

Session 2: Friday, November 14
Exhibition Hall, 4th Floor

Poster Organization

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

Posters are organized within the final program by presentation day. The presenting author is underlined. In addition, the index provided at the 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 on page 160.

Session 2: Friday, November 14
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)

Pathways to Cultural Competence: Assessing and Treating Traumatized Latino Children and Families
 (Abstract #196113)

Poster # F-101 (Cul Div, Practice) **Exhibition Hall, 4th Floor**

Conradi, Lisa, PsyD¹; Hendricks, Alison, LCSW¹; Merino, Clorinda, MED¹

¹Chadwick Center for Children and Families, Rady Children's Hospital, San Diego, California, USA

Currently available research on the efficacy of Evidence-Based Treatment (EBT) for traumatized Latino children is scarce. Further resources are needed on how to best adapt Evidence-Based Practices (EBPs) for work with Latino populations. The presenters have created Adaptation Guidelines for the delivery of EBTs/EBPs to Latino families as part of the National Child Traumatic Stress Network (NCTSN). Experts in the fields of child trauma research, clinical practice, policy and cultural competence have participated in multiple focus groups designed to ascertain how evidence-based practices and mental health practice in general can best be adapted to fit the needs of traumatized Latino children and families. The results of this groundbreaking project will be presented along with

specific recommendations for individuals and organizations to improve their provision of culturally competent services for Latino families. Attendees will learn concrete ways to support Latino families on both a micro level (conducting a thorough assessment and providing culturally competent therapeutic services) to a macro level (organizational competence, policy changes, and to improve service utilization). This presentation will be appropriate for both mental health providers and program administrators who serve Latino families.

African-American Women and the Terror of Intimate Partner Abuse: Critical Analysis of the Literature
 (Abstract #196114)

Poster # F-102 (Cul Div, Clin Res) **Exhibition Hall, 4th Floor**

Tillman, Shaquita, MA¹

¹Pepperdine University, Los Angeles, California, USA

The terror of intimate partner violence impacts the lives of women from all racial and socioeconomic backgrounds. However, the intersection of gender, race and socioeconomic status place African-American women at increased risk of experiencing violence from an intimate partner. Statistics have indicated that among African American women between the ages of 15 and 34, homicide by an intimate partner is the leading cause of death. The psychological effects associated with intimate partner violence include depression, anxiety, posttraumatic stress disorder (PTSD) and suicide ideations and actions. The purpose of this literature review is to provide a critique of the current scholarship examining the various coping strategies African-American female survivors of intimate partner violence utilize i.e., informal and formal social support, religion/spirituality, and substance use. The author provides a summary of the literature, gaps in current empirical studies, and needs for future study. Finally research-informed recommendations are provided, including the recommendation for forms of trauma therapy that address ethnocultural and race related variables as they intersect with the recovery process.

The Symptoms of Trauma Scale (SOTS): A Pilot Study
 (Abstract #196117)

Poster # F-103 (Assess Dx, Clin Res) **Exhibition Hall, 4th Floor**

Mendelsohn, Michaela, PhD¹; Kallivayalil, Diya, PhD¹; Levitan, Jocelyn, BA¹; Pratts, Michael, MD²; Opler, Mark, PhD, MPH²; Herman, Judith, MD¹

¹Department of Psychiatry, Cambridge Health Alliance, Victims of Violence Program, Somerville, Massachusetts, USA

²The PANSS Institute, New York, New York, USA

The Symptoms of Trauma Scale (SOTS) was developed to provide a comprehensive, time-efficient and change-sensitive measure of trauma symptoms that can be used to study treatment outcome. The SOTS is a twelve-item seven-point rating scale assessing severity of symptoms associated with both DSM-IV Post Traumatic Stress Disorder and Complex Posttraumatic Stress Disorder. To ensure that information is gathered in a consistent manner, the SOTS package includes a semi-structured clinical interview (the SCI-SOTS) as well as a training curriculum and certification process. This presentation describes a pilot study of the SOTS conducted at the Victims of Violence Program of the Cambridge Health Alliance/Harvard Medical School. Thirty adult patients seeking outpatient individual or group trauma treatment were interviewed using the SCI-SOTS and were rated on the twelve SOTS items by two clinicians. Patients also completed self-report measures of posttraumatic stress, depression, dissociation, self-esteem, interpersonal functioning, affect regulation, and suicidal and self-harming behaviors. Data were analyzed for interrater reliability as well as agreement between scores on the SOTS and other established trauma-related instruments. The findings indicate that the SOTS is a user-friendly measure that is well tolerated by patients and has promising psychometric properties.

Poster # F-104 (withdrawn)

Temperament Stability in Children Exposed to Domestic Violence

(Abstract #196123)

Poster # F-105 (Child, Clin Res)

Exhibition Hall, 4th Floor

Black, J. Audie, BA¹; Field, Lia R., BA¹; Penny, Saleem H., MA¹; Levendosky, Alytia A., PhD¹; Bogat, G. Anne, PhD¹; Von Eye, Alexander, PhD¹¹Department of Psychology, Michigan State University, East Lansing, Michigan, USA

Child temperament is influenced by both genetic and environmental factors, but may be particularly sensitive to unstable or traumatic childrearing environments, such as growing up with domestic violence (DV). Using a longitudinal approach, the present study will examine the effects of DV exposure on child temperament stability from ages 1 to 4. The broad traits of Negative Emotionality (NEM), Positive Emotionality (PEM), and Constraint (CON) (Tellegen, 2003) will be used. We hypothesize that different trajectories of DV exposure will be associated with the following temperament outcomes: 1) non-DV exposed children will display the most constant temperament profile, 2) continuously exposed children will exhibit an unstable temperament profile with linear trajectories (e.g., higher NEM, lower PEM, and lower CON), and 3) children exposed to intermittent DV will demonstrate the most unstable temperament profile, reflecting their inconsistent rearing environment. 184 mother-child dyads participated in this longitudinal study with temperament and DV measured annually. Preliminary analyses support the three-trait temperament structure, as well as codable patterns of DV trajectories across the four time points. This study will advance understanding of temperament in/stability in early childhood in the context of environmental risk factors.

Defense Against Betrayal? Borderline Personality Disorder

(Abstract #196126)

Poster # F-106 (Child, Clin Res)

Exhibition Hall, 4th Floor

Kaehler, Laura, MS¹; Freyd, Jennifer, PhD²¹Psychology, University of Oregon, Eugene, Oregon, USA²University of Oregon, Eugene, Oregon, USA

Borderline Personality Disorder has been associated with both trauma and insecure attachment styles. Betrayal Trauma Theory proposes survivors of interpersonal trauma may remain unaware of betrayal in order to maintain a necessary attachment. This preliminary study reports on the relationship between self-reports of betrayal trauma experiences and borderline personality characteristics in a college sample. As much of the sample were college freshmen (Mage=20.1, SD=3.4), this study directly looks at childhood trauma and its relationship to adolescent personality characteristics. Using multiple regression, betrayal was significantly associated with BPD characteristics. Trauma with high-betrayal was the largest contributor to borderline traits and trauma with medium betrayal was also a significant predictor. However, trauma low in betrayal was not associated with BPD features. These results stand even after controlling for gender. These findings suggest betrayal may be a key, and yet heretofore unaddressed, feature of borderline personality disorder.

From Terrorists to Freedom Fighters (and Back?): Restoring the Dignity of South African Ex-Combatants

(Abstract #200654)

Poster F-107 (Cul Div, Soc Ethic)

Exhibition Hall, 4th Floor

Bandeira, Monica, MA¹; Friedman, Merle, MA, PhD²¹Centre for the Study of Violence and Reconciliation, Johannesburg, Gauteng, South Africa²South African Institute for Traumatic Stress, Saxonwold, South Africa

One of the main areas of concern for countries in the aftermath of terror and the emergence of new democracies is the way in which the perpetrators of terror are reintegrated. In countries where this was poorly managed, these individuals/groups emerge as looming threats to society. This presentation explores: the psychosocial interventions available to South African ex-combatants; their perceived impact; the challenges and obstacles faced by this group; the lessons learned through this work; other interventions required; and the role government should play. Twenty ex-combatants and six organisations were interviewed and qualitative methods of data collection and analysis were used. Although the results reveal interesting differences and similarities between ex-combatants and organisational members, the report concludes that the need for psychosocial interventions aimed specifically at ex-combatants still exists although the manner in which this occurs may need to be re-evaluated. In addition, political will must be fostered and the sector strengthened if the needs of ex-combatants are to be addressed. Interventions aimed at economic empowerment should be developed and recognition plays a central role in the healing of South African ex-combatants. Ex-combatants have a great deal to contribute to society, but if ignored have the potential to threaten democracy.

Psychometric Properties of the Child's Reaction to Traumatic Events Scale-Revised-Chinese Version

(Abstract #196129)

Poster # F-108 (Assess Dx, Cul Div)

Exhibition Hall, 4th Floor

Chen, Yi-Chuen, PhD¹; Fortson, Beverly L., PhD²; Lai, Yu-Chieh, BS¹; Lee, Yi-Kung, MD³¹Department of Psychology, National Chung Cheng University, Taiwan, Chia-Yi, Taiwan²Department of Psychology, University of South Carolina-Aiken, Aiken, South Carolina, USA³Departments of Emergency Medicine and Surgery, Buddhist Dalin Tzu Chi General Hospital, Chia-Yi, Taiwan

Current measures of childhood posttraumatic stress disorder (PTSD) were designed primarily for the assessment of PTSD in native English speaking children. In the current study, the factor structure, internal consistency, and convergent validity of a Chinese version of the Child's Reaction to Traumatic Events Scale-Revised (CRTES-R-C) were examined. The sample consisted of 26 school-aged children who were exposed to a motor vehicle crash (MVC). Factor analyses generally confirmed the three-factor structure (accounting for 19.59%, 16.77%, and 13.58% of the variance, respectively); however, marked discrepancies exist for the items loading on the first two extracted factors as compared to the original English version of the measure. Moderate to high internal consistency was found for the entire scale and the resulting factors (alphas = .79 to .89). Convergent validity was supported by the moderate correlation ($r = .68, p < .01$) between the CRTES-R-C total scores and the total number of symptoms assessed by the PTSD section of the Anxiety Disorders Interview Schedule, Child Version. The findings suggest acceptable psychometric properties of the CRTES-R-C. Future studies are needed to further clarify the factor structure of the measure with a larger sample size or among those persons who have experienced different types of trauma.

Chronic Pain & PTSD – New Mechanisms of Comorbidity and First Results of A CBT-Biofeedback Approach

(Abstract #196131)

Poster # F-109 (Clin Res, Civil Ref)

Exhibition Hall, 4th Floor

Liedl, Alexandra, MA¹; Knaevelsrud, Christine, PhD²; Karl, Anke, PhD³; Denke, Claudia, PhD⁴; Mueller, Julia, PhD⁵

¹University of Dresden; Treatment Center for Torture Victims, Berlin, Germany

²Treatment Center for Torture Victims, Berlin, Germany

³University of Southampton, Highfield, Southampton, United Kingdom

⁴Department of Anesthesiology and Critical Care Medicine, Charité Virchow-Clinic, Berlin, Germany

⁵University Hospital Zurich, Zurich, Switzerland

Many traumatized individuals suffer from PTSD and chronic pain. Understanding the development, maintenance and interaction of these disorders is of crucial importance for treatment. As background the "Perpetual Avoidance Model" will be introduced that explains the above mentioned mechanisms of PTSD and chronic pain. As only few controlled trials examined the efficacy of interventions addressing both disorders, we analysed the efficacy and feasibility of a newly developed pain-focused short-term cognitive-behavioral biofeedback (CBT-BF) approach that addresses chronic pain in traumatized migrants. For these patients no convincing treatment concepts exist so far. We treated 11 (mean age 36±6 years, 73% female) migrants suffering from comorbid chronic pain and PTSD with CBT-BF. They were assessed before, after and 3-months after the intervention with the MINI, the PDS, pain intensity- and coping-questionnaires. After treatment, we found significant increased cognitive and behavioural coping with pain and reduced heart rate reactivity to the stressful and painful diagnostic condition. Three months follow-up supported the positive findings. The findings of this uncontrolled trial indicate a better pain management after CBT-BF designed to address trauma-related pain. The manual proved to be feasible in this population of extremely traumatized patients.

Coping, Psychopathology, and Ego Development Among Male Survivors of Childhood Sexual Abuse

(Abstract #196134)

Poster # F-110 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Sutherland, R. John, MA¹; Armsworth, Mary, EDD²

¹Educational Psychology, University of Houston & National Center for PTSD-Honolulu, Hawaii, Houston, Texas, USA

²University of Houston, Houston, Texas, USA

Few studies have examined factors that enhance or decrease resilience in men who were sexually abused as children (CSA). Such knowledge could add to efforts in developing risk reduction strategies for this population. The current study consisted of a purposive sample of 103 males (mean age=42.7 yrs) with CSA histories who completed the Brief COPE Scale; (Brief COPE; Carver, 1997), the Brief Patient Health Questionnaire (PHQ; Spitzer et al., 1999) and the Brief Washington University Sentence Completion Test (SCT; Hy & Loevinger, 1996). Two one way ANOVAs were conducted to examine the level of ego development with both the age of the survivor and types of pathology. Results indicated that neither age of the survivor nor the type of pathology was associated with ego development. A one way ANOVA was performed to examine the age of the survivor with coping strategy. Results indicated significant associations between the age of the survivor and type of coping strategy used, $F(1, 96) = 4.23, p < .05$. Post-hoc tests indicate that older survivors tend to use more positive coping strategies (humor and religion) to cope with their histories of CSA, $p < .001$. Additional results, implications, limitations, and suggestions for future research will be presented.

The Impact of Systemic Family Therapy on Families Following Trauma

(Abstract #196138)

Poster # F-111 (Clin Res, Res Meth)

Exhibition Hall, 4th Floor

Coulter, Stephen, BSc, MSW, MSOCSC¹

¹Queen's University Belfast, Belfast, Antrim, United Kingdom

The impact of standard treatment (trauma-focused cognitive behavioural therapy) is compared to standard treatment plus systemic family therapy for parents and adolescents referred for trauma treatment in Northern Ireland. Impact is primarily measured in terms of family functioning and individual well-being outcomes: specifically, whether there is a difference in the degree of change in family functioning and individual family members' sense of coherence, self-esteem, state of hope and psychiatric symptomatology. A mixed method approach involving randomised control trial methodology and qualitative data collection is used to investigate the effectiveness of the psychosocial interventions in a 'real world' clinical setting. The challenges of developing and implementing this methodology are presented. An 'intention to treat' based description of the pathways taken by all potential participants in the study are illustrated. Interim results from qualitative aspects of the study regarding participants' views of their therapeutic experience are presented in addition to focus group data on therapists' perceptions of the different approaches.

Engaging Communities to Create Trauma-Aware, Trauma-Informed, Trauma-Educated Child Welfare Systems

(Abstract #196139)

Poster # F-112 (Media, Assess Dx)

Exhibition Hall, 4th Floor

Vergon, Keren S., PhD¹; Blacklaw, Cynthia, MS²

¹University of South Florida, Tampa, Florida, USA

²Children's Home Society of Florida, Pensacola, Florida, USA

This poster presentation describes the development of trauma-aware, trauma-informed, trauma-educated practices in Northwest Florida through collaboration with stakeholders in state and local child welfare systems. Children's Home Society of Florida and the University of South Florida, is a member of the National Child Traumatic Stress Network. This partnership created the Trauma Recovery Initiative (TRI) Center, whose goals include trauma awareness, trauma education, and trauma information dissemination to child welfare and related systems, and to the community. The TRI center also provides Trauma-Focused Cognitive Behavioral Therapy to youth ages 10-14 either at-risk for or involved in the child welfare system. The TRI Center has worked with state partners to implement universal trauma screening for all youth entering the child welfare system in the area. Ninety assessors were trained to provide universal trauma screening, with about 1000 youth screened yearly. This poster reviews training and implementation activities and identifies additional community groups and organizations for future trauma training efforts, including dependency/child welfare case managers, child protective investigators, community mental health providers, law enforcement officials, educators, health care workers, religious organizations, and United Way-funded organizations.

Children's Alexithymia Measure: Part Three of Pilot Study

(Abstract #196141)

Poster # F-113 (Assess Dx, Child)

Exhibition Hall, 4th Floor

Kimball Franck, Leslie, PhD¹; Way, Ineke, PhD²; Applegate, Brooks, PhD³; Black-Pond, Connie, MA⁴; Hyter, Yvette, PhD⁵

¹Department of Psychiatry, Virginia Commonwealth University, Richmond, Virginia, USA

²School of Social Work, Western Michigan University, Kalamazoo, Michigan, USA

³Educational Studies, Western Michigan University, Kalamazoo, Michigan, USA

⁴Southwest Michigan Children's Trauma Assessment Center, Kalamazoo, Michigan, USA

⁵Department of Speech Pathology & Audiology, Western Michigan University, Kalamazoo, Michigan, USA

Alexithymia is a cognitive and affective disturbance that interferes with the processing and verbal expression of feelings. To date, two measures have been developed for use with children (Alexithymia Scale for Children [ASC], Fukunishi et al., 1998; Alexithymia Questionnaire for Children [AQC], Rieffe, Oosterveld, & Terwogt, 2006). The English version of the ASC has not been validated and there are no established norms. The AQC is a self-report measure. The current study represents the final stage of piloting on a new caregiver-report measure, the Children's Alexithymia Measure [CAM], for identifying children with alexithymic characteristics. The CAM was developed by conducting focus groups of foster, biological, and adoptive parents of traumatized children, as well as therapists and caseworkers, and receiving input from therapists and researchers who work with traumatized children. The CAM was administered to approximately 230 caregivers of traumatized children (ages 6 to 17). This poster will present a factor analysis of CAM items, reliability and validity information, comparisons with one other measure, and the final version of the CAM with items empirically derived from factor analysis.

Physical Maltreatment as a Risk Factor for High Levels of Alcohol and Drug Use

(Abstract #196145)

Poster # F-114 (Assess Dx, Res Meth)

Exhibition Hall, 4th Floor

Rabi, Keren, MA¹; Anderson, Carl, PhD²; Lukas, Scott, PhD³; Teicher, Martin, MD, PhD⁴

¹Developmental Biopsychiatry Research Program, McLean Hospital, Belmont, Massachusetts, USA

²Psychiatry / The Brain Imaging Center, Harvard Medical School / McLean Hospital, Belmont, Massachusetts, USA

³Psychiatry & Pharmacology / Behavioral Psychopharmacology Research Laboratory and Sleep Research Program, Harvard Medical School / McLean Hospital, Belmont, Massachusetts, USA

⁴Psychiatry / Developmental Biopsychiatry Research Program, Harvard Medical School / McLean Hospital, Belmont, Massachusetts, USA

The Adverse Childhood Experience (ACE) study found a strong dose-dependent relationship between number of ACEs and risk for drug or alcohol abuse. It considered all ACEs to be equally problematic. This study compared the effects of exposure to emotional (EM) versus physical (PM) maltreatment on symptom severity and degree of alcohol or drug use.

Participants included (16M/15F) exposed to harsh corporal punishment or physical abuse (PM group); (17M/41F) exposed to parental verbal abuse and/or witnessing domestic violence (EM group); and (22M/42F) controls with no history of maltreatment or Axis I disorders. Subjects were all young adults (21.9±2.2 years).

Subjects underwent detailed psychiatric and neuropsychological evaluations and imaging studies. Information was obtained on number and type of alcoholic beverages consumed during a drinking session, number of sessions per month, and monthly drug use. Depression, anxiety, somatization and anger-hostility

were assessed using Kelner's Symptom Questionnaire.

Young adults exposed to EM had significantly higher symptom scores than healthy controls or PM subjects. However, the PM group consumed 2.5- and 2.7-fold more alcohol than controls or EM subjects ($F[2,141]=4.85$, $p<0.01$, corrected for gender and family history), and used drugs 6.1- and 7.8-fold more frequently ($p<0.0001$). Hence, form of adversity matters.

Recovery From Terror at the Speed of Light

(Abstract #196150)

Poster # F-115 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Vazquez, Steven, PhD, LPC, LMFT¹

¹Lightwork Associates, Hurst, Texas, USA

By accessing the visual system through photic brain stimulation along with the use of principles of interpersonal neurobiology, new capacities for recovery from terror have been developed. Mutual gaze interaction is the process by which the visual system is used by the mother to regulate the child's affect, brain functions, and physiology. The visual system of the child appears to expand from perception of the mother's face to the entire visual environment as the person matures to adulthood. In adults visual brain stimulation can strongly impact the entire brain-body system as evidenced in conditions like Seasonal Affective Disorder (SAD). Emotional Transformation Therapy™ (ETT™) seizes this principle to precisely regulate affect and physiology along with principles from scientific research in developmental psychology, epigenetics, quantum physics and trauma theory.

Visual photic stimulation initiates impulses whose pathways involve the entire brain. Integral membrane proteins function as receptor antennas that resonate with wavelengths of light which alters protein charges causing the receptor to change shape. This phenomena is used when a specific wavelength of light is used to resonate with emotional states to either amplify, inhibit or advance fixated emotions to completion. Through rapid regulation of emotional flooding and dissociation a new level for providing perceived safety for the client is offered. By catalyzing affect, attachment disorders can be shifted to secure attachments and internal working models can be re-configured to achieve long-term changes.

