

## Session 1: Thursday, November 13 Exhibition Hall, 4th Floor

### Poster Organization

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

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

### Session 1: Thursday, November 13 Exhibition Hall, 4th Floor

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

#### Poster Dismantle

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

#### Tracks

**Posters will be presented on a wide variety of topics indicating track:**

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

### Crisis Debriefing Following Child Fatality: The Restoring Resiliency Response Model

(Abstract #200646)

Poster T-101 (Disaster, Practice) Exhibition Hall, 4th Floor

Pulido, Mary, PhD

*The New York Society for the Prevention of Cruelty to Children, New York, New York, USA*

Child Protective Service (CPS) workers have extraordinarily difficult and demanding jobs. As “first responders” to cases of severe child abuse, support systems, such as crisis debriefing, must be incorporated into standard procedures in order to reduce the excessive stress resulting from child fatalities, severe cases of physical and sexual abuse and violence in the field and/or workplace. In New York City, the Restoring Resiliency Response (RRR) model has been utilized by Child Protective Services to alleviate the stress and anxiety associated with these issues. This model differs from classical critical incident stress debriefing, in that it does not have an investigatory stance requiring staff to retell the incident. The primary goal of these sessions is to

mitigate the impact of the critical incident and to accelerate the recovery process. Focus is placed on the individual's ability to utilize support systems and past coping techniques. These sessions integrate education, emotional expression and cognitive restructuring. They also aim to enhance group cohesion and unit performance. This seminar will cover the process of developing a debriefing model to meet CPS needs; how to utilize the RRR protocol following a traumatic event, and techniques used in the sessions to reduce Post Traumatic Stress Symptoms.

### Secondary Traumatic Stress in Post-Katrina Responders in New Orleans

(Abstract #200647)

Poster T-102 (Disaster, Practice) Exhibition Hall, 4th Floor

Naturale, April, MSW, LCSW, ACSW

*Psychology Beyond Borders, Montclair, New Jersey, USA*

The size and physical devastation of Katrina make it the most destructive and costliest (75 billion) natural disaster in the history of the United States and one of the deadliest. The storm surge that caused several breaches in the levees protecting the city of New Orleans and flooding 80% of New Orleans with 20 to 25 foot deep waters created a humanitarian crisis as those without the means or the health to evacuate were caught in the storm. Law enforcement and rescue staffs assisted and forcibly removed those who would not or could not flee, as conditions were dangerous and uninhabitable. Additionally, staffs working in other public service areas were called to assist with evacuation, shelter management and mental health support to vulnerable populations. Many of these staffs were unprepared for the level and intensity of exposure to the distress of survivors especially since many were victims themselves. Some suffered with secondary traumatic stress responses as a result of their work and required intervention to be able to return to a functional level of personal and professional activities. Case examples of the extraordinary public servants will be presented and the need to prepare for addressing such affects will be discussed.

### Examining STS in Social Work Students Working in Post-Hurricane Louisiana

(Abstract #200648)

Poster T-103 (Disaster, Practice) Exhibition Hall, 4th Floor

Seyle, Conor, PhD

*Psychology Beyond Borders, Austin, Texas, USA*

This study tracked rates of secondary traumatic stress symptoms in a class of graduating Masters of Social Work students who had been working with people affected by Hurricanes Katrina and Rita in Louisiana (85F, 6M, mean age =29.03; 70.5% Caucasian, 22.1% African-American). As a part of a workshop on the potential impacts of working with traumatized populations, these participants completed measures including the PTSD checklist (PCL-C) and STS measures (PROQoI R-IV). Participants also completed several open-ended questions asking them to describe their experiences with the hurricanes, which were analyzed using computer linguistic analysis programs. Analyses suggest that this population showed rates of STS symptoms comparable to those found in other helper populations with the exception of the “burnout” factor, which was particularly low. Regression analyses found that age and income predicted scores on the outcome measure, with income predicting reduced compassion satisfaction and increased burnout and age predicting higher levels of compassion fatigue. Linguistic analyses of the participant's writing found that those participants who used more tentative language showed lower rates of PTSD symptoms, marginally more compassion satisfaction, less burnout, and less compassion fatigue.

**Quality of Life in Torture Survivors in Kashmir: A Six-Year Follow Up**

(Abstract #193908)

Poster # T-104 (Civil Ref, Cul Div) Exhibition Hall, 4th Floor

Ali, Zaffar, MBBS, DPM, DNB, MD<sup>1</sup>; Margoob, Mushtaq, MD<sup>2</sup>

<sup>1</sup>Psychiatry 00MH, J J Peters Veterans Affairs Medical Center, Bronx, New York, USA

<sup>2</sup>Psychiatry, Government Hospital for Psychiatric Disease, Srinagar, Jammu and Kashmir, India

Torture victims suffer from particularly debilitating psychological stress with resultant PTSD and a variety of physical disabilities. This report describes the changes in QOL in a group of torture survivors who were administered several rating scales in 2001 including the CAPS and a quality of life (QOL) scale as part of a larger sample. The authors were able to contact 36 patients out of the original cohort and their QOL was reassessed 6 years after the original evaluation. The sample was exclusively male and the mean duration of illness was 112 months. 78% of the sample continued to suffer from significant psychosocial dysfunction. Scores on the interpersonal relationship and instrumental role domains were virtually unchanged with small but significant decreases in intrapsychic functioning domain scores. The QOL scores were minimally better when compared to a control group of patients with Schizophrenia. Physical disability scores were not notably high in this group and their contribution to QOL scores was minimal. Torture causes a huge burden of illness on its sufferers and a multi-disciplinary treatment approach adapted to local cultural norms seems to be essential.

**Warriors in Transition: Consequences and Impact of Demands for Army Community Service Intervention**

(Abstract #193942)

Poster # T-105 (Ethics, Mil Emer) Exhibition Hall, 4th Floor

Jenkins Jr, Charles T., MSW<sup>1</sup>

<sup>1</sup>Department of the Army, Army Community Service, Fort Sill, Oklahoma, USA

All too often Soldiers and Family Members are faced with unexpected crises and life changes. When this occur the Family system is understandably psychosocially impaired and becomes maladaptive to the social ills and burdens placed on the entire family system. Experience to date suggests that a Warrior in Transition is challenged with overcoming many new and different life obstacles.

The Iraqi war results, in comparison to the Persian Gulf Conflict, has an outcome much different, greater and more traumatic than what we experienced after the Persian Gulf. On the other hand, Army Family Programs have made many adjustments and modifications of programs and services for Soldiers and Family Members. What we now see in ACS Army Wide is a more complex and sophisticated body of programs and services, and a well informed customer who in many instances comes with a clear understanding of the presenting problem.

**Resilience: Do You Need it? Do You Have it?**

(Abstract #194056)

Poster # T-106 (Practice, Media Ed) Exhibition Hall, 4th Floor

Charlton, Margaret, PhD<sup>1</sup>

<sup>1</sup>Intercept Center, Aurora Mental Health Center, Aurora, Colorado, USA

Terror has a secondary impact that we often ignore. When therapists work with victims of trauma, that trauma also affects the therapists. Vicarious or secondary trauma can produce the same type of symptoms and disruption of functioning for clinicians as primary trauma does for our clients. Vicarious trauma is also a major contributor to burn out for clinicians practicing in this field. Therefore it is vitally important that clinicians, supervisors and

administrators learn to recognize symptoms of vicarious trauma, develop resilience, and implement strategies to manage clinical exposure to trauma.

**Shared Traumatic Stress in Manhattan Clinicians and the Post 9/11 Quality of Professional Practice**

(Abstract #200650)

Poster T-107 (Disaster, Practice) Exhibition Hall, 4th Floor

Tosone, Carol, PhD<sup>1</sup>

<sup>1</sup>New York University, New York, New York, USA

This paper presents the results of the Post 9/11 Quality of Professional Practice Survey (PQPPS) which explored the long-term impact of 9/11 on clinicians practicing and/or residing in Manhattan. A total of 481 clinical social workers members of the Manhattan chapter of NASW(38% response rate) replied to the PQPPS mail survey. Shared traumatic stress was measured by the multiplication of scores for the PCL-C and Pro-QOL (CF/STS subscale). On a bivariate level, shared traumatic stress was positively correlated With compassion fatigue (p<.0001), ambivalent attachment (p<.0001), avoidant attachment (p<.0001), traumatic life events (p<.0001), posttraumatic stress (p<.0001), perception of the likelihood of another 9/11 event within two years (p=.0004), and being currently affected by the events of 9/11 (p<.0001). It was negatively associated with compassion satisfaction (p=.0166), resiliency (p<.0001), years in the field (p=.0344), institute training (p=.0041), and life change due to the events of 9/11 (p<.0001). On a multivariate level controlling for 21 variables, only compassion fatigue (p<.0001) and posttraumatic stress (p<.0001) were significant predictors of shared traumatic stress. The concept of shared traumatic stress captures the experience of clinicians practicing in a traumatological environment while simultaneously facing the same issue in their personal lives.

Poster T-108 (withdrawn)

**The Relationship Between Dissociation and Anger Among Combat Veterans With PTSD**

(Abstract #195212)

Poster # T-109 (Mil Emer, Clin Res) Exhibition Hall, 4th Floor

Kulkarni, Madhur, M.S.<sup>1</sup>; Porter, Katherine, M.S.<sup>2</sup>; Rauch, Sheila, PhD<sup>3</sup>; Favorite, Todd, PhD<sup>4</sup>; Martis, Brian, MD<sup>4</sup>; Defever, Erin, BA<sup>5</sup>

<sup>1</sup>Psychology, University of Michigan, Ann Arbor, Michigan, USA

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<sup>3</sup>University of Michigan, Ann Arbor, Michigan, USA

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<sup>5</sup>VA Ann Arbor Healthcare System, Ann Arbor, Michigan, USA

Prior research on traumatized populations suggests that dissociation and anger are risk factors for the development of posttraumatic stress disorder (PTSD). Research has shown that trauma survivors with higher levels of anger also report more severe PTSD overall. Studies also support a relationship between PTSD severity and dissociation. Only one study of sexual assault survivors by Feeny, Zoellner, and Foa (2000) examined the relationships between dissociation, anger, and PTSD, and found that higher levels of anger and dissociation predicted worse outcomes at 3-months post-assault. While veterans report high levels of anger and dissociation (e.g., Novaco & Chemtob, 2002), the relationship between these factors and PTSD has not been examined among veterans. This poster will examine the relationship between dissociation and anger in treatment-seeking veterans who presented for evaluation at the PTSD Clinic in the VA Ann Arbor Healthcare System during a four year period. A significant relationship was found between anger, dissociation, and PTSD severity. Anger and dissociation were also found to significantly predict PTSD severity. The implications of these results for clinical practice will be discussed.

## Children's Global Assessment Scale (CGAS): Inter-Rater Reliability and Predictive Power

(Abstract #196386)

Poster # T-110 (Assess Dx, Child)

Exhibition Hall, 4th Floor

Harish-Avidan, Shelly, MA<sup>1</sup>; Shafraan, Naama, MA<sup>1</sup>; Rachamim, Lilach, MA<sup>1</sup>; Helpman, Liat, MA<sup>1</sup>; Weisman, Ynon, BA<sup>1</sup>; Gilboa-Schechtman, Eva, PhD<sup>2</sup>

<sup>1</sup>Psychology, Bar Ilan University, Ramat Gan, Israel<sup>2</sup>Gonda Multidisciplinary Brain Research Center, Psychology, Bar Ilan University, Ramat Gan, Israel

The CGAS is a score given by a clinician to assess the patient's psychological functioning. It represents an integrated picture of the daily functioning in various settings (family, school etc.) together with the emotional distress of the child. The CGAS is a unique measure in that it is not limited to specific symptoms nor is it biased by the patient's self report. The inter-rater reliability of the CGAS has not been homogenous across studies, and results seem less than satisfying with children after trauma (Blake et al., 2007). In this study we analyzed the original scale to identify the main components of the score, and created anchor points to be used by raters. By applying this method we achieved high inter-rater reliability ( $r=0.94$ ). forty-seven posttraumatic pediatric patients (25 boys, ages 7-18, mean = 12.6) began cognitive-behavioral treatment, out of which eleven patients did not complete full treatment course. Demographic variables, trauma characteristics and severity of PTSD at intake were not associated with drop-out. Higher CGAS score given at intake was significantly associated with treatment completion ( $t(46)=-2.8$ ;  $P<0.05$ ). In sum, a global score given by clinicians is an efficient measure that adds important prognostic data. Using simple guidelines in the evaluating process facilitates the achievement of high inter-rater reliability.

## Stress Continuum Model Application to Military Leadership Education

(Abstract #195710)

Poster # T-111 (Mil Emer,Prev EI)

Exhibition Hall, 4th Floor

Nash, William, MD<sup>1</sup>; Grenier, Lt. Col Stephane, CCOM<sup>2</sup>; Bailey, Suzanne, MSW<sup>3</sup>; Thibeault, Rachel, PhD<sup>4</sup>

<sup>1</sup>U.S. Marine Corps, Quantico, Virginia, USA<sup>2</sup>Canadian forces, Ottawa, Ontario, Armed Forces Canada, Canada<sup>3</sup>Mental Health Training & Education, Canadian Forces Health Services Group HQ, Ottawa, Ontario, Canada<sup>4</sup>Occupational Therapy Programme, University of Ottawa, Ottawa, Ontario, Canada

This Symposium will focus on the potential utilization of a non clinical "Stress Continuum Model" as the cornerstone of systemic leadership education interventions in the U.S. Marine Corps and Navy and a parallel program launched in the Canadian forces. While the Stress Continuum Model is anchored on sound clinical evidence, its simplicity offers military leaders a solid foundation upon which to determine how their subordinates are coping with operational stress and how they can best intervene. Discussants will also detail some of the key learning objectives and pedagogical approaches deemed necessary to teach leadership skills within the context of mental health disability management with a strategic goal of reducing stigma and removing barriers to care. The symposium will provide a clinical, academic and military leadership perspective of how best to educate military leaders capable of adapting their leadership to subordinates affected by mental health issues and operational stress and how the Canadian forces and the United States Marine Corps and Navy are working together to innovate in the area of mental health disability management and leadership training.

The U.S. Navy and Marine Corps Stress Continuum Model as a Tool to Promote Psychological Health in Warfighters and Veterans  
The community mental health approach to reducing long-term

disability in service members, veterans, and their families due to operational stress requires an active partnership between warfighters, chaplains, and mental health professionals to promote prevention and early intervention. The conception of stress casualties in war as due largely to pre-existing personal weakness, prevalent since World War I, has made a community mental health approach to military stress all but impossible. After all, if combat stress reactions and sequelae such as posttraumatic stress disorder (PTSD) are merely manifestations of individual weakness, then what is there to prevent or intervene early to address, and why should suffering individuals admit to anyone they are afflicted? Through an active partnership between warfighters, chaplains, and mental health professionals, the U.S. Marine Corps and Navy have developed an alternative, destigmatizing conception of operational stress known as the "Stress Continuum Model," which is used to teach warfighters and families about four color-coded stress zones: green (ready and coping effectively), yellow (reacting but undamaged), orange (injured by stress but likely to recover), and red (ill or disordered). U.S. Marines and sailors are learning to use this shared language to promote effective prevention and early interventions.

Canadian forces Operational Stress & Mental Health Leadership education Soldiers have often failed to recognize symptoms of mental health problems and often avoid or delay accessing treatment services. More importantly perhaps is the way stigma plays a defining role in shaping behaviors of healthy soldiers towards those affected by Operational Stress Injuries (OSI) and how this often causes secondary wounding and worsens mental health outcomes. Military leaders need to view mental health problems including OSIs as being no less socially acceptable than physical ones. In order to shift attitudes, shape and model new behaviors and provide military leaders with the proper understanding of mental health issues and the appropriate frame of reference to adequately intervene, the Canadian forces has developed a systemic education campaign for every level of leader development. The campaign is designed to teach individual coping and resiliency skills and develop leadership skills partly based on the U.S. Marine Corps and Navy Stress Continuum Model. Using this model, leaders of the future will be able to make a distinction between pure behavioral and performance issues from ones caused by an underlying mental health condition, provide the appropriate level of support depending on the severity of the condition and most importantly learn how to adapt their leadership style to foster recovery rather than cause secondary wounding through punitive action.

## Implementing a Seeking Safety Intervention in a Sample of People Living With HIV: A Pilot Study

(Abstract #200672)

Poster T-112 (Clin Res, Mil Emer)

Exhibition Hall, 4th Floor

Boarts, Jessica, MA<sup>1</sup>; Armelle, Aaron, MA<sup>1</sup>; Delahanty, Douglas, PhD<sup>1</sup>

<sup>1</sup>Kent State University, Kent, Ohio, USA

People living with HIV (PLWH) often report disproportionately high rates of traumatic experiences, and consequently, increased PTSD symptoms. Additionally, PTSD and substance use/abuse are commonly comorbid, and have been associated with less than ideal medication adherence among PLWH. Seeking Safety (SS) therapy is designed to directly address PTSD and substance use comorbidity. The purpose of this ongoing pilot study is to investigate the efficacy of a group format SS therapy at treating PTSD and substance use. We hypothesized that participants receiving SS would exhibit lower PTSD symptoms and report less substance use as well as increased adherence to their HIV medications. PTSD symptoms, substance use, and adherence (both self-report and MEMS caps) are assessed at baseline (pre-intervention), post-intervention, and 3- and 6-months post-intervention. Findings will be discussed in terms of the benefits and shortcomings of a group format SS therapy in PLWH, and

possible efficacy of SS at decreasing PTSD and substance use, and increasing medication adherence.

**Emotional and Psychosocial Functioning of Sri Lankan Youth Exposed to Traumatic and Daily Stressors**

(Abstract #200545)

Poster T-113 (Child, Cul Div)

Exhibition Hall, 4th Floor

Garcia, Janet, BA<sup>1</sup>; Fernando, Gaithri, PhD<sup>1</sup>; Chan, Samson, BA<sup>1</sup>; Miller, Ken, PhD<sup>2</sup>

<sup>1</sup>California State University, Los Angeles, California, USA

<sup>2</sup>Pomona College, Claremont, California, USA

The purpose of the current study was to examine the impact of traumatic and daily stressors on the emotional and psychosocial functioning of children in Sri Lanka. A sample of Tamil (174), Sinhalese (332), and Muslim (215) children (girls=391) between the ages of 12 and 19 (mean age =14.4, sd =1.9), completed a survey including demographic questions and items assessing the frequency of exposure to traumatic and daily stressors and emotional (posttraumatic stress, anxiety, and depression) and psychosocial functioning. Four hierarchical multiple regression analyses were conducted with demographic variables (age, gender, ethnicity, and religious affiliation) and total scores for the traumatic events scale and daily stressor scale as predictor variables. Results indicated that exposure to traumatic and daily stressors significantly predicted posttraumatic stress ( $R^2 = .22$ ,  $F(2,303) = 42.69$ ,  $p < .001$ ), anxiety ( $R^2 = .140$ ,  $F(2,308) = 24.87$ ,  $p < .001$ ), and depression ( $R^2 = .198$ ,  $F(2,308) = 37.85$ ,  $p < .001$ ), with daily stressors adding significant predictive power to the models. Only traumatic exposure scores predicted psychosocial functioning scores ( $R^2 = .15$ ,  $F(2,308) = 26.96$ ,  $p < .001$ ). The results indicate that attention should be paid to both traumatic and daily stressors when considering the functioning of children living in developing countries.

**Strategic Control of Emotional Numbing in PTSD**

(Abstract #196527)

Poster # T-114 (Res Meth, Bio Med)

Exhibition Hall, 4th Floor

Jaeger, Jeff A., BA<sup>1</sup>; Mueller, Tiffany M., BA<sup>1</sup>; Corning, Kendra B., BA<sup>1</sup>; Nikolayev, Irina, BA<sup>1</sup>; Zoellner, Lori, PhD<sup>1</sup>

<sup>1</sup>University of Washington, Seattle, Washington, USA

There is debate in the posttraumatic stress disorder (PTSD) field on whether emotional numbing (EN) is automatically (Foa et al., 1992; Litz, 1992) or strategically (Roemer et al., 2001) controlled. To date, no studies have experimentally manipulated experience of emotion while measuring subjective and objective indicators of emotional arousal. In this study, 66 men and women with PTSD, trauma-exposed no-PTSD, and healthy controls were asked to strategically manipulate their experience of EN via instructional set (EN, experience emotion, no instruction) and presented with affective images (positive, negative, neutral) examining self-reported emotion and psychophysiological responding (electrocardiogram, respiration, electromyogram). Consistent with a strategic theory of EN, for self-report all groups were able to modulate their emotions and reported less negative affect to EN than experience instructions; however, on objective indicators (specifically, electromyogram), only healthy controls, and not trauma-exposed individuals were able to strategically modulate their physiology responding. This discordance between response systems suggests that trauma-exposed individuals report strategic control over their subjective experience, but, for these individuals, physiological emotional arousal may be resistant to strategic influence and have more automatic properties.

