

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Media Documentary: The Boys of Baraka (A Tale of Baltimore's Inner-City Youth) (Abstract #179892)

Media Presentation Grand Ballroom III and IV, 3rd Floor

Reyes, Gil, PhD

Fielding Graduate University, Santa Barbara, California, USA

In Baltimore, 61 percent of African-American boys don't graduate from high school and 50 percent of them go to jail. The Boys of Baraka is an independent documentary that follows the journey of four young boys from inner-city Baltimore as they travel to the experimental Baraka boarding school in rural Kenya where they are given a more disciplined structure and the kind of educational attention normally reserved for affluent private schools. By the time the boys return to Baltimore for summer vacation, they exhibit a new enthusiasm for education and a greater confidence in their abilities. "The Boys of Baraka" won an NAACP Image Award for Outstanding Independent or Foreign Film, as well as Best Documentary Awards at the Chicago and Newport film festivals. The boys featured in this film participated in a program that was designed to prevent them from becoming statistics in the vicious cycle of violence, drugs, and incarceration. Thus, the film provides an inspiring description of an innovative preventive intervention with links to trauma, social justice, intercultural collaboration, and a window into Baltimore neighborhoods that participants in this year's meeting are unlikely to otherwise see.

Participant Alert: This film is emotionally compelling, but is mild enough to be shown in public schools.

Concurrent Session 10

Saturday, November 17

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

Effective Treatments for PTSD: Updated Practice Guidelines From ISTSS (Abstract #183816)

Plenary (practice)

Grand Ballroom VI, 3rd Floor

Foa, Edna B., PhD; Keane, Terence, PhD; Friedman, Matthew, MD, PhD; Cohen, Judith, MD; Newman, Elana, PhD

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In 2000, the International Society for Traumatic Stress Studies (ISTSS) published a landmark text summarizing the wide range of treatments utilized for PTSD (Foa, Keane, & Friedman, 2000). This influential text also contained practice guidelines for the treatment of PTSD, guidelines which represented the consensus of experts in treatment of PTSD. Given the vast empirical and theoretical publications on the nature of PTSD and related problems and the remarkable increase in published clinical trials since 2000, the Board of Directors of ISTSS in 2005 commissioned an update. The purpose of this panel will be to present information on the status of this project. Drs' Foa, Keane, and Friedman invited Dr. Judith Cohen, a national child trauma expert, to join as a full editor in this edition, signaling the encouraging growth in treatment studies on children across traumas. The panel will discuss the conceptual organization of the review papers, the designation of topic areas, and the status of the book, which is projected to be published in 2008 by Guilford Press. We will also provide information on the rated strength of the evidence for the respective treatments that are reviewed. Finally, we will focus the presentations on what we know, the level of the evidence available to substantiate this knowledge (using the system that was adopted in the first edition from Agency for Health Care Policy & Research standards), and envisioning a research agenda for the next decade that is needed to improve the treatment of people who develop PTSD following potentially traumatizing life events.

Stress, Sleep, and Metabolic Syndrome

(Abstract #180019)

Symposium (biomed)

Laurel C/D, 4th Floor

Hall, Martica, PhD; Neylan, Thomas, MD; Woodward, Steve, PhD; Arsenault, Ned, BA; Loraine, Leskin, MA; Nguyen, Tram, BA; Lynch, Janel, BA; Karin, Voelker, BA; Mozer, Erika, MA; Leskin, Gregory, PhD; Sheikh, Javid, MD; Henn-Haase, Clare, PsyD; Metzler, Thomas, MA; Marmar, Charles, MD

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The ultimate purpose of sleep remains a mystery; however, there is agreement that sleep is an extended period of reduced activity during which recuperative metabolic processes may occur. Sleep disturbance in PTSD and other anxiety and stress-related disorders may potentially impair the somatic functions of sleep.



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Saturday: 8:00 a.m. – 9:15 a.m.

Sleep HR in PTSD and Panic

Objective: Elevated baseline heart rate (HR) as has been reported in metabolic syndrome and metabolic syndrome has been reported in PTSD. Our prior studies have not found elevated HR in military PTSD samples. Here, we revisit the question in a civilian sample in which two-thirds of participants were female.

Methods: The sample of 63 non-apneic adults included individuals with PTSD, panic disorder (PD), comorbid PTSD and PD (PTSD/PD) and NMI. Mean ages of the groups were 42, 42, 42, and 33 years, respectively ($p > .10$). HR and respiratory sinus arrhythmia (RSA) were quantified using the LifeShirt (LS), an advanced cardiorespiratory monitoring system, while participants slept in the laboratory.

Results: Sleep HR exhibited a main effect of diagnosis ($F(3,54) = 4.04, p < 0.05$) in which PTSD and PTSD/PD subjects exhibited higher HRs than both controls and PD subjects. There was an effect of gender ($F(1,54) = 5.05, p < 0.05$) in which females exhibited higher sleep HRs, but no dx by gender interaction. RSA magnitudes exhibited trends consistent with the HR findings.

Conclusions: In this civilian sample, elevated sleep HR consistent with altered tonic autonomic status was observed in PTSD and PTSD/PD comorbid groups, but not in a group diagnosed with PD alone. The results are compatible with observations of increased incidence of metabolic syndrome in some PTSD samples.

PTSD and Weight Gain: Relationship to Pre-exposure Sleep Disturbances in a Prospective Study of Police Recruits

Objective: Several large scale longitudinal cohort studies found that sleep disturbances were associated with an increased risk for developing obesity. PTSD has been linked to obesity and poorer physical health. This study examines the relationship of subjective sleep quality for future risk of weight gain and PTSD symptoms in a prospective study of police recruits.

Method: 214 psychologically healthy recruits were evaluated while in police academy training. Subjective sleep quality was indexed by the Pittsburgh Sleep Quality Index (PSQI). Weight and PTSD symptoms were assessed 12 months after commencement of active duty, during which all were exposed to duty related critical incidents.

Results: There was a significant increase in mean weight after 12 months of police duty (Baseline mean= 175.8 lbs, 12 month mean= 181.4 lbs, $t = -9.7, p < .001$). Pre-exposure subjective sleep quality during academy training was weakly but significantly associated with change in weight over 12 months ($r = .14, p < .05$). Further the change in weight was directly correlated with PTSD symptoms 12 months of police service ($r = .23, p = .001$).

Conclusions: Greater subjective complaints of sleep disturbances in otherwise healthy police academy recruits predicts higher weight gain 12 months of active police duty. Changes in weight are associated with the development of PTSD symptoms.

Disturbed Sleep as a Risk Factor for the Metabolic Syndrome

In this presentation we will present evidence that disturbed sleep is a significant correlate of the metabolic syndrome and that this relationship has important implications for the impact of stress on health and functioning. In the first study which is a sample of 1,295 adults (52 percent female; 16.5 percent black; age range = 30 to 54 years), we will show that both short (< 7 hours) and long (> 8 hours) sleepers are at elevated risk for the metabolic syndrome (p values < .05). Risk profiles are most consistent in short sleepers who show increased risk for meeting obesity, glucose and dyslipidemia criteria for the metabolic syndrome. We will also present data from a study of women during the menopausal transition ($n = 368$; 16 percent Chinese, 38 percent black, 46 percent white; age range = 48-52 years) in which subjective sleep quality and slow-wave sleep are significant correlates of the metabolic syndrome (p values < .01). For each study we present data that explores the role of stress in

the sleep and metabolic syndrome relationship. These findings suggest that sleep, which is a modifiable behavior, may be an important target for interventions aimed at reducing the negative health effects of stress.

Trauma and Health in Low-Income, Minority Samples (Abstract #179560)

Symposium (practice)

Waterview A/B, Lobby Level

Dutton, Mary Ann, PhD; Kaltman, Stacey, PhD; Krause, Elizabeth, PhD; Alter, Carol, MD; Borelli, Marianne, NP; Kingshott, Elesha, BA; Goodman, Lisa, PhD⁵

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Health disparities in low-income and minority groups are a major public health concern. This symposium offers empirical evidence to better understand the link between trauma exposure, PTSD, and health. These findings inform the development of community-based interventions in these populations. A unique collaborative care model will be described.

Posttraumatic Trajectories Predicting Health Outcomes

The link between physical health and PTSD is now well recognized. Three classes of 18-month trajectories of posttraumatic symptoms (PSS) were used to predict 18-month self-reported health outcomes in a sample of 405 low-income, predominately African-American women exposed to intimate partner violence. SF-36 health outcomes are physical functioning (PF), physical pain (PP), global health perception (GHP) and physical role functioning (PRF). Three PSS trajectories include 1) Recovery group (high initial PSS followed by rapid and sustained recovery), 2) Sub-threshold group (initial and sustained sub-threshold PSS), and 3) Chronic group (high initial and sustained PSS). Baseline level of partner violence was used as a covariate. Not surprisingly, the Sub-threshold group reported significantly better health outcomes compared to either the Recovery or the Chronic groups across all health measures ($t = 4.67, p < .000, PF$; $t = 2.84, p < .005, PP$; $t = 4.10, p < .000, GHP$; $t = 1.97, p < .05, PRF$). More interestingly, and in spite of early and large attenuation of PSS, the Recovery and the Chronic groups did not significantly differ on any of the health outcomes, with one exception: the Recovery group fared better on health perception ($t = 2.00, p < .05$). These data have implications for the long-term health effects of those with high PSS, in spite of significant symptom recovery.

