



Session 1: Thursday, November 15

Grand Ballroom V, 3rd Floor

Poster Organization

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

Posters are organized within the final program by presentation day, and then by track within each day. The presenting author is underlined. In addition, the index provided at the rear of the final program includes all of the authors. A floor map showing the layout of posters is available in the poster hall and is available on page 118.

Session 1: Thursday, November 15

- Poster Set-up: Thursday, November 15 between 7:30 a.m. – 9:30 a.m.
- Poster Display: Thursday, November 15 between 9:30 a.m. – 6:00 p.m.
- Poster Presentation: Thursday, November 15 from 5:00 p.m. - 6:00 p.m.
- Poster Dismantle: Thursday, November 15 at 6:00 p.m.

POSTER DISMANTLE

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

Tracks

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

1. Assessment, Diagnosis, Psychometrics and Research Methods (assess)
2. Biological and Medical Research (biomed)
3. Children and Adolescents (child)
4. Clinical and Interventions Research (clin res)
5. Community Programs and Interventions (commun)
6. Culture, Diversity, Social Issues and Public Policy (culture)
7. Clinical Practice, Issues and Interventions (practice)
8. Disaster, Mass Trauma, Prevention and Early Intervention (disaster)
9. Ethics (ethics)
10. International Issues (intl)
11. Media, Training and Education (train)
12. Theme: Prevention (prev)

Differences in PTSD Symptom Ratings Between Criterion A1 vs. Non-Criterion A1 Stressors

Poster #T-100 (assess)

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This study addresses the ongoing controversy regarding the definition of the DSM's traumatic stressor criterion. A sample of 155 college students completed the Modified PTSD Symptom Scale in relation to both a trauma and life stress measure, separately. A 2 (Stressor Type) X 2 (Order) mixed ANCOVA, with number of traumatic events as a covariate, was conducted. Analyses revealed a significant stressor by order interaction. Although the main effect for Stressor Type was significant, it was moderated by an order effect, with higher PTSD scores obtained on the first trial for each condition. A chi-square analysis was conducted to analyze if non-Criterion

A1 events are associated with a different number of probable PTSD diagnoses than Criterion A1 events. PTSD diagnoses were more prevalent based on ratings from the life-events measure than the trauma measure.

Confirmatory Factor Analysis of the Impact of Event Scale - Revised

Poster #T-101 (assess)

Orazem, Robert, MA¹; Hebenstreit, Claire, AB²; King, Daniel, PhD¹; King, Lynda, PhD¹; Shalev, Arieh, MD³; Lauterbach, Dean, PhD⁴

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The present study examined the factor structure of the Impact of Event Scale - Revised (IES-R) among two distinct populations. While DSM-IV posits three symptom clusters underpinning the structure of posttraumatic stress disorder (PTSD), confirmatory factor analyses (CFAs) reveal several alternative structures that appear superior. Two four-factor solutions have received strong empirical support: a numbing model that reflects DSM-IV but splits the avoidance cluster symptoms into separate effortful avoidance and numbing factors, and a dysphoria model positing reexperiencing, avoidance, hyperarousal, and dysphoria factors, with dysphoria containing items believed to be common across anxiety and unipolar mood disorders and hyperarousal retaining only PTSD-specific arousal items. While no prior CFA studies have evaluated the IES-R, a CFA of the original Impact of Event Scale supported a model that included a separate sleep factor. The present study considered the three-factor DSM-IV model, four-factor numbing and dysphoria models, and five-factor numbing and dysphoria models including a sleep factor. Results indicated that the five-factor numbing model yielded superior fit in both a sample of emergency room patients and a sample of trauma-exposed college students. Further factor invariance analyses will be presented, and theoretical and diagnostic implications will be discussed.

Prevalence and Predictors of Posttraumatic Stress Disorder (PTSD) After Myocardial Infarction (MI)

Poster #T-102 (assess)

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Objectives: The objectives of the study were to determine the prevalence of either clinical (matching DSM IV criteria) or subsyndromal PTSD one to two months after the MI, and to evaluate potential predictors of PTSD post-MI. Methods: 31 patients hospitalized for treatment of MI were interviewed during hospitalization and one to two months later. Symptoms of PTSD were assessed using the SCID and the Impact of Events Scale - Revised (IES-R). Clinical variables were collected through medical records' review. Results: Only one patient (3.2 percent) met criteria for PTSD. An additional 12.8 percent of the patients did not meet diagnostic criteria but evidenced significant symptoms of PTSD as measured by the IES-R (scoring above 24). Higher scores of PTSD symptoms in the IES-R were significantly associated ($p < 0.05$) with younger age, race Black, depressive symptoms in baseline, and self-reported anxiety during the MI. Measures of clinical severity of the MI were not associated with PTSD symptoms. **Conclusions:** The prevalence of PTSD following MI was low, but 12.8 percent of MI patients developed subsyndromal PTSD. Clinical severity of the MI did not increase the risk of developing PTSD symptoms. Rather, PTSD symptoms were related to sociodemographic and psychological factors, including the emotional status of the patient and subjective reaction to the MI.

The presenting author is underlined.

PTSD Among American Indian Veterans: Externalizing Versus Internalizing Comorbidity

Poster #T-103 (assess)

Brown, Eric, MD; Westermeyer, Joseph, MD, MPH, PhD¹; Erbes, Christopher, PhD²; Thurans, Paul, PhD³; Canive, Jose, MD²; Thompson, James, MD, MPH³

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Goals: Describe the comorbidity associated with PTSD among American Indian veterans in a community sample, focusing on "internalizing disorders" versus "externalizing disorders."

Sample: A community sample of 567 American Indian veterans, structured to include a 1:1 ratio of rural-to-urban veterans and to over sample women (15 percent of sample), from counties in Minnesota and northeastern Wisconsin that contained at least 10 American Indian veterans.

Data Collection: Diagnoses based on the Diagnostic Interview Schedule - Quick Version.

Findings: Compared to all other veterans in the sample, veterans with PTSD were more likely to suffer from all other disorders assessed. When regression analysis was used to control for the presence of other Axis I disorders, Mood and Anxiety Disorders (the "internalizing disorders") remained independently associated with PTSD. However, Substance Use Disorder, Antisocial Personality Disorder, and Pathological Gambling (the "externalizing disorders") were not independently associated with PTSD.

Conclusions: Multivariate analyses show that "internalizing" disorders (Mood and Anxiety Disorders) are more closely tied to PTSD than three "externalizing" disorders (Substance Use Disorder, Antisocial Personality Disorder, and Pathological Gambling).

The AUDIT-C Screen for Alcohol Use Disorders in Global War on Terrorism Veterans

Poster #T-104 (assess)

Calhoun, Patrick, PhD; McDonald, Scott, PhD¹; Beckham, Jean C., PhD²; Straits-Troster, Kristy, PhD²; Marx, Christine, MD²; OIF/OEF Registry Workgroup, VISA-6 MIRECC¹

¹VA VISA-6 Mental Illness Research Education and Clinical Center (MIRECC) and Duke University Medical Center, Durham, North Carolina, USA

Alcohol screening with the three-item Alcohol Use Disorders Identification Test (AUDIT-C) has been implemented throughout the Veterans Health Administration. Validation of the AUDIT-C in veteran populations, however, has been conducted primarily in older veterans. This study examined the diagnostic utility of the AUDIT-C in a much younger cohort of veterans who served during Operation Iraqi Freedom or Operation Enduring Freedom (OIF/OEF). Veteran volunteers (n=198; mean age =36.8, s.d.=10.0) completed a survey containing the AUDIT and underwent clinical structured interview using the Structured Clinical Interview for DSM-IV (SCID). Areas under receiver operating characteristic curves (AUCs) measured the utility of the full AUDIT and AUDIT-C compared to SCID based diagnoses of active alcohol abuse or dependence. Twenty-four participants (13 percent) met criteria for alcohol abuse or dependence. Alcohol use disorders were more prevalent among veterans with PTSD (26 percent). The full AUDIT (AUC = .940, 95 percent CI, .886-.995) and the AUDIT-C (AUC = .934; 95 percent CI, .882-.987) performed equally well in detecting active alcohol abuse/dependence, $z = 0.51$, ns. Sensitivities and specificities of AUDIT-C scores are largely consistent with results from older veteran samples. The AUDIT and AUDIT-C are valid screening tests for active alcohol abuse or dependence among recently returning veterans from OIF/OEF.

Preliminary Psychometric Properties of a Regressive Coping Scale

Poster #T-105 (assess)

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The body of literature on coping and trauma is in a state of disarray. Some researchers have argued that all types of coping behaviors increase following a trauma (McFarlane, 2000), whereas others have suggested differential effects for active and avoidant coping (Aldwin, 1993). There is a need for more precise and comprehensible measurement for understanding the complex relationship between coping and trauma recovery. The purpose of this study was to test the preliminary psychometric properties of a new coping measure designed to assess psychological regression following trauma. The Regressive Coping Scale (RCS) consists of 25 items that assess coping behaviors in three domains (self-care, interpersonal behaviors, and impaired functioning). 199 participants (mean age= 20, 35 male, 164 female) completed the Posttraumatic Checklist (PCL), the COPE, the Epidemiology Depression Scale, the Davidson Resilience scale, and a general trauma Coping Self-Efficacy measure. Factor analysis confirmed a three-factor solution explaining 48 percent of the variance. Internal reliability was good for the overall scale ($\alpha = .87$) and each of the subscales: Interpersonal ($\alpha = .87$), Self-Care ($\alpha = .75$), and Negative Coping ($\alpha = .81$). Predicted correlations with other constructs were confirmed. The RCS may provide a more consistent measure of beneficial or problematic coping following trauma.

The Factor Structure of the Chinese Dissociative Experiences Scale: An EFA and CFA Study

Poster #T-106 (assess)

Chiu, Chui-De, BA¹; Lee, Keng-Lin, BA¹; Yeh, Yei-Yu, PhD¹; Wu, Yin-Chang, PhD¹

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The dissociative experiences scale (DES, Bernstein & Putnam, 1986) is a popular instrument for evaluating subjective dissociative tendency. Nevertheless, inconsistent views exist for its underlying factor structure. In this study, we investigated the factor structure of DES in a nonclinical Chinese sample. Our goals were twofold: 1) to uncover the factor structure of DES with statistic procedures appropriate for skewed scores (Fabrigar et al., 1999; Zwick & Velicer, 1986), and 2) to provide evidence for DES' s culture-free construct in an Eastern culture. A translated version was used in a sample of undergraduate students (N = 1519) and two samples were randomly selected for conducting the exploratory factor analysis (EFA) and the confirmatory factor analysis (CFA). The EFA was conducted with the parallel analysis, Iterated Principal Factor (IPF) method, and the Promax oblique rotation. Alternative models were compared in the CFA. The results from both analyses supported a structure of three factors.

Functional Relationships Between PTSD and Substance Abuse

Poster #T-107 (assess)

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According to the self-medication hypothesis, the substantial comorbidity between PTSD and substance abuse is explained by an attempt to decrease symptoms and/or escape from traumatic memories. However, the specific nature of this relationship is not well understood. The current study used cross-sectional data on 2,729 women from the Women Co-occurring Disorders and Violence Study (WCDVS) to examine whether particular PTSD symptom clusters are related to distinct types of substance abuse in a way that highlights potential mechanisms of the PTSD-substance abuse relationship. Due to the controversy regarding the categorization of



PTSD symptoms, confirmatory factor analysis was used to compare several models of PTSD symptoms. Next, we examined the relationship between scores on PTSD symptom clusters and severity of alcohol abuse, stimulant drug abuse, depressant drug abuse, and cigarette use, in separate regression analyses. Results indicated that Intrusion scores predicted level of alcohol severity, Dysphoria scores predicted level of depressant severity, Intrusion and Avoidance scores predicted stimulant severity, and Dysphoria and Hyperarousal scores predicted cigarette use. These findings provide greater clarification of the function of self-medication in PTSD and also suggest that treating PTSD symptoms simultaneously with substance abuse may be most beneficial.

Sexual Abuse as Predictor of Sexual Behavior Problems

Poster #T-108 (assess)

Falki, Marielle, Doctoral Student¹; Kliethermes, Matt, PhD¹; Schacht, Megan, PhD¹; Yoshida, Mari, Undergraduate¹

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Past research has looked at characteristics of children with sexual behavior problems (SBP), and has demonstrated that SBP may be the consequence of sexual abuse (Browne & Finkelhor, 1986). Those studies found that duration of sexual abuse and age of onset of sexual abuse were related to increased sexualized behaviors (Kendell-Tackett et al., 1993). The current study used regression analyses on data from a sample of 331 children aged two to twelve years to analyze the relationship between the duration of sexual abuse and the age of onset of sexual abuse with sexualized behaviors as measured by the CSBI and its scales (Sexual Abuse Specific Items scale, and Developmentally Related Sexual Behavior Scales, DRSB). It also examined through one-way anova analyses if younger age group children (2-6 years old) differed from older age group (7-12 years old) on those behaviors. It was found that the age of onset predicted sexualized behaviors on all the scales of the CSBI, while the duration of sexual abuse only predicted higher levels of DRSB. In addition, the younger age group had more sexual behaviors than the older group. The findings have important treatment and prevention implications.

Efficiency of the SIRS and MMPI-2 Validity Scales to Detect Over Reporting in PTSD Evaluations

Poster #T-109 (assess)

Foster, Alyce, BA¹; Franklin, C. Laurel, PhD²; Thompson, Karin, PhD³; Walton, Jessica, MA⁴; Corrigan, Sheila, PhD⁵; Repasky, Stephanie, PsyD⁶; Elhai, Jon, PhD⁷

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Individuals undergoing an assessment for Posttraumatic Stress Disorder (PTSD) may present with various approaches to the evaluation, including an honest and open disclosure of psychopathology, over-reporting, or under-reporting of symptoms. While the MMPI-2 is perhaps the most widely used assessment instrument for measuring response style, little research has examined how well it performs against other standardized measures in detecting malingered PTSD. Therefore, the purpose of this study was to examine the efficiency of the MMPI-2 validity scales as compared to the gold standard of response style measurement, the Structured Interview of Reported Symptoms (SIRS). In our sample of 107 veterans undergoing treatment and compensation assessments for PTSD, we found that overall the MMPI-2 validity scales showed poor accuracy in detecting over-reporting according to the SIRS "definite" and "probable" cut scores. Implications of these findings are discussed.

The SCID PTSD Module's Trauma Screen: Validity with Two Samples in Detecting Trauma History

Poster #T-110 (assess)

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²Disaster Mental Health Institute, Vermillion, South Dakota, USA

³University of Wyoming, Laramie, Wyoming, USA

We examined the Structured Clinical Interview for DSM-IV (SCID) Posttraumatic Stress Disorder (PTSD) module's single item trauma screen as compared to the more comprehensive Stressful Life Events Screening Questionnaire (SLESQ). The SCID trauma screen was 76 percent sensitive in identifying trauma histories in 199 medical patients (correctly ruling out 67 percent) but only 66 percent sensitive in 253 college students (ruling out 87 percent). Next, we modified the SCID to make it more behaviorally-specific (M-SCID). The M-SCID yielded poorer results in identifying trauma among 245 additional college students than the standard SCID. Based on probable PTSD diagnoses derived from the PTSD Symptom Scale, 3 percent (M-SCID screen) to 11-14 percent (standard SCID) of PTSD cases were missed due to not having a trauma history. Our results lend support to previous research establishing the SCID trauma screen as a useful screening device in settings where a more comprehensive trauma screen is not possible.