**Pharmacologic Alternatives to Antidepressants in Posttraumatic Stress Disorder: A Systematic Review**

(Abstract #195781)

Poster # T-115 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Berger, William, MD<sup>1</sup>; Marques Portella, Carla, MD<sup>2</sup>; Mendlowicz, Mauro V., MD<sup>3</sup>; Kinrys, Gustavo, MD<sup>4</sup>; Marmar, Charles, MD<sup>5</sup>; Figueira, Ivan, MD<sup>6</sup>

<sup>1</sup>International Society for Traumatic Stress Studies, Rio de Janeiro, RJ, Brazil

<sup>2</sup>Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

<sup>3</sup>Universidade Federal Fluminense, Niterói, RJ, Brazil

<sup>4</sup>Cambridge Health Alliance, Cambridge, Massachusetts, USA

<sup>5</sup>University of California San Francisco, San Francisco, California, USA

<sup>6</sup>Instituto de Psiquiatria (IPUB), Universidade Federal do Rio de Janeiro (UFRJ), Rio de Janeiro, Brazil

The objective of this study is systematic review the efficacy, level of evidence, and clinical relevance of several classes of psychopharmacological agents used for the treatment of PTSD available in the ISI Web of Science and PubMed databases. Articles with the main focus on the evaluation of antidepressant efficacy in PTSD or case reports with less than five patients were preliminarily excluded. Fifty-seven articles were selected, which included the following categories: antipsychotics, anticonvulsants, adrenergic-inhibiting agents, opioid antagonists, and other agents. None of the identified agents reached the level A of scientific evidence, 5 reached level B, 7 reached level C and 11 reached level D. The non-antidepressant agent with the highest level of scientific evidence for the treatment of PTSD was risperidone. Although, further controlled clinical trials and meta-analysis are necessary to assist and guide clinicians regarding the pharmacological alternatives to antidepressants in PTSD.

**The Use of Solution-Focused Principles and Techniques in Treatment With Adult Survivors of Childhood Trauma**

(Abstract #195824)

Poster # T-116 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Knight, Carolyn, PhD<sup>1</sup>

<sup>1</sup>School of Social Work, University of Maryland Baltimore County, Baltimore, Maryland, USA

Adults with histories of childhood trauma typically possess distortions in thinking about self and others and lack basic "self-capacities" that are associated with an individual's sense of competence like the ability to regulate affect, handle disagreement and rejection, and make decisions (Janoff-Bulman, 1992; McCann and Pearlman, 1990). A criticism of the trauma literature has been that it largely focuses on pathology (Bonanno, 2004). In fact, an impressive and growing body of research indicates that when individuals experience some benefit in response to their exposure to trauma, they adjust in healthier and more productive ways (Linley & Joseph, 2004). But, research also suggests that it is more difficult for survivors of childhood trauma to discern any adversarial growth, relative to individuals exposed to other types of trauma (Saakvitne, et. al., 1998).

Adopting a solution-focused perspective provides clinicians with a way to simultaneously promote posttraumatic growth and help clients develop self-capacities and alter their distorted views (Knight, 2009). In this workshop, the basic principles of solution-focused intervention will be identified: the client as an expert; searching for "what works" so that the client can "do more of it"; incremental change fosters continued growth; and the client's reality is socially and linguistically constructed (deShazer, 1990, 93-94). The defining techniques of solution-focused intervention also will be discussed, including asking about exceptions and pre- and between-session change, the miracle question, and coping questions. The relevance of these principles and techniques for practice with adult survivors of childhood trauma will be

examined, using case examples from a variety of practice settings and integrating current theory and research.

### A Psychosocial Needs and Trauma Assessment of Tibetan Refugees Living in Nepal

(Abstract #195827)

Poster # T-117 (Civil Ref, Cul Div)

Exhibition Hall, 4th Floor

Schwartz, Sam, MSW<sup>1</sup>; Tol, Wietse, MA<sup>2</sup>; Sharma, Bhogendra, MD, MSc<sup>3</sup>; de Jong, Joop, MD, PhD<sup>4</sup>

<sup>1</sup>Department of Veteran Affairs, Seattle, Washington, USA

<sup>2</sup>Department of Public Health and Research, VU University Medical Center, Amsterdam, Netherlands

<sup>3</sup>Centre for Victims of Torture, Nepal (CVICT), Kathmandu, Nepal

<sup>4</sup>Transcultural Psychiatry, VU University, Amsterdam, Netherlands

This study is a pilot investigation into the psychosocial needs of trauma-exposed Tibetan refugees living in Nepal. While other studies of Tibetan refugees have been done in India (Crescenzi et al, 2002, Terheggen et al, 2001, Holtz, 1998), very little is known about the psychosocial needs and stress reactions of Tibetan refugees in Nepal. This study of the Tibetan refugee community living in Nepal was conducted to explore their: 1. exposure to adverse and traumatic experiences, 2. psychosocial distress responses, 3. available resources, and 4. the possible need for additional psychosocial intervention. Twenty one Tibetan refugee participants were assessed using focus group discussions and in-depth interviews via snowball and convenience sampling. To establish a culturally valid interpretation of stressors and coping methods, the research was conducted with qualitative techniques. The extent to which traditional Tibetan coping mechanisms addresses the reactions of torture and trauma survivors is not well understood; as a result, a detailed look into the traditional Tibetan healing system as it operates in Nepal, was undertaken.

### Posttraumatic Stress Disorder and Parenting: Examining a Mechanism of Trans-Generational Risk

(Abstract #196393)

Poster # T-118 (Ethics, Child)

Exhibition Hall, 4th Floor

Ortigo, Dorthie, MA<sup>1</sup>; Guarnaccia, Clifford, PhD<sup>2</sup>; Ortigo, Kile M., MA<sup>2</sup>; Bradley, Rebekah, PhD<sup>1</sup>; Ressler, Kerry, MD<sup>2</sup>

<sup>1</sup>Emory University, Decatur, Georgia, USA

<sup>2</sup>Emory University, Atlanta, Georgia, USA

Trauma and PTSD are disproportionately common in low-SES urban women and children. Youth in this population are vulnerable for multiple factors that increase trauma and PTSD-related risk not only across the lifespan, but also potentially across generations. However, little research has examined mechanisms of transgenerational risk/resilience. We evaluate the relationship between maternal trauma exposure/PTSD and parenting style, parent-child interaction quality, and mother-reported child behavior. These data are part of an NIMH-funded study investigating environmental and genetic risk factors for PTSD in a sample of low-SES, primarily African American individuals seeking care in a public urban hospital. For women with trauma (84% lifetime; n=921), 44% report current clinically significant symptoms of PTSD. In a smaller sample (n=41), we compare mothers with no trauma, those with trauma but no PTSD, and those with trauma and PTSD using measures of parenting and child behavior. We find higher emotional distress and anxiety disorder symptoms in children of mothers with PTSD compared to children of mothers without PTSD,  $p < .05$  and lower mother-reported relationship quality for mothers with PTSD as compared to those without PTSD,  $p < .05$ . We discuss theoretical and clinical implications within the framework of transgenerational mechanisms for PTSD risk and resilience.

### Mapping Trauma: A Tool for Intervention and Advocacy

(Abstract #195843)

Poster # T-119 (Res Meth, Media)

Exhibition Hall, 4th Floor

Putnam, Frank, MD<sup>1</sup>; Carrozza, Mark, MA<sup>2</sup>; Harris, William, PhD<sup>3</sup>

<sup>1</sup>Children's Hospital Medical Center, Cincinnati, Ohio, USA

<sup>2</sup>University of Cincinnati, Cincinnati, Ohio, USA

<sup>3</sup>Children's Research and Education Institute, Cambridge, Massachusetts, USA

A paradox of community violence is that while it is highly prevalent, it remains largely invisible to the public and policy makers. This invisibility is a function of many factors, but a critical one is the difficulty in communicating the scope of trauma. Tables, charts, and graphs of complex data are not readily understood by non-scientists. Animated maps are now used by the media to depict complicated relationships. As a result, policy makers are better able to comprehend research data displayed on maps, especially when it relates to their community. The Child Mapping Project creates interactive computerized maps with user selectable overlays of research data that allow viewers to 'connect the dots' for themselves. Examples illustrate ways in which the scope of community trauma, its social and economic impacts, and the effects of interventions can be compellingly demonstrated. Empirical examples will demonstrate: the high co-occurrence rates of infant mortality, child abuse, and domestic violence in Cincinnati; prediction of community violence 'hot spots' from US Census data; and the economic impact of public policies.

### Are Patients Who Drop Out of a Longitudinal Study at High Risk for Posttraumatic Stress Disorder?

(Abstract #195849)

Poster # T-120 (Res Meth, Assess Dx)

Exhibition Hall, 4th Floor

Nishi, Daisuke, MD<sup>1</sup>; Matsuoka, Yutaka, PhD<sup>2</sup>; Nakajima, Satomi, PhD<sup>2</sup>; Noguchi, Hiroko, MA<sup>3</sup>; Kim, Yoshiharu, PhD<sup>2</sup>; Schnyder, Ulrich, MD<sup>4</sup>

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In longitudinal studies of traumatic stress, it is particularly important to examine the data for any differences between those who drop out and those who continue to participate, because reluctance to participate might reflect symptoms of avoidance seen in posttraumatic stress disorder (PTSD). Over a 25-month period, 188 consecutive patients with motor vehicle accident (MVA)-related injuries admitted emergently were enrolled and followed for 4-6 weeks. Baseline characteristics were compared between subjects who did and did not participate in the follow-up study. At 4-6 weeks, 66 (35.1%) of the participants dropped out. Logistic regression analysis revealed that male gender, unconsciousness during MVA, low cooperativeness assessed by the Temperament and Character Inventory, and less severe injuries were significant predictors of dropout. The literature says that male gender and unconsciousness just after MVA might be protective factors against MVA-related PTSD, whereas low cooperativeness, a risk factor for general mental problems. To summarize, it is suspected that those who drop out from the follow up are unlikely to have MVA-related PTSD, but might have mental problems independent of injury.

**Self-Blame Attributions Predict Level of Posttraumatic Distress**

(Abstract #195850)

Poster # T-121 (Clin Res, Assess Dx) Exhibition Hall, 4th Floor

Joseph, Jeremy, AB<sup>1</sup>; Gray, Matt, PhD<sup>1</sup>

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Blaming oneself for a traumatic event has been linked to symptom severity and depression. On the other hand, perceptions of control over self following a trauma have been associated with resilience and posttraumatic growth. In an effort to explain this apparent contradiction, Janoff-Bulman proposed making the distinction between behavioral and characterological self-blame. We conducted a secondary analysis of participants who blamed themselves for their traumatic experiences. Specifically, we examined the degree to which other attributional dimensions (global-specific and stable-unstable) are associated with distress among self-blamers. If Janoff-Bulman's theory is correct, self-blamers citing specific and unstable causes (e.g. "I shouldn't have walked down that street alone") for their traumatic events should evidence better posttraumatic adjustment compared to self-blamers citing stable and global factors (e.g. "I am too trusting"). Preliminary analyses show that the adaptiveness of self-blame following a traumatic event is different depending on the specificity of attributions offered for the traumatic event. Consistent with Janoff-Bulman's theory, it appears that self-blame, when coupled with specific and unstable attributions, actually enhances self-efficacy.

**Posttraumatic Stress and Depression Severity as Correlates of Health Problems Among Veterans (Abstract #195852)**

Poster # T-122 (Mil Emer, Bio Med) Exhibition Hall, 4th Floor

Pekevski, Jordan, MA<sup>1</sup>; Richardson, Don, MD<sup>2</sup>; Elhai, Jon, PhD<sup>1</sup>

<sup>1</sup>Disaster Mental Health Institute, University of South Dakota, Vermillion, South Dakota, USA

<sup>2</sup>University of Western Ontario, London, Ontario, Canada

Studies have reported a relationship between posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) on the one hand, and physical health problems on the other. Military veterans are particularly vulnerable to mental disorders such as PTSD and MDD, which may in turn leave them vulnerable to physical health problems. The purpose of this study was to examine the relationship between both PTSD and MDD, and four health conditions (gastrointestinal disorders, joint/rheumatological problems, headaches, and cardiovascular problems), and whether relationships remained once demographic factors were controlled. Participants included 707 Canadian Peacekeeping Veterans who had been deployed overseas. The PTSD Checklist-Military Version was used to measure PTSD symptoms, and the Center for Epidemiological Studies-Depression Scale was used to measure MDD symptoms. Both PTSD and MDD were significantly related to gastrointestinal disorders, joint/rheumatological problems, and headaches. Cardiovascular problems were not related to either PTSD or MDD. The relationship between MDD and joint/rheumatological problems was not significant after demographic factors were controlled. Overall, the results support the theory of a relationship between mental health and physical health.

Poster # T-123 (withdrawn)

**N400 as a Measure of Semantic Expectancy in Trauma Survivors**

(Abstract #195862)

Poster # T-124 (Bio Med, Mil Emer) Exhibition Hall, 4th Floor

Kimble, Matthew, PhD<sup>1</sup>; Batterink, Laura, B.A.<sup>2</sup>; Marks, Libby, BA Candidate<sup>3</sup>; Bababekov, Yan, BA Candidate<sup>4</sup>

<sup>1</sup>Middlebury College, Middlebury, Vermont, USA

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The N400 is an event related potential that is sensitive to semantic expectancy. Sentences with unexpected endings (i.e., "The coffee was purple") produce large N400s to final words. We tested whether veterans with PTSD (compared to veterans without PTSD and other trauma survivors) might show semantic expectancies for trauma relevant (combat) final words in sentences. Eighteen participants have completed the protocol. Twenty-one sentence stems were presented three times each and ended with either an expected, unexpected, or trauma relevant final word, i.e, the sentence stem "The night sky was filled with \_\_\_\_" was presented three times and ended with either the final word "stars" (the expected condition), "computers" (unexpected condition), or "tracers" (trauma-relevant condition). There was a significant interaction between sentence type and group. Regardless of military status, participants in the PTSD group exhibited significantly smaller N400s for both the unexpected and trauma-relevant sentence endings. This finding suggests an inability to generate semantic expectancies that is consistent with working memory difficulties and not a specific, trauma relevant information bias.

**Longitudinal Analysis of Children's Social Support Seeking Coping Behavior After Residential Fire**

(Abstract #196447)

Poster # T-125 (Child, Disaster) Exhibition Hall, 4th Floor

Hadder, James, BS<sup>1</sup>; Immel, Christopher, BS<sup>1</sup>; Knepp, Michael, MS<sup>1</sup>; Jones, Russell, PhD<sup>1</sup>; Ollendick, Thomas, PhD<sup>1</sup>

<sup>1</sup>Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

Results of a longitudinal study examining change in children's coping strategies following residential fire are described. Strategies examined were: active, distraction, avoidant, and social support seeking. Additionally, we examined the degree to which the use of social support seeking coping longitudinally could be predicted by the use of one or more of the remaining three strategies at times 1 and 2. At times 1 through 3, the use of social support seeking coping was significantly correlated with the three other coping methods measured by the scale longitudinally. Results indicate 35.5% of the variance in the extent to which children employed social support seeking coping at time three could be accounted for by examining how often these children implemented the other three methods at times 1 and 2. Additionally, 26.7% of the variance could be explained by examining the degree to which the other three methods were employed at time 1. Finally, 62.4% of the variance in social support seeking coping was explained by examining the extent to which the other three methods were employed at all times. We conclude that children involved in residential fire engage in consistent styles of coping across time. Additionally, the mechanisms involved in each of the four strategies may be largely similar.

## Transference and Countertransference Issues in Working With Victims of Violent Crime and Other Traumatic Incidents of Adulthood

(Abstract #195867)

Poster # T-126 (Assess Dx, Practice)

Exhibition Hall, 4th Floor

Shubs, Carl H., PhD<sup>1</sup><sup>1</sup>Private Practice, Beverly Hills, California, USA

Using victims of violent crime as a reference point regarding the treatment of traumatic incidents of adulthood, transference and countertransference are examined in working with traumatic incidents of adulthood. Violence-based parataxic distortions (V-PDs) are distinguished from transference reactions, with recommendations for an integrative listening perspective. Specific V-PDs are identified. Countertransference is examined regarding Freud's impediment theory, implications concerning empathic strain, and vicarious traumatization. A new communicative countertransference perspective is offered.

## Psychological First Aid

(Abstract #195875)

Poster # T-127 (Disaster, Prev El)

Exhibition Hall, 4th Floor

Technical Level: Introductory

Watson, Patricia, PhD<sup>1</sup>; Brymer, Melissa, PhD<sup>2</sup>; Ruzek, Josef, PhD<sup>3</sup>; Layne, Christopher, PhD<sup>2</sup>; Vernberg, Eric, PhD<sup>4</sup><sup>1</sup>Dartmouth College, White River Junction, Vermont, USA<sup>2</sup>National Child Traumatic Stress Network, Los Angeles, California, USA<sup>3</sup>National Center for PTSD, Palo Alto, California, USA<sup>4</sup>University of Kansas, Lawrence, Kansas, USA

This poster will offer information on the Psychological First Aid Field Guide, developed by the National Child Traumatic Stress Network and the National Center for PTSD. This intervention was developed for use in the acute aftermath of disasters and mass violence. The poster will include information on a series of modules that are meant to be used in a flexible, pragmatic manner, based on information gathered about immediate needs and priorities. The interventions are appropriate for both children and adults, and include such actions making contact, establishing safety and comfort, stabilizing emotional states, information gathering, offering practical assistance, enhancing connection with social supports, information on coping, and linkage with collaborative services. Also discussed will be variations of the protocol with different audiences and in different settings (i.e., shelters, schools, workplace, etc).

## Holographic Reprocessing: Techniques and Empirical Findings to Treat Sexual Trauma and Abuse

(Abstract #195878)

Poster # T-128 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Katz, Lori, PhD<sup>1</sup>; Snetter, Miatta, PsyD<sup>1</sup>; Cojucar, Geta, MS<sup>1</sup><sup>1</sup>Mental Health, VA Long Beach Healthcare System, Long Beach, California, USA

Holographic Reprocessing (HR) (Katz, 2001, 2005) is an integrative treatment for single episode and complex sexual trauma, or childhood maltreatment such as neglect. Results of two clinical outcome studies and three mechanism studies will be reviewed. Emphasis will be on theory and practical techniques of HR.

HR addresses the impact of trauma on self-perceptions and interpersonal relationships. By reviewing life patterns, clients identify core violations, beliefs, and strategies they use to compensate for or avoid negative affect. HR utilizes a variety of therapeutic techniques including: skill-enhancement, novel cognitive reframing techniques, holistic reappraisal, and imaginal rescripting. During the "reprocessing phase" of treatment, clients revisit a formative event from the objective vantage point where

clients remain anchored as their current aged-self viewing the scene as if watching it from afar. This creates emotional distance, decreases distress, and facilitates a holistic reappraisal of the event. Clients are able to release negative affect, self-blame, and negative thoughts about the self. Using imaginal rescripting, clients enter a scene as their current aged-self to deliver communications and offer comfort and support to the younger self who experienced the sexual trauma or abuse. Case examples and practical tools will be presented throughout this multi-media workshop.

## Measuring Posttraumatic Stress in Children: The Children's Responses to Trauma Inventory (CRTI)

(Abstract #195880)

Poster # T-129 (Child, Assess Dx)

Exhibition Hall, 4th Floor

Alisic, Eva, MA, MSc<sup>1</sup>; Van Der Schoot, Tom A. W., PhD<sup>1</sup>; Kleber, Rolf J., PhD<sup>2</sup><sup>1</sup>Psychotrauma Center for Children and Youth, University Medical Center Utrecht, Utrecht, Netherlands<sup>2</sup>Department of Clinical and Health Psychology, Utrecht University, Utrecht, Netherlands

The Children's Responses to Trauma Inventory (CRTI; Alisic, Eland, & Kleber, 2006) is a self-report measure for posttraumatic stress. Its 34 items incorporate the *DSM-IV* criteria for PTSD as well as child-specific stress reactions, such as separation anxiety and regressive behavior, in line with the debate on the validity of the *DSM-IV* criteria for PTSD in children (see e.g. Scheeringa et al., 2006). This approach is exceptional while most child measures focus exclusively on the *DSM-IV* criteria for PTSD or, on the opposite, include them only partially in the context of a broader approach. We validated the CRTI in a sample of 246 traumatized primary school children in the normal Dutch population (age range 7.4-13.7, mean age 10.5, 52.4% boys). We found good to excellent reliability for the total scale and the four subscales. Convergent validity was established against the Children's Revised Impact of Event Scale-13 (CRIES-13; Children and War Foundation, 1998) and against the subscale for Psychological Well-being of the KIDSCREEN-27 (Ravens-Sieberer et al., 2001). The measure itself (English version), its psychometric characteristics, and preliminary normative data will be presented.

## PTSD, Nicotine Withdrawal, and Anxious and Fearful Reactivity to Bodily Arousal

(Abstract #195881)

Poster # T-130 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Smith, Rose, MA<sup>1</sup>; Vujanovic, Anka, MA<sup>2</sup>; Gibson, Laura, PhD<sup>3</sup>; Zvolensky, Michael, PhD<sup>2</sup>; Feldner, Matthew, PhD<sup>1</sup><sup>1</sup>Department of Psychology, University of Arkansas, Fayetteville, Arkansas, USA<sup>2</sup>Psychology, University of Vermont, Burlington, VT, USA<sup>3</sup>University of Vermont, Burlington, Vermont, USA

Posttraumatic stress disorder (PTSD) is associated with high rates of smoking and fear of bodily perturbation. The current study examined the role of nicotine withdrawal in the association between PTSD and responding to bodily arousal among 52 participants (27 women; M age = 30.50 years). Compared to participants without current axis I psychopathology, persons with current PTSD responded to a three-minute voluntary hyperventilation procedure with greater increases in anxiety and more intense cognitive and physical panic symptoms, despite no group differences in physiological arousal. Nicotine withdrawal demonstrated significant mediational effects in the relations between diagnostic group and panic symptoms elicited by the hyperventilation procedure. Findings suggest nicotine withdrawal is an important factor to consider in terms of better understanding the nature of fear responding to bodily sensations among persons with PTSD.