When affective states can be precisely regulated:

- speechlessness about trauma can be converted into verbalization
- somatic memory can be made explicit and processed to completion
- flashbacks can be eliminated
- cognitive distortions and rumination can be relinquished
- impaired self-perception can be transformed

The use of visual entrainment can elicit the exact brainwave states in which trauma occurred as well as locations of powerful resources for recovery. Through pre and post SPECT scans, empirical evidence regarding brain changes in severely traumatized patients through the use of ETT™ have verified the rapid outcome of this method. Other techniques involve a new form of peripheral eye stimulation, and a process by which the exact focal point for eliciting trauma affect in the client's visual field can be identified and processed by the facilitator using a visual target. These processes often result in unprecedented speed and depth of treatment.

Effects of Trauma on Internet Addiction Through Virtual Interpersonal Relationship Proneness

(Abstract #196151)

Poster # F-116 (Clin Res, Child)

Exhibition Hall, 4th Floor

Kim, Dongil, PhD¹; Lee, Euna, MS¹; Chung, Yeoju, MA¹; Lee, Juyoung, MA¹

¹Dept. of Education, Seoul National University, Seoul, South Korea

The present study was conducted to assess prevalence of Posttraumatic Stress Disorder in the youth population of Internet addiction and to examine the effects of Posttraumatic Stress Disorder on internet addiction mediating Virtual (cyber) Interpersonal Relationship Proneness. The relationship between Internet Addiction and Posttraumatic Stress Disorder was examined in a sample of 3,060 students across nation. Participants were students from middle school to high school and selected by Stratified Random Sampling. From October to November in 2007, they went through the series of the scales including Internet Addiction Proneness Scale and Youth Risk Scale and Posttraumatic Stress Diagnostic Scale (PDS) for assessing PTSD symptoms such as reexperiencing, avoidance/numbness, and increased arousal. Especially, the proposed model was tested with 469 students who were marked above 20% in Posttraumatic Stress Diagnostic Scale (high-risk group) through Structural Equation Modeling. The results of this study were as follows. First, students with high-risk internet addiction also had the PTSD symptoms. Second, the factor of Virtual Interpersonal Relationship Proneness worked as a mediator between internet addiction and PTSD. To sum up, PTSD seemed to increase Virtual Interpersonal Relationship Proneness and also to lead more youth to internet addiction problems.

Trauma Exposure and the Drug Endangered Child

(Abstract #196153)

Poster # F-117 (Child, Practice)

Exhibition Hall, 4th Floor

Sprang, Ginny, PhD¹; Staton-Tindall, Michele, PhD²; Clark, James, PhD³

¹Center for the Study of Violence Against Children, University of Kentucky, Lexington, Kentucky, USA

²Social Work, University Of Kentucky, Lexington, Kentucky, USA

³University of Kentucky, Lexington, Kentucky, USA

This presentation describes a study that examined the differences in trauma exposure and the response to traumatic events between drug endangered children and non-drug endangered children involved in the child welfare system. This data represents the experiences of 1127 children randomly selected from a child protective service database and represents 20% of all open cases in one state during 2005-2006. Archival data were analyzed to determine the presence of trauma exposure using *DSM-IV-TR* PTSD Criterion A1, and whether or not the child's response to exposure met PTSD Criterion A2. Results reveal high rates of trauma exposure in the DEC group and indicate that trauma exposure and trauma response did significantly vary across groups. This is one of the only studies to examine the unique characteristics of child welfare involved children living with substance using parents using a trauma framework. Implications for the assessment and treatment of child welfare involved children are drawn.

Needs Assessment on Co-Occuring PTSD and Substance Abuse Treatment in VA

(Abstract #196155)

Poster # F-118 (Practice, Mil Emer)

Exhibition Hall, 4th Floor

Najavits, Lisa, PhD¹; Mostoufi, Sheeva, BS¹; Norman, Sonya, PhD²; Kivlahan, Daniel, PhD³; Kosten, Thomas, MD⁴

¹VA Boston Healthcare System, Boston, Massachusetts, USA

²San Diego VAMC, San Diego, California, USA

³VA Puget Sound Healthcare System, Seattle, Washington, USA

⁴Michael E. DeBakey VA Medical Center, Houston, Texas, USA

This project surveyed 148 VA staff regarding treatment of PTSD and substance abuse (administrators, program leaders, clinicians). We queried program needs; clinical dilemmas; engagement issues; and workforce challenges. Ratings were 0 ("not at all") to 4 ("greatly"). Results indicated: (a) the dual diagnosis (PTSD/SUD) was perceived as more difficult to treat (M= 2.79, SD=1.00) than either PTSD (M=2.30, SD= .96) or substance abuse (M=2.26, SD=1.06); (b) a high level of gratification in working with this dual diagnosis (M=3.49, SD=.67); (c) the highest-rated challenges are: clients' self harm (M=3.00, SD=.67), potential for violence (M=2.97, SD=.84), lack of providers who are skilled at working with this dual diagnosis (M = 2.75, SD= 1.06). Areas of gratification, however, were consistently higher than areas of difficulty: e.g., teaching new coping skills (M=3.54, SD=.69). Respondents also endorsed what are currently considered "myths" about treatment of this population: before working on PTSD clients need to reduce substance use (M= 2.91, SD=1.44) or attain abstinence (M= 2.50, SD= 2.00); clients need to commit to abstinence at treatment start (M=2.58, SD=1.06); and clinicians must have a degree in mental health to treat PTSD (M=3.01, SD=.96). Discussion includes systems barriers, and the need for increased attention to new veterans.

Trauma Recovery at the Speed of Light

(Abstract #196160)

Poster # F-119 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Vazquez, Steven, PhD, LPC, LMFT¹; Paff, Bart, PhD²

¹Lightwork Associates, Hurst, Texas, USA

²Private practice, Seattle, Washington, USA

The combined use of visual brain stimulation with the use of interpersonal neurobiology principles provides a new synthesis for facilitating rapid trauma recovery. The capacity to reduce emotional flooding within seconds through peripheral eye stimulation provides a new level of perceived safety for clients. Dissociated affect can be rapidly identified and retrieved through a new visual feedback technique. Fixated emotion can be advanced to completion through the use of a visual target within the client's visual field. Through photic entrainment, using a light emitting device, the exact brainwave state in which trauma occurred can be consistently retrieved and processed. Through these processes in conjunction with specific interpersonal responses developed for each attachment disorder, emotions can be precisely regulated and traumatic terror responses can be relinquished. Internal working models can be re configured for long-term change through these approaches.

A case study will show how symptoms of flashbacks, cognitive distortion, insomnia, somatic distress and impaired self-perception were relieved through ETT(tm) within one week. Pre and post SPECT scans provide empirical evidence of the powerful changes in the brain of this severely traumatized person who underwent ETT(tm) after all other methods failed.

Suggestibility of PTSD Symptoms in Response to a Graphic Video: Analog Study of Early Intervention

(Abstract #196161)

Poster # F-120 (EI, Clin Res)

Exhibition Hall, 4th Floor

Scotti, Joseph R., PhD¹; Jacoby, Vanessa, BS¹; Krakov, Elisa, PhD¹¹Department of Psychology, West Virginia University, Morgantown, West Virginia, USA

During potentially traumatic events, such as natural disasters or mass violence, emergency mental health personnel use different forms of early intervention programs, such as CISD, in the psychological debriefing of survivors. Recent research has shown that such interventions may be ineffective, even harmful, to some individuals. Bootzin and Bailey (2005) hypothesize that early interventions may have iatrogenic effects on individuals by suggesting symptoms of PTSD. The present study examines the suggestibility of intrusive PTSD symptoms. forty introductory psychology students watched a graphic autopsy video. The experimental group received instructions that suggested mild intrusive symptoms might occur; the control group did not receive these instructions. Four days later, we asked participants to report intrusive symptoms that occurred over the intervening days. We also conducted a free recall interview and a series of yes/no questions, some of which were misleading. The results to be presented will include the differential report of intrusive symptoms by group and differences in recall of the details of the video. Suggestibility of symptoms will be related to prior trauma, prior stress symptoms (IES), death anxiety, and social desirability. The implications of our findings for conducting early intervention programs will be discussed.

Mentally Ill, Intellectually Disabled Youth in Residential Treatment:

Creating a Holding Environment

(Abstract #196163)

Poster # F-121 (Child, Practice)

Exhibition Hall, 4th Floor

Cimmarusti, Rocco, PhD¹; Alter, Allison, MSMFT²; Davis, Christine, MS¹; Malm, Christine, MS¹¹Eisenberg Campus, Maryville Academy, Bartlett, Illinois, USA²Saint George Program, Maryville Academy, Des Plaines, Illinois, USA

Residential services to mentally ill, intellectually disabled youth with significant childhood trauma histories presents a number of treatment challenges. Their mental illnesses confound assessment of intellectual disability. Their intellectual disabilities confound forms of therapy like cognitive/behavioral approaches. Clinicians in this setting must be hybrids: able to adapt mental health approaches, able to integrate behavioral approaches, and able to attend to the impact of childhood trauma. Our first task is to make it a safe environment for the youth. This workshop will explore the clinical challenges and opportunities afforded by working with this population. We will consider both components of the milieu program and elements of the relationship between staff and youth that build a holding environment. In addition, we will share our reflections on our clinical work-in-progress as we negotiate these various treatment challenges. We will identify clinical efforts that we currently believe to be working well, as well as those that have failed miserably.

Schlogging Through the Bog: Measuring Posttraumatic Growth and Resilience

(Abstract #196165)

Poster # F-122 (Practice, Assess Dx)

Exhibition Hall, 4th Floor

Williams, Mary Beth, PhD¹; Stevens-Guille, Elizabeth, PhD²¹Trauma Recovery Education & Counseling Center, Warrenton, Virginia, USA²Stress and Trauma Recovery Center, Edmonton, Alberta, Canada

The presentation examines qualitative and quantitative measures of posttraumatic resilience. Many trauma survivors search for ways to describe their experiences. The use of "The Bog" is an open-ended, qualitative means for survivors to describe their "stuckness," journey, goals, and lessons learned. Combining a minimum four-session bog protocol with quantitative measures (Davidson Trauma Scale, HCL-45, and Connor Davidson Resilience Scale) as pre measures and the Resilience Scale as a post-measure gives an indication of whether or not this process helps develop posttraumatic growth and positive meaning. Trauma survivors who have completed the exercise bring a variety of experiences to their bogs. The second presentation deals with a number of immigrants who have experienced war, famine, and dislocation who seem to arrive as fully functioning individuals who settle quickly into the fabric of Canadian life. Their resilience seems unassailable until they are involved in a MVA when they begin to experience PTSD. A discussion of resilience with regard to this sample includes results from the Connor Davidson resilience Scale. The scale will be administered retroactively and be considered for further investigation.

Symptoms of PTSD Mediate the Relationship Between Trauma History and Physical Health

(Abstract #196166)

Poster # F-123 (Res Meth, Bio Med)

Exhibition Hall, 4th Floor

Gabert, Crystal, BS¹; Irish, Leah, MA¹; Fallon, Jr., William F., MD²;Humphrys, Kimberly, RN²; Delahanty, Douglas, PhD¹¹Kent State University, Kent, Ohio, USA²Division of Trauma, Summa Health System, Akron, Ohio, USA

Previous reviews have indicated that individuals with a trauma history are more likely to report poor physical health. Symptoms of posttraumatic stress disorder (PTSS), which have long been known to have a relationship with poor health, have been suggested as one mechanism explaining this association. The present study examined this relationship in a sample of 184 motor vehicle accidents victims. Six-weeks post-trauma, participants completed the Traumatic Stress Schedule (TSS) to assess trauma history and the Clinician-Administered PTSD Scale (CAPS). Six-months post-trauma, participants were administered the Short form-36 (SF-36) and the Cohen-Hoberman Inventory of Physical Symptoms (CHIPS). Regression analyses revealed that after controlling for gender, age, and injury severity, trauma history and PTSS significantly predicted both poor perceived general health and poor physical health symptoms and that trauma history significantly predicted PTSS ($p < .01$). Sobel tests confirmed that symptoms of PTSD was a significant mediator of the relationship between trauma history and perceived general health ($=.336; z=2.69; p<.001$) and physical health symptoms ($=.391; z=2.73; p<.001$). These current findings indicate that researchers should investigate physical health as a multi-dimensional construct and study these relationships within a longitudinal framework.

History of Abuse, Substance Use Problems, and Bipolar Disorder in a County Jail Setting

(Abstract #196167)

Poster # F-124 (Assess Dx, Ethics) Exhibition Hall, 4th Floor

Shirley, Edwin, PhD¹; Stines Doane, Lisa, PhD²; Goto, Toyomi, MA¹; Feeny, Norah, PhD²; Debanne, Sara M., PhD³; Calabrese, Joseph, MD¹

¹Department of Psychiatry, Case Western Reserve University, Cleveland, Ohio, USA

²Department of Psychology, Case Western Reserve University, Cleveland, Ohio, USA

³Department of Epidemiology and Biostatistics, Case Western Reserve University, Cleveland, Ohio, USA

It is estimated that 6-16% of the U.S. jail and prison population has a serious mental illness, but little is known about the impact of abuse experienced on current mental health status in this population. Further, substance use problems may both increase risk for criminal behavior and exacerbate current mood symptoms. The purpose of the current study was to identify and examine the relationships between abuse, substance use, and mental health disorders in a rural jail-based sample of adults. Inmates at a county jail (n=164) consented to meet with an interviewer who conducted a structured interview including the MINI International Neuropsychiatric Interview (MINI), the alcohol and drug sections of the Structured Clinical Interview for DSM-IV (SCID) and the Addiction Severity Index (ASI), which assessed both problems associated with substance use and lifetime history of physical, sexual, or emotional abuse (N=72). A logistic regression was conducted to determine whether abuse and problems associated with substance use predicted Bipolar Disorder diagnosis (BP). Preliminary results suggest that a history of any type of abuse and low, moderate, and high levels of substance-related problems based on ASI total score were significant predictors of BP of whom 70% had never been diagnosed.

PTSD, Comorbid Major Depression, and the Cortisol Waking Response in Victims of Domestic Violence

(Abstract #196169)

Poster # F-125 (Bio Med, Assess Dx) Exhibition Hall, 4th Floor

Pinna, Keri, MA¹; Johnson, Dawn, PhD²; Delahanty, Doug, PhD¹

¹Psychology, Kent State University, Kent, Ohio, USA

²Summa Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

Abnormalities in HPA activity are often noted in both PTSD and Major Depressive Disorder (MDD). Although high rates of comorbidity between the two disorders have been noted, opposite findings in the direction of HPA alterations have been reported. A recent report found comorbid MDD to impact HPA response to the DEX/CRH test, such that HPA reactivity was lower in those with comorbid MDD (de Kloet et al., 2008). The present study sought to extend these findings by examining the relationship between PTSD, MDD and the cortisol waking response in victims of Domestic Violence (N = 64). Results were examined with respect to Area Under the Curve with respect to ground (AUCg: a measure of total cortisol output), and AUC with respect to increase (AUCi: believed to reflect sensitivity to stimulation). While both AUCg and AUCi were similar between PTSD (N = 51) and non-PTSD women (N = 13; ps > .19), AUCi was greater in the Comorbid group (N = 34) compared to the PTSD only group [N = 17; t(48.43) = -2.58, p = .01]. Results support the impact of comorbid MDD on the relationship between PTSD and HPA activity. Examination of the impact of comorbidity may help to clarify the physiological sequelae of trauma, may contribute to our understanding of recovery from trauma, and may be help to guide intervention efforts.

Clinical and Organizational Predictors of Burnout and Traumatic Stress in Emergency Managers

(Abstract #196170)

Poster # F-126 (Disaster, Assess Dx) Exhibition Hall, 4th Floor

Monroe, J. Richard, MA¹; Jacobs, Gerard, PhD²

¹University of South Dakota, Vermillion, South Dakota, USA

²Psychology, University of South Dakota & Disaster Mental Health Institute, Vermillion, South Dakota, USA

Burnout has been described as a psychological response characterized by emotional exhaustion, depersonalization, and a reduced feeling of accomplishment during professional situations. Secondary traumatic stress (STS) symptoms include intrusive thoughts, feelings of shock, avoidance, sadness, fatigue, and sleeping problems for professionals working in environments where they have come into contact with traumatized individuals. Professionals working in emergency-specific contexts may be at risk for the effects of burnout and STS due to their close interactions with affected populations and emotionally intense working environments. At the national level, professionals in emergency management and disaster response have indicated low levels of job satisfaction. It is possible that similar levels of job dissatisfaction also exist in emergency management professionals at state and local levels. Empirical research is necessary to identify risk factors associated with increased vulnerability for burnout and STS within the context of emergency management. Using moderated multiple regression analyses, the authors hypothesize that a series of variables including Trait Anger, Type A Behavior Pattern, Role Conflict/Ambiguity, and a Personal Trauma History will differentially moderate the levels of burnout and traumatic stress symptoms in emergency management professionals.

College Student Academic Performance: Coping and Exercise as Mediators of Multiple Sources of Stress

(Abstract #196171)

Poster # F-127 (Assess Dx, Clin Res) Exhibition Hall, 4th Floor

Scotti, Joseph R., PhD¹; Joseph, Brittany, BS¹; Haines, Christa, BA¹;

Lanham, Courtney, BA¹; Jacoby, Vanessa, BS¹

¹Department of Psychology, West Virginia University, Morgantown, West Virginia, USA

We conducted this study to evaluate the multiple sources of stress (personal, academic, traumatic) experienced by college students, the ways in which they cope with those stressors, and outcome in terms of psychiatric symptoms and academic performance. Approximately 400 introductory psychology students participated for extra credit through an on-line survey website. The participants were primarily freshmen, but represented freshmen through seniors, and were primarily Caucasian (as reflects the student body of the university). We utilized separate published scales to evaluate academic, personal, and traumatic stressors. The Ways of Coping Scale was the primary measure of coping skills; we also measured level of physical activity, exercise, and time management. Our outcome measures included overall and current grade point average, psychological symptoms (Brief Symptom Inventory), and measures of risky behavior (alcohol/substance use, unprotected sex). We will present the primary analyses with regard to the impact of different categories of stressors (individually and combined) on academic performance, as mediated by coping skills, exercise, and time management. Secondary analyses will include the impact on psychological symptoms and their relation to academic performance. The results have implications for student retention and the provision of psychological services.

Multiple Sources of Stress, Risky Behavior, and Psychological Outcome by Sexual Orientation

(Abstract #196173)

Poster # F-128 (Cul Div, Clin Res)

Exhibition Hall, 4th Floor

Scotti, Joseph R., PhD¹; Lanham, Courtney, BA¹; Joseph, Brittany, BS¹; Haines, Christa, BA¹; Jacoby, Vanessa, BS¹

¹Department of Psychology, West Virginia University, Morgantown, West Virginia, USA

We conducted this study to determine if sexual orientation was associated with different types and levels of stress, and if it was a predictor of risky behaviors and psychological outcomes. Prior studies have focused on sexual orientation itself as a key stressor, and have not included a full range of other life stressors. Over 400 introductory psychology students (55% female; 90% heterosexual; 96% Caucasian) participated in the study via an on-line survey. The participants ranged from freshmen to seniors, but most were freshmen. We evaluated academic, personal (including sexual orientation and other individual characteristics), and traumatic stressors. Our outcome measures included psychological symptoms (Brief Symptom Inventory) and measures of risky behavior (alcohol/substance use, tobacco use, unprotected sex). Our primary analysis will be the relation between sexual orientation and different levels and types of stressors. The secondary analyses include mediators and moderators of the impact of these variables on psychological symptoms and engaging in risky behaviors. The findings provide one of the few analyses of multiple sources of stress and outcomes in relation to sexual orientation. The implications for student counseling and prevention programs will be discussed.

Resistance and Vulnerability to Trauma

(Abstract #196174)

Poster # F-129 (Mil Emer, Res Meth)

Exhibition Hall, 4th Floor

Morante Benadero, Maria Eugenia, PhD¹; Moreno-Jiménez, Bernardo, PhD¹; Garrosa Hernández, Eva, PhD¹; Rodríguez Muñoz, Alfredo, PhD¹

¹Universidad Autónoma de Madrid, Madrid, Spain

Catastrophes affect people who face it directly. In addition, helping others also has a great risk. The purpose of this study was to examine the role of several personality variables (empathy, comprehensibility, challenge and sense of humour) as moderators of the relationship of job demands (traumatic task and overload) with secondary traumatic stress. 175 emergency professionals of the Community of Madrid completed the Secondary Traumatic Stress Measure (STSM).

The results of the hierarchical multiple regression analysis provide evidence for the moderator role of personality variables in the secondary traumatic stress process. Lastly, the discussion emphasises the need to focus on the interaction between personality and job demand variables in order to advance our understanding of the process of trauma in emergency professionals.

Relations Between Cognitive Distortions and Trauma Symptomology Following Sexual Assault

(Abstract #196175)

Poster # F-130 (Clin Res, Assess Dx)

Exhibition Hall, 4th Floor

White, Elizabeth, BSC, BA¹; Petretic, Patricia, PhD¹; Makin-Byrd, Lori, BA, MA¹; Limberg, Neal, BA, MA¹; Addison-Brown, Kristin, BA, MA¹; Jacobs, Ingrid, BA, MA¹

¹Department of Psychology, University of Arkansas, Fayetteville, Arkansas, USA

Research has established a relation between sexual assault victimization and a characteristic pattern of trauma symptoms. Relations between interpersonal violence victimization and specific cognitive distortions have also been found. However, research investigating the relation between specific cognitive distortions and characteristic trauma symptoms is limited.