Trauma Prevalence in a Prospective Study of Traumatic Life Events

Poster #T-111 (assess)

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In this presentation we describe the study procedures to provide the background for the other presentations and present descriptive data on trauma prevalence. Data were collected via online surveys from undergraduate students at four Universities at two time points 2 months apart during Fall 2006 (N = 742 at Time 1; N = 655 at Time 2). Data were collected on traumatic life events, distress, well-being, and perceived growth at both assessments. During the 2 months between the first two assessments, 56 individuals experienced a traumatic event (as defined in the DSM-IV) and constitute our trauma sample. All events were rated by the participants as causing considerable to extreme distress. The events experienced included the sudden death or life threatening illness of a close friend/family member, sexual violence, physical violence, motor vehicle accidents, and stalking. Ten percent of the sample met criteria for probable PTSD. From the larger sample we identified a demographically-matched comparison group that did not experience a trauma between time 1 and time 2. Measures of well-being and growth are compared between the two samples.

Personality Traits and Perceived Threat as Predictors of PTSD: A Prospective Study

Poster #T-112 (assess)

Gil, Sharon, PhD¹

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This prospective study examined the role of pre-traumatic personality factors, coping style, proximity to a terrorist attack, and its perceived threat to the survivors in the prediction of PTSD following a suicide bomber's attack on a bus. The study sample consists of 180 undergraduate students who were coincidentally evaluated two weeks prior to a terrorist explosion in a bus heading toward their university, and reevaluated one week, one month, and six months after the explosion. A hierarchical regression model revealed that increased risk for PTSD was associated with direct exposure to the attack, indirect exposure to the attack, pre-attack harm-avoidance personality dimension, state avoidance coping style, and perceived threat posed by the attack. The findings indicate that pre-morbid

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personality characteristics, as well as subjective and objective factors related to the traumatic exposure, increased the risk for the development of PTSD.

Physiologic Measures In Patients with PTSD with and Without A Recent History of Alcohol Abuse

Poster #T-113

(biomed)

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The National Co-morbidity Survey found high rates of alcohol abuse and dependence in those with PTSD. In at least one study, patients with co-morbid alcohol use exhibited more avoidant and hyper-arousal symptoms than those with PTSD only. Alcohol use decreases the magnitude of the acoustic startle response and alcohol withdrawal increases this magnitude. Subjects with PTSD and co-morbid alcohol may have greater acoustic startle and physiologic reactivity at baseline compared to PTSD only subjects. Further the decrement of startle and hyperarousal symptoms by alcohol may negatively reinforce its use.

Subjects were divided into 4 diagnostic groups: PTSD only, ETOH only, PTSD + ETOH (in early remission), controls. Severity of PTSD was measured using the CAPS. The MINI was used to establish other co-morbid diagnoses. Subjects with PTSD only and controls were evaluated during a single visit using a contextual fear paradigm. Acoustic startle, heart rate, and skin conductance were measured. Subjects with ETOH or ETOH + PTSD were tested one week and one month following detoxification from ETOH.

Preliminary results of this study will be presented.

Relationship Between Physical Trauma and Substance Misuse

Poster #T-114

(biomed)

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Aims: To assess the prevalence of substance misuse in patients with acute physical trauma in comparison with general population. **Method:** Structured interview based on DSM - IV criteria for substance abuse. Setting: Shiraz city. Participants: 1324 subjects selected randomly (324 subjects from patients with acute physical trauma, and 1000 subjects from general population. **Results:** The mean age was 37 yr. for the patients with physical trauma. 34.6 percent of the patients (56.5 percent of men and 5.7 percent of women) were current substance dependent, and 39.5 percent of the patients (56.5 percent of men and 17.1 percent of women) were substance abuser. In general, 33.2 percent of the general population (45.1 percent of men and 18.8 percent of women) were current substance dependent, and 26.2 percent (31.8 percent of men and 19.5 percent of women) were substance abuser (of these, 18.6 percent of men and 6.4 percent of women were alcohol abuser). Male abusers were significantly much more in patients with acute physical trauma (47.8 percent) than in general population (18.6 percent). **Conclusions:** Substance abuse especially alcohol, was found to be significantly higher among patients with physical trauma than in general population. Substance abuse was significantly more prevalent in males than in females. Cultural attitudes toward usage of substance were found to affect the type and amount of used substance. These findings can be considered when planning preventive and therapeutic programs.

Evaluation of Fear Potentiation and Fear Inhibition in an Inner City Traumatized Population

Poster #T-115

(biomed)

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Exaggerated startle and the inability to suppress fear are classic symptoms of posttraumatic stress disorder (PTSD). The current study examined fear potentiated startle and skin conductance responses using a conditional discrimination procedure (AX+/BX-). This procedure allowed for the assessment of both conditioned fear and fear inhibition. A response keypad unit was also used to determine contingency awareness. Over fifty volunteers from an inner city population with diverse trauma history participated in the study. We identified a subset of participants who met criteria for PTSD based on their PTSD Symptom Scale (PSS) scores. Subjects displayed significant learning of the reinforced stimulus, as evidenced by both physiological measures and their keypad responses. The present study yielded three main findings. 1) Fear potentiated startle was significantly greater in subjects with PTSD. 2) In contrast, participants with PTSD exhibited significantly lower skin conductance responses. 3) Finally, PTSD subjects displayed significantly higher expectancy ratings during BX- trials, suggesting an inability to identify safety cues. In summary, these preliminary findings of exaggerated startle, suppressed skin conductance responses, and the inability to inhibit fear are consistent with the defining symptoms of PTSD in an understudied civilian traumatized population.

Comparing Post-Treatment Levels of Distress in Prostate and Breast Cancer Survivors

Poster #T-116

(biomed)

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Stress in cancer survivors can negatively impact quality of life and, ultimately survival. The purpose of this study was to characterize and compare the distress reported by breast and prostate cancer survivors between 6 and 24 months post treatment. Breast (N=353; mean age=50) and prostate (N=313; mean age=66) cancer patients recruited for two large multi-center randomized controlled trials provided information on psychological symptoms, as assessed by the POMS and MAC. Prostate cancer survivors reported significantly lower levels of psychological symptoms, specifically tension, depression, anger, fatigue, confusion, fatalism, helplessness, anxiousness and avoidance, but significantly higher levels of vigor compared to breast cancer survivors (all $p < .01$). Despite fewer psychological symptoms, prostate cancer survivors reported lower fighting spirit compared to breast cancer survivors ($p < .01$). Age was inversely correlated with fighting spirit (BS $r = -0.234$; PS $r = -0.192$) and anxiousness (BS $r = -0.260$; PS $r = -0.281$) among both breast and prostate survivors ($p < .01$). These data suggest that prostate cancer survivors have fewer psychological symptoms and distress post-treatment compared to breast cancer patients. However, these data also suggest that distress is significantly associated with age among both prostate and breast cancer survivors. Funding by NCI grant U10 CA37420



Neuroactive Steroids and Self-Reported Pain in Veterans who Served During OEF/OIF

Poster #T-117

(biomed)

Calnaido, Rohana, MD¹; Payne, Victoria, MD¹; Morey, Rajendra, MD¹; Larry, Tupler, PhD¹; Keefe, Francis, PhD²; Marx, Christine, MD¹

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²Duke University, Durham, North Carolina, USA

Background: The neuroactive steroid allopregnanolone (ALLO) positively modulates GABA A receptors and demonstrates pronounced analgesic and anxiolytic effects in animal models. Few data are currently available investigating ALLO and other neuroactive steroids in clinical populations.

Methods: Neuroactive steroid serum levels in 90 male Operation Enduring/Iraqi Freedom (OEF/OIF) veterans were determined by GC/MS or RIA. Stepwise regression analyses were conducted to investigate possible relationships between self-reported pain measures (chest pain, low back pain, muscle soreness, and headache items, Symptom Checklist-90-R) and serum neuroactive steroid levels, with the inclusion of smoking, alcohol use, age, and history of traumatic brain injury (TBI) as covariates.

Results: ALLO levels in serum were inversely associated with chest pain (p=0.013) and low back pain (p=0.044). Dehydroepiandrosterone (DHEA) levels were inversely associated with muscle soreness (p=0.024). History of TBI was positively associated with muscle soreness (p=0.002).

Conclusion: ALLO findings are potentially consistent with the antinociceptive actions of this neuroactive steroid and merit further investigation. DHEA and history of TBI may also be relevant to self-reported pain symptoms in OEF/OIF veterans. Neuroactive steroids may represent therapeutic targets for pain disorders.

Effect of Mirtazapine on Memory Function Patients with Posttraumatic Stress Disorder

Poster #T-118

(biomed)

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Objective: The study was conducted to evaluate efficacy on symptoms and memory function of mirtazapine treatment of posttraumatic stress disorder(PTSD). **Methods:** Thirty Vietnam veterans were collected for the study, among whom fifteen were PTSD patients and fifteen were combat control subjects. We used Mississippi scale for combat-related PTSD, Combat exposure scale(CES), Hamilton depression rating scale(HAMD) and Clinician administered PTSD scale(CAPS), Digit span, Paired association learning test(PALT) and Rey-Osterrich complex figure test(CFT) were assessed for memory function and diagnosis. We also evaluate HAMD, CAPS, and memory function test on patients at baseline, two-week, and six-week during mirtazapine treatment. **Results:** There were significant differences between PTSD and non-PTSD veterans in Mississippi scale for combat-related PTSD, CES, HAMD and CAPS. Significant difference were also found in memory function tests between PTSD and non-PTSD veterans. PTSD veterans showed significant improvement in HAMD and CAPS at two-week and six-week during mirtazapine treatment. There was no significant correlation between symptoms and memory function. **Conclusion:** These results suggest that mirtazapine improve symptoms and memory function of patients with PTSD. There was no significant correlation between PTSD symptoms and memory function.

The Relationship Between Stress, Fatigue, Psychological Trauma and Learning

Poster #T-119

(biomed)

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The objective of this research is to examine the complex relationship between stress, fatigue, psychological trauma and learning. Specifically, psychological trauma will be tested as a predictor of cognitive and physiological fatigue, perceived stress and learning; in particular within the domain of attentional systems. Previous research has documented small but significant results indicating a negative impact of fatigue on children's learning and emotional functioning (Palmer et al., unpublished findings). Additionally, self and other reports often underestimate the level of fatigue an individual may be experiencing. Furthermore, learning difficulties can be exacerbated by trauma classification and stress which will be further investigated in this study. Finally, the proposed research includes a consideration of cognitive and physiological fatigue, an arguably understudied phenomenon in individuals with PTSD. It is anticipated that the current study will contribute to the existing body of literature aimed at establishing a unique physiological profile of PTSD. Additionally, it is anticipated that the results will provide support for educational and counseling intervention for young adults who present with learning difficulties. Data collection is underway and analysis will be conducted in June.

The Efficacy of Hydrocortisone Following a Traumatic Event in Preventing PTSD Symptoms

Poster #T-120

(biomed)

Gabert, Crystal A., BS¹; Buckley-Fischer, Beth, MA¹; Delahanty, Doug, PhD¹; Fallon, William, MD²; Spoonster, Eileen, RN²

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Previous studies have shown that early psychological interventions after a traumatic event have been ineffective at preventing the development of PTSD. Therefore, researchers have turned to potential secondary pharmacological interventions to reduce the development of PTSD symptoms. Prior research has found that trauma patients who subsequently develop PTSD have lower levels of cortisol soon after a trauma when compared to those who have experienced a traumatic event and do not go on to develop PTSD. Research has suggested the efficacy of initial cortisol treatment in a number of illness samples, but it has not been tested in heterogeneous trauma victims. The purpose of this ongoing study is to treat a diverse trauma sample with either hydrocortisone or a placebo within 12 hours of a traumatic injury and measure symptoms of PTSD and comorbid disorders one and three months post-trauma. Preliminary findings will be presented based on those who are completing or have completed both time points. Findings will be discussed in terms of the benefits of hydrocortisone in reducing or preventing the development of PTSD and comorbid disorders; and the effects hydrocortisone has on hormone levels post-trauma.

The presenting author is underlined.

Trauma, Depression, and Binge Eating Among “Strong Black Women”

Poster #T-121

(biomed)

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To date, research on culturally specific models of binge eating among African-American women is quite limited; the small existing literature suggests Criterion A trauma may have etiological implications, though potential mechanisms have not been adequately investigated. This study investigated a model of binge eating examining Criterion A trauma, endorsement of “Strong Black Woman” (SBW) ideology, worry and depressive symptoms, and eating for psychological reasons in 200 African-American women. Hierarchical multiple regressions indicated that after controlling for demographic variables, Criterion A trauma significantly predicted worry ($\beta=.25^{**}$) and depressive symptoms ($\beta=.31^{***}$). Additionally, SBW ideology moderated the trauma-depressive symptoms relationship (interaction term: $\beta=.16^*$), with women strongly endorsing SBW ideology reporting greater depressive symptoms with increasing trauma exposure and distress. Trauma significantly predicted eating for psychological reasons ($\beta=.24^{**}$), a relationship mediated by both worry and depressive symptoms. Finally, worry ($\beta=.24^{**}$) and depressive symptoms ($\beta=.45^{***}$) each significantly predicted binge eating; both these relationships were mediated by eating for psychological reasons. These results provide initial support for the model, elucidating potential key variables in African-American women's binge eating that may enhance conceptualization, prevention, and intervention efforts.

Psychological Distress and Metabolic Syndrome Among Police Officers

Poster #T-122

(biomed)

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Police officers contend with acute and chronic work stressors which could increase risk of psychological and physical disorders, including cardiovascular disease. The metabolic syndrome (MS) is a cluster of risk factors which includes elevated levels of waist circumference, fasting glucose, blood pressure, and triglycerides, and low levels of HDL cholesterol that increases risk of cardiovascular disease and type 2 diabetes. This study assessed cross-sectional associations between psychological distress, using the Brief Symptom Inventory (BSI), and MS disorders. Ninety-eight of 115 randomly selected officers had complete data. The mean number of MS disorders was significantly higher for officers with high hostility (1.48 vs. 1.00; $p = 0.034$), high paranoid ideation (1.42 vs. 0.93; $p = 0.030$) and high phobic anxiety (1.69 vs. 1.01; $p = 0.006$) scores compared to officers with low scores. The prevalence of elevated triglycerides was nearly five times greater ($p = 0.003$) and the prevalence of low HDL cholesterol was nearly two times greater ($p = 0.039$) in officers with high hostility compared to officers with low hostility. These results suggest that psychological distress, including hostility, may be associated with both the frequency and type of MS disorders among this sample of officers.

On the Precipice of Disaster: Trauma, Ethics and Research Lessons Learned From Uganda's War Zone

Poster #T-123

(child)

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All research endeavours necessitate consideration of both methodological challenges and ethical dilemmas. However, experience suggests that research conducted in a war zone with children and youth who have experienced trauma, requires a heightened level of researcher sensitivity to these issues. Written with the understanding that research in war zones is highly contextual and it is difficult, if not dangerous to over generalize to other conflicts. This poster session draws upon the writer's lived experience of the methodological and ethical challenges prevalent in her field study conducted with 24 young girls involved in the protracted civil war in northern Uganda. With special attention paid to finding alternate ways for children to “give voice” to their experiences, the result is a set of fifteen functional guidelines designed for use by those who are considering study in conflict zones. The strategies offered during this session are those used by this researcher as a means to mitigate the challenges and enhance the quality of research with children in war zones. While not exhaustive, it is hoped that such guidelines will generate greater debate and stimulate inquiry in this area of a study, where to date little exists.

Children's Everyday Life Fear as a Predictor of Future Manifest Anxiety in Fire Trauma Victims

Poster #T-124

(child)

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The relationship between early life fears and later developed anxiety issues has been previously found in other research areas including cognitive priming and trait worry studies. However, research on the effects of fear has not been fully explored in trauma research. The investigators used a previously existing longitudinal data set on the effects of fire victims to examine the relationship between life fears and manifest anxiety issues. In this study, fear was examined using the Fear Survey for Children-revised questionnaire. This survey covers a wide range of everyday fears children can have such as failure, minor injury, danger/death, medical fears and the unknown. Anxiety was investigated using the Children's Manifest Anxiety Scale. Of particular interest, the manifest anxiety scale contains subscales on anxiety manifestation through physiology and the cognitive trait of worry. The authors found that total score on the Fear Survey was a strong predictor of physiological anxiety ($F=7.57, p<.01$) worry/oversensitivity ($F=8.19, p<.01$), and total manifest anxiety ($F=9.73, p<.005$) during recordings taken 1 month post-fire. Everyday fears were also a predictor of physiological anxiety ($F=4.32, p<.05$), worry/oversensitivity ($F=6.39, p<.05$), and total manifest anxiety ($F=6.70, p<.05$) at a follow-up session 11 months later.