### The Role of Nicotine Dependence in the Relationship Between PTSD and Panic in a National Sample

(Abstract #195882)

Poster # T-131 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Bown, Stevie, BA<sup>1</sup>; Grooms, Amy, BA<sup>1</sup>; Smith, Rose C., MA<sup>1</sup>; Babson, Kimberly, MA<sup>1</sup>; Feldner, Matthew, PhD<sup>1</sup>

<sup>1</sup>University of Arkansas, Fayetteville, Arkansas, USA

Posttraumatic stress disorder (PTSD) frequently co-occurs with panic spectrum problems. Relatively little empirical work has tested possible mechanisms accounting for this association. People with PTSD often are heavy smokers and research suggests heavy smoking may lead to panic problems. The current study tested the hypotheses that nicotine dependence mediates the relations between PTSD and both panic attack histories and panic disorder within a nationally representative sample of 5692 (3311 females; M Age = 43.33, SD = 16.55) adults from the National Comorbidity Survey - Replication. Results were consistent with hypotheses. These findings support theory suggesting smoking subsequent to the development of PTSD may lead to the development of panic problems.

### The Effects of Quantitative and Qualitative Trauma-Focused Research on Pregnant Female Participants

(Abstract #195884)

Poster # T-132 (Res Meth, Ethics)

Exhibition Hall, 4th Floor

Schwerdtfeger, Kami, PhD<sup>1</sup>

<sup>1</sup>Oklahoma State University, Stillwater, Oklahoma, USA

The current study investigated how pregnant female participants respond to quantitative and qualitative trauma-focused research. The study is part of a larger, two-phase mixed-methods study exploring trauma and pregnancy. Phase I of the study involved a large-scale, self-completion survey of 109 pregnant females. The aim of Phase I was to collect quantitative data concerning the experience and impact of trauma during pregnancy. Phase II of the study involved a sub-sample of pregnant females (n = 10) selected on specified trauma criteria and drawn from the first phase of the study. Phase II utilized a semi-structured interview to explore possible connection between pregnant females' past sexual trauma experiences and subsequent experiences of pregnancy. Upon completion of each phase of the study, participants were asked to complete a measure assessing their reaction to participation in trauma-focused research. Overall, the results of this study suggest that both quantitative and qualitative trauma-focused research methods are well tolerated by pregnant women. Recommendations for conducting ethical research with pregnant women and other potentially high-risk populations will be provided.

### A Closer Look at Long-Term Effects of Childhood Trauma: A Case Example of a Child in Foster Care

(Abstract #195888)

Poster # T-133 (Child, Practice)

Exhibition Hall, 4th Floor

Chavez, Veronica, PsyD<sup>1</sup>; Garcia, Ediza, PsyD<sup>2</sup>; Orellana, Blanca, PhD<sup>3</sup>; Park, Susan, PhD<sup>4</sup>

<sup>1</sup>Project Heal Trauma Program/Foster Care HUB, Children's Hospital of Los Angeles, Los Angeles, California, USA

<sup>2</sup>Project Heal Trauma Program/Foster Care HUB, Children's Hospital Los Angeles, Los Angeles, California, USA

<sup>3</sup>Project Heal Trauma Program, Children's Hospital of Los Angeles, Los Angeles, California, USA

<sup>4</sup>Child and Family, Children's Hospital Los Angeles, Los Angeles, California, USA

Statistics show that a little over half a million children in the United States are currently living in foster homes due to sexual abuse, physical abuse, general neglect, and/or witnessing domestic violence. Although the effects of trauma on a child have been investigated for many years, there is limited research on the unique after effects associated with trauma, development, and foster care. The trauma experienced in the biological home compounded with removal from that home may result in significant distress for a child, especially during critical years of development. This distress, along with, numerous foster care placements often result in life long pervasive challenges that can be ostracizing from society. Subsequently, research indicates that children in foster care have a disproportionately high prevalence of mental health disorders, which often go untreated or misdiagnosed. Studies have found that foster children develop impairments among social, academic, psychological, neurological, and behavioral domains.

Therefore, children in foster care are at higher risk for difficulties across various domains of functioning. This workshop will provide a context for this social issue by discussing the aftermath of trauma exposure and the challenges of working with a child in foster care through the examination of a case example.

### The Consolidation of Associated Memory With Fear Salience is Manipulated by Sustained Wakefulness

(Abstract #195893)

Poster # T-134 (Bio Med, Clin Res)

Exhibition Hall, 4th Floor

Kuriyama, Kenichi, MD, PhD<sup>1</sup>; Soshi, Takahiro, PhD<sup>1</sup>; Kim, Yoshiharu, MD, PhD<sup>1</sup>

<sup>1</sup>Adult Mental Health, National Institute of Mental Health, NCNP Japan, Kodaira, Tokyo, Japan

Fear memory consolidation is suspected to be involved in a core mechanism of PTSD. Several studies still demonstrated that fear memory itself is more enhanced in consolidation processes. Furthermore sleep deprivation manipulates it into strengthening. In PTSD patients, recall of some incidental information associated with the traumatic memory often trigger reexperiencing of the traumatic event. So we examined the behavior of associated memory with fear stimuli consolidation and the impact of sleep loss on associated memory consolidation simultaneously. We found a contradictive behavior of associated memory with fear salience in sleep deprived group. The sleep deprived group showed low recall rate on paired association memory with fear salience than that with low emotional valence. The right prefrontal dysfunction in sleep deprived group on recall phase was also revealed by fNIRS. These findings suggest that a gap in consolidated intensity between associated memory with fear salience and fear memory itself under sleep deprived condition is based on the right prefrontal dysfunction, that is concerned with PTSD pathology.

## The Novelty P300 as an Index of Symptom Severity in Trauma Survivors

(Abstract #195899)

Poster # T-135 (Bio Med, Assess Dx) Exhibition Hall, 4th Floor

Kimble, Matthew, PhD<sup>1</sup>; Bowman, Molly, BA<sup>2</sup>; Bababekov, Yanik, BA Candidate<sup>2</sup>; Marks, Libby, BA Candidate<sup>3</sup>

<sup>1</sup>Psychology, Middlebury College, Middlebury, Vermont, USA

<sup>2</sup>Middlebury College, Middlebury, Vermont, USA

<sup>3</sup>Middlebury College, Middlebury, Vermont, USA

Introduction: The “novelty P300” is a large positive event related potential (ERP) that occurs to the presentation of a surprising or novel stimulus. It has been suggested that the novelty P300 indexes automatic attention or novelty detection and may be sensitive to hypervigilance in PTSD samples (Kimble et al 2000). Methods: Eighteen mixed trauma participants participated in a diagnostic evaluation followed by a novelty P300 protocol in which novel sounds were embedded among a series of tones. The PTSD Symptom Scale, Beck Depression Inventory, and the Dissociative Experiences Scale were placed into a multiple regression in order to predict novelty P300 amplitude.

Results: Only depression scores predicted unique variance in novelty P300 amplitude. Psychometric scores did not predict amplitude to target tones or latency to any stimuli. Discussion: This is consistent with other research indicating that 1) the novelty P300 as opposed to other components is consistently sensitive to psychopathology, and 2) syndromes other than PTSD are more reliable in predicting electrophysiological performance in traumatized samples.

## The Art of Psycho-Traumatology (Introducing the Healing Environment)

(Abstract #195908)

Poster # T-136 (Disaster, Prev El) Exhibition Hall, 4th Floor

Mohamed, Omar, MD<sup>1</sup>

<sup>1</sup>Psychiatry, The University of Tennessee Health Sciences Center, Memphis, Tennessee, USA

This poster is intended to introduce the topic of the healing environment as an essential part of coping with mental health effects of trauma and disasters.

The poster first divides disasters into natural and man-made and then discusses the effects of disasters on individuals and societies.

The mental health consequences of disasters, the role of psychiatry before, during and after disasters, and the importance of psychological first aid are also briefly included.

Finally the art of psycho-traumatology, namely the idea of the healing environment (turning a disaster zone into a healing space) is introduced in detail towards the end of this poster.

## Tonic Immobility Associated With Cortisol Response in Brazilian Peacekeepers After an Acute Stress

(Abstract #196450)

Poster # T-137 (Bio Med, Mil Emer) Exhibition Hall, 4th Floor

Mendonça-de-Souza, Ana Carolina, MSc<sup>1</sup>; Souza, Wanderson, MSc<sup>2</sup>; Fischer, Nastassja, BCH<sup>1</sup>; Barros, Eduardo, BCH<sup>1</sup>; Volchan, Eliane, MD<sup>3</sup>; Figueira, Ivan, MD<sup>1</sup>

<sup>1</sup>Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

<sup>2</sup>ENSP, Rio de Janeiro, Brazil

<sup>3</sup>Institute of Biophysics Carlos Chagas Filho, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

Exposure to combat-related stressful events can result in long-term psychological adjustment problems, such as posttraumatic stress disorder (PTSD). The present study aims to study the impact of a chronic stress on HPA axis reactivity in Brazilian peacekeepers. We

investigated the impact of deployment stressors in cortisol response to a subsequent acute stress. We measured cortisol response to an acute stress in 54 soldiers that spend 6 months in a peacekeeping mission on Haiti. We collected 5 saliva samples at -10, -5, +15, +25, +35 minutes relative to the beginning of the task. Cortisol concentrations were measured by Enzyme Immunoassays and psychometric scales were used to measure individual variability. Analysis of cortisol response showed a significant increase in salivary cortisol +15 and +25 minutes after beginning of the task. Moreover, individuals with higher Tonic Immobility (TI) scores during the task showed greater cortisol responses. Our results suggest that individuals with high TI are more responsive to stressful situations. Tonic immobility is a reflexive and involuntary defensive response that has a positive correlation with PTSD symptoms. This relationship between TI and poor prognosis to PTSD suggests that TI could constitute a vulnerability factor for the development of psychopathologies related to stress in these individuals.

## Witnessing the Fall: The Crisis of the Permeable Self

(Abstract #195911)

Poster # T-138 (Cul Div, Ethics) Exhibition Hall, 4th Floor

Muller, Christine, MA<sup>1</sup>

<sup>1</sup>American Studies, University of Maryland College Park, College Park, Maryland, USA

On Sept. 11, 2001, world news audiences witnessed about one in every six of the dead from the World Trade Center's North Tower jumping to their deaths. Analyses of popular culture discourse, such as Tom Junod's Esquire article "The Falling Man" and PBS's Frontline documentary "Faith and Doubt at Ground Zero," indicate that such witnessing prompts both identification with and resistance to the falling figures. While recognizing these figures as human beings like ourselves, we also recognize their dilemma as something we too would never want to face. Witnessing in this way the precariousness of others and so, conceivably, that of our own agency and bodily integrity, foregrounds our sense of self by violating it, by showing what we cannot completely control: our lives and the circumstances that affect them. This breach generates a sense of our selves as permeable. In effect, the permeable self is the experience of tension between identification with and resistance to those who are vulnerable because their vulnerability prompts consideration of our own contingent power and fortune. Such tension points to the ethically divergent responses vulnerability evokes, granting grounds for both rejection of and compassion for the vulnerable Other, who is also yourself.

**Participant Alert:** This paper dwells on self-reflexivity among witnesses to trauma.

## The Ineffable Knowledge of Horror

(Abstract #195912)

Poster # T-139 (Cul Div, Ethics) Exhibition Hall, 4th Floor

Muller, Christine, MA<sup>1</sup>

<sup>1</sup>American Studies, University of Maryland College Park, College Park, Maryland, USA

"They were howling because they knew, but their vocal cords had snapped in their throats." Charlotte Delbo refers to women in a truck filled with corpses at Auschwitz, women who know they will be burned alive with the dead around them. Her words conjure a visceral understanding of horror as scorching the mind and breaking the body. With their unheard howls, these women bewail knowledge that exceeds any possibility of mental or physical accommodation. This traumatic rupture informs Delbo's repeated invocation, "O you who know," a textual heuristic for Auschwitz and After that compels readers to question whether they should recognize themselves in the "you" and therefore reconsider what they know and, accordingly, what they can know when engaging

with her text. This reading ethic responds to the text's presentation of horror as destroying certain kinds of knowledge and creating others, integrally responding to trauma's existentially destabilizing effects. Survivors of and witnesses to the Holocaust and other traumatic, perpetrated events contend with the shattering of the most fundamental premises of their relationships with themselves and others. Who will do what kinds of harm, and how can we make sense of it?

**Participant Alert:** This paper dwells on self-reflexivity among witnesses to trauma.

**Managing Fear: The Essential Role of Leaders and First Responders in Disaster Response**

(Abstract #195916)

Poster # T-140 (Disaster, Mil Emer) Exhibition Hall, 4th Floor

Berkowitz, Steven, MD<sup>1</sup>; Marans, Steven, PhD<sup>2</sup>; Gist, Richard, PhD<sup>3</sup>

<sup>1</sup>Yale University, New Haven, Connecticut, USA

<sup>2</sup>Child Study Center, Yale University, New Haven, Connecticut, USA

<sup>3</sup>University of Missouri-Kansas City, Kansas City, Missouri, USA

This poster will present a curriculum for government and first responders that increase their understanding of the emotional and behavioral reactions of people impacted by disaster. The curriculum's premise is that by understanding the psychological impact of disaster, they will respond more effectively. Also, it demonstrates the methods by which they can use their established authority to provide effective psychologically informed interventions in the course of their immediate response activities. This curriculum is based on years of experience in providing first responder-mental health collaborations for a range of PTE's. All catastrophic events have immediate and long lasting psychological impact. There has been the general acceptance of the 3 general categories of population based response. Category 3 are those who recover with minimal support, Category 2 have more difficulties but eventually recover with little intervention and Category 1 develop clear posttraumatic problems and require treatment. A primary goal of early psychological interventions is to increase the numbers that remain in Category 3. These trauma-informed interventions may be best performed by those responding in immediate aftermath-governmental leaders and first responders. When appropriately trained and supported they are best placed to be effective community wide psychological interveners.

**Mediators of the Relationship Between Pre-Trauma Self-Esteem and Post-Trauma PTSD Symptoms**

(Abstract #195918)

Poster # T-141 (Clin Res,Prev EI) Exhibition Hall, 4th Floor

Hirai, Reiko, MA<sup>1</sup>; Frazier, Patricia, PhD<sup>2</sup>; Sanders, Samantha, BA<sup>1</sup>; Perera, Sulani, BA<sup>1</sup>; Gavian, Margaret, MA<sup>2</sup>

<sup>1</sup>Psychology, University of Minnesota, Minneapolis, Minnesota, USA

<sup>2</sup>University of Minnesota, Minneapolis, Minnesota, USA

**Purpose:** In our prospective study of trauma (Gavian et al., 2008), pre-trauma self-esteem was one of the strongest predictors of post-trauma PTSD symptoms, with higher self-esteem predicting fewer symptoms. The purpose of this study is to identify factors that might explain this relation.

**Methods:** Our sample consisted of students (N = 122) who reported a DSM-IV traumatic event in the 2 months between the Time 1 and Time 2 assessments. Nine potential mediators of the relation between self-esteem and PTSD symptoms were explored: helpful and unhelpful social support, four types of coping (understanding emotions, positive reappraisal, denial, acceptance), and three aspects of control over the trauma (past, present, future). All variables were assessed using standard measures.

**Findings:** Of the nine potential mediators, four (unhelpful social

support, denial, past control, present control) were significantly associated with both self-esteem and PTSD symptoms. In regression analyses, unhelpful social support, denial, and present control partially mediated the relationship between self-esteem and PTSD symptoms although self-esteem remained significant in each equation. When all four mediators were entered, self-esteem no longer predicted PTSD symptoms.

**Conclusions:** Our findings help to explain the mechanisms by which self-esteem is a pre-trauma protective factor.

**Dreaming in PTSD: New Insight From Longitudinal Studies**

(Abstract #195921)

Poster # T-142 (Clin Res, Assess Dx) Exhibition Hall, 4th Floor

Wittmann, Lutz, PhD<sup>1</sup>; Kobayashi, Ichori, MS<sup>2</sup>; Jenifer, Ericka, MS<sup>3</sup>; Kramer, Milton, MD<sup>4</sup>; Jenni, Oskar, MA<sup>5</sup>; Landolt, Markus, PhD<sup>6</sup>; Fallon, Jr, William F., MD<sup>6</sup>; Martin, Berni, MSN, RN<sup>6</sup>; Humphrys, Kimberly, MSN, RN<sup>6</sup>; Martinez, Julia, BA<sup>7</sup>; Delahanty, Doug, PhD<sup>2</sup>; Mellman, Thomas, MD<sup>3</sup>

<sup>1</sup>Psychiatric Department, University Hospital Zurich, Zurich, Switzerland

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<sup>4</sup>Department of Psychiatry, University of Illinois at Chicago, Chicago, Illinois, USA

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<sup>6</sup>Division of Trauma, Summa Health System, Akron, Ohio, USA

<sup>7</sup>University of Missouri, Columbia, Missouri, USA

Posttraumatic dreams can further our understanding of PTSD and of dream functions. However, previous research paid insufficient attention to crucial methodological factors such as longitudinal designs. This symposium present findings of three independent research groups based on longitudinal data illuminating the interaction of day and night time posttraumatic stress.

**Nightmares Soon After a Serious Injury Predict Subsequent PTSD Symptoms**

Cross-sectional studies have shown associations between chronic trauma-related nightmares and PTSD symptoms. The present study prospectively examined the effects of nightmares 3 weeks after a serious injury on subsequent PTSD symptoms. 29 injury patients completed a 1-week sleep diary during the third week post-injury. The Acute Stress Disorder Interview (ASDI) and the Clinician Administered PTSD Scale (CAPS) were administered 3 and 7-weeks post-injury, respectively. Total CAPS scores were computed excluding the two sleep-related items. Only 12 participants reported having at least one nightmare in their sleep diaries; therefore, the nightmare variable was coded dichotomously, presence (1) or absence (0). Participants reporting nightmares scored significantly higher on the CAPS (43.8 vs. 15.1, t=3.40, p=.002) than the no-nightmare participants. A hierarchical linear regression was conducted predicting CAPS scores from nightmares. After controlling for demographics and ASDI scores, nightmares significantly predicted the CAPS scores (B=16.5, R2=.08, p=.029). Among participants reporting nightmares, the correlation between levels of similarity of nightmares to their trauma and the CAPS scores was medium, r=.36, but was not significant, p=.27. Results suggest that presence of nightmares soon after a traumatic event may indicate the greater risk for subsequent PTSD symptoms.

**Dream Trajectories in the Acute Aftermath of Trauma**

There is evidence that dreaming contributes to emotional memory processing. We hypothesized that sequential dreams following injury would become less similar to trauma and that this effect would be mitigated with PTSD. Twenty six participants of a larger study of PTSD following traumatic injury provided at least 2 dream report diaries within a month of traumatic injury. Self ratings of the dream's similarity to the trauma were reduced from the first to the second dream, while ratings for how "disturbing" the dream

was were similar. The degree of similarity for the second, but not the first, dream was significantly correlated with PTSD severity. These findings support an emotional processing function for dreaming that is compromised with early PTSD symptoms.

#### **Dreaming and Posttraumatic Stress in Children After Traffic Accidents**

To better understand the relation between different types of nightmares and psychopathology after trauma, a prospective study of children after traffic accidents was performed. 97 children were assessed with regard to PTSD, other psychiatric symptoms, and dreams and nightmares, 7-10 days, 2, and 6 months post accident. Nightmares were classified according to the dimensions of similarity to the trauma and repetitive appearance, and related to psychopathological sequelae. Mean age was 10 years (range 7-16), 1/3 were females. Rates of ASD/PTSD were around 20%. Controlling for pre-accident dream and nightmare recall frequency (2/3 and 1/2 of subjects, respectively), the presentation of results will focus on nightmare frequencies at the three time points (20-50%) and the association of different nightmare types with psychopathological symptoms. Studying posttraumatic nightmares is a valuable tool to further our understanding of PTSD and the function(s) of dreaming.

