Utah & Children's Counseling Center, Orem, Utah, USA

It is estimated that over 700,000 children have at least one parent who is deployed. Families of these military personnel have been left to deal with the impact of 6-12 month deployments, as well as multiple deployments in short periods of time. Children not accustomed to one (or both) parents being deployed for significant periods of time have reported more intense symptoms of stress-related behaviors in increased mental health concerns.

The Children's Counseling Center in Orem, Utah has seen a dramatic increase in the number of cases of children being referred for counseling from these military families. Children of military personnel deployed appear more angry, emotionally detached, appear more emotionally disorganized and disoriented.

The purpose of this presentation is to present case studies that illustrate the unique psychological effects facing the children of deployed military personnel. Four phases of deployment will be discussed (pre-deployment, deployment, reunion and post-deployment), along with specific behaviors and emotional conditions that children experience in each of these phases.

This presentation will identify from case studies, salient clinical issues and discuss treatment approaches that have been found most effective in minimizing the impact of prolonged deployment for children of military personnel in an outpatient mental setting.

Participant Alert: Some individuals may find the descriptions of clinical case studies disturbing.

Treating Trauma-Related Sleep Problems: An Evidenced-Based Cognitive Behavioral Approach

(Abstract #196531)

Workshop/Case Presentation (Practice, Clin Res) Salons 4-6, 3rd Floor

Zayfert, Claudia, PhD¹; DeViva, Jason, PhD²
¹Dartmouth College, Lebanon, New Hampshire, USA
²Newington VAMC, Newington, Connecticut, USA

Difficulty falling and staying asleep is one of the most common clinical complaints after a traumatic event. Trauma-related insomnia is associated with fatigue, daytime sleepiness, irritability, and worsening of overall health and functioning. Treatment of sleep difficulties related to trauma is, therefore, important to the clinical aim of reducing overall distress of trauma survivors. In this workshop clinicians will learn how to address the various factors that precipitate and maintain sleep problems following traumatic experiences. We will present a model for understanding the initiation and maintenance of sleep problems, integrating predisposing, precipitating, and perpetuating factors that contribute to trauma-related insomnia. Participants will then learn to systematically address the factors contributing to trauma-related insomnia using well-researched effective cognitive behavioral methods for treating precipitating factors (i.e., nightmares and vigilance) and perpetuating patterns of behavior and cognition. This will include detailing the basic components of cognitive behavioral treatment for insomnia and using extensive case material to demonstrate tailoring application of these components to address the specific manifestations of insomnia among survivors of trauma. Factors affecting sleep of returning military personnel will be specifically addressed.

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

News Media and Trauma – Candid Views From Australian Journalists

(Abstract #196415)

Media Presentation

Salons 4-6, 3rd Floor

Millar, Lisa, BA¹; McMahon, Cait, MS²; Newman, Elana, PhD³; Spratt, Margaret, PhD⁴

¹News, Australian Broadcast Corporation, Sydney, New South Wales, Australia

²Dart Centre for Journalism and Trauma, Brighton, Victoria, Australia ³Psychology, University of Tulsa, Tulsa, Oklahoma, USA ⁴Dart Center / Dept. of Communication, University of Washington, Seattle, Washington, USA

"News Media and Trauma," produced by Brett McLeod of Channel Nine with support from Dart Centre Australasia, presents a series of interviews with Australian journalists sharing their experiences of reporting horror and tragedy. "Across the industry there's some common understanding of what needs to be done in terms of preparing people to do this sort of work," McLeod explains. "But it's not often enunciated by experienced staff nor by newer journalists, probably for fear of being seen by their peers as 'too soft.' This DVD is not about 'soft' journalism. It's about doing the job professionally and turning out a better product without harming ourselves or others."

The purpose of the DVD is as a preventative training tool for student and cadet journalists. However, it is also effective as a discussion starter about the issue of trauma exposure on working media professionals. "News Media and Trauma" is intended to accompany a training program about trauma awareness, self care and duty of care.

Perspectives on Internship, Post-Doc & Residency: Getting the Most Out of Your Experience

(Abstract #196021)

Symposium/Panel (Media Ed, Practice)

Salon 2, 3rd Floor

Averill, Lynnette, PhD CANDIDATE, MS¹; Batten, Sonja, PhD²; Sedlar, Georganna R., PhD³; Frank, Julia, MD⁴; Moore, Sally A., PhD³

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

²Maryland VA Health Care System, Baltimore, Maryland, USA ³Department of Pediatrics, University of California Davis Medical Center, Sacramento, California, USA

⁴George Washington University, Washington, District of Columbia, USA ⁵Puget Sound VA Medical Center, Seattle, Washington, USA

This panel is hosted by the ISTSS Student Section and is intended to give students an opportunity to hear perspectives regarding internship, post-doc and residency opportunities for trauma focused training sites. Two training directors, one selection committee member/clinical supervisor and one recent intern will discuss how to get the most out of your training experience. They will discuss the key factors to consider when choosing training sites, how to rank these sites, what sites look for in their applicants, what to include in essays and cover letters and other useful information. There will be a question and answer period.

Optimizing Survey and Experimental Methods in PTSD Prevention Trials

(Abstract #196104)

Symposium/Panel (Clin Res, Res Meth)

Monroe Ballroom, 6th Floor

Zatzick, Douglas, MD¹; Shalev, Arieh, MD²; O'Donnell, Meaghan, PhD³; Galea, Sandro, MD, MPH, DRPH¹

¹University of Washington, Seattle, Washington, USA ²Psychiatry, Hadassah University Hospital, Jerusalem, Israel ³Psychiatry, University of Melbourne, Melbourne, Victoria, Australia ⁴University of Michigan, Ann Arbor, Michigan, USA

Recent innovations in early PTSD prevention trials include the integration of survey methods with more traditional experimental designs. In this panel discussion three brief presentations will highlight these innovative methods. Following the presentations discussant led audience participation will be encouraged.

Survey and Experimental Methods in PTSD Prevention Trials: The Jerusalem Trauma Outreach and Prevention Study (J-TOPS) Arieh Y. Shalev, MD, will be presenting on: Responding to urgent needs in the Israeli, and particularly the Jerusalemite communities, J-TOPS was designed to answer questions regarding the efficacy and the effectiveness of three early interventions (CBT, cognitive therapy, and an SSRI/placebo condition) and one delayed intervention (CBT) in preventing PTSD. The study consists of equipoise randomized controlled trial (n=289) embedded in a two layers' survey: clinical assessment (initial n=753) and telephone assessment (initial n=1983+200). Several problems related to combining survey and clinical trials methods have emerged: A measurement problem (do we measure the same entity by the two methods), a problem of timing (difference between measurements performed at close - but not identical time points), and a problem of acceptance and accuracy of responses (particularly between self administered and clinician generated measures). The magnitude of these problems and their effect on outcome are the subject of this presentation.

Early Psychological Intervention Following Traumatic Injury: An Effectiveness Trial

Severe injury represents one of the most frequent causes of posttraumatic stress disorder and other posttraumatic reactions such as depression and anxiety. We will present a unique effectiveness trial that aimed to address posttraumatic mental health problems following traumatic injury (trail will be completed in September 2008). The early intervention model being tested screened individuals at high risk for PTSD and depression following injury (n>700) during their acute hospitalization, monitored those who screened high risk (n>330), and then selectively targeted psychological intervention to individuals with persistent traumatic stress symptoms. Approximately 50 symptomatic patients were randomly allocated to early psychological intervention or usual care conditions. We will present whether there were significant group differences in anxiety and depression symptoms between those in each treatment condition. We will also discuss methodological issues relevant to effectiveness trials such as the use of flexible treatment manuals, barriers to care and the management of complex cases

Elucidating a Reciprocal Relationship Between Effect Size and Intervention Reach in Early PTSD Prevention Trials

Randomized clinical trial (RCT) design often involves choosing between two competing aims: (1) estimating efficacy in highly selected patients conditions; and (2) estimating its effectiveness in the full target population of potential recipients. We aimed to develop an approach to quantifying the efficacy/effectiveness continuum through the integration of clinical epidemiologic survey methods into the design of two RCTs targeting PTSD prevention after injury. Utilizing trauma registry data we first specified and then contrasted the target populations represented by participants in one efficacy trial (Wagner et al 2007) and one effectiveness trial (Zatzick et al 2004). Patient clinical and demographic characteristics

were compared, as were indices of efficacy (effect size) and target population generalizability (reach). In these two trials, there was a reciprocal relationship between effect size and reach, such that the efficacy trial demonstrated a larger effect size (Cohen's h = 0.60) but minimal reach (1%), while the effectiveness trial demonstrated a smaller effect size (Cohen's h=0.07) but greater reach (54%). Modeling of the potential population impact of the two trials suggested a greater cumulative reduction in the incidence of PTSD would result from dissemination of the effectiveness prevention strategy.

Recent Developments in Mild Traumatic Brain Injury (Abstract #196133)

Symposium/Panel (Asses Dx, Practice)

Adams Ballroom, 6th Floor

Iverson, Grant, PhD¹; Kenardy, Justin, PhD²; Hoge, Charles, MD³; Bryant, Richard, PhD⁴

Department of Psychiatry, University of British Columbia, Vancouver, British Columbia, Canada

²Department of Psychology, University of Queensland, Herston, Queensland, Australia

³Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Silver Spring, Maryland, USA

⁴School of Psychology, University of New South Wales, New South Wales, New South Wales, Australia

Recent events in Iraq and Afghanistan have focused renewed attenton on the problems associated with mild traumatic brain injury (MTBI). This symposium will present four papers reporting very recent data on large sample sets of children and adults with MTBI. The studies from three different countries focus on the critical issues of methodological issues concerning assessment of MTBI, predictors of problems following MTBI in children and adults, the utility of screening for MTBI, and the interaction between MTBI and PTSD. These studies represent the latest developments in the field and provide unique data to address the key questions challenging the field of MTBI and adaptation after trauma. Importantly, because these studies focus on MTBI and psychological factors in children, civilian adults, and military personnel, the symposium will allow inferences concerning the generalizability of these findings across populations.

Methodology Matters: Reducing Risk for Misdiagnosing the Persistent Post-Concussion Syndrome

Research is needed to improve diagnostic accuracy for the persistent post-concussion syndrome. We present a series of analyses illustrating methodological factors that can potentially worsen diagnostic accuracy. Participants were consecutive referrals to a concussion clinic over a 2-year period. All participated in semi-structured interviewing and completed questionnaires, and a subset completed neuropsychological screening. Three important findings emerged. First, patients perceived themselves as having fewer post-concussion-like symptoms and problems prior to getting injured compared to healthy control subjects. Previous researchers have called this phenomenon the "good old days" bias. Second, patients reported far more symptoms when given a questionnaire than they did through careful semi-structured interviewing. Thus, patients will be much more likely to meet diagnostic criteria for a persistent postconcussion syndrome based on questionnaire results as opposed to interview results. Third, it was relatively common for patients to fail effort testing. Those who failed reported more post-concussion symptoms than those who passed. These factors could affect the clinician's understanding of the patient's functioning and potentially affect diagnosis decisions.

Predictors of Health Functioning at 12 Months Post-Injury in Children With Traumatic Brain Injury

The aim of this paper is to explore the predictive value of a range of injury, pre-injury variables and post-injury traumatic stress in identifying functioning outcomes in children with Traumatic Brain Injury (TBI) at 12 months post-injury. 204 children aged 6-14 years

and their parents were recruited following admission at emergency departments for TBI. Participants were assessed at several time points post-injury. Predictor variables include injury severity, preinjury functioning, and 3-month Posttraumatic Stress (CAPS-CA). Initial analyses indicated that TBI severity (mild, moderate, severe) did not predict children's physical functioning at twelve months post injury (p = .31). However, injury severity was found to predict children's psychosocial functioning (p < .005). PTSD significantly predicts psychosocial functioning independently of TBI severity (p<.005), furthermore the prediction of health outcomes by the severity of TBI is moderated by the presence of PTSD. Finally the independent contribution of PTSD symptom levels significantly improve prediction of health outcomes at 12 months.

Conclusion: Early identification of PTSD in children who have potential long-term problems from traumatic brain injuries will assist clinicians to target services and assess the needs of these children and their families to assist in rehabilitation and recovery following TBI.

Mild Traumatic Brain Injury and Post-Concussive Symptoms Among Veterans of the Wars in Iraq and Afghanistan: What Would Sir Bradford Hill Have to Say?

Mild traumatic brain injury (mTBI) has been labeled a "signature" injury of the current wars in Iraq and Afghanistan, based on reports that as many as 15-20% of troops have suffered a mild TBI, often in association with exposure to blast explosions. This has led to population-level screening for mTBI and other efforts by DoD and VA to identify and mitigate the health effects attributed to mTBI. However, because of limited evidence-based studies to guide public health policy, these efforts have been developed largely on the basis of consensus and expert opinion. This talk will examine the interface between evidence and clinical lore for mTBI, drawing on civilian literature as well as recent data collected among returning veterans from Iraq and Afghanistan. topics that will be discussed include the case definitions and prevalence of mTBI and post-concussive symptoms among returning veterans, the "overlap" between mTBI and PTSD, the assumptions underlying current screening efforts, and recommended best practices for the evaluation and treatment of mTBI and postconcussion symptoms among combat veterans. The study will examine these topics within the framework of the principles of epidemiological causation outlined originally by Sir Bradford Hill.

Mild Traumatic Brain Injury and Psychiatric Disorder

There is much controversy concerning the impairment caused by mild traumatic brain injury (MTBI). Although many patients with MTBI suffer impairment, there is little understanding of the causes of this impairment. 1126 traumatically injured patients were assessed during hospital admission to 5 tertiary trauma centers for lifetime psychiatric disorder. Patients were followed-up at 3 months (n = 990) and 12 months (n = 868) after injury to assess for current psychiatric disorder, quality of life, and mental health service use. 478 (43%) patients sustained a MTBI. Twelve months after the injury, 23% of patients had developed a psychiatric disorder that was never present before the injury. The most common psychiatric disorders were depression (12%), generalized anxiety disorder (9%), PTSD (7%), and agoraphobia (7%). Patients were more likely to develop posttraumatic stress disorder PTSD (OR: 1.97, 95% CI: 1.09-3.52) or a substance use disorder (OR: 2.30, 95% CI: 0.74-7.14) if they had sustained a MTBI. Functional impairment was associated with psychiatric disorder rather than MTBI. A significant range of psychiatric disorders occur after traumatic injury. MTBI is associated with marked functional impairment when it is accompanied by psychiatric disorder. The identification and treatment of psychiatric disorder is important in the recovery after traumatic injury.

ISTSS at the UN & the 60th Anniversary of the Universal Declaration of Human Rights

(Abstract #196207)

Symposium/Panel (Cul Div, Sos Ethic)

Salons 7-9, 3rd Floor

<u>Danieli, Yael, PhD¹; Carll, Elizabeth, PhD²; Braak, Joyce, MD³;</u> Turner, Stuart, MD, MA, FRCP, FRCPsych⁴

¹ISTSS Representative to the United Nations, New York, New York, USA ²ISTSS Representative to the United Nations, Centerport, New York, USA

³ISTSS Representative to the Untied Nations, Catskill, New York, USA ⁴Trauma Clinic, London, United Kingdom

ISTSS works through its representatives to the United Nations who strive to expand the reach of our efforts to increase international awareness of Traumatic Stress and the organization by varied means, such as creative collaborations.

Do Rights Reach Victim/Survivors?

Rather than merely reviewing existing human rights, Yael Danieli, PhD, will examine whether and how they reach the victims. She will present both negative and positive situations, and lessons learned from them. Examples will include the impact of the initial lack of outreach and follow up of the international Criminal tribunals of the former Yugoslavia and of Rwanda as they have influenced latter practices for them, and for developing improved measures for the International Criminal Court in general and the ICC Trust Fund for Victims in particular.

Media/ICT, Human Rights, and Social Change

The media plays an essential role not only in the dissemination of information to the public, but also in its ability to influence social change. Violence, war, genocide, and disasters are reported daily in the news. Also emerging is the recognition of media's potential in highlighting human rights abuses and laying a foundation for building peace. This presentation will examine a variety of media initiatives, including both traditional and new media, to prevent violence against women, children, and communities and promote well-being. These emerging trends will be discussed in context of the 60th anniversary of the Declaration of Human Rights and the right to peace and security for all.

ISTSS Collaboration Work With UN Bodies, NGOs, and Committees The 60th Anniversary of the Universal Declaration of Human Rights is woven through a whole year of UN activities. Positions held in UN NGO Committees, while very demanding of time and work, also offer the opportunity for collaborations that permit the inclusion of trauma in many areas of UN official work. These collaborations open space for increased awareness of the traumatic stress inherent in violations of human rights and expanded visibility of ISTSS, and influence international policy decisions. This presentation will provide examples of the ways an NGO representative can creatively work in Committees, with other NGOs and with UN Missions of member states, and with UN bodies. These collaborations and cooperations expand the work and influence of ISTSS into international awareness and policies.

While much of this work depends on developing relationships and remains below public visibility and attribution, the impact of this work is remarkably powerful. This presentation will provide attendees a behind the scenes look at how the work of ISTSS is done in creative collaborations around Human Rights and Trauma at the UN.

Transformation of Trauma Through Media

(Abstract #196214)

Symposium/Panel (Disaster, Sos Ethic)

Wabash Room, 3rd Floor

McFarlane, Alexander, MBBS, MD, DIP.PSYCHOTHER., FRANZCP¹; Pynoos, Robert, H.S.D, BA, MPH, MD²; Weisaeth, Lars, MD³

¹Čentre for Military & Veterans' Health, University of Adelaide, Adelaide, South Australia, Australia

²UCLA, National Center for Child Traumatic Stress, Los Angeles, California, USA

³Norwegian Centre for Violence and Traumatic Stress Studies, Ullevål University Hospital, Oslo, Norway

This presentation will examine the way in which fear, trauma and war have been reflected and transformed through different media in the course of history. This will include a spectrum of literature, oral history and art as well as photography. Specific examples will be used to explore the themes of transformation.

Transformation of Trauma Through Art & Literature

Trauma, by its nature confronts individuals and groups with overwhelming experiences which are difficult to integrate with the past, present and future. Major events such as wars and disasters transforms societies in ways that are difficult to predict. The development of images and rituals that allow the transformation and integration of traumatic experiences represent important transition points that allow healing and development of new forms of symbolic language. This presentation will focus on how a number of the great novelists of the 20th Century have served to grapple with the reality of war in ways that have built a bridge for veterans returning to civilian life. Further, the nature of art has been irreparably transformed by the development of the camera which provides real images allowing painting to explore in more symbolic and abstract forms, the fragmentation of awareness which trauma presents.

Historical Chronology of Danger, Trauma & Terror

This presentation will examine the depiction of danger, trauma and terror in historical chronology by use of oral history, the written word, master paintings, printmaking, photography, modern art, film, and the internet. It will begin with the earliest recorded autobiographical account by an adolescent of catastrophic disaster, the letters by Pliny the Younger of the eruption of Mt. Vesuveus in 70 A.D. It will then include Macchiavelli's The Prince as a political ideology born out of torture, master paintings through the centuries depicting disaster/war, the use of printmaking, for example, Goya's Disaster of War, the world wide impact of photography from the U.S. Civil War, including Manet and his famous Death of a Matador, the World War I artists, for example, Otto Dix, the strong influence of WWI on early horror movies, the masterpiece by Picasso, Guernica (depicting the trauma and horror of civilian air attacks), and the current use of the internet to send images all over the world immediately in the aftermath of disaster, a terrorist attack, or a campus shooting.

Edvard Munch—Pioneer Psychotraumatologist?

In 1868 a Norwegian military doctor lost his wife in tuberculosis and was left with five small children. Sofie, his smallest daughter died a few years later of the same disease and one of his sons later also died. Such tragedies were not rare at that time. Why should this family then provide us with more insight into loss, grief, love and anxiety than perhaps no other family, with the obvious exception for the Holy family?

When Edvard Munch painted Sick Girl, and at the same time wrote down his recollections from that moment when his sister Sofie died, he made two discoveries: That lost family members came alive and that by facing the trauma he could cope with it. He understood that the bereavement process should not lead to a rupture in the relationship with the deceased, but to an altered relationship.

Edvard Munch's willingness to re-expose himself to his traumatic memories and the way he did it seem to represent an early discovery of important therapeutic interventions that helped him cope with his traumas. It also helped give birth to expressionism in art.

Trauma and Self: Culture, Identity, and Cognitive Predictors of Depressive and PTSD Symptoms

(Abstract #196345)

Washington, USA

Symposium/Panel (Clin Res, Practice)

State Ballroom, 4th Floor

DePrince, Anne, PhD¹; Klest, Bridget, BENG, MA²; Freyd, Jennifer, PhD²; Hampson, Sarah, PhD³; Goldberg, Lew, PhD⁴; Hebenstreit, Claire, BA¹; Combs, Melody, MA¹; Chu, Ann, MA⁵; Kaysen, Debra, PhD⁶; Lee, Christine, PhD⁶; Kilmer, Jason, PhDˀ; Nobles, Richard, MS˚; Neighbors, Clayton, PhD⁶; Pineda, Annarheen, MA¹¹Psychology, University of Denver, Denver, Colorado, USA²University of Oregon, Eugene, Oregon, USA³University of Surrey, Guildford, United Kingdom⁴Psychology, University of Oregon, Eugene, Oregon, USA⁵University of Denver, Denver, Colorado, USA⁵University of Washington, Seattle, Washington, USA³Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, Washington, USA

Trauma has been associated with changes in beliefs about the self and others, as reflected in the criteria for depression and PTSD. Panelists will describe data from diverse samples that evaluate the contributions of culture, identity, appraisal, and neuropsychological factors in the development of depressive and PTSD symptoms.

⁸Department of Psychology, University of Washington, Seattle,

Trauma, Personality, and Demographic Predictors of Depression Past research indicates that traumatic events in early life predict depression in adulthood. A number of other personal characteristics, such as personality style and socio-demographic group, have been implicated as risk factors for both trauma exposure and experiencing depression. This study examines the interplay between trauma, gender, culture, and personality in the prediction of depressive symptoms. Six-hundred seventy-nine ethnically diverse participants were rated on personality characteristics as children, and were later surveyed in adulthood for experiences of trauma and symptoms of depression. In this sample, childhood personality was related to trauma exposure in adolescence and adulthood, which in turn was related to depressive symptoms. However, gender and culture were related to trauma exposure, personality characteristics, and depression, complicating interpretation of these results. The relative contributions of each of these factors and interactions among factors in predicting depression are discussed. In addition, the implications for prevention and treatment of depression are explored.

Examining Links Between Violence Exposure, Depression, and Executive Function

Revictimization is associated with a range of deleterious consequences, including higher levels of depressive symptoms. to date, little research has considered the neuropsychological correlates of repeated violence exposure. The current study considers links between revictimization, depression, and executive functions (EFs). EFs include a range of cognitive skills involving attention, working memory, self-monitoring, and generation of hypotheses. A significant body of research documents EF deficits among depressed individuals. Given reciprocal relations between brain regions that control EFs and emotional regulation systems, associations between emotional wellbeing and EF are not surprising; however, these associations have been understudied in violence-exposed populations. The current study involved an ethnically diverse community sample of 93 women (Age: Mean 30.1, SD 6.2) who completed a battery EF tasks that assessed processing speed, working memory, inhibitory control, and selective attention. They reported an average of 5.8 violent events, and 5.3 different perpetrators. The number of events and perpetrators were both significantly related to depressive symptoms, revealing large and medium effect sizes. We will discuss the role of EF abilities in explaining links between violence exposure and depressive symptoms, with an emphasis on implications for treatment.

An Examination of Trauma Exposure, PTSD Symptoms and Substance Use in Sexual Minority College Students

Lesbian, gay, and bisexual (LGB) youth are at higher risk for trauma exposure and substance misuse. However, less is understood about mental health outcomes following trauma exposure in this population. Our goals were to evaluate 1) sexual minority status and PTSD symptom severity; 2) trauma exposure and increased alcohol use and consequences and higher marijuana use within GLBT students; and 3) whether trauma exposure and outcomes are moderated by identification with other college students. The sample included 3748 (58.3% female) college students. 134 students identified as GLBT. Students completed the Posttraumatic Stress Diagnostic Scale (PDS) and measures of alcohol and marijuana use and consequences. PTSD was predicted by gender, trauma exposure, sexual minority status, alcohol use and consequences. GLBT trauma survivors had higher marijuana use, although there were no differences in drinking. GLBT students were less likely to identify with the "typical college student". Among GLBT students, both trauma exposure and PTSD symptoms were associated with lower identification with the "typical college student". Results suggest GLBT youth may be at risk for negative health outcomes following traumatic events. We will discuss potential theoretical mechanisms to explain these risk factors and treatment implications.

Appraisals of Self and Others in Relation to Posttraumatic Distress in Young Adults

Research and clinical work has long demonstrated the importance of posttraumatic appraisals (e.g., betrayal, anger, shame) to understanding diverse mental health outcomes. While fear, helplessness, and horror have received significant attention given their inclusion in Criterion A, the current study considers appraisals of self and self in relation to others. In particular, we will examine links between violence exposure and posttraumatic appraisals of betrayal, shame, self-blame and alienation. Beliefs about being alienated from others have received scarce attention in the literature, though negative interpersonal consequences of violence and trauma are common. The current study examined trauma exposure, posttraumatic symptoms, and appraisals in a sample of 109 undergraduate volunteers (20.3; 76% female). We found links between revictimization (relative to single victimization) and posttraumatic symptoms. Alienation appraisals explained unique variance in posttraumatic stress disorder symptoms when controlling for trauma exposure and other appraisals (e.g., shame, self-blame). We will discuss the implications of these findings from a developmental perspective in light of the interpersonal tasks emerging adults face. In addition, we will discuss implications for treatment.

Posttraumatic Stress, Maternal Health and Pregnancy Outcomes

(Abstract #196358)

Symposium/Panel (Clin Res, Bio Med)

Grand Ballroom, 4th Floor

Charvat, Mylea, MS¹; Yehuda, Rachel, PhD²; Morland, Leslie A., PhD³; Hogan, Lindsey, BA⁴

¹Pacific Graduate School & Veterans Health Care System, San Francisco, California, USA

²Division of Traumatic Stress Studies, Mount Sinai School of Medicine, and PTSD program Bronx Veterans Affairs, Bronx, New York, USA ³Psychiatry, University of Hawaii, Honolulu, Hawaii, USA ⁴Pacific Graduate School of Psychology, Palo Alto, California, USA

Posttraumatic stress disorder among women of childbearing age will be discussed in terms of the implications of the behavioral, physical health and neuroendocrine changes commonly associated with PTSD and how those changes may affect health outcomes for mothers and infants.

Trauma in the Womb: Biological Mechanisms for Transmission of Maternal Trauma and PTSD to Offspring

Rachel Yehuda, PhD Division of Traumatic Stress Studies, Mount Sinai School of Medicine, and PTSD program Bronx Veterans Affairs. Description: It has been recognized for some time that exposure to stress and/or other environmental challenges (such as starvation) during pregnancy can have longlasting effects on the fetus. The most notorious of these effects is low birh weight, which increases the risk for adult cardiometabolic disease. The mechanism underlying these outcomes is now understood, and seems to involve changes in the expression of an enzyme, that increases in activity in the middle of the second trimester of pregnancy. This enzyme—11 beta hydroxysteroid dehydrogenase - type 2 (11bHSD) —converts active cortisol to inactive cortisone, thus acting as a "placental barrier" to shield the fetus from exposure to toxic levels of cortisol. But high levels of stress can "program" the activity of this enzyme in developing fetus, leading to permanent changes in the hypothalamic-pituitary-adrenal (HPA) axis. This presentation will discuss recent data about this enzyme in offspring whose mothers were exposed to trauma while pregnanat. Interestingly, the changes in activity of 11-b-HSD-2 are in the direction that explain enhanced glucocorticoid responsiveness and low cortisol levels in PTSD.

A Sequential Examination of Posttraumatic Stress Across the Gestational Period Including Postpartum

Posttraumatic stress disorder (PTSD) is pervasive among women of childbearing age. The cascade of behavioral health and neuroendocrine changes commonly associated with PTSD may adversely impact perinatal health. To date little is known about how posttraumatic stress symptomotology may change over the course of the perinatal experience.

Methods: This study sequentially examined PTSD symptoms at different time points during pregnancy and postpartum in a sample of 101 women receiving prenatal care on the island of Oahu, Hawaii. Trauma, PTSD, and psychological and behavioral health were assessed during the first, second and third trimesters and at 6 weeks postpartum. We are building a dynamic structural equation models that will then be tested using Mplus. Findings will be discussed in the context of clinical and research implications.

Trauma and Prenatal and Perinatal Care: The Relationship Between Postraumatic Stress and Women's Health Care Choices During the Prenatal and Perinatal Time Periods

Posttraumatic stress disorder is prevalent among women of childbearing age. The patterns of behavioral and health changes associated with posttraumatic Stress may affect women's health utilization behavior and health decision making process regarding prenatal and perinatal care. At present little is known about the relationship between posttraumatic stress and women's prenatal and perinatal health care patterns. This study examined a sample of 94 women who had given birth in the past 3 years. Trauma, PTSD, psychological health, prenatal and perinatal care (including infant feeding method) were assessed. This presentation will discuss the relationship between posttraumatic stress and prenatal care and infant feeding patterns among the mothers. Findings will be discussed in the context of implications for clinical work and future research.

HPA Axis Evidence of Transgenerational Effects of Maternal Early-Life Trauma in 6-Month-Old Infants

(Abstract #196208)

Paper Presentation (Child, Bio Med)

Grand Ballroom, 4th Floor

<u>Brand, Sarah, MA</u>¹; Brennan, Patricia, PhD¹; Newport, Jeffery, MD¹; Smith, Alicia, PhD¹; Stowe, Zachary, MD¹ 'Emory University, Atlanta, Georgia, USA

Previous research suggests that parental PTSD may have a transgenerational impact, with offspring of trauma survivors showing similar neuroendocrine profiles as their parents. The majority of these studies focus on adult offspring, and the degree to which the effects of parental trauma can be detected earlier in the development of the offspring remains obscure. The current study examines a clinical sample of women with a history of major depression (N= 108), who participated in a prospective, longitudinal investigation of the impact of maternal depression on infant HPA-axis function at 6 months. Specifically, we examine the effects of maternal early life sexual and physical abuse (Childhood Trauma Questionnaire; CTQ) on both maternal and infant salivary cortisol levels during a laboratory stress paradigm. Preliminary analyses suggest that positive maternal trauma history was associated with lower cortisol reactivity in the mothers, as well as lower baseline cortisol in their infants. Of note, comorbid maternal PTSD was a significant moderator, such that maternal trauma history was associated with higher cortisol reactivity in infants and mothers when comorbid maternal PTSD was present. These data suggest that a maternal history of trauma may influence infant HPA-axis activity at 6 months of age.

Impact of Catastrophic Events on First Responders and Children

(Abstract #196446)

Symposium/Panel (Disaster, Child)

Salon 1, 3rd Floor

Brymer, Melissa, PhD, PsyD¹; Osofsky, Howard, MD, PhD²; Osawa, Tomoko, PhD³; Kato, Hiroshi, MD, PhD³; Osofsky, Joy, PhD⁴ 'National Center for Child Traumatic Stress, UCLA, Los Angeles, California, USA

²Dept of Psychiatry, Louisiana State University Health Science Center, New Orleans, Louisiana, USA

³Hyogo Institute for Traumatic Stress, Chuo-ku, Kobe, Japan ⁴Psychiatry and Psychiatry Departments, Lousiana State University Health Sciences Center, New Orleans, Louisiana, USA

This workshop will focus on how first responders and children are impacted by such catastrophic events such as hurricanes, earthquakes, and school shootings. The presenters will also highlight the feasibility of conducting screenings and assessments and the importance of providing long-term mental health services to these affected populations.

Impact of Hurricane Katrina on First Responders

About 80% of New Orleans first responders lost their homes, and many were separated from their families for long periods of time. A study was conducted of nearly 600 first responders (police, firefighers, and EMTs) between February and May 2006 using the PTSD Checklist-Civilian Version and the Center for Epidemiologic Studies Depression Scale-Short Form. The surveys also included questions about alcohol use and the quality of marital relationships. More than 95% of the first responders participated in the survey. The findings showed that many first responders witnessed deaths and injuries, and one in 20 reported the death of a family member. While resilient and hard-working, many first responders reported personal and mental health difficulties. Ten percent reported symptoms of PTSD and nearly 25% reported symptoms of depression. Forty percent reported an increase in alcohol consumption and 41% reported an increase in marital conflict. Forty percent of first responders indicated the need for mental health services for themselves and their families. The

implications of these findings and how they influenced services in the field will be highlighted.

The Long-Term Impact of the Kobe Earthquake and a Susequent Traumatic Accident on Firefighters

This presentation will focus on a study that looked at the long-term psychological impact among fire fighters (N=1432) who experienced the 1995 Kobe Earthquake and who lost four members in the line of duty in 2003. Among those who were members at the time of earthquake, 11.6% were at high risk for PTSD nearly 10 years after the disaster. Those that reported experiencing danger to one's life; saw grotesque scenes; felt fearful, helplessness, and or guilt; increased stress in their family life; and did not know of the safety of one's family members had significantly high IES-R scores than those who did not. As for the effects from the tragic incident in which fellow firefighters were killed in the line of duty, 6.4% of participants were at high risk for PTSD based on the IES-R. When examining those firefighters who were at the accident site and witnessed the death of their colleagues, the ratio of high risk increased to 14.4%. Approximately 10% of the participants were at risk for depression and anxiety symptoms measured by K10. This figure is about two times higher than general population epidemiology studies. This presentation will highlight the needs for comprehensive mental health services for firefighters that go beyond acute interventions.

Impact of Hurricane Katrina on Children

This presentation will highlight the risk and protective factors contributing to children and adolescents' psychological reactions following the devastation caused by Hurricane Katrina and the subsequent flooding in New Orleans. Participants included children in grades 4-12 attending schools in heavily impacted parishes. The National Child Traumatic Stress Network Hurricane Assessment and Referral tool for Children and Adolescents was administered in collaboration with school districts. A total of 7,258 students completed the referral tool. In 2005-2006, 49% of the students met cut-off for needing mental health services. This was consistent in 2006-2007, when 41.6% of the students met cut-off for needing mental health services. While children and families in general are resilient, mental health symptoms are common and persistent and show the need for long-term clinical services. Consistent with other disaster literature, experience of prior trauma, property loss, separation from caregiver, significant personal losses, and living in a shelter were predictors of symptomatology. Implications on how these findings can guide more effective ways to prepare and support children and families when future disasters occur will be discussed.

The Psychological Impact of a School Shooting on High School Students

This presentation will focus on a study that examined the psychological sequelae among high school students exposed to a tragic high school shooting at Santana High School. The study used a dose-of-exposure design to determine the severity of posttraumatic stress and depressive reactions of 1,160 adolescents 8 to 9 months after the shooting. Additional measures included demographic information, objective and subjective exposure, and relationship with those killed, those injured, and with the shooter. The findings revealed that students reported high rates of PTSD, especially those in the Direct Exposure Group, as compared to epidemiological studies. Findings showed a dose-of-exposure pattern for PTSD but not for depression. Girls scored higher than boys on both distress measures. Subjective features of exposure played a powerful explanatory role in predicting the variance in PTSD and less so for depression. Of importance, this study utilized an innovative subjective features of exposure scale geared to the students' appraisal of threat and harm. This study demonstrates the feasibility of conducting systematic school-wide screening after a school shooting, and provides guidelines for services after such events occur.

Companion Recovery Model Reduces the Effects of Trauma for Male and Female Child Soldiers in Liberia (Abstract #195965)

Workshop/Case Presentation (Clin Res, Civil Ref)

Salon 3, 3rd Floor

Gregory, Jeni, PhD1; Embrey, David G., PhD2

Vice President, World Change for Children, University Place, Washington, USA

²Childrens Therapy Unit, Good Samaritan Hospital, Puyallup, Washington, USA

Purpose: This workshop describes a Companion Recovery Model, designed to reduce the symptoms of PTSD in former child soldiers who experienced Profound Catastrophic Trauma in Ganta, Liberia, West Africa.

Methods: Participants (N = 130) were conscripted into combat at 6-13 years old. The model's ability to reduce the symptoms of PTSD was evaluated with 20 participants using pre/post Clinician Administered PTSD Scale (CAPS). The model applies ten trauma modules based on accepted trauma recovery theory (Overwhelming Events, Encapsulation, Somatization, Recognition, Release, Resilience, Integration, New-Self, Rebuilding, and Commencement). Participants were trained to select one trusted "Companion." Each member of the pair learned to become a skilled trauma counselor for the other. These one-on-one relationships were solidified during training and continued afterwards.

Results: Mean pre/post scores showed a significant (p <.001) reduction of trauma symptoms by 33%. A sample of 10 videotaped CAPS (re-scored by a blinded independent rater) showed excellent inter-rater reliability with the original tests (p <.001). One year follow up CAPS assessments (N = 10) suggest additional reduction of PTSD symptoms continue to occur without further professional intervention.

Conclusions: Findings show the model may help reduce the effects of profound trauma in former child soldiers.

Participant Alert: There will be verbal examples of violent activities that child soldiers participated in and experienced and may be graphic in nature.

Best Laid Plans: Challenges and Benefits of Conducting Research With Refugees and Displaced Persons

(Abstract #196002)

Workshop/Case Presentation (Civil Ref, Res Meth) Crystal Room, 3rd Floor

Osterman, Janet, MD¹; de Jong, Joop, MD, PhD²¹Boston University, Boston, Massachusetts, USA²Vrije Universiteit, Amsterdam, Netherlands

This interactive workshop will discuss the challenges and benefits of conducting research with refugees and displaced persons. The presenters will illustrate some problems encountered in a research project working with a small yet mobile population of refugees from East Africa that will include issues of politics, staffing, recruitment, linguistics and access to translators. The presenters will review adaptations required to re-structure aspects of the project to complete the proposed aims. Further exploration of both challenges and benefits of conducting research in low-income settings with refugee and displaced persons will be presented based on substantial experience in post-conflict areas across Africa, Asia, and the Middle East. Participants will be encouraged to discuss their current and prior experience in conducting research with the refugee and displaced population and in both low-income and high-income countries. Participants may present current dilemmas and seek solutions to solve the difficulties, drawing on both the presenters and participants ideas and experiences. Topics may inloude subject recruitment, need for translators or bilingual staff, culture and ecological validity, methodology to develop culturally valid instruments, and political violence, human rights violations and ethical implications that may cause modification of the research proposal.

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

Soldiers at War:

The Perspectives of Two Journalists

Addressing PTSD in Combat Troops Returning From Iraq and Afghanistan

(Abstract #198509)

Invited (Mil Emer, Media Ed)

Adams Ballroom, 6th Floor

Kennedy, Kelly¹

¹Times News Service, Alexandria, Virginia, USA

An embedded reporter's personal experiences covering the wars in Iraq and Afghanistan will be presented. Specifically, the implications of sanitizing media coverage of war will be discussed. It will be argued that unless the details of the experiences are reported, a disservice is being done not only to service members, but also to their families, communities and health-care workers. Society has an excuse to believe PTSD is nothing more than a loss of courage or people trying to get over on the system by seeking benefits. With the details, it is hard to wonder how anyone could come out of such a situation unscathed.

Participant Alert: This presentation will include video, photos and descriptions of war that may be distressing to some participants.

How Iraq Veterans are Fighting the Next War Here in America

(Abstract #198511)

Invited (Sos Ethic, Mil Emer)

Adams Ballroom, 6th Floor

McKelvey, Tara1

¹The American Prospect, Washington, District of Columbia, USA

A look at the deeply scarred generation of US service members returning from the war in Iraq and the degree to which the government is neglecting their care here at home.

Treating Acute Stress Disorder

(Abstract #197561)

Master (Prev EI, Clin Res)

Monroe Ballroom, 6th Floor

Bryant, Richard, PhD1

¹University of New South Wales, Sydney, New South Wales, Australia

Acute stress disorder (ASD) describes initial stress reactions that are predictive of chronic posttraumatic stress disorder (PTSD). Since the September 11 terrorist attacks, there has been renewed international interest in early identification of acutely traumatized people and evidence-based intervention strategies. This masterclass will commence with an outline of the optimal ways to identify people shortly after trauma who are likely to develop long-term PTSD. The masterclass will provide a review of current assessment tools, as well as interactive discussion of strategies for assessing acutely traumatized individuals. A detailed outline of cognitive behaviour therapy strategies will be provided. Obstacles to treatment will also be discussed in the context of case studies.

Resiliency in the Face of Terrorism and Mass Casualty: Keys to our Understanding of Thriving, Surviving, and Making it to the Next Day

(Abstract #195858)

Symposium/Panel (Disaster, Prev EI)

Grand Ballroom, 4th Floor

Hobfoll, Stevan, PhD¹; Bonanno, George, PhD²; Galea, Sandro, MD, PHD³; Shalev, Arieh, MD⁴

¹Psychology, Kent State University & Summa Health System, Kent, Ohio, USA

²Columbia University, New York, New York, USA

³Epidemiology, University of Michigan, Ann Arbor, Michigan, USA ⁴Department of Psychiatry, Hebrew University School of Medicine and Haddasah Hospital, Jerusalem, Israel

The study of terrorism and mass casualty, has focused on pathological responses. However, many develop few symptoms or initially show upset, but recover quickly.

We address the pathways of resilience and resistance to mass casualty and terrorism around the world and how to better define resilience, resistance, and recovery. We explore the epidemiology and conceptualization of resilience, and future research. This broadens our theoretical understanding of people's responding to trauma, key to public health intervention, and carries enormous potential for building a Psychology of Human Strength in the face of adversity.

We present work on the consequences of terrorism, mass conflict, mass epidemic, and war from the World Trade Center attacks, the Madrid Bombings, Ethiopia, Israel and Palestine. This more complex understanding of resilience and resistance suggests important roles for individual differences in vulnerability and resiliency-related characteristics, situational differences in levels of exposure, the chronicity of exposure, and environmental contingencies. It highlights the relativity of resilience in light of the severity and chronicity of events. Given a lifetime of multiple severe traumas, continued functioning in life roles, and facing a new day, may be a sign of resilience and the access point for intervention to support future recovery.

Participant Alert: Graphic descriptions and photos may be shown.

Examining Posttraumatic Growth in Children and Youth: Cross-Cultural Findings

(Abstract #196281)

Symposium/Panel (Child, Cul Div)

Salon 1, 3rd Floor

<u>Kilmer, Ryan P., PhD</u>¹; Gil-Rivas, Virginia, PhD¹; <u>Alisic, Eva, MA, MSC</u>²; <u>Hafstad, Gertrud Sofie, PhD Candidate</u>³; <u>Taku, Kanako, PhD</u>¹; van der Schoot, Tom A. W., PhD⁴; Kleber, Rolf J., PhD⁵; Roof, Katherine A., BA¹

- ¹Psychology, University of North Carolina at Charlotte, Charlotte, North Carolina, USA
- ²Psychotrauma Center for Children and Youth, University Medical Center Utrecht, Utrecht, Netherlands
- ³Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway
- ⁴Psychotrauma Center for Children and Youth, University Medical Center Utrecht, Utrecht, Netherlands
- Department of Clinical and Health Psychology, Utrecht University, Utrecht, Netherlands

Although posttraumatic growth, positive change as a result of the struggle with trauma, has garnered considerable attention in the adult literature, the area is less well-developed for children and adolescents. Panelists will present findings using a new, revised measure of the construct in studies with youth in 4 different countries.

Posttraumatic Growth Among Children Impacted by Hurricane Katrina

Although PTG research is a burgeoning area, emphasizing the transformative elements of responding to adversity, relatively few

studies have examined the construct among children. These presenters will describe briefly the development of the Posttraumatic Growth Inventory for Children - Revised and describe findings growing out of their NIMH-funded work examining children (aged 7-10 years) and caregivers affected directly by Hurricane Katrina and its aftermath. Interviews were conducted with 68 caregiver-child dyads one year post-Katrina (on average) and 52 of those same dyads 6 months later. Using both respondents' reports, this presentation will include basic descriptive findings using the new measure and emphasize correlates of posttraumatic growth (PTG) in the child sample. It will focus specifically on the role of child characteristics, including selfsystem variables (e.g., perceived competence, future expectations) and cognitive resources and processes (e.g., realistic control expectations, rumination), as well as selected caregiver variables (e.g., caregiver self-rated PTG, caregiver-child relationship qualities, caregiver-guided positive re-framing). Developmental implications and future directions will be discussed.

Posttraumatic Growth in a Dutch Sample of Primary School Children There is a small but growing body of literature suggesting that children surviving a traumatic event can experience posttraumatic growth (PTG), such as changing priorities, as well as adults. In general this knowledge is based on samples surviving a single type of traumatic event (e.g., road traffic accidents, a hurricane). In order to extend this knowledge to children who survived a wide range of events, we examined the existence of PTG and its relationship with posttraumatic stress and quality of life in a random sample of 1770 Dutch primary school children (age range 7.4-13.7, mean age 10.24; 50% boys). A significant minority of the children reported substantial growth after their worst experience ever. Traumatized children (according to criterion A1 for PTSD in DSM-IV) reported more growth than children who reported a worst experience that was not considered traumatic. There was a strong relationship between PTG and posttraumatic stress, with children experiencing more posttraumatic symptoms also reporting more growth. The results and their theoretical and clinical implications will be discussed during the presentation.

Family Correlates of Posttraumatic Growth in Children and Adolescents

Despite interest in the caregiving system in other fields of trauma research, the family has received little empirical attention in the posttraumatic growth literature. The quality of the caregiving system has been well-documented as a protective factor in child risk and resiliency research. Family functioning and caregiver characteristics may therefore be central in understanding the process underlying posttraumatic growth in children. The present study investigates how child posttraumatic growth relates to family cohesion and expressiveness, caregiver resources, caregiver mental health and caregiver posttraumatic growth. One hundred and seven Norwegian children (aged 6-18) and their parents exposed to the 2004 Southeast Asian Tsunami, were interviewed 10 months and 2 1/2 years post disaster. Posttraumatic growth was measured in children and their parents utilizing the Posttraumatic Growth Inventory (PTGI) and PTGI for Children-Revised version, accordingly. The results contribute to illuminate the process of posttraumatic growth in children, and places focus on the role of the child's immediate environment in posttraumatic adjustment.

Posttraumatic Growth Among Japanese Middle School Students Posttraumatic growth (PTG), positive psychological changes experienced as the result of the struggle with major life crises, has been examined among adults in several countries, using the translated versions of the PTG inventory (PTGI). On the contrary, there have been few studies that have examined how children outside the U.S. may experience PTG. Studying PTG in children raises questions about their social and cognitive development in the given cultural context. to examine the potential cultural differences in PTG among children, the Japanese version of the PTGI for Children (PTGI-C-J), an adaptation of the original English version developed by Kilmer, Gil-Rivas, and colleagues, was

examined in a sample of 314 middle school students, with a mean age of 13.52 years (SD = 0.97). Results showed that Japanese youth did report PTG following their traumatic/stressful life events and that youths who experienced traumatic events within the past year reported more growth than youths who did not experience any traumatic events, supporting the construct validity of the PTGLC-J. Relationships between cognitive processing, including intrusive and deliberate rumination about the event, and PTG, as well as implications for future research on cultural elements of PTG among children will be discussed.

Psychosocial Effects of Terrorist Threat and Close Protection in Politicians

(Abstract #195945)

Symposium/Panel (Prev EI, Sos Ethic)

Crystal Room, 3rd Floor

Gersons, Berthold, Professor¹; Nijdam, Mirjam, MSC²; Friedman, Merle, PhD³; McFarlane, Alexander, MB, BS, MD, FRANZCP⁴

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Introduction: Following two political murders in the Netherlands, politicians under terrorist threat have received increasingly stringent security measures. What was once perceived as a safe and tolerant country where ministers ride their bike to work, suddenly it turned into a culture in which terrorist groups threatened to kill politicians and aimed at evoking anxiety in the whole society. Both the life threat in itself and the protective measures that are taken can influence the lives of the politicians being protected, especially if the threat level requires that close protection is introduced. Therefore, it may be useful to offer them some form of psychosocial advice or support. This panel will address the current practice of advising politicians and their families, how to cope with protectors, how to stimulate resilience, and propose a model to understand the dynamics of traumatic stress in this situation.

Preventing Traumatic Distress for Politicians Under Terrorist Threat and Close Protection

The National Coordinator for Counterterrorism (NCTb) in the Netherlands is responsible for the national system of surveillance and protection. The department coordinates the surveillance and protection of objects, services and persons whose safety and undisturbed functioning are matters of national importance. Close protection can put great pressure on the person concerned and on his or her immediate environment. The protective measures are taken because there is an actual threat and risk. The basic principle is a protected person should be able to lead a life that is as normal as possible, within the restrictions of the protective measures. However, the confrontation with information that groups have actual plans to kill a politician evokes signs of traumatic distress like hyperalertness, sleep problems, irritation, but also disbelief, regressive reactions or hardening of political standpoints. There is no place for privacy anymore and everything needs to be planned because the protectors need to know. The NCTb has asked for help to apply the knowledge from the traumatic stress field in these complex and sensitive situations. The purpose of this presentation is to discuss the current practice of advising politicians and their families, aiming at prevention of traumatic distress. Also attention will be paid to the difficult context in which the government has to

Terrorist Threat and Close Protection: A Model for Coping Responses in Politicians

Knowledge from the literature on psychosocial reactions to stress and traumatic stress can help the people involved to gain insight into their own reactions, which may be very diverse. The coping model we constructed shows how the impact of threats and protection depends on the way in which a protected person perceives and consequently copes with the stress. A literature review on this topic revealed several relevant theoretical perspectives, which were confirmed by interviews with Dutch politicians and their protectors. Several recommendations were made to the government based on this study; emphasizing different ways in which psychological insights can help politicians cope with the threat and protection in the best possible way.

Optimizing Resilience and Personal Growth in Close Protection As is evident from the limited research that has been conducted in this area, there are different responses to the advent, continuation and cessation of close protection. In considering optimal ways of enabling highly functioning politicians to negotiate this complex challenge, differing responses to the anticipation of possible trauma as well as ongoing stress and traumatic stress must define interventions. Resilience may offer individuals protection from aspects of both stress and traumatic stress, and there is much about resilience that can be acquired. Methodologies for increasing the chance of successfully transferring skills related to increasing resilience and successful cooperation with protectors will be considered. In addition aspects of resilience that may increase the operating efficiency of the protectors will also be addressed.

Advising Politicians Regarding Their Professional Practice and Social Environment

Individuals in public positions, such as politicians or senior political commentators, by their nature tend to be direct and open members of the community, who readily confront issues with debate and action. In a democratic society there is little expectation of such discourse would be met with personal threats or realistic danger. The ideal of an open democracy is that disputes resolve through the debate which is the corner stone of such political systems. When a politician becomes the focus of personal threat, the individual faces a major psychological dilemma. Such threat involves a great deal of unpredictability, both in terms of the probability of the threat being carried out and also the extent to which it places family and colleagues at risk. Notwithstanding the psychology of threat, it is a critical issue in assisting an individual to accommodate to the circumstances of perceived and anticipated threat. There has to be a balanced response between denying the threat and becoming excessively avoidant and to withdraw from political discourse. Furthermore, the veil of danger can subtly modify and change an individual's political ideals and characteristic responses to challenge. Teaching methods of practical self-physical protection can assist overcoming feelings of helplessness. Partners and children also should be helped to use active strategies to minimise risk.

Revictimization: Examining Cognitive, Emotion, and Social Risk Factors

(Abstract #196319)

Symposium/Panel (Clin Res, Practice)

State Ballroom, 4th Floor

<u>DePrince, Anne, PhD¹</u>; Combs, Melody, MA²; Shanahan, Michelle, MA³; <u>Gobin, Robyn, MS</u>⁴; Freyd, Jennifer, PhD⁵; <u>Chu, Ann, MA</u>¹; <u>Dietrich, Anne, PhD</u>⁴

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Revictimization is linked to worse health outcomes than single/no victimization; thus, identifying risk factors is critical to public health. Panelists will describe diverse methods used to identify mechanisms (e.g., emotion regulation, cognitive/social processing, appraisals) that may translate risk as well as discuss prevention implications.

Revictimization in Young Women: A Test of the Interpersonal Schema Hypothesis

Revictimization poses a serious and preventable public health problem. Drawing on interpersonal schema theory, Cloitre (e.g., 1998) proposed revictimization risk may be translated via schemas that relationships involve harm. to date, cognitive methods have not been applied to test the automatic associations characteristic of schemas. The lexical decision-making priming task evaluates the speed-up in reaction time to a word presented after another word from the same schema (e.g., cat-dog) relative to other conditions. We predicted that relationship words (e.g., lover, partner) would prime victimization words (e.g., assault, rape) in revictimized women, but not in singly- or non-victimized women. In a sample of college-aged women (N=130), those who reported victimizations by a close other before and after age 18 showed more priming in relationship-victimization trials than singly- or non-victimized women. Priming was unrelated to dissociation and PTSD symptoms. Implications for treatment, including interventions that target beliefs and expectations about relationships, will be discussed.

Trust and Revictimization Among Betrayal Trauma Survivors

The link between the experience of childhood sexual abuse and subsequent revictimization in adulthood has been widely reported in the literature. The theories that have been proposed to explain this link have heretofore failed to examine inaccuracy in evaluations of trust and awareness for betrayals in interpersonal contexts as factors contributing to the perpetuation of revictimization. The present study examined revictimization within a betrayal trauma framework. Betrayal trauma theory posits that the experience of life threatening traumas perpetrated by someone close to the victim might damage cognitive mechanisms that normally allow individuals to make accurate evaluations of trust. A sample of 272 college students completed questionnaires regarding betrayal trauma history, willingness to trust, and accuracy for detecting betrayal. Preliminary data reveal higher rates of betrayal, lower awareness levels, and greater likelihoods of continuing a relationship following an interpersonal betrayal among high betrayal trauma survivors. These results suggest revictimization risk may be linked to accurate identification of betrayals and the ability to initiate proper self-protective actions.

Physiological Activation and Trauma Appraisals: Potential Mechanisms of Risk Detection and Revictimization

Child abuse increases the risk of later victimization for women. Revictimization is associated with more severe physical, psychological, and social problems than single or no victimizations. Given this serious public health issue, research has increasingly focused on identifying mechanisms that might translate risk, such as risk detection (i.e., the ability to detect danger cues in social situations). While risk detection deficits have been linked to revictimization, little is known about physiological and appraisal processes that contribute to such deficits. to address these issues, an ethnically-diverse community sample of 82 women (Age: Mean=30.47, SD=6.15) listened to an audiotape of a risky dating situation. All women reported at least one experience of interpersonal violence; the average number of events perpetrated by different people was 4.74. Based on previous research using this task, we examined parasympathetic (e.g., vagal tone) and sympathetic (e.g., pre-ejection period) activation as well as self-reported physiological arousal. Participants also reported on trauma-related appraisals and post-trauma symptoms. We discuss the relative contributions of physiological activation and trauma-related appraisals (e.g., fear, shame) to risk detection and symptoms (e.g., PTSD). Implications for models of and prevention programs for revictimization will be considered.

PTSD and Associated Features in Revictimization of Men and Women

It is well accepted that childhood maltreatment often results in longterm negative outcomes, including PTSD and associated features to PTSD. Adults with childhood maltreatment histories are also at increased risk of psychological, physical and sexual revictimization. In this presentation, results from a study on

revictimization of 207 adults with childhood maltreatment histories will be discussed. The postulated risk factors of PTSD, affect dysregulation and interpersonal relatedness problems are examined via logistic regression analyses for men and women, separately. Controlling for effects of childhood maltreatment, predictors of physical victimization, sexual victimization and abuse by a partner vary for women and men. Potential mechanisms by which these predictors increase risk of revictimization will be summarized.

From Evidence to Practice: Knowledge Synthesis, Dissemination and Transfer for Better PTSD Treatment

(Abstract #196367)

Symposium/Panel (Clin Res, Media Ed)

Wabash Room, 3rd Floor

Creamer, Mark, PhD¹; Lewis, Virginia, PhD¹; O'Donnell, Meaghan, PhD¹; Forbes, David, PhD¹; Couineau, Anne-Laure, MA¹¹University of Melbourne, Melbourne, Victoria, Australia

New knowledge about mental health does not automatically lead to better outcomes. The term "knowledge translation" has gained prominence as decision makers focus on how to use research findings to improve services for better consumer outcomes. This symposium presents an example of the knowledge cycle in relation to PTSD treatment.

Knowledge Synthesis

Purpose: This paper provides the framework for the symposium, including reviewing current approaches to "knowledge transfer", before describing the rigorous process by which the Australian Guidelines for the Treatment of Adults with PTSD and ASD were developed as an example of knowledge synthesis.

Main Points: The task of synthesising knowledge for the purpose of producing treatment guidelines requires a clear and rigorous approach. Clearly defined criteria have been established for reviewing evidence, including clear assessment of designated population, randomisation, fidelity assessments of interventions, and blind assessment among others. Guidelines are then developed on the basis of studies that have met these criteria. While there may be issues around the exclusion of some evidence that does not meet the highest criteria, and around some of the characteristics that are shared by studies that do meet the highest criteria, the necessity for valid synthesis of knowledge requires such strict criteria. At the same time, active involvement of key stakeholders is crucial if guidelines are to be acceptable to the target population.

Conclusion: Knowledge synthesis is a complex task that requires a high level of consultation and negotiation with key stakeholders.

Knowledge Dissemination to Diverse Audiences

Purpose: Promoting best practice can be challenging, with practice guidelines and new evidence-based interventions infrequently adopted by mental health practitioners.

Main Points: Research points to the fact that people's receptiveness to innovation and change is varied and that communication strategies and tools that promote change need to be tailored to organisations and their staff. Dissemination of information about best practice for mental health treatment needs to target different audiences. The dissemination strategy associated with the Australian PTSD Guidelines will be described. Disseminating knowledge to an audience that includes researchers, policy makers, service developers, clinicians and consumers requires different products and strategies. This paper includes a critical review of strengths and weaknesses of the approach, as well as recommendations for the best way to disseminate information about mental health practice.

Conclusion: Significant effort and resources are required for successful knowledge dissemination, but this step in the knowledge transfer cycle cannot be overlooked if practice change is required on a state or national scale.

Knowledge Transfer for Best Practice and Better Outcomes Purpose: This paper reviews theories of individual and organisational behaviour change as they apply to knowledge transfer for mental health practitioners and their organisations.

Main Points: Research demonstrates that uptake of recommended practices is facilitated by enlisting the support of organisational leadership, involving stakeholders from the start in policy or treatment protocol development, training key staff in new practices, providing follow-up systems, and putting in place feedback and evaluation systems. With financial support from the Australian government, research is underway to enhance effective implementation of evidence based practice in two key trauma population service areas: veterans and survivors of sexual assault. The models adopted in this project will actively involve clinical staff and management from the start to encourage the change to consistent use of recommended practices. It will also include information provision to clients attending the pilot sites, training of selected staff and the establishment of follow-up tools and processes to embed practices learned. The research will evaluate the extent to which knowledge transfer has been successful in these two clinical settings.

Conclusion: Knowledge transfer is a complex, multi-faceted task that requires an active commitment from health care organisations and providers.

Papers

PTSD in Displaced Populations

Salon 2, 3rd Floor

Chair: Eranda Jayawickreme, MA, Psychology, University of Pennsylvania, Philadelphia, Pennsylvania, USA

Distress, Well-Being and War: Qualitative Analysis of Civilian Interviews From North-East Sri Lanka (Abstract #196136)

Paper Presentation (Civil Ref, Asses Dx)

<u>Jayawickreme, Nuwan, MA</u>¹; <u>Jayawickreme, Eranda, MA</u>¹; Foa, Edna, PhD²; Seligman, Martin, PhD²; Goonasekera, Michelle A., MBBS³

¹Psychology, University of Pennsylvania, Philadelphia, Pennsylvania, USA ²University of Pennsylvania, Philadelphia, Pennsylvania, USA ³University of Peradeniya, Peradeniya, Sri Lanka

The study of local idioms of psychological distress and wellness in specific communities is an important endeavour, as such expressions stem from a specific value or belief orientation (Lopez & Guarnaccia, 2000, Lu & Gilmour, 2004). Understanding the acceptable means of communicating distress and wellness in a community is essential if one is to develop a culturally competent model of mental health (Osterman & de Jong, 2007). Such a study must use ethnographic, epidemiological and clinical research methods if one is to understand how the social world interacts with the individual's psychological processes. Ethnographic research allows for an in-depth examination of a specific culture's conceptualization of distress and wellness. The current project involves the analysis of an ethnographic data set that offers insight into how war-affected Sri Lankans conceptualize and express distress and well-being. Ethnographic data collected from 1450 individuals in war-affected areas of North-Eastern Sri Lanka were analyzed using open and axial coding methods. The data consisted of the Adult War Problems and Adult Competencies Interviews. Results indicated seven clusters: emotional problems, social problems, impact of problems, presence of support networks, relationship with family and community, religious and social involvement, and personal growth.

PTSD, Depression and Psychosis in Somali Refugees (Abstract #195907)

Paper Presentation (Civil Ref, Asses Dx)

Kroll, Jerome, MD1; Yusuf, Ahmed, BA2

¹Community-University Health Care Clinic, University of Minnesota, Minneapolis, Minnesota, USA

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This paper reports on the major patterns of psychiatric disorders in Somali refugees (N=476) attending an inner city clinic from 2000-2007. The majority of patients were caught up in the violence and social disruption that accompanied the Somali Civil War of 1991. Diagnoses were made by DSM-IV criteria. Main outcome measures (diagnoses, age cohort, sex) were analyzed by Chi-square tests. Forty-nine percent of male patients (N=214) were under age 30 years and presented primarily (87 Of 104) with acute psychotic illnesses of mixed schizophrenic and affective components (p<.001). Older men show predominantly depressive and PTSD symptomatology. Seventy-seven percent of women patients (N=262) were over age 30 and presented primarily with depressive/PTSD disorders (p<.001). Patterns of illness and adjustment vary widely by age and gender cohorts, reflecting the relevance of these variables on different trauma and loss experiences and cultural and religious shaping of adjustment and symptom formation. War trauma experienced in childhood, early malnutrition from famines, and excess Khat use in male adolescents provide partial explanations for the high rate of psychoses.

The Psychological Impact of the Kidnapping in Colombia: An Approach From the Media

(Abstract #195829)

Paper Presentation (Media Ed, Civil Ref)

Manrique Cortés, Jenny, Journalist, MA in International Affairs¹ Dart Center for Journalism & Trauma, Ochberg Fellow 2006, Capital Federal, Buenos Aires, Argentina

The kidnapping is one of many traumatic events to which a human being can be exposed: murders, thefts, catastrophes, violations, etc. Unlike these facts, which have an end, the kidnapping exposes victims to a chronic trauma. It makes them to question about the most fundamental beliefs on the confidence, the life, the death, the kindness and the evilness. It is inevitably connected With the psychology of submission: that is what the kidnappers do, to exercise a despotic control over all the aspects of victims' lives. For more than four decades, Colombia has been plagued by one of the longest armed conflicts in the Western Hemisphere: a civil war that has led to catastrophic rates of violence and human right violations across the country. One of the biggest crimes that armed actors have comitted to maintain the war alive is the kidnapping. Hostages are an exchangeable merchandise for money or political intentions. During the last ten years 23.401 personas had been kidnapped in the country and nowadays 3.134 hostages remain in the jungle, Without freedom. The coverage of this issue that have left tragic wounds in the whole society, is a big challenge for journalists. The topic implies on the one hand the trauma of relatives who expect their beloved ones return alive, and on the other hand the trauma of the victims demonstrated in the heartbreaking proofs of live that media had shown, and the testimonies of liberated hostages or the ones who have scaped. In adittion, there is a trauma in the society, which shakes or strikes With these stories, feeling sad or even unsafe about the crime. This presentation will focus on the role of journalism covering this important issues.

Papers

Predictors and Correlates in PTSD

Salons 7 - 9, 3rd Floor

Chair: Erika Wolf, MA,

National Center for PTSD, Boston University; VA Boston Healthcare System, Boston, Massachusetts, USA

Stress Hormones and Peritraumatic Dissociation as Causal Pathways Between Trauma History and PTSD

(Abstract #196425)

Paper Presentation (Bio Med, Asses Dx)

<u>Irish, Leah, MA</u>¹; Karazsia, Brian, MA²; Sledjeski, Eve, PhD³; Fallon, William, MD⁴; Spoonster, Eileen, RN⁴; Delahanty, Doug, PhD¹

¹Kent State University, Kent, Ohio, USA

²Psychology, Kent State University, Kent, Ohio, USA

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⁴Summa Health System, Akron, Ohio, USA

Prior trauma exposure predicts the development of PTSD symptoms (PTSS) following a subsequent trauma. The aim of the present study was to evaluate peritraumatic dissociation and initial hormone (cortisol and epinephrine) responses to trauma as mediators of the relationship between prior trauma characteristics and PTSS in 265 motor vehicle accident (MVA) victims. Two structural equation models were tested: one with cortisol and peritraumatic dissociation as mediators and one with epinephrine and peritraumatic dissociation as mediators. Results revealed poor model fit and modifications were made to the models. Changing cortisol and epinephrine from mediators to indicators of the PTSD construct dramatically improved model fit (final cortisol model: (29)=21.74, p>.05, CFI=1.0, RMSEA=.00; Final epinephrine model: (29)=42.77, p>.05, CFI=.99, RMSEA=.04). These results suggest that while peritraumatic dissociation significantly mediates the relationship between trauma history and PTSS, cortisol and epinephrine may serve as markers of PTSS rather than causal pathways. Results also suggest that different event and response characteristics of the prior traumas may affect PTSD through different causal pathways.

PTSD and Weight Gain: Results From the National Comorbidity Study – Replication (NCS-R)

(Abstract #196494)

Paper Presentation (Bio Med, Sos Ethic)

De Vries, Giel-Jan, MSC, MA1; Olff, Miranda, PhD2

¹Center for Psychological Trauma, Academic Medical Center, Amsterdam, Netherlands

²Psychiatry - Center for Psychological Trauma, Academic Medical Center, Amsterdam, Netherlands

Objective: Several studies found that PTSD is associated to obesity and physical health. Obesity has been observed in specific groups such as male veterans and police officers, but not in the general population. The way PTSD and obesity are related remains unclear.

Method: The NCS-R is a nationally representative face-to-face household survey of 5692 respondents aged 18 years or older conducted between February 2001 and December 2002. All respondents were administered a diagnostic interview determining psychopathology, social and background information and self-reported height and weight. Obesity has been defined as having a Body Mass Index (BMI)>35.

Results: Higher BMI is associated with 12-month and current PTSD even when adjusting for sociodemographic background variables as age, sex, education and family income. Obesity is associated with lifetime, 12-month and current PTSD with patients having more risk at obesity than those without PTSD even when

controlling for coexisting psychopathology. Moreover, BMI was found positively associated with the number of PTSD symptoms. Additional analyses are performed to rule out alternative explanations as medication use, eating behavior and sleeping problems.

Conclusions: PTSD is associated with weight gain and obesity in the general adult population as well.

The Relationship Between Personality and Personality Disorder in a PTSD Sample

(Abstract #196455)

Paper Presentation (Clin Res, Asses Dx)

Wolf, Erika, MA¹; Klunk-Gillis, Julie, PhD²; Paysnick, Amy, BA²; Vanderhoef, Kimberly, BA²; Fabricant, Laura, BA²; Miller, Mark, PhD²

¹National Center for PTSD, Boston University; VA Boston Healthcare System, Boston, Massachusetts, USA

²National Center for PTSD, Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA

This study examined the relative contributions of the higher-order normal-range personality traits negative emotionality (NEM), positive emotionality (PEM), and constraint (CON) in predicting personality disorder (PD) severity in a PTSD sample. One hundred fifty participants (83% male, 83% veterans) completed self-report measures of personality (Tellegen's MPQ), PDs (LA Clark's SNAP), and PTSD (PCL). Rates of PTSD-PD comorbidity were high and ranged from 3.3% for narcissistic PD to 40% for borderline PD. A series of multiple regressions demonstrated that, relative to other personality traits, (a) high NEM contributed most strongly to borderline, paranoid, dependent, and schizotypal PD (beta range: .37 - .71), (b) low CON contributed most strongly to antisocial PD (beta = -.46), (c) low PEM was the best predictor of schizoid PD (beta = -.67) while high PEM was the best predictor of histrionic (beta = .58) and narcissistic (beta = .42) PD, 3) low PEM and high NEM contributed relatively equally to avoidant PD (betas = -.45 and .48, respectively), and (d) high NEM and high CON contributed equally to obsessive-compulsive PD (both betas = .29). These differential patterns suggest heterogeneity in the core personality traits that underlie the PDs, which has implications for case conceptualization and treatment.

Complex Trauma, Complex Needs: Building Capacity to Address Trauma and DV in Public Systems

(Abstract #196439)

Workshop/Case Presentation (Commun, Sos Ethic) Salons 4-6, 3rd Floor

Warshaw, Carole, MD¹; Pease, Terri, PhD¹; Blumenfeld, Susan, MSW¹

¬National Center on Domestic Violence, Trauma & Mental Health, Chicago, Illinois, USA

Advances in the fields of traumatic stress, child development and neuroscience are generating new models for understanding the impact of early experience on health and well-being and for delineating the complex interrelationships between domestic violence (DV), trauma and mental health. These models, particularly when grounded in survivor and advocacy perspectives, provide a more useful framework for addressing complex trauma in the context of ongoing DV and for supporting attachment and parenting capacities. This workshop will provide an overview of research and community-based perspectives on responding to DV in the context of other lifetime trauma for both adult survivors and their children and emerging models for treating complex trauma in the context of ongoing DV, where legal, safety and custody issues abound. It will also offer practical strategies for building system capacity to address these issues in clinical and advocacy settings.

Analysis of presenters' experiences working with local agencies and city and state systems in assessing needs, developing collaborative practice models, piloting training curricula and providing on-site consultation and TA will be shared and evaluation discussed. Critical policy and systems integration issues will also be discussed along with recommendations for improving service delivery systems for adult survivors and their children.

Implementing Trauma-Informed Care in Residential Mental Health Settings for Youth

(Abstract #196462)

Workshop/Case Presentation (Clin Res, Child)

Salon 3, 3rd Floor

<u>Hummer, Victoria, MSW</u>¹; <u>Dollard, Norin, PhD</u>¹; Vergon, Keren, PhD¹ ¹University of South Florida, Tampa, Florida, USA

Given the high rates of complex trauma exposure in the histories of youth in residential and group care, it is essential that youth receive evidence-based assessment and mental health treatment for trauma within these settings. Trauma-informed care is a comprehensive approach that includes prevention, supports trauma-specific intervention, and infuses knowledge and behaviors into all aspects of organizational operation. Strategies include identification of agency resources and assets to support the needed organizational cultural shifts to successfully implement trauma-informed care. The proposed workshop presentation informs stakeholders and consumers of residential mental health settings of a method for conducting an organizational self-analysis for the implementation of trauma-informed services at the organizational level. Drawing from the literature and the results of a Florida study, presenters will discuss the effects of complex trauma on children, adolescents and their families, principles of trauma-informed care, and current strategies for necessary change within organizational culture. Barriers and supportive factors within participant organizations will be addressed within facilitated small group discussions. Participants will then identify preliminary steps, timelines, and resources needed to begin to implement trauma-informed care within their agency or system.

Concurrent Session 14 Saturday, November 15 3:30 p.m. – 4:45 p.m.

Low Income and Ethnic Minority Women: Multiple Trauma and Effects, Culturally Sensitive Treatments (Abstract #195898)

Symposium/Panel (Cul Div, Clin Res)

Salon 2, 3rd Floor

<u>Triffleman, Elisa, MD¹; Kaltman, Stacey, PhD²; Campbell, Rebecca, PhD²; Greeson, Megan, BA³; Bybee, Deborah, PhD³; Raja, Sheela, PhD⁴; Krupnick, Janice, PhD²; Green, Bonnie, PhD²¹Private Practice, Port Washington, New York, USA²Georgetown University, Washington, District of Columbia, USA³Michigan State University, East Lansing, Michigan, USA⁴Psychology, University of Illinois at Chicago, Chicago, Illinois, USA</u>

There is an information shortfall about trauma in ethnic minorities. Culturally sensitive treatments have not been empirically tested. This symposium, organized by the ISTSS Diversity Committee, will examine data from Latina and largely African American low-income samples. Interventions adapted or developed for these groups will be presented.

The Relationship Between Trauma and Depression

Recent epidemiological data suggests that foreign-born Latino immigrants have a lifetime and past-year prevalence of psychiatric disorders of 24% and 13% (Alegria et al., 2007). Trauma exposure is often overlooked as a risk factor for psychiatric morbidity. This is especially important among immigrants from Central American countries with long histories of political violence and war. The purpose of this study was to examine the role of trauma, immigration-related, and demographic variables in predicting depression among Latina immigrants from a larger treatment trial. The case-control study included 136 depressed and 62 nondepressed women. On average, participants had been in the US for 8 years (sd = 5.06) and 56% were from Central America. The most commonly reported traumas included adult and childhood physical assault (36%, 27%), traumatic bereavement (28%), and rape (21%). In bivariate analyses, younger age, being non-married, fewer years since immigration, history of trauma exposure and number of trauma types were associated with depression. In a multivariate analysis, age, marital status, years in the US and trauma exposure contributed independently to the prediction of depression. This suggests that trauma exposure is an important risk factor for depression among Latina immigrants and has important implications for depression treatment programs.

The Health Impact of Lifetime Trauma and Violence in a Diverse Sample of Female Veterans

This study examined the co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment in a predominantly African American sample of N=268 female veterans, randomly sampled from an urban Veterans Administration hospital women's clinic. Overall, 59% had been sexually abused as children, 39% had been sexually assaulted at least once as an adult, 74% were victims of adult IPV, and 71% had been sexually harassed at least once. Hierarchical and iterative cluster analyses were used to identify four patterns of women's lifetime experiences of violence co-occurrence. The first cluster (n=96) experienced relatively low levels of all four forms of violence; the second group (n=42), high levels of all four; the third (n=59), sexual revictimization across the lifespan with adult sexual harassment; and the fourth (n=70), high intimate partner violence with sexual harassment. This cluster solution was validated in a theoretically-driven model that examined the role of PTSD as a mediator of physical health symptomatology. In SEM analyses PTSD fully mediated the relationship between violence and physical health symptomatology (RMSEA=.03, IFI=.99, CFI=.99, indirect effects p<.05). Consistent with a bio-psycho-immunologic model, PTSD levels more strongly predicted pain-related physical health symptoms compared to non-pain health problems.

IPT for Low-Income Women with PTSD After Interpersonal Trauma This presentation will describe a small randomized trial of Group Interpersonal Psychotherapy (IPT) for low-income, predominantly minority women who had PTSD subsequent to histories of interpersonal trauma, i.e., sexual or physical assault or abuse. Non-treatment seeking women were recruited at public sector primary care and family planning clinics. Forty-eight women were randomized to an IPT group or a wait-list control group. Results showed that women who participated in IPT groups (mean baseline CAPS= 65.1) had significantly more reduction in PTSD than those on the wait-list (mean baseline CAPS=62.6) with mean change on CAPS for the IPT group =-24.6 versus mean change for the control group = -3.06, and significantly more reductions in depression (mean change on Hamilton Depression Scale for the IPT group = -6.27 versus mean change for the control group = -0.73) at the end of treatment. Participants in the control group were more than twice as likely as those who participated in treatment groups to still meet criteria for the PTSD diagnosis at termination (71% versus 30%). There were also significant differences favoring the treatment group in interpersonal functioning scores, with the IPT group doing better on measures of interpersonal sensitivity and lack of sociability.

Discussion: Accessible, Innovative, Appropriate Interventions for Low Income Women

Trauma occurs at high rates in low-income and minority populations, and the need for treatment of related disorders is high. However, access to treatment is limited for these populations for a variety of reasons. The Georgetown Center for Trauma and the Community is developing approaches to increase access to novel treatments through primary care and social service settings. In this discussion, preliminary data from two studies underway at the center will be described, one comparing different methods of recruitment and retention, and one developing and testing a new modular repeating psycho-educational/interpersonal skills group, both targeting low-income African American women with PTSD and depression symptoms in safety-net primary care settings.

Policy Issues in Immediate and Intermediate Response to Disaster and Terror

(Abstract #196306)

Symposium/Panel (Sos Ethic, Disaster)

Crystal Room, 3rd Floor

Seyle, D. Conor, PhD1; Watson, Patricia, PhD2; Lee, Linda, MSW, LCSW3; Ligenza, Linda, LCSW5; Ryan, Pamela, PhD1 ¹Psychology Beyond Borders, Austin, Texas, USA ²Dartmouth College, White River Junction, Vermont, USA ³Louisiana State University Health Sciences/Children's Health Fund,

Baton Rouge, Louisiana, USA

⁴SAMHSA, North Bethesda, Maryland, USA

Three speakers present perspectives on how policy guiding postterrorism and post-disaster response can be shaped to support the psychological health of survivors. A discussant from the Substance Abuse and Mental Health Services Administration (SAMHSA) examines fit with existing U.S. policy.

Policy and Psychological First Aid

The National Center for Posttraumatic Stress Disorder and the National Child Traumatic Stress Network were commissioned by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS) to develop an evidence based field operations manual for immediate post disaster mental health response. A SAMHSA supported expert review panel was convened March 31-April 1, 2005 to gather contributions from those coordinating and participating in disaster response for the Psychological First Aid (PFA) manual. This manual has been accepted as an evidence informed document that assists in the provision of training and technical assistance required by states in the U.S. to deliver the Crisis Counseling Assistance and Training Program (CCP) funded by the Federal Emergency Management Agency (FEMA) in the cases of federally declared disasters. The policies that drive the

CCP and how the PFA manual applies in relation to the needs of disaster survivors will be discussed.

Bridging the Policy Gap: Partnerships Between Universities and NGOs as a Method for Addressing Needs

The Louisiana State University Health Sciences Division (LSUHSC) has partnered with the Children's Health Fund (CHF) to address needs of Hurricane Katrina affected children and families in the Gulf Coast region of Louisiana and the Capital area of Baton Rouge. These services were designed to be delivered not only in the immediate post disaster phase, but continue through the intermediate and longer term recovery process as well. This is necessary due to the lack of policies that address the need for post disaster mental health services in the existing health and mental health service delivery systems on either the local or statewide levels outside of the provision of continuity of care for individuals already engaged with these public services (e.g. seriously and persistently mentally ill clients or physically disabled/special needs patients). The partnership of local University services and not-forprofit organizations can fill a gap to address the needs of those suffering with emotional distress in the aftermath of a mass catastrophe such as Hurricanes Katrina and Rita. Local, state and national mental health policies that facilitate these partnerships need to be designed in anticipation of continuing needs beyond the immediate response phase of a large scale or scope disaster.

How to Best Mitigate the Impact of Mass Trauma: **Recommendations From an Assembly of Experts**

In 2004 an international nonprofit organization convened an assembly of more than 90 experts working in the field of psychological trauma including terrorism-counterterrorism policy, political science, journalism and related fields with the goal of collectively identifying strategies for how individuals and societies can reduce the impact of terror attacks. These experts collectively developed a set of five recommendations for how individuals and societies can most effectively respond to these events: facilitation of informed dialogue about managing the psychological response to terrorism; building societal resilience through preparedness, treatment, and community support; facilitation of collaborations across people working in different domains related to terrorism; exploring and modeling conflict resolution methods; and encouraging and supporting moderates over extremists. This presentation discusses these recommendations through the perspective of how they can be best translated to specific policies local, national and international bodies can implement in responding to terror attacks and natural disasters.

Torture and Mental Health: What is Torture, and How **Should Professional Organizations Respond?**

(Abstract #195964)

Symposium/Panel (Sos Ethic, Civil Ref)

Adams Ballroom, 6th Floor

Scott, Catherine, MD1; Berthold, Megan, MSW, PhD2; Briere, John,

¹University of Southern California, Los Angeles, California, USA ²Program for Torture Victims, Los Angeles, California, USA

Over 111 nations currently sanction the use of or at least tacitly allow torture. The US, UK, and other "western" nations are not exempt. In the years since the terrorist attacks of 9/11, there has been increased political, media and professional attention to the topic of torture - what constitutes torture, circumstances under which it is allowable and not, and whether mental health and medical clinicians should be present during or participate in torture/interrogation proceedings. This attention became particularly dramatic during the media attention surrounding the events at the Abu Ghraib prison in Iraq and the Guantanamo Bay detention camp in Cuba. Narrow definitions have made the argument that certain techniques (such as "waterboarding") do not cause severe physical pain or lasting damage, and therefore are not torture. Related to these debates has been concern over medical and mental health complicity in torture (documented since the 1500s). Arguments in favor of clinician presence have included

"humanizing" and improving productivity of such proceedings. This panel presentation will discuss these issues from the perspective of trauma, mental health, and human rights. Current definitions of torture will be presented and the ethical statements of the various health and mental health professional organizations regarding torture will be discussed.

Delayed Onset PTSD: New Research on an Old Controversy

(Abstract #196022)

Symposium/Panel (Asses Dx, Res Meth)

Monroe Ballroom, 6th Floor

Andrews, Bernice, PhD¹; Brewin, Chris, PhD²; Engdahl, Brian, PhD³; Erbes, Christopher, PhD³; Winskowski, Ann Marie, MA³; Eberly, Raina, PhD³; <u>Creamer, Mark, PhD</u>⁴; Parslow, Ruth, PhD⁴; O'Donnell, Meaghan, PhD⁴

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⁴ACPMH, University of Melbourne, West Heidelberg, Victoria, Australia

Despite numerous studies since its inclusion in *DSM* there is little evidence of the mechanisms and predictors of delayed onset PTSD. This symposium brings together new findings on delayed onset posttraumatic stress disorder in the light of past controversy concerning its existence.

Risk Factors for Delayed Onset PTSD in UK Servicemen

Purpose: Due to definitional problems and small numbers in existing studies, there is scant knowledge of the causes of delayed onset PTSD. This retrospective study aimed to investigate differences in past psychiatric history, cognitive-affective factors and dissociative responses to trauma between groups reporting immediate and delayed onset PTSD. The role of life stress in contributing to delayed onset PTSD was also investigated.

Method: Retrospective in-depth interviews were conducted with 131 UK ex-servicemen in receipt of a war pension.

Findings: Compared to veterans with immediate onset, those with delayed onset were very similar to veterans with no PTSD in reporting lower levels of peritraumatic dissociation, guilt, and shame at the time of their main trauma. Veterans with delayed-onset PTSD were more likely to report severe life events and difficulties in the year before onset compared to veterans with no PTSD assessed in a comparable period. This effect could not be explained by events and difficulties caused by the veterans themselves, or by events of a traumatic nature.

Conclusions: Certain risk factors appear to be differentially involved in the onset of immediate and delayed PTSD.

The Development of Delayed Onset PTSD in UK Servicemen
Purpose: The delayed onset form of PTSD has often been regarded as
controversial and there have been few detailed studies of it. Key
questions for understanding the underlying mechanisms include
whether the onset is typically sudden or insidious, and whether
symptoms are acquired in any particular order.

Method: We conducted retrospective diagnostic interviews with a sample of UK ex-servicemen all in receipt of a war pension, dating individual traumatic events and PTSD symptoms. Reliability concerning the presence of individual symptoms was checked by interviewing a close other and varied according to the specific symptom.

Findings: Compared to a sample with immediate onset PTSD, the delayed group had already acquired more symptoms prior to their main trauma in service. A quarter of all PTSD cases acquired some symptoms prior to any trauma exposure. These were usually from the D cluster and can be attributed to training and routine military duties.

Conclusions: The findings indicate that delayed onset PTSD is the outcome of an insidious process that often lasts over a considerable time period.

The Onset of Post-War PTSD; Contrasts in Trauma Severity and Study Design

Purpose: to examine rates and predictors of delayed onset warrelated PTSD.

Methods: We assessed two community samples of US war veterans: (1) POWS (n=262) retrospectively, 50+ years after their WWII service; (2) Iraq and Afghanistan war veterans prospectively, six and twelve months after their service (OEF/OIF; n=237). Liberal definitions of delayed PTSD were used: POWs had to remain below threshold for one year; OEF/OIF veterans had to exceed the cutoff at 12 months but not at 6.

Findings: Only 2 (1.9%) of the 140 lifetime POW PTSD cases were delayed onset. Twelve (42.8%) of the 28 OEF/OIF PTSD cases were delayed onset. OEF/OIF veterans reported lower PTSD rates than the POWs (11.8% vs. 53%), reflecting the POWs greater trauma exposure. Risk and resilience factors (age, education, social support, nonmilitary trauma exposure) predicted delayed onset only in the OEF/OIF group. In both groups nearly all "delayed onset" cases reported significant symptomatology prior to crossing diagnostic thresholds.

Conclusions: Delayed onset PTSD is commonly found in war veteran samples. Many contributing factors have been identified: the nature of the war itself, the society to which soldiers return, and study design. Our studies highlight the importance of trauma severity.

A Prospective Study of Delayed PTSD and Depression Following Traumatic Injury

Purpose: Delayed-onset PTSD is often characterised by subsyndromal diagnoses within the first 6 months (Carty, O'Donnell & Creamer, 2005). This prospective study aimed to identify factors other than pre-existing symptoms that contribute uniquely to the development of delayed-onset PTSD, as well as delayed onset depression.

Methods: A group of 826 injury survivors was assessed at 3 and 12 months postinjury. PTSD and depression were diagnosed according to *DSM-IV* criteria. Factors contributing to the development of delayed PTSD and depression were examined using logistic regressions. Variables of interest included demographic attributes, positive and negative social support, prior mental and physical health status, and personality attributes.

Findings: Of those with PTSD or depression at 12 months postinjury, around half had not met criteria at 3 months. Most of those with delayed onset reported earlier (including pre-trauma) mental health symptoms. Several non-health and personality measures were able to differentiate those with a chronic course from those with delayed onset.

Conclusions: Individuals who report some symptoms 3 months after trauma may still be at risk of developing the full disorder at a later stage. Identification of those at risk is crucial for effective service planning and early intervention.

Mental Health of War-Affected Youth in Two Conflicts: The Role of the Family, Community and Classroom

(Abstract #196389)

Symposium/Panel (Child, Civil Ref)

Salon 1, 3rd Floor

Borisova, Ivelina, MED1; Betancourt, Theresa, SCD, MA2; Tol, Wietse, MA3; Komproe, Ivan, PhD3; Jordans, Mark, MA4; Vallipuram, Anavarathan, MBBS5; Sivayokan, S., MD5; de Jong, Joop, PhD6

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⁵Shanthiham, Association for Health and Counselling, Jaffna, Sri Lanka 6VU University Medical Center /Boston University School of Medicine, Amsterdam, Netherlands

The symposium examines war-affected youth in two different settings, including former child soldiers in Sierra Leone and youth in Sri Lanka. We present family and community factors in the postconflict adjustment of child soldiers. We also discuss a classroombased intervention model for war-affected youth in terms of its effectiveness and implications.

The Role of the Family in the Reintegration and Adjustment of Former Child Soldiers

Little is known about the role of the family in the post-conflict reintegration of children formerly associated with fighting forces (ex-CAFF). Existing Disarmament, Demobilization and Reintegration programs emphasize the family context as critical for the successful adjustment of former child soldiers. Evidence for the positive role of the family, however, is largely anecdotal and no specific protective factors in the family context have been identified (Wessells, 2006). The present study investigates the association between two relevant family factors and psychosocial outcomes in a sample of N=285 former child soldiers from Sierra Leone. In particular, the study focuses on 1) family placement of ex-CAFF (e.g. immediate, foster, kinship family), and 2) family economic resources and their direct and indirect impact on psychosocial adjustment. Structural equation modeling will be used to test the role of these family factors as mediators in the relationship between the latent constructs exposure to violence/trauma and psychological distress. Multi group analyses will explore possible differences between male and female ex-CAFF. Preliminary analyses suggest that economic resources are not associated with outcomes and that the direct and indirect impact of family placement differs by gender. Results are discussed in the context of reintegration programs for ex-CAFF.

The Impact of Stigma on the Reintegration and Adjustment of Former Child Soldiers

Research with former child soldiers has indicated that these youth often face significant stigma upon return to their communities. Although such responses complicate social reintegration, research is scant in terms of an in-depth exploration of stigma and its role in predicting psychosocial adjustment. This study used mixed methods to examine stigma as a predictor of psychosocial adjustment and social reintegration of male and female former child soldiers in Sierra Leone. Qualitative data was collected via focus group discussions with community members and individual interviews with former child combatants. Survey data was collected with N=285 youth. Qualitative and quantitative data indicate that despite sensitization programs that took place in many parts of Sierra Leone, many former child soldiers faced stigma and blame upon their return and many continue to feel stigmatized 2-3 years after reintegration. Qualitative data further describe some of the factors that may shape the way former child soldiers are accepted / perceived by their communities, and the ways in which youth cope with lack of acceptance. Survey data reveal that community stigma is a significant and independent predictor of psychological distress, controlling for the effects of

war exposures/trauma, and that its impact is particularly strong among females.

Cluster Randomized Trial on a School-Based Intervention in War-Affected Northern Sri Lanka

A review of mental health treatments in low- and middle-income countries concluded that the evidence base for interventions in complex emergencies is weak (Patel et al, 2007). This study was aimed at evaluating treatment outcome of a school-based psychosocial intervention in war-affected Northern Sri Lanka. Children aged 8 to 12 years, in randomly selected schools, were screened for psychosocial distress with a screening checklist developed for the purpose (Jordans et al, under review). Selected children were assigned to a treatment (n=210) or waitlist condition (n=210). Children were assessed before, right after and four months after the intervention, using standardized symptom checklists and locally developed instrumentation addressing mental health and resilience constructs. Intervention consisted of a 5-week, 15-session manualized program that emphasizes integrating cognitive behavioral techniques with cooperative play and creative-expressive exercises (Macy et al, 2003).

Preliminary analyses on differences between baseline and first follow-up assessments, revealed the efficacy of the intervention with regards to function impairment, but not on specific mental health measures. Data collection for the second follow-up was being finalized at the time of writing. The presentation will address intervention and research implications of findings.

The Long-Term Consequences of Terrorism: Findings From Clinical and Population-Based Studies (Abstract #196448)

Symposium/Panel (Disaster, Sos Ethic)

Salons 4-6, 3rd Floor

Silver, Roxane C., PhD1; Neria, Yuval, PhD2; Holman, E. Alison, PhD, FNP³; Gil-Rivas, Virginia, PhD⁴; Poulin, Michael, PhD⁵; Naturale, April, MSW, LCSW, ACSW

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⁶Disaster Mental Health Management and Training; Supervision and Private Practice, Montclair, New Jersey, USA

Terrorism seriously threatens mental and physical health around the world. In this panel, distinguished researchers and clinicians will discuss findings from longitudinal studies of high-risk clinical patients and national population-based samples addressing a range of long-term mental, health, social and political consequences of terrorism.

The Long-Term Sequelae of Terrorism: PTSD Trajectories in the First Five Years After the 9/11 Attacks

The attacks of September 11, 2001 resulted in high rates of PTSD in the general population followed by a significant decline over time. Little information exists on the long-term effects of 9/11 in high-risk clinical populations. We will present findings from a longitudinal study on the long-term course of 9/11-related PTSD, along with its determinants and clinical correlates, among a prospective cohort of 455 patients, mostly minority and poor, interviewed one and five years after-9/11, from a large primary care practice in New York City. The presentation will focus on: 1) trajectories of 9/11 PTSD; 2) risk factors for early and late onset of 9/11 related PTSD; and 2) associations between PTSD trajectories and a range of well ascertained medical comorbidities, psychiatric disorders, suicidality measures, functional impairments and measures of disability, while taking into account detailed data on previous physical and mental health problems and trauma history before and during the attacks of 9/11. Our findings will highlight the specific long-term health and mental health care needs associated with post-disaster psychopathology among this high risk population and will underscore the importance of developing post-trauma professional care, including screening and treatment capacities from general medical settings who are exposed to trauma.

Early Predictors of Long-Term Health Status and Utilization Following the 9/11 Terrorist Attacks

The September 11th terrorist attacks exposed United States residents to an extraordinary collective stress and presented a unique opportunity to examine their impact on health over time. Using a national probability sample, we examined the relationships among acute stress responses to the terrorist attacks, physical ailments, functioning, and health care utilization over three years following the attacks. High 9/11-related acute stress predicted increased incidence of non-cardiovascular physical health ailments, utilization of health care services, and poorer functioning over the 3 years following 9/11. After adjusting for demographics, smoking status, BMI, pre-9/11 mental and physical health, lifetime and post-9/11 stress, and exposure to the attacks, acute stress remained a significant predictor of functional impairment over time. Lifetime stress was associated with increased incidence of physical ailments; post-9/11 stress was associated with utilization and functional impairment. Cardiovascular and musculoskeletal ailments were associated with poorer functioning in the years following the attacks. Using health data collected prior to 9/11/01 as a baseline, acute stress response to the 9/11 attacks predicted increased reports of physician-diagnosed non-cardiovascular ailments and poorer functioning over three years following the

The Social Context of Coping With Ongoing Threat and Well-Being Following the 9/11 Terrorist Attacks

In the aftermath of trauma and in the face of ongoing threats of terrorism, people often turn to those close to them to express their fears and concerns and to obtain support. Utilizing data from a national adult sample assessed shortly after the terrorist attacks of September 11th and re-assessed annually for 3 years following the attacks, we will discuss the role of the social environment (e.g., support, conflict, constraints) on individuals well-being (i.e., psychological distress, positive affect, and life satisfaction) over time. Results indicate that the responses of important social contacts (e.g., partners, family members, and friends) may moderate the impact of fears of future terrorism on individuals? well-being when individuals attempt to disclose their concerns about future attacks to others. The extent to which unsupportive social responses negatively affect well-being depends on the overall quality (i.e., support and conflict) of these relationships. However, in the context of supportive relationships, constraints on individuals' attempts to talk about their fears may not interfere with respondents' efforts to successfully manage them. The implications of these findings for research, prevention and intervention will be discussed.

Societal and Political Outcomes of 9/11: 9/11-Related Distress and Support for Aggressive U.S. Policies

Several years since 9/11, many people still report low levels of 9/11-related posttraumatic stress (PTS) symptoms, especially in the form of re-experiencing thoughts about the attacks. While these symptoms are often subclinical, they may nonetheless have broader societal implications. In particular, levels of PTS, by making the 9/11 attacks chronically salient, may influence support for U.S. policies related to terrorism. This possibility was examined in a longitudinal survey of a nationally representative sample of the U.S. population (N = 1613) assessed in late 2006 and again in late 2007. Results at Wave 1 (Dec. 2006-Jan. 2007) indicated that 9/11-related re-experiencing was associated with greater support for aggressive action against terrorism, greater support for the Iraq war, and greater willingness to sacrifice civil liberties. Findings at Wave 2 (Dec. 2007-Jan. 2008) indicated that 9/11-related re-experiencing was associated with greater support for the Iraq war,

greater willingness to sacrifice civil liberties, and greater support for the use of torture, even controlling for Wave 1 support for similar policies. Low levels of personal-level distress may shape citizens' support for national-level policies. Potential implications and emotional mechanisms of this phenomenon will be discussed.

When Violent Behavior is the Etiological Stressor: Psychotherapy as Future Violence Prevention

(Abstract #196421)

Symposium/Panel (Practice, Sos Ethic)

Salons 7-9, 3rd Floor

Lipke, Howard, PhD1; MacNair, Rachel, PhD2

¹Staff Psychologist/PTSD team leader, North Chicago DVA Medical Center, Wheeling, Illinois, USA

²Director, Institute for Integrated Social Analysis, Kansas City, Missouri, USA

When traumatization itself causes re-traumatizing behavior, therapy has wider social implications than helping individuals. When violent behavior was the trauma, subsequent violent behavior becomes more likely, and a cycle of traumatization persists. When understanding psychological explanations for this, we can better design helpful interventions.

Clinical Psychology: Guilt and Subsequent Destructive Behavior The emotion primarily associated with the destructive psychological effects of traumatic events is fear. Nonetheless clinical experience demonstrates that other emotions, notably debilitating guilt, caused by sanctioned or unsanctioned behavior, is also a profoundly important effect of traumatic exposure. While guilt is sometimes held to be essential to preventing destructive behavior, it is proposed here that guilt in its debilitating form is more likely to lead to further destructive behavior than to prevent it. Addressing guilt from a scientific psychotherapeutic perspective, especially over one of the most extreme of human behaviors, killing, cannot be done without simultaneously addressing moral questions. Additionally, even if it is decided that treatment is to be provided, there are problems which must be overcome, including confidentiality, re-traumatization, and finding possible paths to resolution. This presentation will address ethical issues involved in treating debilitating guilt, especially over extreme behavior, including killing, then describe how a particular method of psychotherapy, EMDR, in its integration of cognitive therapy with its unique aspects, lends itself to overcoming barriers to effective treatment in this area.

Social Psychology: Post-Trauma Symptoms and Causation of Violence

Post-trauma symptomatology can lead directly to outbursts of violence in crime and domestic abuse through sleep disturbance, hostile outbursts, flashback-induced misidentifications and other dissociative confusions, and trauma addiction. These suggestions from forensic psychology demonstrate the potential for individual unplanned violence. Symptoms can also cause or exacerbate violence planned by groups. Emotional numbing, estrangement from others, avoidance, and outbursts feed into several social psychology theories on causation of violence: Bandura's mechanisms of moral disengagement, especially dehumanization of victims; Milgram's findings on obeying destructive demand of authorities; and over-simplification and rigidity of decision-making, including groupthink. These underscore the need for symptom reduction for subsequent violence reduction.

Distinctive therapeutic needs must taken into account. Studies suggest prolonged exposure is counter-indicated. Knowledge of symptoms as a common reaction, rather than being "crazy," can help, along with a knowledge of different symptom patterns observed compared to other stressors. Other possibilities are traditions of atonement, bearing witness, and EMDR techniques (covered by the first speaker).

Combining CBT With a Social Support Intervention for Treating PTSD: Results of a Randomized Study

(Abstract #196523)

Paper Presentation (Clin Res, Practice)

Salons 7-9, 3rd Floor

Guay, Stephane, PhD1; Marchand, Andre, PhD2

¹Criminology, Université de Montréal, Montreal, Quebec, Canada ²Psychology, Université du Québec à Montréal, Montreal, Quebec, Canada

Given the strong links between social support and PTSD, psychotherapies that integrate social interventions should be developed. Our goal was to explore the efficacy of cognitivebehavioral therapy (CBT) with a spousal supportive component (CBT-Sup) in treating patients with PTSD by comparing its effect to an individual CBT (CBT-Ind). Forty-six civilians with a diagnosis of PTSD (based on a SCID-I assessment) were randomly assigned to one of the two treatment conditions. In both conditions, participants received between 16 and 20 sessions of CBT. In CBT-Sup, an additional intervention with the spouse consisted of 3 sessions on psychoeduction about PTSD, rational of CBT and ways to increase supportive interactions. PTSD, depression and anxiety symptoms were measured as dependent variables. Our results at posttreatment indicated that participants in CBT-Sup had significantly better outcomes regarding PTSD symptoms severity compared to CBT-Ind in both study completers (F=6.25, p<.02) and intent-to-treat samples (F=6.23, p<.02). Similar but non significant trends were found for depression and anxiety symptoms. Overall, our findings suggest that adding social support interventions with the spouse to individual CBT in treating PTSD may lead to better outcomes. Six-month follow-up data and future directions for research will be presented/discussed.

The Role of PTSD in Violence, Arrest and Treatment Engagement Among People With SMI

(Abstract #196158)

Paper Presentation (Clin Res, Sos Ethic)

Salons 7-9, 3rd Floor

<u>Cusack, Karen, PhD</u>¹; Elbogen, Eric, PhD²; Swanson, Jeffrey, PhD³; Swartz, Marvin, MD⁴

¹University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

²University of North Carolina, Chapel Hill, North Carolina, USA ³Duke University Medical Center, Durham, North Carolina, USA ⁴Duke University, Durham, North Carolina, USA

PTSD is associated with a range of negative outcomes among people with serious mental illness (SMI) including more severe mental health, physical health, and substance abuse symptoms and more frequent hospitalization. Although PTSD is associated with violence and arrest among combat veterans, it has received insufficient attention as a potential risk factor for criminal behavior among people with SMI. The current study tested the hypothesis that PTSD is associated with an increased risk of violence, arrest, and poor treatment engagement among people with SMI. The study was based on secondary analysis of cross-sectional data on 954 people recruited from community mental health centers. Logistic regression models were used to control for relevant demographic and clinical factors. Substance abuse, history of childhood abuse and PTSD severity each contributed to the likelihood of violence in the past year. PTSD was not associated with the probability of having been arrested in the past year. As predicted, PTSD severity was strongly associated with poor treatment engagement. These findings suggest that PTSD should be considered among the risk factors for violence among people with SMI, and that greater efforts to engage these individuals in treatment may be needed.

Papers Complex PTSD in Children

Salon 3, 3rd Floor

Chair: Wendy Taylor, MA,

University of Michigan, Ann Arbor, Michigan USA

Childhood Emotional Abuse as a Predictor of Adverse Outcomes: Results From a Meta-Analysis

(Abstract #196516)

Paper Presentation (Asses Dx, Prev EI)

<u>Taylor, Wendy, MA</u>¹; Polli, Frida, PhD²; Spinazzola, Joseph, PhD³; van der Kolk, Bessel, MD⁴

¹University of Michigan, Ann Arbor, Michigan, USA ²M.I.T., Charlestown, Massachusetts, USA ³Boston University, Brookline, Massachusetts, USA ⁴Boston University, Boston, Massachusetts, USA

Though childhood emotional abuse appears to be the most common form of childhood maltreatment and a focus of clinical concern, most research to date has focused on harm resulting from childhood sexual and physical abuse. However, it is unclear whether the impact of different forms of abuse have distinct or equally severe outcomes. The goal of this study was to quantitatively summarize the data from over 100 studies to answer the following questions: 1) Is there a detrimental long-term impact of experiencing only childhood emotional abuse? and 2) How does the long-term impact of childhood emotional abuse compare to the impact of childhood sexual or physical abuse? In the community studies we explored, we found that 1) emotional abuse was the most common form of abuse and occurred in 11-65% of participants, and was associated with a broad range of adverse outcomes; 2) emotional abuse was associated with equally severe outcomes compared to physical and sexual abuse in over half of the studies, and 3) emotional abuse moderates between physical abuse and outcome severity. Methodological issues, meta-analytic findings and effect sizes are reported and discussed.

Posttraumatic Stress Symptoms in Children and Adolescents Receiving Child Welfare Services

(Abstract #196172)

Paper Presentation (Child, Clin Res)

Kolko, David, PhD¹; Hurlburt, Michael, PhD²; Zhang, Jinjin, MS²; Barth, Richard, PhD³; Leslie, Laurel, MD⁴; Burns, Barbara, PhD⁵¹University of Pittsburgh School of Medicine/WPIC, Pittsburgh, Pennsylvania, USA

²Child and Adolescent Services Research Center, San Diego, California, USA

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This study reports the prevalence of and contributors to heightened posttraumatic stress (PTS) symptoms in the first nationally representative sample of children and adolescents served by the child welfare system who resided in in-home care (IHC) or out-of-home care (OHC). The children (N = 1,848; ages 8 -14) completed the Posttraumatic Stress Scale from the Trauma Symptom Checklist for Children upon study intake. The prevalence of clinically significant PTS symptoms was 11.7%, with higher rates reported for OHC than IHC (19.2% vs. 10.7%). Children (vs. adolescents) reported a higher rate of PTS in IHC, but not in OHC. There were unique contributors to heightened PTS symptoms in children (e.g., perpetrator was biological parent) and adolescents (e.g., referral for emotional abuse), but family violence exposure and victimization were robust contributors in both age subgroups. Hierarchical regression identified contributors to heightened PTS symptoms from different domains. We also found

a four-fold increase in heightened PTS symptoms when abuse was committed by a non-parent as compared to a biological parent, but no such relationship was found among neglected children. The findings extend our understanding of the nature of clinically significant levels of PTS symptoms in children and youth receiving child welfare services and their treatment needs.

Childhood Trauma, Poverty, and Adult Victimization: An Application of Multilevel Modeling

(Abstract #195902)

Paper Presentation (Prev El, Res Meth)

Klest, Bridget, MA1

¹Psychology, University of Oregon, Eugene, Oregon, USA

This paper employs multilevel modeling to examine whether poverty rates within communities impact relationships between childhood trauma, dissociation, and adult victimization within individuals. A sample of 421 homeowners from five communities was surveyed for childhood trauma exposure, dissociative experiences, and victimization in adulthood. Community poverty rates were assessed using U.S. census data. The results of this study suggest that childhood victimization and dissociation each uniquely predict variance in adult victimization, some variance in adult victimization is attributable to community-level variables, and social context affects revictimization. In particular, the relationship between childhood trauma and victimization in adulthood tends to be stronger among individuals in communities with higher poverty rates. Efforts targeting people victimized as children who currently live in poorer communities might have great potential for reducing revictimization. This study provides an example of the ways in which multilevel designs permit researchers to ask more complex questions, impacting our understanding of the causes, consequences, and prevention of trauma.

Terror and Trauma for Homeless and Prostituted Street Youth: How Can Societal Response be Improved?

(Abstract #196020)

Paper Presentation (Child, Commun)

Williams, Linda M., PhD1

¹Criminal Justice and Criminology, University of Massachusetts Lowell, Lowell, Massachusetts, USA

This paper will report findings from in-depth narratives of and research interviews with homeless, runaway and sexually victimized (prostituted and trafficked) teens in the United States. Research participants are teens (14-19 years of age) interviewed in the U.S. in two large urban areas—Boston, MA and Washington DC. Narratives from homeless and prostituted runaway youth (100 males and females) and focus groups with young adult survivors form the basis of the paper. The research focuses on understanding the victims' perspectives. New findings will be presented on trauma confronted by street youth (including abandonment, sexual exploitation, and physical violence) and appraisal of the resources needed by and provided to traumatized youth who are not living in "traditional" families. This paper will provide information to practice and policy communities to increase the safety and well being of street youth and make recommendations for service providers.

Papers

Journalism and Vicarious Traumatization

Wabash Room, 3rd Floor

Chair: Marina Ajdukovic, PhD,

Department of Social Work, University of Zagreb, Zagreb, Croatia

Secondary Trauma in Journalism: A Critical Ethnographic Study

(Abstract #196569)

Paper Presentation (Media Ed, Prev El)

Keats, Patrice, PhD1; Buchanan, Marla, PhD2

¹Education, Simon Fraser University, Burnaby, British Columbia, Canada ²Educ and Counselling Psych and Special Educ, University of British Columbia, Vancouver, British Columbia, Canada

We will discuss the findings of a research project investigating secondary traumatization of Canadian journalists and photojournalists. This ethnographic study includes in-depth interviews, observations, and focus group discussions with journalists across Canada. Our primary aim is to understand the beliefs, shared meanings, and occupational practices of workers from the journalism field in the context of trauma and disaster events that put them at risk of assignment stress injuries from witnessing trauma (e.g., depression, posttraumatic stress, anxiety). We documented the experiences of a diverse group of 30 Canadian journalists who were at risk for developing traumatic stress symptoms from their work with trauma survivors in local, national, and international trauma, conflict, or disaster events. We explore the consequences of their exposure to traumatized populations to understand the context specific conditions underlying their work related stress. This includes understanding the contextual impact of traumatic events, their consequences, and journalists approaches to coping during the event, in the newsroom, and in their personal lives. These findings have contributed to our understanding of the use and type of psychological support available for news workers both in and out of the newsroom.

Case Study of Vicarious Traumatization of Field Researchers of Trauma

(Abstract #196056)

Paper Presentation (Clin Res, Prev El)

Ajdukovic, Marina, PhD1

¹Department of Social Work, University of Zagreb, Zagreb, Croatia

During the war in the Balkans substantial parts of the population experienced traumatic events and many still suffer consequences. A number of them neither seek nor receive mental health assistance. Within the major international project CONNECT, that was carried out to increase understanding of long term impact of traumatization on population mental health and their treatment seeking behavior, a group of researchers were intensively engaged in field work. The impact of several months' long intensive involvement in organizing, recruiting and interviewing traumatizes individuals on mental health of field researchers will be presented. Regardless of good organizational support, they showed signs of chronic fatigue, increased conflicts in the team and more frequent health difficulties. The meetings with an experienced outside supervisor revealed that these were related to vicarious traumatization. The recommendation for trauma-related supervision for field researchers will be presented, i.e. psychoeducation about secondary traumatisation, debriefing and prevention of vicarious traumatization. Suggestions how to balance mental health needs of researchers in the field of trauma, the financial costs and efficiency will be discussed.

A Comparative Analysis of Clinical and Administrative Occupational Stress in VA Health Care Workers

(Abstract #195707)

Paper Presentation (Practice, Mil Emer)

Newell, Jason, PhD1; Davis, Lori, MD2

¹Veterans Affairs Medical Center, Tuscaloosa, Alabama, USA ²Research and Development, Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, USA

This paper presents the results of data examining the differences in the experience of professional burnout, secondary traumatic stress, compassion fatigue, and compassion satisfaction in a group of VA mental health care professionals when compared to a group of administrative (non-clinical) service providers.

Analysis of burnout data revealed that over 60% of employees in both the administrative and the clinical groups experienced moderate to high levels of emotional exhaustion. Significant differences in emotional exhaustion scores were noted based on gender and race. Administrative staff were found to have a lower sense of personal accomplishment than clinical providers. Professional experience was found to be a significant predictor of depersonalization toward clients and their situations. Overall, participants in both groups (94%) scored high on the measure of compassion satisfaction; however, symptoms of compassion fatigue were also noted in both groups. Little to no indication of secondary traumatic stress was found in either sample, despite that fact the veterans are known to have a higher rate of trauma exposure.

The Lingering Effects of Trauma: Bedouin Wives and Mothers of Men Serving in Israel's Defense Forces

(Abstract #195868)

Paper Presentation (Cul Div, Asses Dx)

<u>Caspi, Yael, SCD, MPH, MA</u>¹; Shorer, Shai, MA²; Klein, Ehud, MD¹ Psychiatry, Rambam Medical Center, Haifa, Israel ²School of Social Work, University of Haifa, Haifa, Israel

The vicarious impact of trauma on professionals caring for survivors has been well described. The fewer studies of the effect on immediate family identified increased caregiver burden and poorer psychological adjustment in wives of traumatized veterans with PTSD. The suitability of 'secondary traumatization' in non-Western groups has not been studied. This presentation describes findings from community-based interviews with 67 mothers and 129 wives connected with 221 Bedouin soldiers and veterans in Israel's Defense Forces. More husbands than sons were suffering from PTSD and other DSM diagnoses (2=7.24 df=2 p<.05), yet trauma was prevalent even among those with no diagnosis. Separate multiple hierarchical linear regression analyses indicated that while husbands' PTSD was highly associated with wives' depression and PTSD scores and family's ability to work out problems, sons' psychiatric status was not a predictor of mothers' emotional wellbeing, but rather mothers' financial status, adverse life events and sons' angry outbursts. Additional findings further discuss differences between wives and mothers and propose a conceptual framework for the impact of living with men suffering from trauma-related disorders on traditional non-Western families.