Initial Hormone Levels and PTSD Symptoms in Amnesic Versus Non-Amnesic Pediatric Trauma Victims

Poster #T-125

(child)

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The present study examined initial hormonal responses and subsequent PTSD symptoms (PTSS) in amnesic and non-amnesic child trauma victims aged 8-18. Upon the child's admission to the trauma unit, 12-hour urinary catecholamine and cortisol levels were measured. Six weeks later, children and their biological mothers were administered the CAPS-CA, CAPS, CDI, and CES-D, respectively. Significant differences in in-hospital norepinephrine levels were found between amnesic and non-amnesic patients ($p=.02$). No significant differences were found with PTSS, depression, epinephrine,



or cortisol (all $p > .14$). Hierarchical linear regression analyses revealed that memory loss significantly predicted 6-week PTSS after controlling for age and concurrent depression ($\Delta R^2 = .12, p < .05$). Further, memory loss significantly predicted 6-week child PTSS over maternal 6-week PTSS ($\Delta R^2 = .15, p < .01$). In-hospital catecholamines levels were found to moderate the relationship between memory loss and 6-week child PTSS (norepinephrine: $\Delta 2 = .17, p < .01$; epinephrine: $\Delta R^2 = .27, p < .001$). Those children with lower levels of in-hospital catecholamines and memory loss were more likely to report higher rates of 6-week PTSS. These findings suggest that amnesic patients may physiologically differ from non-amnesics following a traumatic event and maybe at greater risk for developing subsequent PTSS.

Prolonged Exposure (PE) Therapy for Pediatric Single Incident Trauma

Poster #T-126 (child)

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Purpose: In 1991 Lenore Terr differentiated between children suffering from type I and type II trauma; The former being the result of one sudden blow, and the latter, the result of repeated ordeals. Most evidence-based therapies for Posttraumatic Stress Disorder in children target type II trauma. In this presentation we illustrate a proposed therapy for children suffering from single incident trauma with a case series.

Population: Our clinic is situated in the Hospital for Sick Children which is a tertiary care facility for a population of 6 million people. Our cases presented with classic Posttraumatic Stress Disorder symptoms following single incident trauma.

Points to be covered: Through a case series we will demonstrate a proposed treatment program which could be implemented in tertiary care facilities. The treatment is an adaptation of adult prolonged Exposure (PE) therapy for children. Case examples will demonstrate how treatment differs with age, with time from the traumatic event, and with trauma type. Prevention of the psychological sequelae of physical trauma will be highlighted.

Conclusion: To our knowledge, this is the first case series that illustrates a gradual, modular treatment model for the treatment of children suffering from single incident trauma.

Influence of Parent Trauma and Parenting on Child Victimization and Child Outcome

Poster #T-127 (child)

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Research suggests that parental victimization history may impact parenting abilities; studies have also indicated that negative/coercive parenting may increase child abuse risk. However, little research has investigated associations among parent's trauma history, parenting style, and subsequent risk for child victimization and adverse outcomes. Using data from 149 families who participated in the Navy Family Study, a prospective investigation of families referred to the Family Advocacy Program for allegations of child sexual abuse, physical abuse, or interparental violence, this paper will examine relations among parent trauma history, parenting style, children's victimization history, and related mental health outcomes, specifically PTSD and depression. We hypothesized that parent trauma history would be associated with parenting style, which would be related to incidence of child physical abuse and domestic violence, PTSD and depression. Findings indicated that parent trauma history was not related to parenting style. However, maternal parenting was associated with an increased risk for child physical abuse and domestic violence, and paternal parenting was related to

child physical abuse. Additionally, both maternal and paternal parenting were significantly associated with child depression, but not PTSD. Clinical implications and future research directions will be discussed.

Non-Classical Posttraumatic Reactions in Primary School Children

Poster #T-128 (child)

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There is a debate on the validity of the classical PTSD symptoms of intrusion, avoidance and hyperarousal in children. Young children appear to show predominantly behavioral disturbance while the diagnostic criteria in DSM-IV accentuate verbal and cognitive symptoms. Non-classical reactions to trauma that are frequently observed in children concern feelings of guilt, physical complaints, regressive behavior, risk taking behavior and separation anxiety. In order to study the prevalence of these reactions a sample of 246 primary school children in the normal Dutch population (age range 7.4-13.7, mean age 10.5, 52.4 percent boys) who experienced events that fulfilled the A1 criterion for PTSD according to DSM-IV completed the Dutch Childrens Responses to Trauma Inventory (Alisic, Eland, & Kleber, 2006). High levels of the respectively mentioned non-classical symptoms were reported by 7.3 percent, 14.6 percent, 10.6 percent, 7.7 percent and 17.5 percent of the children. Younger children reported significantly higher levels of feelings of guilt, regressive behavior and separation anxiety than older children ($p \leq .01$). There were no age differences for levels of physical complaints and risk taking behavior. No gender differences were apparent. The findings will be compared to data on classical symptoms and the implications for diagnostic activities will be discussed.

Associations Between PTSD Symptoms and Delinquency in Girls

Poster #T-129 (child)

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Although girls are less likely than boys to engage in delinquent behaviors, recent trends show increases in delinquency and arrests for girls. Remarkably, more than 70 percent of girls within the juvenile justice system report experiencing at least one traumatic event (e.g., physical abuse, sexual abuse) prior to arrest, with many experiencing symptoms of Posttraumatic Stress Disorder (PTSD). To examine whether PTSD symptoms account for some of the association between trauma exposure and delinquency in girls we assessed a sample of 123 pre- and early-adolescent girls and boys from two Midwest communities. The study included multiple measures of trauma exposure, violence exposure, PTSD symptoms, aggressive cognitions, and delinquent behaviors. Multiple regression analyses indicated that PTSD symptom count was the most significant predictor of violent and delinquent behaviors in girls, mediating the direct association between trauma exposure and violent behaviors. In contrast, aggressive cognitions were the strongest predictors of violent and delinquent behaviors in boys. These findings are discussed with attention to both trauma type (e.g., violent, non-violent) and trauma context (e.g., home vs. community exposure).

The presenting author is underlined.

Child and Adolescent Trauma History, College Adjustment, and Blood Pressure Reactivity

Poster #T-130

(child)

Arcus, Doreen, PhD¹; Deyermond, Kelly, BA¹; Furbush, Lindsey, undergraduate¹; Maceachern, Joseph, BA¹

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We explored reports of child and adolescent trauma history in self and family in relation to self-reported college adjustment and cardiovascular reactivity. Students in an urban university were asked to complete questionnaires describing (a) adjustment to college life (SACQ; Baker & Siryk, 1989), and (b) their own and their families' experiences with trauma related to crime, physical and sexual abuse, and natural disasters (Trauma History Questionnaire; Green, 1996). Blood pressure and heart rate measures were taken before and after completing questionnaires. Preliminary results (n = 44) revealed a correlation between number of traumatic events in self and family during childhood (r = .33) and adolescence (r = .49). Among students reporting trauma, higher levels of attachment (r = .33) and academic adjustment (r = .44) characterized those who received treatment. Surprisingly, males reported higher personal-emotional adjustment when they also reported experiencing more horror or threat during traumatic events (r = .56). Participants with high trauma histories showed increased systolic reactivity (F (2, 34) = 2.7, p = .08) controlling for gender and baseline systole. No preliminary relations to family experiences emerged. Complete results (N = 104) with more reliable estimates of small effects will be presented in the poster session.

The Relationship Between Neuroendocrine Regulation and Behavior Problems in Maltreated Children

Poster #T-131

(child)

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Previous studies have shown complex and inconsistent patterns of cortisol dysregulation in maltreated children. One explanation for this is the diversity of behavioral adaptations following maltreatment. This study investigates the relations among cortisol regulation, internalizing and externalizing behaviors, and treatment.

The sample comprised 85 youths (57 percent female, 59 percent African-American, ages 5-16) including 41 children with maltreatment histories. Maltreated children were recruited via local social service agencies and control children came from the community. Study measures included the Child Behavior Checklist (CBCL) Internalizing and Externalizing scales, salivary cortisol (AM, noon, PM collections), and family demographics. Primary study analyses employed a latent growth curve approach to model changes in salivary cortisol across the day. The full model included gender, SES, age, maltreatment status, CBCL Internalizing and Externalizing as predictors of the intercept and slope of salivary cortisol trajectories. In preliminary analyses maltreatment status predicted a lower intercept while Internalizing predicted a higher intercept and a more negative slope. Externalizing marginally predicted a lower intercept.

These findings suggest the importance of considering patterns of behavioral adaptations when examining the relation between cortisol regulation and maltreatment.

Trauma Exposure and Child Abuse Potential: Investigating The Cycle of Violence

Poster #T-132

(child)

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This presentation will describe a study designed to ascertain the relationship between trauma exposure and child abuse potential, considering a number of demographic and trauma-specific factors. The sample consisted of 1680 caregivers with open, substantiated cases of abuse or neglect who were evaluated at a university-based outpatient assessment and treatment center at the request of the state's public child welfare agency. As part of a larger battery of assessment instruments, the participants completed the Child Abuse Potential Inventory and a trauma history screen. In partial support of the proposed hypotheses, univariate and multivariate analyses revealed important differences in child abuse potential between the no trauma exposure group, the child only, adult only, and child and adult exposure groups. Additionally, the type of trauma, age and gender proved to be powerful predictors of elevated child abuse potential scores. The presentation will include a discussion of the developmental and cumulative effects of trauma exposure across the lifespan. Additionally, a profile of individuals who may be at risk for developing characteristics similar to known physical abusers is proposed as a means of identifying individuals who may be in most need of primary and secondary prevention interventions.

Promoting Resilience in Traumatized Children

Poster #T-133

(child)

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Research has shown that one in four kids will face some form of trauma before they reach 18 years of age (Hodas, 2006). Resilience has to be instilled in children. Children can triumph over trauma if they are taught strategies that promote resilience. Resilience is defined as the ability to recover from or adjust easily to change. When children are given the tools to build resilience at a young age, they are given the greatest potential to conquer life's adversities. In order to accomplish this, they will need help from the adults around them. The purpose of this proposal is to provide parents/caregivers with the tools to equip children to become resilient. The proposal will also look at risk factors and protective traits that influence the degree of resilience in children, as well as what things might present barriers to resilience. Social workers need to be able to assess a child's level of resiliency and build on his/her strengths. The implications for social work practice should focus on a strength-based approach that teaches children to more self-sufficient and empowered.

Therapeutic Alliance in Child and Adolescent CBT Trauma Treatment

Poster #T-134

(child)

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This poster will present findings from more than 150 treatment completers in the Child and Adolescent Trauma Treatment and Services Consortium (CATS Program) in New York after 9/11. Following formal assessment, child subjects received Child and Parent Trauma Focused CBT (Cohen, Mannarino, & Deblinger, 2002) while adolescents received Trauma/Grief Focused Intervention (Layne, Saltzman



& Pynoos, 2002). Several versions (Parent, Child & Therapist) of the Therapeutic Alliance Scale (TAS; Doucette and Bickman, 2002) were administered throughout treatment along with the tracking of symptom severity scores and the utilization of core components of the intervention (engagement, psychoeducation, skills building, narrative construction, relapse prevention) in each session. Analyses support three primary findings: 1. Child, parent and therapist ratings of therapeutic alliance increase across sessions and are correlated with reductions in symptom severity. 2. Child and therapist ratings on the working collaboration subscale of the TAS exhibit the strongest correspondence. 3. Patterns of alliance scores differ between children and adolescents. Findings will be discussed in light of recent research and the need to further incorporate alliance building into the development of specific trauma based interventions and in CBT protocols in general.

Early Sexual Experience and Dissociation Among College Students

Poster #T-135 (child)

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The sexual experiences of humans vary widely from culture to culture, generation to generation and individual to individual. As a result of early sexual activities, individuals may develop psychological difficulties as a way of coping with experiences. This study investigates the possible link between early sexual experiences and dissociation. Participants consist of 185 freshmen, male and female, who indicated a sexual experience before the age of 18. The sexual experiences of these students incorporates a broad range of behaviors, and it is important to note that not all of the participants may have viewed their experiences as abusive. Severity and age were assessed in relation corresponding symptoms of present dissociation. If participants provided more than one early sexual experience, the first experience that they reported was used for analysis. It is hypothesized that greater severity of early sexual experience will be more likely to contribute to higher levels of later dissociation. It is also hypothesized that the earlier in age a sexual experience occurs the more likely higher levels of dissociation will be present. Investigation into the important factors of severity and age may aid understanding in the needs of, and further development of therapeutic resources for maltreated children.

The Impact of IPV-Related Trauma and Prenatal Representations on Maternal Parenting Behaviors

Poster #T-136 (child)

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Trauma associated with exposure to intimate partner violence (IPV) is unique relative to many other forms of adult violence in that it is fundamentally relational in nature (Levendosky, 2001). For female victims of IPV who are also mothers, this trauma can impact their ability to sensitively parent their children (McCloskey, 1995). Attachment theory suggests that a mother's prenatal representation will also affect subsequent parenting behaviors. Prior findings using a longitudinal sample of women exposed to IPV demonstrated this association between prenatal representations and parenting behaviors when children were one year of age (Dayton, 2003). Using MANOVAs, the current study examined both the main- and interactive-effects of: 1) maternal self-report of traumatic symptoms following IPV exposure, and 2) prenatal maternal representations on subsequent maternal parenting behaviors with their four-year old children. Analyses revealed that self-report of maternal trauma symptoms and prenatal representations predicted subsequent parenting behaviors at age four. No interaction was present, suggesting that they independently influence parenting behaviors. Clinical

implications of this work reflect the important contribution of traumatic exposure to IPV and of maternal representations, which guide mother's interactions with their children even four years after the child's birth.

Traumatic Events and Substance Use: Comparing Treatment-Seeking and Community-Based Samples of Youth

Poster #T-137 (child)

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There is a growing literature related to associations between trauma exposure and substance use (e.g., Kilpatrick et al., 2000), although research conducted with youth still lags behind adult work. The objective of the current study was to compare the rates and types of trauma, as well as their associations with substance use (e.g., marijuana, alcohol, hard drugs, nicotine) in a community-based (N = 225; 10-17 years) and treatment-seeking (N = 200; 12-17 years) sample of adolescents. Trauma exposure was indexed via structured clinical interview and substance use via self-report (Adolescent Alcohol and Drug Involvement Scale; Moberg, 2001). Data collection for both samples is approximately 76 percent complete. Preliminary findings indicate significant differences in the rate and type of trauma exposure (e.g., 26 percent vs. 78.9 percent for the non-clinical and clinical samples), as well as significantly increased frequency, and diversity of substances used in the clinical sample. Data from the complete sample will be presented, along with graphical depictions of the types of traumas and substances used across samples. Findings will be discussed in terms of the role substance use may play in enhancing the negative consequences of trauma exposure.

Nightmares and Sleep Disturbance in Children and Adolescents by Trauma Status

Poster #T-138 (child)

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Research finds a significant association among trauma exposure, nightmares, and sleep disturbances. However, most of this research was conducted with adult samples. The present study examined nightmares and sleep disturbances in 73 outpatients aged 9-17 by trauma status. We hypothesized that children and adolescents who experience a trauma will be significantly more likely to report experiencing nightmares and will report a greater frequency and severity of nightmares and poorer sleep quality than those who report no trauma history. Findings were mixed. The presence of a trauma history was found to be associated with the increased presence and frequency of nightmares. Decreased quality of sleep was also noted for trauma victims in terms of global sleep quality, hours of sleep obtained each night, and feeling sad and not well rested upon awakening in the morning. No significant differences, however, were detected for severity of nightmares, sleep latency, or fear of sleep. Implications for treatment and future research studies will be addressed.