#### **Clarifying the Comorbidity Conundrum: Exploring the Relationship Between PTSD and Depression**

(Abstract #196486)

Poster # T-143 (Assess Dx, Res Meth)

Exhibition Hall, 4th Floor

Duax, Jeanne, MA<sup>1</sup>; Zoellner, Lori, PhD<sup>2</sup>; Feeny, Norah, PhD<sup>3</sup>

<sup>1</sup>Case Western Reserve University, Cleveland Heights, Ohio, USA

<sup>2</sup>University of Washington, Seattle, Washington, USA

<sup>3</sup>Case Western Reserve University, Cleveland, Ohio, USA

Posttraumatic stress disorder (PTSD) is a debilitating and chronic mental illness that affects approximately 7% of individuals over their lifetimes (Kessler, Berglund, et al., 2005). PTSD is also a highly comorbid condition, particularly with regard to major depression (Kessler, Chiu, et al., 2005). Comorbid cases of PTSD and depression have been associated with deleterious correlates including heightened risk for attempted suicide (Oquendo et al., 2005), a more chronic course of psychopathology and impairment (Breslau et al., 1991), and attenuated treatment response (Green et al., 2006). The goals of this presentation are to (1) review the epidemiological data of comorbid PTSD and depression published since 1980, (2) conduct and review the results of a PsycINFO and MEDLINE literature search of articles published between 1987 and 2007 that present data on comorbid PTSD and depression, and (3) examine comorbid PTSD and depression in terms of Clark & Watson's (1991) tripartite model of anxiety and depression and cognitive theories. Based on this literature review, we suggest that comorbid PTSD and depression represents a severe form of PTSD rather than separate, co-occurring conditions. Future directions include considering ways to revise existent treatment packages to better serve individuals with co-occurring PTSD and depression.

#### **Psychological IPV Predicts Women's Mental Health and Children's Behavior Problems**

(Abstract #196492)

Poster # T-144 (Child, Ethics)

Exhibition Hall, 4th Floor

Martinez-Torteya, Cecilia, MA<sup>1</sup>; Huston, Parker, BA<sup>1</sup>; Bogat, G., PhD<sup>1</sup>; Levendosky, Alytia, PhD<sup>1</sup>; Davidson, William, PhD<sup>1</sup>; Von Eye, Alexander, PhD<sup>1</sup>

<sup>1</sup>Michigan State University, East Lansing, Michigan, USA

Exposure to Intimate Partner Violence (IPV) increases risk for mental health problems among victims and their children. Despite evidence that psychological IPV is just as detrimental to women's mental health as physical IPV, few studies have explored its effects

on children's functioning or tested mediating mechanisms. The present study tests the independent contributions of physical and psychological IPV to preschool children's internalizing and externalizing behaviors, as well as maternal mental health as a mediator of these relationships. Participants were 132 mother-child dyads (65 boys) who experienced physical and/or psychological IPV. Mothers completed measures of physical IPV and psychological IPV yearly near the child's 1st to 5th birthday. Mothers' reports of depression, anxiety, self esteem, and children's behavior at age 5 were used. SEM supported a fully mediated relationship; psychological violence predicted increased maternal mental health problems and mother's mental health predicted more child behavior problems. Physical IPV was not a significant predictor of maternal mental health or child functioning. The present findings challenge the notion of psychological IPV as a less severe form of abuse, and underscore the importance of addressing psychological IPV and maternal mental health in prevention and intervention efforts with IPV exposed children.

#### **Social Network Strain Following Trauma and its Relationship to Behavior in High-Risk Situations**

(Abstract #196509)

Poster # T-145 (Commun; Clin Res)

Exhibition Hall, 4th Floor

Horsey, Katie, MA<sup>1</sup>; Lamoureux, Brittain, MA<sup>1</sup>; Hobfoll, Stevan, PhD<sup>1</sup>

<sup>1</sup>Kent State University, Kent, Ohio, USA

Trauma such as physical and sexual violence has been associated with risky sexual behavior that may lead to the transmission of HIV or other sexually transmitted diseases (Green et al., 2005; Rosenberg et al., 2001). Specifically, the effects of interpersonal trauma, and subsequent PTSD have been associated with unique relationship interaction problems that may heighten women's risk by depleting resources that influence negotiation skills. Trauma and PTSD may lead to loss of resources that women can bargain with, and also has been shown to cause a loss of social support, which may undermine empowerment, especially for African American women. Few studies have been able to examine such relationships with behavioral representations of high-risk sexual situations, making this study unique. For the present study, 300 inner-city women engaged in behavioral role-play scenarios designed to challenge their ability to negotiate high-risk sexual scenarios they experience in day-to-day life with intimate partners. Utilizing a structural equation model framework, it was theorized that trauma would lead to later loss of resources, as well as social network strain, causing later detriment to their behavioral negotiations in high-risk situations. Model fit indices suggest good model fit. Alternative models and specific parameters are discussed within.

#### **The Experience and Impact of Police Torture in Chicago: First Findings**

(Abstract #195935)

Poster # T-146 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Kenemore, Thomas, PhD<sup>1</sup>

<sup>1</sup>Masters Social Work Program, Chicago State University, Wilmette, Illinois, USA

This report presents first findings of a qualitative pilot study of the experiences of people affected by police torture. Subjects were involved in torture carried out in Chicago between 1973 and 2003. Findings describe and explain: the experience of torture and confession to a criminal act; the context surrounding the torture experience; and the lasting impact of the experience, as currently reported by the subjects. Experiences include being a target long before the torture episode, explicit and lasting memories of torture detail, and shameful silence afterward. The context for the study includes some enduring characteristics of the United States' national culture. The Chicago example of police torture is primarily

a story about white police officers torturing African American and Latino men. Implications for helping professionals are discussed.

**Participant Alert:** Individuals who have been tortured may find the material distressful.

**No More Nightmares: How to Use Planned Dream Intervention to End Nightmares**

(Abstract #195938)

Poster # T-147 (Practice, Mil Emer) Exhibition Hall, 4th Floor

Technical Level: Intermediate

Dexter, Beverly, PhD<sup>1</sup>

<sup>1</sup>Naval Medical Center, Portsmouth, Chesapeake, Virginia, USA

The 'No More Nightmares' poster for mental health professionals teaches participants how to use Planned Dream Intervention with their individual clients. Attendees will receive the basic training and additional case examples to further demonstrate the theory. Dr. Beverly Dexter, author of No More Nightmares: How to Use Planned Dream Intervention to End Nightmares, explains in this workshop that having distressing, disturbing or recurring content in dreams is normal when people have stressful experiences. Dr Dexter explains that dream work occurs at the neuron level, not at a conscious psychological level, and though dream content may be important, we should not try to "interpret" it. Many normal, non-violent individuals have violent or alarming content in their dreams after experiencing combat or other disturbing events. However, violent dreams do not create violent behavior; it is the other way around; when a person has disturbing experiences, they are likely to have 'aggressive' or alarming content in their dreams. The individual is supposed to be dreaming about the event in order to resolve the distress over time. With Planned Dream Intervention, your clients can learn to sleep through whatever the dreams are and wake up feeling rested in the morning. Most individuals who learn how to use this skill are no longer woken up by nightmares after the first night that they use the intervention. Regular practice of the Planned Dream Intervention skill will help people to sleep restfully through dreams, even in the future, with a resulting improvement in their health.

**Coming Home: A Brief Overview of the Future Trauma Facing OIF/OEF Veterans**

(Abstract #195939)

Poster # T-148 (Mil Emer, Media) Exhibition Hall, 4th Floor

Schmidt, Andrea, LMSW<sup>1</sup>

<sup>1</sup>Hunter College, The City University of New York, New York, New York, USA

According to current estimates, 1/3 of all Iraqi war veterans suffer from post traumatic stress disorder and an alarming 70% have been diagnosed with mild TBI. Many of these soldiers are also facing a life as an amputee and the trauma related to this loss of functioning. Although PTSD is not new to the healthcare field, but the treatment of this disorder coupled with traumatic brain injury is within this particular population.

When TBI is coupled with PTSD it is often hard to spot because TBI presents with many of the same symptoms, such as: increased anxiety, limited concentration, short attention span. (Kelly, 2004) Suffering from a TBI can be very debilitating for many of the troops especially when faced with other traumas such as being diagnosed with PTSD or facing the daunting task of physical therapy due to the loss of a limb. Depending on the severity and location of the TBI a person may have not only a loss of short term memory, but also be faced with speech and other motor impairments. Thus the re-teaching of simple tasks or even the ability to retain information is a chore.

**Predictors of Acute and Persistent Symptoms of Dissociation in 2001 WTC Attack Disaster Workers**

(Abstract #196414)

Poster # T-149 (Disaster, Prev EI) Exhibition Hall, 4th Floor

Wyka, Katarzyna, MA<sup>1</sup>; Avedon, Jennifer, BS<sup>1</sup>; Malta, Loretta, PhD<sup>1</sup>; Weiner, Elliot, BA<sup>2</sup>; Cukor, Judith, PhD<sup>1</sup>; Difede, Joann, PhD<sup>1</sup>

<sup>1</sup>Cornell University, New York, New York, USA

<sup>2</sup>Fordham University, Bronx, New York, USA

Trauma exposure can be associated with symptoms of dissociation. Although such symptoms do not necessarily increase PTSD risk, they are distressing and could potentially impede recovery from trauma and response to treatment. This study examined symptoms of dissociation in 1543 World Trade Center attack disaster restoration workers. Workers were evaluated 18 months post-exposure with structured clinical interviews that assessed trauma history, current (past month) symptoms of dissociation, and symptoms of dissociation at the time of exposure. The majority (62%) reported experiencing at least one clinically significant symptom of dissociation during exposure, and 10% endorsed at least one clinically significant symptom during the assessment. Trauma history was significantly correlated with total dissociation symptom severity ( $r=.15, p<.000$ ) and the most prevalent individual symptoms: derealization and reduced awareness of surroundings (for each correlation,  $r=.13, p<.000$ ). After controlling for the initial dissociation symptom severity, trauma history significantly predicted the current severity of dissociation symptoms ( $B=.25, p<.000$ ). The results suggest that peri-traumatic dissociation is associated with trauma history and may become chronic. Implications for screening and treatment are discussed.

**Skills-Based Groups: Options for PTSD Treatment**

(Abstract #195942)

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

Suniga, Sarah, PhD<sup>1</sup>; Van Male, Lynn, PhD<sup>1</sup>; Wagner, Amy, PhD<sup>1</sup>; Boarts, Jessica, MA<sup>2</sup>; Armelie, Aaron, MA<sup>3</sup>; Delahanty, Douglas, PhD<sup>4</sup>; Lu, Mary, MD<sup>5</sup>

<sup>1</sup>Portland VA Medical Center, Portland, Oregon, USA

<sup>2</sup>Kent State University, Ravenna, Ohio, USA

<sup>3</sup>Kent State University, Stow, Ohio, USA

<sup>4</sup>Kent State University, Kent, Ohio, USA

<sup>5</sup>Portland Veterans Affairs Medical Center, Portland, Oregon, USA

Identifying group formats to provide PTSD psychoeducation and coping skills is imperative in providing efficient and timely services to foster PTSD recovery. A variety of different group approaches with varied populations will be examined to identify multiple tools and resources to be used to provide empirically supported treatment delivery.

**PTSD Symptom Management Groups With Veterans**

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. This PTSD skills-based group treatment provides specific and concrete techniques veterans can apply immediately for symptom relief. It is a 12-week manualized treatment targeting psychoeducation for PTSD and associated issues (trust, grief, anger, guilt, etc). Material regarding session by session teaching points and tools will be provided. Outcome evaluation data was conducted using pretest and posttest data for 70 veterans completing this group over the course of one year. Analyses demonstrated considerable decreases in PTSD symptoms and improvements in quality of life, which were found to be statistically significant.

Implementing a Seeking Safety Intervention in a Sample of People Living with HIV: A Pilot Study People living with HIV (PLWH) often report disproportionately high rates of traumatic experiences, and consequently, increased PTSD symptoms. Additionally, PTSD and

substance use/abuse are commonly comorbid, and have been associated with less than ideal medication adherence among PLWH. Seeking Safety (SS) therapy is designed to directly address PTSD and substance use comorbidity. The purpose of this ongoing pilot study is to investigate the efficacy of a group format SS therapy at treating PTSD and substance use. We hypothesized that participants receiving SS would exhibit lower PTSD symptoms and report less substance use as well as increased adherence to their HIV medications. PTSD symptoms, substance use, and adherence (both self-report and MEMS caps) are assessed at baseline (pre-intervention), post-intervention, and 3- and 6-months post-intervention. Findings will be discussed in terms of the benefits and shortcomings of a group format SS therapy in PLWH, and possible efficacy of SS at decreasing PTSD and substance use, and increasing medication adherence.

#### Imagery Rehearsal for Posttraumatic Nightmares in US Veterans

Over half of PTSD patients have frequent nightmares. Among psychotherapy approaches to treating recurrent nightmares, IRT currently has the broadest evidence base. IRT suggests that nightmares are learned behavioral responses to trauma. Patients learn to mentally rehearse changes to nightmare imagery while awake. We present a pilot study (n=15) and clinical examples to illustrate IRT implementation, course, and outcome in a group setting among male veterans. Group participants reported distressing, frequent nightmares and had previously completed an outpatient PTSD symptom management skills group or equivalent individual therapy. IRT was delivered in a six-week group intervention. Outcome measures were assessed pre and post-treatment and included a nightmare frequency questionnaire, the Nightmare Effects Survey, the Posttraumatic Stress Disorder Checklist (PCL-M), the Pittsburgh Sleep Quality Index (PSQI) and the Beck Depression Inventory (BDI-II). In this pilot study, posttraumatic nightmare frequency significantly decreased after IRT. IRT was not associated with significant improvement in overall subjective sleep quality or PTSD symptom severity. We anticipate that IRT deserves more systematic study in the veteran population.

Poster # T-151 (withdrawn)

#### Helping ER Nurses Coping With Posttraumatic Stress Symptoms – A “Tailor-Made” Solution

(Abstract #195949)

Poster # T-152 (EI, Mil Emer)

Exhibition Hall, 4th Floor

Lavoie, Stephan, N., PhD(C)<sup>1</sup>; Talbot, R. Lise, N., Psy., PhD<sup>2</sup>; Mathieu, Luc, N.DBA<sup>3</sup>

<sup>1</sup>Université de Sherbrooke, Sawyerville, Quebec, Canada

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<sup>3</sup>Université de Sherbrooke, Sherbrooke, Quebec, Canada

The work environment of ER nurses is a hard one. They regularly face critical incidents, and their personal coping mechanisms are insufficient to alleviate occupational stress, while organizational support is deemed insufficient. PTSD prevalence among ER nurses is higher than prevalence among the general population. The purpose of our study was to develop a support program that would be suited to ER nurses, in order to prevent PTSD symptoms. More specifically, we have described: the critical incidents they experience, the PTSD symptoms they exhibit, the support interventions they use, the additional support they need, and finally the interventions they would like to have access to. We used a qualitative-evaluative research model. Our sample consisted of twelve nurses. Data collection was conducted with a questionnaire, one-on-one interviews, and a focus group session. Content analysis allowed us to fulfill our objectives. The study's results will be present and discuss during the presentation. In addition to describing their work context, this program represents a practical solution tailor-suited to ER nurses. In the

second stage of this research, we will implement the program and measure its impacts on them.

#### Relationship Between Childhood Sexual Abuse and Adult BMI in an African American Sample

(Abstract #195950)

Poster # T-153 (Bio Med, Cul Div)

Exhibition Hall, 4th Floor

Thomas, Katherine, BA<sup>1</sup>; Weiss, Tamara, MD<sup>2</sup>; Avasthi, Ranjan, MD<sup>3</sup>; Bradley, Rebekah, PhD<sup>4</sup>; Ressler, Kerry, MD, PhD<sup>2</sup>

<sup>1</sup>Department of Psychiatry and Behavioral Sciences, Emory University, Atlanta, Georgia, USA

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<sup>3</sup>Morehouse University, Atlanta, Georgia, USA

<sup>4</sup>Emory University, Decatur, Georgia, USA

Research suggests a link between adult obesity and childhood trauma, particularly childhood sexual abuse (CSA). Previous research has focused on behavioral and psychological moderators; while the physiological mediators between obesity and child abuse are less understood. This study examined the relationship between obesity, child abuse, and HPA axis function in a subset of traumatized, economically disadvantaged African-American subjects (n=250). Data included: psychometric testing and assessment of past trauma exposure; body mass index (BMI), abdominal circumference (AC), and the AC/BMI ratio to measure obesity and central adiposity; dexamethasone (Dex) suppression test, including fasting and post-Dex measures of cortisol and ACTH; and lipid and glucose indicators of metabolic function. Participants with a history of CSA were more likely to be obese (BMI<sub>≥30</sub>) (p=.02) and morbidly obese (BMI<sub>40</sub>) (p=.001). Childhood sexual abuse was also associated with an increased likelihood of having triglycerides >150 (p=.002; OR 3.1, CI [1.5 - 6.4]). After controlling for HPA function, PTSD and depressive symptoms, substance abuse, tobacco use, and gender, CSA-associated differences in the waist to BMI ratio remained significant (F=4.87, p=.035). Public health implications are discussed.

#### Distinct Vocabularies: Internal-State Language and its Relation to Forms of Childhood Trauma

(Abstract #195952)

Poster # T-154 (Child, Clin Res)

Exhibition Hall, 4th Floor

Manczak, Erika, BA<sup>1</sup>; Cameron, Heather, BS<sup>1</sup>; Fezzey, Amanda, BS<sup>1</sup>; Manczak, Donna, PhD<sup>2</sup>; Muzik, Maria, MD<sup>3</sup>

<sup>1</sup>Psychiatry, University of Michigan, Ann Arbor, Michigan, USA

<sup>2</sup>Beaumont Hospitals, Grosse Pointe, Michigan, USA

<sup>3</sup>University of Michigan, Ann Arbor, Michigan, USA

Narrative creation can be a critical step toward overcoming childhood trauma. Yet different trauma histories may demand narrative approaches varies in attention to internal states. The goal of the current study is to assess whether attempts to narrate childhood physical or emotional abuse or neglect involve different cognitive and emotional processes. Study participants were administered the Childhood Trauma Questionnaire to retrospectively measure traumatic experiences incurred before the age of 16, and the Trauma Meaning-Making Interview to investigate progress toward constructing a meaningful narrative of the trauma. Transcripts were each coded by two independent raters for the frequency of 5 word categories pertaining to psychological processing: positive emotion, negative emotion, cognition, insight, and tentativeness. Analyses of preliminary data reveal that childhood physical abuse and physical neglect are correlated with the use of negative emotion words, whereas childhood emotional abuse is correlated with insight and causation language. These findings suggest that childhood trauma type impacts meaning-making at a profound linguistic and psychological level. Full results will be discussed, noting therapeutic implications.

**Trauma Considerations in an Ethnically Diverse Sample of Domestic Violence Offenders**

(Abstract #195955)

Poster # T-155 (Cul Div, Commun) Exhibition Hall, 4th Floor

Wray, Alisha M., MS<sup>1</sup>; Wiggins, Kathryn T., MS<sup>1</sup>; Hoyt, Tim, MS<sup>1</sup>; MaClean, Peggy C., MS<sup>1</sup>; Gerstle, Melissa, MS<sup>1</sup>

<sup>1</sup>Department of Psychology, University of New Mexico, Albuquerque, New Mexico, USA

Previous research has shown that trauma history may be related to particular aspects of domestic violence, including severity. Previous studies on this finding have been based upon primarily white samples, and it is unknown if this finding can be replicated in ethnically-diverse samples. Participants in this study were an ethnically diverse (23% white) sample of seventy-four men who were court-ordered into a domestic violence treatment program. Based on the typology developed by Holtzworth-Munroe and colleagues (1994), participants were grouped into family-only and borderline-dysphoric/generally violent-antisocial offenders using the MCMI-III. Participants also completed measures of trauma history (Traumatic Life Events Questionnaire; TLEQ) and PTSD symptoms (PTSD Screening and Diagnostic Scale; PSDS) as part of an intake assessment. Results revealed that borderline/antisocial offenders had significantly greater histories of trauma, as well as greater PTSD symptoms, than the family-only group. These group differences suggest that treatment outcomes may improve by tailoring interventions to offender subtypes and trauma history. Furthermore, these findings suggest that established offender typology can be replicated in ethnically diverse samples.

**Secondary Victimization and Mental Distress Following Crime Related Death**

(Abstract #195966)

Poster # T-156 (Clin Res, Ethics) Exhibition Hall, 4th Floor

Nakajima, Satomi, MD, PhD<sup>1</sup>; Shirai, Akemi, PhD<sup>2</sup>; Maki, Sachiko, MA<sup>1</sup>; Ishii, Ryoko, MA<sup>3</sup>; Tastuno, Bunri, MA<sup>4</sup>; Konishi, Takako, MD, PhD<sup>5</sup>

<sup>1</sup>Department of Adult Mental Health, National Center of Neurology and Psychiatry, National Institute of Mental Health, Kodaira, Tokyo, Japan

<sup>2</sup>Graduate School, Department of Human Science and Culture, School of Human Science, Musashino University, Musashino, Tokyo, Japan

<sup>3</sup>Center of Clinical Psychology, Musashino University, Musashino, Tokyo, Japan

<sup>4</sup>Faculty of Law, Kokushikan University, Setagaya, Tokyo, Japan

<sup>5</sup>Faculty of Human Science, Musashino University, Nishitokyo, Japan

Objective: This study examined how secondary victimization affected the mental health of the bereaved families of crime victims. Secondary victimization refers to the negative experiences of victims and their families, such as victim-blaming behaviors and negative attitudes of criminal justice personnel, community service providers, and associates after the crime.