Participants were taken from a study examining the long term impact of trauma. They completed self-report measures of symptomatic distress (TSI), cognitive distortions (CDS), and history of sexual experiences (M-SES). The current study examines a subset of participants (N= 47) who reported sexual assault after age 14, taken from the overall sample of 600 college students.

Regression analyses indicate a correspondence between specific cognitive distortions and characteristic trauma symptoms. Perceptions of helplessness predicted a cluster of symptoms in rape victims, including depression, anxious arousal, anger irritability, intrusive experiences and dissociation, and impaired self-reference when preoccupation with danger was elevated. Preoccupation with danger also predicted dysfunctional sexual behavior and tension-reducing behaviors. Self-blame predicted defensive avoidance and sexual concerns. Assessment of cognitive distortions is recommended to better target the symptoms associated with sexual assault.

Physiological and Psychometric Responses as Indexes of CBT Efficacy in PTSD: A Single-Case Study

(Abstract #196176)

Poster # F-131 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Norte, Carlos, BS¹; Souza, Gabriela, PhD¹; Pedrozo, Ana Lúcia, BS¹; Macedo, Tania, BS¹; Eliane, Volchan, PhD¹; Ventura, Paula, PhD¹

¹Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Posttraumatic stress disorder (PTSD) has been associated with dysregulation of the neuroendocrine and autonomic system. Our aim was to investigate the effects of Cognitive Behavioral Therapy (CBT) on the physiological (Heart Rate, Cardiac Vagal Tonus, Skin Conductance) and neuroendocrine (Cortisol and Dehydroepiandrosterone (DHEA)) variables and psychometric self-report measures (negative affect, resilience, PTSD symptoms, depression, anxiety and social support). The patient was a 45-year-old man who had suffered three assaults and failed to respond adequately to pharmacological treatment with selective serotonin reuptake inhibitors. His physiological and psychometric responses at rest were measured before and after four months of CBT. CBT led to reduction of heart rate, skin conductance, and cortisol as well as increase of cardiac vagal tone and DHEA. Furthermore, CBT promoted reduction of PTSD symptoms, depression, anxiety and negative affect scores and enhancement of resilience and social support scores. These results suggest that the dysregulation of neuroendocrine and autonomic system at rest may have been normalized after successful CBT. In the future, these physiological indexes could be used together with self-reported measures to predict and monitor response to CBT.

Marines With Co-Occurring PTSD and Substance Abuse

(Abstract #196181)

Poster # F-132 (Assess Dx, Practice)

Exhibition Hall, 4th Floor

Najavits, Lisa, PhD¹¹VA Boston Healthcare System, Boston, Massachusetts, USA

Self-report measures were administered to 1847 active duty US Marine Corp recruits (826 female; 1021 male) at entry to Parris Island boot camp. Surveys assessed trauma exposure, psychological symptoms and functioning at enlistment. Participants were categorized based on PTSD symptoms and problems with alcohol: those with self-reported PTSD and alcohol problems (n= 48); those with PTSD but not alcohol problems (n=113); those with alcohol problems only (n=219); and those who did not report problems with alcohol or PTSD (n= 1115). Dependent variables were psychopathology, military service, and general life history. Results indicated that the dual diagnosis group was more impaired than all other groups. Overall, of 59 significant outcomes, 30 variables evidenced marines with PTSD and alcohol problems to be more impaired than those with just alcohol problems, and those with no alcohol or PTSD problems. Those with PTSD only were more impaired than those with alcohol only group and those with no alcohol or PTSD problems, on 42 variables. Those with alcohol problems only, were more impaired on 29 variables compared to those with no alcohol or PTSD problems. Discussion addresses clinical implications, preventive efforts in military settings, and methodology limitations of this project.

Stigmatization of Male and Female Iraq War Veterans With PTSD, Depression, or Chronic Back Pain

(Abstract #196183)

Poster # F-133 (Practice, Mil Emer)

Exhibition Hall, 4th Floor

Daoud, Melissa, BA¹; Prins, Annabel, PhD²; Kuhn, Eric, PhD²; Asuncion, Arlene, PhD²; Rogers, Ronald, PhD²¹Psychology, San Jose State University, Santa Clara, California, USA²Psychology, San Jose State University, San Jose, California, USA³San Jose State University, San Jose, California, USA

Background: Stigmatization has been identified as a barrier to care for veterans with mental health problems. Variables that impact stigmatization, such as the specific mental health condition and gender of the veteran, have not been systematically studied. Objective: In this analog study, we examined the degree of stigmatization ascribed to male and female Iraq War veterans diagnosed with PTSD as compared to those diagnosed with depression and chronic back pain. Because research has found that females are less likely to find psychiatric illness stigmatizing, we included gender of the participant in our analyses.

Methods: We randomly assigned 203 undergraduates to read one of 6 clinical vignettes. Each vignette was standardized to include exposure to trauma as well as frequency and duration of symptoms. Stigmatization was measured using the Social Distance Scale.

Results: There was a significant interaction between gender of the participant and diagnosis regardless of the veteran's gender in the vignette: females assigned greater social distance when the diagnosis of depression was depicted and males assigned greater social distance when the diagnosis of PTSD was depicted.

Conclusion: These findings suggest that males and females in the general population view PTSD and depression in Iraq War veterans differently.

Healing Trauma and Combating Hatred With Palestinian Educators

(Abstract #196184)

Poster # F-134 (Child, Prev EI)

Exhibition Hall, 4th Floor

Ross, Gina, MFT¹¹International Trauma-Healing Institute, Los Angeles, California, USA

Biological disturbances resulting from the trauma of terror and violence leave long-term impact on the national collective psyche, furthering violence and perpetuating existing conflicts. Collective trauma distorts group narratives, promoting hatred and dehumanizing discourse. A collective sense of injustice fuels hatred and points to revenge as the only solution. Children reared in collective traumatic narratives, reinforced by media, parents and school curricula, are particularly vulnerable. Working with early childhood educators to fight hatred can reverse the impact of societal trauma and foster peace. In 2007, the West Bank-based Center for Applied Research in Education in Palestine and the Los Angeles non-profit International Trauma-Healing Institute partnered to help Israelis and Palestinians work toward reconciliation. The joint CARE-ITI Palestinian Educators' Program helps teachers identify and curtail the negative effects of trauma in Palestinian society by teaching them how to heal themselves and their students. The trainings provide these educators - who may be unwittingly transferring their own negative feelings to students - unaware of trauma's impact on their own emotions and thoughts, with tools to heal their personal traumas and help their students reverse hatred.

Examining Ego-Resiliency, Posttraumatic Stress Symptoms, and Life Satisfaction in College Students

(Abstract #196185)

Poster # F-135 (Practice, Prev EI)

Exhibition Hall, 4th Floor

Sebourn, Brandi, BA¹; Tiegren, Sara, MS¹; Smith, River, MA¹; Newman, Elana, PhD¹¹University of Tulsa, Tulsa, Oklahoma, USA

People with higher ego-resiliency may exhibit high adaptability under stress and experience less fear and rumination after a traumatic event than those with lower ego-resiliency (Block & Kremen, 1996). As part of an on-going, larger study on risk and resilience among college students, preliminary analyses examined ego-resiliency (Ego-Resiliency Scale) in relation to post traumatic stress symptoms (PTSD Checklist- Civilian Version) and quality of life (Life Satisfaction Scale). Among the first 47 trauma-exposed college students, students with very high trait ego-resiliency report significantly less post traumatic stress symptoms than those with high trait ego-resiliency ($t(46)=2.70, p=.01$). The magnitude of the difference between mean scores was large ($\eta^2=.14$). In addition, ego-resiliency was positively correlated with quality of life, with high levels of ego-resiliency associated with high levels of satisfaction with life ($r=.28$). Preliminary results suggest that ego-resiliency is associated with a lower degree of post traumatic stress experienced after a traumatic event. Results are tentative and will be updated with larger data set.

PTSD Insomnia Group Revisited: One-Year Follow-Up

(Abstract #196189)

Poster # F-136 (Mil Emer, Clin Res)

Exhibition Hall, 4th Floor

Roberts, Mary (Kitty), PhD¹¹Psychology, Department of Veterans Affairs, Salt Lake City, Utah, USA

Sleep disturbances are common complaints of veterans with PTSD. Some authors believe that the hyperarousal aspects of PTSD may be a core cause of sleep disruption (Woodward, 1995). Nightmare activity has been reported in approximately 70% of veterans with PTSD (Ohayon & Shapiro, 2000). Imagery rehearsal has been used in a group format to reduce the frequency and intensity of

nightmare activity (forbes, Phelps & McHugh, 2001). Scant research has been done examining long-term efficacy of Insomnia group work in PTSD populations. The purpose of this study was to determine efficacy of Insomnia group work after a one-year period with three booster sessions. Approximately 35 veterans with PTSD were followed for a one-year period after completing an initial Insomnia Group consisting of 10 weekly sessions. They participated in three booster sessions and completed The Fear of Sleep Inventory, Insomnia Severity Index, and Sleep Hygiene Inventory after the booster sessions. Data analysis will inform indications for long-term follow-up regarding insomnia group therapy for veterans with PTSD as a result of combat or military sexual trauma.

Treatment Effect of Insomnia Group for Veterans

(Abstract #196190)

Poster # F-137 (Mil Emer, Clin Res)

Exhibition Hall, 4th Floor

Roberts, Mary (Kitty), PhD¹

¹Psychology, Department of Veterans Affairs, Salt Lake City, Utah, USA

Sleep disturbances are common complaints of veterans with PTSD. Some authors believe that the hyperarousal aspects of PTSD may be a core cause of sleep disruption (Woodward, 1995). Nightmare activity has been reported in approximately 70% of veterans with PTSD (Ohayon & Shapiro, 2000). The purpose of this study was to examine treatment effects of group therapy for insomnia vs. a self-study control group. Approximately 30 veterans with PTSD participated in group therapy for insomnia with another 30 veterans participating in the independent self-study group. Vets in both groups filled out The Fear of Sleep Inventory, Insomnia Severity Index, and Sleep Hygiene Inventory pre and post-treatment. Weekly group therapy was conducted over a period of ten weeks. The three first sessions covering techniques for reducing severity and/or frequency of nightmares and the last seven sessions covered CBT techniques for insomnia. The self-study group was instructed to read and utilize the sessions included in a notebook on the same weekly schedule as the insomnia group did. Data analysis will compare efficacy of group therapy to self-study for the treatment of insomnia in veterans with PTSD as a result of combat or military sexual trauma.

Empirical Field Research in Post-Genocide Rwanda: Guidelines on Surveying Traumatized Societies

(Abstract #196193)

Poster # F-138 (Civil Ref, Cul Div)

Exhibition Hall, 4th Floor

Tobias, Jutta, MA¹

¹Washington State University, Washington, District of Columbia, USA

Rwanda represents a special case for trauma researchers; the ethno-political conflict in this central African nation has been ongoing for decades, and took an extreme shape in the form of a genocide that occurred just over a decade ago. Two obvious consequences of this pose a two-fold challenge for researchers, i.e. a national population that is much younger than it should be, with dramatically high likelihood of having experienced violence and trauma. The purpose of this paper is to detail the consequences of this for psychology field research, and attempts to provide some guidance for researchers considering research with post-conflict populations. A systematic analysis and comparison of two recent field studies with rural Rwandan populations will be provided, detailing challenges and workable solutions on topics such as culture-specific questions liable to re-ignite trauma with research participants, translating survey instruments linguistically and appropriately for a particular public policy environment, and the delicate balance needed for investigating traumatic experience within culturally diverse groups alien to the researcher. Respecting culture, history and politics is essential for conducting field research in post-conflict societies, so as to obtain scientifically valid results and to safeguard the physical and mental health of vulnerable populations.

Gender Differences in Prevalence of IPV, Injury, and Fear in a Randomized Community Sample

(Abstract #196194)

Poster # F-139 (Clin Res, Prev EI)

Exhibition Hall, 4th Floor

Lary, Heidi, MPH¹; O'Leary, K. Daniel, PhD¹; O'Leary, Susan, PhD²

¹Psychology Department, State University of New York at Stony Brook, Stony Brook, New York, USA

²State University of New York at Stony Brook, Stony Brook, New York, USA

Scholars have posited that the foundation of IPV rests on husbands' desire to maintain power and control over their wives. However, there is converging evidence across studies that the rate of physical aggression against a partner is higher for women than men (Archer, 2000). The present study sought to investigate the evidence behind these seemingly disparate perspectives. Participants included 453 couples who all self-reported frequency of abuse victimization via the Conflict Tactics Scale. Participants reported on amount of fear of partner for specific psychological and physical aggressing behaviors. Results indicated no significant gender differences for prevalence of physical abuse victimization overall or for prevalence of injury overall. Severe injury rates were higher for women than men. Further, when asked in what circumstances they would be afraid of their partner, there was a significant difference across all physically violent behaviors, with females reporting more fear. The strong gender difference in fear levels support the perspective that violence perpetration at the hands of women does differ in qualitative ways from that perpetrated by men. Irrespective of women's higher rates of aggression, women are more fearful of their partners both in specific situations and overall.

Poster # F-140 (withdrawn)

Terror of IPV in the East Asian American Communities

(Abstract #196197)

Poster # F-141 (Cul Div, Clin Res)

Exhibition Hall, 4th Floor

Chung, Heewoon, MEd¹

¹Pepperdine University, Montrose, California, USA

Underutilizing mental health services is a prevalent phenomenon among ethnic minorities (Futa 2001; Bryant-Davis 2005). With the added factor of East Asian Americans' tendency to underreport domestic abuse, abused Asian American women often suffer the terror of Intimate Partner Violence in silence. Researchers have attributed this to the group mentality typical of some East Asian cultures, which results in victims sacrificing personal needs in order to maintain harmony in the family (Uba, 1994). Despite underreporting, there are several cultural reasons why East Asian American women carry a higher risk for domestic violence. Structural familial factors put the daughter in the lowest rank within the Asian family hierarchy; furthermore, patriarchal aspects of Asian culture result in the normalization of male dominance. These factors support the fact that Asian American women are likely to experience higher rates of abuse than what research generally reports (Hall, Windover, & Maramba, 1998). Studies that represent the reality of domestic abuse in Asian American communities are crucial. A comparative analysis of IPV in the East Asian immigrant community with East Asians living their own countries, followed by an exploration of possible reasons for the prevalence discrepancies, will shed light on the reality of Asian American family dynamics.

Self-Defeating Personality Disorder or Self-Protective Behavior?: Redemption of a Flawed Construct

(Abstract #196198)

Poster # F-142 (Practice, Assess Dx)

Exhibition Hall, 4th Floor

Gold, Steve, PhD¹; Courtois, Christine, PhD²¹Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, Florida, USA²Independent Practice, Washington, District of Columbia, USA

Intense controversy was aroused by the proposed introduction of a new Axis II diagnosis into the *DSM-III-R*: self-defeating personality disorder (SDPD). The criteria comprising SDPD included avoidance of accomplishments, interpersonal support and pleasure, and actively seeking out negative outcomes and maltreatment. Trauma specialists and feminist psychologists rightly argued against the legitimacy of SDPD, framing it as an instance of “blaming the victim.”

Rejection of SDPD and its exclusion from subsequent editions of the *DSM* obscured the clinical utility of identifying this constellation of behaviors, which can be understood as understandable self-protective reactions engendered by repeated traumatization. When understood in this way, identification of this behavior pattern can be a useful tool for trauma therapists.

This poster will explain why survivors of complex traumatization often become intensely fearful when things go well in their lives. Intervention strategies for productively managing these potentially disruptive behaviors will be delineated. Case examples illustrating the self-protective function of seemingly “self-defeating” behavior and interventions that can help complex trauma survivors learn to tolerate and eventually welcome positive elements in their lives will be presented.

An Investigation of Methamphetamine Use in Traumatic Event-Exposed Adults With and Without PTSD

(Abstract #196199)

Poster # F-143 (Practice, Bio Med)

Exhibition Hall, 4th Floor

Smith, Rose, MA¹; Grooms, Amy, BA¹; Bown, Stevie, BA¹; Babson, Kimberly, MA¹; Feldner, Matthew T., PhD¹¹University of Arkansas, Fayetteville, Arkansas, USA

Relatively little research has examined methamphetamine use as it pertains to posttraumatic stress disorder (PTSD). This paucity of research is noteworthy as methamphetamine use is an increasing public health concern. The aims of the proposed study were to (1) compare lifetime histories of methamphetamine use between traumatic event-exposed adults with, versus without, PTSD, and (2) compare the annual use rates between groups. It was hypothesized that persons with PTSD would more frequently endorse lifetime methamphetamine use. Furthermore, it was hypothesized that individuals with PTSD would report higher annual rates of use. Results suggested that individuals with PTSD, compared to individuals without PTSD, were more likely to report positive lifetime methamphetamine use histories (54.34% versus 22.80%, respectively $X^2 = 10.87, p < .01$). In addition, statistically nonsignificant trends regarding annual use rates were in the expected direction, with people with PTSD reporting approximately 5.56 uses per year as compared to 1.12 uses per year among traumatic event-exposed adults without PTSD [$F(1, 97) = 3.29, p = .07$]. These findings bolster research suggesting substance use is very common among people with PTSD and that thorough assessment of substance use among these individuals is critical for researchers and clinicians working with this population.

Poster # F-144 (withdrawn)

Verbal Memory Deficits in Children With Posttraumatic Stress Disorder

(Abstract #196201)

Poster # F-145 (Child, Assess Dx)

Exhibition Hall, 4th Floor

Lau, Karen, BA¹; Hoffman, Casey, PhD¹; Burnett, Christiane, MA¹; Samuelson, Kristin, PhD¹¹Alliant International University, San Francisco, California, USA

Studies have shown verbal memory impairments in adults with posttraumatic stress disorder (PTSD); however, these findings have rarely been replicated in studies of children. The few studies examining neuropsychological functioning in children with PTSD have primarily demonstrated impairments in executive function when compared to children without trauma histories, making it unclear whether deficits are related to trauma exposure or to PTSD. We examined verbal memory and learning using the California Verbal Learning Test for Children in 45 children who had witnessed intimate partner violence; 22 children were diagnosed as PTSD+ and 23 were PTSD-, as measured by the CAPS-CA. Groups were matched on age, gender, ethnicity, and IQ. PTSD+ children showed poorer performance on word list recall and learning in comparison to the PTSD- children ($t = 2.37, p = 0.022$). This study extends childhood PTSD research by utilizing a comparison group with similar trauma histories, leading to greater certainty that observed deficits are due to PTSD and not trauma exposure. While some researchers have theorized that trauma at different stages of development has different effects on the hippocampus and memory functioning, these results suggest that childhood PTSD may follow a similar pattern of neuropsychological impairment as adult PTSD.

Why Experience Matters: Motivation, Preparedness and Readiness of Disaster Mental Health Responders

(Abstract #196202)

Poster # F-146 (Disaster, Mil Emer)

Exhibition Hall, 4th Floor

Wiedeman, Rachel, BA¹; Davis, Joanne, PhD¹; Ford, Julian, PhD²; Elhai, Jon, PhD³¹University of Tulsa, Tulsa, Oklahoma, USA²Dept of Psychology, University of Connecticut Health Center, Farmington, Connecticut, USA³Psychology Dept, University of South Dakota, Vermillion, South Dakota, USA

This investigation was exploratory in nature and examined the relationship between prior Disaster Mental Health (DMH) deployments and motivation to participate in future DMH responses, and perceived preparedness and readiness for future DMH responses. Participants included 256 individuals employed in the mental or physical health fields who were members of a disaster response team or received disaster response training in Connecticut, New Hampshire or Oklahoma. Based on previous research, the following hypotheses were formed: 1) participants who had previous DMH deployments would have higher perceived preparedness, readiness and motivation for future DMH deployments, 2) previous DMH deployments that involved direct contact with victims/survivors would be related to lower motivation for future deployments in comparison with those who had previous DMH deployments not involving direct contact with victims. Hypothesis 1 was supported in that participants who had previous DMH deployment experiences had significantly higher perceived preparedness and readiness for future deployments than those without previous DMH deployments. Hypothesis 2 received partial support in that direct contact with survivors during a previous deployment was negatively associated with three of the five motivational factors. The strengths, limitations and important implications will be discussed.

Comparative Symptomatology of Youth Reporting Interpersonal vs. Other Trauma in an Urban Community

(Abstract #196212)

Poster # F-147 (Child, Cul Div)

Exhibition Hall, 4th Floor

Sperry, Debbie M., MA¹; Stephan, Sharon H., PhD²¹*Southern Illinois University, Carbondale, Illinois, USA*²*University of Maryland School of Medicine, Baltimore, Maryland, USA*

Trauma exposure is common in youth, with highest rates (70-85%) among urban youth. Exposure may produce PTSD, internalizing, externalizing, and risk taking problems.

DSM-IV-TR suggests that interpersonal trauma (IT) is most harmful. Youth are the most common victims of IT. Few studies compare IT vs. other trauma (OT) effects in youth.

This study is designed to compare functioning and identify targets for differential intervention among urban adolescents reporting IT vs. OT.