The presenting author is underlined.

Is There a Difference? Black and White Parents' Coping Assistance to Their Child Post-Injury

Poster #T-139

(child)

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There is growing literature on trauma care and psychological services for children with unintentional injuries. Parents appear to play a key role in children's emotional recovery post-injury, and parent and child traumatic stress severity often show at least a moderate association. The psychological well being of parents may affect their provision of both trauma-specific coping assistance, and more general social support, to their injured child. This study explored factors that may influence the type and frequency of coping assistance and social support that parents provide, including potential racial/cultural differences (between Black and White parents), the influence of parents' pre-injury negative life events or trauma history, and the potential mediating role of parents' own ASD symptoms related to their child's injury. The study included 225 injured children ages 5 to 17 hospitalized for treatment of traffic-related injuries, and one parent per child. Preliminary results suggest significant associations between parent race and the frequency of two types of coping assistance, and also suggest that parent ASD symptoms may mediate the relationship between parents' prior negative life events and their use of distraction as a means of helping their child cope. A model of determinants of parental coping assistance will be presented.

Anger and Sexual Risk Taking Behaviors

Poster #T-140

(clin res)

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Research regarding the possible relationship between anger and sexual risk taking behaviors has produced equivocal results. Therefore, the current study investigated the possible relationship between anger expression and risky sexual behaviors. The following hypotheses were formulated: 1) survivors of sexual assault will be more likely to suppress anger while survivors of physical assault will be more likely to outwardly express anger; 2) survivors of sexual assault only and sexual and physical assault will engage in more risky sexual behaviors than survivors of physical assault only; 3) intense feelings of anger and outward expression of anger will be related to sexual risk taking behaviors in men and women. Data was collected from 290 undergraduates (68 men, 222 women). Results indicated partial support of the hypotheses. Sexual assault victims were more likely to engage in risky sexual behaviors but there was no significant association with any type of anger expression. Physical assault victims reported expressing anger more outwardly but were not more likely to engage in risky sexual behaviors. Overall, more frequent arousal of anger, outward expression of anger, and those less likely to have control over the experience or expression of anger were more likely to engage in risky sexual behaviors.

Childhood Sexual Abuse and Later Psychological and Relational Distress: The Role of Sexual Attitudes

Poster #T-141

(clin res)

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Although research indicates that young women who were sexually abused as children have been found to endorse more attitudes indicative of sexual preoccupation (Noll et al., 2003), little is known about the effects of childhood sexual victimization on later sexual attitudes in adult couples. The main purpose of the present study is to investigate the role of sexual attitudes to understand the relation between childhood sexual abuse and subsequent psychological and relational difficulties. A non-clinical sample of French-Canadian couples composed of 346 men and women completed measures of child sexual abuse, sexual attitudes, psychological distress and couple adjustment. Results showed that childhood sexual abuse was associated with adult negative sexual attitudes and feeling of pressure about sex but not with sexual preoccupation and permissive attitudes. Structural equation modeling revealed that childhood sexual abuse affects psychological symptoms and couple adjustment ($R^2 = .19$) indirectly through adult sexual attitudes. Fit indices indicated that the data are well represented by the theoretical model (CFI = .97, RMSEA = .05, ratio $\chi^2/df = 1.76$). Mechanisms through which negative sexual attitudes and pressure may lead to adverse psychological and relational outcomes are explored. Clinical and research implications of the findings will be addressed.

Women's Appraisals of Intimate Partner Violence Stressfulness Predict Depression and Trauma Symptoms

Poster #T-142

(clin res)

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The present study explores the effects of abuse stressfulness appraisals among Intimate Partner Violence (IPV) victim's mental health. Participants were 93 women exposed to IPV during the last year. Women rated the frequency and stressfulness of 46 abusive behaviors; severity was calculated using Marshall's severity weights (Marshall, 1993). A 2 (frequency) by 2 (stressfulness) MACOVA with severity as a covariate was used to determine differences among women's levels of depression and PTSD. Results showed a significant main effect of stressfulness for depression [$F(1,87) = 10.47, p = .002, = .11$], and main effects for both frequency and stressfulness for PTSD [$F(1,87) = 7.87, p = .006, = .08$ and $F(1,87) = 19.44, p = .000, = .18$]. For PTSD, the interaction between frequency and stressfulness was also significant [$F(1,87) = 6.00, p = .016, = .06$]. Results indicate that women with high stress appraisals showed higher depression scores than those with low stress appraisals, regardless of abuse frequency. Women who experienced both high frequency and high stressfulness of abuse were at increased risk of PTSD symptoms. These findings suggest that IPV victim's perceptions play a crucial role in the development of mental health problems.

Trauma Attributions and Attributional Style as Predictors of PTSD Symptoms

Poster #T-143

(clin res)

Reiland, Sarah, BS¹; Lauterbach, Dean, PhD¹; Scott, David, MS¹

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The reformulated learned helplessness model (Abramson, Alloy, & Teasdale, 1978) suggests that both dispositional attributional style and event-specific attributions may influence responses to events. Causal attributions that are more internal (i.e., caused by oneself), stable (i.e., likely to occur again), and global (i.e., likely to affect many areas of life) have been theoretically and empirically linked to depression (Abramson et al., 1978). Attribution theory has been



applied to the search for risk and resiliency factors in trauma survivors, but few studies have compared dispositional attributional style with trauma-specific attributions to predict posttraumatic stress symptoms. This study compared dispositional attributional style for hypothetical aversive events (e.g., family conflict) and attributions for experienced traumatic events (e.g., assault) to determine the relationship between attributions and PTSD symptoms. Results indicated that attributions for experienced traumas were more predictive of PTSD symptoms than attributions for hypothetical aversive events, and the globality dimension of both attribution categories was consistently predictive of PTSD even after controlling for depression. This study provides preliminary support for the importance of identifying and modifying maladaptive attributions to forestall the development of PTSD following trauma.

Trauma Attributions as Predictors of PTSD Symptom Cluster Scores

Poster #T-144 (clin res)

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Attributions for causes of traumatic events people have experienced that are more internal (i.e., caused by oneself), stable (i.e., likely to occur again), and global (i.e., likely to affect multiple areas of one's life) have been theoretically and empirically linked to depressive reactions (Frazier & Schauben, 1994) and PTSD symptoms (Gray, Pumphrey, & Lombardo, 2003). Few studies have examined the separate impact of each attribution dimension in predicting PTSD symptoms. This study compared each aspect of attributions in the prediction of total PTSD symptoms, reexperiencing symptoms, avoidance symptoms, and arousal symptoms to determine the relative impact of different attribution dimensions on each PTSD symptom cluster. Results indicated that more global attributions were predictive of total PTSD, reexperiencing, and avoidance symptoms after controlling for depression. The findings suggest that reexperiencing and avoidance symptoms of PTSD may be partially forestalled by early intervention post-trauma to identify and modify maladaptive global attributions about the cause of the trauma.

Traumatic Grief Related to Poorer Coping, Worldview Violations and Disrupted Goals

Poster #T-145 (clin res)

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Traumatic grief is diagnostically distinct from depression, PTSD, and 'uncomplicated grief' and is characterized by symptoms of depression, yearning, and PTSD symptomatology (Prigerson et al., 1999). It has been proposed that traumatic grief arises from the shattering of worldviews (Jacobs et al., 2000), although this proposition remains to be demonstrated. Further, little is known about how traumatic grief is related to the coping in which the bereaved engage. The current study examined relations between traumatic grief, appraisals, and coping behaviors by exploring whether bereaved with traumatic grief differed from those without. Of 83 recently bereaved participants, 21 (25 percent) were considered to have traumatic grief, defined as elevations to cut-off in both intrusive and depressive symptoms. The groups differed such that those with traumatic grief symptoms exhibited higher violations of worldview beliefs (e.g., disrupted beliefs in controllability and safety) and goals (e.g., concerning companionship and intimacy) as well as more maladaptive coping with the loss (e.g., increased denial, substance use and behavioral disengagement). Results support the notion that traumatic grief is a distinct diagnostic entity, and that research and intervention efforts would benefit from further understandings of the risk factors, prevalence and outcomes of traumatic grief.

Outcome Evaluation of PTSD Skills Acquisition Groups Within the VA

Poster #T-146 (clin res)

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Evaluation of the PTSD (Posttraumatic Stress Disorder) Symptom Management Group is particularly important considering the current influx of OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) veterans entering the VA mental health service. Studies have found that veterans returning from Iraq are reporting high rates of PTSD after deployment; however, only 23 percent of these veterans are receiving any professional help (Hogue, Castro, Messer, McGurk, Cotting, and Koffman, 2004). Developing empirically-supported PTSD services can not only improve the level of care at the VA but may also increase utilization of services. This study evaluates the effectiveness of the PTSD Symptom Management Group as offered at the Portland VA within the PTSD Clinical Team. This group treatment is a 12-week manualized treatment targeting psychoeducation for PTSD and associated issues (trust, grief, anger, guilt, etc). The project involves four assessment time periods over the course of nine months assessing PTSD symptom severity, quality of life, and sleep difficulties associated with PTSD. At the end of group treatment, multiple follow-up assessments (post group, three month follow-up, and six month follow-up) will be completed by each patient who completed the initial assessment. The project is ongoing and initial results will be presented.

Correlates of Posttraumatic Growth

Poster #T-147 (clin res)

Vishnevsky, Tanya, BA; Lindstrom, Cassie M., BA; Cann, Arnie, PhD; Calhoun, Lawrence, PhD; Tedeschi, Richard G., PhD
University of North Carolina, Charlotte, North Carolina, USA

Although historically much attention has been paid to the negative sequelae of experiencing trauma, there has been a growing interest in the experience of positive change as a result of the struggle with a major crisis, i.e., posttraumatic growth (Park & Helgeson, 2006; Tedeschi & Calhoun, 1996). Using a sample of undergraduate students (N=470), secondary analyses (ANOVA) were conducted to investigate whether reports of posttraumatic growth (PTG) varied by gender, the way the event was experienced (direct vs. indirect) or by nature of the traumatic event (accidental vs. deliberate). Consistent with previous findings (Helgeson, Reynolds & Tomich, 2006), women reported significantly more posttraumatic growth than men. Individuals also reported higher levels of PTG if they directly experienced the traumatic event and if they considered the event to be deliberate. There was a significant interaction effect between gender and the way that the event was experienced: men reported more PTG when they directly experienced the event, whereas women's reports of PTG were not dependent on the direct/ indirect dimension. Similarly, men reported higher levels of PTG when the event was deliberate, while women's score remained consistent regardless of the nature of the event. Implications of these findings will be presented.

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Evaluating Cognitive Processing Therapy in a Male Veterans PTSD Residential Rehabilitation Program

Poster #T-148

(clin res)

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It is unclear whether evidenced-based psychotherapies for PTSD can be successfully implemented with veterans in existing VA group-therapy settings. This is the first evaluation of Cognitive Processing Therapy (CPT) to treat male veterans in the context of a VA PTSD residential rehabilitation program (PRRP). Participants were two cohorts treated in the same PRRP: 63 men treated with CPT groups and 85 men treated with Trauma-focused Group Therapy (TFGT) prior to the implementation of CPT. Intake and discharge PTSD Symptom Checklist (PCL), Beck Depression Inventory (BDI), and other measures of functioning were examined within and between subjects. Minorities represented 38 percent of the sample; the mean age was 52, SD=9.20. Paired-samples t-tests indicated that both groups improved significantly. Pre-post effect sizes on the PCL and BDI were large for CPT, $d=.73-.83$, and medium for TFGT, $d=.43-.34$. ANCOVAs controlling for intake symptoms revealed that CPT participants evidenced fewer symptoms at discharge than TFGT participants on the PCL, $F(2,145)=5.29$, $p<.05$, BDI, $F(2,140)=8.41$, $p<.01$, and other measures. CPT can be effectively disseminated and delivered in the context of a VA residential treatment program for male veterans with military-related PTSD. Moreover, CPT appears to produce significantly more symptom improvement than treatment conducted before the dissemination of CPT.

The Incidence and Prevalence of Sexual Trauma in Male and Female Inmates

Poster #T-149

(clin res)

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The number of incarcerated Americans is rising annually, resulting in an increasing need for the identification and assessment of variables that can help to predict recidivism and guide interventions. Previous literature has identified a prior history of sexual trauma as correlated with recidivism and institutional violence among inmates. In addition, the literature attests to higher frequencies of sexual trauma among incarcerated populations than in nonincarcerated populations. However, very few studies have simultaneously examined sexual trauma in a single sample of male and female inmates. Furthermore, previous studies of sexual trauma in incarcerated populations are often hampered by measurement issues. For example, one NIJ study used a single item to assess history of sexual abuse and few measures include information about the frequency of the abuse, the type of abuse, and the age at which the victim experienced sexual trauma. The present study describes sexual victimization histories in a sample of male (N = 62) and female offenders (N = 84) at correctional facilities in a Midwestern state. The goal of this research is to describe self-reported previous sexual trauma in men and women and compare their rates, frequencies, age of occurrence and reported types of abuse.

Treatment for PTSD with Complicated Grief in Bereaved Family Members Exposed to Violent Death

Poster #T-150

(clin res)

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Bereaved family members exposed to violent death often suffer from a mixed pathological condition of PTSD, complicated grief and depression that may cause a long-term debilitating effect. Despite plenty of evidence about the efficacy of cognitive behavioral treatment (CBT) for PTSD, such as prolonged exposure (PE), only a few studies showed empirical findings about the efficacy of CBT for PTSD with complicated grief. Actually, trauma-focused CBT may be insufficient to improve that condition as a whole. Recently, Shear et al (2005) showed that an exposure-based CBT for complicated grief (Complicated Grief Treatment: CGT) after natural and unnatural death was significantly effective compared to Interpersonal Therapy. In our uncontrolled pilot study, we conducted trauma/grief focused CBT, based on PE and CGT, for PTSD with complicated grief in bereaved family members exclusively exposed to violent death due to homicides or accidents. The treatment program comprised of 15 weekly 90-minute sessions including psycho-education, imaginal exposure, in vivo exposure, review of memories and imaginal conversation. In our preliminary findings, most of the patients exhibited improvements in symptoms related to PTSD, pathological grief and depression during the treatment. The result suggests that trauma/grief focused CBT is a promising treatment for PTSD with complicated grief.

Effect of PTSD Status and Hostility on Cardiovascular Response to Anger in Females with Past Trauma

Poster #T-151

(clin res)

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This study examined the effect of posttraumatic stress disorder (PTSD) status and covert hostility on cardiovascular responses to and recovery from a re-lived anger task in females with past trauma experience. 121 females (69 with PTSD and 52 without PTSD) completed standardized diagnostic and hostility measures and relived, through imagery, a self-identified anger memory while heart rate (HR), systolic blood pressure (SBP), and diastolic blood pressure (DBP) were measured continuously using an Ohmeda Finapres monitor. Compared to the non-PTSD control group, females with PTSD had greater resting heart rate baseline. No group differences were found in SBP and DBP. During the re-lived anger task, females diagnosed with PTSD reported feeling more anger and anxiety than those without PTSD, although no group differences in cardiovascular reactivity were obtained. In a result similar to that found in male Vietnam veterans, a significant relationship was found between covert hostility and HR during recovery from relived anger for the PTSD group, such that greater covert hostility was associated with greater HR during recovery from relived anger. This relationship was not found in the control group. Furthermore, females in the PTSD group reported greater levels of covert hostility and hostile beliefs compared to their non-PTSD counterparts.