Methods: Seventy-three bereaved family members of crime victims who were affiliated with 5 mutual self-help groups in Japan were interviewed more than 1 year after their bereavement. We assessed distress caused by secondary victimization (the original measurement of which consisted of 16 items measured using a 5-point Likert scale), PTSD symptoms (CAPS), depressive symptoms (BDI-2) and posttraumatic cognition (JPTCI).

Results: The attitudes of the perpetrator, perpetrator's family and criminal defense lawyer had the most adverse impact on the bereaved families. The severity of the distress caused by secondary victimization was significantly and positively correlated with the CAPS score, the BDI-2 score and the JPTCI score.

Conclusion: Secondary victimization might have an adverse effect on the mental health and posttraumatic cognition of the bereaved families. Criminal justice personnel and service providers should be mindful of the feelings of the bereaved families of crime victims to aid their recovery.

**Screening for Posttraumatic Stress in Children: Combining Symptoms and Physiology**

(Abstract #195967)

Poster # T-157 (Child, Prev EI) Exhibition Hall, 4th Floor

Kenardy, Justin, PhD<sup>1</sup>

<sup>1</sup>CONROD, School of Medicine, University of Queensland, Herston, Queensland, Australia

This study investigated the utility of combining the Child Trauma Screening Questionnaire (CTSQ) and children's heart rate (HR; emergency department and 24 hour post admission) to identify children likely to develop posttraumatic stress disorder (PTSD) symptoms at 1 and 6 months post-injury. Children completed the CTSQ within 2 weeks of injury. PTSD symptoms were assessed with the Anxiety Disorders Interview Schedule for DSM-IV for 79 children aged 7-16 years. A combination of the CTSQ plus HR (CTSQ-HR) was better than the CTSQ alone or HR alone at identifying children likely to develop PTSD symptoms. These findings suggest the CTSQ-HR screen may increase identification of children who are likely to develop PTSD symptoms, enabling the development of targeted prevention programs.

**Trauma and Sexuality**

(Abstract #195970)

Poster # T-158 (Practice, Clin Res) Exhibition Hall, 4th Floor

Scheffers, Mia, MSc<sup>1</sup>; Helleman, Ria, MA<sup>2</sup>

<sup>1</sup>Faculty of Human Movement Sciences, VU University, Amsterdam, Netherlands

<sup>2</sup>Centrum '45, Oegstgeest, Netherlands

Traumatic experiences, including non-sexual trauma, have a negative impact on sexual functioning and body attitude. Unfortunately, both clients and therapists tend to neglect the area of sexuality or find it difficult to speak about it freely. In Centrum '45, the Dutch national center for victims of war and other forms of organized violence, a project was started to develop a treatment program on sexuality and body attitude and to gain more insight in the prevalence of problems in this field. We developed a twelve weeks' group-therapy program focusing exclusively on this theme. Clients take part in this group program without interrupting their regular therapy. The same sex groups have a gender specific approach and combine body and movement psychotherapy with client-centered therapy. In the workshop information will be presented based on five men groups and eight women groups. We will give an overview of the themes in our program and elaborate on the action- and experience-oriented verbal and nonverbal methods we use. Furthermore, we will present a short screening tool developed to provide us with more information on the prevalence of problems in the area of sexuality and body attitude in our target groups.

**Posttraumatic Stress Disorder (PTSD) Among Correctional Staff: A Growing Problem**

(Abstract #195974)

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

Abdel Halim, Boudoukha, PhD<sup>1</sup>; Marc, Hautekeete, PhD<sup>2</sup>

<sup>1</sup>UFR de Psychologie, Laboratoire LabECD, Nantes, France

<sup>2</sup>UFR de Psychologie, Université de Lille - Charles-de-Gaulle, Villeneuve d'Ascq, France

Dangerousness is one of the main characteristics that describe Prison settings. However, few are known about the repercussions of traumatic events, in terms of PTSD among correctional staff. PTSD is characterized by re-experiencing, avoidance and hyper-arousal symptoms. The question this study proposes to address is what causes PTSD among correctional staff. 370 correctional staff from 10 prisons participated in this study. They filled the French form of the Impact of Events Scale revised which contains 22 items measuring PTSD symptoms.

Victimizations are analysed through questions about the intensity of aggressions.

Prevalence of aggressions and traumatic events appear to be very common among the correctional professionals. We don't observe significant differences related to sex or profession on posttraumatic stress level (IES-R). Victimizations have significant effects on posttraumatic stress level ( $F(3; 357) = 9.86; p < .0001$ ) whereas witnessing and aggression tend to have an effect ( $p = .06$ ). Victimisations are common in our sample and increase significantly the severity of traumatic symptoms. We discuss CBT, stress management and debriefing.

### Intimacy Modes Used by Sexual Assault Perpetrators and Male Peer Support Network Members in College

(Abstract #195975)

Poster # T-160 (EI, Ethics)

Exhibition Hall, 4th Floor

Flack, Jr., William F., PhD<sup>1</sup>; Kanga, Michelle R., BA<sup>1</sup>; DeKeseredy, Walter S., PhD<sup>2</sup>

<sup>1</sup>Bucknell University, Lewisburg, Pennsylvania, USA

<sup>2</sup>University of Ontario Institute of Technology, Oshawa, Ontario, Canada

“Male peer support” (MPS) refers to social attachments among abusive men, and resources that such networks provide, that encourage and legitimate the abuse of women (Schwartz & DeKeseredy, 1997). In this study of college men, we examined intimacy patterns associated with sexual assault perpetration (SAP) and MPS network membership to identify the most frequent contexts in which these men engage in sexual behavior. Participants ( $n = 275$  self-selected male students) completed an online survey of their behavior during college, including measures of SAP, MPS membership, and frequency of monogamous dating and/or four types of “hooking up” (sexual encounters without expectation of future commitment). MPS was a significant predictor of SAP. SAP was associated with one-time sexual encounters with strangers, and multiple sexual encounters with friends, whereas MPS network membership was associated with one-time sexual encounters with friends, and multiple encounters with acquaintances. These findings help further define characteristics of SAP, and may help to identify risky intimacy contexts for college women in the hooking-up culture.

### The Long-Term Effects of Domestic Violence and Childhood Abuse on Women's Physical Health

(Abstract #196434)

Poster # T-161 (Bio Med, Clin Res)

Exhibition Hall, 4th Floor

Mourad, Mariam, MA<sup>1</sup>; Levendosky, Alytia, PhD<sup>1</sup>; Bogat, G., PhD<sup>1</sup>; Davidson, William, PhD<sup>1</sup>; Basu, Archana, MA<sup>1</sup>

<sup>1</sup>Michigan State University, East Lansing, Michigan, USA

According to Herman's trauma theory, the experience of an interpersonal traumatic event can have long-lasting negative repercussions for the survivor. However, it is unclear if there are differences between types of trauma and specific physical health consequences. In the current study, participants' physical health, experience of domestic violence (current and past DV), and child abuse experience (CA: physical or sexual) was assessed; women were classified into one of four groups: DV only, CA only, DV and CA, and no trauma. Physical health consisted of lifetime major medical illnesses and health problems during the last 12-month period. 185 women in a longitudinal study of domestic violence participated in this assessment. MANOVA analyses indicated that the CA only and the DV and CA groups had more major medical illnesses and current health problems than the no trauma and DV only groups. This finding suggests that childhood abuse may have more pernicious effects on physical health than DV. However, past DV experiences also independently predicted current health problems. Thus, it is important to assess for childhood and adult experiences of trauma when treating physical health problems in adult women.

### MDMA-Assisted Psychotherapy for the Treatment of PTSD, Current International Research

(Abstract #195977)

Poster # T-162 (Clin Res, Bio Med)

Exhibition Hall, 4th Floor

Mithoefer, Michael, MD<sup>1</sup>

<sup>1</sup>Psychiatry, Private practice clinical research, Mount Pleasant, South Carolina, USA

Despite the effectiveness of several existing treatments for PTSD, a significant percentage of patients remain treatment resistant. The search for more effective treatments for these patients is crucial. The first phase II clinical trial of MDMA-Assisted Psychotherapy for treatment resistant PTSD will be completed in July 2008 in the US. Similar trials for crime and terrorism related PTSD are currently ongoing in Switzerland and Israel. In these studies MDMA is administered under direct supervision in conjunction with psychotherapy sessions. Non-drug therapy sessions for preparation and integration of the experience are essential features. The principal investigator of the US study will present his final results as well as preliminary results of the Swiss and Israeli studies. He will explain the therapeutic method and illustrate it with clinical vignettes. The encouraging results of these pilot studies suggest a promising future for this model of drug-assisted psychotherapy.

### The Society's Annual Meeting (A First-Time Attendee's Perspective)

(Abstract #195981)

Poster # T-163 (Media, Assess Dx)

Exhibition Hall, 4th Floor

Mohamed, Omar, MD<sup>1</sup>

<sup>1</sup>Psychiatry, University of Tennessee, Memphis, Tennessee, USA

This abstract represents a feedback about the ISTSS annual meeting as viewed through the eyes of a first time attendee. It will discuss the aspects that were somewhat lacking at the meeting, and some brainstorming ideas as how to may improve these aspects to make the meeting more easy to navigate and enjoy, especially for students and first time attendees.

Poster # T-164 (withdrawn)

### Child Abuse, Dissociation, and Adult Attachment: Mediators and Moderators of Partner Violence

(Abstract #195986)

Poster # T-165 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Sullivan Kalill, Kathleen, BA<sup>1</sup>; Conrad, Sheree, PhD<sup>1</sup>

<sup>1</sup>Clinical Psychology, University of Massachusetts at Boston, Boston, Massachusetts, USA

Previous research has found a strong connection between a reported history of childhood abuse and use of violence in adult intimate relationships. In addition, dissociation and an insecure adult attachment style have been implicated as both consequences of childhood abuse and risk factors for adult intimate partner violence (IPV). A survey study of 150 men at an urban commuter university examined whether the trauma of childhood physical and/or sexual abuse affects the development of a dissociative coping style and an insecure adult attachment style and whether the combined impact of these factors cumulatively impacts the risks for perpetration of IPV in adulthood. In addition, this study seeks to add to our understanding of the mechanisms by which dissociation and adult attachment style affect the relationship between severity of childhood abuse and adult IPV; adult attachment style is examined as a moderator between childhood abuse and IPV and dissociation is examined as a mediator. Findings will be discussed in terms of implications for future research and prevention and violence intervention programs.

### Health and Quality of Life in PTSD: What is the Impact of Co-Occurring Depression?

(Abstract #195990)

Poster # T-166 (Bio Med, Assess Dx)

Exhibition Hall, 4th Floor

Fabritius, Jennifer S., BA<sup>1</sup>; Doane, Lisa S., PhD<sup>1</sup>; Echiverri, Aileen M., BS<sup>2</sup>; Kahana, Shoshana Y., PhD<sup>3</sup>; McDavid, Joshua D., MD<sup>2</sup>; Zoellner, Lori A., PhD<sup>4</sup>

<sup>1</sup>Department of Psychology, Case Western Reserve University, Cleveland, Ohio, USA

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<sup>4</sup>Dept of Psychology, University of Washington, Seattle, Washington, USA

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are independently associated with poor physical health and impaired quality of life (e.g., Pyne et al., 1997; Zatzick et al., 1997; Zayfert et al., 2002). Moreover, PTSD and MDD are commonly co-occurring (e.g., Kessler et al., 1994), and the presence of both disorders (PTSD+MDD) may lead to increased health problems and impairments in functioning (Clum et al., 2000; Shalev et al., 1997). In the current study, we will examine physical health status and functioning in those with PTSD alone compared to PTSD+MDD. The sample consists of 173 participants in a RCT with a primary diagnosis of PTSD; 53% had currently co-occurring MDD. More severe symptoms for both depression and PTSD were associated with impaired functioning, physical functioning, and role limitations due to health problems. When compared to those without MDD, those with current PTSD+MDD had more impairment in functioning. Demographic, health, and functioning-related predictors of PTSD/PTSD+MDD will be identified. A better understanding of the potential impact co-occurring MDD may have on PTSD with regard to health and quality of life may provide further insight into the impairment associated with this specific comorbidity.

### The Psychological Aftermath of Terrorism: The 2001 New York City World Trade Center Attack

(Abstract #195998)

Poster # T-167 (Disaster, Practice)

Exhibition Hall, 4th Floor

Tramontin, Mary, PsyD<sup>1</sup>; Halpern, James, PhD<sup>2</sup>

<sup>1</sup>PTSD Clinic, James J. Peters VAMC, New York, New York, USA

<sup>2</sup>State University of New York at New Paltz, New Paltz, New York, USA

This poster explores the psychological aftermath of terrorism by examining what transpired in New York City after the World Trade Center attack. It is a summary of clinical observations, case examples and relevant disaster research findings derived from a seven years later vantage point. This presentation reflects the clinical experiences of two psychologists who helped to coordinate some of the provision of mental health services to those affected by this disaster and who also provided direct assistance to survivors, to the family members and colleagues of those who died, to respondent emergency service providers and to others affected by the devastation. In this presentation we will describe and discuss the psychological impact of this event. We will: 1.) provide a context for understanding the nature of traumatic events and terrorism specifically, 2.) reflect the range of subsequent psychological responses and interventions, 3.) outline current interventions that are evidence informed and are done early, intermediate and long-term after an event, 4.) present several case studies illustrating these practices and 5.) offer reflections and recommendations.

### Pharmacotherapy in Prevention and Treatment of PTSD

(Abstract #195999)

Poster # T-168 (Bio Med, Practice)

Exhibition Hall, 4th Floor

Marvasti, Jamshid, MD<sup>1</sup>

<sup>1</sup>Psychiatry, Manchester Memorial Hospital, Manchester, Connecticut, USA

The utilization of pharmacotherapy and the possible prevention of PTSD as an aftermath of terror will be discussed. Current aspects of medication and the possible prevention of the negative impact of psychic trauma will be explored. The definitions of trauma, and its short and long-term negative impacts are explained in biochemical and anatomical terms. The effects of emotional trauma/stress and the resultant changes in the brain are presented. Researchers once reported that it seemed that "something emotional," no matter how devastating it could be, would have an impact only on the "software" of the brain's "computer." However, scientific literature now points toward damage and changes in the anatomy of the brain (hardware) as well as an alteration of biochemical/hormonal pathways. The utilization of medications such as SSRIs, SNRIs, mood stabilizers and adrenergic blockers may help prevent the development of these biochemical and anatomic structural changes in the brain. Yet, the treatment of trauma is multifaceted, and pharmacotherapy is only one aspect needed for overall improvement.

### Attachment, Personality, and Posttraumatic Stress Symptoms in a Traumatized Urban Population

(Abstract #196000)

Poster # T-169 (Practice, Ethics)

Exhibition Hall, 4th Floor

Ortigo, Kile M., MA<sup>1</sup>; Castleberry, Joshua J., BS<sup>2</sup>; Guarnaccia, Clifford, PhD<sup>1</sup>; Ressler, Kerry, MD, PhD<sup>3</sup>; Bradley, Rebekah, PhD<sup>4</sup>

<sup>1</sup>Department of Psychology, Emory University, Atlanta, Georgia, USA

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<sup>3</sup>Emory University, Atlanta, Georgia, USA

<sup>4</sup>Emory University, Decatur, Georgia, USA

Traumatic experiences have been linked to development of multiple forms of psychopathology, including PTSD and maladaptive personality traits. One potentially important variable related to understanding connections between trauma exposure and characteristics of personality is attachment style. Although relationships between childhood trauma and attachment and between attachment and risk for development of PTSD in adulthood have been described theoretically, relatively little research has addressed these constructs simultaneously. Present data are drawn from an NIMH-funded study investigating environmental and genetic risk factors for PTSD in low-SES, primarily African American individuals seeking care at a public urban hospital. Hierarchical regression analyses (current  $n = 88$ ) indicated personality traits (e.g., Negative Temperament) predicted frequency of PTSD symptoms beyond that explained by level of childhood or adult trauma exposure ( $p < .001$ ). Moreover, interviewer-reported attachment ratings explained variance in PTSD symptoms above that accounted for by trauma exposure or personality traits ( $p < .01$ ). Based on these data, we present clinical, public policy, and theoretical implications for understanding and preventing negative impacts of trauma in this highly traumatized but under-studied and under-served population.

## Policies, Programs and Practices That Foster Ready to Work Skills in Wounded Global War on Terror Veterans With PTSD

(Abstract #196003)

Poster # T-170 (Practice, Commun)

Exhibition Hall, 4th Floor

Garrick, Jackie, MSW<sup>1</sup>; Williams, Mary Beth, PhD<sup>2</sup>; Clark, Steven, BS<sup>3</sup><sup>1</sup>United States Congress, Silver Spring, Maryland, USA<sup>2</sup>Private Practice, Warrenton, Virginia, USA<sup>3</sup>Morale, Welfare and Recreation, Department of Defense, Alexandria, Virginia, USA

For injured or ill soldiers returning from the Global War on Terror, the ability to go back to work has been a crucial issue in recovery. In many cases, severely injured or traumatized veterans are not ready to return to the work environment, nor are they ready for vocational rehabilitation. Therefore, other transitional programs have been developed to help prepare wounded service members to gain the physical and emotional skills to reintegrate into their communities. Occupational and recreational therapies have aided in refreshing the minds and bodies of veterans through activities that stimulate, revive and restore a sense of competency, usefulness and functionality. Ready to work strategies build on physical strengths, abilities, and skills to overcome the debilitating effects of traumatic memory on the mind. Presenters will focus on the overall policies and practices that are conduits for readying to work, the programs and projects wounded warriors are actively participating in, and the ready to work treatment issues.

## A Prospective Study of Predictors of Depressive Symptoms in Police

(Abstract #196006)

Poster # T-171 (Mil Emer,Prev EI)

Exhibition Hall, 4th Floor

Wang, Zhen, MD<sup>1</sup>; Inslicht, Sabra, PhD<sup>2</sup>; Metzler, Thomas, MA<sup>2</sup>; Neylan, Thomas, MD<sup>2</sup>; Marmar, Charles, MD<sup>2</sup><sup>1</sup>Shanghai Mental Health Center, Shanghai, China<sup>2</sup>University of California San Francisco, San Francisco, California, USA

This prospective longitudinal study was designed to examine predictors of depressive symptoms in police service. 119 police completed questionnaires on baseline depressive symptoms, childhood trauma, neuroticism and self-worth during academy training. Current depressive symptoms, current PTSD symptoms, critical incident exposure, negative life events and work stress were assessed after 1 year of police service. Hierarchical linear regression analysis was conducted to examine six candidate predictors of current depression. After controlling for baseline depression and current PTSD symptoms, greater childhood trauma exposure, lower self-worth during training and greater perceived work stress in police service were significant predictors of greater depressive symptoms at 12 months. Neuroticism, negative life events and critical incident exposure were not significant predictors in the final model. The results indicated the presence of depressive symptoms at one year of police service were partly independent from PTSD symptoms. Childhood trauma exposure and self-worth may be important variables to screen as risk factors for duty-related depression and police officers may benefit from work stress management during police service.

Poster # T-172 (withdrawn)

## The Impact of Kinship on Mental Health Among Japanese Bereaved Families by Homicide

(Abstract #196012)

Poster # T-173 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Shirai, Akemi, PhD<sup>1</sup>; Nakajima, Satomi, DR,PhD<sup>2</sup>; Maki, Sachiko, MA<sup>2</sup>; Tatsuno, Bunri, MA<sup>3</sup>; Konishi, Takako, DR,PhD<sup>4</sup><sup>1</sup>Graduate School, Department of Human Science and Culture, School of Human Science, Musashino University, Musashino, Tokyo, Japan<sup>2</sup>Department of Adult Mental Health, National Center of Neurology and Psychiatry, National Institute of Mental Health, Kodaira, Tokyo, Japan<sup>3</sup>Faculty of Law, Kokushikan University, Setagaya, Tokyo, Japan<sup>4</sup>Faculty of Human Science, Musashino University, Nishitokyo, Tokyo, Japan

Background: Few studies have been conducted on the psychological consequences on bereaved families of a fatal crime victim. We examined, through a self-reported measure, whether differences in the situation surrounding the deceased victim would have any effect on the mental health of bereaved families of the violent crime victim.

Methods: 151 bereaved family members of the victims of homicide and accidental death who were affiliated with self-help groups in Japan were assessed regarding depressive/anxiety symptoms (K10), posttraumatic symptoms (IES-R), complicated grief (ITG), social support and secondary victimization.

Results: Forty-one percent of the subjects were at the high-risk level in K10, 77.5% in IES-R and 18.5% in ITG. The significant differences of all kinship groups (conjugal, child, sibling/parental, other kinship) were revealed within the K10 score ( $F(3,137)=10.63, P<.001$ ) ITG ( $F(3,136)=9.88, P<.001$ ), IES-R intrusion ( $F(3,138)=6.33, P<.001$ ) and IES-R hypervigilance ( $F(3,138)=4.18, P=.007$ ) with ANOVA. Parents who have suffered the loss of a child have significantly more psychological distress than sibling/parental, other kinship by the Scheffe test.

Conclusions: In particular, parents who have lost their child through violent death should be treated simultaneously for PTSD, depressive symptoms and complicated grief.