Students from 8th-9th grades in two urban middle schools were screened with the UCLA-PTSD Index. Highest scorers completed the Strengths and Difficulties Questionnaire and a treatment study. IT was defined as an experience involving traumatic interaction between people, NOT a natural disaster or accident.

Among 161 students, 95 reported IT as most troubling; 61 reported OT as such (5 missing data). No significant differences emerged on demographic or trauma variables. The most common IT was hearing of a friend/relative being shot/beaten/killed; most common OT was death/illness/injury of friend/family.

The OT group unexpectedly reported higher levels of Hyperarousal and Hyperactivity/Inattention. No other differences emerged.

OT may be more deleterious among urban youth. Levels of attachment trauma in the OT group may have impacted findings. Follow-up is needed.

Relationship Between Reflexivity-Impulsivity and Dissociation Among Traumatized People

(Abstract #196221)

Poster # F-148 (Res Meth, Assess Dx)

Exhibition Hall, 4th Floor

Agarkov, Vsevolod, PhD¹¹*Laboratory for Traumatic Stress Studies, Russian Academy of Sciences, Moscow, Russia*

It was suggested that among traumatized people cognitive style possesses features of polarization and rigidity. Subjects (n=98, female 38, male 59) were classified into 4 groups: non-traumatized adolescents (n=37) and adults (n=10), traumatized adolescents (n=19) and adults (n=32). All participants were administered LEQ-2 (Ermakov, Kiseleva, Agarkov, 2001) and Russian versions of Dissociation Experience Scale (Agarkov, Tarabrina, Lasko, 1997), IOES-R (Tarabrina, Agarkov, et. al., 2001), Kagan's test for assessing reflexivity impulsivity cognitive style. The analysis of the Kagan test indexes across groups indicate prevalence of impulsive subjects among traumatized adolescents and equal distribution of impulsive and reflexive subjects among traumatized adults. Traumatized groups are distinguished by prevalence of slow/inexact subjects in comparison with non-traumatized groups. Significant Spearman coefficients of correlations between Kagan test parameters and DES score were obtained only for traumatized groups: (-0.45, p<0.005) between Mistakes and DES score among adults; (-0.65, p<0.05) between Time and DES score among adolescents.

Turning Trauma Into Resilience: Model & Intervention Based on Action Structure and Mirror Neurons

(Abstract #196229)

Poster # F-149 (Clin Res, Prev EI)

Exhibition Hall, 4th Floor

Kent, Martha, PhD¹¹*Veterans Affairs Medical Center, Phoenix, Arizona, USA*

Mirror neurons respond when a monkey or human performs or observes specific motor action. They encode the basic social structure of Agent-action-Object (A-a-O). In trauma this interaction structure is altered from the individual as agent to recipient/object of someone else's action (O-a-A). The agentic self becomes a fragmented self with disturbed episodic memory, procedural memory, alexithymia, lost narratives. This deeper structural change is expressed in the dimension approach/engagement versus withdrawal/defense of the ANS, HPA axis, amygdala, cortisol responses. Our intervention restores agency and approach/engagement resilient response to threat. A twelve-week modularized program calls for childhood re-experiencing of proactive orientation, re-experiencing social relatedness, then uses restored strengths to return to past traumatic experiences to heal suffering and restore homeostasis. It ends with the question, "What is a good life." Pre-testing and post-testing assess effectiveness at three levels: physiological measures of salivary cortisol and heart rate variability, psychological measures of clinical symptoms and positive adjustment, and neuropsychological measures of attention, working memory, and complex reasoning, in randomized treatment and no-treatment control groups. Positive changes were obtained in all three domains in prior pilot studies.

Intellectual Resources and Posttraumatic Stress Disorder in an Urban Primary Care Sample

(Abstract #196230)

Poster # F-150 (Assess Dx, Ethics)

Exhibition Hall, 4th Floor

Fani, Negar, MS¹; Ortigo, Kile, MA²; Johnson, Eboni, BS²; McClure Tone, Erin, PhD¹; Ressler, Kerry, MD, PhD²; Bradley, Rebekah, PhD²¹*Georgia State University, Atlanta, Georgia, USA*²*Emory University, Atlanta, Georgia, USA*

Previous studies have shown an inverse relationship between intellectual abilities and Posttraumatic Stress Disorder (PTSD), suggesting that intelligence may buffer the effects of psychological trauma. Earlier studies have not examined how PTSD status may be associated with differential performance among various subtests of intellectual function. This study observed the relationship between IQ subtests and PTSD in an urban primary care sample. Participants were recruited from primary care clinics as part of a NIH-funded study conducted at an inner-city hospital serving a low-SES population. Participants (N=330) were administered four subtests measuring verbal and nonverbal intellectual ability from the Reynolds Intellectual Assessment Scale. PTSD status did not significantly predict performance on any of the four subtests, even after statistically controlling for education. However, educational level significantly predicted variance in performance among three subtests (p<.05). Education and household income also significantly predicted variance in PTSD symptoms (p<.05). The majority of this sample received a 12th grade education or less and made less than \$1000/month. These data indicate that the relationship between IQ and PTSD in this sample may be complicated by environmental factors, including income and education; implications for future research are presented.

Guidelines for the Development of Permanent Memorials in the Aftermath of Trauma and Terror

(Abstract #196231)

Poster # F-151 (Commun, Ethics)

Exhibition Hall, 4th Floor

Demaria, Thomas, PhD¹; Barrett, Minna, PhD²; Gurwitch, Robin, PhD³; Schonfeld, David, MD⁴; Bray, Grady, PhD⁵

¹Psychology, Long Island University - C.W. Post, Brookville, New York, USA

²Psychology, State University of New York at Old Westbury, Oceanside, New York, USA

³Department of Pediatrics, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA

⁴Division of Developmental and Behavioral Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

⁵Bray Associates, Huntsville, Texas, USA

Memorials are developed to commemorate the lives lost during a tragedy, courage of those that responded and resilience of the community. Memorials also provide a social space for spiritual, emotional, social and psychological healing and reflect an embodiment of hope that lessons learned will help prevent future terrorism.

The Oklahoma City National Memorial and Museum: From Tragedy to Hope

The bombing of the Alfred P. Murrah Federal Building in Oklahoma City on April 19, 1995, remains the largest act of domestic terrorism in the United States. This terrorist action forever changed how the United States and the world looked at the safety and security of the country. In the aftermath of this unprecedented tragedy, the question of how best to memorialize the event was asked. A memorial design was chosen that incorporated the telling of the event and honored the all touched by it. To further memorialize the event, a museum was planned. With committees comprised of those directly impacted by the bombing (family members, survivors, and responders), subject matter experts in a variety of fields and community leaders, the museum was brought to reality. It not only compliments the memorial, but extends its vision. The message of the memorial can be summarized by words contained therein: We come here to remember those who were killed, those who survived and those changed forever. May all who leave here know the impact of violence. May this memorial offer comfort, strength, peace, hope and serenity. This presentation will discuss the memorial and museum development and the sustainability of its message.

Considerations regarding commemoration and memorialization involving school communities This presentation will draw on twenty years of experience consulting to school systems dealing with crisis events to highlight considerations regarding effective commemoration and memorialization in school settings. Permanent memorials present an opportunity for members of the school community to take an active role in constructing an enduring memory of a crisis event, allowing participants to select both what and how they wish to remember and honor what was lost. For students to benefit from the establishment of permanent memorials, mechanisms to involve them actively in the planning process need to be developed. Schools may find it difficult to respect and incorporate the individual preferences and concerns of students and staff, especially when traumatic reactions lead many within the community to avoid thinking or talking about the events. Examples will be drawn from his work with New York City Public Schools in planning for the 1st and 2nd anniversary of the events of September 11th, as well as other school crisis events, and the implications these hold for the development of permanent memorials.

Memorials Honoring the Loss of Life From Terrorism

Commemoration through the creation of permanent memorials/museums allows for the retelling of historical events, reflecting on the human costs and honoring those who were murdered/victimised by terrorism in any of its forms. It appears to

be a necessary step in psychological recovery of victims, those who identify with them and those who recognize the injustice and impacts of the violence. What do Whitwell, TN, Washington, D.C., Yad Vashem in Israel and The Jewish Temple/Museum in Prague, Check Republic have in common? All house memorial museums to the Holocaust. This presentation will discuss the psychological functions of permanent memorials: to resolve incomplete mourning; bear witness to unspeakable evil; recognize remarkable heroism; bring meaning to loss and suffering; and, finally, to draw in new generations of viewers/learners. The presenter, a trauma psychologist who has worked with groups of child survivors of the Holocaust and hundreds of first responders in the aftermath of rescue and recovery following terrorist attacks will discuss the importance of understanding these restorative functions, for those working with survivors/witnesses of terrorism.

Psychological Challenges of Leadership in the Development of Memorials Following Traumatic Events

Leadership is often challenged in the aftermath of traumatic events by the complications of planning time-sensitive rescue and recovery interventions and coordinating efforts to mitigate the impact of the tragedy. This is soon supplanted by efforts to rebuild and restore a community. An essential component that is often considered is whether the traumatic event should be formally maintained in the consciousness of the community. Permanent memorials can indeed serve many different purposes for the community and individuals. Based on lessons learned following acts of terrorism (Oklahoma City Bombing, 9/11 attacks on the World Trade Center) major natural disasters (Boxing Day Tsunami in Thailand, Hurricane Katrina) and numerous air disasters, this presentation will present guidelines that community leadership should consider before permanent structures are developed.

Poster # F-152 (withdrawn)

Exhibition Hall, 4th Floor

Validity and Confiability of the Brazilian Version of the Clinician Administered PTSD Scale – CAPS

(Abstract #196233)

Poster # F-153 (Assess Dx, Res Meth)

Exhibition Hall, 4th Floor

Pupo, Mariana, MSc¹; Jorge, Miguel, PhD¹; Mello, Marcelo, PhD¹; Bressan, Rodrigo, PhD²; Mari, Jair, PhD³

¹Psychiatry, Federal University at Sao Paulo, Sao Paulo, Brazil

²Federal University at Sao Paulo, Sao Paulo, Brazil

³Department of Psychiatry and Medical Psychology of the Sao Paulo Medical School (EPM), Universidade Federal de Sao Paulo (UNIFESP), Sao Paulo, Brazil

Epidemiological studies indicated that PTSD is becoming an ever-increasing health problem in global terms. In Brazil, in spite of the high index of urban violence, we still do not have available research tools to diagnose PTSD. Objective: To determine the psychometric characteristics of the CAPS Brazilian version. Methodology: This study is a case-control which included 50 patients diagnosed with PTSD according to the DSM-IV criteria and 48 controls subjects. The subjects were both gender, between 18 and 60 years old, from the outpatient clinic of the Program of Victims of Violence of the Federal University of Sao Paulo, Brazil. The CAPS reliability was studied by the interrater method. The concurrent validity was evaluated by comparing the results of the CAPS in relation to the SCID-I and the discriminating validity relating CAPS to the Beck inventories on anxiety and depression. Results: Interrater agreement on the CAPS items, calculated by means of Kappa coefficient, varied from 0,63 to 1. The internal consistency for all core symptoms of CAPS resulted in Cronbach's alfa of 0,97. The area under the ROC curve for PTSD was 0,97, and using a cut-off point of 60 the validity coefficients were as follows: sensitivity 98% and specificity 82%. The CAPS scores correlated positively with Beck scale for depression and anxiety.

Proof-of-Concept Study of Adjunctive Pregnenolone in PTSD

(Abstract #196237)

Poster # F-154 (Clin Res, Bio Med)

Exhibition Hall, 4th Floor

Payne, Victoria, MD, MS¹; Naylor, Jennifer, PhD²; Hamer, Robert, PhD³; Davidson, Jonathan, MD²; Strauss, Jennifer, PhD¹; Marx, Christine, MD, MA¹

¹Psychiatry, Duke University Medical Center & Durham VA Medical Center, Durham, North Carolina, USA

²Psychiatry, Duke University Medical Center, Durham, North Carolina, USA

³University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

Background: Pregnenolone (PR) is a neurosteroid with characteristics relevant to depression, resilience, and anxiety. PR is reduced in depression and its administration increases allopregnanolone (AL), a neuroprotective and anxiolytic metabolite. AL is reduced in females with PTSD. We thus conducted a randomized controlled pilot study of adjunctive PR in PTSD.

Methods: Veterans meeting criteria for PTSD by CAPS were randomized to adjunctive PR or placebo (PBO) for 8 weeks following a 2-week single-blind PBO lead-in. The Beck Depression Inventory-II (BDI) and Connor-Davidson Resilience Scale (RISC) were also administered. Of 20 patients randomized, 17 completed at least 4 weeks of the study. Both LOCF and completer analyses were conducted in this proof-of-concept trial.

Results: Patients randomized to PR did not show significantly greater reductions in CAPS scores compared to the PBO group in either analysis. For the LOCF analyses, effect sizes (ES) for BDI and RISC improvement comparing PR to PBO were 0.09 and 0.32, respectively. For completer analyses, ES for the BDI and RISC were 0.36 and 0.48, respectively, in the predicted direction, and not inconsequential.

Conclusions: Effect sizes for BDI and RISC improvement following adjunctive PR in this pilot study are potentially encouraging and merit future efforts. PR may represent a novel intervention in PTSD.

Resting Heart Rate and Right Frontal Lobe Functioning in Trauma Survivors

(Abstract #196239)

Poster # F-155 (Bio Med, Assess Dx)

Exhibition Hall, 4th Floor

Immel, Christopher, BA¹; Hadder, James, BS²; Knepp, Michael, MS²; Stephens, Chad, MS²; Noguchi, Ryoichi, MS²; Harrison, David, PhD²

¹Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

²Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

Trauma has been shown to have an adverse impact on both mental and physical health outcomes, especially Posttraumatic Stress Disorder (PTSD) and resting heart rate. Though this relationship has been widely studied, the causal mechanism of the relationship between PTSD and heart rate is less well-known. Through use of a preexisting dataset, the current project examines the impact of right frontal lobe functioning on resting heart rate in a group of participants with self-reported high PTSD symptomology (the majority of which resulted from the April 16th, 2007, Virginia Tech Shootings). Results of the project indicate that those with high levels of PTSD symptomology (as recorded by the Impact of Events Scale-Revised) and a low error ratio (tested by the Right Frontal Figural Fluency Task [RUFF]) had significantly lower resting heart rates than those with a high error ratio, $F(36) = 6.34, p < .05$. Results further clarify the factors which influence resting heart rate in those with PTSD symptoms, and illustrate the importance of heightened right frontal lobe function in reducing the negative impact of PTSD on physiological outcomes.

Traumatic Experiences and Dissociative Symptoms Among Turkish Young Adult Men

(Abstract #196240)

Poster # F-156 (Disaster, Cul Div)

Exhibition Hall, 4th Floor

Doruk, Ali, MD¹; Erdem, Murat, MD²; Ozenc, Salim, MD³; Uzun, Ozcan, MD¹

¹Psychiatry, Gulhane Military Medical Faculty, Ankara, Turkey

²Psychiatry, Military Dispensary, Ankara, Turkey

³Gulhane Military Medical Faculty, Ankara, Turkey

Objective: The aim of this study was to investigate the profile of trauma and its related to dissociative symptoms among Turkish young men.

Methods: Normative men sample (N=187) were examined with the Trauma History Questionnaire (THQ) and Dissociative Experience Scale (DES).

Results: The mean age was 16.39±0.95 years (range 20-35 years). The mean score of DES was 21.6±18.2 (0-81). Of the 187 participating subjects, 127 (67.9%) reported total 520 different types traumatic experiences. 30 (16.0%) had only one traumatic experience, 97 (51.9%) reported more than one trauma. Of THQ subgroups, general disaster and trauma were 62.0% (N=116), crime related events were 21.9% (N=41), physical and sexual experiences were 21.4% (N=40) and other events were 7.0% (N=13). The most frequent experiences were exposure to someone seriously injured or killed (35.8% N=67), serious accident at work, in a car or somewhere else (24.6% N=46), natural disaster (24.6% N=46) and exposure to dead bodies (other than at a funeral) (22.5%, N=42), respectively. The association between traumatic experiences and DES was not found significantly.

Conclusions: Traumatic experiences seem to be rather common among young adult men. Specific meanings attached to traumatic events by different people may be important on the development of dissociation.

Changing Perceptions on the Impact of Trauma: A Qualitative Study of Cognitive Processing Therapy

(Abstract #196241)

Poster # F-157 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Price, Jennifer L., PhD¹; Adair, Kathryn C., BA²; MacDonald, Helen Z., PhD³; Monson, Candice M., PhD²

¹Department of Psychology, Georgetown College, Georgetown, Kentucky, USA

²Women's Health Sciences Division, National Center for PTSD, Boston, Massachusetts, USA

³VA Boston Healthcare System, Boston, Massachusetts, USA

Recent research demonstrates the efficacy of cognitive processing therapy in treating posttraumatic stress disorder in veterans. In addition, research on linguistic analysis suggests that aspects about personality and psychological state can be discerned from an individual's use of language. To date, no research has examined the effect of CPT on change in individuals' use of language over time. The current study aims to evaluate psychotherapy outcome through linguistic analysis of the impact statements written by participants (n=15) prior to and following 12 weeks of cognitive processing therapy for military-related PTSD. The sample included veterans who were predominantly male (87%) with a mean age of 53, most of whom served in the Vietnam War (80%). Using the Linguistic Inquiry and Word Count (LIWC; Pennebaker, Booth, & Francis, 2007) program, preliminary effect size analyses revealed moderate to large changes from session 2 to session 12 impact statements on use of words related to insight (Hedge's $g=.69$) and positive emotion (Hedge's $g=.40$). In order to address the limitations of quantitative linguistic analysis, qualitative analysis of the written narratives will also be presented. Implications for future treatment outcome studies will be discussed.

Partnerships That Work: Applications of Trauma-Focused Interventions for Children and Adolescents

(Abstract #196242)

Poster # F-158 (Child, Clin Res)

Exhibition Hall, 4th Floor

Habib, Mandy, PsyD¹; Schneider, Alison, LSW⁴; Van Horn, Patricia, JD, PhD²; Hastings, Jane, MPA³; Knoverek, Angel, MS, LCPC⁵; Kisel, Cassandra, PhD⁷; DeRosa, Ruth, PhD⁶

¹Adolescent Trauma Treatment Development Center, North Shore University Hospital, Manhasset, New York, USA

²University of California San Francisco, San Francisco, California, USA

³Illinois Department of Children and Family Services, Chicago, Illinois, USA

⁴Department of Psychiatry and Behavioral Sciences, Northwestern University, Chicago, Illinois, USA

⁵Chaddock, Quincy, Illinois, USA

⁶North Shore University Hospital, Manhasset, New York, USA

⁷Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

Chronic trauma during childhood has been associated with serious psychological and behavioral consequences. In 2006, the Illinois Department of Children and Family Services (IDCFS) led an Evidence-Based Practices pilot evaluating three trauma-focused interventions. Child-Parent Psychotherapy (CPP), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) were implemented with young children, school-aged children, and adolescents, respectively. This poster will briefly outline key components of two of the interventions (SPARCS and CPP) and will describe the application and evaluation of these treatments across multiple systems levels. Implementation successes and challenges will be highlighted on both state and local levels, and will include the perspective of a youth consumer. Results of the evaluation will be presented on the system-level (e.g. feasibility) and child-level (e.g. symptom reduction, placement stability) and will include strategies for fostering sustainability.

The Effects of Children on Trauma Severity in Women Experiencing Intimate Partner Violence

(Abstract #196243)

Poster # F-159 (Child, Prev EI)

Exhibition Hall, 4th Floor

Armstrong, Geniel, MA¹; Bryant, Cody, BA²; Fiore, Christine, PhD¹

¹Clinical Psychology, University of Montana, Missoula, Montana, USA

²Psychology, University of Montana, Missoula, Montana, USA

Violence against women by men in the form of Intimate Partner Violence (IPV) is far too common. The lifetime prevalence of women experiencing IPV by male partners is estimated to be 10-69% (World Health Organization, 2002). Such violence often leads to trauma related symptoms and mental health disorders including Major Depressive Disorder, PTSD, and other anxiety disorders (Coker, 2002). Economic strain, societal pressure, and personal investment in the relationship may make leaving a violent partner more difficult. The decision to stay or leave a violent relationship is further complicated when women have to consider their children's needs. Through quantitative and qualitative analysis this study explores the severity of trauma symptoms in a community sample of 393 women who have experienced IPV. The trauma symptoms and the severity of trauma in women without children and with children are compared. Greater understanding of severity, symptoms and felt experience will be addressed with responses obtained from a semi-structured interview, the Trauma Symptom Checklist, and Conflict Tactics Scale which were completed by the participants. Findings will help service providers and resources better aid women with children who are attempting to end the violence in their lives.

Poster # F-160 (withdrawn)

Exhibition Hall, 4th Floor

Pre-Deployment Psychological Briefing Methodology: A Sense of Coherence Model

(Abstract #196246)

Poster # F-161 (Res Meth, Clin Res)

Exhibition Hall, 4th Floor

Levy, Patricia, PhD¹; Bustos, Rudolph, PhD²

¹Social Work and Sociology, Fort Hays State University, Hays, Kansas, USA

²College of Health Sciences, TUI University, Cypress, California, USA

Current pre-deployment mental health preparation models address the psychological aspects of war, however, in a heuristic fashion. Personnel tasked to be deployed in the Middle East will be facing traumatic situations unlike those in American daily life. Decisions to shoot civilians posing real threats, having to gather mutilated bodies or to secure dwellings may require combatants to suspend their feelings. Suppression of emotion can lead to internalized acute and traumatic stress disorders, including vicarious traumatization (compassion fatigue). Empirical stress and health studies support a Sense of Coherence model utilizing a categorical framework focusing on adaptation and of self-affirmation. This model if initiated at Pre-Deployment briefing and carried through at Deployment and at Post-Deployment briefings will reveal not only a chronology in the adjustment process from onset to current functioning, but also will disclose a psychological reconfiguration of self-identity and a meaningful life philosophy.

Emotional Dysregulation and PTSD Symptoms Among College Students

(Abstract #196249)

Poster # F-162 (Clin Res, Assess Dx)

Exhibition Hall, 4th Floor

Voorhees, Summer, BA¹; Pennington, Hannah, MA¹; Risch, Elizabeth, MA²; Smith, River, MA¹; Tiegreen, Sara, MA¹; Newman, Elana, PhD¹

¹University of Tulsa, Tulsa, Oklahoma, USA

²Clinical Psychology, University of Tulsa, Tulsa, OK, USA

Preliminary research has identified a relationship between emotional dysregulation and posttraumatic stress disorder (PTSD) symptoms. Researchers have found statistically significant relationships between the Difficulties in Emotional Regulation Scale (DERS) scores and the PTSD Checklist (PCL-C) scores in a college student sample, suggesting that higher emotional dysregulation is related to symptoms of PTSD. The current study sought to replicate previous findings and to further explore the relationship between emotional dysregulation and PTSD symptoms by determining if DERS scores differed among subjects with either high or low trauma exposure. Preliminary analysis of the first 52 participants recruited indicated a statistically significant positive correlation between the DERS and PCL-C, with higher levels of dysregulation associated with higher levels of posttraumatic stress symptoms. Dividing the groups into high (5+ exposures) and low trauma (4 or less) exposure, using the Multiple Stressor Scale (MSS), a one-way between-groups ANOVA revealed no significant differences between the groups' DERS scores. Thus extent of trauma exposure seems unrelated to DERS scores. Results may confirm previous findings of a positive relationship between emotional dysregulation and PTSD symptoms. These results are tentative and will be updated once the full data set is collected.

Poster # F-163 (withdrawn)

Exhibition Hall, 4th Floor

Operating Characteristics of the PTSD Checklist (PCL) in a Military Primary Care Setting

(Abstract #196251)

Poster # F-164 (Assess Dx, Mil Emer) Exhibition Hall, 4th Floor

Gore, Kristie, PhD¹; Prins, Annabel, PhD²; Freed, Michael C., PhD¹; Liu, Xian, PhD¹; Kuesters, Phoebe, BA³; Engel, Charles, MD, MPH⁴

¹Walter Reed Army Medical Center, DoD Deployment Health Clinical Center, Uniformed Services University, Department of Psychiatry, Washington, District of Columbia, USA

²San Jose State University, Department of Psychology, National Center for PTSD, VA Palo Alto Health Care System, San Jose, California, USA

³Deployment Health Clinical Center, Walter Reed Army Medical Center, Washington, District of Columbia, USA

⁴Uniformed Services University, Department of Psychiatry, Walter Reed Army Medical Center, DoD Deployment Health Clinical Center, Bethesda, Maryland, USA

Normative data for the Posttraumatic Stress Disorder (PTSD) Checklist Civilian version (PCL-C) are needed for accurate case identification of symptomatic individuals. Large scale screening efforts rely on cutscores to determine prevalence rates, dictate treatment needs, and describe population characteristics; however, the psychometric properties of the PCL-C in military primary care settings are largely unknown. We sought to describe the operating characteristics of the PCL-C for Department of Defense (DoD) healthcare beneficiaries seen in primary care. We conducted 213 PTSD diagnostic interviews and evaluated the PCL against the PTSD Symptom Scale Interview (PSSI) diagnosis. Receiver Operating Characteristics curves revealed the PCL-C accounted for 89% (95% confidence interval: 85%, 92%) of the area under the curve and a PCL-C score of 30 optimized sensitivity (0.93) and specificity (0.89). Multilevel likelihood ratios for PCL scores of 30, 44, and 50 were 4.28, 9.48, and 19.50 respectively. Mean (standard deviation) PCL scores were 50.8, (15.0) for those with PTSD and 25.5(11.3) for those without PTSD [$t(210) = 12.2, p < .001$]. Internal consistency was $\alpha = 0.97$ and test-retest reliability after a median 13 days was 0.87 ($n=112$). These findings offer DoD primary care providers important data to interpret PCL scores and inform treatment decisions.

Symptoms of Pain on Posttraumatic Stress Disorder and the Impact of Treatment on Them

(Abstract #196252)

Poster # F-165 (Practice, Assess Dx) Exhibition Hall, 4th Floor

Costa, Ana Clara, BARCH¹; Mello, Marcelo, PhD¹; Pupo, Mariana, MCS¹

¹Psychiatry, Federal University at Sao Paulo, Sao Paulo, Brazil

Introduction: Posttraumatic Stress Disorder (PTSD) patients have impairment on their quality of life, the presence of pain are described as a common on these patients. The principal aim of this study is to evaluate the presence of pain symptoms on patients with PTSD, and also if there is an improvement on quality of life after treatment.

Method: A sample of 28 patients from the Program of Violence of Federal University of Sao Paulo, with PTSD diagnostic after a psychiatric semi-structured interview (SCID-I), completed the 36-Item Short-form Health Survey SF-36 (a self-report quality of life instrument), the Clinician-Administered PTSD Scale (CAPS) at baseline and after 3 months. The patients received brief psychodynamic oriented psychotherapy, medication or the combination of both.

Results: PTSD patients had high levels of pain before treatment, which respond significantly to any treatment received. Although, the patients pain subscale scores on SF-36 remained too high even after treatment and their scores are higher than scores related on patients with rheumatoid arthritis.

Conclusion: PTSD patients have high pain scores and it was still high even after treatment which could be a risk of relapse factor.

Mediators and Moderators of Help-Seeking Behavior in Returning Iraqi and Afghanistan Veterans

(Abstract #196253)

Poster # F-166 (Mil Emer, Practice) Exhibition Hall, 4th Floor

Scotti, Joseph R., PhD¹; Majewski, Virginia, PhD, MSW²; O'Riley, Alisa, MS¹; Heady, Hilda, MSW³; Tunick, Roy, EDD⁴

¹Department of Psychology, West Virginia University, Morgantown, West Virginia, USA

²Department of Social Work, West Virginia University, Morgantown, West Virginia, USA

³Office of Rural Health, West Virginia University, Morgantown, West Virginia, USA

⁴Department of Counseling, Rehabilitation Counseling, & Counseling Psychology, West Virginia University, Morgantown, West Virginia, USA

A state-wide survey of West Virginia Veterans who had one or more deployments in Iraq or Afghanistan was conducted over the period of November 2007 to March 2008. The 1,000 respondents (10% female; Mean age = 34) completed basic demographics and measures of combat exposure, PTSD, depression, personal and family functioning, and help-seeking behavior. Overall, 45% of the sample met criteria for PTSD and/or depression. Comparing veterans with PTSD/depression (P/D) with other veterans (OV) in the sample, the P/D veterans were significantly more likely than OV veterans to seek services at one or more levels (Informal, Support, Medical/crisis, Professional, Center/facility). However, P/D veterans were more likely than OV veterans to report low satisfaction with those services. We will present rates of help-seeking by level of service as moderated by age, gender, and urbanicity; as well as the mediational effects of level of combat exposure and self-reported impact on family relationships (significant other and children). We will discuss the relation of these findings to prior literature on variables associated with the willingness to seek mental health services, as well as the implications for providing treatment to this latest generation of combat veterans.

Cognitive-Affective Characteristics of Smokers With and Without PTSD and Panic Psychopathology

(Abstract #196255)

Poster # F-167 (Clin Res, Assess Dx) Exhibition Hall, 4th Floor

Vujanovic, Anka, BA¹; Marshall, Erin, BA¹; Kutz, Amanda, BA¹; Nelson, Sarah, BA¹; Zvolensky, Michael, PhD¹

¹University of Vermont, Burlington, Vermont, USA

The present study evaluated differences among daily smokers with and without PTSD and panic psychopathology (nonclinical panic attacks [PA], panic disorder [PD]) in terms of several cognitive-affective characteristics that may be implicated in the maintenance of smoking among these clinical populations. The sample consisted of 123 smokers (62% women) with a mean age of 29.7 years. Approximately 38.2% of the sample had a current primary diagnosis of PTSD; 13% had a current primary diagnosis of PD; 20.3% had current nonclinical PA; and 28.5% did not meet criteria for axis I psychopathology (control). A series of one-way analyses of variance and Tukey follow-up comparisons were conducted. In terms of anxiety sensitivity, agoraphobic cognitions, anxious arousal, depressive symptoms, worry, and perceived stress, the PTSD and PD groups reported significantly higher levels than the nonclinical PA and control groups ($p < .05$). With regard to discomfort intolerance, the PTSD group reported significantly higher levels than the nonclinical PA and control groups ($p < .05$), but the PD group did not differ significantly from any of the other groups. The PTSD group reported the greatest overall levels of all studied cognitive-affective variables. Theoretical and clinical implications of the findings are discussed.

Complex Posttraumatic Stress Symptoms Among a Community Sample of Battered Women

(Abstract #196258)

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

Leahy, Kerry, PhD¹; Levendosky, Alytia, PhD²; Bogat, G., PhD²; Von Eye, Alexander, PhD²

¹University of Michigan, Ann Arbor, Michigan, USA

²Michigan State University, East Lansing, Michigan, USA

Women who experience domestic violence (DV) are at risk for developing posttraumatic stress disorder (PTSD), as well as a range of potentially co-morbid mental health problems that exceed the intrusive, avoidant, and arousal symptoms of PTSD (e.g., depression, dissociation, interpersonal deficits; Nixon et al., 2004). Thus, the psychological sequelae of DV may be better captured by complex posttraumatic stress disorder (CP) - a syndrome developed to reflect the effects of chronic interpersonal trauma, including DV. This study's aim was to identify longitudinal patterns of DV victimization and to examine the relationship between these patterns and CP symptoms. Cluster analysis was used to structure 164 women's individual experiences of DV over six years. The cluster analysis produced a three-group solution: Minimal, Moderate, and High DV subgroups. ANOVA was used to examine whether number of CP symptoms differed as a function of DV cluster membership. Results were significant, such that greater DV was related to more CP symptoms. Findings suggest that women with moderate or high levels of DV are at risk for cognitive, affective, and behavioral dysregulation that transcends simple PTSD and may be better accounted for by CP. Results have significant clinical implications for the treatment of women who experience DV.

Poster # F-169 (withdrawn)

PTSD & the Anxiety Disorder Spectrum: Comparative Symptom Profiles

(Abstract #196263)

Poster # F-170 (Assess Dx, Clin Res) Exhibition Hall, 4th Floor

Karlsson, Marie, BS¹; McTeague, Lisa, PhD¹; Shumen, Joshua, BS¹; Laplante, Marie-Claude, PhD¹; Bradley, Margaret, PhD¹; Lang, Peter, PhD¹

¹Clinical & Health Psychology, University of Florida, Gainesville, Florida, USA

The goal of the current study was to characterize the symptom and demographic profiles of PTSD in relation to other anxiety and mood disorders. Treatment-seeking individuals and controls (N=536) with diagnoses determined via administration of the ADIS-IV completed an extensive battery of questionnaires. The sample consisted of patients with principal diagnoses of PTSD (n=57), specific phobia (n=65), social phobia (n=79), panic disorder with (n=69) and without agoraphobia (n=36), GAD (n=74), OCD (n=38), depression (n=38), and a demographically-matched control group (n=80). Across a range of symptom domains including fearfulness, anxiety sensitivity, trait anxiety, cognitive and somatic symptoms of depression, anhedonia, anger, life events, and illness intrusiveness, PTSD patients consistently endorsed the greatest symptom severity. Furthermore, PTSD was accompanied by the highest rate of Axis I comorbidity. The pervasive and intense dysphoria reported by this group was more over associated with decrements in functional status. In particular, PTSD patients indicated the lowest household income and educational and occupational attainment, accompanied by the highest rate of divorce. These data underscore that even in relation to conceptually similar disorders, the broad distress and functional interference associated with PTSD are pronounced.

Links Between Childhood Trauma, Shame and Adult Psychopathology

(Abstract #196264)

Poster # F-171 (Clin Res, Prev EI) Exhibition Hall, 4th Floor

Frick, Kayla, Undergraduate Student¹; Hill, Ryan, Undergraduate Student²; Cameron, Heather, BS³; Fezzey, Amanda, BS³; Gholami, Bardia, MD⁴; Muzik, Maria, MD⁵

¹Psychology, University of Michigan, Franklin, Armed Forces Middle East, USA

²University of Michigan, Flat Rock, Michigan, USA

³Psychiatry, University of Michigan, Ann Arbor, Michigan, USA

⁴Department of Psychiatry, University of Michigan, Ann Arbor, Michigan, USA

⁵University of Michigan, Ann Arbor, Michigan, USA

Prior research has identified shame as possible mediator between childhood trauma and subsequent psychopathology, particularly to symptoms of depression and PTSD. However, less work has been done on investigating the associations between different forms of childhood trauma, shame and adult psychopathology. This current project, drawing mothers with their young children from the Maternal Anxiety During the Childbearing Years (MACY) study, aims to address this research question. Measures used are the Childhood Trauma Questionnaire (CTQ), the Shame Posture Measure, the National Women's Study PTSD Module, and the Post-Partum Depression Screening Scale. Data on the first nine participants, split into a group of mothers with high shame ratings (n=5) and low shame ratings (n=4), were used for these preliminary analyses. Mothers falling into the high shame group showed stronger correlations between childhood trauma and subsequent adult depression (r=.60, p <0.28) compared to mothers in the low shame group (r=.41 p <0.59), while we did not find this pattern in relation to PTSD. For the final presentation we will have data on the full sample (n= 60) allowing us to explore unique associations of shame and psychopathology with childhood trauma types, frequency, and duration.

The Relationship Between Barriers to Care, Treatment Seeking Behavior, and PTSD in OIF/OEF Veterans

(Abstract #196265)

Poster # F-172 (Mil Emer, Res Meth) Exhibition Hall, 4th Floor

McSweeney, Lauren B., BA¹; Papa, Anthony, PhD¹; Suvak, Michael K., MA²; Litz, Brett T., PhD³

¹Veterans Affairs Medical Center/ National Center for PTSD, Boston, Massachusetts, USA

²Veterans Affairs Medical Center, Boston, Massachusetts, USA

³National Center for PTSD (116B-2), Boston VA Medical Center, Boston, Massachusetts, USA

Research on the mental health effects in US military personnel returning from current deployments to Iraq and Afghanistan has shown that deployment and exposure to combat result in increased risk of PTSD. Service members who endorse mental health difficulties are most likely to report concerns about being stigmatized and endorse barriers to receiving mental health services (Hoge et al., 2004). To further understand the relationship between combat deployment and mental health care (e.g., Hoge et al, 2003) we examined survey responses of US military personnel who served in either Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). forty US military personnel completed surveys that assessed the degree of exposure to war-zone stressors, attitudes about emotional disclosure and disclosure of symptoms, attitudes about mental health, PTSD symptoms, and the motivation to seek mental health care. Preliminary analyses revealed significant bi-variate associations between barriers to receiving mental health services, treatment seeking behavior, and PTSD such that reports of barriers to receiving mental health services and reluctance to seek treatment predicted PTSD.

Subsequent analyses (once data collection is complete) will examine whether treatment seeking behavior mediates the relationship between barriers to receiving mental health services and PTSD.

A New Cure for Trauma in an Old Form: Controversies and Potentialities in Western Shamanism

(Abstract #196267)

Poster # F-173 (Cul Div, Practice)

Exhibition Hall, 4th Floor

Mann, Rachel, MA, PhD

¹*MettaKnowledge for Peace, LLC, Charlottesville, Virginia, USA*

Among other contested meanings, shamanism is defined as a new religious, therapeutic, and spiritual movement in the West that arose in the late 20th century out of contact between indigenous cultures and Western academics and clinicians. Many people with PTSD are turning to healers who define themselves as “shamanic practitioners” or related nomenclature. In this presentation, the controversies over and potentiality for the treatment of trauma by this new movement will be addressed. Because western shamanism is often associated with New Age beliefs in spirits, reincarnation and other non-ordinary phenomena, shamanism as a practice is usually ignored, at best, laughed at or considered dangerous, at worst. Yet, if we are to take seriously the many social scientists and psychologists who are advocating integrating the healing and curative systems of local, indigenous healers in non-western cultures in addressing PTSD, similarly, we must take seriously new therapeutic movements in our midst. This presentation will both educate its audience about the perspectives and practices of western shamanism and its potential uses in the treatment of trauma.

Therapy for Sane Hallucinations

(Abstract #196271)

Poster # F-174 (Assess Dx, Cul Div)

Exhibition Hall, 4th Floor

Herrick, Karen, PhD

¹*Center for Children of Alcoholics, Inc., Red Bank, New Jersey, USA*

- 1) Spiritual framework for clinical experiences
 - a. Buddhism
 - b. Hinduism
 - c. Christianity
 - d. Alcoholics Anonymous
- 2) What is Mental Illness?
- 3) Clients' Anomalous Experiences
 - a. Synchronicity or Meaningful Coincidence
 - b. Near-Death Experience
 - c. After-Death Communication
 - d. OOB Experience
 - e. Electronic Voice Phenomena
 - f. Reincarnation Relationships
- 4) The Soul—Your Pattern for Your Life

GOALS/OBJECTIVES:

- Based on the work of William James, the Father of American Psychology, and his colleagues' work presented Aug 6-10, 1889 to the International Congress of Experimental Psychology, which convened in Paris, attendees will be given an understanding of “what psychologists generally would describe as casual hallucinations of sane persons.”
- A Gallop survey of 2005 showed that about three in four Americans (73%) hold some paranormal belief. The categories are: Extrasensory perception (ESP) - 41%, Haunted houses - 37%, Ghosts (spirits of the dead returning) - 32% - Mental telepathy (communication between minds without using traditional senses) - 32%, Clairvoyance (the power of the mind to know the past and predict the future) - 26%, Astrology (the position of stars and planets can affect people's lives) - 25%,

Witches - 21% and Reincarnation (rebirth of the soul in a new body after death) - 20%. A Harris poll, at approximately the same time, stated for the age group 25-29, 40% of them believed in reincarnation. One out of twenty people in the United States are now having Near-Death experiences. Attendees will have a greater understanding of these paranormal experiences and/or cultural beliefs of their clients. Many times these experiences are linked to a history of childhood trauma which causes dissociative symptoms.

- To increase the knowledge of attendees regarding the conceptual focus of Dr. Raymond E. Moody, Jr. Dr. Moody coined the term Near-Death Experience in 1975 in his book *Life after Life*. One process he describes is that of Pretergression, which justifies the paranormal as a source of new knowledge. Pretergression helps to explain how a Jungian archetype comes into a client's awareness and aids in lifting symptoms of mental illness.
- To increase the networking opportunities in order that attendees may have conversations among themselves which may increase their learning about SEs and spirituality which could lead to a higher level of spiritual understanding personally and professionally.

Interpersonal Group Therapy for Chronic PTSD Patients Victims of Urban Violence

(Abstract #196272)

Poster # F-175 (Clin Res, Disaster)

Exhibition Hall, 4th Floor

Campanini, Rosaly, MD¹; Ferri Schoedl, Aline, MD¹; Pupo, Mariana, MCS¹; Mello, Marcelo, PhD¹; Costa, Ana Clara, BARCH¹

¹*Psychiatry, Federal University of Sao Paulo, Sao Paulo, Brazil*

PTSD is a prevalent disorder that causes severe impairment on social, occupational and interpersonal functioning. Interpersonal therapy (IPT) is a treatment based on life events associated on triggering and maintenance of psychiatric disorders. IPT adapted for PTSD is a non-exposure treatment that focused on traumatic interpersonal consequences. These consequences are withdrawal, distrust, low self-esteem, fear of intimacy, and vulnerability on social interactions. IPT-G helps patients to solve their interpersonal problems, either by other group member's feedback, as their own group experiences. During the sessions the patients have opportunity of having healthy social interactions. The study includes 30 PTSD patients which didn't respond to previous pharmacological treatment. The aim of the study was to evaluate the 16-week IPT-G adapted to PTSD efficacy to treat PTSD on this sample. The outcomes were PTSD (CAPS), depression (BDI) symptoms, quality of life (SF-36) and social functioning (SAS) after 3 and 6 months after the end of treatment. Results: Patient which received IPT-G adapted to PTSD responded with a decreasing CAPS, SAS and SF-36.