PTSD and Health Risk Behaviors Related to Domestic Violence in Healthcare versus Protective-Service Settings

As public health awareness has increased concerning domestic violence (DV), and more healthcare settings are screening for DV, it is important to identify the mental and physical health risks that may differentiate women seeking services in various settings. The current study compared the psychological symptoms, violence exposure, and health risk behaviors of 396 medical patients who screened positive for DV and 405 women seeking protective services for DV (shelter and legal services). Both samples included low income, mostly minority women. Results indicated that compared to women seeking protective services, women who screened positive for DV while visiting healthcare settings had more severe recent DV exposure, but less depression and PTSD symptoms. In both settings, women with a probable diagnosis of PTSD reported using alcohol and smoking to cope more than women without PTSD. Interestingly, medical patients with PTSD reported less use of street drugs and more use of prescription medications than women without PTSD. The same relationship was not observed among women drawn from protective-service sites. Findings reinforce the importance of

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screening and providing treatments for DV and PTSD in healthcare settings. In addition, they suggest that higher levels of psychological distress (PTSD and depression symptoms) may prompt women to seek services specifically for DV.

Montgomery County Behavioral Health Pilot (MCBHP): Treating the Impact of Trauma in Primary Care

Primary care (PC) clinics represent an ideal setting for addressing the intersection between trauma and health. Collaborative care (CC) models which provide direct evidence-based treatment and care management with coordination of care between mental health professionals and the PC team have proven to be effective in the treatment of mental health disorders in the PC setting. The MCBHP is an adapted CC model currently being implemented in a network of indigent care clinics in the Washington DC area. Patients treated were largely immigrants from Central and South America (91 percent). The prevalence of exposure to interpersonal and political violence is high (46 percent), with 36 percent of those exposed meeting criteria for PTSD. Of patients with PTSD, 100 percent has comorbid major depression and 75 percent has a chronic medical condition (e.g., diabetes). Patients experienced a statistically significant and clinically meaningful decrease in depression symptoms (PHQ-9 scores) over time, $t(22) = 4.35, p < .001$. Outcome data for PTSD are forthcoming. This presentation will include a discussion of the treatment model, challenges in implementation of the program in indigent care clinics with a high prevalence of trauma exposure, as well as the clinical outcomes of patients with trauma exposure in this and an additional clinic.

Optimizing Prevention in Trauma-Focused Research: Social and Clinical Epidemiologic Approaches

(Abstract #179673)

Symposium (prev)

Kent A/B/C, 4th Floor

Zatzick, Douglas, MD¹; Galea, Sandro, MD, DrPH²; Meredith, Lisa, PhD³; Norris, Fran, PhD⁴; Ruggiero, Kenneth, PhD⁵

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Trauma-focused preventive intervention development has emphasized unidirectional trajectories that begin with efficacy studies followed by effectiveness research. The symposium describes how methods derived from social and clinical epidemiology can serve as foundational research, informing conceptually earlier stages of intervention development.

Epidemiological Approaches to the Development of Early Interventions: Overview and Examples

This presentation will provide an overview of social and clinical epidemiologic methods and their relation to trauma-focused research. Ways in which epidemiological methods can enhance early preventive intervention development for survivors of individual and mass traumatic life events will be highlighted. The presentation will review intervention development trajectories in traumatic stress studies research with an emphasis on the foundational role epidemiologic investigation may contribute. Illustrative examples of epidemiologic investigation in the acute care medical setting will be presented. This will include pharmacoepidemiologic study of multiple compounds with theoretical rationales for use in the secondary prevention of PTSD after injury, and population-based stepped care intervention studies. The presentation will encourage interactive discussion with the audience and other panelists, particularly around the potential for epidemiologic methods to enhance the efficiency of development and widespread implementation of trauma-focused preventive interventions.

Bringing a Social Epidemiologic Lens to Trauma-Focused Research: Challenges and Opportunities

In the past half century epidemiologic inquiry has grown increasingly concerned with the individual exposures or characteristics that influence individual risk of health and disease. Recently, however, concerned with the role that social structures and conditions may play in influencing the determination of health and disease, social epidemiology has risen in prominence due to (a) a growing appreciation of the limitations of the individualization of epidemiologic thinking and (b) an abiding interest within public health in understanding the role that social factors play in determining health and disease. We propose that social epidemiology can provide a conceptual lens and empiric methods for helping develop, evaluate, and optimizing trauma-focused interventions. Applying social epidemiologic insight and methods to the study of trauma-focused interventions would entail (a) a greater emphasis on establishing population-based studies, (b) an emphasis on trauma-focused interventions that would mitigate the consequences of traumas that are collectively experienced, and (c) developing trauma-focused interventions that aim to understand the full spectrum of psychopathology after trauma, ranging from individual to group-level determinants. We will use examples from our work to illustrate the challenges and opportunities inherent in this approach.

PTSD in Primary Care: System-Level Factors Associated with its Management

Posttraumatic stress disorder (PTSD) is common among patients in primary care practices. Little is known about how primary care clinicians (PCCs) manage PTSD. In this presentation, we examine the impact of system-level factors on PCC management of PTSD. We systematically sampled providers and practices from 58 Community/Migrant Health Centers within a practice-based research network in New York and New Jersey. Potential participants were invited by mail to complete either a mail or Web-based survey. We received surveys from 46 (of 58) Center medical directors (80 percent response rate) and at least 2-3 linked PCCs in each Center. PCCs working in Centers with better community linkages were less likely to report barriers to treating patients with PTSD ($p < .05$), reported greater confidence in their ability to recognize and provide counseling/education about PTSD ($p < .05$). PCCs in Centers with better mental health integration reported greater confidence in ability to screen/diagnose PTSD, to identify the need for legal service referrals ($p < .05$); had higher reported proclivities to assess for substance abuse ($p < .05$) and refer for legal services. System factors play an important role in managing PTSD. Interventions are needed that restructure primary care practices by making mental health services more integrated and community linkages stronger.

Assessment of Posttraumatic Stress Disorder Among Soldiers Returning From Combat Duty in Iraq

(Abstract #179792)

Symposium (assess)

Laurel A/B, 4th Floor

Hoge, Charles, MD¹; Bliese, Paul, PhD²; Adler, Amy, PhD²; Castro, Carl, PhD¹; Wright, Kathleen, PhD¹; Thomas, Jeffrey, PhD¹; McGurk, Dennis, PhD¹; Prayner, Rachel, BA¹; Milliken, Charles, MD¹; Cox, Anthony, MSW¹

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The Iraq war has resulted in high rates of posttraumatic stress disorder and other mental health problems among returning soldiers. This symposium provides the latest findings from studies on the prevalence of PTSD, validation of assessment instruments, and the expression of PTSD symptoms among active and reserve component combat veterans.



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

Measuring the Mental Health Impact of Combat Duty in Iraq at a Population Level

Since the start of the war in Iraq and Afghanistan, researchers from the Walter Reed Army Institute of Research have conducted cross-sectional and longitudinal surveys of over 30,000 soldiers from combat units using the PTSD Checklist (PCL) and other measures. Population-based data have been obtained from the Post-Deployment Health Assessment (PDHA), the post-deployment Health Reassessment (PDHRA), and electronic health care utilization records. Estimates of the mental health impact of combat service in Iraq vary widely depending on the instrument, the criteria selected for "caseness", and measures of functional impairment or co-morbidity. This presentation distills data from various epidemiological studies measuring the impact of combat duty in Iraq. Among soldiers surveyed 3-12 months post-deployment, PTSD prevalence ranges from 10-25 percent. Population-level data, longitudinal survey data, and cross-sectional survey data are consistent. However, PCL criteria need to be adjusted for population-level research studies. Important differences in prevalence rates emerge between Reserve Component and Active Component Soldiers at 3-six months post-deployment. This talk provides recommendations regarding the use of the PCL and highlights lessons learned to guide public health policy and research.

Validating the PCL and 4 Item PTSD Screen to Assess Posttraumatic Stress Disorder Among Soldiers Returning from Combat

PTSD prevalence within the military is typically estimated using one of two scales: the four-item PC-PTSD or the 17-item PTSD Checklist (PCL). In addition, the PC-PTSD is widely used in the military as a screening tool for soldiers returning from combat. In this paper, we examine the diagnostic efficiency of both the PC-PTSD and the PCL in a blind validation study of 352 soldiers. The study was conducted three months after soldiers returned from year-long combat tour in Iraq. The results from the analysis of the PCL showed good diagnostic efficiency (AUC estimate of 0.88). The instrument had the best utility for predicting need for referral with a cut-off value between 30 and 33. The PC-PTSD also had good diagnostic efficiency particularly when respondents endorsed three positive responses. Finally, both the PCL and PC-PTSD data were examined from an item response theory (IRT) framework. The IRT models identified a four-item version of the PCL that had virtually the same diagnostic efficiency as the 17-item PCL. In addition, IRT analyses identified single items related to avoidance in both measures that performed well as screens. The use of items, scales and cut-offs for screening soldiers post-combat are discussed.