## Longitudinal Analysis of Memory for Trauma and Symptoms of PTSD

(Abstract #196013)

Poster # T-174 (Assess Dx, Practice)

Exhibition Hall, 4th Floor

Morris, Adam, BA<sup>1</sup>; Sledjeski, Eve, PhD<sup>2</sup>; Fallon, William, MD<sup>3</sup>; Spoonster, Eileen, RN<sup>3</sup>; Delahanty, Douglas, PhD<sup>1</sup><sup>1</sup>Kent State University, Kent, Ohio, USA<sup>2</sup>Wesleyan University, Middletown, Connecticut, USA<sup>3</sup>Summa Health System, Akron, Ohio, USA

Research on adult trauma patients has shown that memory for the traumatic event can serve as a buffer for developing PTSD symptoms (PTSS). The present study extends earlier studies (Flesher, et al., 2001) by examining the impact of memory for a traumatic event on PTSS at four time points. 362 MVA victims completed the Impact of Event Scale-Revised (IES-R) in-hospital and the Clinician Administered PTSD scale (CAPS) at 6-weeks and 6- and 12- month follow-ups. Participants with complete memories of the event did not differ on in-hospital total IES-R scores from participants with incomplete memories after controlling for gender and injury severity,  $F(3,358) = 3.72, ns$ . However, after controlling for gender, injury severity and current major depression, those with any trauma-specific memory deficits reported more PTSD symptoms ( $M = 31.30, SD = 24.51$ ) than those with full memory for the event ( $M = 21.31, SD = 18.86$ ), at 6 weeks post-trauma,  $F(4, 244) = 6.13, p<.05$ . Results persisted at the 6-month,  $F(4,164) = 5.35, p<.05$ , and 12-month follow-ups,  $F(4,137) = 4.56, p<.05$ . Findings will be discussed in terms of application to specific cognitive models of PTSD and with respect to divergent prior findings.

### A Problem With Psychotherapy “Packages”: An Example From Cognitive Processing Therapy (CPT)

(Abstract #196014)

Poster # T-175 (Mil Emer, Clin Res)

Exhibition Hall, 4th Floor

Lipke, Howard, PhD<sup>1</sup><sup>1</sup>DVA Medical Center, North Chicago, Illinois, USA

The complexity of psychotherapy “packages” may make individual elements difficult to separate and evaluate. An element of the DoD/VA manualized version of CPT for treating combat related PTSD (Resick et al., 2007) was amenable to analogue testing, and was examined. This element provided specific suggested responses intending to “deescalate” the dialogue when the therapist is flustered after being asked about having combat experiences. In this study, a survey asked combat veterans, in a residential PTSD treatment program, how they might respond to some of the manual suggestions, as well as to more direct approaches to the question. Twenty-four subjects responded to the survey. Only responses deflecting the question (e.g. “What is the point of asking that question?”) received any “very negative” ratings, the first two of the CPT suggestions receiving 6 and 4 respectively. Only a response which answered the question directly received no responses of “negative” or worse. Complete data is reported, the limitations and implications of the study are addressed.

### Profile of Posttraumatic Distress in Traumatized Youth

(Abstract #196015)

Poster # T-176 (Assess Dx, Child)

Exhibition Hall, 4th Floor

Rachamim, Lilach, MA<sup>1</sup>; Helpman, Liat, MA<sup>1</sup>; Shafraan, Naama, MA<sup>1</sup>; Daie-Gabai, Ayala, MA<sup>1</sup>; Foa, Edna, PhD<sup>2</sup>; Gilboa-Schechtman, Eva, PhD<sup>1</sup><sup>1</sup>Department of Psychology, Bar Ilan University, Ramat Gan, Israel<sup>2</sup>University of Pennsylvania, Philadelphia, Pennsylvania, USA

The profile of post traumatic distress (PTD) in pediatric victims of single-event traumas was examined. Youth (age 8-19) completed the children post traumatic symptom scale (CPSS, Foa, et al, 2001), and measures of depression and anxiety, as well as clinical interviews. Sensitivity of CPSS was supported by higher levels of CPSS associated with the full diagnosis of PTSD; specificity of CPSS was supported by higher levels of PTD exhibited by diagnosed PTSD sufferers as compared to trauma victims diagnosed with other disorders. Pediatric PTSD symptom profile was best represented by two symptom clusters: Intrusion/Active Avoidance/Arousal and Numbing/Passive Avoidance. Results support the centrality of intrusion/active avoidance and the peripherality of numbness/passive avoidance in clinical presentation of PTSD in youth. Age and gender were not associated with differences in symptom structure or severity. While no difference in distress emerged between specific trauma types, results suggest that traumas involving interpersonal violence are associated with higher levels of PTD than other traumas. CPSS emerged as a valid screening tool for PTSD in youth. Implications for the nosological structure of posttraumatic symptoms in youth are discussed.

### Tackling Traumatic Stress Among Firefighters in a Preventative Fashion: Incentives for Organizations

(Abstract #196016)

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

Exhibition Hall, 4th Floor

Gray, Lori K., MA<sup>1</sup>; Jackson, Dennis L., PhD<sup>1</sup><sup>1</sup>Psychology Department, University of Windsor, Windsor, Ontario, Canada

Emergency service providers experience traumatic events within the context of routine job duties. Accordingly, recent research has begun to elucidate the means through which emergency service providers' organizational environment might impact the

development of traumatic stress. These findings suggest that efforts to prevent the development of traumatic stress might address the organizational environment. Whereas the impetus for addressing traumatic stress in a preventative fashion would be to maintain the psychological well-being of emergency service providers, it is unclear to what extent such efforts might benefit emergency service organizations. The objective of the study was to ascertain the potential impact that traumatic stress might have upon firefighters' absenteeism and factors associated with employee retention. The study utilized self-report data obtained from an anonymous internet survey conducted with Canadian firefighters. Greater traumatic stress was associated with increased absenteeism and decreased job satisfaction and commitment to their organization. The implications for addressing traumatic stress from a preventative standpoint will be discussed.

### Memory Consistency for Peritraumatic Reactions in Acute and Chronic PTSD

(Abstract #196017)

Poster # T-178 (Clin Res,Prev EI)

Exhibition Hall, 4th Floor

David, Annie-Claude, BA<sup>1</sup>; Akerib, Vivian, BA, MA<sup>2</sup>; Brunet, Alain, PhD<sup>3</sup><sup>1</sup>University of Québec in Montréal, Montréal, Québec, Canada<sup>2</sup>Douglas Hospital Research Center, Montréal, Québec, Canada<sup>3</sup>McGill University, Montréal, Québec, Canada

The literature on the consistency of memory for trauma indicates that intentionally recalled trauma memories may show variability across time. We investigated longitudinally the memory of trauma-exposed individuals with respect to their remembered reactions at the time of trauma. Trauma-exposed participants with chronic PTSD (n=23) and with acute PTSD in remission (n=29) filled out the Peritraumatic Distress Inventory and the Peritraumatic Dissociative Experience Questionnaire within the first month of trauma exposure as well as within 1 to 6 months after the event. A strong test-retest correlation was found in the group that remitted from Acute PTSD (PDI: r=0.66; PDEQ: r=0.69) but not for the chronic PTSD group (PDI: r=-0.006; PDEQ: r=0.301). A significant difference was also found between the correlation's coefficients for the PDI (p=0.007) and a trend was found for the PDEQ (p=0.0893). The results suggest that trauma-related memories are unstable for chronic PTSD individuals only. Such results extend previous findings on variability in trauma memories and may provide further information about the factors implicated in the disorder's recovery.

### Longitudinal PTSD Symptom Cluster Changes in Iraq-Deployed and Non-Deployed Army Soldiers

(Abstract #196026)

Poster # T-179 (Mil Emer, Assess Dx)

Exhibition Hall, 4th Floor

MacDonald, Helen, PhD<sup>1</sup>; Proctor, Susan, DSC<sup>2</sup>; Vasterling, Jennifer, PhD<sup>3</sup><sup>1</sup>VA Boston Healthcare System, Boston, Massachusetts, USA<sup>2</sup>Research Service, VA Boston Healthcare System, Boston, Massachusetts, USA<sup>3</sup>Psychology Service, VA Boston Healthcare System, Boston, Massachusetts, USA

Literature investigating the natural course of PTSD following trauma exposure has found differential symptom trajectories by cluster, with reexperiencing and hyperarousal symptoms emerging first and giving rise to avoidance and emotional numbing symptoms. Whereas reexperiencing symptoms appear to naturally remit over time, hyperarousal and emotional numbing symptoms remain constant or increase, predicting a chronic course of PTSD. To date, no research has included pre-trauma exposure PTSD symptoms in analyses charting the trajectory of symptoms over time. The Neurocognition Deployment Health Study is a prospective, cohort-controlled study examining neuropsychological

outcomes of deployment to Iraq. To address these questions, Time 1 (pre-deployment) and Time 2 (post-deployment for deployers; post-garrison for non-deployers) PTSD Checklist data were analyzed in 779 Iraq-deployed soldiers and 315 non-deployed soldiers. Generalized estimating equations with deployment revealed that reexperiencing ( $\beta=1.42$ ,  $p<.0001$ ), avoidance ( $\beta=0.351$ ,  $p<.001$ ), and arousal ( $\beta=1.72$ ,  $p<.0001$ ) scores increased over time as a function of deployment. Numbing symptoms did not change as a function of deployment ( $\beta=.104$ ,  $p=.458$ ). These findings suggest that deployment exerts stronger initial influences on reexperiencing, avoidance, and arousal symptoms, as compared to numbing.

### PTSD and Pathological Gambling

(Abstract #196029)

Poster # T-180 (Assess Dx, Practice) Exhibition Hall, 4th Floor

Najavits, Lisa, PhD<sup>1</sup>; Korn, David, MD<sup>2</sup>; Meyer, Tamar, BS<sup>2</sup>; Johnson, Kay, MSW<sup>3</sup>; Jansma, Margreet, BA<sup>4</sup>

<sup>1</sup>VA Boston Healthcare System, Boston, Massachusetts, USA

<sup>2</sup>University of Toronto, Toronto, Ontario, Canada

<sup>3</sup>Treatment Innovations, Brookline, Massachusetts, USA

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

We report results of a study to compare three groups (n=35 each, 105 total): individuals with pathological gambling disorder (PG), posttraumatic stress disorder (PTSD) alone, and comorbid PTSD plus PG. This cross-sectional study was designed to help better understand the etiology, clinical presentation, and sequelae of comorbid PTSD and PG. Measurement was in four categories: psychopathology (including a complete Axis I and Axis II DSM-IV-R interview assessment); functioning (e.g. employment status, social relationships, health status); attitudes toward gambling; other cooccurring addictions; and family and trauma history. We also conducted a qualitative, video-based interview to explore themes. Results indicate greater severity and worse functioning by those with the dual diagnosis compared to those with either disorder alone; prominence of comorbid Axis I and II disorders among all three groups (especially substance use disorder); and for PG groups, themes of escape, dissociation, and hopelessness. Findings are discussed in terms of further research to help understand the development of PTSD and PG, implications for clinical practice, and measurement issues.

### Stressors of War: Listening to Operation Enduring Freedom and Operation Iraqi Freedom Veterans

(Abstract #196031)

Poster # T-181 (Mil Emer, Res Meth) Exhibition Hall, 4th Floor

Scheiderer, Emily, BA<sup>1</sup>; De Blank, Gabriel, MD<sup>1</sup>; Vogt, Dawne, PhD<sup>2</sup>; Kelly, Megan, PhD<sup>3</sup>

<sup>1</sup>National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

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<sup>3</sup>Butler Hospital, Warren Alpert Medical School of Brown University, Providence, Rhode Island, USA

Military deployments present individuals with an array of mental and physical stressors, creating a context in which factors of risk and resilience assume critical importance (Bartone, 1999). As military conflicts differ, so too do their associated deployment stressors (Wolfe et al., 1993). To appropriately address OEF/OIF veterans' mental and physical healthcare needs, and to guide future research, we need an updated understanding of the stressors unique to these conflicts. The present study used focus groups to examine the deployment experiences of OEF/OIF veterans. 29 participants in 6 focus groups responded to a moderator's questions and to each others' comments, fostering in-depth discussions enriched by diverse perspectives. Coders reviewed partial transcripts and identified comments related to themes of risk and resilience. With minor modifications (e.g.,

changes in language), many themes that emerged echoed those identified by prior veteran cohorts (e.g., GWI veterans: King et al., 2006). Novel themes and substantial differences also emerged. Particularly salient stressors included: perceived lack of preparedness, pressures of nontraditional warfare, concerns about family, and difficulties with postdeployment reintegration.

**Participant Alert:** The inclusion of written and/or quoted descriptions of distressing experiences encountered during military deployments may distress some attendees.

### Sudden Estrangement of Adult Children

(Abstract #196032)

Poster # T-182 (Practice, Prev EI) Exhibition Hall, 4th Floor

Albeck, Isabelle, MED<sup>1</sup>; Toler, Jane, PhD<sup>2</sup>; Brown, Margaret, BS<sup>3</sup>

<sup>1</sup>Private Practice, Waban, Massachusetts, USA

<sup>2</sup>The Family Place, Dallas, Texas, USA

<sup>3</sup>Home, Waban, Massachusetts, USA

There is a silent epidemic of adult children who are 'divorcing' their parents and refusing contact with them. Despite having been 'good enough' parents who provided love and support, these parents are being told all of a sudden: 'I am done with you'. The parents' trauma is compounded by a lack of knowledge in the professional community and the lack of social support due to the invisibility of the estrangement. The predictable stages parents go through will be presented as well as aspects of reconciliation. The mother of a 35 year-old who estranged himself and a grandmother cut off from her grandchildren as a result of the estrangement of her adult daughter, will describe their experiences and coping strategies. The facilitator of a support group for such parents will discuss issues of estrangement and present a model based on her pioneering work.

How can clinicians reduce the impact of trauma on the parents and the other siblings? What can clinicians do when grandchildren are involved? Can anything be done to better understand or influence the behavior of these adult children?

### Gender, Trauma and PTSD Among Undergraduates

(Abstract #196035)

Poster # T-183 (Assess Dx, Prev EI) Exhibition Hall, 4th Floor

Ouimette, Paige, PhD<sup>1</sup>; Read, Jennifer, PhD<sup>2</sup>; White, Jacqueline, PhD<sup>3</sup>; Colder, Craig, PhD<sup>2</sup>; Tirone, Vanessa, BA<sup>4</sup>

<sup>1</sup>Syracuse VA Medical Center, Syracuse, New York, USA

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<sup>3</sup>University of North Carolina, Greensboro, North Carolina, USA

<sup>4</sup>Veterans Affairs Medical Center, Syracuse, New York, USA

Community studies consistently find that women are twice as likely to have PTSD as men, as well as report more exposure to specific types of trauma such as rape. College is a time of high-risk for trauma exposure. Yet despite this, little information is available about trauma and PTSD among students, especially regarding gender comparisons. This study examined these issues among 3,014 incoming students at two large public universities. Participants completed measures of trauma and PTSD via the internet or on paper. Results indicated that females reported more trauma than males (74% vs. 54%). Women reported more exposure to all event types than men with the exception of combat. Women reported more PTSD than men (11.3% versus 5.4%) and were more at risk for PTSD than male students following sudden death of a loved one, "other" trauma, physical violence, and unwanted sex (the latter two at trend levels). To our knowledge, these are the first data to examine Criterion A trauma and PTSD in a representative sample of college freshmen. Findings suggest that while female gender conveys a particular risk, a high proportion of female and male students enter the university setting with a trauma histories, as well as significant PTSD.

**Dream Group Therapy for Combat PTSD**

(Abstract #196038)

Poster # T-184 (Practice, Clin Res) Exhibition Hall, 4th Floor

Dow, Bruce, MD<sup>1</sup>

<sup>1</sup>Psychiatry, University of California, San Diego, Cambridge, Massachusetts, USA

A hospital-based group therapy program was established for Vietnam Veterans (both inpatients and outpatients) with combat-related posttraumatic stress disorder (PTSD). Weekly group sessions were led by the author and a few staff members. Each session was devoted to a single patient, whose recurrent dream was written on a blackboard. The dream text and group comments were recorded in a log. The dreamer indicated dream frequency, triggers, feelings aroused, variations in content, etc. The group then engaged in a brainstorming process to devise ways of revising the dream. The dreamer selected changes that would be helpful to him, and was then instructed to rehearse the revised dream before going to sleep. Feedback from previous sessions (provided at the beginning of each session) indicated that most dreams went away or were substantially improved following a single group session. Attempts to reproduce the dream group in an office setting were unsuccessful. A hospital-based setting seems optimal to contain the emotions aroused in group members by anxiety-provoking combat nightmares of other group members.

**Participant Alert:** Some dream content may contain graphic combat-related violence.

**Post Incident Interventions for Firefighters**

(Abstract #196040)

Poster # T-185 (Mil Emer, Clin Res) Exhibition Hall, 4th Floor

Jeannette, James, BA<sup>1</sup>; Scoboria, Alan, PhD<sup>1</sup>

<sup>1</sup>Psychology, University of Windsor, Windsor, Ontario, Canada

Effectiveness of Critical Incident Stress Debriefing (CISD) as a tool remains, at best, inconclusive. Yet in many locales CISD is mandatory for Emergency Services workers. To date, no study has asked firefighters about their preferences for psychological intervention following traumatic events. To examine this, a survey was conducted with 142 members (54%) of the Windsor (Ontario) Fire and Rescue Service. Firefighters were presented with five scenarios of varying traumatic intensity, and rated the desirability for voluntary post-incident interventions (CISD, individual debriefing, informal discussion, and no intervention) for each. Results indicated that firefighters expressed interest in working with post-event reactions within their peer group across event, with accompanying desire for voluntary formal intervention as event severity increased. Expected relationships between intervention choice, prior CISD experience, and years of service as a firefighter were not upheld. Implications of the findings are discussed.

**Masculinity Predicts Social Support Beyond Symptoms of Posttraumatic Stress in Male Veterans**

(Abstract #196041)

Poster # T-186 (Clin Res, Practice) Exhibition Hall, 4th Floor

Morrison, Jay, MA<sup>1</sup>; Mahalik, James, PhD<sup>1</sup>

<sup>1</sup>Department of Counseling, Developmental, and Educational Psychology, Boston College, Chestnut Hill, Massachusetts, USA

Criterion C-5, feelings of detachment or estrangement from others, captures the experience of social alienation that often accompanies Posttraumatic Stress Disorder (PTSD). This is particularly concerning as social support is a predictor of a variety of variables related to health. Adherence to social norms for traditional masculinity has been shown to relate to a variety of important health outcomes as well. However, the extent to which masculinity

relates to both social support and symptoms of PTSD remains unstudied. This study examined scores on the Posttraumatic Stress Disorder Checklist - Military Version (PCL-M), the UCLA Loneliness Scale, the Interpersonal Support Evaluation List (ISEL), and the Conformity to Masculine Norms Inventory (CMNI-22) from 197 veterans seeking treatment at the VA Boston Healthcare System. Regression analyses confirmed that conformity to masculine norms predicted significant variation in both loneliness and social support beyond that accounted for by symptoms of PTSD alone. This preliminary data suggests that a gender-sensitive approach may be beneficial to the treatment of PTSD as well as for addressing the health concerns of veteran men.

**Evaluating the Satisfaction and Learning Impact of the OSISS Peer Helper Training Module**

(Abstract #196045)

Poster # T-187 (Media, Mil Emer) Exhibition Hall, 4th Floor

Shields, Norman, PhD<sup>1</sup>; Cargnello, Juan, MPS<sup>1</sup>; Montplaisir, Yves, MED<sup>1</sup>

<sup>1</sup>National Centre for Operational Stress Injuries, Ste. Anne's Hospital, Veterans Affairs Canada, Ste-Anne-de-Bellevue, Quebec, Canada

Veterans Affairs Canada (VAC) and National Defence Canada co-sponsor a unique national peer helper organization known as the Operational Stress Injury Social Support (OSISS) program. VAC's National Centre for OSIs supports training of OSISS coordinators and volunteers that provide peer support to active Canadian forces members, veterans, and family affected by operational stress injuries (OSIs). An OSI is any persistent psychological difficulty resulting from operational duties performed while serving in the Canadian military. Peer support is an essential element to recovery and relevant peer training is needed.

The current paper describes the 3-day OSISS peer helper training module (i.e., manualized & experiential learning components); summarizes the training satisfaction results from 10 training sessions provided to varied peer helpers (n = 108); and summarizes 2-month follow-up learning impact survey results. Quantitative (i.e., likert scale) and qualitative data (i.e., comments) are presented. Training satisfaction results indicated a high rate of endorsement (> 90% in agreement) on training objectives, content and methodology. Recommendations included more practice time (e.g., role play). The impact evaluation is in progress and will be presented. The results lend preliminary support to the validity of this training module.

**Trauma After the Terror: Navigating the Immigrant Experience**

(Abstract #196049)

Poster # T-188 (Assess Dx, Cul Div) Exhibition Hall, 4th Floor

*Technical Level: Intermediate*

Underwood, Beverly, MSW<sup>1</sup>; Antuna, Claudette, MSW, MHSA<sup>1</sup>

<sup>1</sup>Argosy University, Bellevue, Washington, USA

After fleeing terrorism from their home countries, refugees and asylum seekers often face new trauma in the form of detention, deportation without due process, racial profiling, wage theft or forced labor, family separation and limited access to health and education. The first portion of this presentation will address the concerns delineated by a report delivered to the United Nations Human Rights Council on March 5, 2008, addressing the violations of migrant rights. The second portion will speak to the trauma created by trying to navigate the immigration system. There will be a brief discussion regarding the different ways in which undocumented individuals can seek legal remedy to establish status Barret & George, 2005). The third portion of this program will explore the use of psychological assessments and court testimony in assisting this vulnerable population. Culturally and linguistically competent psychological assessments not only

presents the migrant's case, it validates and tells the individual's story of trauma and terror (Mollica, 2004). To facilitate skill building, case studies will be presented in a didactic format to increase the knowledge base of working with this population.

### War and the Struggle for Meaning: Exploring the Existential Dilemmas of the Combat Veteran

(Abstract #196050)

Poster # T-189 (Practice, Prev EI)

Exhibition Hall, 4th Floor

Wills, Sharon, PhD<sup>1</sup>; Hopewell, C. Alan, PhD<sup>2</sup>; Penk, Walter, PhD<sup>3</sup>; Stone, Andrew, MD<sup>4</sup>

<sup>1</sup>Psychology Service, Central Texas Veterans Healthcare System, Austin, Texas, USA

<sup>2</sup>785th Med.Co, Med Psychologist, Major, United States Army, Austin, Texas, USA

<sup>3</sup>Psychology, Central Texas Veterans Healthcare System, Austin, Texas, USA

<sup>4</sup>Psychiatry, Veterans Affairs Medical Center, Philadelphia, Pennsylvania, USA

Never before in U.S. history have so many combat veterans been treated in VA mental health clinics while the conflicts they deployed to are still ongoing. The use of evidence based psychotherapies in trauma treatment is an important innovation, but it is vital to expand these psychotherapies to address some of the more common existential dilemmas presented to us by our patients, particularly those issues that are beyond the ordinary realm of PTSD treatment. Death, freedom, isolation, and meaninglessness, the domains of existential psychotherapy as described by Yalom (1980), include key issues encountered in combat experience that may not arise in exposure therapies. Making meaning is a necessary task of treatment. (Frankl, 1959). The sense of loss of meaning can lead to greater utilization of mental health services, suggesting that "greater consideration be given to addressing existential questions in the treatment of PTSD." (Fontana and Rosenheck, 2004). This panel will explore the existential implications of war zone exposure in the current conflicts, such as the struggle to find meaning in experiences that involve death, dying, threat to life and personal integrity, resolving guilt, and finding a means of honoring dead comrades without supporting continued conflict. Existential considerations for the therapist facing this material will also be explored.

### Impulsivity and PTSD in a Low-Income, Urban Community Sample

(Abstract #196051)

Poster # T-190 (Clin Res, Cul Div)

Exhibition Hall, 4th Floor

Russ, Eric, MA<sup>1</sup>; Gapen, Mark, MA<sup>1</sup>; Castleberry, Josh, BA<sup>2</sup>; Crain, Daniel, BA<sup>1</sup>; Bradley, Rebekah, PhD<sup>3</sup>; Ressler, Kerry, PhD<sup>1</sup>

<sup>1</sup>Emory University, Atlanta, Georgia, USA

<sup>2</sup>Psychiatry and Behavioral Sciences, Emory University, Atlanta, Georgia, USA

<sup>3</sup>Emory University, Decatur, Georgia, USA

A number of theoretical models suggest that those individuals with PTSD demonstrate higher levels of impulsivity in thoughts and behaviors. The current study draws from a NIMH-funded study 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 are proposing to present data on the relationship between impulsivity on the Barratt Impulsivity Scale (BIS) and PTSD symptoms as measured by the Posttraumatic Stress Scale-Revised from 779 participants in the above described study. Our data indicate the following relationships: 1) impulsivity and trauma exposure ( $r = 0.34$ ,  $p < .00$ ), 2) impulsivity and PTSD symptoms, and 3) impulsivity and other behavioral symptoms such as life time history of problems with alcohol and/or substance use. Of note, the relationships between impulsivity and PTSD is stronger in

females ( $F = 9.64$ ,  $p < .00$ ), suggesting that research on the relationship between PTSD and impulsivity needs to take gender into account. We will also use our data to present clinical, public policy, and theoretical implications for understanding and preventing potential negative impacts of trauma in this highly traumatized but under-studied and under-served population.

### Knowing What We Know and What We Don't Know About Trauma Treatment

(Abstract #196058)

Poster # T-191 (Media, Practice)

Exhibition Hall, 4th Floor

Julian, Terri, PhD<sup>1</sup>; Scaturo, Douglas, PhD<sup>2</sup>; McClellan, Michelle, PhD<sup>3</sup>

<sup>1</sup>Veterans Healthcare System-VISN2, Amherst, New York, USA

<sup>2</sup>Syracuse Vet Center, Fayetteville, New York, USA

<sup>3</sup>Veterans Healthcare System, Buffalo, New York, USA

Since 1980, a great amount of literature and research data has informed us about the nature of psychological trauma and its aftermath. and while many professionals are trained in circumscribed areas of treatment and practice, professionals with a sufficient breadth of knowledge in this field are needed to address the diversity and scope of presenting challenges. Given the surge in returning troops from highly volatile combat zones, and the increased knowledge of the effects of military sexual trauma, it is particularly timely to ascertain the skills and knowledge of trauma providers in the field. Given this need, it seems important to have an instrument to assess the base of knowledge needed for clinicians to practice in this area. We have utilized the ISTSS Practice Guidelines (Foa, Keane, & Friedman, 2000) as the knowledge base for items in our self-assessment questionnaire to assess competency for practice in this field. This proposed panel would review the development of this basic trauma knowledge assessment tool, the instrument, and preliminary findings of the instrument administration to clinicians actively practicing in the field today.

### Alcohol Frequency, Quantity, and Perceived Effects as Respective Mediators of Sexual Abuse and Risk

(Abstract #196062)

Poster # T-192 (EI, Child)

Exhibition Hall, 4th Floor

Nugent, Nicole, PhD<sup>1</sup>; Brown, Larry, MD<sup>1</sup>; Houck, Christopher, PhD<sup>1</sup>; Peters, April, MDIV<sup>1</sup>

<sup>1</sup>Brown Medical School, Providence, Rhode Island, USA

Childhood sexual abuse (CSA) has been associated with risky sex behaviors in adolescents (Brown et al., 1997, 2000; Cinq-Mars et al., 2003; Cunningham et al., 1994), including increased reporting of combining sex with alcohol/substance use (Elze et al., 2001). However, no investigations have examined whether alcohol use serves as a mediator between CSA and risky sex in youth. Further, the relative degree to which this relationship may be mediated by frequency of alcohol use, quantity imbibed, or subjective effects of alcohol has not been explored. Path analysis was applied to a sample of 212 youth recruited from area alternative schools to test three separate mediational models with the prediction of number of risky sex acts by CSA mediated by alcohol frequency (defined as number of days drank in past 90 days), quantity (number of drinks per drinking day), and effects (number of drinking days respondent "got buzzed"). Fit indices of respective models supported acceptable to excellent fit indices, with subjective effects of alcohol showing slightly better fit indices:  $X^2(1) = .01$ ,  $p = .95$ ,  $TLI = 1.36$ ,  $CFI = 1.00$ ,  $RMSEA = .00$ . Implications and limitations of presented data are discussed.

Poster # T-193 (withdrawn)

**Fear and Self Schemas in Posttraumatic Stress Disorder**

(Abstract #196064)

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

Daie-Gabai, Ayala, MA<sup>1</sup>; Foa, Edna, PA<sup>2</sup>; Shafraan, Naama, MA<sup>1</sup>; Gilboa-Schechtman, Eva, PhD<sup>3</sup>

<sup>1</sup>Department of Psychology and the Gonda Brain Science Center, Bar Ilan University, Ramat Gan, Israel

<sup>2</sup>University of Pennsylvania, Philadelphia, Pennsylvania, USA

<sup>3</sup>Bar Ilan University, Ramat Gan, Israel

We examined the proposition that trauma alters schemas about world & self using cognitive & self-report measures. In Study 1, fear & self schemas among trauma victims suffering from PTSD (n=19) and those without PTSD (TnoPTSD, n=25) were examined using modified versions of the Implicit Association Test (IAT) & self-reported world and self perceptions. PTSDs exhibited a more dysfunctional fear schema when measured both implicitly and explicitly; and reported lower self-perceptions, but did not exhibit more negative implicit self perception. Study 2 focused on resilience and compared TnoPTSD (n=24) to PTSD participants (n=18) and individuals who were not exposed to trauma (NoT, n=20). Explicit measures of Study 1, self IAT and emotional processing variables were collected. As hypothesized, TnoPTSD participants reported less negative perception of the world; more regulation self efficacy & emotional clarity; and more positive self perception compared to PTSD participants. No difference on implicit measure was found. Contrary to our hypothesis, the TnoPTSD group was not different from the NoT group on any of the self, world or emotional processing scales.

**Chronic Stress and Burnout Among Urban Workers**

(Abstract #196067)

Poster # T-195 (Commun; Ethics) Exhibition Hall, 4th Floor

Tilahun, Bikat, Doctoral Student, MA<sup>1</sup>; Lee, Hanna, Doctoral Student<sup>1</sup>; Love, Sean, Doctoral Student<sup>2</sup>; Chen, Emily, Doctoral Student<sup>1</sup>; Robin, Blair, Doctoral Student<sup>1</sup>; Eriksson, Cynthia B., PhD<sup>2</sup>

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

<sup>2</sup>Graduate School of Psychology, Fuller Theological Seminary, Pasadena, California, USA

A positive relationship between chronic stress and burnout has been documented in expatriate aid workers, but no research has replicated these findings in urban human service workers in the United States. In this study, urban workers were volunteer and paid staff working in intercity neighborhoods in multiple capacities such as education and violence prevention programs. Participants from five metropolitan cities (N = 284) completed surveys to assess chronic stress and its relationship to job burnout (using the Maslach Burnout Inventory; MBI). Chronic stress exposure was also compared between volunteer and paid staff. Findings indicated a positive correlation between chronic stress and the three subscales of the MBI: Emotional Exhaustion,  $r = .47, p < .01$ ; Depersonalization,  $r = .26, p < .01$ ; and Personal Accomplishment,  $r = .20, p < .01$ . The top five chronic stressors reported were: "feeling powerless to change the situation of the people in the community", "frustration with portrayals of urban life in media", "difficulty finding time for rest and relaxation", "violence in the community" and "encountering subtle racist attitudes". As expected, paid staff reported more chronic stress than volunteer workers,  $F(1, 283) = 17.28, p < .001$ . Practical implications of the unique findings were discussed.

**Psychometric Properties of the Hebrew Version of the PTCI Following Single Event Trauma**

(Abstract #196068)

Poster # T-196 (Assess Dx, Res Meth) Exhibition Hall, 4th Floor

Daie-Gabai, Ayala, MA<sup>1</sup>; Aderka, Idan, MA<sup>1</sup>; Foa, Edna, PA<sup>2</sup>; Shafraan, Naama, MA<sup>3</sup>; Gilboa-Schechtman, Eva, PhD<sup>3</sup>

<sup>1</sup>Department of Psychology and the Gonda Brain Science Center, Bar Ilan University, Ramat Gan, Israel

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<sup>3</sup>Bar Ilan University, Ramat Gan, Israel

The Posttraumatic Cognitions Inventory (PTCI) assesses cognitions hypothesized to be associated with poor recovery from trauma and with the maintenance of PTSD. PTCI has been shown to have a three-factor structure: Negative Cognitions About the Self, Negative Cognitions About the World, & Self-Blame. We examined the factor structure of the Hebrew version of the PTCI using confirmatory factor analysis. Participants were 181 Israeli adults following various types of trauma. Results indicated the three-factor model had a moderate fit with the data. All PTCI factors exhibited high internal consistency. The factors reflecting negative thoughts about the self & the world were significantly associated with measures of PTSD severity, depression and general anxiety, but the self-blame factor was not. PTCI as a whole had high convergent validity and was significantly associated with clinical measures of PTSD and depression, and with other psychological measures such as self perception, self criticism, rumination, emotional clarity & emotional regulation. In conclusion, the Hebrew version of the PTCI exhibits good psychometric properties and can contribute to trauma-related research

Poster # T-197(withdrawn)

**Principles of Caring for Combat Injured Families and Their Children**

(Abstract #196074)

Poster # T-198 (Mil Emer, Child) Exhibition Hall, 4th Floor

Cozza, Stephen, MD<sup>1</sup>; With Combat Injured Families, Workgroup on Intervention, PhD<sup>2</sup>; Guimond, Jennifer, PhD<sup>1</sup>; Ursano, Robert, MD<sup>1</sup>

<sup>1</sup>Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

<sup>2</sup>Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

Combat injury is a life-changing event that impacts a service member and his or her family. Injury to a parent is a major threat to children of all ages and a challenge for even the most resilient of military families. Parental injury disrupts the family system - its routines, cohesion and sense of safety. Combat injury also affects existing patterns of parenting, as both injured and uninjured parents experience their own emotional responses and face the complicated reality of medical treatment and rehabilitation. Often, adults do not know how to speak to children about the injury, or how much and what kind of information to share. Most children will remain healthy in the face of this stress, but some children may sustain life-changing trajectories in their emotional development and/or their interpersonal relationships. The Workgroup on Intervention with Combat Injured Families, Center for the Study of Traumatic Stress, Uniformed Services University developed ten evidence informed principles of care for combat injured families to guide interventions and support healthy growth and recovery. These principles are appropriate for use in military or civilian settings.

## Relationship of Guilt and Meaning in Life to Veterans' PTSD Severity

(Abstract #196079)

Poster # T-199 (Mil Emer, Practice)

Exhibition Hall, 4th Floor

Owens, Gina P., PhD<sup>1</sup>; Steger, Michael F., PhD<sup>2</sup>; Whitesell, Allison, BS<sup>1</sup>; Herrera, Catherine, BS<sup>1</sup>

<sup>1</sup>Psychology, University of Tennessee, Knoxville, Tennessee, USA

<sup>2</sup>Educational and Counseling Psychology, University of Louisville, Louisville, Kentucky, USA

The relationship among PTSD, combat exposure, and depression among combat veterans has been established. No research to date has examined relationships between guilt and presence of meaning in life as they relate to PTSD among this population, the purpose of the current study. Veterans (N=137) completed self-report measures including the Combat Exposure Scale, PCL-Military version, Depression Anxiety Stress Scales, Guilt Inventory, and Meaning in Life Questionnaire. The majority of participants were male (92%), Caucasian (93%), and served in the Vietnam War (78%). A hierarchical linear regression was performed to determine predictors of PTSD severity. Significant predictors were depression, combat exposure, guilt, presence of meaning, and the interaction between depression and meaning in life ( $F(5,115) = 42.198$ , Adj.  $R^2 = .64$ ). While controlling for depression and combat exposure, higher levels of guilt and lower levels of meaning were related to higher levels of PTSD severity. The interaction between depression and meaning suggests that at low and moderate levels of depression, higher levels of a sense of meaning are related to lower PTSD severity. Implications regarding the potential protective factor of meaning will be discussed.

## The Parent Guidance Assessment – Combat Injured (PGA-CI)

(Abstract #196081)

Poster # T-200 (Mil Emer, Child)

Exhibition Hall, 4th Floor

Cozza, Stephen, MD<sup>1</sup>; Chun, Ryo Sook, MD<sup>2</sup>; Schneider, Brett, MD<sup>2</sup>; Fullerton, Carol, PhD<sup>1</sup>; Guimond, Jennifer, PhD<sup>1</sup>

<sup>1</sup>Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

<sup>2</sup>Department of Psychiatry, Walter Reed Army Medical Center, Washington, District of Columbia, USA

Families of combat injured service members face unique challenges. The Parent Guidance Assessment – Combat Injured (PGA-CI) is a semi-structured clinical interview for collecting preliminary family, child, and parent information from the spouses of recently hospitalized, severely injured service members and for guiding appropriate child and family interventions. The PGA-CI is designed to provide a selective but sufficiently broad summary portrait of the injury-related issues, cascade of events, problems and concerns that affect wounded service member's children, spouses and other family members. A record review of PGA-CI interviews at Walter Reed Army Medical Center was conducted as part of this preliminary investigation. Multiple domains of family experience are described: family demographics and deployment experience, nature of service member combat injury, nature of the family notification of injury, family life events following injury notification, parent-child injury-related communication, injury-related parent and child behavioral and emotional responses and concerns, and planning for future family needs.

## Testing the Factorial Equivalencies of the Rumination Items Across a U.S. and Japanese Samples

(Abstract #196082)

Poster # T-201 (Cul Div, Res Meth)

Exhibition Hall, 4th Floor

Taku, Kanako, PhD<sup>1</sup>; Cann, Arnie, PhD<sup>1</sup>; Calhoun, Lawrence, PhD<sup>1</sup>; Tedeschi, Richard, PhD<sup>1</sup>

<sup>1</sup>Psychology, University of North Carolina at Charlotte, Charlotte, North Carolina, USA

This study assessed the cross-cultural consistency of cognitive processing in the aftermath of a traumatic event in U.S. and Japanese samples, by examining the factor structure of a scale measuring intrusive and deliberate rumination. Participants from the U.S. (N = 224) and Japan (N = 431) rated the degree of rumination occurring soon after their traumatic event and at the survey point. Multiple-group confirmatory factor analyses supported a four-factor model (Intrusive Rumination Soon After and Recently, Deliberate Rumination Soon After and Recently) with cross-loadings held over in both samples, indicating that the factor loadings and variances were invariant across samples. Results also showed that the factor covariances differed significantly across samples, suggesting that the relationships among the factors should be considered as potentially sample-specific. The current results illustrated the importance of considering rumination after traumatic events as multidimensional and as varying across time. Having verified that the factor structure is invariant across these two cultural contexts, the scale can now be used in future studies to assess the bases for possible differences across samples in the relationships among the rumination styles.

## Studying the OIF Returnees Post-Deployment Social Situation and Their Mental Health Needs

(Abstract #196083)

Poster # T-202 (Assess Dx, Res Meth)

Exhibition Hall, 4th Floor

Luchins, Daniel, MD<sup>1</sup>; Weine, Stevan, MD<sup>2</sup>; Basu, Anirban, PhD<sup>3</sup>; Jordan, Neil, PhD<sup>4</sup>

<sup>1</sup>Psychiatry, University of Illinois at Chicago, Chicago, Illinois, USA

<sup>2</sup>University of Illinois at Chicago, Chicago, Illinois, USA

<sup>3</sup>Medicine, University of Chicago, Chicago, Illinois, USA

<sup>4</sup>Psychiatry, Northwestern University, Chicago, Illinois, USA

In OIF returnees (as in the general population) there is a complicated relationship between who screens positive for mental health problems, is referred for care, meets diagnostic criteria for a disorder, perceives a need for treatment, receives treatment and has their needs met. Much attention has been focused on 'barriers' to care seeking by returnees, but there are social and economic factors that act in the opposite direction. For example returnees who are unemployed, divorced/ separated, or have marital or social conflict are more likely to seek care. This is in keeping with historical trends. The Vietnam Veterans Readjustment Study found rates of PTSD were roughly doubled in those who lacked a high school degree, were unemployed, or had a low income with pre-military factors such as coming from a poor family, having childhood behavioral problems, and abuse of substance before entering the military, being strong predictors of subsequently developing PTSD. To understand these relationships the strength and limitations of a proposed, multidisciplinary study using telephone surveys, electronic medical records and ethnographic techniques will be discussed.

## Avoidant Coping as a Mediator Between Peritraumatic Dissociation and Posttraumatic Stress Symptoms

(Abstract #196084)

Poster # T-203 (EI, Mil Emer)

Exhibition Hall, 4th Floor

Pacella, Maria L., BA<sup>1</sup>; Irish, Leah, MA<sup>1</sup>; Sledjeski, Eve, PhD<sup>2</sup>; Fallon, William, MD<sup>3</sup>; Spoonster, Eileen, RN<sup>3</sup>; Delahanty, Doug, PhD<sup>1</sup>

<sup>1</sup>Kent State University, Kent, Ohio, USA<sup>2</sup>Wesleyan University, Middletown, Connecticut, USA<sup>3</sup>Summa Health System, Akron, Ohio, USA

According to a recent meta-analysis, peritraumatic dissociation (PD) is one of the strongest predictors of posttraumatic stress disorder (PTSD). However, numerous studies have questioned the predictive utility of PD. Identification of mechanisms through which PD contributes to the development of PTSD would inform theory regarding the predictive utility of PD. Use of avoidant coping strategies (behavioral disengagement, denial, self-distraction) may serve as a behavioral mechanism through which PD leads to maladaptive outcomes. The current study examined the extent to which avoidance coping served as a mechanism through which PD contributed to posttraumatic stress symptoms (PTSS) in a sample of 119 motor vehicle accident victims. The Peritraumatic Dissociative Experience Questionnaire was administered in-hospital and the Brief Cope was administered 6-weeks post-trauma. The CAPS was administered 6 months post-trauma to measure PTSS. Regression analyses revealed that PD and avoidant coping predicted PTSS and that PD predicted avoidance coping after controlling for age and gender ( $p$ 's < .01). A Sobel test confirmed avoidant coping as a mediator between PD and the development of PTSS ( $\Delta\beta = .120$ ;  $z = 2.86$ ;  $p = .004$ ). Interventions targeted at reducing avoidance in those who experience high PD may reduce the likelihood of future PTSS.