Sleep Vigilance and PTSD in Young African-Americans

Poster #T-152 (clin res)

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Sleep is in part defined by a marked reduction in awareness of the external environment. Trauma results in increased vigilance towards the external environment and sleep problems are common features of Posttraumatic Stress Disorder (PTSD). The purpose of our study was to evaluate relationships between vigilance in relation to sleep and features of PTSD. We administered questionnaires to 92 healthy, young, pre-dominantly African-American adult volunteers (65 female) which assessed trauma, PTSD severity of PTSD and nightmare and insomnia symptoms from the PTSD Check List (PCL), and sleep-related vigilance (defined as feelings of concern for the safety of self and others, and feeling on guard when falling to sleep). There was a trend for the endorsement of concern for safety to be greater among the participants who indicated that they had been assaulted or threatened in the sleep environment (4/10 versus 13/80, $\chi^2 = 3.3$, $p < .07$). Concern for safety correlated significantly with total PCL score ($r = .42$, $p < .01$) and the insomnia item ($r = .26$, $p < .05$) while "feeling on guard" correlated significantly with PCL total ($r = .44$, $p < .01$), and the insomnia ($r = .32$, $p < .01$) and nightmare ($r = .27$, $p < .05$) items. Vigilance may contribute to, and be affected by, sleep problems accompanying PTSD.

Poster #T-153

WITHDRAWN

Front-Line Psychotherapy Practitioners and Their Treatment of Trauma/PTSD Patients

Poster #T-154 (clin res)

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This study reports on a subsample of a survey of 2,413 clinicians across the United States, namely, the 563 reporting at least half their caseload had trauma/Posttraumatic Stress Disorder (PTSD). Mean age of clinicians was 50 (SD=10.26); 83 percent were females. Social workers were the largest group (37 percent), followed by professional counselors (23 percent), psychologists (13 percent), marriage and family therapists (14 percent), and others (13 percent) including nurses and psychiatrists. The majority (48 percent) was in private practice or worked in outpatient mental health clinics (26 percent). Most (70 percent) reported that they regularly encouraged their clients to emotionally process distressing experiences, but few endorsed using two empirically-supported psychotherapies to do so (e.g., imaginal or in vivo exposure or Eye Movement Desensitization and Reprocessing). Eight-nine percent said that they never, rarely or occasionally follow a treatment manual, and sixty percent said they do not measure symptom or function change in a systematic way. Effective dissemination of best practices requires an understanding of practitioners' as well existing practices and theoretical loyalties. Such factors may affect the probability of acceptance and sustained use of best practices, not only because clinicians are key stakeholders themselves, but because their reactions may affect the receptivity of patients to new treatments.

Impact of Personality Disorders on Cognitive Processing Therapy for PTSD

Poster #T-155 (clin res)

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Several randomized controlled trials of Cognitive Processing Therapy (CPT) have demonstrated it to be effective for reducing symptoms associated with PTSD. However, surprisingly few attempts have been made to isolate variables that predict therapeutic outcome for CPT. The purpose of the current study was to examine the impact of personality pathology on CPT in a clinical sample of male and female veterans with PTSD (N = 161) who participated in a PTSD Residential Rehabilitation Program at a Veterans Affairs hospital. Participants diagnosed with personality disorders (n = 74; 46 percent) were compared to those without personality pathology (n = 85; 54 percent) on measures of PTSD, anxiety, and depression. Results demonstrated that individuals in the personality disorder group scored significantly higher on all outcome measures at post-treatment, and that these individuals were more likely to retain a diagnosis of PTSD at post-treatment. However, a repeated measures MANOVA revealed that both groups benefited from CPT, as evidenced by a significant improvement on all outcome measures. In general, individuals with personality diagnoses appeared to make substantial therapeutic gains throughout the treatment program, though they were more symptomatic at pre- and post-treatment than participants without personality pathology.

Risk and Protective Factors for Suicide Among Combat Veterans with Posttraumatic Stress Disorder

Poster #T-156 (clin res)

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The current study examined suicide risk and protective factors among combat veterans with chronic posttraumatic stress disorder (PTSD), a population that is at an increased risk for suicide. The study utilized archival data from a sample of 438 male combat veterans with PTSD who were patients in the residential treatment program at the National Center for PTSD, Palo Alto Veterans Affairs Medical Center between 1996 and 2004. Results of logistic regression analyses suggest that depressive symptomatology and a family history of suicide attempts predict suicide thoughts and attempts in this population. In addition, an inverse relationship between suicidal ideation and extrinsic-social religious orientation was identified in correlational analysis.

Reducing Risk for Substance Abuse, Risky Sexual Behaviors, and PTSD Among Adolescent Rape Victims

Poster #T-157 (clin res)

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Adolescents who experience sexual assault are at risk for a range of risky behaviors (e.g., substance abuse and sexual risk behaviors), as well as mental health problems (e.g., PTSD) and revictimization. Empirically supported treatments exist for PTSD and depression in child sexual abuse victims (TF-CBT) and substance abuse in youth (MST). However, to date, a comprehensive treatment has not yet been evaluated for adolescent sexual assault victims who are either experiencing or at risk for these problems. The purpose of this

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poster is to present preliminary findings from a pilot clinical trial investigating the feasibility and efficacy of Risk Reduction through Family Therapy (RRFT), an integrative intervention that includes seven primary, over-lapping components: Psychoeducation, Coping, Family Communication, Substance Abuse, PTSD, Healthy Sexual Decision-Making, and Revictimization. Participants include 10 adolescents 12-17 years who have experienced a sexual assault. Post-treatment and three-month follow-up outcomes, as measured by psychometric measures and urine drug screens, suggest that RRFT is a promising intervention for this high-risk population.

A Preliminary Assessment Model for Pain Specialists to Reduce the Risk of PTSD

Poster #T-158 (clin res)

DeCarvalho, Lorie, PhD

Behavioral Health Services, Central Valley General Hospital, Hanford, California, USA

The aims of the present study are two-fold: 1) to address gaps in the literature on predictors of posttraumatic stress disorder (PTSD) in patients with chronic low back pain (CLBP), and 2) to introduce a cohesive model that can be used to assist providers working with these patients in their clinical practice. Participants included 161 patients receiving treatment for chronic low back pain. Results indicated that among four categorized groups of CLBP patients, between 25 percent and 77 percent of patients reported PTSD symptoms. With use of ANOVA, post-hoc, and regression analyses, it was found that patients in one group reported the highest levels of PTSD symptom severity, as well as greater perceived pain severity, and other significant factors described in this poster. Further analyses established important links between a number of predictors, and a preliminary model was subsequently devised for predictors of PTSD symptom severity level in patients with chronic low back pain. Application of this preliminary model may serve to reduce the risk of PTSD in this patient population.

Pain Severity as a Predictor of PTSD: Applications to Treatment

Poster #T-159 (clin res)

DeCarvalho, Lorie, PhD

Behavioral Health Services, Central Valley General Hospital, Hanford, California, USA

Previous studies have concluded that the prevalence of PTSD is substantially elevated in patients with chronic pain when compared to the general population. Yet there is a paucity of research focusing on the relationship between chronic low back pain, the most common form of chronic pain, and PTSD. The present study was conducted to try to fill the gaps in the literature for this very significant area of treatment. Data was collected from 161 patients being treated for chronic low back pain, then patients were grouped accordingly. Overall, 51 percent of all of the patients in the sample evidenced some level (between mild and severe) of PTSD symptoms. In addition, 25 percent of the patients in one of the clinical groups, who denied a history of precipitating traumatic events, evidenced significant PTSD symptoms. Findings are further discussed in terms of relevance to current clinical practice with patients with chronic pain, with the goal of lowering their risk of developing initial symptoms of, or greater levels of PTSD symptomatology.

Treatment of Traumatic Pain and Injury in Returning OIF-OEF Soldiers

Poster #T-160 (clin res)

DeCarvalho, Lorie, PhD

Behavioral Health Services, Central Valley General Hospital, Hanford, California, USA

Service members in Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) are exposed to three main sources of trauma: combat exposure, military sexual trauma, and traumatic pain and injury. Previous studies have indicated that wounded soldiers are at greater risk for PTSD. Chronic physical disabilities resulting from war zone injuries have higher rates of PTSD than non-wounded war zone exposed service members. Indeed, service members with such disabilities are especially vulnerable to unremitting PTSD. The common denominator present among many returning soldiers is their experience with chronic pain. Early interventions in service members can help prevent the onset of PTSD. Treatments should involve the utilization of an integrative approach that addresses returnees' chronic pain and PTSD conditions. Steps for treatment planning are addressed in this poster, which can serve to reduce the severity of returning veterans' levels of PTSD. Ultimately, this may help our soldiers have a greater quality of life, which they so richly deserve.

Posttraumatic Growth's Unique Contribution to Predicting Life Satisfaction

Poster #T-161 (clin res)

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Positive change resulting from struggles with traumatic events has received substantial attention although the evidence for outcomes related to growth remains unclear. This study examines the relationship of trauma impact and posttraumatic growth on life satisfaction. In hierarchical regression analyses, gender and dispositional optimism were entered first because women often report more PTG than men (Helgeson, 2006), as do people scoring high on optimism (Linley & Joseph, 2004). These 2 variables explained 29 percent of the variance in life satisfaction as assessed by the Satisfaction With Life Scale (Diener, Emmons, Larsen & Griffin, 1985). An inventory assessing the extent to which the traumatic event challenged the individual's assumptive world (Core Beliefs Inventory; Cann et al., 2007) was entered next and explained additional variance. Finally, scores on the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) were entered and improved the model again. The final model explained 34 percent of the variance in life satisfaction and all predictors other than gender were individually significant. This finding indicates that perceiving benefits from the struggle with trauma is reliably associated with increased life satisfaction in a cross-sectional analysis, even when adjusting for gender, optimism and the perceived impact of the traumatic event on one's assumptive world.

Evaluation of Outcome in a Cognitive Behavioral Treatment for Chronic Trauma-Related Nightmares

Poster #T-162 (clin res)

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Outcome data from studies of a cognitive behavioral treatment for trauma related nightmares were examined according to end-state-functioning criteria and the reliable change index (RCI). Data were compared on measures of sleep quality, PTSD symptom severity and nightmare frequency. Examining both end-state-functioning criteria and RCI provides a more detailed portrayal of the changes made during the study, depending on the outcome criteria and the



nature of the measure used. Measuring outcome based on the RCI revealed a reliable change in the positive direction for the following: 64.1 percent in regards to sleep quality and 53.8 percent for PTSD symptom severity. While the end-state-functioning criteria revealed that 19.4 percent met criteria on sleep quality and 89.7 percent for PTSD symptom severity. However, in examining nightmare frequency, neither method was suitable. Results of the present study demonstrate the vast differences in conclusions that can be drawn depending on the method of delineating outcome. It is vital that researchers take this into consideration and present findings that portray the most accurate picture of the results and not just figures that support hypotheses and treatments.

Symptom Improvement Over Time for a Cognitive-Behavioral Treatment for Nightmares Related to PTSD

Poster #T-163 (clin res)

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Exposure, Relaxation, and Rescripting Therapy (ERRT) is an efficacious treatment for the reduction of frequency and severity of nightmares. Research also found that it reduces the severity of PTSD and improves sleep quality. Studies indicate meaningful gains through 6-months of follow-ups. It is important to determine meaningful differences in symptom improvement over time in order to understand the expected course of treatment gains. The purpose of this study was to examine the effectiveness of ERRT on these variables across four different assessment periods (pre-tx, post-tx, 3-month, and 6-month) for 28 individuals. Four one-way repeated measures ANOVAs, as well as polynomial contrasts were conducted. It was hypothesized that for all variables of interest, a large improvement from pre-tx to post-tx would occur, with a gradual leveling of scores across assessments. This hypothesis was supported for all variables except nightmare severity. Results indicate there was a significant improvement on all outcome variables from pre-tx to post-tx. Treatment gains for nightmare frequency, PTSD severity, and sleep quality were maintained through three- and six-month follow-ups. However, for nightmare severity a large drop from pre-tx to post-tx, and significant improvements from three-month to six-month were found.

Complex PTSD in an Adult Sample of CSA Survivors

Poster #T-164 (clin res)

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The term Disorders of Extreme Stress NOS was created to describe a cluster of symptoms that resulted from exposure to trauma. Because research on DESNOS is scarce and scrutiny of the construct exists, a study on the topic was conducted. A community sample of adults exposed to Childhood Sexual Abuse (CSA) (N=50 men, 50 women) was obtained. The study examined: DESNOS as a diagnostic entity; gender differences in symptom severity and on specific SIDES subscales; and specific abuse characteristics in relation to symptom severity. Measures included the SIDES, MCMI-III, and demographic questionnaire. Results indicated that the majority of subjects who met criteria for DESNOS (without somatization) also met criteria for BPD and nearly half met criteria for both DESNOS and PTSD. DESNOS criteria was met by 11 percent of men and 6 percent of women. There were no significant gender differences in DESNOS Symptom Severity or on DESNOS subscales. As predicted, there was a negative correlation between age of abuse and symptom severity and a positive relationship between the victim/perpetrator relationship and symptom severity. No relationship was found between duration of abuse and DESNOS symptom severity. Results suggest that DESNOS is a separate entity from PTSD, but not from BPD. Findings will be discussed, along with future directions.

The Relationship Between Narrative Changes and the Cognitive Correction in Prolonged Exposure

Poster #T-165 (clin res)

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Although numerous studies indicated the efficacy of prolonged exposure (PE) for PTSD, only a few studies referred to narrative changes during PE. In previous studies about narrative changes, improved patients showed a greater decrease in disorganized thoughts from the first to the last imaginal exposure session (Foa et al, 1995; van Minnen et al, 2002). This suggested the relationship between successful therapy and organization in trauma narratives. On the other hand, Foa et al (2004) showed that PE resulted in reduction in negative cognitions without the addition of cognitive restructuring. However, as far as we know, there is no report that investigated the relationship between narrative changes and the cognitive correction. We analyzed patients' narratives in the first 30-minute processing part after imaginal exposure in each session using qualitative analysis. Improved patients experienced that overwhelming memories and provoked body sensations receded, obtaining the sense of control against trauma memories during sessions. Patients also reported they could recall trauma memories more precisely through repetition of imaginal exposure. These changes were combined with the correction of dysfunctional negative thoughts. Our findings suggest imaginal exposure and processing in PE effectively facilitate the cognitive correction.

Intimate Partner Violence: Reasons Survivors Provide for Not Reporting

Poster #T-166 (commun)

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Over half-a-million women were victims of intimate partner violence (IPV) in 2001 (Bureau of Justice Statistic, 2003), equally influencing the lives of all races (Bureau of Justice Statistic, 1995). In spite of the pervasiveness of IPV, research suggests that many women do not report the abuse they experience (Hennings & Klesges, 2002). There are many plausible explanations for this, such as avoiding possible retaliation from their partner or protecting their partner or children from possible ramifications (Coker et al., 2000; Kaukinen, 2002; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). Lacking social support or having negative experiences with supportive networks appears to be detrimental to the well-being of survivors of IPV, increasing the likelihood that they will develop PTSD (Brewin, Andrews, & Valentine, 2000). Due to the possible consequences of not disclosing, this study seeks to examine the reasons women provided for not revealing the IPV they experienced. Archival data containing a cross-sectional sample of 394 battered women from the Western Montana region will be qualitatively analyzed. It is believed that the findings from this study will benefit the professionals that assist battered women by elucidating the challenges women experience when they disclose a stigmatizing condition such as abuse.

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Patients' Perceptions of Care and Safety Within Psychiatric Settings

Poster #T-167

(commun)

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There is growing concern over institutional measures of control (e.g., seclusion, restraint) and other potentially harmful or traumatic experiences within psychiatric hospitals. The purpose of the present study was to examine the relationship between demographic variables, potentially harmful and/or traumatic psychiatric experiences, and patients' perceptions of care and safety in psychiatric settings among 142 public-sector psychiatric patients. Data revealed 45.1 percent of patients reported they had been to a psychiatric facility they would never want to return to, and the majority of patients did not communicate with staff after a distressing event occurred. There were no significant differences in perceptions of care and safety by race, gender, or age. However, patients who reported potentially harmful or traumatic psychiatric events were significantly more likely to report that they had been to a psychiatric facility they would not want to return to. Encouragingly, most patients (84.5 percent) reported that psychiatric facilities have become safer in recent years. These data suggest the need to better understand how adverse psychiatric events influence how patients view their care and their subsequent engagement in that care.