A2 Diagnostic Criterion for Combat-Related Posttraumatic Stress Disorder

The diagnosis of posttraumatic stress disorder (PTSD) requires that individuals experience criterion A2, intense fear, helplessness and horror, in response to a potentially traumatic event (PTE). However, individuals (such as soldiers in combat) trained to respond to a PTE may not experience an A2 response and yet may still report significant PTSD symptoms. In the present study, 367 soldiers returning from a year in Iraq were interviewed about PTSD symptoms and their subjective response to deployment-related PTEs. More than half (n=203) reported a deployment-related PTE and 42 met A2 criterion. While reporting an A2 response was associated with higher scores on the PTSD Checklist than those not endorsing A2, there were no significant differences in the percent of subjects who met cut-off criteria for PTSD. A substantial proportion of soldiers reported no A2 response but nonetheless endorsed significant symptoms. The most common alternative response to A2 reflected professionalism ("did what I was trained to do", "my training kicked in"), reported by 62.8 percent. The second most common response was anger, reported by 15.4 percent. The data suggest the conceptualization of A2 needs to be broadened for individuals encountering PTEs for which they are trained to respond to as part of their occupation.

The Long-Term Psychological Effects of November 1999 Earthquakes in Turkey (Abstract #179982)

Symposium (disaster)

Harborside D, 4th Floor

Kilic, Cengiz, MD; Ulug, Ozlem, BA²; Arisoy, Ozden, MD³

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Psychological problems after earthquakes are common and may become chronic. We present a series of studies many years after major earthquakes that killed thousands of people in 1999 in Turkey. We conducted both epidemiological and in-depth surveys to show the chronic nature of problems; and also how earthquake-related problems affect children.

Traumatic Stress and Associated Factors Five Years After a Major Earthquake: An Epidemiological Study

Earthquakes are known to have serious psychological consequences that can be long lasting. This study aims to determine psychological symptom levels five years after the 1999 earthquakes in Bolu, Turkey, in addition to factors responsible for recovery or chronicity. Forty-eight people died in Bolu during the earthquake, which measured 7.2 on the Richter scale. The sample consisted of 422 adult survivors living in Bolu city center, in randomly selected 191 households. They were given self-report questionnaires on traumatic stress (Basoglu et al 2001); demographic and trauma-related variables were also assessed. The relationship of traumatic stress with demographic and clinical variables was examined.

Probable PTSD rate, determined using a cutoff score, was 12.2 percent. Presence of PTSD correlated with female gender and lower education. Probable PTSD rates found in the current study were lower than those found in a study done in Bolu 2 years after the earthquake (Kilic & Ulusoy 2003). Still, the fact that PTSD rates were over 10 percent, five years after the earthquake points to the severity and the chronic nature of the problem. Our results suggest that although the psychological effects of earthquakes decrease in time, they do not totally disappear and may continue for many years.

The Prevalence of PTSD and Depression and Related Factors in a Severely Traumatized Sample of Earthquake Survivors

Earthquakes are associated with increased rates of PTSD and depression. The rates of PTSD after earthquakes range between 6 percent and 87 percent (Armenian et al 2000, Goenjian et al 1994, Baolu et al 2004, Klic & Ulusoy 2003). The rates of depression after earthquakes range between 9-79 percent (Baolu et al 2004, Klic & Ulusoy 2003, Sharan et al 1996). Although long-term follow-up studies are lacking, considerable levels of distress have been shown to persist for years.

This study aims to examine the rates of PTSD and depression in sample of severely traumatized earthquake survivors, seven years after a major earthquake. Fifty-four families, who experienced the November 1999 earthquake in Turkey, were assessed using structured interviews and self-report measures of traumatic stress and depression.

127 adult survivors (55.1 percent female) were interviewed using CIDI and CAPS in their homes. The rate of current PTSD and depression were 26.8 percent and 18.1, respectively. Current PTSD related to past trauma. Current depression related to past psychiatric illness and level of damage to house. Neither of the diagnoses related to demographic variables. The results point to the chronic nature of the disorders due to the earthquake, especially among more severely traumatized individuals.

The Effects of Parental Psychopathology on Children: Results from a Severely Traumatized Sample of Earthquake Survivors

Disasters such as earthquakes affect children both directly, and indirectly through negative interactions due to having to live with parents who are also affected by the earthquake. This study examines 54 families living in Düzce city center, a town severely affected by the November 1999 earthquake in Turkey. The earthquake killed 800 inhabitants. The study was carried out seven years after the earthquake on a selected sample who experienced more severe trauma. Children between ages 9-16 were assessed face-to-face, using depression and traumatic stress measures. Structured clinical interviews (CIDI and CAPS) were used to elicit PTSD and depression diagnoses. The study focuses on the relation of parental psychopathology on children's current psychological status. Of the 76 children with available data, 51.3 percent were female. Mean age was 13.3 (SD: 1.9). Mean child depression score was 52.1 (SD:4.2) and traumatic stress score was 27.5 (SD:10.1). Girls had higher traumatic stress scores than boys. The current traumatic stress scores of children were predicted by female gender and presence of depression in mothers. Depression was not predicted by parental psychopathology. The results show that different types of problems in parents can have different effects on their children.

Papers

Special Populations: Maltreated, Asylum Seekers, and First Responders

Harborside E, 4th Floor

Chair: Jane Herlihy, MPhil, DClinPsych, Trauma Clinic, London, United Kingdom

Childhood Sexual Abuse (CSA) History-A Potential Predictor of Abuse-Perpetration in Men (Abstract #180038)

Paper Presentation (prev)

Holmes, William C., MD, MSCE¹; Abigail, Cohen, PhD²; Foa, Edna B., PhD³

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³Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

To assess men's odds of perpetrating four types of abuse by whether they had been sexually abused themselves or not.

Methods: Interim analysis of 848 (of an eventual 1,200) men from Philadelphia, PA, who have been recruited via random-digit-dialing. Participants self-reported CSA, as well as adult perpetration of childhood physical abuse of others (CPAO), intimate partner violence (IPV), CSA of others (CSAO), and sexual assault of an intimate partner (SAIP).

Results: Most men were African-American (55 percent) and heterosexual (85 percent); 20 percent had not completed high school; and 31 percent reported <\$20K in annual income. Mean age was 34.5 years. CSA was reported by 150 (18 percent) men; and 46 (5 percent) reported CPAO; 120 (14 percent) IPV; 6 (1 percent) CSAO; and 18 (2 percent) SAIP. More men with than without CSA histories self-reported CPAO (11.4 percent vs. 4.4 percent, $p=0.001$), IPV (26.0 percent vs. 12.2 percent, $p<0.001$), CSAO (2.0 percent vs. 0.5 percent, $p=0.05$), and SAIP (4.7 percent vs. 1.7 percent, $p=0.02$). Adjusted analyses indicated the effect of CSA remained significant for CPAO (odds ratio[OR]=2.71, $p=0.003$) and IPV (OR=2.1, $p=0.002$); and nearly significant for SAIP (OR=2.6, $p=0.07$).

Conclusion: CSA histories are a potential predictor of whether men perpetrate violence against intimate partners and children. Clarifying the mediating pathway from CSA to perpetration would appear to be a prudent step in developing better prevention strategies.

Relationship Between Prenatal Risk and Early Parenting: Implications for Maltreatment Prevention

(Abstract #179863)

Paper Presentation (prev)

Rosanbalm, Katie, PhD¹; Williams, Jan, MSW²; Shaw, Leslie, MA²; Pope, Karen, BA¹; O'Donnell, Karen, PhD²

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²Center for Child & Family Health, Durham, North Carolina, USA

Parenting characteristics during an infant's first months may predict attachment and maltreatment over the next several years. Research on home visiting programs suggests that prenatal service initiation may enhance outcomes. This paper uses data from an ongoing randomized trial of a home visiting program to examine the relationships between prenatal psychosocial risk factors and early parenting beliefs and behaviors. The current sample consists of 83 women who completed a prenatal psychosocial risk screening and a baseline parenting assessment within two months of their child's birth. Preliminary analyses suggest that lack of social support is predictive of the most widespread early parenting concerns across constructs, including attributions of infant behavior, parent-infant interaction, and parental distress. Other prenatal risk factors such as maternal substance use, mental health concerns, trauma history, and young maternal age are linked with more specific parenting concerns in this sample. These findings suggest that prenatal services to address social support deficits may have broad benefits for early parenting and maltreatment prevention. Additional early prenatal intervention may be targeted to problem areas predicted by individual psychosocial risk profiles.

Firefighters: Untangling the Role of the Organizational Environment (Abstract #179603)

Paper Presentation (prev)

Gray, Lori K., PhD Candidate¹; Jackson, Dennis L., PhD¹

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

Exposure to traumatic events is an inescapable component of firefighters' routine job duties. However, it has become increasingly apparent that factors, other than traumatic events, might be involved in the development of traumatic stress among firefighters. The objective of this study was to identify the precise means through which firefighters' organizational environment impacts the development of traumatic stress and posttraumatic growth. Participants included Canadian firefighters. The study utilized self-report data obtained from an anonymous internet survey. Measures of traumatic stress symptoms, posttraumatic growth, multiple dimensions of job stress, organizational commitment, organizational support, and team cohesion were included. Moderated multiple regression and path analysis were used to elucidate the precise relationship between the aforementioned variables. Evidence for moderating and mediating effects of the organizational environment on the relationship between trauma exposure, traumatic stress, and posttraumatic growth will be reviewed. The findings suggest that the organizational environment might prevent or engender the development of traumatic stress and posttraumatic growth. Implications for clinical practice and organizational intervention will be discussed.