## Does Cognitive-Behavioral Therapy Change the Brain?

(Abstract #196085)

Poster # T-204 (Clin Res, Bio Med)

Exhibition Hall, 4th Floor

Porto, Patricia, MS<sup>1</sup>; Figueira, Ivan, MD<sup>1</sup>; Oliveira, Letícia, PhD<sup>2</sup>; Volchan, Eliane, PhD<sup>1</sup>; Ventura, Paula, PhD<sup>2</sup>

<sup>1</sup>Federal University of Rio de Janeiro, Rio de Janeiro, Brazil<sup>2</sup>Universidade Federal Fluminense, Niterói, Rio de Janeiro, Brazil

This article presents a systematic review of neuroimage in anxiety disorders. Our objective is to investigate neurobiological changes related to cognitive-behavioral therapy (CBT) in anxiety disorders detected through neuroimaging techniques and to identify predictors of response to treatment. We searched Pubmed, Psycinfo and Web of Science databases from 2006 to 2007. Ten resulting articles met the selection criteria of this review. CBT modified mainly neural circuits involved in the regulation of negative emotions and fear extinction in judged treatment responders. The only study on predictors of response to treatment was regarding obsessive-compulsive disorder and showed higher pre-treatment regional metabolic activity in the left orbitofrontal cortex associated with a better response to behavioral therapy. Despite methodological limitations, initial neuroimaging studies revealed that CBT interventions were able to change dysfunctions of the nervous system related to anxiety disorders in judged treatment responders.

## Terror as a Mechanism of Control: The Experience of Victims of Human Trafficking

(Abstract #196086)

Poster # T-205 (Practice, Ethics)

Exhibition Hall, 4th Floor

Gupta, Sonali, PsyD<sup>1</sup><sup>1</sup>Center for Multicultural Human Services, Falls Church, Virginia, USA

Human trafficking involves the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of sexual exploitation or forced labor via the use of force, fraud, or coercion. The trafficked victim is subjected to various forms of abuse the purpose of which is in part to create extreme feelings of fear that support the continued manipulation and exploitation of the individual. Physical, sexual, and psychological abuse, forced use of drugs and alcohol, social restrictions, and high-risk, abusive living and working conditions are some of the methods traffickers use to create a pervasive state of terror. Upon escaping the trafficking situation, the effects of this fear linger and not only continue to exert control over various aspects of the individual's life, but also influence the victim's physical and psychological recovery process and ability to access services, seek restitution, and achieve legal status. This presentation will discuss the use of terror in the trafficking context and the impact on the victim. Clinical interventions that specifically address the fear and its sequelae and thereby support recovery will be described. Lastly, implications for current policies regulating assistance to victims of trafficking will be discussed.

## A Proposed Cut-Off Score for the Peritraumatic Distress Inventory

(Abstract #196090)

Poster # T-206 (Assess Dx, Prev EI)

Exhibition Hall, 4th Floor

Guardia, Dewi, MD<sup>1</sup>; Ducrocq, Francois, MD<sup>2</sup>; Duhamel, Alain, PhD<sup>1</sup>; Demarty, Anne-Laure, PhD<sup>3</sup>; Brunet, Alain, PhD<sup>4</sup>; Vaiva, Guillaume, MD, PhD<sup>2</sup>

<sup>1</sup>University Hospital of Lille, Lille, France<sup>2</sup>Pole de Psychiatrie et Pole des Urgences, University Hospital of Lille, Lille, France<sup>3</sup>CIC 9301, University Hospital of Lille, Lille, France<sup>4</sup>McGill University Douglas Hospital, Verdun, Quebec, Canada

The Peritraumatic Distress Inventory (PDI) is a well recognized assessment tool for post-immediate emotional reactions. Nevertheless, no cut-off score is yet available which would help predict the development of acute or chronic PTSD, or any other trauma-related disorder.

Objective: To define and propose a cut-off score for the PDI.

Method: The study included 205 road traffic accident victims consecutively hospitalized in a Trauma Center. During the 5 days after admission, the PDI was administered. Six weeks and 1 year after the accident, a modified version of the CAPS was administered by phone by an experienced clinical psychologist. One year after the accident, the Mood Depressive Disorders and the Anxiety Disorders sections of the MINI were administered. Statistical analyses were performed using the SAS software (V8.0).

Results: At 6 weeks, 90% of the victims with PDI total score of more than 28 developed acute PTSD at follow up; and 90% of the victims with PDI total score of less than 7 did not develop any trauma related disorders.

Conclusion: We propose a PDI total cutting score of 14 (sensitivity=73% and specificity=60% - Area Under Curve=0,7) and we will test this hypothesis in other populations.

**Do Cognitive Factors Predict Posttraumatic Growth (PTG) in Individuals Diagnosed HIV-Positive?**

(Abstract #196091)

Poster # T-207 (Bio Med, Prev EI)

Exhibition Hall, 4th Floor

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Research on PTG in traumatized populations is flourishing. However, little is known about how PTG occurs. Calhoun and Tedeschi (2007) suggest the event must be seismic in nature for the process of PTG to begin. Further, some cognitive factors including ruminations and assumptions are related to the amount of PTG. What remains unclear is how these cognitive factors might best be measured and thus further understood in their relationship to PTG.

This study examines ruminations (then intrusive, then deliberate, current intrusive, and current deliberate) measured with the Rumination Scale (Calhoun, Cann, Tedeschi, & McMillan, 2000) and world assumptions (benevolence of the world, meaningfulness of the world, and self-worth) measured with the World Assumptions Scale (Janoff-Bulman, 1989) and their relationship to PTG in a convenience sample (n=118) of individuals with HIV.

Two multiple regression analyses, one including assumptions and the other ruminations, were conducted to predict overall PTG. Both regressions were significant. Both assumptions and ruminations offer predictive power. Self-worth and current deliberate ruminations were most strongly related to PTG with correlations of .411,  $p < .01$  and .304,  $p < .01$ . After partialling out the effects of the other variables both were still strongly related to PTG. Results and implications will be discussed.

**Doxazosine, an Alpha1-Adrenergic Antagonist, Has Positive Effects on Posttraumatic Stress Disorder**

(Abstract #196092)

Poster # T-208 (Clin Res, Bio Med)

Exhibition Hall, 4th Floor

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Background: Post traumatic stress disorder (PTSD) is for many a disabling disease. Pharmacotherapy can be helpful and research is on-going. Prazosine, an alpha1-adrenergic antagonist, appeared to reduce night time PTSD symptoms in PTSD, daytime prazosin reduced distress specifically to trauma cues. Adding daytime prazosin to bedtime prazosin reduced overall PTSD symptoms further. Doxazosin, another alpha1-adrenergic antagonist, is prescribed for treatment of hypertension and benign prostate hypertrophy, and available in a slow release form. This allows a once daily dosage, higher initiation dose and less side effects. The hypothesis of doxazosine long-acting is a positive effect on night- and daytime PTSD symptoms and this will reflect on other quality of life.

Objective: The evaluation of Doxazosin long-acting efficacy for sleep disturbances and overall PTSD symptoms.

Method: participants with chronic PTSD receive Doxazosin long-acting in a 12 week open label trial.

Findings: interim preliminary analysis showed an average subject improvement on the Dutch version of the CAPS (clinician administered PTSD scale) scores, as well as the measures for criterion B and D separately. Clinical Global Impression scores improved as well.

Conclusions: Preliminary results show positive effects of Doxazosin long-acting on symptoms in PTSD and warrants further research.

**Trauma Symptoms and Suicide Risk in French General Population**

(Abstract #196094)

Poster # T-209 (Res Meth, Assess Dx)

Exhibition Hall, 4th Floor

Jardon, Vincent, MD<sup>1</sup>; Ducrocq, Francois, MD<sup>2</sup>; Jehel, Louis, MD, PhD<sup>3</sup>; Molenda, Sylvie, PhD<sup>1</sup>; Roelandt, Jean-Luc, MD<sup>4</sup>; Vaiva, Guillaume, MD, PhD<sup>1</sup><sup>1</sup>Pole de Psychiatrie Pole des Urgences, University Hospital of Lille, Lille, France<sup>2</sup>University Hospital of Lille, Lille, France<sup>3</sup>Unite de Psychiatrie et Psychotraumatisme, University Hospital of Paris, Tenon APHP, Paris, France<sup>4</sup>WHO French Collaborating Center in Mental Health, Armentieres, France

The psychological effects of the exposition to a traumatic event and the suicidal behaviours represent two major concerns in public health. The links between these phenomena, both relative to death, are studied only recently in the international literature. A large epidemiological study was built in France concerning mental health in general population (SMPG) based on a recruitment in 47 metropolitan places between 1999 and 2003. On the basis of MINI were determined the prevalence of the mental disorders, their functional consequences and the different care systems used by the subjects. A second phase allowed an estimation of the suicidal risk in more than 30.000 subjects. The aim of this work was to examine the crossed prevalences of the various levels of suicidal risk with the various registers of psychotrauma. A "marked" suicidal risk was established in 4% of the general population. The distinction of several levels of psychotraumatic suffering lead us to determine a 0.7 % prevalence of full PTSD, to establish the risk to be exposed to a traumatic event to 30 % while finally underlining that 5 % of the population were concerned with this clinical suffering during the last 12 months. Reaffirming the direct links between suicide and trauma, we found a growing gradient between the suicidal risk and the various forms of psychotraumatic symptoms.

**Psychological Effects on HIV Disease Progression Following Hurricane Katrina**

(Abstract #196095)

Poster # T-210 (Disaster, Practice)

Exhibition Hall, 4th Floor

Kissinger, Patricia, PhD<sup>1</sup>; Reilly, Kathleen, MPH<sup>1</sup>; Benight, Charles, PhD<sup>2</sup>; Schmidt, Norine, MPH<sup>1</sup>; Curtin, Erin, MPH<sup>1</sup><sup>1</sup>Tulane University School of Public Health and Tropical Medicine, New Orleans, Louisiana, USA<sup>2</sup>University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

Purpose: In August 2005 Hurricane Katrina displaced approximately 8000 HIV-infected persons. The psychological effects on the disease progression of HIV-infected patients from this disaster is unknown.

Methods: One year post-storm, we interviewed 145 patients who had attended the HIV Outpatient Program clinic prior to the storm. We gathered information on demographics and psychological measures, along with HIV-related laboratory results.

Findings: Fifty-four (37.2%) patients had posttraumatic stress disorder (PTSD) one year after the storm. There was no significant difference in median CD4 before the hurricane for those who had PTSD (285) and those who did not have PTSD (374) ( $p=0.46$ ). There were, however, significantly more CD4 for those with PTSD at one year (247 vs. 357 ( $p=0.003$ )) and 18 months after the hurricane (283 vs. 383 ( $p=0.01$ )). Likewise, median log-transformed HIV viral loads were not significantly different pre-storm (PTSD: 8.94, no PTSD: 5.99 ( $p=0.13$ )), but those with PTSD had higher viral loads both at one year (7.71 vs. 5.99 ( $p=0.03$ )), and 18 months (6.26 vs. 5.99 ( $p=0.007$ )).

Conclusion: Those with HIV that develop PTSD after experiencing a traumatic event are more likely to progress in their HIV severity. Special assistance should be provided to HIV patients at the time of disasters to prevent deleterious psychological events and HIV progression.

**Racial Disparities in Trauma Exposure, PTSD, and Service Use Among Female Veterans in Primary Care**  
(Abstract #196096)

Poster # T-211 (Mil Emer, Cul Div) Exhibition Hall, 4th Floor

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Objective: To compare female African American (n =84) and Caucasian (n =99) veterans from primary care clinics at four VAMCs on prevalence rates of trauma, PTSD, other psychiatric diagnoses, functional status, and use of VA services and disability benefits.

Methods: Analyses were based on a cross-sectional, epidemiological design incorporating self-report measures, structured interviews, and chart reviews.

Results: With the exception of higher rates of child sexual abuse among Caucasian women and higher rates of physical assault among African American women, there were no other statistically significant racial differences across analyses. However, some meaningful clinical differences emerged across other variables, and the implications of these findings are discussed within the context of our other results.

Conclusions: African American and Caucasian female veterans do not differ dramatically with regard to the manifestation or severity of psychopathology, or in their use of relevant VA healthcare services and disability benefits. These data are important as women represent the fastest growing segment of the VA population after aging veterans. Further research is needed to replicate and extend these findings to ensure that female veterans' needs are adequately identified and met by VAMC providers.

**A Pilot Study of PTSD and Alcohol and Drug Use in Iraq Combat Veterans Recruited From Primary Care**  
(Abstract #196097)

Poster # T-212 (Mil Emer, Res Meth) Exhibition Hall, 4th Floor

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Veterans with combat exposure are at risk for developing Post Traumatic Stress Disorder (PTSD) and substance use disorders (SUD). These veterans are more likely to seek assistance from primary care than specialty mental health settings. This pilot study examines feasibility of recruitment, rates of PTSD and SUD, and associations between PTSD symptoms and alcohol use among Iraq War veterans recruited from primary care. Patients who scored positive for risky drinking and reported Iraq War-related combat exposure completed structured clinical interviews, including the Clinician-Administered PTSD Scale, Time Line Follow Back, and SUD portion of the Structured Clinical Interview for Diagnosis-IV. Sixty-three percent of participants who were contacted and met criteria completed the protocol (n=14). Results indicated that 85.7% (n = 12) met lifetime criteria for an alcohol use disorder, 50% (n = 7) met criteria for lifetime SUD, and 50% (n = 7) met criteria for current PTSD. Past month PTSD symptoms were related to several indices of past month drinking behavior including number of days binge drinking (r = .46). Our results suggest returning veterans will participate in trauma research and PTSD symptoms are associated with risky alcohol use. Primary Care based interventions for SUD and PTSD may be warranted.

**Effects of Evacuation on the Well-Being of Hurricane Katrina Survivors**

(Abstract #196098)

Poster # T-213 (Disaster, Ethics) Exhibition Hall, 4th Floor

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This presentation reports the results of a series of semi structured, hour-long interviews with Hurricane Katrina evacuees. Interviews were done at the first anniversary of the hurricane and involved two samples: people who first evacuated to Louisville, KY and later returned to the Gulf Coast, and, people who evacuated to and stayed in Louisville. Responses were collected from 101 evacuees; the sample was largely African American (65%) and female (62%) with a mean age of 42 years. Measures of psychological distress, including depression, anxiety, and PTSD, and quality of well-being were obtained. Results indicated that depression and anxiety levels were high and that slightly more than 50% of the sample met criteria for PTSD. Psychological distress was significantly higher in those who returned to the Gulf Coast versus those who stayed in Kentucky. Quality of well-being, which reflects the respondents' quality of life, was low overall (mean = .61, SD = .19, where 1 is the quality of life associated with perfect health and 0, death) and did not differ between those who returned or stayed. While quality of well-being was not predicted by other factors, psychological distress was associated with exposure, secondary trauma, gender, and relocation status.

**Are Common "Nontraumatic" Events Capable of Eliciting Posttraumatic Stress?**

(Abstract #196099)

Poster # T-214 (Practice, Ethics) Exhibition Hall, 4th Floor

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A diagnosis of Posttraumatic Stress Disorder (PTSD) has long been conceptualized as having been preceded by a particularly traumatic stressor (e.g., combat exposure, rape, violent assault, etc). Recent research suggests that more common stressful events (e.g., relational problems, divorce, expected death of a loved one, etc) are also capable of eliciting posttraumatic symptomatology (Mol et al, 2005; Gold et al., 2005; Bodkin et al., 2007). The current study attempted to replicate and strengthen these previous findings by obtaining a large enough sample to examine three groups of event exposure (e.g., those who reported experiencing only traumatic events, those who only reported experiencing significant "non-traumatic" life events, and those who experienced both types of events), whereas previous studies only examined two groups of individuals (those who had a traumatic event and those who did not). The current study confirmed previous findings and found that all three groups of event exposure experienced similar amounts of PTSD symptomatology across symptoms clusters (reexperiencing, avoidance, and hyperarousal). These data add to the growing literature that suggests that the type of events that cause symptoms of PTSD may be broader than the current diagnostic criteria indicate.

### Increased Heart Rate Variability Affects Posttraumatic Stress Disorder Symptom Improvement

(Abstract #196100)

Poster # T-215 (Assess Dx, Bio Med) Exhibition Hall, 4th Floor

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A core, distinguishing feature of posttraumatic stress disorder (PTSD) is heightened psychophysiological activity. Studies have found that heart rate variability (HRV), a biomarker of autonomic functioning, is affected by PTSD. Several intervention studies, assessing psychopharmacology, cognitive behavioral therapy, eye movement desensitization, and hatha yoga, have used HRV as a biomarker for treatment improvement and have shown that an increase in HRV is related to a concurrent reduction in traumatic stress symptoms. This randomized controlled trial compared a respiratory sinus arrhythmia (RSA) biofeedback experimental condition to a progressive muscle relaxation (PMR) control procedure over a 4-week period with 38 persons with elevated PTSD symptoms in residential treatment facility for substance abuse disorder. Primary outcomes included change in HRV amplitude as well as symptoms of PTSD and depression. The most substantial findings were that an increase in HRV predicted PTSD symptom improvement and a statistical trend in depressive symptoms. These results underscore the need for further HRV assessment studies targeting features of heightened psychophysiological activity associated with PTSD.

### A New Paradigm for Understanding the Israeli/Palestinian Conflict

(Abstract #196111)

Poster # T-216 (Media, Ed) Exhibition Hall, 4th Floor

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Multiple outside traumatic forces that fuel and perpetuate the intractability of the Israeli/Palestinian Conflict may be the missing piece to attain peace. The traumatic impact of terror, violence and war on a nation's psyche, generates traumatic narratives and impaired survival responses that perpetuate trauma and seriously affect a nation's capacity to find creative solutions for problems. Viewing this conflict through the paradigm shift of healing trauma to achieve peace can help address and resolve the many traumatic forces that keep feeding it. Through a compelling visual presentation, this workshop (75m) explores the different world vortices impeding the conflict's resolution and suggests guidelines to approach and resolve this multi-pronged conflict. It also presents a model that addresses the resolution of collective trauma and violence beyond politics, helping adversarial populations build a rational foundation for a healing dialogue. It engages the diverse social sectors that interface with trauma in order to promote the tools that can stabilize the collective nervous system of populations. Addressing the underlying emotional foundation behind the intractability of the Israeli/Palestinian conflict and offering a helpful framework, this workshop is useful for therapists, NGOs, peace workers and mediators, as well as for media personnel and opinion and policy-makers.

### An Examination of the Differential Effects of Traumatic Events and Life Stressors

(Abstract #196112)

Poster # T-217 (Assess Dx, Res Meth) Exhibition Hall, 4th Floor

Lancaster, Steven L., BA<sup>1</sup>; Melka, Stephen E., BA<sup>1</sup>; Rodriguez, Benjamin F., PhD<sup>1</sup><sup>1</sup>Southern Illinois University, Carbondale, Illinois, USA

Recent evidence as suggested that people who have survived traumatic events, as defined in the *DSM-IV* are no more likely to develop symptoms of Posttraumatic Stress Disorder than people who experience other types of events which they deem stressful. The primary goal of the current study was to examine if nature of a stressful event is related to the psychological consequences of that event using improved methodology over previous studies in this area. This was done by comparing participants who self-report having experienced traumatic events to those who report stressful life events but no traumatic events. The results indicated that participants who had experienced a traumatic event had significantly higher scores on a measure of PTSD symptoms ( $F(1) = 12.679, p < .001$ ) than those who had not; further, participants who had experienced a traumatic event were more likely to meet diagnostic criteria for PTSD ( $2(1) = 4.458, p = .035$ ). Further analyses will examine emotional reactions at the time of the event and how they differ across type of stressful event. It can be concluded that experiencing a traumatic event, as defined in *DSM-IV*, is more likely to lead to symptoms of PTSD than experiencing other types of events.

### Prevalence and Sequelae of Betrayal Trauma in a Japanese Student Sample

(Abstract #200461)

Poster # T-218 (Assess Dx, Cul Div) Exhibition Hall, 4th Floor

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Betrayal trauma theory was tested in a convenience sample of 79 Japanese university students. Betrayal trauma theory predicts heightened psychological and memory disturbance associated with abuse perpetrated by someone close (high betrayal trauma) compared to abuse perpetrated by someone not close (medium betrayal) and non-interpersonal trauma (low betrayal). This betrayal trauma effect is theorized to occur due to the conflict that arises in high betrayal situations between the need to maintain attachment to the close other and the withdrawal or confrontation behavior that betrayal usually calls for. In addition endorsement of traditional Japanese cultural values was assessed to test the hypothesis that interdependence-based cultural values would exacerbate the betrayal effect due to increased attachment needs. High betrayal childhood trauma was reported by 47% of the sample and it significantly predicted depressive and posttraumatic stress disorder symptoms above and beyond symptoms related to medium betrayal and non-interpersonal trauma. Memory disruption was more likely for high betrayal but not medium betrayal abuse compared to non-interpersonal traumas. Interdependence-based cultural values did not moderate these betrayal effects. These findings contribute to the limited empirical literature on child abuse in Japan and partially support betrayal trauma theory.