Interactions Between Symptoms of PTSD, Race, and Risky Sexual Behavior: An Extension

Poster #T-168

(commun)

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Individual symptom clusters of Posttraumatic Stress Disorder (PTSD) may have different effects on the way individuals interact with their environment, and importantly in high risk sexual situations. The present study extends previous work that examined the effects of PTSD severity overall on women's ability to negotiate high risk situations in intimate relationships, by investigating symptom-level effects. Although previously no main effects for PTSD severity were found, a significant moderation indicated that European Americans were highly detrimentally impacted by high levels of PTSD though African-Americans were not. The present study will investigate whether specific clusters may be more or less detrimental for each dimension by race, possibly highlighting important symptoms for each population. A sample of 351 women engaged in three behavioral role-play scenarios depicting high risk sexual situations with trained interviewers acting as persuasive male partners. Ratings of role-play performances were condensed into four constructs and one overall composite variable. Results indicated that for the composite performance variable, findings were similar to that of overall PTSD severity. European Americans were detrimentally affected at high levels of symptom severity whereas African-American women were not. Further findings by dimension and implications are discussed.

Evaluating Secondary Trauma in Law Students

Poster #T-169

(commun)

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Secondary trauma studies have largely focused on emergency workers and mental health professionals, with few studies addressing other workers. In a prior study we found that attorneys working in family and criminal courts experienced higher levels of secondary

trauma than therapists working with trauma survivors. To assess the impact of work with domestic violence victims on law students, we evaluated 43 students at the beginning and end of a one semester practicum in family court. Measures included demographics, trauma and treatment history, SCL-90, Professional Quality of Life scale (ProQOL), Secondary Trauma Questionnaire (STQ), and Impact of Events Scale (IES) for the "most upsetting client trauma." Scores for Compassion Fatigue, Compassion Satisfaction, and Burnout were unchanged and fell in the normal range indicating the students were not stressed by the experience and maintained optimism. Mean IES results were comparable to those found in medical students reacting to cadaver exposure, but three law students registered in the clinical range. STQ scores for the law students were lower than attorneys in our earlier study. These findings suggest that a family court practicum presents little risk of secondary trauma to the majority of law students.

The Influence of Culture on the Experience of Life Crises: Australian and African Perspectives

Poster #T-170

(culture)

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In the last five years the western world has seen an enormous increase in Humanitarian entrants from African nations. People have fled these countries as refugees, and therefore by definition, have survived some of the worst atrocities known to humankind. Western counsellors and clinicians understandably wish to provide therapeutic support for these populations and have, largely due to their own training, relied on western approaches to psychological intervention. However, research has shown that the various African nations may differ from Westerners, and indeed each other, in how they perceive life crises, how they respond to life crises, and what support mechanisms assist them in their post-trauma journey. In the presented study a Grounded Theory (GT) approach was utilised to interview Anglo-Australians, Sierra Leonean, Sudanese and Liberian participants. GT models of the experience of life crises from both Australian and the African perspectives were developed. The models demonstrate how distal variables such as individualism/collectivism, and proximate variables such as social support, influence the experience of life crises. By understanding these variables and their influence on the experience of life crises, we can develop culturally sensitive approaches to assessment and support of these specific refugee groups within a western mental health system.

The Contribution of Community and Neighborhood Disorder to PTSD

Poster #T-171

(culture)

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Exposure to trauma is common among members of low income communities and rates of PTSD are also higher than average in low SES communities. A number of factors contribute to the risk of developing PTSD, most notably a higher base rate of trauma exposure. However, in addition to exposure to Criterion A traumatic events, residents of low income communities may also be exposed to higher levels of community and neighborhood disorder, including factors such as crime, drug abuse, graffiti and abandoned buildings. We propose to present data from NIMH-funded research investigating environmental and genetic risk factors for PTSD in a sample of low SES, African-American men and women seeking care in the primary care and ob-gyn clinics of a public urban hospital. At this point we have data on 273 subjects. Stepwise regression analyses conducted with our data indicate that community and neighborhood disorder variables (as measured by the Neighborhood Disorder Scale and Community Disorder Scale) contribute to PTSD



symptoms (as measured by the Modified PTSD Symptoms Scale) over and above level of lifetime exposure to traumatic experiences (as measured by the Traumatic Events Inventory and Childhood Trauma Questionnaire). Moreover, different clusters predict PTSD symptoms better than full scale scores. Implications for policy and research will also be presented.

Gender Differences in PTSD: An Exploration of Peritraumatic Factors

Poster #T-172 (culture)

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Epidemiological studies of posttraumatic stress disorder (PTSD) have consistently reported gender differences in the development of symptoms. A recent meta-analysis concluded that females report greater vulnerability to PTSD than males, even when the type of trauma is controlled for. The aim of the present study was to examine a number of factors in the immediate aftermath of a serious motor vehicle accident (MVA) that have been hypothesized to at least partially explain these gender differences. Participants of the study were 258 adult MVA victims (153 males and 105 females) who provided information on peritraumatic dissociation, mastery, perception of life threat and initial posttraumatic stress symptoms. The CAPS was administered six weeks and six months post-MVA to evaluate PTSD symptoms. Mediation models were conducted to determine whether these acute variables could account for gender differences in symptom development. Results suggest that while mastery and life threat were part of significant regression models, only initial posttraumatic stress symptoms was a significant mediator (six week reduction in $\beta = .06$, $p < .05$; six month reduction in $\beta = .07$, $p < .05$). These results provide support for the hypothesis that initial responses to the trauma may contribute to gender differences in PTSD symptoms, but only with respect to initial PTSD symptoms.

Violencia: Family Conflict and Peer Aggression Among Latino Youth

Poster #T-173 (culture)

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Children exposed to domestic violence are at a higher risk for both perpetrating violence and being the victim of violence with intimate partners (Ehrensaft et al., 2003; Mitchell & Finkelhor, 2001). However, little research has examined these links in Latino cultural contexts. Links between family conflict and youth aggressive behavior with peers were examined in a sample of Latino adolescents from immigrant families (N = 199). Family process variables including cohesion and family responsibilities were also examined as moderators. Cross-sectional analyses revealed a strong positive association ($\beta = .46$, $p < .001$) between family conflict and aggressive behavior. This association was buffered by youth's experience of family cohesion. However, this association was exacerbated by emotional caregiving. The final poster will present the main effect and interactions described above and will also include longitudinal analyses focused on changes in aggressive behavior over time.

Gender Differences in the Association Between Victimization and Violence Perpetration

Poster #T-174 (culture)

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We examined the impact of childhood sexual abuse (CSA), childhood physical abuse (CPA) and intimate partner violence (IPV) on likelihood of perpetration of violence among individuals with substance use disorders.

Men (n = 4,459) and women (n = 4,459) from the National Treatment Improvement Evaluation Study (NTIES) completed a baseline assessment with questions about prior victimization (CPA, CSA, IPV) and violence perpetration (e.g., attacking someone, murder, rape, etc.).

Most men (72 percent) and 50 percent of women reported at least one act of violence perpetration. Individuals reporting violence reported higher rates of CSA, CPA, and IPV than those without violence. Logistic regressions revealed that among men, CPA (OR=3.21) and IPV (OR=2.53) were significantly associated with violence perpetration. Among women, CPA (OR=2.18), CSA (OR=3.74) and IPV (OR=3.52) were associated with violence perpetration.

CPA and IPV were associated with violence perpetration in men and women, but CSA was associated with increased perpetration of violence in women only. Future research should evaluate the impact of CSA on the development of violence perpetration in women. The strong linkage between IPV and violence perpetration suggests a need to examine the role proximal mechanisms (e.g., volatile relationships) play in increasing risk for violence perpetration.

The Psychological and Psychosocial Challenges Faced by HIV-Positive Refugees

Poster #T-175 (culture)

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When populations move from their homes due to conflicts or repressive governments they become vulnerable to the rapid spread of infectious diseases, such as HIV/AIDS. Factors, such as lack of proper healthcare, place refugee populations at increased risk for exposure to HIV infection. There is an extensive body of literature demonstrating that many individuals living with HIV struggle across varying domains of functioning. However, the current literature is largely focused on non-refugee populations. In addition, information on the relationship of specific challenges for refugees such as acculturation and stigma in HIV-positive individuals is unknown. This study examined the psychological and psychosocial stressors faced by HIV-positive refugees when compared to HIV-positive Latinos and HIV-positive U.S. born individuals. Overall, HIV-positive refugees are experiencing greater psychological and psychosocial challenges than HIV-positive Latinos and U.S. born. Specifically, refugees reported higher rates of trauma exposure, higher rates of AIDS-related stigma, and self-disclosed their HIV status to less people compared to the other two groups. Furthermore, the stress associated with acculturating to a new society as well as trying to maintain a connection with their own culture appears to be a greater challenge for HIV-positive refugees than Latinos.

The presenting author is underlined.

Posttraumatic Stress Symptoms as a Mediator Between Child Abuse and Violent Behavior

Poster #T-176 (culture)

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We propose to present data from NIMH-funded research investigating environmental and genetic risk factors for PTSD in a sample of low SES, African-American men and women seeking care in the primary care and ob-gyn clinics of a public urban hospital. We propose to present data from the male subjects in this study. The variables examined will be history of childhood abuse as measured by two screening instruments (Traumatic Events Inventory and Childhood Trauma Questionnaire), PTSD symptoms as measured by the Modified Posttraumatic Stress Scale, and history of aggressive and violent behavior as measured by the Violent Behavior Questionnaire (developed for this study). We currently have this data for 177 men. Data analyses indicate that childhood physical abuse and to some extent childhood emotional abuse significantly predict later aggression and violence in adult men from this sample. PTSD symptoms significantly mediate this relationship. We will also present implications for research (issues related to the measurement of both child abuse and violent behavior in adulthood) as well as public policy and health implications. Our data point to combination of the influence of broader social norms as well as early environment social learning as factors contributing to adult violent and aggressive behavior in the sample studied. Implications for prevention will be discussed.

Case Examples and Research in African-Americans Exposed to Significant Traumas

Poster #T-177 (culture)

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Presenters will discuss both case examples and empirical research evaluating African-Americans experiencing traumatic events including data from a study investigating Posttraumatic Stress Disorder (PTSD) and other co-morbidities in the primary care setting at Howard University Hospital. One woman will share her experience of sexual assault in the U.S. Navy during the early '70s, as an example of African-American women veterans suffering from psychiatric distress related to race and gender. Also a study evaluating the outcomes of significant trauma in African-Americans including psychiatric disorders, alcohol and substance abuse disorders, as well as coping responses to trauma will be presented.

Predictors of Alcohol Use in Female Veterans with a History of Sexual Trauma

Poster #T-178 (practice)

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The relationship between sexual trauma, substance abuse and risky health behaviors has been well documented yet the causal mechanism is less well understood. The current study investigated this relationship in dually-diagnosed female veterans, who were recruited from mental health treatment programs at the VA Maryland Health Care System. They completed self-report questionnaires,

requesting information about symptoms of PTSD, substance abuse and health behaviors. The results of the current study represent a subset of this larger study. The current study examined the relationship between number of self-reported traumatic events, severity of PTSD symptoms and alcohol use in a treatment-seeking sample. The relationship between symptom clusters of PTSD and substance use was of particular interest. Results suggest a significant relationship between self-reported alcohol use and symptoms of hyperarousal, but not total severity of PTSD symptoms. Greater frequency of self-reported traumatic events was related to alcohol use. Implications will be discussed.

Factors Related to Trauma-Focused Treatment Completion in OIF/OEF Veterans

Poster #T-179 (practice)

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Providing empirically supported trauma-focused treatments for PTSD with the new cohort of veterans is a critical clinical issue. Trauma-focused treatments (Schnurr, et al., 2007) have had a higher drop-out rate than standard treatments. Little is known about what factors are associated with OEF/OIF veterans engaging in any mental health treatment let alone trauma-focused treatment. Significant barriers to new veterans partaking in mental health services include avoidance, denial and concerns about stigmatization (Hoge & Castro, 2003). The authors' clinical experience conducting non-research related trauma-focused treatment suggests that prior psychotherapy or psychiatric treatment increased the likelihood of completing trauma-focused treatment. The current study examines preliminary data from a randomized controlled study of psychological and biological parameters before, during, and after prolonged exposure treatment with OEF/OIF veterans at an urban Veterans Affairs Medical Center. Factors associated with completion of prolonged exposure or the brief phone counseling control condition will be examined. It is hypothesized that previous mental health treatment will have a positive association with completion of both treatment conditions. The implications of findings for engaging and retaining OEF/OIF veterans in state-of-the-art trauma focused treatments will be discussed.

Veterans' Interest in Having Family Members Involved in PTSD Treatment

Poster #T-180 (practice)

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The effects of PTSD on family and social relationships commonly include constricted intimacy with partners, poor communication and conflict resolution, and relationship dissatisfaction. Furthermore, high levels of familial discord can have a deleterious effect on PTSD treatment. Practice guidelines developed by ISTSS recommend that marital and family therapy be included in comprehensive treatment programs for PTSD. However, research identifying the needs of the family members and examining family involvement in the clinical care of individuals with PTSD is limited. A needs assessment was conducted to assess the interest in family services of veterans engaged in a PTSD program. 79 percent expressed interest in having a spouse or family member more involved in their treatment, and most respondents (85 percent) indicated that PTSD is a source of stress in the family. Level of interest was significantly associated with the perception that PTSD caused stress in the family. The



greatest need for information was reported to be the impact of PTSD on the family (84 percent), education about other mental health concerns (73 percent) and family education about symptoms of PTSD (72 percent). Implications for PTSD program development will be discussed.

Coping as a Mediator Between Childhood Trauma and Dissociation

Poster #T-181 (practice)

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Bal et al. (2003) found that the use of avoidant coping strategies, a type of emotion-focused coping, accounted for the relationship between type of stressful event and dissociation in a Dutch adolescent population. In the current study, the role of emotion-focused coping and avoidant coping was examined as mediators between childhood trauma and dissociation in 142 United States college students aged 18 and over. Half of the participants were women (N = 71), and most of the participants were 18 to 21 years old (N = 114) and Caucasian (N = 102). All of the participants completed the DES-II (Carlson & Putnam, 1993), which measures dissociation, the COPE (Carver, Scheier & Weintraub, 1989), which measures coping strategies, and the CTQ (Bernstein & Fink, 1998), which measures childhood trauma. Zero-order correlations indicated that dissociation was related to childhood trauma and avoidant coping. Regression analysis revealed that trauma was a significant predictor of dissociation; trauma, however, was not a significant predictor of emotion-focused, problem-focused, or avoidant coping. Thus, these types of coping mechanisms were not mediators between childhood trauma and dissociation. These results suggest that more research is needed to understand the relationship between trauma, coping, and dissociation.

Physical Abuse and Violent Behavior Among Female Inmates: Anger as a Possible Mediator

Poster #T-182 (practice)

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Research suggests a relationship between past physical abuse and future violent behavior in men. However, equivocal results regarding this relationship have been found in women. More recently, research has found that elevated levels of anger may be a better predictor of violent behavior regardless of gender. Based on the literature, it was hypothesized that trait anger and anger expression would mediate the relationship between frequency and severity of physical abuse with engagement in violent behavior. Data was collected from 151 female inmates at a correctional center in the Midwest that houses minimum, medium, and maximum security levels. The hypothesis was mostly supported. Higher levels of trait and outward expression of anger were all significantly associated with more frequent and severe forms of physical abuse and with more frequent and severe violent behavior. However hierarchical regression analysis revealed that only trait anger was a significant mediating variable eliminating the relationship between past physical abuse and violent behavior when controlled for and explaining 34 percent of the variance in frequency and severity of engagement in violent behavior among female inmates.