Disclosure of Sexual Trauma in Asylum Interviews – Preventing the Risk of Further Persecution (Abstract #179987)

Paper Presentation (prev)

Herlihy, Jane, DClinPsych¹; Bogner, Diana, DClinPsych¹; Brewin, Chris, PhD²

¹Trauma Clinic, London, United Kingdom

²University College London, London, United Kingdom

In order to claim protection in a safe country, refugees have to give an account of their persecution to state officials. This involves describing often horrific personal experiences. Failure to fully disclose, or disclosures late in the process can lead to the individual being refused protection and being returned, usually to the same



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community where persecution took place. The disclosure of sexual persecution is known to be particularly difficult. Research implicates shame, dissociation and cultural beliefs. PTSD rates have been shown to be elevated in this group and two studies have suggested that sexual violence is associated with a pattern of increased avoidance symptoms. 27 asylum seekers recruited from clinical and community settings were interviewed, completed the PTSD Symptom Scale, the Experience of Shame Scale and the Peritraumatic Dissociative Experiences Questionnaire, and rated Disclosure Difficulty (DD) with regard to their immigration interviews. Multiple regression showed dissociation ($p < 0.001$) and sexual violence history ($p < 0.005$) as significant predictors of DD, whilst qualitative findings point to interpersonal, situational and contextual factors. Although disclosure has been explored in clinical settings, this study presents preliminary empirical evidence in immigration settings, where the consequences can be repeated persecution and trauma.

Papers

Child Trauma Issues: Medical and Biological Factors and Poverty

Grand Ballroom I and II, 3rd Floor

Chair: Laurel Kiser, PhD, MBA, Psychiatry, University of Maryland Baltimore School of Medicine, Baltimore, Maryland, USA

Patterns of Posttraumatic Stress in Child-Parent Pairs After Pediatric Intensive Care Treatment

(Abstract #177382)

Paper Presentation (child)

Colville, Gillian, MPhil¹; Pierce, Christine, MD²

¹*Pediatric Psychology Service, St George's Hospital, London, United Kingdom*
²*Great Ormond St. Children's Hospital, United Kingdom*

Parents of children treated on PICU report elevated levels of PTS, but little is understood about risk factors, or the relationship with the child's PTS. A cohort of 102 parent-child pairs completed screening measures of PTS, at 3 months and one year after the child's discharge from PICU.

For parents, the prevalence of PTS scores above cut off was 45/101 (45 percent) at T1 and 21/72 (29 percent) at T2. Corresponding results for children were 27/96 (28 percent) and 20/76 (26 percent). Furthermore, 40 percent of parent cases and 47 percent of child cases were new cases at T2, ie they became symptomatic after initial screening.

The main predictor of parent's PTS score at T1 was emergency status ($p < 0.018$). At T2 emergency status ($p = 0.002$), younger child age ($p = 0.044$), parent T1 score ($p = 0.001$) and child T1 score ($p = 0.050$) were all significantly associated with parent's PTS. Parent and child scores were significantly correlated at T1 ($p = 0.006$) but not at T2, although newly symptomatic children were more likely to have a symptomatic parent at T2 ($p = 0.028$).

The interactions between child and parent PTS status and the chronicity of distress found in this study, indicate the need for long term follow up and intervention at family level.

Brain Activity of Violence-Exposed Mothers Viewing Child Separation (Abstract #179957)

Paper Presentation (child)

Schechter, Daniel, MD¹; Peterson, Bradley, MD¹

¹*Psychiatry, Columbia University, New York, New York, USA*

Objective: This study explores maternal response to child separation in the context of maternal interpersonal violence-related posttraumatic stress disorder (PTSD) via functional magnetic resonance imaging (fMRI). Method: 20 mothers with children ages 12-42 months were recruited from pediatrics clinics: 10 mothers with PTSD were compared to 10 without PTSD. The fMRI visit consisted of exposure to previously videotaped mother-child interactions in the scanner: Mother's own child in routine play with her and during separation, and the same two conditions for a stranger's gender-matched child. fMRI data were analyzed so as to generate z-maps for each condition. Group differences in brain activity in response to the stimuli were assessed using the general linear model for the fMRI time-series. ANOVA and multiple regression were used to analyze fMRI measures' relationship to PTSD. Results: Significant group differences were noted for PTSD-case-mothers' response to separation compared to play. Greater activation ($p < .05$) was noted in cases vs. controls for amygdala ($R > L$), insula, and ventromedial prefrontal cortex. Conclusion: Separation and other routinely stressful situations that elicit toddlers' helplessness may be potent PTSD-triggers for mothers with histories interpersonal violent trauma.

Participant Alert: The audience will view videotaped material of toddlers during separation, including some dramatic displays of negative emotion.

Urban Poverty, Complex Childhood Trauma, and Family Processes (Abstract #179593)

Paper Presentation (child)

Kiser, Laurel, PhD, MBA¹; Nurse, Winona, MSW²; Medoff, Deborah, PhD²; Black, Maureen, PhD³

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

²*University of Maryland, Baltimore School of Medicine, Baltimore, Maryland, USA*

³*Department of Pediatrics, University of Maryland at Baltimore, Baltimore, Maryland, USA*

This paper presents findings from a cross-sectional study designed to explore the relationships among trauma exposure, childhood complex trauma, and family functioning, including ritual and routine. Data was collected from a non-referred sample of 100, 6-to-9-year-old children and their caregivers who were living in low-income, urban neighborhoods. Assessment included a semi-structured diagnostic interview (K-SADS) with the parent and child, completion of standardized measures of child exposure to and impact of trauma and a battery of paper and pencil instruments designed to measure family processes. Data were analyzed using hierarchical multiple regressions. This study reconfirmed the high rates of exposure and traumatic stress disorders among children living in urban poverty. Exposure to stress and traumatic events were predictive of symptoms of PTSD, lowered self-perceptions, and problems with depression/anxiety and aggression. Family structure was incrementally predictive of both depression/anxiety and heightened aggression. Results from this study suggest that interventions targeting family structure, specifically organization and support, may be essential complements of trauma-specific EBPs for chronically traumatized children, those faced with the additional burdens of constant threats and current traumas, or those living in highly stressed, trauma organized family systems.

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

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Papers

Special Populations: Cancer Victims, and Violence and Harassment Against Women

Grand Ballroom III and IV, 3rd Floor

Chair: Tami Sullivan, PhD, Psychiatry, Yale University, New Haven, Connecticut, USA

The Relationship Between Partner-Violence PTSD Symptom Clusters and Substance Use in Community Women (Abstract #179915)

Paper Presentation (commun)

Sullivan, Tami, PhD; Holt, Laura, PhD

Psychiatry, Yale University, New Haven, Connecticut, USA

Purpose: Women who experience intimate partner violence (IPV) are 2.9-5.9 times more likely to have posttraumatic stress disorder (PTSD) and 5.6 times more likely to abuse alcohol or drugs compared to women who do not experience IPV. What is less clear, however, is the extent to which specific IPV-related PTSD symptom clusters are related to women's substance use involvement. **Method:** The current study investigated PTSD symptomatology and substance use in a community sample of 212 women (67 percent African-American) who reported IPV by their male partners in the past six months. All women participated in a two-hour semi-structured, computer-assisted interview. **Results:** A one-way ANOVA showed that women who reported using drugs over the last six months reported significantly higher scores on the Posttraumatic Stress Disorder Diagnostic Scale compared to women who reported no substance use or alcohol use only. Moreover, when examined separately, the re-experiencing, avoidance and numbing, and arousal clusters showed unique associations with women's substance use involvement. **Conclusions:** The current study contributes to our understanding of the prevalence of and associations among IPV-related PTSD symptoms and substance use and may also inform community-based prevention programming focused on helping women to cope with the negative sequelae of IPV.

Immediate and Long-Term Effects of Experiences Reporting Sexual Harassment in the Military

(Abstract #179786)

Paper Presentation (commun)

Bell, Margret E., PhD; Street, Amy, PhD²; Stafford, Jane, PhD³

¹VA Office of Mental Health Services, Boston, Massachusetts, USA

²National Center for PTSD, Boston, Massachusetts, USA

³University of South Carolina Aiken, Aiken, South Carolina, USA

As in civilian contexts, sexual harassment and sexual assault occurring in the military are associated with negative mental health consequences for victims. Though the Department of Defense has developed systems designed to prevent and respond to sexual harassment and assault, we know very little about the experiences of victims who use these systems. Cross-sectional survey data from 1,707 former Reservists, all of whom had experienced sexual harassment or assault while in the military, indicated that only 19 percent had reported their experiences through official channels at the time of the event. Participants who reported did not differ from those who did not report in terms of psychosocial functioning at the time of the event or currently (on average 14 years after the harassment/assault). Among those who reported the event, participants who were more satisfied with the complaint process reported significantly higher psychosocial functioning at the time of the event (partial η s from .07-.28) and currently (partial η s from .07-.19), even after controlling for severity of the harassment/assault experiences. These findings have important implications for prevention, suggesting that efforts to ensure that victims have positive encounters with systems may help alleviate both short and long-term health consequences of sexual harassment and assault.