Military Sexual Trauma, Intimate Partner Violence, and Pain in Female Veterans in Primary Care

(Abstract #196275)

Poster # F-176 (Assess Dx, Mil Emer)

Exhibition Hall, 4th Floor

Morrison, Jay, MA¹; Scioli, Erica, PhD¹; Otis, John, PhD¹

¹*VA Boston Healthcare System, Boston, Massachusetts, USA*

Military Sexual Trauma (MST) and Intimate Partner Violence (IPV) among female veterans continues to be a high research priority, particularly given the frequent co-occurrence of Posttraumatic Stress Disorder (PTSD) and pain conditions. This study compared pain and PTSD in female veterans who have experienced MST, IPV, and combat. Women with routine appointments in the Primary Care Clinic of the VA Boston Healthcare System (n=46) completed a self-report questionnaire of clinical and pain-related information. Of those responding, 74.4% received unwanted sexual attention and 48.8% were forced to have sex against their will while in the military. Further, 65.9% had been hit or threatened by their partner.

forced sex while in the military was related to PTSD symptoms ($r = .80, p < .0001$) and depression ($r = -.41, p < .01$) while combat exposure was not. The majority (78.3%) also reported pain, with an average intensity of 6.4/10 over the last three months. IPV was associated with number of pain sites ($r = -.43, p < .01$) and number of different treatments for pain ($r = -.41, p < .01$). PTSD symptoms were also related to overall pain interference ($r = .67, p < .004$). This data adds to the literature documenting the high prevalence of MST and IPV in female veterans and the relationships these experiences have to PTSD and pain.

Combat PTSD: Related Issues and Treatment Approaches

(Abstract #196283)

Poster # F-177 (Mil Emer, Practice)

Exhibition Hall, 4th Floor

Perez, Norma, PhD¹; Eckler, Johanna, PsyD²

¹PTSD Clinical Team, Central Texas Veterans Health Care System, Cedar Park, Texas, USA

²PTSD Clinical Team, Central Texas Veterans Health Care System, Austin, Texas, USA

With recent world events, the topic of PTSD and trauma has come to the forefront for many mental health providers. Along with this has come a flurry of research into the disorder and its treatment. This presentation will provide an overview of PTSD and related issues. This will be followed by an explanation of the empirically validated treatments currently available for PTSD as well as the research that has been done on these treatment modalities. The presentation will conclude with a description of how these treatments are being implemented in a PTSD clinic within the VA system with combat veterans from conflicts ranging from WWII to the current conflicts in Iraq and Afghanistan. As part of this workshop, practical issues such as clinician self-care and implementation will be covered.

Sleep Therapy Group Intervention for Combat Veterans

(Abstract #196285)

Poster # F-178 (Clin Res, Mil Emer)

Exhibition Hall, 4th Floor

Thompson, Karin, PhD¹; Franklin, C. Laurel, PhD²; Hubbard, Karen, PhD³; Risch, Elizabeth, MA⁴

¹VA Medical Center Memphis, Memphis, Tennessee, USA

²Southeast LA Veterans Healthcare System, New Orleans, Louisiana, USA

³VA Medical Center San Antonio, San Antonio, Texas, USA

⁴Clinical Psychology, University of Tulsa, Tulsa, Oklahoma, USA

Sleep disturbance, one of the most widely reported symptoms after psychological trauma (Kilpatrick, Resnick, & Freedy, 1998), is a hallmark symptom of posttraumatic stress disorder (PTSD). Chronic insomnia affects emotional functioning and performance (Woodward, 1993; Inman, Silver & Doghramji, 1990). Among veterans returning from war, difficulty sleeping is a frequent complaint and is disruptive to post-deployment adjustment. Among veterans with chronic PTSD, sleep disturbance can last years or decades. A rigorous scientific review by the National Institutes of Health (2005) led to the conclusion that cognitive-behavioral therapies (CBT) have demonstrated efficacy in the treatment of insomnia, whereas most medications currently in use have not. However, the panel noted that CBT for insomnia is not widely used because many clinicians are not trained in this approach. Two studies of CBT treatment for insomnia among trauma survivors are available, and although both are uncontrolled, they show promise for CBT group treatment of sleep disturbance in fire evacuees (Krakow et al., 2002) and crime victims (Krakow et al., 2001). This poster will describe a manualized group treatment intervention using cognitive-behavioral techniques to address sleep disturbance among combat veterans with PTSD along with pre-post measures of insomnia, sleep quality, and PTSD symptoms.

Preliminary Psychometric Properties of a Generating Meaning Self-Efficacy Scale Following Trauma

(Abstract #196292)

Poster # F-179 (Res Meth, Prev EI)

Exhibition Hall, 4th Floor

Waldrep, Edward, Undergraduate¹; Benight, Charles C., PhD¹; Cieslak, Roman, PhD¹

¹University of Colorado, Colorado Springs, Colorado, USA

The purpose of this study was to develop a scale to measure individual's belief in their ability to generate meaning (MSE) after a trauma. One-hundred fifty-seven students completed an online survey through an online research program. The scale originally consisted of 19 items but the corrected item-total correlation suggested that removal of one of the items would increase the Cronbach's alpha level. The final scale consists of 18 items and with a Cronbach's alpha of .91. Factor analysis of the scale indicated one primary factor accounting for 43% of the variance and each item reporting a factor loading greater than .35. The MSE scale is positively correlated to a scale of coping self-efficacy ($r = .65, p < .01$) and negatively correlated to the posttraumatic check list ($r = -.22, p < .01$) suggesting that higher MSE is related to lower posttraumatic distress. The developed scale was also related to the Marlowe-Crown Social Desirability Scale ($r = .29, p < .01$), but controlling for this effect the correlation between the CSE and PTSD symptoms was still significant and in the predicted direction. The MSE scale appears to be measuring the intended construct and reports a high level of internal reliability, though further analysis of test-retest reliability and construct validity are needed to more fully validate the scale.

The Role of Race and SES in Predicting Psychopathology Following the 9/11/2001 WTC Attacks

(Abstract #196295)

Poster # F-180 (Assess Dx, Cul Div)

Exhibition Hall, 4th Floor

Dugan, Kelly, MA¹; Nomura, Yoko, PhD²; Jones, Russell T., PhD¹; Abramovitz, Robert H., MD³; Chemtob, Claude M., PhD²

¹Psychology Department, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

²Department of Psychiatry and Pediatrics, Mount Sinai School of Medicine, New York, New York, USA

³Jewish Board of Family & Children's Services, Inc., New York, New York, USA

The role of race as a risk factor for developing posttraumatic stress symptoms following a trauma has been widely researched. A recent meta-analytic review of the literature found evidence to support the notion that minority groups display more distress and/or fare poorly compared to majority groups following traumatic events. Comparatively, other studies have addressed the possibility of the confounding effects of SES. Further, when SES has been controlled for, race/ethnicity no longer statistically predicted differences in the development of PTSD. The current study attempted to address the impact of race and a variety of socioeconomic variables on the development of PTSD and depression following a traumatic event. It was hypothesized that race would be significantly correlated with psychopathology but that this relationship would decrease when SES variables were controlled for. Data was collected as part of a larger study assessing the effects of the September 11th, 2001 WTC attacks on families with young children that were directly affected. Depression and posttraumatic stress symptoms were obtained via self-report (CES-D and PDS, respectively), along with a multitude of demographic variables, including race, education level and occupation. Analyses in progress are examining each variable's ability to predict psychopathology.

Poster # F-181 (withdrawn)

The Impact of Terror on Humanitarian Aid Workers and Models of Support

(Abstract #196301)

Poster # F-182 (Civil Ref, Commun)

Exhibition Hall, 4th Floor

Dubrow, Nancy, PhD¹; McNulty, Michael, PhD²; Curling, Penelope, MA³

¹Taylor Institute, Chicago, Illinois, USA

²Clinical PsyD Program, The Chicago School of Professional Psychology, Chicago, Illinois, USA

³UNICEF, New York, New York, USA

This presentation will address work in dealing with the impact of terror on local and international humanitarian aid workers in Sri Lanka, the Middle East and Africa. Models of culturally sensitive support for in-country aid workers will be presented. Self-care for consultants and counsellors will be discussed.

Supporting Local Humanitarian Aid Workers

In the month that followed the tsunami, the presenter traveled to Sri Lanka to assist counseling psychologist, Fr. Paul Satukunanagam, S.J., and his agency, The Professional Psychological Counselling Centre of Batticaloa (PPCC). Since that time, he has made five more visits to this area to provide consultation and workshops on basic counseling skills to local counselors who are mostly paraprofessionals trained in other fields. He will tell the story of his work in Batticaloa, which is adjacent to a war zone, and prone to natural disaster. He will discuss PPCC's "Barefoot Counsellors'" efforts to assist survivors with chronic stress, trauma, and ambiguity, in a culture where therapy is a foreign concept, and the language lacks words for psychological terms. He will describe the progress of a team at The Chicago School of Professional Psychology working (a) to bring a subgroup of the counselors to the USA for intensive training and (b) to develop a counselor certificate program with workshop and online components to ensure counselors will have a more systematic and culturally relevant approach to their training. Self Care for Consultants Working with international populations who live in situations of armed conflict presents many extraordinary learning opportunities as well as extreme challenges. This presentation will focus on the author's experience as a psychosocial consultant for aid agencies in Africa and the Middle East. Developing support services for internally displaced persons and refugees, child soldiers and victims of violent traumatic events facilitates the consultants' deep understanding of their experiences. Living and working in culturally diverse settings informs the implementation of psychosocial interventions. While these experiences would challenge many intellectually, the emotional challenge of living and working in situations of armed conflict is perhaps the most difficult – while in country, when departing and when one returns home.

Supporting International Humanitarian Aid Workers

Supporting humanitarian aid workers in the aftermath of terror Humanitarian aid workers often work in difficult environments, including physical hardship and danger. Witnessing the impact of war, civil strife and disasters on beneficiary populations can be extremely difficult to process, especially when one is far from one's home, family and friends. Increasingly, humanitarian aid workers have themselves become the target of direct acts of terror. Recognizing the need for support to their staff members in these circumstances, a number of humanitarian aid agencies have initiated staff support systems. This presentation will discuss the author's experiences working as a staff counsellor to an international agency, providing support to colleagues working in conflict and post-conflict situations all over the world, and will highlight a mission to support injured colleagues in the aftermath of a terrorist attack, where the 'testimony' method of debriefing was found to be most helpful.

Impaired Fear Inhibition in PTSD is Associated With HPA Function

(Abstract #196302)

Poster # F-183 (Bio Med, Clin Res)

Exhibition Hall, 4th Floor

Jovanovic, Tanja, PhD¹; Norrholm, Seth, PhD¹; Blanding, Nineequa, BS²; Bradley, Rebekah, PhD¹; Duncan, Erica, MD¹; Ressler, Kerry, MD, PhD³

¹Psychiatry & Behavioral Sciences, Emory University, Decatur, Georgia, USA

²Emory University, Marietta, Georgia, USA

³Psychiatry and Behavioral Sciences, Emory University, Atlanta, Georgia, USA

A central problem in posttraumatic stress disorder (PTSD) is the inability to suppress fear under safe conditions. Previously, our lab has shown that civilian- and combat-related PTSD patients cannot discriminate between danger and safety. Observed alterations in HPA function in PTSD may be associated with impaired fear inhibition. This study examined HPA function and fear-potentiated startle (FPS) in trauma-exposed individuals with and without PTSD. We used a conditional discrimination procedure, in which one set of lights (CS+) was paired with aversive airblasts to the throat, and different lights (CS-) were presented without airblasts. In addition to FPS, blood was drawn for neuroendocrine analysis and the dexamethasone suppression test (DST) was performed; cortisol and ACTH were assessed at baseline and post-DST. There were no group differences in baseline or post-DST cortisol or ACTH. However, in non-PTSD subjects, FPS to the CS+ was negatively correlated with post-DST ACTH levels ($r=-0.53, p=0.01$), while in PTSD subjects, FPS to the CS+ was positively correlated with post-DST ACTH ($r=0.71, p<0.05$). Furthermore, PTSD subjects also showed a positive correlation between FPS to the CS- and post-DST ACTH ($r=0.84, p<0.01$), while non-PTSD subjects did not. These results suggest that impaired fear inhibition may be associated with ACTH feedback function.

The Aftermath of War Trauma Exposure on Military Couples

(Abstract #196305)

Poster # F-184 (Mil Emer, Res Meth)

Exhibition Hall, 4th Floor

Baptist, Joyce, PhD¹; Garrett, Kevin, MED¹; Amanor-Boadu, Yvonne, MS¹; Sanders-Hahs, Erin, BS¹; Nelson Goff, Briana, PhD¹
¹Kansas State University, Manhattan, Kansas, USA

Traumatic events affect the individual trauma survivor and their significant relationships. The literature on traumatic stress mainly focuses on the individual. The couple relationship, a primary and important unit, provides a unique context for examining the interpersonal impact of post-trauma responses.

This poster will present results from a mixed method study that used quantitative measures and qualitative interviews to examine the impact of post-trauma responses. Participants included a total of 30 individuals comprised of soldiers who had recently returned from deployment to a war zone and their partners.

The analysis of the interview data found five ways trauma affects the couple relationship: communication, roles, coping, intimacy and emotions.

Trauma Research Teams: A Template for Design, Development and Administration

(Abstract #196307)

Poster # F-185 (Res Meth, Media) Exhibition Hall, 4th Floor

Garrett, Kevin, MED¹; Baptist, Joyce, PhD¹; Sanders-Hahs, Erin, BS¹; Nelson Goff, Briana, PhD¹

¹Kansas State University, Manhattan, Kansas, USA

This presentation provides a template to design, develop, and administrate research teams. The template will be used to illustrate the research process of a study of trauma in military couples. It provides an infrastructure for the management of research teams that involves two overarching steps: the foundational work and the research process.

The foundational work provides the common aspects of establishing the research team, entails the articulation of the study purpose and expected outcomes, and the design, development, and administration of the research team. The research process involves tasks common to different research projects, as well as other tasks unique to a specific project.

Validity Study of the Brazilian Version for Early Trauma Inventory

(Abstract #196309)

Poster # F-186 (Assess Dx, Clin Res) Exhibition Hall, 4th Floor

Schoedl, Aline, MCS¹; Mello, Marcelo, PhD¹

¹Universidade Federal de Sao Paulo, Sao Paulo, Brazil

Introduction: The presence of early life stress (ELS) is a strong predictor of future psychopathology during adulthood. The aim of this study was to investigate the psychometrics properties of a Brazilian version of Early Trauma Inventory (ETI).

Method: The ETI is a 52- item inventory designed to assess traumatic experiences that happened up to 18-years old. The ETI was translated to Portuguese. The ETI was administered to subjects which were exposed to a severe stressor event after they were administered a standard diagnostic interview. Those which found to meet *DSM-IV* criteria for a diagnosis of posttraumatic stress disorder (PTSD) were enrolled as experimental subjects, and as control subjects which were exposed to a stressor event but did not develop PTSD or any other mental disorder. Results: Ninety-one (91) patients with a PTSD diagnosis and twenty-nine (29) control subjects were enrolled in the study. The ETI total showed a .9 internal consistency index. The reliability was test-retest (.8) and inter-raters (.9). The Cut-point determined by ROC curve was a 63 score (specificity of 67% and sensitivity of 71%). There was a positive correlation between total ETI and CAPS scores ($r=0.698$ $p=.042$). ETI showed a good construct validity for extreme groups. Conclusion: The Brazilian version of the ETI is a valid and reliable instrument for clinical and scientific.

Prospective Study of Escape-Avoidance Coping and PTSD Symptoms in Police

(Abstract #196312)

Poster # F-187 (Mil Emer, Prev El) Exhibition Hall, 4th Floor

Richards, Anne, MD, MPH¹; Henn-Haase, Clare, PsyD¹; Metzler, Thomas, MA¹; Neylan, Thomas, MD¹; Marmar, Charles, MD¹

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

Exposure to a traumatic stressor is a necessary but insufficient condition for the development of PTSD. Additional factors, including coping styles, are hypothesized to contribute to PTSD. Escape-avoidance coping may be considered a mechanism that inhibits habituation to trauma-related anxious arousal, resulting in persistence of PTSD symptoms. The following hypotheses were tested in a prospective study of 221 police academy recruits, who

were PTSD-negative at baseline, and were reassessed after 1 year of police service: (1) Greater use of escape-avoidance coping in response to critical incident stressors will be associated with greater PTSD symptoms at 1 year and (2) Greater use of escape-avoidance coping will mediate the relationship between severity of exposure and PTSD symptoms at 1 year.

Results of linear regression analysis confirmed that escape-avoidance coping predicts PTSD symptoms at 1 year, controlling for demographic variables, baseline psychopathology, severity of traumatic stressor and peritraumatic dissociation and distress ($\beta = 0.23$, $p < .001$). Controlling for covariates, critical incident exposure severity predicts PTSD symptoms at 1 year ($\beta = .17$, $p = .011$), and this effect is partially (23%) mediated by escape-avoidance coping (Sobel test = 2.54, $p = .011$). These findings have implications for the prevention and treatment of PTSD.

Brief Assessment of Anger in a Sample of U.S. Veterans With Posttraumatic Stress Disorder

(Abstract #196314)

Poster # F-188 (Assess Dx, Clin Res) Exhibition Hall, 4th Floor

Santanello, Andrew, PsyD¹; Ranucci, Melissa, MS²; Decker, Melissa, PsyD²; Batten, Sonja V., PhD¹

¹Trauma Recovery Programs, Veterans Affairs Maryland Health Care System, Baltimore, Maryland, USA

²University of North Texas, Denton, Texas, USA

³VA Maryland Health Care System, Baltimore, Maryland, USA

Anger is a common presenting problem for veterans with Posttraumatic Stress Disorder (PTSD) and is associated with impairment in functioning in many domains. Given the prevalence and consequences of anger problems, there is a need for brief measures of anger that do not pose undue burden upon patients or research participants. Based on the need for a more concise measure of anger in the PTSD population, recent research has investigated the psychometric properties of the Dimensions of Anger Reactions Scale (DARS) in an Australian combat-veteran population (forbes et al., 2004). The present study compared the DARS to the Trait Anger Scale (TAI) and the State Anger Scale (SAI) in an American veteran population. A correlational analysis revealed that the DAR was significantly positively correlated with Trait Anger ($r = .64$, $p < .01$). The DAR was less strongly positively associated with State Anger ($r = .34$, $p < .01$). The correlation between the DAR and Trait Anger was lower than that suggested by previous research and possible reasons for this discrepancy are discussed. Potential advantages of using this more concise measure of anger in both clinical and research settings are considered.

Personality and Coping: Developing a Predictor Model for Trauma-Related Risk-Taking

(Abstract #196316)

Poster # F-189 (Practice, Clin Res) Exhibition Hall, 4th Floor

Siebenmorgen, Marsha, BA¹; Davis, Joanne, PhD²; Elhai, Jon, PhD³

¹University of Tulsa, Tulsa, Oklahoma, USA

²Psychology, University of Tulsa, Tulsa, Oklahoma, USA

³Psychology, University of South Dakota, Vermillion, South Dakota, USA

Research suggests a relationship between personality, coping, and risk-taking behaviors. However, limited research has considered how personality relates to risk-taking behaviors in trauma-exposed individuals. This study examines personality characteristics, avoidant coping styles, and risk-taking behaviors among a trauma-exposed sample. Positive Emotionality (PEM), Negative Emotionality (NEM), and Constraint (CON) as assessed by the Multidimensional Personality Questionnaire - Brief form (Patrick, Curtin, & Tellegen, 2002) was observed and the following was hypothesized: 1) avoidant coping would be positively related to risk-taking 2) avoidant coping would operate as a moderator within the trauma and risk-taking relationship 3) social closeness (PEM),

stress reaction (NEM), and harm avoidance (CON) would be associated with risk-taking. Preliminary analyses from 65 individuals support hypotheses one and two suggesting a significant relationship between avoidant coping styles and risk-taking behaviors, with avoidant coping acting as a significant moderating variable. However, hypothesis three did not receive support: social closeness, harm avoidance, and stress reaction did not have a significant relationship with risk-taking behaviors. Preliminary results provide support for future assessment of personality, coping, and risk-taking in trauma-exposed individuals.

Mind, Body and Art: Alternative Interventions in the Treatment of PTSD

(Abstract #196317)

Poster # F-190 (Practice, Commun) Exhibition Hall, 4th Floor

Rhode, Barbara, BA, MS, LMFT, CISD¹; Neilson, Chris, BA, CAP²

¹Transitions & You, St. Petersburg, Florida, USA

²Goodwill Corrections Center, St. Petersburg, Florida, USA

Individuals in court ordered drug treatment facilities are often forgotten trauma victims, who are typically not exposed to alternative intervention. This workshop will provide a unique clinical approach in the assessment and treatment of PTSD as demonstrated through inmates at the Goodwill Correctional Facility - 65% of which are diagnosed with PTSD. Through the collaborative efforts of a licensed psychotherapist and community resources, inmates are offered a diverse program of therapeutic arts, yoga, deep breathing meditation and group therapy. These services are having a profound effect on the long term well being of the inmates and their families.

Personal Need for Structure and Trait Anger in a Sample of U.S. Veterans With PTSD

(Abstract #196318)

Poster # F-191 (Clin Res, Practice) Exhibition Hall, 4th Floor

Santanello, Andrew, PsyD¹; Ranucci, Melissa, MS²; Decker, Melissa, PsyD³; Batten, Sonja V., PhD¹

¹Veterans Affairs Maryland Health Care System, Baltimore, Maryland, USA

²University of North Texas, Denton, Texas, USA

³VA Maryland Health Care System, Baltimore, Maryland, USA

Anger is a common problem for individuals diagnosed with PTSD. Even among those who have been successfully treated for PTSD with cognitive-behavior therapy, anger is among the most frequently reported residual symptoms (e.g., Zayfert & DeViva, 2004). The persistence of anger problems in successfully treated clients suggests that these problems may be maintained by different mechanisms than those that maintain other posttraumatic symptoms. This study investigated the relationship between Personal Need for Structure (Neuberg & Newsome, 1993) and Trait Anger (Spielberger, 1988) in a sample of US Veterans with PTSD (N=83). Results suggest that Personal Need for Structure and Trait Anger have a significant, positive relationship that is independent of posttraumatic symptom severity. Potential implications of these findings for future research and treatment of posttraumatic anger will be discussed.

Dream Therapy for PTSD in a Policeman

(Abstract #196321)

Poster # F-192 (Practice, Clin Res) Exhibition Hall, 4th Floor

Dow, Bruce, MD¹

¹Psychiatry, University of California, San Diego, California, USA

Dream therapy was conducted with a policeman on disability leave for posttraumatic stress disorder (PTSD). He remained off work for one year, returned to limited duty for another 20 months, and then returned to full duty. His progress in therapy is reflected in a series of 44 dreams over a 4 year period, including his disability and recovery. Initially he is tormented by nightmares of being pursued (by a dog, a tidal wave, a shark). Following instruction in dream revision techniques some months into the therapy, his dreams undergo a variety of major changes. In different dreams he 1) shoots the dog, 2) finds practical uses for the tidal wave, 3) becomes the shark, and 4) locates an attractive female companion to run with and assist him (James Bond scenario). The full dream series illustrates the usefulness of dream revision instruction and longterm followup in the course of a successful therapy for PTSD in a policeman.

Participant Alert: The patient to be described in the presentation was exposed to graphic violence in the course of his work as a policeman.

Ecological Approach to Child Outcomes Following Residential Fire: Family Processes and Child Coping

(Abstract #196323)

Poster # F-193 (Practice, Child) Exhibition Hall, 4th Floor

Moore, Rachel, BA¹; Jones, Russell, PhD¹; Ollendick, Thomas, PhD¹

¹Clinical Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

The present study applies the Transactional Stress and Coping (TSC) model (primarily used in child chronic health literature) to predict child outcomes following residential fire. In the present study, child adjustment following residential fire (e.g., PTSD, depression, anxiety) is expected to be mediated by child adaptational (cognitive appraisals, coping methods) and family processes. Participants were 144 children/adolescents (ages 7 to 18) and their parents, who had experienced a residential fire. Results indicate that family conflict ($= .289, p < .05$) mediates the relationship between children's overall adjustment at 4-months and parent reports of child internalizing symptoms at 11-months post-fire ($= .235, p > .05$). Results also indicate avoidant coping strategies ($= .294, p < .05$) mediate the relationship between child anxiety/depression at 4-months and PTSD symptoms at 11 months ($= .246, p > .05$). Furthermore, results indicate that family conflict ($= .279, p < .05$) also mediates the relationship between children's self-reported anxiety/depression at 4-months and parent report of child internalizing symptoms at 11-months ($= .244, p > .05$). These results suggest a transactional relationship among family environmental variables and individual child adaptational processes which may predict adjustment outcomes.

Self-Efficacy Moderates the Relationship Between Discrimination and PTSD in People With HIV

(Abstract #196324)

Poster # F-194 (Ethics, Prev EI)

Exhibition Hall, 4th Floor

Yadavalli, Suhrida, MS¹; Boarts, Jessica, MA¹; Delahanty, Doug, PhD¹¹Kent State University, Kent, Ohio, USA

The present study investigated whether self-efficacy acted as a moderator between stress from discrimination based on race, MSM status and HIV-positive status and PTSD symptoms (PTSS) in 84 HIV-infected men and women. African Americans constituted fifty percent of the sample. Self-efficacy was defined as an individual's perceived ability to perform a specified behavior or set of behaviors. Participants were recruited from a social service agency and completed questionnaire packets twice, three months apart. A Structural Equation Model revealed a significant model fit for the association between stress from discrimination based on race, MSM status and HIV-positive status and PTSS. The model with self-efficacy as a moderator fit the data well, $2(6, N=84) = 10.12, p=.00, CFI=.98, SRMR=.04, RMSEA=.09$. The paths from self-efficacy to PTSD symptom clusters of Avoidance and Intrusion were significant. The paths from the three types of discrimination to the Avoidance and Intrusion clusters were also significant. Results underscore the importance of examining the impact of discrimination and self-efficacy in people with HIV/AIDS. Future research is necessary to determine whether interventions to improve self-efficacy in PLWH can reduce the impact of discrimination and PTSS.

Battle Body Retraining: A Survey of Mind-Body Interventions for Returning OEF/OIF Veterans

(Abstract #196329)

Poster # F-195 (Mil Emer, Prev EI)

Exhibition Hall, 4th Floor

Proescher, Eric J., PsyD¹¹Mental Health Service Line, Jesse Brown VAMC, Chicago, Illinois, USA

Available data on Iraq/Afghan veteran readjustment problems suggest high rates of mental health disorders including posttraumatic stress disorder (PTSD), depression, and alcohol use disorders (Hoge, C.W., Auchterlonie, J.L., & Milliken, C.S., 2006; Hoge, C. W., Castro, C. A., & Messer, S.C., 2004; Seal, K.H., Bertenthal, D., Miner, C.R., Sen, S., & Marmar, C., 2007). Many other veterans report problems with sleep, irritability, pain, and hypervigilance during periods of normal readjustment (personal communication, Hoge 4/12/2007). Battle-Body Re-Training is an eight-week mind-body program for OEF/OIF veterans to reduce stress, enhance the immune system, and generate physical and emotional health. Military service members training for and participating in combat experience high levels of stress that can cause irregularities in the autonomic nervous system affecting states of sleep, restlessness, exaggerated startle, irritability, pain, and muscle tension. A survey of Mind-Body Interventions including but not limited to Deep Breathing, Autogenic Relaxation, Progressive Muscle Relaxation, Mindfulness Meditation, Tai Chi/Chi-Kung, Yoga, Reiki, Guided Imagery, Mantra Therapy, and Hypnosis can help-with regular practice-reestablish the equilibrium of Mind and Body. Case material will be used to illustrate clinical issues.

Theological Perspectives on Interpersonal Abuse: The Wounded Soul

(Abstract #196330)

Poster # F-196 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Lyon, Emily, PhD, MDIV¹¹Religion and Psychology, Graduate Theological Union, Palo Alto, California, USA

A holistic view of the person includes body, mind and spirit, or soul. The purpose of this presentation is to open up the concepts of 'soul' and 'radical evil' within the conversation about terrifying interpersonal abuse. Most religions and spiritual disciplines understand the human person, especially the human soul, as sacred. When the perpetrator, propelled by his own internal alienation, desecrates the soul of his victim through relational sexual abuse, the victim often experiences herself as a no-person. Her ongoing sense of identity is fragmented, her capacity for spiritual experience, for imagination, creativity, relatedness are deeply wounded. With the help of understandings derived from neuroscience, as well as other theological perspectives, some pathways for healing of the soul are discussed.

Using Propranolol to Treat Patients Suffering From PTSD: The Importance of the Reconsolidation Theory

(Abstract #196332)

Poster # F-197 (Clin Res, Bio Med)

Exhibition Hall, 4th Floor

Poundja, Joaquin, BSC¹; Brunet, Alain, BCOMM, PhD²¹Psychologie, University de Montreal, Montreal, Quebec, Canada²Douglas Hospital Research Center, Verdun, Quebec, Canada

In the past, we had the idea that once memories were consolidated in the brain, they were to remain perpetually unchanged in long-term memory. This view of memory has recently been modified with the theory of reconsolidation. The reconsolidation theory now states that an old memory, when reactivated (i.e., remembered), goes from long-term memory to short-term memory. In order to go back to long-term memory, it has to undergo a reconsolidation process. In other words, even once consolidated, an old memory can still be modified, and its strength can be attenuated. The reconsolidation theory have had an impact on the treatment of posttraumatic stress disorder (PTSD), as some researchers are now trying to develop a new treatment for PTSD based on reconsolidation processes, and using post-reactivation propranolol. This treatment aims at decreasing the strength of a traumatic memory that was consolidated from months to years before. In this presentation, as a first step we will review the literature on reconsolidation, and then we will provide a theoretical rationale as to how reconsolidation could be useful in the treatment of PTSD (using propranolol). This literature review will be done, searching in titles for the word 'reconsolidation' on PsycINFO (OVID) and EMBASE (OVID).

Peritraumatic Reactions: Predictors of Poor Response to Pharmacological Treatment for PTSD

(Abstract #196333)

Poster # F-198 (Assess Dx, Clin Res)

Exhibition Hall, 4th Floor

Fiszman, Adriana, MD¹; Mendlowicz, Mauro V., MD²; Marques-Portella, Carla, MD¹; Volchan, Eliane, MD, PhD³; Coutinho, Evandro S.F., MD, PhD⁴; Figueira, Ivan, MD⁵

¹Institute of Psychiatry - Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

²Department of Psychiatry and Mental Health, Universidade Federal Fluminense, Niterai, Brazil

³Institute of Biophysics Carlos Chagas Filho, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

⁴Department of Epidemiology, Escola Nacional de Saude Publica, Rio de Janeiro, Brazil

⁵Institute of Psychiatry - Universidade Federal do Rio de Janeiro (UFRJ), Rio de Janeiro, Brazil

Despite mounting evidence that peritraumatic dissociation and panic are strong predictors of PTSD development, their impact on treatment outcome remains understudied. This study evaluated the role of peritraumatic dissociation, physical panic symptoms and tonic immobility as predictors of response to pharmacotherapy for PTSD. Thirty-six PTSD patients underwent a naturalistic pharmacological treatment according to the guidelines for PTSD. The Posttraumatic Stress Disorder Checklist - Civilian Version (PCL-C) was applied at baseline and endpoint. Peritraumatic reactions were assessed using the Physical Reactions Subscale (PRS), the Peritraumatic Dissociative Experiences Questionnaire (PDEQ) and four questions about motor symptoms of tonic immobility (TIQ-4). Simple and multiple linear regression models were fitted for TIQ-4, PRS and PDEQ as predictors of PCL-C endpoint scores. All three peritraumatic reactions were associated with poor response to treatment. However, after controlling for confounding variables, only tonic immobility maintained its association with poor outcome. Our finding that tonic immobility was stronger than dissociation and panic in predicting poor response to pharmacotherapy for PTSD suggests a prognostic value for tonic immobility as well as a possible distinct pathophysiology for PTSD patients reporting this peritraumatic reaction.

Occupational Trauma: Relative Contributions of Trauma Exposure and the Organizational Environment

(Abstract #196334)

Poster # F-199 (Mil Emer, Clin Res)

Exhibition Hall, 4th Floor

Gray, Lori K., MA¹; Jackson, Dennis L., PhD¹

¹Psychology Department, University of Windsor, Windsor, Ontario, Canada

Trauma exposure among emergency service providers occurs within the context of an overarching organizational environment. Accordingly, recent research has sought to ascertain how emergency service providers' organizational environment might impact the development of traumatic stress. Whereas various studies have provided evidence for a relationship between the organizational environment and traumatic stress, it is unclear whether the organizational environment actually adds to the prediction of traumatic stress symptoms, above and beyond the characteristics of trauma exposure. The objective of this study was to identify the relative contributions of trauma exposure and the organizational environment to the prediction of traumatic stress symptoms. Participants included a sample of Canadian firefighters. Results from hierarchical multiple regression analyses revealed that firefighters' organizational environment predicted a significant proportion of the variance in traumatic stress symptoms above and beyond trauma exposure. The specific aspects of the organizational environment that accounted for the significant findings will be discussed along with the implications for future research, clinical practice, and organizational intervention.

Influence of Prior Trauma in Low-Income Women of Color Exposed to Intimate Partner Violence

(Abstract #196335)

Poster # F-200 (Clin Res, Assess Dx)

Exhibition Hall, 4th Floor

Wilson, Christina, MA¹; Burnett, Christiane, MA¹; Hoffman, Casey, MA¹; Samuelson, Kristin, PhD¹

¹California School of Professional Psychology, Alliant International University, San Francisco, California, USA

This poster will present demographic and clinical characteristics of a sample of battered women who participated in a study examining predictors of PTSD symptoms. We assessed a non-shelter sample of 37 primarily low-income women with histories of intimate partner violence (IPV). Twenty women met diagnostic criteria for full or sub-threshold PTSD to the IPV, as measured by the CAPS, and 17 women did not meet criteria for PTSD. Seventy percent of the women were living below the poverty line, and many reported extensive trauma histories. Nineteen of the women had been in multiple IPV relationships, 71% witnessed IPV as children, 45% were abused as children, and 58% had experienced community violence. PTSD+ women were more likely to have experienced multiple violent relationships ($t = -2.19, p = .035$), consistent with research documenting a cumulative effect of trauma on PTSD status. However, the PTSD- women were more likely to have been exposed to community violence than the PTSD+ women ($t = 2.05, p = .048$). Some past research has suggested that women in high-violence communities become desensitized to violence; these results suggest that this desensitization might then protect against developing PTSD when confronted with interpersonal experiences of violence.

Coping Styles and Trauma Symptoms: The Relationship in Child Sexual Abuse Victims

(Abstract #196339)

Poster # F-201 (Child, Clin Res)

Exhibition Hall, 4th Floor

Skinner, Sabrina, BA¹; Bryant, Cody, BA²; Fiore, Christine, PhD¹; Legerski, Joanna, MA¹

¹University of Montana, Missoula, Montana, USA

²Psychology, University of Montana, Missoula, Montana, USA

Adaptive strategies previously engaged to cope with child sexual abuse may become maladaptive and harmful in later life (Shapiro, 1999), "depending on how the events are perceived, appraised and processed" (Williams, 1993). A sub-sample obtained from an archival dataset of 394 battered women in Western Montana, age 18-58, containing a subset of 116 self-reported victims of Child Sexual Abuse (CSA) and 278 women reporting no history of CSA (No-CSA). The Ways of Coping questionnaire (WOC) (Folkman & Lazarus, 1988) was used to measure the women's approach to coping, and the Trauma Symptom Checklist (TSC) (Briere & Runtz, 1989) to measure trauma symptoms. It is hypothesized that women CSA victims' ways of coping (emotion-focused and problem-focused) will be associated with greater trauma symptoms compared to trauma symptoms of non-victims of CSA, all of whom experienced adult Intimate Partner Violence (IPV). Clarification of the relationship between coping approaches and psychological symptoms of trauma in women with histories of CSA is needed for clinicians, treatment providers, and program developers to produce more comprehensive behavior models to treat the complex outcomes associated with childhood trauma.

Reliability and Validity of Symptom Checklist 90 PTSD Scales (SCL-PTSD)

(Abstract #196341)

Poster # F-202 (Assess Dx, Clin Res) Exhibition Hall, 4th Floor

Bae, Hwallip, MD¹; Han, Chang Woo, MD²; Park, Yong Chon, MD³; Kim, Daeho, MD⁴

¹Hanyang University Guri Hospital, Gyeonggi, South Korea

²Military Manpower Administration, Seoul, South Korea

³Department of Psychiatry, Hanyang University Seoul, Guri, South Korea

⁴Department of Psychiatry, Hanyang University Seoul, Gyeonggi, South Korea

The SCL-90 is a commonly used 90-item self-report symptom inventory. Using items on the SCL-90-R, the 28-item scale was derived that discriminated between crime victims with and without PTSD. This scale named, but is now also referred to as the CR-PTSD Scale (Crime Related). Authors studied data from 104 PTSD patients and 265 other psychiatric patients. One week interval test-retest reliability and Cronbach alpha for internal consistency were calculated. SCL-PTSD proved moderate reliability and modest validity. Authors found moderate test-retest reliability for one week interval and high internal consistency (Cronbach alpha = .94). Convergent validity and concurrent validity was confirmed. Finally SUDS did not correlate with demographic factors demonstrating its discriminant validity. Given the lack of conceptual model or agreement on construct of SCL-PTSD, findings from this study should be carefully accepted especially concerning statistically significant but only modest validity. However, this exploratory study suggests that SCL-PTSD in PTSD patients has sound psychometric properties and that further investigation on its construct and clinical meaning would be necessary.

The Posttraumatic Growth Inventory: A Cross-Validation Study

(Abstract #196344)

Poster # F-203 (Assess Dx, Disaster) Exhibition Hall, 4th Floor

Osei-Bonsu, Princess E., MA¹; Weaver, Terri L., PhD¹; Maglione, Melissa L., MS¹

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

The original Posttraumatic Growth Inventory (PTGI) contains five factors- Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life. This structure may not satisfy the theory of domain sampling. Most notably, two factors have very few items (Spiritual Change and Appreciation of Life have just 2 and 3 items respectively). It is possible that these factors are not individual constructs but together form a larger construct. Research suggests that posttraumatic growth does not have a 5-component structure but rather a 1- or 2-component structure. However, the samples used in these studies were dissimilar to the original 1996 study which used an undergraduate population. The proposed study will re-examine the component structure of the PTGI using an undergraduate student population (N = 200) from a large Midwestern university who have experienced a DSM-IV Criterion A-level traumatic event.

Aggression and Forgiveness Among Male Veterans With Chronic PTSD

(Abstract #196346)

Poster # F-204 (Practice, Clin Res) Exhibition Hall, 4th Floor

Didion, Lea, MA¹; Burgoyne, Marissa, MA¹; Casas, Elizabeth, MA¹; Schutz, Kerri, MA¹; Drescher, Kent, PhD²; Foy, David, PhD³

¹Graduate School of Education and Psychology, Pepperdine University, Los Angeles, California, USA

²Department of Veterans Affairs, VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California, USA

³Pepperdine University, Encino, California, USA

Studies suggest that veterans with PTSD are more prone to violence and aggression as compared to veterans without PTSD (Castillo et al., 2002). The use of spiritual practices in the treatment of veterans is correlated with decreased anger (Benda, 2004), yet there is a paucity of empirical studies on which aspects of spirituality contribute to this inverse relationship. Interventions utilizing one dimension of spirituality, forgiveness, reduced levels of anger in men suffering from loss as compared to controls (Coyle & Enright, 1997). However, to date, there are no studies examining the relationship between forgiveness and aggression in veterans with PTSD. Data will be presented on 472 male veterans in residential treatment for PTSD who completed self-report measures of forgiveness of self, others, and from God and aggressive acts committed in the 4 months prior to entering treatment. Sample was 57% Caucasian with a mean age of 51. Significant differences were found between aggressive and non-aggressive veterans on the measure of forgiveness with non-aggressive veterans endorsing higher degrees of forgiveness. Among aggressive veterans, the number of aggressive acts endorsed and forgiveness were inversely correlated. Implications for incorporating forgiveness into clinical treatment are discussed.

Poster # F-205 (withdrawn)

Intimate Partner Violence, Maternal Posttraumatic Stress Disorder, and Parenting

(Abstract #196348)

Poster # F-206 (Child, Assess Dx) Exhibition Hall, 4th Floor

Burnett, Christiane, MA¹; Hoffman, Casey, MA¹; Samuelson, Kristin, PhD¹

¹California School of Professional Psychology at Alliant International University, San Francisco, California, USA

The deleterious effects of intimate partner violence (IPV) and PTSD on women's ability to parent is well recognized by clinicians, but not often studied empirically. Mothers with PTSD, who experience problems with feelings of disconnection and affect regulation, may have particular difficulties attending to the emotional needs of their children. When relationships between maternal PTSD and parenting have been studied, researchers have primarily utilized self-reports of parenting. This can be problematic, given that some researchers question the validity of parental self-report data, because parents may not be candid around negative parenting behaviors. The present study used both mother and child reports of parenting behaviors in a non-shelter sample of 42 children and their mothers, who have IPV histories. Severity of PTSD symptoms, as measured by the CAPS, was not related to maternal self-report of parenting, but was related to child report of negative parenting behaviors such as yelling, physical punishment, and ignoring, on the Parent Perception Inventory (r = .327, p = .034). These findings lend empirical support to the notion that parenting is impacted by PTSD and highlight the need for other-report measures of parenting, as maternal reports may be biased.

Poster # F-207 (withdrawn)

Preschool Classroom Intervention Strategies for Young Children Exposed to Violence

(Abstract #196352)

Poster # F-208 (Child, Clin Res)

Exhibition Hall, 4th Floor

Black-Pond, Connie, MA¹; Kiracofe, Love, MSW¹; Henry, James, PhD²¹Unified Clinics, Western Michigan University, Kalamazoo, Michigan, USA²Social Work, Western Michigan University, Kalamazoo, Michigan, USA

Young children exposed to violence are at high risk for multiple neurodevelopmental deficits (Henry, Sloane, Black-Pond, in press) including relational, behavioral and academic difficulties (Schore, 2001, 2003). Exposure to violence increases the risk of chronic stress responses that often result in over-development of regions of the brain responsible for anxiety (Schore, 1997). Children's survival/stress responses may be seen as "willfully disobedient" or labeled as mental health disorders that do not address the core developmental needs of children exposed to violence. Caregivers and staff in a preschool setting may become quickly overwhelmed with the challenges presented by a child's stress reactions. This session will focus on a preschool curriculum (funded through the Office of Juvenile Justice Safe Start Initiative) designed to increase social/emotional and academic competence for children exposed to violence. Professional development and parenting education strategies which mirror the curriculum will also be presented. The curriculum has a focus on five core elements that research indicates are necessary for successful outcomes in children exposed to violence: 1) Feeling Safe, 2) Relationships, 3) Calming Mind and Body, 4) Feeling Good about Learning, 4) Making Meaning of Experiences.

Resolving Early Memories Reduces the Distress of Later Related Memories

(Abstract #196353)

Poster # F-209 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Greenwald, Ricky, PsyD¹¹Child Trauma Institute, Greenfield, Massachusetts, USA

Trauma therapists must make clinical judgments about which upsetting memories to target in what order, taking into account the particular client's ability to tolerate a potentially challenging trauma-focused session. This paper presents the results of a study with 119 participants in 10 trauma workshops (either EMDR or Progressive Counting, an exposure variant) in 4 countries. Participants first provided a SUDS rating of an identified distressing memory, then "floated back" and worked on an earlier memory, and finally provided another SUDS rating on the initial (not worked-on) identified memory. The final SUDS rating was lower for almost every participant, often substantially so, indicating that work on earlier related memories is likely to reduce the distress associated with a later memory. Follow-up with a subset of participants at 1 and 4 weeks post-treatment indicated some deterioration but substantial maintenance of effect. When the client's affect tolerance is a potentially limiting factor in proceeding with trauma work, the present findings support the strategy of first working through earlier related memories.

State Effect of Traumatic Experience on Personality Structure

(Abstract #196354)

Poster # F-210 (Child, Assess Dx)

Exhibition Hall, 4th Floor

Son, Bong-Ki, MD, PhD¹; Lee, Hong-Seock, MD, PhD²; Lee, Sang-Kyu, MD, PhD³¹Psychiatry, Hallym University Medical Center, Chuncheon, South Korea²Psychiatry, Hallym University Medical Center, Seoul, South Korea³Psychiatry, Hallym University Medical Center, Chuncheon, Kang-Won Do, South Korea

Background: Whatever personality may be, it has the properties of an open system, which is able to be reorganized by the experiences from environment.

Method: We compared the exploratory factor structure of the TCI's 25 primary subscales in the traumatized Korean adolescents (N=71) with that of the controls (N=296) by means of principal-components analysis and Promax rotation.

Results: In the control group, evaluation of the scree plot suggested a five-factor solution, accounting for 54.0 % of the total variance and each of the five factors explained 19.2%, 11.5%, 9.9%, 7.4%, and 5.9%, respectively. For the traumatized sample, on the contrary, a 3-factor solution accounted for 67.8% of the total percentage of variance that emerged and the rotated components accounted for 51.5%, 9.6%, and 6.7%, respectively. The Pearson intercorrelations between all of the TCI scales of the traumatized group were quite a bit higher than the corresponding correlations in the control group, and all seven scales were highly intercorrelated with each other.

Conclusion: Personality systems were reorganized into the triadic structure from the seven-factor structure as a response to trauma. The variability of personality structure across different situations, which has been known as the personality paradox, might not be simply random fluctuations.

How Dissociative Experience Scale Help in Planning Treatment in Patients With PTSD?

(Abstract #196356)

Poster # F-211 (Assess Dx, Media)

Exhibition Hall, 4th Floor

St-Andre, Elise, FRCS(C)¹¹Psychiatry, Universite de Montreal, Boucherville, Quebec, Canada

For EMDR trained therapists under supervision, Dissociative Experiences Scale is a tool strongly suggested in the assessment and treatment planning of patients suffering of traumatic symptoms, such as PTSD. It is also suggested to newly EMDR trained therapists, to refer the patient to a more specialised trained specialist in PTSD, if the score of this scale should be over 25. However, in some cases, the EMDR therapist is already in good alliance with the patient, or get some experiences-or is willing to learn more about dissociatives symptoms. How the Dissociatives Experiences Scales score can then help in the treatment decision planning to help the patient? Should we start with some repeated "soft" procedures such as Safe Place Imagery? Ressources installation imagery? Should we repeat the scale? If so, what is the appropriate time? What is the meaning of a different score? More importantly, what are correct way to fill this scale? and how a patient is reacting to such process? Is this observation mean anything about PTSD severity of symptoms? With the help of clinical cases, we will offer some tentatives answers to those questions.

Participant Alert: The Dissociative Experiences Scale describes very well some symptoms that patients may have experienced.

The Role of Trait Anger in Predicting Dysfunctional Sexual Behavior After Interpersonal Trauma

(Abstract #196357)

Poster # F-212 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Blain, Leah, BA¹; Walsh, Ryan, MA¹; Galovski, Tara, PhD¹

¹Center for Trauma Recovery, University of Missouri-St. Louis, St. Louis, Missouri, USA

Many survivors of interpersonal trauma experience increases in dysfunctional sexual behavior (DSB; Bartoi & Kinder, 1998), which can lead to a number of negative outcomes (Koenig, Doll, O'Leary, & Pequegnat, 2004). The current study assessed the relationship of trait anger to DSB. Given the strong relationship of depression to DSB (Green et al., 2005), depression severity was controlled for in the present model. For this study, analyses were conducted on a small sample of 12 initial participants from part of a larger, NIMH-funded grant evaluating Cognitive Processing Therapy effectiveness. Participants completed the Beck Depression Inventory-II, the State-Trait Anger Expression Inventory, and the Trauma Symptom Inventory. Multiple regression analysis revealed that trait anger significantly predicted DSB, after controlling for depression ($F = 4.13, p < .05$). The overall model had a medium effect size (adjusted $R^2 = .36$), and both depression and trait anger had significant beta weights ((depression) = $-.896, p < .05$ ((anger) = $.823, p < .05$). These findings indicate that anger may play an important role in predicting DSB, and may be an important risk factor for those with a history of interpersonal trauma. We expect to have a sample of 40 individuals by November 2008, and an even stronger relationship is anticipated with more data.

Progressive Counting for Trauma Resolution

(Abstract #196361)

Poster # F-213 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Greenwald, Ricky, PsyD¹; Greenwald, Hanneli, NA¹

¹Child Trauma Institute, Greenfield, Massachusetts, USA

Progressive Counting (PC) is a relatively simple new trauma resolution procedure based on the Counting Method (an exposure variant) and modified for enhanced efficiency and client acceptability. Pre/post data on over 200 workshop participants in 4 countries indicates good client tolerance and rapid treatment effects. Case reports have also been promising; controlled research is underway. Participants in this workshop will gain an overview of PC's empirical basis and possible mechanisms of effect, and have an opportunity to experience PC with a minor upsetting memory.

Personal Narratives of Terror, Surviving, and Maintaining Hope

(Abstract #196362)

Poster # F-214 (Civil Ref, Cul Div)

Exhibition Hall, 4th Floor

Boskailo, Esad, MD¹; Songasonga, Martine, MA²; Ibeagha, Anthony, MA³

¹Maricopa Integrated Health System, Mesa, Arizona, USA

²Heartland Alliance, Chicago, Illinois, USA

³Torture Abolition and Survivor Support Coalition, Chicago, Illinois, USA

Torture survivors learn to live with the long-term consequences of the terror they endured. This presentation shares personal narratives of trauma across the lifespan of the individual and across generations. Their stories teach us about terror and resilience and offers insights on maintaining hope in times of despair.

Effects of Political Terror on the Stages of My Life

As a human rights advocate in the Democratic Republic of Congo, my life became a target for persecution, violence and fear. I was forced to seek asylum in the United States. Being forced into exile is an act of terror in itself. It is a difficult life, and is a continuation

of the trauma suffered. I am cut off from the lifeline of my family, from my human rights activities, my friends, my belongings, and everything familiar. While trying to adjust to life in the United States, where the culture, language, laws and regulation are different from my home country, the war raging in my country placed my remaining family in a dangerous situation. Hence, the remainder of my family was also forced into exile for political reasons, but fled to neighboring countries. My mother fled to South Africa after experiencing violence and is now ill. As her daughter, I am unable to assist her in providing the care she needs. This presentation will discuss the impact of terror on my family and our struggle to maintain hope in the face of despair.

After Three Decades of Terror: What is Left?

Born into a war and becoming a constantly fleeing refugee from infancy to adulthood, the way I think, act and evaluate other human beings are deeply determined by how I deal with terror. Having been through torture at three different occasions in my life separated by too few years of calm, torture and terror have defined my very existence in terms of fear, doubt and suspicion of everything and everyone. This has led me to live in a state of internal psychological confusion and conflict. When I have had the ability to trust, it has been a cautious trust. When I have had to make decisions, I have had to approach them from a point of economic weakness, social insecurity, political silence, lack of self-esteem, discrimination, loneliness and an ever present psychological agony-my memories. I cannot afford to make mistakes any longer; I am forced to accept the fact that I am living the "leftovers" of the life I would have lived had I not been tortured. This presentation is a personal narrative of torture, survival, and hope over three decades.

Transgenerational Experiences of Terror: Collective Wisdom

My grandfather spent four years interned in an Italian concentration camp during WWI. I learned from his ability to find a positive aspect in his experiences. By learning Italian, he became an interpreter for the Italian Army during WWII, obtaining extra food for family. He said, "If I was not in a concentration camp in WWI, we would die from hunger in WWII." Detained during the Bosnian War, I thought, "If my grandfather survived four years I can do at least two. I have to keep family tradition going." While interned, I found an English dictionary to study. Resettled in the United States, I worked as an interpreter assisting Bosnian refugees. It was difficult to learn my two sons were held in a camp with their mother, however, I also learned from them. When distressed by memories, I made generalized statements against the people who held me. My sons said, "Dad, not all of them are bad." The collective wisdom of my family makes me stronger. In my current work as a psychiatrist I integrate these lessons into my practice. My grandfather's message of finding meaning after terror assists me in helping survivors find purpose in their altered life roles.

Comorbidity Between PTSD (N=1368) and Personality Disorders in a Nationally Representative Sample

(Abstract #196363)

Poster # F-215 (Assess Dx, Clin Res)

Exhibition Hall, 4th Floor

Gupta, Madhulika, MD¹

¹University of Western Ontario, London, Ontario, Canada

Backgrounds: Symptoms of PTSD may fulfill the diagnostic criteria for a wide range of personality disorders. We examined the comorbidity between PTSD and personality disorders, diagnosed using ICD9-CM criteria, in a nationally representative sample (N=1368, 67% female), representing an estimated 11 million patient visits for PTSD.

Methods: Data collected from 1995 to 2003 by the National Ambulatory Medical Care Survey and National Hospital Ambulatory Care Survey, which are surveys conducted by the National Center for Health Statistics, were examined.

Results: The overall odds ratio (OR) (95% CI) for a diagnosis of any Personality Disorder (ICD9-CM code 301) was 20.10 (13.20-30.60). The following are the specific personality disorders with significant ORs (95%CI): Paranoid: OR=22.43 (3.65-137.94); Schizoid: OR=39.12 (5.33-287.24); Cyclothymic: OR=30.93 (10.10-94.77); Explosive: OR=44.24 (18.20-107.52); Histrionic: OR=11.85 (2.35-59.78); Borderline: OR=19.15 (10.50 -34.92); Antisocial: OR=18.0 (2.67-121.33); Compulsive: OR=44.24 (18.20-107.52); and, Dependent: OR=29.14 (11.86-71.62).

Comment: PTSD was comorbid with all major groups of Personality Disorders in a nationally representative sample, with most commonly associated personality disorder types generally representing the 'Cluster B' group in the *DSM IV*.

Psychosocial Impact of Burn Injuries on Young Children and Families

(Abstract #196364)

Poster # F-216 (Child, Assess Dx)

Exhibition Hall, 4th Floor

De Young, Alexandra, BPSYSC¹; Kenardy, Justin, B.SC, PhD²; Cobham, Vanessa, BA, PhD²; Kimble, Roy, MD³; Keogh, Samantha, PhD³

¹Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland, Brisbane, Queensland, Australia

²University of Queensland, Brisbane, Queensland, Australia

³Royal Children's Hospital, Brisbane, Queensland, Australia

Due to the challenges of conceptualising and assessing psychopathology in young children there is still much to be learnt about the validity, prevalence and course of emotional and behavioural disorders following trauma in this age group. Paediatric burns are one of the leading causes of hospitalisation in Australia with approximately 70% of burns occurring in children under the age of five. Burns are particularly devastating as they have the potential to be an ongoing source of traumatic stress long after the initial event. However, little is known about the immediate and long-term impact burns have on young children's social, emotional and behavioural development. Therefore this exploratory study aims to investigate the psychosocial impact of burn injuries on young children and their families. One hundred unintentionally burned children (1-6 years) and their parents were recruited from a specialist burns centre in Australia. Diagnostic interviews were conducted with parents about their child's psychological and behavioural adjustment at one and six months post injury and a battery of parent report questionnaires were also completed. This presentation will focus on the challenges of assessment and diagnosis of psychopathology, particularly PTSD, in young children; prevalence of traumatic stress reactions in this population and treatment recommendations.

Childhood Trauma History in Nonclinical Dissociators With and Without Recovered Memory Experiences

(Abstract #196365)

Poster # F-217 (Assess Dx, Practice)

Exhibition Hall, 4th Floor

Chiu, Chui-De, MS¹; Yeh, Yei-Yu, PhD²; Wu, Yin-Chang, PhD²

¹National Taiwan University, Taipei, Taiwan

²Psychology, National Taiwan University, Taipei, Taiwan

In our previous study, nonclinical dissociators showed more RME, defined as whether they ever suddenly recollect experience they had never known of its occurrence. Moreover, these memories are not predominantly relevant to aversive events. This result implies that RME might be non-specific autobiographical memory lapses in dissociators. Nevertheless, the link between RME and CTH is unclear. We investigated CTH in the original sample from which we examined RME, as early trauma could be a risk factor for abnormal development of neural substrates involving in memory functions. The results showed that generally the dissociators with RME did not report more CTH than the dissociators without RME, but both reported more CTH than the nondissociators. However, there was

a trend that the dissociators with RME scored higher on some abuse subscales, comparing with the dissociators without RME. These results will be elaborated in Pierre Janet's theory on trauma and dissociation.

Differential Response to Specialized Inpatient Trauma Treatment Based on Symptom Level at Admission

(Abstract #196366)

Poster # F-218 (Clin Res, Practice)

Exhibition Hall, 4th Floor

Rosenkranz, Susan, MA¹; Muller, Robert, PhD¹; Bedi, Ritu, MA¹

¹Department of Psychology, York University, Toronto, Ontario, Canada

The current health care spending climate in North America is precipitating the closure of specialized inpatient trauma treatment programs. As such, it is important to investigate whether there are patients who may experience distinct benefit from these programs, to determine whether inpatient trauma treatment is an important option to maintain despite arguments that more cost-effective approaches may produce similar outcomes. The purpose of the current study was to examine whether the efficacy of one such program varied by level of symptoms reported by patients at admission. Participants (N = 115) entering an inpatient trauma treatment program in Ontario, Canada completed self-report measures of their trauma symptoms at waitlist, admission, discharge, and 6-months post-discharge. Results indicated that the treatment group's trauma symptoms reduced significantly in comparison to the waitlist group, and this reduction was maintained following treatment. The treatment group was then divided into those whose symptom levels at admission were low, intermediate, and high. Results indicated that patients with intermediate and high symptom levels experienced significant symptom reductions over treatment; however, only those with an intermediate level maintained treatment gains following discharge. Implications for inpatient trauma treatment programs will be discussed.

Forgiveness & Depression in Veterans With Chronic Combat-Related PTSD

(Abstract #195994)

Poster # F-219 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Jakle, Katy, MA¹; Metz, Sarah, MS¹; Lovato, Lauren, MA¹; Kelly, Carrie, MA¹; Drescher, Kent, PhD²; Foy, David, PhD³

¹Pepperdine University, Los Angeles, California, USA

²NCPTSD-VAMC Palo Alto, Palo Alto, California, USA

³Pepperdine University, Encino, California, USA

Limited empirical research has examined the relationship between forgiveness and depression in veterans with PTSD. One study found an inverse relationship between these variables (Witvliet et al., 2004). Our archival study replicates this previously identified relationship between forgiveness and depression in PTSD veterans using a larger sample, an inpatient population, and a measure of spirituality that includes not only forgiveness of self and others, but also forgiveness by God. 472 male veterans completed questionnaires upon entrance to residential PTSD treatment, including the BDI and the 3-item forgiveness Scale of the BMMRS (Fetzer Institute, 1999). The sample was 57% Caucasian with an average age of 51 years (SD=10.3). Descriptive statistics will be reported for all study variables. Results indicate a significant inverse relationship between all three forgiveness items and the BDI total ($p < .0001$), as well as the forgiveness index score and the BDI total. Multivariate regression analyses indicate that forgiving oneself and forgiving others are most associated with the decrease in depression scores. Implications for integrating forgiveness into PTSD residential treatment programs are discussed.

Correlates for Legal Helpseeking: Risk and Resilience Factors for Battered Women in Shelter

(Abstract #200454)

Poster # F-220 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Wright, C. Vaile, PhD¹; Johnson, Dawn, PhD¹¹Summa-Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

Legal redress plays a critical role in interrupting the pattern of domination and control inherent in intimate partner violence (IPV) situations, yet it remains an infrequent strategy among battered women. Past research examining the reasons why battered women engage in certain legal helpseeking behavior, such as calling the police or filing for a civil protection order, has examined helpseeking behavior as a one-time event. Further, researchers have generally focused on either situational aspects of the abuse or certain individual characteristics of the women themselves in explaining criminal justice engagement. The current study employed a multifactor sociocultural framework for investigating the correlates for engagement in the criminal justice system for a sample of 227 sheltered battered women. Results indicated that individual, relational, and system-level factors were all associated with three legal helpseeking behaviors: calling police, having a civil protection order, and criminal prosecution. In particular, this study found PTSD symptomology, relationship length, social support, and prior experience with the criminal justice system to be significant risk and resilience factors for legal helpseeking. Results highlight the need for a coordinated community response to intimate partner violence, addressing both legal needs and psychological needs simultaneously.

Risk and Resiliency in the Context of Revictimization Following Domestic Violence

(Abstract #200456)

Poster # F-221 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Walter, Kristen, MA¹; Johnson, Dawn, PhD²¹Kent State University, Akron, Ohio, USA²Summa-Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

Revictimization has emerged as an important area in the trauma literature. Studies suggest that revictimization leads to various negative outcomes, as compared to individuals exposed to one traumatic event or non-traumatized individuals including greater levels of PTSD. PTSD has also been proposed as a mediator of the relationship between prior traumatic experience and subsequent revictimization. Determining predictors, mediators and outcomes of revictimization will inform interventions and treatment. The current study explored revictimization with regard to risk and resiliency factors in an ongoing prospective study of women temporarily residing in a shelter following domestic violence. In preliminary analyses with 98 women who experienced domestic violence in the month prior to shelter admittance, Ninety-eight percent of the sample was revictimized by either domestic violence or experienced other traumatic events over the course of the study. Results revealed that revictimization positively predicted the risk factor of PTSD symptoms and negatively predicted the resiliency factor of resource gain at 6 month follow-up. Furthermore, these risk and resiliency factors at baseline predicted subsequent revictimization at follow-up. Risk factors, resiliency factors and potential mediators will be discussed in the context of revictimization related to domestic violence.

Treating Battered Women to Reduce Risk and Promote Resilience

(Abstract #200458)

Poster # F-222 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Johnson, Dawn, PhD¹¹Summa-Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

Violence against women is a significant social problem, with as many as 22 to 29% of women reporting histories of physical abuse by intimate partners. Research suggests PTSD is associated with significant loss of resources and an increased risk for revictimization. Despite the high rates of PTSD found in battered women, virtually no treatments for these women have been developed or tested. This presentation will provide results from randomized control trial (N = 70) evaluating the initial efficacy a new treatment for battered women in shelters, Helping to Overcome PTSD through Empowerment (HOPE). HOPE is a first-stage cognitive-behavioral treatment that emphasizes safety, self-care and protection, empowerment, and education and training in skills to help cope with PTSD. Issues in implementing a treatment program for battered women in shelters will be discussed. Preliminary results suggest that battered women who receive HOPE report significant gains when compared to those who do not receive HOPE. Women who completed HOPE display less severe PTSD symptoms, less resource loss, less depression, greater social support, and less re-victimization one-week after leaving shelter. Further, these gains were maintained at 3-months post-shelter. Clinical implications, as well as implications for future research with HOPE will be presented.

Promoting Resilience in the Face of Risk

(Abstract #200500)

Poster # F-223 (Practice, Clin Res)

Exhibition Hall, 4th Floor

Perez, Sara, MA¹; Hobfoll, Stevan, PhD¹; Johnson, Dawn, PhD²¹Kent State University, Akron, Ohio, USA²Summa-Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

The relationship between intimate partner violence (IPV) and posttraumatic stress disorder has been well established but the mechanisms underlying this relationship remain unclear. To further our understanding of potential risk and resiliency factors in the relationship between IPV and PTSD, the current study sets out to delineate the role of resources, empowerment, and their multiplicative effects as potential mediators between IPV and PTSD. It is hypothesized that both resource loss and empowerment will mediate the relationship between IPV and PTSD. Further, it is hypothesized that the interaction of resource loss and empowerment will serve to further mediate the relationship between IPV and PTSD. Using both a shelter and community sample of female victims of intimate partner violence, participants completed a baseline and one month follow-up interview assessing severity of IPV, resource loss, empowerment, and PTSD symptom severity. The results of hierarchical multiple linear regressions suggest that the change in overall levels of both resource loss and empowerment over a one-month follow-up serve as risk and resiliency factors in recovery from PTSD related to intimate partner violence. The need for those working with this vulnerable population to help promote resiliency in the face of risk factors will be discussed.