Alcohol Problems, Drug Use and Smoking Among OIF/OEF Veterans with PTSD

Poster #T-183 (practice)

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Background: Substance abuse is highly comorbid with posttraumatic stress disorder (PTSD). This study examined the relationship between PTSD and alcohol problems, drug use and cigarette smoking in veterans who served in Iraq or Afghanistan (OIF/OEF).

Methods: Data were abstracted from OIF/OEF veterans diagnosed with PTSD at a VA specialty PTSD clinic (n=69). Diagnosis was based on the Clinician Administered PTSD Scale. Patients completed the Alcohol Use Disorder Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST) as part of their standard clinical evaluation. **Results:** Alcohol problems (AUDIT scores ≥ 8) were prevalent among 38 percent of patients. PTSD symptom severity ($r=.28$, $p < .05$) and depressive symptoms ($r=.33$, $p < .01$) were associated with total AUDIT scores. Only 9 percent of patients reported regular marijuana use and none reported use of cocaine or other stimulants. Nine percent were taking prescription narcotic pain killers. Eight percent screened positive for drug abuse/dependence on the DAST (scores ≥ 6). Thirty percent of patients were current smokers.

Conclusions: Comorbid substance abuse including hazardous drinking and cigarette smoking are highly prevalent among help-seeking OIF/OEF veterans with PTSD. Early interventions are needed to prevent the medical morbidity associated with smoking and alcohol abuse in these veterans.

PTSD Improvement with Group Exposure Therapy in Women Veterans

Poster #T-184 (practice)

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Exposure therapy is one of two therapies consistently shown to be the most effective in the treatment of posttraumatic stress disorder (PTSD) in a variety of populations (Rothbaum, et al., 2000). As recent as 2007, Schnurr, et al., found prolonged exposure more effective than present-centered therapy in female veterans with PTSD. The examination of exposure therapy has been primarily conducted in an individual format and the one study with exposure imbedded in a milieu group investigating male combat veterans (Schnurr, et al., 2003) surprisingly did not show differential improvement over a present-centered approach. The present study offered structured, time-limited (6 weeks) exposure therapy in small groups (n = 3) for a total of 22 groups within a larger, outpatient structured program for women veterans. The PCL was administered in each session and preliminary analyses indicate improvement in total PTSD scores and within the avoidance/numbing symptom category. The finding is especially relevant, as exposure therapy was offered after other powerful therapeutic interventions were conducted, such as structured cognitive and behavioral therapies. Data on the course of symptoms across sessions and group characteristics based on entry assessment (CAPS) and psychological testing (MMPI2, MCM12, and BDI) will be presented.

The presenting author is underlined.

Divalproex in the Treatment of PTSD: A Randomized Double-Blind Placebo-Controlled Trial in Veterans

Poster #T-185

(practice)

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Objective: This randomized trial assessed divalproex for the treatment of hyperarousal associated with PTSD. **Method:** Eighty-five U.S. military veterans with PTSD were randomized to 8 weeks of treatment with divalproex or placebo. All patients who received at least 1 dose of study medication and returned for at least one post-baseline assessment (n=82) were included in the efficacy population. The primary outcome measure was the hyperarousal subscale of the Clinician Administered PTSD Scale (CAPS-D). **Results:** There were no significant intergroup differences in primary or secondary endpoints. The final mean (SD) divalproex dose and serum valproic acid level were 2309 ± 507 mg/d and 82 ± 30 mg/L, respectively. **Conclusion:** Divalproex monotherapy was not effective in the treatment of chronic PTSD in predominantly older male combat veterans. Further study is needed to determine whether divalproex has a role in the management of PTSD in females or civilians or in combination with antidepressants.

Effect of Long-Term Settlement Status on PTSD Symptoms in Bosnian Refugees

Poster #T-186

(disaster)

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Objective: To determine if place of long-term settlement status is associated with a reduction in symptoms and disability in Bosnian refugees. **Method:** Longitudinal survey conducted in 1996 of Bosnian refugee adults included a three-year follow-up. Culturally validated measures included the Hopkins Symptom Checklist 25, the Harvard Trauma Questionnaire, and the Medical Outcomes Study Short-Form 20. **Results:** At follow-up, 47 percent of subjects remained in camp, 36 percent were resettled and only 16 percent were repatriated. There were no differences in baseline clinical symptom scores. Subjects who were resettled reported lower percent change in PTSD scores, indicating less improvement compared to subjects who remained in Varazdin and those who were repatriated. Predictors of reduced improvement in PTSD symptoms in resettled refugees included lower baseline functioning scores. There were no statistically significant differences in change in depression or physical functioning between the groups. **Conclusions:** Long-term settlement status has an effect on improvement in PTSD symptoms. No significant effect was observed regarding change in depression or physical functioning scores. Subjects who were resettled who had lower baseline physical functioning scores were more likely to have less improvement in PTSD symptoms at follow-up.

Primary, Secondary, and Tertiary Prevention in Disaster Mental Health

Poster #T-187

(disaster)

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The devastating Gulf Coast hurricanes of 2005 resulted in a massive, unprecedented evacuation of 1.25 million people. Almost 300,000 sought refuge in Texas. Many represented particularly vulnerable populations, and few were prepared for rapid resettlement. Mental health and social service systems already were over capacity, necessitating dramatic expansion in many communities. The magnitude of trauma suffered in the sudden evacuation, pre-existing physical and mental health problems, loss of lives and property, dissolution of home communities, and fracturing of families demanded a community-wide effort in service development and delivery. To support the long-term disaster response, Baylor College of Medicine developed an intervention that centered on training case managers in trauma psychology and techniques for secondary and tertiary prevention of mental health sequelae. This approach required ongoing needs assessment and flexible training aligned with the changing needs of displaced people and their social service and mental health providers. Recommendations for disaster planning include education of community organizations and funders concerning the trajectory of disaster response, the variability of long-term psychosocial needs, and the need for prevention strategies at all stages of recovery. Lessons learned and suggestions for primary prevention will be discussed.

After The Tsunami: Traumatic Grief Among Bereaved Relatives

Poster #T-188

(disaster)

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During the tsunami 2004 a large number of Swedish tourists resided in the affected area. 543 of these died, among them 140 children under the age of 18. **Purpose:** Comparing the influence of exposure and later reactions among bereaved victims on site with relatives who were at home at the time of the bereavement. **Method:** 19,000 citizens >16 years from the area were registered by the national police when returning to Swedish airports within two weeks post disaster. A comprehensive questionnaire was sent fourteen months later to half of the cohort. In this group 483 persons indicated losses. Another group of 585 close bereaved relatives, who had not been in the area was identified through Swedish authorities. This group got an adapted questionnaire 20 months post disaster. **Preliminary findings:** The response rate was 49 percent in the first group and 62 percent in the second. Loss was strongly correlated with posttraumatic stress symptoms and decreased mental health in the tsunami-exposed group. **Conclusions:** Traumatic bereavement and being on site strongly affects mental health. The bereaved group not on site is equally important for follow up.



Understanding Outcomes Following Traumatic Experiences: The Roles of Neuroticism & Social Support

Poster #T-189 (disaster)

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It was the purpose of this study to determine if the relationship between social support and outcomes of global distress, PTSD symptoms, and depression are mediated and/or moderated by individuals' neuroticism. Participants completed the Life Events Questionnaire, NEO-FFI, Interpersonal Support Evaluation List, the Symptom Check List-90 Revised, the Davidson Trauma Scale, and the Quick Inventory of Depression Symptoms. Based upon their responses to the LEQ, 120 participants had directly experienced a natural disaster and 57 participants experienced sexual assault. To explore mediation, Baron and Kenny's (1986) method was used for each group. All variables were significantly related, with the exception of support and distress for the sexual assault sample. For survivors of natural disaster, social support is fully mediated by neuroticism for the outcomes of global distress and PTSD, while depression is partially mediated. For sexual assault survivors, however, the results are fully mediated for depression; there is partial mediation for global distress; and no mediation of PTSD symptoms. Finally, hierarchical regression analyses indicate that for both samples of trauma survivors, neuroticism acted as a moderator. For the outcome of PTSD, no moderation was found (although there was a main effect for neuroticism for survivors of natural disasters). Implications will be discussed.

Cognitive Appraisals and Emotional Reactions Toward Future Disasters and Traumas

Poster #T-190 (disaster)

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It is speculated that, for those who have been once traumatized, having similar traumatic experiences may make the negative memory more accessible and therefore lead to more negative evaluations and emotional reactions toward such an encounter. In order to explore the aforementioned question, the present study recruited adult survivors residing near the epicenter of a devastating earthquake in Taiwan and assessed their cognitive appraisals and emotional reactions toward various hypothetical natural disasters and human-made traumas such like earthquakes, typhoon, floods, mudflows and landslides, fires, traffic accidents, terrorist attacks, and human-made violence traumas. Preliminary analyses suggest that, those who have been through the earthquake enumerated more negative appraisals toward natural disasters in comparison with human-made trauma. With regard to their emotional reactions, the responses seemed to be consistently clustered into two interrelated sets, i.e., more fear, sadness, helplessness, and worry toward natural disasters and more anger toward human-made traumas. It is thus important to note, people's anticipatory appraisals and emotional reactions toward the disaster-to-come may affect their disaster preparedness and actual copings with its occurrence. More research with better design in this line is accordingly suggested.

Coping with Stress Mediates the Effects of Coping Self-Efficacy on Change in PTSD Symptoms

Poster #T-191 (disaster)

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The study investigated whether the effects of coping self-efficacy (CSE) on change in PTSD symptoms from seven days to 90 days after motor vehicle accident (MVA) were mediated by coping strategies. Data were collected among MVA survivors at seven days fol-

lowing the accident (Time 1; n = 163), 30 days after the accident (Time 2; n = 91), and approximately 90 days after the accident (Time 3; n = 70). PTSD symptoms were measured by means of the Impact of Events Scale - Revised (IES-R), the COPE Inventory was used to measure coping responses. The Motor Vehicle Accident Coping Self-Efficacy Measure (MVA-CSE) was created for the purpose of the study. Mediation analyses revealed that although T1 CSE was not directly related to change in PTSD symptoms (from T1 to T3), the effect of T1 CSE on change in PTSD symptoms (T1-T3) was mediated by three coping strategies: Denial, mental disengagement, and suppression of competing activities. High CSE levels (at T1) predicted lower levels of those three maladaptive coping strategies measured at Time 2. Low levels of those coping strategies were in turn related to a decrease of PTSD symptoms over 3 months (T1-T3) after the accident. Concluding, high levels of coping self-efficacy prevented MVA survivors from using maladaptive coping strategies, and therefore facilitated a decrease in PTSD symptoms.

Development of a Brief Group Intervention for Acute Stress in Firefighters

Poster #T-192 (disaster)

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Firefighters are at high risk for trauma-related difficulties as a result of on-the-job experiences. The development of brief group interventions for trauma-exposed individuals could help prevent the development of long-term psychiatric disability in this population. A two-hour group protocol was developed through an iterative process incorporating expert and consumer feedback. The protocol included education regarding the components of emotional responses and tolerance of negative moods. A series of simple steps were taught for use when experiencing negative emotions (observation, relaxation, altering self-talk, and initiating behavioral change) and practiced using negative mood inductions. The group protocol was pilot-tested with 29 firefighters. Participants engaged in the intervention and provided feedback on the perceived value of the session. Most participants (93 percent) stated that they probably or definitely would voluntarily participate in the intervention and that they would recommend it to a colleague (90 percent). Most (86.2 percent) participants preferred a group format and thought that the length of the session was "just right" (82.8 percent). The majority of participants reported that the intervention would be at least somewhat helpful for a range of concerns, including anxiety (96.6 percent), depression (93.1 percent), trauma symptoms (96.6 percent), anger (79.3 percent), guilt (93.1 percent), and substance abuse (86.2 percent).

Proof of the Beneficence and Efficacy of Small Group Interventions with a First Responder Population

Poster #T-193 (disaster)

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This investigation analyzed the impacts of unusually traumatic incidents and the effects of small group interventions on full-time, fire/rescue professionals. Data were collected on three cohorts of participants: trauma-exposed (self-reported and work-related) who requested a small group intervention (N=255), non-trauma exposed (N=147), and trauma exposed (self-reported and work-related) who received no intervention and were assessed three days after incident (N=34). The current mood states of all participants was measured with the Multiple Adjective Affect Check List, Revised (MAACL-R). The small group intervention significantly lowered the composite Negative Affect score, whether compared to the pre-intervention

The presenting author is underlined.

score (48 percent reduction) or compared to the trauma exposed group who were three days distant from the trauma but had received no intervention (66 percent reduction). After the small group intervention, fire/rescue professionals were two and a half times more likely to agree that they may seek out mental health services in the future and were nearly twice as likely to agree that they may seek out further small group interventions in the future.

Participant Alert: This research was built upon the concept of fire/rescue professionals calling for assistance after being exposed to a self-identified work-related stressor. These events are traumatic by their very nature. Data was digitized and statistically analyzed to provide sound logical inferences.

Posttraumatic Stress Disorder Among WTC Tower Survivors of the 9/11 Terrorist Attacks

Poster #T-194

(disaster)

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Purpose: Determine the prevalence of PTSD among 9/11 WTC tower survivors and unveil risk factors for PTSD. **Methods:** 3,271 tower survivors were recruited through purposive sampling two-three years after 9/11. Probable PTSD was measured with the PCL-CV. Logistic regression identified the independent effects of SES and direct exposure on PTSD. A direct exposure severity score was created to examine the cumulative effect of several 9/11 stressors on PTSD.

Findings: Current probable PTSD ranged from 15.0 percent (PCL) to 22.3 percent (DSM-IV criteria). Women and minorities were most likely to screen positive for PTSD. A strong inverse relationship was observed between income and PTSD in adjusted models. Five direct exposure stressors predicted PTSD: late evacuation from the towers, being caught in the dust cloud, witnessing horror, injury, and working for a company with 9/11 fatalities. There was a cumulative effect of direct exposures in which an increase in 9/11 stressors resulted in an increase of posttraumatic stress symptoms and PTSD.

Conclusions: While WTC tower survivors shared a collective experience, individuals of lower SES and those exposed to several 9/11 stressors were at greatest risk for posttraumatic stress symptoms and PTSD. These findings suggest the effects of 9/11 were long-lasting, and researchers should define what it means to be directly exposed in disaster studies.

Dissociative Experiences Among Combat Soldiers

Poster #T-195

(disaster)

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Objective: Trauma is probably an important, but insufficient, condition for the development of dissociative symptomatology. The purpose of this study was to investigate dissociative experiences in nonclinical soldiers after their return from combat duty.

Method: The total sample included 174 subjects, with 84 and 90 without combat trauma. Dissociative experiences were assessed by the Dissociative Experiences Scale (DES). Severity of combat exposure was measured using the Combat Exposure Scale (CES).

Results: The results indicated that traumatic group had elevated scores on Dissociative Experiences Scale (DES) compared to the non-traumatic group (respectively; 34.6314.0, 15.5 3 17.0) ($t = 8.037$, $df = 172$, $p = 0.000$). Logistic regression is used to examine the effects of age, education, severity of combat exposuer, number of combat, and time since recent combat together on dissociative experiences. DES scores were significantly positive correlated with the CES scores ($N = 84$, $r = 0.559$, $p = 0.000$), number of combat trauma ($N = 84$, $r = 0.262$, $p = 0.016$), and were significantly inverse

correlated with time since recent combat trauma ($N = 84$, $r = -.364$, $p = 0.001$), and age ($N = 84$, $r = -0.309$, $p = 0.004$).

Conclusion: These data support the idea that there is a correlation between dissociative experiences and trauma among combat soldiers.

Response of Caregivers of Persons with Mental Retardation to Participating in a Trauma Survey

Poster #T-196

(ethics)

Scotti, Joseph R., PhD¹; Stevens, Sarah, MA¹; Cavender, Ashley, BA¹; Morford, Amy, BA¹; Jacoby, Vanessa, BA¹

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It is important to assess the impact of trauma research so as to reduce unforeseen harm to participants. To address this issue, the Response to Research Participation Questionnaire (Ruzek & Kaloupek) was added to our survey of traumatic events in the lives of persons with mental retardation/developmental disabilities (MR/DD). A parent/caretaker ($n = 253$; 88 percent female; mean age = 47; 98 percent white) reported on the traumatic events and behavior problems of a person under their care with MR/DD ($n = 253$; 42 percent female; mean age = 21; 95 percent white; mean of 2.7 traumatic events; mean of 4.3 disabilities). Respondents "somewhat" to "strongly agreed" that they understood the consent form, felt free to refuse/withdraw from participation, gained something positive from the research, would participate in similar future studies, and would recommend participation to others. Respondents reporting a higher number of traumatic events for the person with MR/DD were more likely ($r = .15 - .28$, $p < .05$) to report experiencing negative emotions (e.g., angry, guilty, sad) during participation. However, they also were more likely to say that participation was worth it, they would still have participated had they known beforehand what it would be like, and would participate in similar future studies ($r = .14 - .17$, $p < .05$). These findings and the related implications for trauma research will be discussed.

Traumatic Bereavement and Spiritual Practices in Guatemalan Aid Workers

Poster #T-197

(intl)

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Aid workers in international, post-conflict settings are at risk for exposure to a variety of traumatic experiences. Guatemalan aid workers face similar challenges, including traumatic bereavement, due to the recent civil war and genocide in their country. These experiences may influence many aspects of their lives, including spiritual practices. This research tests the hypothesis that those who experienced human perpetrated traumatic loss would report higher levels of traumatic bereavement than those who reported traumatic loss due to non-human perpetrated causes. Secondly, the relationship between spiritual practices and traumatic bereavement was examined. The study involved a sample of 45 aid workers who reported traumatic loss. Of the 45 participants, 31 percent were male, and 69 percent were female. On average, the participants were 34 years old and had 13 years of education. Analysis of the data indicated that human perpetrated loss was significantly related to higher levels of traumatic grief than non-human perpetrated loss. Additionally, higher traumatic bereavement scores were significantly correlated with reports of more frequent engagement in spiritual practices. Results imply that humanitarian aid organizations in similar settings might benefit their workers by being aware of the prevalence of traumatic loss and providing psychoeducation regarding this additional stressor.



Using Multi-Media Presentations to Promote Trauma Healing in the Israeli/Palestinian Conflict

Poster #T-198 (intl)

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Exposure to war and terror can traumatize nations' collective psyches, often resulting in more violence and impaired capacity for problem-solving. The intractability of the Israeli-Palestinian conflict may be rooted in the collective traumas of both populations. Viewing this conflict through "trauma lenses" and the need to heal both collective traumas creates a paradigm shift that can lessen violence and promote peace. By applying concepts of individual trauma healing to the collective psyche, "The Ross Model: Working with the Collective Nervous System" presents a method for collective healing. It utilizes a multimedia approach and the infrastructure of relevant trauma-related social sectors to disseminate the information for collective healing that ultimately will help nations build a foundation for conflict resolution. An Internet presentation illustrating "The Ross Model" has already generated requests for workshops on healing collective trauma from Israeli and Palestinian organizations, and from countries as diverse as Bangladesh and Ireland. The multimedia approach can reach people around the world, overcoming language/geographical/economic barriers. The workshop explores how language and initiatives engage the healing of nations, offering a helpful adjunct for conflict resolution and a hopeful framework for those left befuddled and disheartened by the ongoing conflict.

Attitudes Toward Victims of Trauma Among Future Clergy and Mental Health Professionals

Poster #T-199 (train)

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Individuals from a variety of caregiving roles have the opportunity to respond to victims of trauma. The attribution of responsibility for traumatic events has been shown to have an impact on the healing process. Therefore, it is important to understand how those who help victims attribute responsibility for traumatic events, as well as their attitudes about working with trauma survivors. Two 2X3 ANCOVAs examined eagerness to work with trauma survivors and responsibility attribution to victims of trauma among students (N = 154) preparing either for work in faith-based ministry or for careers as mental health professionals. Citizenship of the participant was included as a covariate. Results indicated that there were no significant differences in responsibility attribution by trauma type or school membership, but there was a significant relationship between responsibility attribution and citizenship of the participant. In contrast, there was a difference in eagerness to provide care to trauma victims, with mental health trainees reporting more eagerness than those training for ministry; citizenship and trauma type were not significant in this analysis. Results are discussed in terms of the role of cultural factors in the attribution process and the importance of training students in how to work sensitively and empathically with victims of trauma.

Finding a Way in: Managing Student Resistance to Content About Trauma

Poster #T-200 (train)

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Purpose: To share information about the use of creative strategies that address student resistance to content about trauma.

Population: Educators of students pursuing clinical degrees in mental health/ psychology/ social work/emergency medicine.

Main points: Students pursuing clinical degrees in mental health will be exposed to clients with histories of trauma. The ability to appropriately recognize, assess, manage and treat symptoms of trauma are skills that students need to acquire to be effective clinicians. Content regarding trauma is often gruesome, disturbing, and shocking to students. Secondary traumatization is a concern in the academic setting, and students are often resistant to content about trauma. The author describes the use of creative strategies such as photovoice, discussion circles, journaling, and role playing in the classroom to manage resistance to disturbing content. Each of these techniques uses strengths the students possess to manage threatening material and allows students to begin to manage the difficult emotions that often accompany treatment of trauma. Modeling the ability to recognize and utilize resistance is a valuable learning tool for students pursuing clinical degrees. **Conclusions:** Resistance should be expected. The use of creative strategies to unlock student potential may be important in keeping students engaged with traumatic material.

Two-Year Follow-Up of a Secondary Prevention Intervention for PTSD: A Randomized-Controlled Trial

Poster #T-201 (prev)

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Meta-analyses on psychological debriefing suggest that it does not effectively prevent PTSD symptoms. We sought to test the short- and long-term efficacy of a recently developed brief and early intervention designed to prevent PTSD symptoms. This two session dyadic intervention is based on social support and communication skills and was administered by trained nurses and social workers 10 days after trauma exposure. Forty-six participants (waiting-list group: n = 19, intervention group: n = 27) similar on most socio-demographic variables filled-out a self-report measure of PTSD symptoms (IES-R) 10, 30, 90 days after trauma exposure, as well as 2 years post-trauma. After 2 years, the participants in the intervention group were significantly less symptomatic compared to those from control group (mean IES-R score of 22 vs. 12, p = 0.026). A repeated measures ANOVA showed a significant effects of group (p = 0.025), time (p = 0.001), and a Time by Group interaction (p = 0.017). Moreover, a large effect size was obtained even after controlling for the effect of time (Cohen's d = 0.65). These results suggest that this new brief and early intervention significantly reduces PTSD symptoms not only in the short-term but also as long as two years after the event.

Delay Discounting in Smoking Behavior Among Trauma Exposed Individuals with and Without PTSD

Poster #T-202 (prev)

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The current study compares daily smokers with PTSD to daily smokers who have experienced a traumatic event but did not develop PTSD in terms of delay discounting. Delay discounting is defined as the degree to which the subjective value of an outcome changes as the delay to that outcome changes (e.g., immediate versus delayed effects). A 2 (PTSD: positive, negative) by 2 (smokers: positive, negative) between groups design was utilized to compare 25 daily (> 20 cigarettes per day) smokers with PTSD, 25 daily smokers who have been exposed to trauma without developing PTSD, 25 non-smokers with PTSD, and 25 nonsmokers who have been exposed to trauma without developing PTSD. All participants completed a laboratory-based multimodal assessment of PTSD and a psychophysiological assessment of reactivity to individualized script-driven

The presenting author is underlined.

imagery of each participant's traumatic event. Smoking status was indexed via carbon monoxide analysis. It was hypothesized that persons with PTSD, even compared to persons who have been exposed to trauma without developing PTSD, likely will demonstrate less regard for delayed as opposed to immediate consequences. Data collection is currently 70 percent complete with an expected completion date of 9-1-07. Preliminary results are consistent with the above-stated hypotheses.

Traumatic Stress Resiliency (TSR) Training

Poster #T-203

(prev)

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³Psychology, United States Army, Silver Spring, Maryland, USA

Over the past thirty years, our knowledge about the pathogenesis and natural course of posttraumatic psychiatric conditions has grown tremendously. We now have evidence-based treatments for such conditions as Posttraumatic Stress Disorder (PTSD) and trauma induced depression and substance abuse/dependence disorders. We also know significantly more about what variables can place individuals at an increased risk for long term adverse consequences in the event that they experience a traumatic situation. What has to this point been less studied, however, are primary preventative strategies. Primary preventative strategies are preventative measures that reduce individual's risk of developing long term psychiatric problems before they experience a traumatic event. It is proposed that one can use what is currently known about the pathogenesis and effective treatments for posttraumatic psychiatric illnesses in order to create a primary prevention treatment program. Traumatic Stress Resiliency (TSR) training is an example of this type of training. It is a seven step primary prevention treatment program that combines years of clinical experience with the most recent advances in our understanding about the etiology and most effective treatments for posttraumatic psychiatric conditions.

Vicarious Trauma: Assessing and Preventing VT in Counseling Trainees

Poster #T-204

(prev)

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This poster presents the results of a research study the objective of which was to explore the level of vicarious trauma (VT) among counselor interns, as it relates to types of exposure, type of setting, previous history of trauma, and preference for supervisory styles. Preventing vicarious trauma (VT) is emerging as an issue of concern for practitioners and academics. As the population of people exposed to trauma continues to increase, and as natural disasters such as Hurricane Katrina have increased in severity, many times the helper is both indirectly exposed while working with traumatized populations and directly exposed as a survivor. Several studies have explored the prevalence of VT among seasoned mental health professionals; no studies have been conducted that focus exclusively on VT reactions in counseling interns. From a prevention perspective, it's important to create coping mechanisms early in the training process. The sample was taken from various MA interns in programs in a Mid Atlantic region. Data collection is currently being completed. The objectives of the poster presentation will include preventive strategies based on the types and intensities of relationships explored in the study.

Unwanted Sexual Experiences at College: A Test of the "Red Zone" Hypothesis

Poster #T-205

(prev)

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Introduction: University health and counseling centers frequently warn female students of the "red zone"-a period early in a student's first year at college where she may be at particularly high risk for unwanted sexual experiences. Objective: This study was designed to assess temporal risk in first and second year college women to assess whether first year women were at highest risk for unwanted sexual experiences early in their college experience. Method: 102 college women, 50 first-years and 52 second-year students (representing approximately one-sixth of their class), were randomly selected to complete a variant of Koss's Sexual Assault Survey (SES: Koss et al 2004) to assess the nature and timing of unwanted sexual experiences at college. Results: During their respective first years, both cohorts of women showed significantly higher incidents of unwanted sexual experiences early in their first year as compared to later in their first year. There was also increased temporal risk associated with a brief (1 month) winter semester. Conclusion: This study provides empirical support for a "red zone" in which first year females are at highest risk in the early months of their college experience, but also highlights the value of collecting local data.

Trauma Model of Violence: Identifying Risk Factors in Incarcerated Populations

Poster #T-206

(prev)

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A high level of both past traumatic experiences and violent behavior is prevalent among incarcerated men and women, a population that experiences significant violence - both as perpetrator and victim - inside and outside of prison. Previous studies confirm continuity between past victimization and patterns of adult violent behavior and victimization. However, little systematic study has investigated how trauma repetition, age of traumatic experiences, and the type of trauma potentiate observed effects. We investigate the relationship between previous trauma and current victimization and violent behavior among men and women in prison, based upon the trauma model of violence. Information about prior exposure to traumatic experiences, current posttraumatic symptoms and violent behavior was obtained from 300 incarcerated men and women. Measures included: Trauma History Questionnaire (Green, 1996), Impact of Event Scale - Revised (Weiss & Marmar, 1997), and Prison Violence Inventory (Warren et al., 2002). We describe men's and women's patterns of traumatization, the relationship of previous trauma to current patterns of violence and victimization in prison, and gender difference in the observed patterns. The importance of identifying risk factors in the cycle of violence and traumatization from the prevention standpoint is discussed.



The Interaction of Couple's Beliefs in Post-Trauma Adjustment

Poster #T-207

(prev)

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Intimate relationship functioning is associated with post-trauma adjustment. However, minimal research has evaluated the potential mediators of this association. In cognitive models of PTSD, disruptions in belief structures are thought to contribute to problems in trauma recovery. This study was designed to examine the relative contribution of significant others' beliefs in post-trauma adjustment, as well as the interaction of intimate partners' beliefs in post-trauma adjustment. Sixty-nine heterosexual couples who experienced a Midwestern flood completed the World Assumptions Scale (Janoff-Bulman, 1989). Additionally, the wives completed a measure of PTSD severity. While neither the men's nor the women's assumptions alone predicted the women's PTSD symptomatology, there were significant interactions between their assumptions regarding the benevolence of the world ($\beta = .24, t = 2.66$) and of their own self worth ($\beta = -.17, t = -2.09$). For example, in women partnered with men who had less benevolent assumptions about the world, there was a strong indirect relationship between their own benevolent world beliefs and PTSD severity. However, in women partnered with men who had more benevolent assumptions about the world, there was a direct relationship between their own benevolent world beliefs and PTSD severity. Implications of these results for prevention will be presented.

Negative Affect as a Vulnerability Factor for Cortisol Response: The Impact of Unpleasant Priming

Poster #T-208

(prev)

Mendonça-de-Souza, Ana Carolina, MSc¹; Souza, Gabriela, BS, MSc²; Figueira, Ivan, MD³; Mendlowicz, Mauro V., MD⁴; Rumjanek, Vivian, BS, PhD⁵; Volchan, Eliane, MD, PhD⁵

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Despite glucocorticoids central role in stress, there are substantial differences in its reactivity among individuals. We investigated whether the induction of positive versus negative mood alters cortisol response to a psychological stress and if this is modulated by affective trait. After adaptation, participants viewed either a block of pleasant or unpleasant pictures to induce positive or negative mood, respectively. Then, they had to prepare and deliver a speech in front of a video-camera. Salivary cortisol was measured and affective scales estimated emotional traits. There was a positive correlation between cortisol response and negative affect (NA) trait in the unpleasant-primed group. Comparing to basal levels, cortisol response was only significant for those with high NA, primed with unpleasant pictures. In conclusion, high NA associated with unpleasant context increased sensitivity to an acute stress and was critical to induce cortisol release. Results could be explained by a differential activation of the amygdala in these sensitized individuals with higher dispositional NA and therefore a facilitation of HPA axis activation by negative priming. Identifying temperamental traits and underlying mechanisms that predispose individuals to the negative consequences of stress may be one of the critical steps required in order to develop successful preventive strategies.

The Relationship of Trauma Exposure to Outcome in an Integrative Trauma-Focused Intervention

Poster #T-209

(practice)

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The Trauma Recovery and Empowerment Model (TREM) is an integrative trauma-focused group therapy designed to facilitate trauma recovery through cognitive restructuring, skills training, peer support, and psychoeducation. Substance abuse is addressed throughout the intervention. While preliminary studies suggest that TREM is effective in reducing PTSD and general psychiatric symptoms, no studies to date have examined how individual pretreatment factors affect outcome. Specifically, the present study considered whether degree of pretreatment exposure to interpersonal abuse (both past and present) was related to outcome in TREM. Women with psychiatric diagnoses and histories of trauma ($n=153$) received TREM and a range of support services at two Washington, DC-based mental health agencies. Lifetime exposure to interpersonal abuse was assessed at baseline, while symptom presentation and current exposure to abuse were assessed at baseline, 6, and 12 months. Data analyses revealed that the greater the pretreatment current exposure to interpersonal abuse, the greater the posttreatment reduction on measures of PTSD, general psychiatric symptoms, and drug and alcohol use severity. No such relationship was found for lifetime exposure to interpersonal abuse. The implications of these and other findings will be presented.