Resolution of Prior Trauma Predicts Adaptive Coping and Adjustment in Young Cancer Survivors

(Abstract #179950)

Paper Presentation (prev)

Fenster, Juliane, MPH; Park, Crystal, PhD; Jimenez, Sherlyn, MA; Edmondson, Donald, MA²; Blank, Thomas, PhD³

¹Psychology, University of Connecticut, Storrs, Connecticut, USA

²University of Connecticut, Storrs, Connecticut, USA

³Human Development and Family Studies, University of Connecticut, Storrs, Connecticut, USA

Determining risk and resilience factors associated with PTSD (Nemeroff et al., 2006) is important, because not everyone exposed to a traumatic event develops PTSD (King et al., 1999). Aspects of the exposure, such as resolution of the trauma and influences on coping with subsequent stressors, may influence psychological well-being. The current study ascertained whether young cancer survivors who reported greater resolution from their most stressful traumatic event would use more adaptive coping (with their cancer), and ultimately have better psychological adjustment (reflected in positive and negative affect, intrusions, and subsequent stressful events) over the course of the study. Participants were 250 cancer survivors (31.2 percent men; age=45.2; 11 percent minority). Most survivors (89.4 percent) had experienced at least one prior traumatic event. Structural equation modeling indicated that number of lifetime traumas and higher stressfulness of their most stressful event led to less resolution. Higher resolution was positively associated with more adaptive coping which predicted better adjustment one year later. Less resolution was associated with avoidant coping, leading to more intrusions, poorer adjustment, and more stressful events (model fit was good; chi-square=118.4, CFI=.94, RMSEA=.05). Results suggest several directions for intervention in cancer survivors with a prior trauma history.

Papers

Child Trauma and Its Effect

Grand Ballroom IX and X, 3rd Floor

Chair: Tine K. Jensen, PhD, Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

In Their Own Voices: In-depth Interviews with Children Exposed to Domestic Violence (Abstract #180034)

Paper Presentation (child)

Heltne, Unni Marie, PsyD¹

¹Center for Crisis Psychology, Bergen, Hordaland, Norway

Purpose: Consequences of childhood exposure to abuse and domestic violence are widely described by professionals and researchers. The aim of this study was to explore the children's own perspectives of the consequences of exposure to violence. **Method:** 15 Norwegian children, age 7-17 years, victims of abuse and/or witness to domestic violence participated in in-depth interviews focusing on their experiences of exposure to violence, their worst experience, their own evaluation of the effect of living with violence and the strategies they could use (if any) to protect themselves. They were also asked what could have helped them and their families stop the violence. **Findings:** The children had been exposed to severe violence. In their experience the worst consequence of the violence was loss of the home as a safe place. The children described use of a variety of strategies to avoid violent episodes and to protect themselves. In their experience they were totally on their own trying to do this. Non of the children had any perspectives on how services or persons outside their family could have helped them. The consequences of the findings for further development of communities services directed toward helping children exposed to violence will be discussed.

Participant Alert: The presentation will give examples of severe violence against children and women.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Saturday: 8:00 a.m. – 9:15 a.m.

A Longitudinal Study of Children Surviving from the Southeast Asian Tsunami (Abstract #179854)

Paper Presentation (child)

Jensen, Tine K., PhD¹; Dyb, Grete, PhD¹; Hafstad, Gertrud, PsyD¹; Lindgaard, Camilla, MA¹

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

In the aftermath of the Southeast Asian tsunami, the Norwegian Centre for Violence and Traumatic Stress Studies has conducted a longitudinal study of disaster exposed children and their parents. The aim of the study is to map the long-term consequences of trauma in children and possible mediating factors in the development of PTSD. In the first wave of the study 210 parents with children between the ages 6 and 18 filled out a questionnaire on 317 children's immediate reactions to the tsunami, and their health situation approximately six months post disaster. The second wave of the study was an in-depth study of 89 parents and 145 children, interviewed by 18 trained clinicians 11 to 12 months after the tsunami. This interview study focused on children and parents' descriptions of their experiences and on how they attributed meaning to these events, the impact of the disaster in their daily lives, coping experiences, changes in world assumptions, in addition to several health questions. The third wave will be conducted in 2007, and preliminary results describing the parents' and children's situation two-and-one-half-to-three years after the Tsunami will be presented. The presentation will focus on positive and negative life changes.

After The Homecoming: A Case Study of Post-Adoption Traumas and Challenges (Abstract #179890)

Paper Presentation (child)

Williams, Mary Beth, PhD, LCSW¹; Garrick, Jacqueline, MSW²

¹Trauma Recovery Education and Counseling Center, Warrenton, Virginia, USA

²Veterans Disability Benefits Commission, Silver Spring, Maryland, USA

The decision to adopt from a third world country or one of the former Russian Republics is not an easy one. It involves completion of a home study, collection and documentation of countless papers and forms, delays, extended waits for Letters of Invitation or legal approval, huge expenses (even up to \$40,000 for a child or two children, depending on the country and circumstances), and frequently extended costly stays in the foreign country. In many instances, agencies fail to inform or educate parents about the potential realities of their infants', toddlers', and children's lives and the impact of neglect, abuse, poor nutrition, lack of nurturing, and stunted brain development, as well as children's needs once they "come home" to help them deal with potential learning difficulties, extreme language delays, and posttraumatic stress. This case presentation will illustrate the struggles parents face and suggest ways to cope with adoption-related delays and difficulties by utilizing the stories of two girls adopted from Kazakhstan at ages 4 1/2 and 5 1/2. Of particular interest to participants will be ways to help practitioners and parents interact with local educational authorities to incorporate PTSD-related and language delay related interventions into school programming.

Childhood Psychological Maltreatment and Adult Aggression and Suicidality: A Mediation Analysis (Abstract #179925)

Paper Presentation (child)

Allen, Brian, MS¹

¹Department of Psychology, Indiana University of Pennsylvania, Indiana, Pennsylvania, USA

Numerous studies have found a relationship between the experience of psychological maltreatment in childhood and an increased use of dysfunctional tension reducing activities in adulthood, such as aggression, substance use, and suicidal behavior or ideology; however, relatively little is known about mechanisms underlying this observed relationship. This study examines a theory postulating that psychological maltreatment alters the normal development of self

and interpersonal functioning (interpersonal relatedness, identity, affect regulation) thereby increasing the risk for using these dysfunctional tension reducing behaviors in adulthood. This study employed 245 young adult participants who completed the Comprehensive Child Maltreatment Scale, Inventory of Altered Self Capacities, and Personality Assessment Inventory. A series of hierarchical regression analyses showed that an index of childhood psychological maltreatment experiences significantly predicted impairment in interpersonal relatedness, identity, and affect regulation even after controlling for the effects of participant gender, and histories of physical maltreatment, sexual molestation, and physical neglect. Furthermore, analyses revealed that self and interpersonal functioning fully mediated the relationship between childhood psychological maltreatment and aggression and suicidality in adulthood.

Adaptation of Trauma-Focused Group Therapy and Present Centered Group Therapy for OEF/OIF Veterans (Abstract #179985)

Workshop (practice)

Grand Ballroom VII and VIII, 3rd Floor

Unger, William, PhD¹; Niles, Barbara, PhD²; Wattenberg, Melissa, PhD³; Glynn, Shirley, PhD⁴

¹Providence VA Medical Center, Providence, Rhode Island, USA

²VA Boston Healthcare System, Boston, Massachusetts, USA

³Outpatient Clinic, VA Boston Health Care System, Boston, Massachusetts, USA

⁴VA Greater Los Angeles Health Care System at West LA, Los Angeles, California, USA

This workshop offers intermediate to advanced training in two empirically based group treatments for PTSD. Presenters review evidence from a 10-site randomized trial supporting the efficacy of Trauma Focus and Present-Centered group therapy for Vietnam combat veterans. The Trauma Focus group is based on a skills-building and trauma exposure model. The Present-Centered group is a supportive, process approach informed by schema theory for PTSD.

The presenters review the essential interventions and provide brief demonstrations. The program highlights implementation and maintenance of active treatment in the face of common challenges, such as avoidance and numbing, stigma, trauma-based attitudes and beliefs, helplessness, high arousal, re-experiencing, and co-morbid disorders. Special attention is given to approaches for symptom-reduction and methods for enhancing members' interpersonal connection, safety, and self-efficacy. In addition, the Workshop covers: maintaining consistent participation; responding to trust and compliance issues; managing dissociation; and dealing with multiple traumas.

Discussion and recommendations will focus on the adaptation of these models for veterans returning from Iraq and Afghanistan and emphasizes prevention, adjustment issues, and reintegration into community.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Cognitive Processing Therapy: Implementation Across Military Settings (Abstract #179928)

Workshop (practice) Dover A/B/C, 3rd Floor

Friedlander, Joshua, PsyD¹; Benham, Todd, PsyD²; Gates, Christopher, PhD³

¹Department of Psychiatry, Walter Reed Army Medical Center, Washington, District of Columbia, USA

²Fort Drum Behavioral Health Department, Watertown, New York, USA

³Fort Drum Behavioral Health Department, Sackets Harbor, New York, USA

There has been a well-known long history posttraumatic stress disorder (PTSD) related to military service. Recently, the prevalence of PTSD, among other mental health disorders, have been well-documented in relation to the Global War on Terrorism. As a result, there is a significant need for well-established, empirically-based psychotherapy for PTSD. Fortunately, there are several well-established effective, empirically based treatments for PTSD. Cognitive-Processing Therapy is one such therapy which has demonstrated success with across varied populations, including the military population. Recently, there have been increased efforts to use these treatments across different levels of onset, from acute onset to more chronic conditions. In addition, there have been increasing efforts to provide psychotherapy across different active-duty military settings, including in an actual war-zone, at a community mental health center at FT Drum, an Army base in New York, and at a partial-hospitalization program at Walter Reed Army Medical Center. This presentation will describe these variations of delivery of CPT across different active-duty military treatment settings.

Participant Alert: Disguised traumatic case material may be presented.

Concurrent Session 11

Saturday, November 17

9:30 a.m. - 10:45 a.m.

The Aftermath of Virginia Tech: School Violence, A Social and Public Health Concern (Abstract #183888)

Panel (disaster) Grand Ballroom VI, 3rd Floor

Monseu, Barbara, MS¹; Jones, Russell, PhD²; Schonfeld, David, MD, FAAP³; Ellis, Carroll Ann⁴

¹National Center for Critical Incident Analysis, Denver, Colorado, USA

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

³National Center for School Crisis and Bereavement Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

⁴Victims' Services Division, Fairfax County Police Department, Fairfax County, Virginia

The Virginia Tech shooting raises numerous questions including how to identify and treat individuals who are potentially dangerous to themselves and others, how to develop more effective strategies for protecting students from this type of deadly violence, how survivors, family members, staff and fellow students cope and heal after the crime. The panel will present several perspectives. Dr. Jones will discuss Virginia Tech's mental health response. Ms. Ellis served as a member of the Virginia Tech Review Panel appointed by the Governor to study the incident. She will share the key findings and recommendations from the report issued by the panel in August 2007. Dr. Schonfeld will discuss how schools can respond effectively to crisis situations in order to support students and staff and identify issues to consider in planning commemorative and memorialization activities at schools. Ms. Monseu, former assistant superintendent, will discuss the 1999 Columbine High School shooting from an administrative perspective including the coordination with law enforcement, community, mental health, and state and federal agencies. Panelists will also discuss warning signs and the pros/cons/ethical considerations of profiling.

Development of an Online Program for Acute Trauma Recovery (Abstract #178181)

Panel (commun) Grand Ballroom III and IV, 3rd Floor

Benight, Charles, PhD¹; Ruzek, Josef, PhD²; Kuhn, Eric, PhD³; Watson, Patricia, PhD⁴

¹Psychology, University of Colorado, Colorado Springs, Colorado, USA

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

³Palo Alto Health Care System, Menlo Park, California, USA

⁴Dartmouth College, White River Junction, Vermont, USA

The internet is changing the way people find help when they need it. A recent report through the Pew Internet and Life Project demonstrated that 63 percent of women and 46 percent of men have used the internet for seeking health information (Fox & Rainie, 2000). Approximately 53 million people accessed the internet following the terrorist attacks from 9/11 to seek information about the attacks (Rainie & Kalsnes, 2001). This panel discussion will highlight the multitude of issues encountered when developing an online program for trauma recovery. Dr. Benight will discuss the application of social cognitive theory into an online program and the use of the program in disaster recovery. Dr. Kuhn will discuss the issues related to translating CBT techniques and skills to Web-based interventions and ethical/clinical issues. Finally, Dr. Ruzek will present an overview of development issues related to creating online programs to be utilized for active duty military, the veteran population, and hospital based trauma centers. Dr. Watson will serve as the discussant, looking across these different settings to consider applicability of web interventions for self-management of acute trauma reactions.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Treating Combat Stress Disorders in Deployed Settings: Potential Risks and Benefits (Abstract #179990)

Panel (practice) Grand Ballroom IX and X, 3rd Floor

Peterson, Alan, PhD¹; Riggs, David, PhD²; Cigrang, Jeffrey, PhD³; Foa, Edna, PhD⁴

¹Psychiatry, University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

²Medical and Clinical Psychology, Uniformed Services University, Bethesda, Maryland, USA

³Psychology, Wilford Hall Medical Center, San Antonio, Texas, USA

⁴Psychology, University of Pennsylvania, Philadelphia, Pennsylvania, USA

The Global War on Terrorism has resulted in significant combat-related trauma exposure in military personnel. There is currently a debate on the potential risks and benefits of treating combat stress disorders in deployed settings. Potential benefits are that it may reduce symptoms, prevent adverse outcomes, and allow military personnel to complete their deployment. However, successful treatment may also result in an increased likelihood of additional combat-trauma exposure. Some researchers have recommended that PTSD not be treated unless the patient is in a safe environment with minimal risk of additional trauma exposure. However, research data is currently lacking to support or refute this supposition. It is logical that additional trauma exposure may have adverse outcomes. However, effective treatment may also increase resilience and make it less likely that additional trauma exposure will have a significant negative impact. This Panel Discussion will provide the opportunity for scientists and practitioners to present and discuss the potential risks and benefits of treating combat-stress disorders in deployed settings. The panel will include civilian researchers with extensive experience in treating PTSD. It will also include military researchers and clinicians with experience in effectively treating combat-stress disorders in Iraq using prolonged exposure.

Prospective Studies Examining Risk for PTSD in Police and Firefighters (Abstract #180016)

Symposium (clin res) Dover A/B/C, 3rd Floor

Bryant, Richard, PhD¹; Inslicht, Sabra S., PhD²; McCaslin, Shannon E., PhD²; Maguen, Shira, PhD²; Marmar, Charles, MD²; Metzler, Thomas, MA³; Henn-Haase, Clare, PsyD³; Neylan, Thomas, MD²

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

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

³San Francisco VA Medical Center, San Francisco, California, USA

We examine the influence of pre-existing and ongoing contextual risk factors on the development of PTSD symptoms. The first three presentations report results from a prospective study of police officers and the fourth reports results from a prospective study of firefighters. Implications for prevention will be discussed.

Family History of Mental Disorders and Substance Abuse Predict PTSD Symptoms in a Prospective Study of Police Officers

The present study prospectively examines familial mental and substance disorders, recruits' peritraumatic reactivity, and PTSD in police. Healthy police recruits (N = 180) were interviewed on familial and personal mental disorders, prior trauma exposure, and completed self-report questionnaires on distress and alcohol use while in police academy training. Twelve months after commencement of active duty, participants completed self-report assessments on critical incident exposure, peritraumatic dissociation and distress, alcohol use, and PTSD symptoms. Familial substance-related disorders were associated with greater 12-month PTSD symptoms, even after controlling for prior trauma exposure, general psychiatric distress during academy training, and critical incident exposure.

Peritraumatic distress and dissociation did not mediate this relationship. We also found a relationship between familial mood and anxiety disorders and PTSD, but this finding was no longer significant when we controlled for psychiatric distress during academy training. Family history of mental disorders and substance abuse may be pre-existing vulnerability factors for PTSD.

Trait Dissociation and PTSD Symptoms in Urban Police Officers

The current study prospectively examines the relationship of PTSD symptoms to pre-academy trauma exposure, trait dissociation assessed during academy training, and peritraumatic dissociation assessed at 12 months of active police duty in 180 relatively young and healthy police academy recruits followed during the first year of police. Mean age of the officers was 27.2 years (SD = 4.7), the majority were male (n = 157, 87.2 percent), and the officers had been exposed to life-threatening critical incidents (M = 5.62, SD = 9.71). Prior trauma, trait dissociation, peritraumatic dissociation, and critical incident stress exposure were examined in a path model predicting PTSD symptoms. In the final model, trait dissociation, peritraumatic dissociation, and critical incident exposure remained significant direct predictors of PTSD. Three indirect paths were also present, 1) an indirect effect of dissociation on the relationship between prior trauma and PTSD symptoms, with trait dissociation accounting for the majority of the effect, 2) an indirect effect of peritraumatic dissociation on the relationship between critical incident exposure and PTSD symptoms, and 3) an indirect effect of peritraumatic dissociation on the relationship between trait dissociation and PTSD symptoms. Implications and future directions are discussed.

Routine Work Environment Stress and PTSD Symptoms in Police Officers

In this prospective study, we examined the role of routine work environment stress on the subsequent development of PTSD symptoms in a cohort of newly recruited police officers (N = 180). Participants were surveyed at baseline, while in the process of training for the police academy, and one year later. Given that there are multiple variables that may be associated with PTSD symptoms, we examined the role of routine work stress within the context of a larger model, and included demographic variables (gender and ethnicity), prior trauma, exposure to critical incidents, and negative life events. We found that routine work stress was the strongest predictor of PTSD symptoms, above and beyond all other included variables, and that work environment mediated the relationship between critical incident exposure and PTSD symptoms and negative life events and PTSD symptoms. Gender, ethnicity, and prior trauma were not significantly associated with routine work environment stress. The finding that routine work environment stress is most strongly associated with PTSD symptoms, above and beyond critical incidents and negative life events, has important implications for prevention efforts.

A Prospective Study of Firefighters: Cognitive and Biological Markers of Risk

This study assessed a cohort of firefighters (N = 85) during cadet training and before trauma exposure. The study then re-assessed firefighters immediately after trauma exposure, 12 months later, and four years later. Firefighters were assessed on cognitive and biological paradigms. Specifically, they were assessed on autobiographical memory and appraisals. They were also administered a fear conditioning/extinction paradigm and a startle procedure. Findings indicated that acute stress reactions were predicted by startle response prior to trauma. Chronic PTSD was predicted by impaired extinction learning before trauma. PTSD was also predicted by impairments in retrieving specific positive autobiographical memories, and catastrophic appraisals before trauma. These findings suggest that PTSD develops as a result of several mechanisms that exist prior to trauma exposure. A tendency to appraise oneself in a maladaptive way and preferential ways of retrieving one's past predispose some to PTSD development. Further, increased reactivity and difficulty in engaging in extinction learning also renders one vulnerable to PTSD development. These findings are discussed in relation to cognitive and biological models of PTSD.

Saturday: 9:30 a.m. - 10:45 a.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Couples and Trauma: Implications for Prevention and Intervention (Abstract #179421)

Symposium (clin res)

Grand Ballroom I and II, 3rd Floor

Taft, Casey, PhD¹; Monson, Candice, PhD¹; Vogt, Dawne, PhD¹; Sautter, Frederic, PhD²; Glynn, Shirley, PhD³

¹VA National Center for PTSD and Boston University School of Medicine, Boston, Massachusetts, USA

²New Orleans VA Medical Center, New Orleans, Louisiana, USA

³University of California, Los Angeles, California, USA

This symposium aims to consider different aspects of the association between intimate couples' functioning and PTSD in an effort to inform prevention efforts.

PTSD and Relationship Functioning: A Meta-Analysis

In spite of growing interest in understanding the interpersonal nature of PTSD, there have been no investigations empirically summarizing the literature. This meta-analysis will examine associations between measures reflecting PTSD symptomatology and both relationship adjustment and relationship aggression perpetration, and will also attempt to elucidate potential moderator variables. Forty-three studies will be included, with each study including a trauma symptom or diagnosis variable and either a relationship adjustment, partner aggression, divorce or separation variable. Twenty-nine of the studies are published, 12 are doctoral dissertations, one is currently in press, and one is currently under review. The majority of the study samples are from the veteran population, but samples also include persons in domestic violence intervention programs, persons with a history of child physical or sexual abuse, Holocaust survivors, refugee couples, and persons in substance use programs. Preliminary analyses indicate average overall effect sizes in the medium range of magnitude between PTSD symptomatology and the intimate relationship functioning outcomes. Moderator variables to be examined include sample population, gender, type of trauma exposure, published versus unpublished status, as well as other variables related to the assessment of the constructs of interest.

Can Trauma Enhance an Intimate Relationship?

Research has demonstrated the interrelatedness of trauma exposure, PTSD, and intimate relationship functioning. However, this research has historically focused on male Vietnam veterans who were traumatized many years earlier. To inform prevention efforts, there is a need to understand the associations among these variables in the acute stages of trauma recovery and with different populations. We used structural equation modeling to examine the associations between objective and subjective trauma exposure and PTSD symptomatology, as mediated by relationship adjustment, in 205 women exposed to the Great Midwestern Flood. Global fit indices indicated that the model fit the data well, $\chi^2(17, N = 205) = 19.62, p = .29, CFI = .98, RMSEA = .03$. Subjective trauma exposure significantly predicted PTSD symptoms, but not relationship adjustment. In contrast, objective flood damage did not predict PTSD symptoms, but significantly and positively predicted relationship adjustment. Relationship adjustment, in turn, negatively predicted PTSD symptoms. These data suggest that, at least in the short-term, some aspects of trauma exposure can have a mobilizing and positive effect on intimate relationships. In turn, intimate relationships may buffer individuals against PTSD symptoms. Thus, early interventions aimed at intimate relationships hold potential to preventing PTSD in this context.

Our Strength in Families (OSiF): A Web-Based Intervention for Military Families Experiencing Deployment

Military personnel in the United States are increasingly facing deployments and prolonged separations from their intimate partners and families. Returning veterans often report family adjustment problems as their primary concern, and wars are typically followed by an increase in the divorce rate. This presentation describes the results of a project aimed at developing an interactive Web-based relationship-enhancement intervention for military couples experiencing deployments. This program, Our Strength in Families (OSiF), draws on existing theoretical and empirical work as well as information gathered from multiple sources, including focus groups and interviews with members of the target population, leading scientists, and experts. This program includes audio, graphics, animation, personal self-assessments, interactive educational tools, and established local, regional, and national resources. Findings from the initial phase of the project demonstrated a number of areas that are salient for military couples during deployment. These domains include deployment preparation, communication and making connections, managing emotions, and deployment and children. Future plans involve the application of a pre-test post-test equivalent control group design to evaluate the impact of this program on three domains: deployment readiness, physical and mental health, and family functioning.

A Couple-Based Approach to the Reduction of Emotional Numbing and Effortful Avoidance in PTSD: Preliminary Findings

Data will be presented regarding the feasibility and efficacy of a novel couple-based treatment, named Strategic Approach Therapy (SAT), for reducing emotional numbing and effortful avoidance in posttraumatic stress disorder (PTSD). Six male Vietnam combat veterans diagnosed with PTSD and their cohabitating marital partners participated in 10 weeks of SAT treatment. Self-report, clinician-ratings, and partner-ratings of PTSD symptoms were obtained before the first session and after the tenth session of treatment. Veterans reported statistically significant reductions in self-reported, clinician-rated, and partner-rated effortful avoidance, emotional numbing, and overall PTSD severity. Findings from an ongoing study using a revised 12-session SAT manual with veterans from Operation Iraqi Freedom (OIF) and their marital partners will also be presented. These data indicate that SAT offers promise as an effective treatment for PTSD emotional numbing and effortful avoidance.

PTSD in Active Duty Service Members: The Neuroscience of Combat Stress and Facilitating Access to Care (Abstract #179999)

Symposium (biomed)

Laurel C/D, 4th Floor

Aikins, Deane E., PhD¹; Morrissey, Paul M., MD, MAJ, MC²; Southwick, Steven M., MD³; Johnson, D. Christian, PhD³

¹Psychiatry, Yale University, Glastonbury, Connecticut, USA

²USA MEDDAC, Fort Drum, Copenhagen, New York, USA

³Psychiatry, Yale University, West Haven, Connecticut, USA

In this presentation, we look at the distinctive brain and behavior profiles between soldiers with PTSD and those that are resilient with similar amounts of combat exposure. We also illustrate ways to reduce the barriers to care that a significant portion of active duty soldiers face today.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

The Neuroscience of Combat Stress: Emotion Regulation in PTSD and Combat Resilient Active Duty Servicemen

Clinical models of Posttraumatic Stress Disorder (PTSD) indicate a variety of neuro-cognitive deficits or performance biases that may be widely assumed under a theoretical model of emotion regulation (e.g., the ability to correctly encode and make appropriate use of intense emotional experiences). Further, there have been few investigations into the possible role emotion regulation may play in Service Members who are considered Combat resilient, that is, those individuals who have been equally exposed to combat stress yet did not develop PTSD. In a pilot study, we collected functional neuroimaging and behavioral data in a series of cognitive paradigms from Active Duty Infantrymen who were either a) deployed to Iraq and developed PTSD (n = 14); b) deployed to Iraq and were Combat Resilient (n=14), or; c) not yet deployed to Iraq and were psychiatric diagnosis free (n=15). We found distinct brain and behavior profiles between these groups, particularly in the information-processing of pleasant affective stimuli. These data are also compared to those from Vietnam-era Veterans, so as to hypothesize the additional risks of emotion dysregulation due to chronic PTSD and comorbid depression.

Caring for Soldiers after Deployment to Iraq: Overcoming Barriers to Effective Behavioral Health Care

U.S. military service members face substantial barriers to care, commonly due to beliefs that seeking help would mean weakness or harm their career. To date no program has been shown to improve access to care. In this study, we developed a program that normalizes the view of combat stress reactions, emphasizes leadership support, facilitates access to treatment, and provides one-on-one Soldier-Clinician screening interviews. 911 Soldiers at Fort Drum, NY, returned from deployment and reacclimated to life at home while receiving education about combat stress and available treatment options. After ninety days, soldiers completed a comprehensive mental health screening instrument. Clinicians met with every Soldier, irrespective of screening results, and encouraged symptomatic Soldiers to accept care. As a result of the clinician interview, the number of Soldiers with a PCL > 44 requesting help increased by 97 percent, those with violent thoughts by 74 percent, and those with alcohol concerns, 239 percent. Service-wide referral rates for symptomatic Soldiers range from 15-22 percent, compared to 100 percent at Fort Drum as a result of this program. This study demonstrates that Soldiers will request and accept behavioral health treatment when barriers are decreased, and a one-on-one interview is a critical element in an effective behavioral health outreach.

Identifying and Caring for Recent Trauma Survivors Who are at Risk for Posttraumatic Disorder (Abstract #179916)

Symposium (prev)

Harborside E, 4th Floor

Carlson, Eve, PhD; Ruzek, Josef, PhD; Field, Nigel, PhD²; Spain, David, MD³; Shalev, Arieh, MD⁴; Israeli-Shalev, Yossi, BSc⁵; Adessky, Rhonda, PhD⁵; Freedman, Sara, PhD⁵; Members of Jerusalem PTSD Prevention Project⁵; Bisson, Jonathan, MD⁶

¹VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California, USA

²Pacific Graduate School of Psychology, Palo Alto, California, USA

³Surgery & Critical Care, Stanford University School of Medicine, Stanford, California, USA

⁴Department of Psychiatry, Center for Traumatic Stress, Jerusalem, Israel

⁵Hadassah University Hospital, Jerusalem, Israel

⁶Department of Psychological Medicine, Cardiff University, Cardiff Wales, United Kingdom

Identifying recent trauma survivors who are at risk for posttraumatic mental disorder and providing care for them is challenging. A number of new approaches to this appear promising. Clinical researchers from three countries will present prospective studies of recent trauma survivors and discuss programs for engaging at-risk survivors in treatment.

Predicting PTSD from Short Telephone and Long Clinical Interviews

Traumatic events evoke early PTSD symptoms in many survivors, most of whom recover with time. Preventive interventions, however, are more efficient when applied shortly after exposure. Identifying survivors at higher risk, therefore, is a necessary step towards providing efficient care, and effectively allocating often-scarce treatment resources. Constraints on effective risk identification include (a) its proper timing (i.e., how soon after trauma) and (b) their cost-effectiveness ratio (i.e., the balance between resources allocated to each case and the likelihood of accurate prediction). We will compare two types of screening interviews: a telephone interview, by trained lay interviewers, within days of exposure (n>2000), and a structured clinical interview, by experienced clinicians, up to three weeks later (n>800). It also describes the yield of specific predictors, such as, (a) interviewers' decision that there had been no traumatic exposure, (b) interviewers' assessment of the intensity of PTSD, depression, and global distress and (c) interviewees' own assessment of the severity of their condition. The clinical interviews misidentified a negligible proportion of subjects at risk. Different predictors had different yields, with those of global assessments matching strict symptom criteria. These results have implications for case identification in mass-casualty disasters.

Predicting Posttraumatic Outcomes in Recent Trauma Survivors Using Two Data Collection Methods

Prospective, longitudinal studies of recent trauma survivors can help identify survivors who are at risk for posttraumatic psychological problems. In an ongoing study of injured hospital trauma patients and family members of injured patients, written measures of pre-trauma (family history, past traumatic stress, psychopathology, recent stress), time of trauma (subjective stressor severity), and early posttrauma variables (PTSD, depression, dissociation, and PT cognitions) were assessed 2-10 days after admission and used to predict posttraumatic symptoms at two months post-trauma. These measures were able to account for 50 percent of the variance in two-month PTSD symptoms. In a logistic regression analysis to predict two-month PTSD status (high or low), the measures yielded a sensitivity of .78 and a negative predictive value (NPV) of .91. In addition, Ecological Proximal Assessment patterns of thoughts, feelings, and symptoms (assessed by handheld computers four times daily for one week) were used to predict two-month outcomes. When intercept values for lines of best fit for each participant's total negative mood at two weeks post-event were used to predict two-month PTSD status, they yielded a sensitivity of .89 and an NPV of .93. While both methods predict fairly well, the two have different practical advantages and disadvantages.

Implementation of a Programme to Detect and Treat Survivors of Assaults with PTSD in Primary Care

Despite having demonstrated an ability to detect survivors of assault with a high probability of developing posttraumatic stress disorder following assaults in Cardiff, it has been difficult to engage them in treatment. Systematic attempts to make contact with Emergency Unit attendees did not result in many individuals engaging in treatment. Therefore an alternative approach has been developed in which the traumatic stress service proactively liaises with primary care professionals with the aim of raising awareness and improving rates of detection. Two primary care practices and Victim Support, a voluntary organisation, have been targeted to receive education about early traumatic stress reactions and how to detect people who may be suffering problematic responses. In addition, ongoing liaison is provided and rapid access to a trained therapist. Leaflets with the Trauma Screening Questionnaire as an insert and posters have been distributed to encourage self-detection and increased presentation. The preliminary results of this work will be presented.

Saturday: 9:30 a.m. - 10:45 a.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

New Insights into Peritraumatic Dissociation and the Prediction of Posttraumatic Stress Disorder

(Abstract #179933)

Symposium (clin res)

Kent A/B/C, 4th Floor

Sijbrandij, Marit, PhD¹; Wittmann, Lutz, MA²; Delahanty, Doug, PhD³; Brunet, Alain, PhD⁴; Olff, Miranda, PhD⁵; Opmeer, Brent, PhD⁶; Carlier, Ingrid, PhD⁶; Gersons, Berthold, PhD, MD⁷; Moergeli, Hanspeter, PhD⁷; Schnyder, Ulrich, PhD, MD⁸

¹Psychiatry, Academic Medical Center, Amsterdam, Netherlands

²Psychiatric Department, University Hospital Zurich, Zurich, Switzerland

³Kent State University, Kent, Ohio, USA

⁴McGill University, Verdun, Quebec, Canada

⁵Clinical Epidemiology and Biostatistics, Academisch Medisch Centrum Amsterdam, Netherlands

⁶Center of Work Related Mental Disorders, Altrecht Mental Health Care, Netherlands

⁷Psychiatric Department, University Hospital, Zurich, Switzerland

⁸University Hospital Zurich, Zurich, Switzerland

Peritraumatic dissociation has shown to be associated with the subsequent development of posttraumatic stress disorder (PTSD). However, studies disagree with respect to the uniqueness of peritraumatic dissociation as a predictor. In this symposium, recent studies on the role of peritraumatic dissociation in the prediction of PTSD will be presented.

Low Predictive Power of Peritraumatic Dissociation for PTSD in Accident Survivors

Identification of acute stress symptoms that allow for a reliable prediction of further adverse developments is clinically highly relevant. Especially the usefulness of peritraumatic dissociative symptoms has been a matter of controversial discussion, as methodological differences rendered generalization of results difficult. To give valid answers in a more general way it seems necessary to apply prospective designs on large homogeneous samples. We assessed 214 accident victims admitted consecutively to a trauma ward, measuring peritraumatic dissociation (PDEQ) and symptoms of reexperiencing, avoiding and hyperarousal (CAPS). At six months, the CAPS was applied again and posttraumatic stress symptom severity was predicted by the former measures, controlling for traumatic brain injury pre-existing psychiatric disorders (Prime-MD), and psychiatric disorders (sequential multiple regression analysis). Incidence of ASD was 3.3 percent, with an additional 14.0 percent of patients suffering from subsyndromal ASD. 3.3 percent developed PTSD (11.7 percent subsyndromal). Only reexperiencing and hyperarousal predicted the PTSD symptom level six month post-accident. In a homogeneous sample of accident victims with a low incidence of ASD, peritraumatic dissociation is not a marker of an elevated risk for developing PTSD symptoms. This result is discussed in the context of comparable studies by other research groups.

Hormonal Correlates and Predictive Ability of Peritraumatic Dissociation

Identification of acute stress symptoms that allow for a reliable prediction of further adverse developments is clinically highly relevant. Especially the usefulness of peritraumatic dissociation has been a matter of controversial discussion, as methodological differences rendered generalization of results difficult. To give valid answers in a more general way it seems necessary to apply prospective designs on large homogeneous samples. We assessed 214 accident victims admitted consecutively to a trauma ward, measuring peritraumatic dissociation (PDEQ) and symptoms of reexperiencing, avoiding and hyperarousal (CAPS). At six months follow-up, the CAPS was applied again and posttraumatic stress symptom severity was predicted by the former measures, controlling for traumatic brain injury pre-existing psychiatric disorders (Prime-MD), and psychiatric disorders (sequential multiple regression analysis). Incidence of ASD was 3.3 percent, with an additional 14.0 percent of patients suffering from subsyndromal ASD. 3.3 percent developed PTSD (11.7 percent subsyndromal). Only reexperiencing and hyperarousal predicted the PTSD symptom level six month post-accident. In a homogeneous

sample of accident victims with a low incidence of ASD, peritraumatic dissociation is not a marker of an elevated risk for developing PTSD symptoms. This result is discussed in the context of comparable studies by other research groups.

Are There Two Types of Peritraumatic Dissociation?

Peritraumatic dissociation involves dissociative phenomena during or immediately after a traumatic experience. Peritraumatic dissociation is usually measured with the Peritraumatic Dissociative Experiences Questionnaire (PDEQ). Based on factor analytic research it has been proposed that general dissociation consists of two forms: depersonalization/ derealization and amnesia. It is yet unclear whether this two-factor structure applies for peritraumatic dissociation as well. The objective of the current study was to explore the underlying factor structure of the Dutch version of the PDEQ using a confirmatory factor analytic approach. The PDEQ was administered in three independent research samples of recently traumatized participants: a low-symptomatic sample of traumatized police officers (N=219), a partial symptomatic sample of civilian trauma survivors (N=227) and a symptomatic sample of civilian trauma survivors with acute posttraumatic stress disorder (PTSD) (N=137). The results support a second order two factor model for the PDEQ in all three samples. The two derived subscales were labelled "distorted perception" and "confusion". Both subscales proved to be related to the development of subsequent symptoms of PTSD. During the presentation, these findings will be discussed in relation to current views on the role of peritraumatic dissociation in the prediction of PTSD.

Combat Trauma, Ethnicity, Family Functioning, and Spirituality: Their Impact on Postwar Outcomes

(Abstract #179869)

Symposium (assess)

Laurel A/B, 4th Floor

Engdahl, Brian, PhD¹; Harris, Jeanette Irene, PhD²; