

Wednesday, November 14

To register for an institute hosted by ISTSS held on November 14, visit the Registration Desk, located in the Grand Ballroom Rotunda. Only those holding tickets for specific sessions will be admitted. Discounts are available if you register for two half-day Pre-Meeting Institutes.

Pre-Meeting Institutes
Wednesday, November 14
Half Day
8:30 a.m. - noon



Trauma Prevention as Social Change: From Trauma Theory to Real-Life Practice (Abstract #178942)

Pre-Meeting Institute (commun)

Technical Level: Intermediate

Dover C, 3rd Floor

Pearlman, Laurie Anne, PhD¹; Saakvitne, Karen, PhD²; Wilcox, Patricia, MSW³; Brown, Steven, PsyD³; Staub, Ervin, PhD⁴; Giller, Esther. MA⁵

¹Trauma Research and Education Institute, Inc., Holyoke, Massachusetts, USA

²Private Practice, Northampton, Massachusetts, USA ³Klingberg Family Centers, New Britain, Connecticut, USA ⁴University of Massachusetts Amherst, Amherst, Massachusetts,

⁵Sidran Institute for Traumatic Stress Education and Advocacy, Baltimore, Maryland, USA

In this institute, we present three theory-based initiatives in trauma prevention and treatment. We describe two central theories and three initiatives based on them, highlighting the process, challenges, and benefits of attempts to put theory into actual practice. The theories are constructivist self development theory (McCann, Pearlman, 1990; Pearlman, Saakvitne, 1995), a relational trauma theory which provides a framework for understanding the psychological impact of traumatic life experiences, and Staub's model for understanding the origins and prevention of group violence (1989, 2003). The three projects all emphasize the importance of theoretical frameworks, the healing powers of RICH relationships (that include respect, information, connection, and hope; Saakvitne, 2000), and the ethical imperative to address the experience and needs of the healer in trauma work. Saakvitne will describe the translation of psychological theory into a training curriculum, Risking Connection. Esther Giller will present Baltimore's Spirituality and Victim Services Initiative using the CSDT-based Risking Connection (Saakvitne 2000) and Risking Connection in Faith Communities (Day 2006) curricula as training and collaboration-building tools to bring together multidisciplinary community resources to trauma survivors. Wilcox and Brown will describe efforts to create trauma-informed care systems for young adults, adolescents, and children in mental health systems. This initiative has taken place largely in congregate care settings. It combines training and consultation using Risking Connection, and the restorative approach (Wilcox, 2006), a treatment approach emphasizing relational rather than behavioral management techniques. Pearlman and Staub describe a project that combines CSDT with Staub's Origins and Prevention model to promote healing in Rwanda. Staub's work identifies the psychological, social, economic, and historic forces that set the stage for group violence. It emphasizes understanding the sources of violence and the necessary components of reconciliation after mass violence. A controlled evaluation of their approach found decreased trauma symptoms and more positive orientation toward the other group. The approach has been used with groups from community members to national leaders, and is the basis of radio-based public education in Rwanda, Democratic Republic of Congo and Burundi. Each presentation will discuss research, challenges, and successes.



Aiding Survivors of Torture: Evaluation of Asylum Seekers for Prevention of Re-Traumatization

(Abstract #179040)

Pre-Meeting Institute (prev)

Technical Level: Intermediate

Dover A, 3rd Floor

Stone, Andrew, MD^1 ; Hanscom, Karen, PhD^2 ; Frank, Julia, MD^3 ; Roth, Katalin, MD, JD^4

Veterans Administration Medical Center, University of Pennsylvania, Philadelphia, Pennsylvania, USA

²Advocates for Survivors of Torture and Trauma, Baltimore, Maryland, USA

³George Washington University, Washington, District of Columbia, USA

⁴Department of Internal Medicine, George Washington University, Bethesda, Maryland, USA

Establishing safety is one of the fundamental principles of trauma treatment, yet trauma therapists seldom have the opportunity to contribute directly to this vital step. Testimony from medical and mental health evaluations may play an important role in asylum hearings in supporting the credibility of victims' accounts and documenting the sequelae of the experience of torture or other trauma. By learning how to perform and report evaluations of survivors of torture and other human rights abuses, the clinician can make a crucial contribution to the welfare of asylee applicants. This training will provide an overview of definitions and epidemiology of torture. describe the physical and psychological sequelae, and then give practical instruction in the process of conducting examinations of affected individuals, along with the development and presentation of reports of these evaluations. Legal aspects of asylum and documentation will be presented, and the process of expert testimony will be addressed. The speakers are all professional volunteers experienced in this activity.

Participant Alert: Specific descriptions of torture and human rights abuses may be presented.



Acceptance and Commitment Therapy for the Treatment of Comorbid PTSD and Substance Use Disorders (Abstract #179065)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Grand Ballroom III, 3rd Floor

Batten, Sonja V., PhD'; DeViva, Jason C., PhD'; Mann, Mark, PhD'; Morris, Lorie J., PsyD'; Santanello, Andrew, PsyD'; Decker, Melissa, PsyD'

VA Maryland Health Care System, Baltimore, Maryland, USA

Although posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) are commonly co-occuring conditions (Brady, 2001; Helzer et al., 1987; Stewart, 1996; Tarrier & Sommerfield, 2003), traditionally, it has been recommended that an individual must first receive successful substance abuse treatment before posttraumatic symptoms can be addressed. Given the high comorbidity of these conditions, however, it would be helpful if more broadly focused therapies were available that simultaneously targeted common functional processes underlying the multiple problems of the dually diagnosed. Both PTSD and SUDs can be conceptualized as disorders with significant experiential avoidance components. One treatment specifically developed for the treatment of experiential avoidance is Acceptance and Commitment Therapy (ACT). This workshop will describe the use of ACT to guide treatment focused on comorbid PTSD and SUDs, as first outlined by Batten and Hayes (2005). As both PTSD (Batten, Orsillo, & Walser, 2005; Orsillo & Batten, 2005) and SUDs (Mirin et al., 1987; Woody et al., 1984) have been conceptualized as disorders of avoidance, an intervention such as ACT fits easily into a model of their concurrent treatment. The presenters will describe a treatment program that



has been in existence for over four years for the treatment of these comorbid disorders. Program evaluation efforts are underway for this model, and the data show that individuals who participate in an ACT-based program that concurrently treats PTSD and SUDs in individuals with very low lengths of prior sobriety is effective in significantly reducing scores on validated measures of PTSD (PTSD Checklist, Mississippi Scale for Combat Related PTSD), as well as frequently reported problems related to trauma, such as sleep disruption (Fear of Sleep Inventory). Supporting the model of ACT being a treatment of experiential avoidance, scores on theoretically relevant measures, of avoidance (Acceptance and Action Questionnaire) and anxiety sensitivity (Anxiety Sensitivity Inventory) are also significantly reduced by this treatment program. Data supportive of this approach will be provided in the workshop, and detailed interventions to illustrate the ACT model for this population will be presented. Specific considerations for clinically relevant anger and acceptance-based exposure treatment in traumatized individuals will be demonstrated.



"Standing Too Close to the Flame": Risk and Resilience for Therapists Who Treat

Trauma (Abstract #179461)

Pre-Meeting Institute (practice) Grand Ballroom IV. 3rd Floor

Technical Level: Intermediate

Courtois, Christine, PhD¹; Williams-Keeler, Lyn, MA²

¹Private Practice, Washington, District of Columbia, USA ²Associates for the Treatment of Trauma Effects and Responses, Ottawa, Ontario, Canada

Over the years, the field of traumatic stress studies has developed a bountiful lexicon of the words, theories and strategies that encompass the secondary trauma effects for therapists: compassion fatigue (Figley), vicarious traumatization (Pearlman and Saakvitne), secondary traumatization (Catherall), emotional countertransference (Danieli, Dahlenberg, Wilson and Lindy) and most recently, the psychophysiology of compassion fatigue by Babette Rothschild. The literature to help the helper is also developing, and is currently applying concepts from stress management, resilience development, and positive psychology to the work of psychotherapy. This Pre-Meeting Institute is designed to bring the words to life with examples of the vicissitudes of the work, and perhaps more importantly, the lessons of resiliency and recuperation learned by the two presenters. This Institute is a journey of therapeutic attachment - its pitfalls and its rewards. The presenters will be discussing all realms of trauma therapy - individual, couple, family and group in terms of the potential for imparting secondary trauma. Special attention will be paid to the incursion of trauma when a client commits suicide and ways to ameliorate the potential for therapist self-blame, distressing reworking of sessions, and lingering grief. In addition, we will take a candid look at the trauma of litigation for therapists in our field of endeavour. This Institute will be an intimate view of two seasoned therapists' journeys along the path of helping to highlight ways to prevent or at least buffer the trials and pain inherent in "standing too close to the flame." Participation of Institute attendees will be encouraged in order to tailor an individual approach to the prevention of secondary trauma effects. Handouts and worksheets will be provided.

Participant Alert: Participants could be distressed by the attention to difficult issues that might arise in treatment, e.g., patient suicide, patient self-harm, litigation.



Teens, Trauma, and Addiction: A TARGETed Approach to Secondary Prevention

(Abstract #179283) Pre-Meeting Institute (child)

Technical Level: Introductory Grand Ballroom VIII, 3rd Floor

Ford, Julian, PhD1; Russo, Eileen, MA2

Psychiatry, University of Connecticut Health Center, Farmington,

Connecticut, USA

²Private Practice, Naugatuck, Connecticut, USA

Professionals treating adolescents with complex traumatic stress disorders in mental health, pediatrics, juvenile justice, and school programs need evidence-informed practical therapeutic/educational tools. The first evidence-informed treatment model identified by the National Network (www.nctsnet.org) as promising for the treatment of substance-affected traumatized adolescents is the focus of the workshop, Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET). TARGET is designed to enhance self-regulation skills in the domains of relational engagement (attachment), affect regulation, and information processing is the foundation for biopsychosocial development yet is profoundly disrupted by exposure to psychological trauma in early childhood.

The workshop is organized in 45-minute segments. The first is an introduction followed by a review of emerging research findings on brain and psychobiological development in childhood and adolescence and the impact of psychological trauma on this development, based on the tripartite framework described by Ford (2005). The second segment describes the TARGET psychoeducational model designed to make brain development and developmental traumatology transparent to youths, families, and adult educators and treatment providers (Ford & Russo, 2007). Attendees will review sample educational handouts designed for children of varied ages and developmental attainments/impairments, and will view and discuss video segments from education sessions conducted with adolescent girls.

The third 45-minute segment involves presentation of case examples and discussion of clinical issues encountered with traumatized substance-involved adolescents (e.g., sexuality and sexual identity, self-harm, shame, identification with aggressors, transferring loyalties from the family to peer groups, cultural trauma experienced by youths of color and their intergenerational families). Attendees will be encouraged to describe and role-play cases of their own.

The final 60-minute segment involves dyadic role play practice of the self-regulation tools with coaching from the presenter and feedback from other attendees, followed by a closure discussion of the impact of treating severely traumatized adolescents on the provider's own ability to self-regulate (and applications of the model to provider self-care, beyond the usual prescriptions for healthy lifestyle, stress management, and transference/countertransference identification).



Using Motivational Interviewing Principles to Enhance OEF/OIF Veterans' Engagement in PTSD Treatment (Abstract #180000)

Pre-Meeting Institute (practice)
Technical Level: Intermediate
Grand Ballroom IX, 3rd Floor

Murphy, Ronald, PhD1

Dept. of Psychology, Francis Marion University, Florence, South Carolina, USA

Large numbers of soldiers are returning from Operation Enduring Freedom (OEF: Afghanistan) and Operation Iraqi Freedom (OIF) with post-deployment adjustment problems, and unfortunately the majority of them don't seek help or drop out of treatment. It is critical, then, that healthcare providers: a) understand the treatment barriers experienced by these and other veterans, and b) enhance veterans' engagement in mental health treatment. Dr. Murphy will train Institute participants in clinical methods for enhancing veterans' engagement in treatment for emotional and behavioral problems arising from warzone experiences. The first part of the workshop will focus on identification of treatment acceptance and engagement barriers among combat veterans, especially Afghanistan and Iragi returnees, including veterans' own roadblocks to help-seeking, healthcare provider missteps, and therapeutic alliance issues which prevent returnees with warzone-related stress from accepting the help they need. Common veteran barriers to accepting help include ambivalence about problem acknowledgement, emotional and cognitive roadblocks like shame and selfreliance, and beliefs and fears about mental health treatment. In the second part of the workshop, participants will learn and practice techniques from the PTSD Motivation Enhancement Group, a brief therapy intervention based on Motivational Interviewing principles that is designed to foster engagement in PTSD treatment. An uncontrolled study has previously shown increased problem recognition and high satisfaction ratings among PME Group participants, and early results from a randomized control trial show that PME Group participants stay in PTSD treatment program longer and are more likely to complete the program than controls. The intervention encompasses a number of approaches, including general therapist response style as well as specific techniques designed to enhance patient problem acknowledgement and engagement in treatment. These techniques include an intervention to reduce patient blaming and externalized attributions about the cause of their problems, norm comparison, decision balance, and identification of roadblocks to problem acknowledgement and treatment participation. Review of barrier issues and modifications of engagement enhancement interventions that are unique to OEF/OIF veterans will be emphasized. At the end of the Institute, participants will be encouraged to describe their most difficult cases for re-evaluation in the context of a motivation enhancement approach.



The Way Ahead: Disaster Mental Health Systems of Care (Abstract #179764)

Pre-Meeting Institute (disaster)

Technical Level: Intermediate

Grand Ballroom VII, 3rd Floor

Perez, Jon, PhD'; Schreiber, Merritt, PhD'; Gurwitch, Robin, PhD'; Coady, Jeff, PsyD'

'United States Department of Health and Human Services, Rockville, Maryland, USA

²University of California, Los Angeles, Laguna Niguel, California, USA ³National Center for School Crisis and Bereavement, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA ⁴United States Department of Health and Human Services, San Francisco, California, USA

There is now evidence that 30-40 percent or more of a directly impacted population will be at risk for clinical levels of co-morbid disorders and associated impairment long after the index event is

over (IOM, 2003, Kessler, et al, 2006). In order to address surge capacity there is a critical need to create disaster mental health systems of care that are interoperable with the other emergency support functions. Interoperability, combined with the use of population-based services, evidenced-based treatment, and technologies will help merge the field toward meeting the mental health needs following a disaster.

There has been a paralleled understanding of the underlying risk factors that engender risk and movement toward creating an evidence-based national model of disaster response. (Schreiber, 2005, Pynoos, Schreiber, et al 2005). PsyStart is an evidenced-based rapid mental health triage and incident management system (Schreiber, 2005, Theinkura, et. al, 2006). As an operational platform, PsyStart can assist in the identification of where and what types of mental health services are most in need. There is increasing evidence for those triaged as high risk that providing certain brief, evidence-based interventions within the first month may have a tremendous impact to deflect the trajectory of risk and impairment (Bryant, et al, 2004).

When developing any programmatic response to disaster, special attention must be paid to groups considered high-risk for adverse consequences. Children represent one such group (Guwitch, Sitterle, et al, 2002; Gurwitch, Kees, et al, 2004). From preparedness planning to triage to evidenced based interventions, children require extra care to ensure positive outcomes and resilience after disaster.

Typically after major disasters, the existing public health infrastructure is fragmented or completely destroyed. The need for systemic level interventions is essential so the pre-existing mental health infrastructure can be repaired and function effectively. The "Mercy Model" (Perez, et al, 2006) is a method of how to facilitate, organize, and lead systems during disasters. At its most basic level, the Mercy Model represents a public health leadership approach that guide efforts to create teams and programs for all populations.

Participant Alert: Training video clips in which children discuss traumatic exposure may be distressing to some participants.



Post-Deployment Mental Health Adjustment: An International Perspective (Abstract #179988)

Pre-Meeting Institute (intl)

Technical Level: Advanced

Grand Ballroom X, 3rd Floor

Gleason, Theresa, PhD¹; McFarlane, Alexander, PhD²; Vasterling, Jennifer, PhD³; Wessely, Simon, MD⁴; Zamorski, Mark, MD⁵

Office of Research and Development, Department of Veterans Affairs, Washington, District of Columbia, USA

²Centre for Military and Veterans Health, Adelaide, South Australia, Australia

³Department of Veterans Affairs, Boston, Massachusetts, USA

⁴King's College, London, United Kingdom

⁵Canadian Dept of Defence, Edmonton, Prince Edward Island, Canada

Despite somewhat similar exposure experiences in shared deployment environments (e.g, Iraq, Afghanistan), differences in post-deployment readjustment is evident when considering the reported outcomes of various nations' military personnel following tours of duty. During this session, international research findings on deployment readjustment and mental health screening programs from the U.S., the UK, Canada, Australia and New Zealand will be presented and discussed. Topics important to consider in the international community include: (a) large scale longitudinal studies and findings regarding risk factors and readjustment course over the short, medium and long-term, (b) mental health screening practices and outcomes, and (c) healthcare needs of reservists. Large cohort studies

including the TELIC (U.K.) and Neurocognition Deployment Health Study (U.S.) will be presented with descriptions of subject inclusion/exclusion, instruments, and outcome measures. These studies are valuable research investments for understanding the consequences of military service, and the clinical significance of outcome measures will be highlighted. Secondly, screening for mental health disorders is considered important for early identification of individuals at risk. Mental health screening (which is differentially implemented across nations) may play an important role in prevention and/or referral to appropriate clinical care. Summaries of results will be presented with an emphasis on discussing the potential effectiveness of screening as currently utilized pre- and post-deployment. Third, in the U.S., National Guard and Reserve (NGR) have constituted at times up to 56 percent of the personnel deployed to Iraq and Afghanistan and who will be eligible for veterans' healthcare. Several reports have indicated that the risk of post traumatic stress disorder (PSTD) and other mental health consequences are considerable for the general population of OEF/OIF personnel, who are also dealing with extensions of tours of duty and redeployments at an unprecedented level. A separate question for the international community is whether and how to evaluate the healthcare issues of reservists as a population.



Trauma Affects the Whole Organism: Working With the Body in Traumatic Stress

(Abstract #179888)

Pre-Meeting Institute (practice)
Technical Level: Intermediate
Grand Ballroom I and II, 3rd Floor

van der Kolk, Bessel, MD¹; Ogden, Pat, PhD²

¹Trauma Center, Boston, Massachusetts, USA ²Sensorimotor Institute, Boulder, Colorado, USA

Trauma affects many aspects of the human organism: neurobiological, psychological, behavioral and social. Behavioral responses include impulsive aggression, physical helplessness, dissociation, behavioral re-enactments, physical tension, and a large variety of somatic ills. Traditional psychotherapy has approached the resolution of trauma as something that needs to be verbalized, understood, and put into the larger perspective of one's life. For centuries, several cultures have elaborated ways of helping manage these states with methods like yoga, chi qong, tai chi, prayer and meditation, most of which have, until recently, not been subject to Western methods of investigation. In the wake of the emerging research on the neurobiology of trauma, its effects on heart rate variability, immune function and other issues related to selfregulation, physical helplessness, loss of executive functioning, and difficulty engaging in collaborative relationships, we are in the process of exploring the use of collaborative movement and action, both in the aftermath of trauma, and in the treatment of chronically traumatized individuals. This includes theater groups with traumatized inner city youth in Boston, yoga groups for PTSD, and Sensorimotor Psychotherapy with individuals and groups.

Participant Alert: The exercises are simple and enjoyable, but may be strenuous for people with overly sedentary lifestyles.



Preventing the Depressive and Addictive Sequelae of Child Abuse: Imaging and Translational Insights

(Abstract #179942)

Pre-Meeting Institute (biomed)
Technical Level: Advanced
Dover B, 3rd Floor

Teicher, Martin, MD, PhD¹; Navalta, Carryl, PhD²; Andersen, Susan, PhD²; Samson, Jacqueline, PhD²; Polcari, Ann, RN, CS, PhD² 'Harvard Medical School/McLean Hospital, Belmont, Massachusetts,

USA ²Psychiatry, Harvard Medical School/McLean Hospital, Belmont, Massachusetts, USA

The Adverse Childhood Experience studies provides compelling evidence that exposure to childhood adversity, such as physical abuse, sexual abuse or witnessing of domestic violence, accounts for more than 50 percent of the population attributable risk for depression, drug and alcohol abuse. Data will be presented showing that episodes of major depression occur, on average, 9.3±2.8 years after onset of exposure to childhood sexual abuse (CSA), and that exposure to CSA shifts the peak period of emergence of new cases from middle adolescence (15-18 years) to early adolescence (12-15 years). Similarly, early abuse also hastens the onset of drug abuse. Nevertheless, there is often substantial lag time between exposure to traumatic stress and development of depression or substance abuse, and this can serve as a window of opportunity for intervention strategies designed to provide prophylaxis against these outcomes. The aim of this pre-meeting institute is first to present data on the relationship between childhood traumatic stress, depression, and substance abuse. New data will be presented on the time course between exposure to abuse and emergence of depression, and the relationship between exposure to different types of childhood abuse and predilection for specific drugs of abuse. Morphometric and functional imaging data will be presented highlighting the association between childhood traumatic stress and regional gray matter volume, integrity of white matter fiber tracts, resting relative cerebral blood volume, and hemodynamic response to indirect dopamine agonists. Preclinical studies will also be presented highlighting potential mechanisms responsible for the association between early stress, depression and drug abuse, and the neuromaturational events related to the delayed manifestation of these disorders. Data will be presented on pharmacological, experiential and psychosocial manipulations that impact brain development and stress-responsivity in order to provide insights that may lead to the development of novel preventive strategies.



Pre-Meeting Institutes Wednesday, November 14 Half Day 1:30 p.m. - 5:00 p.m.



Ethics in the Treatment of Chronically Traumatized Individuals (Abstract #178432)

Pre-Meeting Institute (ethics)
Technical Level: Intermediate

Dover C, 3rd Floor

Steele, Kathy, MN, CS1; Courtois, Christine, PhD2

¹Metropolitan Counseling Services, Atlanta, Georgia, USA ²Private Practice, Washington, District of Columbia, USA

Therapists need to develop congruent personal and professional ethics to supplement formal ethics codes in order to prevent and manage the numerous complex issues that emerge in the treatment of chronically traumatized individuals. Such ethics need to be clear yet flexible in order to navigate successfully the shifting challenges in trauma therapies. This workshop explores ways to develop ethics that support therapists in acting most adaptively because they are aware of the risks and challenges inherent in treating this population, and consistently engage in self-reflection regarding their ability to ethically manage difficult, complex treatments. This self-reflection involves therapists' abilities to integrate mindful awareness of and empathy for their clients and themselves in the therapeutic relationship; to distinguish between wishes and needs; to maintain ongoing awareness of potential pitfalls; and to seek consultation and learn from therapeutic mistakes in order to successfully cope with and resolve ongoing and often ambiguous ethical issues. Common ethical dilemmas encountered in trauma treatment will be explored and discussed through didactic presentation, case presentations, and experiential exercises. Major issues involve the treatment frame and the maintenance of appropriate and professional boundaries, especially during times of crises, and the challenges of working with attachment disturbances.

Participant Alert: Participants are invited to discuss their ethical concerns and issues in their practices.



Psychological First Aid and Skills for Psychological Recovery (Abstract #180084)

Pre-Meeting Institute (disaster)

Technical Level: Introductory

Grand Ballroom I and II, 3rd Floor

Watson, Patricia, PhD¹; Brymer, Melissa, PsyD²; Ruzek, Josef, PhD³; Steinberg, Alan, PhD⁴; Vernberg, Eric, PhD⁵; Layne, Christopher, PhD²

¹National Center for PTSD, White River Junction, Vermont, USA ²National Child Traumatic Stress Network, Los Angeles, California, USA

³National Center for PTSD, Palo Alto, California, USA

⁴University of California, Los Angeles, Los Angeles, California, USA ⁵University of Kansas, Lawrence, Kansas, USA

The National Child Traumatic Stress Network and the National Center for PTSD have developed a Psychological First Aid Field Guide which is based on evidence informed principles of trauma recovery, including fostering safety, calming, connectedness, hope, and self-efficacy. This group has recently developed a follow-on intervention to be used in conjunction with psychological first aid, called Skills for Psychological Recovery (PSR). This field guide utilizes a skills-building empowerment approach to train survivors of disasters and mass violence core evidence-informed skills that have been shown to promote recovery following traumatic stress. In this PMI, the primary authors of both field guides will present the principles of both psychological first aid and skills for psychological recovery, including a discussion of the ways the two approaches interface, and the challenges of intervening following large-scale

traumatic events. The presentation will include group exercises and illustrative video vignettes.



Psychotherapy for PTSD and Substance Abuse

(Abstract #179927)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Grand Ballroom III, 3rd Floor

Najavits, Lisa, PhD1; Schmitz, Martha, PhD2; Johnson, Kay, LICSW3

¹United States Department of Veterans Affairs, Boston,

Massachusetts, USA

²Treatment Innovations, Oakland, California, USA

³St. Luke's Roosevelt Hospital Center, New York, New York, USA

Comorbid PTSD and substance use disorder (SUD) is widely considered challenging to treat. The past decade has seen major growth in the development of psychotherapies for the dual diagnosis, and positive outcomes in clinical trials. This workshop addresses a wide range of topics including: key SUD treatment strategies for the mental health clinician who is not familiar with SUD; overview of empirically studied models for the dual diagnosis; background on PTSD and SUD; and assessment and national resources.

We will also cover the Seeking Safety model in depth. Seeking Safety is an evidence-based model widely used for the dual diagnosis or either disorder alone. It is a present-focused CBT approach of psychoeducation and coping skills to help patients attain greater safety in their lives. It was designed for flexible use: group or individual format; women or men; diverse settings (e.g., outpatient, residential); all types of trauma and substances; and both acute and chronic conditions. There are up to 25 treatment topics, each representing a safe coping skill relevant to both PTSD and SUD, such as Asking for Help, Creating Meaning, Compassion, and Healing from Anger. Topics can be done in any order and the treatment can be done in few or many sessions. Seeking Safety strives to build hope through emphasis on ideals: it uses simple, emotionally evocative language and guotations to engage clients; attends to clinician processes (e.g., self-care); and offers concrete strategies that are believed essential for this population (e.g., case management and a clear session structure). In 12 published studies that range from pilots through multisite trials, it has shown consistent positive outcomes on a variety of measures, superiority to treatment-as-usual, comparability to a gold standard treatment (relapse prevention), positive results in populations typically considered challenging (e.g., the homeless, prisoners, adolescents, public sector clients, and veterans), and high acceptability among diverse clients and clinicians. It is also has extensive implementation materials. For more information, please visit www.seekingsafety.org.

Finally, we will address current issues in the field such as how and when to implement exposure-based therapies if a client has cooccurring SUD; directions for future research; and adaptation of models in diverse settings. Methods of instruction include lecture, videotape, role-play, and question/answer.



Advanced Workshop on Cognitive Processing

Therapy (Abstract #179774)

Pre-Meeting Institute (practice)

Technical Level: Advanced

Grand Ballroom IV, 3rd Floor

Resick, Patricia, PhD1; Smith, Tracey, L., PhD2

Psychiatry and Psychology, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

²William S. Middleton Memorial Veterans Hospital, University of Wisconsin, Madison, Wisconsin, USA

The purpose of this workshop is to provide advanced training in the implementation of cognitive processing therapy (CPT) for PTSD and

Pre-Meeting Institutes - Afternoon

related comorbid disorders. Please attend this workshop only if you have implemented CPT with trauma victims prior to attendance. The CPT protocol will be reviewed in only the most cursory manner, so participants are asked to review the protocol and generate their questions and case examples prior to the workshop. The content will be driven by the therapeutic issues and case examples brought to the workshop by participants. It is anticipated that we will discuss issues of chronic avoidance and treatment noncompliance; selection of which trauma to process first; and what to do when clients cling tenaciously to their guilt and self-blame. Implementation across different types of trauma (e.g., crime, disaster, traumatic bereavement, combat) and different formats for group treatment will also be discussed. The objectives of the workshop are to assist participants in implementing CPT effectively, to consider complex cases, and to advance participants' trauma-focused cognitive therapy skills.



Introduction to Trauma Systems Therapy: Caring for Traumatized Children Within the System of Care (Abstract #179451)

Pre-Meeting Institute (child)
Technical Level: Intermediate
Grand Ballroom VIII, 3rd Floor

Ellis, B. Heidi, PhD¹; Saxe, Glenn, MD¹ ¹Childrens Hospital Boston, Boston, Massachusetts, USA

Traumatized children often live in environments fraught with stress, and with multiple agencies involved in providing services. Basic needs, emotional crises, and stories of failed care abound. Where does a clinician begin?

Trauma Systems Therapy (TST) is a manualized, phase-oriented appraoch to treating traumatized children within the system of care (Saxe, Ellis, Kaplow 2007). Children are assessed along two key dimensions: their emotional regulation, and the stability of the social environment. Specific menus of interventions are implemented based on the assessment of these two dimensions, with the treatment goal of increasing the stability of the social environment, the child's regulatory skills, and specifically the interface between environmental stressors and a chid's regulatory capacity. TST was developed with four goals in mind: treatment must be developmentally informed. Treatment must directly address the social ecology, treatment must be compatible with systems of care, and treatment must be disseminate-able. Findings from an open trial of TST suggest that it reduces children's emotional dysregulation and increases environmental stability. Over the duration of treatment, children also were found to move progressively from needing more intensive, community-based services to less intensive, office-based care.

This institute will provide an overview of the theoretical foundations of Trauma Systems Therapy, an introduction to assessment and treatment planning, and hands-on experience of applying the TST framework to complicated, real-world cases.



Multiple Identities in the Context of Trauma: Increasing Cultural Competence

(Abstract #179690)

Pre-Meeting Institute (culture)
Technical Level: Introductory
Grand Ballroom IX, 3rd Floor

Brown, Laura, PhD1; Triffleman, Elisa, MD2

¹Fremont Community Therapy Project, Seattle, Washington, USA ²ISTSS Diversity Task Force, Port Washington, New York, USA

Development of cultural competence in psychotherapy requires more than simply a set of rules about how to work with members of specific groups. Instead, current and evolving models of culturally competent practice note that all individuals have multiple and intersecting identities, each of which can contribute factors of risk and resilience to the individual experiencing trauma exposure. In this PMI, participants will be introduced to a model of identity development which conceptualizes people in terms of their multiple social locations and intersecting senses of self, rather than as a unitary identity as externally defined. We will explore the ways in which trauma can inform each of these social locations, affecting how a person relates to their various identities. We will also examine how these identities respond to trauma over the lifetime. This PMI will also consider the converse: that the challenges faced by persons with multiple, intersecting, and apparently conflictual identities occur in the context of trauma acting as a moderating and mediating factor. Issues of cultural competence in the treating professional, and strategies for increasing cultural competence, will be described, with particular attention to the effects of aversive bias and unexamined implicit assumptions on the capacity to be fully present with a trauma survivor client. The effects of insidious trauma, microaggressions, and apparent conflicts among and between dominant and target group identities for trauma survivors will be explored.



Beyond Exposure Alone: Brief Eclectic Psychotherapy for PTSD (Abstract #179976)

Pre-Meeting Institute (practice)
Technical Level: Intermediate
Grand Ballroom VII, 3rd Floor

Gersons, Berthold, MD, PhD1; Schnyder, Ueli, MD, PhD2

Psychiatry, Center for Psychological Trauma, Academic Medical Center, University of Amsterdam, Amsterdam, North-Holland, Netherlands

²Department of Psychiatry, University Hospital Zurich, Zurich, Switzerland

The efficacy of psychotherapeutic and pharmacotherapeutic approaches in the treatment of PTSD can be regarded as empirically demonstrated. Overall, effect sizes seem to be higher for psychotherapy as compared with medication. Many well-controlled trials with a mixed variety of trauma survivors have demonstrated that CBT is particularly effective in treating PTSD. More specifically, exposure therapy currently is seen as the treatment modality with the strongest evidence for its efficacy. However dropout rates from studies of CBT (including EMDR) usually are around 20 percent. Up to 58 percent of patients who completed CBT are still diagnosed with PTSD at posttreatment assessment. Furthermore, only 32-66 percent of patients included achieved good end-state functioning. There is a need to have treatment protocols based on CBT which meet more the expectations of traumatized clients. The 16-sessions Brief Eclectic Protocol (BEP) originally developed for police officers with PTSD proved to be effective in two randomized controlled trials and has been accepted in the NICE-Guidelines (2005). The second trial also showed effectivity on biological data. A trial in Zurich is still running. BEP encompasses apart from a slightly different form of exposure psychoeducation at the start (with the partner present), the use of letter writing to express angry feelings, the use of memorabilia and 12 sessions for the domain of meaning, how it changes the view on the world and on the person his or herself. It is ended with a farewell ritual. The dropout rate is lower compared to the traditional CBT. In the workshop the protocol will be presented, discussed and parts of it will be trained.



18

Public Mental Health in Crises and (Post-) Conflict in Low- and Middle-Income Countries

(Abstract #180012)

Pre-Meeting Institute (disaster)
Technical Level: Intermediate
Grand Ballroom X, 3rd Floor

de Jong, Joop T.V.M., MD, PhD1

Health and Culture, Vrije Universiteit Amsterdam, Amsterdam, Netherlands and Boston University School of Medicine, Baltimore, Maryland, USA

This meeting addresses crucial topics in providing community based mental health and psychosocial services in crises in low and middle income (LIMA) countries. The meeting consists of a series of evidence driven participatory lectures and exercises. The goal is to be able to develop a culturally appropriate public mental health system integrating expertise from the disciplines of psychology, psychiatry. epidemiology, public health and anthropology. The objective is to obtain basic knowledge to: 1) assess the impact of conflicts and natural disasters on communities; 2) use qualitative and quantitative methods to conduct a pre-program appraisal or a needs assessment; 3) deal with cultural and socio-economic barriers and challenges to providing community based care in LIMA countries; 4) handle public mental health criteria to select intervention and training priorities; 5) design and implement a public mental health and psychosocial program including primary, secondary and tertiary preventions that can be adapted to a variety of cultural settings across the globe; 6) recognize the hegemony of Western theory and to develop culturally responsive mental health services in collaboration with local healing and ritual practices; 7) to collaborate with governments, (I)NGOs, the UN and other sectors of the society; 8) deal with proposal writing, fund raising and monitoring of a program.

19

Preventing Psychological and Moral Injury in Military Service (Abstract #179531)

Pre-Meeting Institute (prev)
Technical Level: Intermediate

Dover A, 3rd Floor

Shay, Jonathan, MD, PhD'; Nash, William, MD, MBA²; March, Cameron, AADMTS³; Gibson, David, MDIV⁴; Darte, Kathy, BNURS, MNURS⁵; Gudmundsson, Bruce, BA⁶; Stokes, James, MD⁷

¹United States Department of Veterans Affairs, Newton, Massachusetts, USA

²Headquarters USMC, Quantico, Virginia, USA

³UK Royal Marines, Portsmouth, United Kingdom

⁴Naval Chaplains School, Newport, Rhode Island, USA

⁵Veterans Affairs Canada, Charlottetown, Prince Edward Island, Canada

⁶Military History, Oxford University, Quantico, Virginia, USA ⁷Brooke Army Medical Center, San Antonio, Texas, USA

An informal, unofficial international exchange among military and mental health professionals on prevention and early treatment of psychological and moral injury in military service. No one will speak officially for their services or for their governments. Their remarks are their own. Attendees agree not to publish or circulate attributed quotations, without permission of the person quoted; participation does not imply endorsement of remarks by other presenters. An occupational health framework provides structure: PRIMARY prevention: eliminate war; SECONDARY: redesign culture, policies, and practices to prevent and reduce injury to troops; TERTIARY: early, expert, and far-forward detection, assessment, and treatment of exposures and injuries as they happen, but still within the military institutions. The specific allocation of time among specific levels of prevention, and to specific practices, policies, research overviews and needs for research, will be shaped by the mix of interests brought to the session by attendees. The presenters come to learn as well as to teach. In past years, attendees from all over the world

have made enormously valuable contributions, and air time will be provided for attendees who wish to speak at greater length than the usual conference question or comment. Such attendees should email jshayinma@comcast.net. Active duty uniformed presenters may be unable to attend if deployed by their forces, but the remaining presenters will be able to conduct the session.

This year's sub-theme is SUICIDE. All aspects of service member suicide will be open for consideration: prevention, awareness, policy dimensions, cultural and social process dimensions, as a fatal complication of psychological injury, measurement issues, self-care for personnel dealing with suicides and surviving comrades, military leadership dimensions, comparative/historical dimensions.

20

Treating Adult Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life

(Abstract #180035)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Dover B, 3rd Floor

Cloitre, Marylene, PhD'; Nissenson, Kore, PhD'; Jackson, Christie, $PhD^{\rm l}$

¹Child and Adolescent Psychiatry, NYU School of Medicine, New York, New York, USA

Adult treatments for childhood trauma rarely take into account the disturbing impact of abuse on the development of emotional and social competencies so critical for effective living in later years. This workshop will present a flexibly-applied, evidence-base treatment which systematically addresses the compromised capacities in emotional awareness, emotion regulation, and healthy attachment in adult survivors as well the more evident symptomatology which burden the survivor such as PTSD, dissociation, self-injury and anger problems. The program is organized into two eight session phases. The first, Skills Training in Affective and Interpersonal Regulation (STAIR) focuses on the regeneration of emotional and social resources to enhance day-to-day life. The second, Narrative Story Telling (NST) focuses on the resolution of a fragmented understanding of self-and-other through the creation of a coherent and meaning-based life narrative tracked across three affectively-based themes: fear/terror, shame and loss. The role of the therapeutic alliance in contributing to positive process and outcome will be discussed. Length of treatment with good outcome has ranged from three months to two years. Relapse prevention strategies which emphasis the acceptance-based emotion regulation interventions learned during the skills training will be included.

Participant Alert: The only potential for distress might come from viewing clients discussing trauma history.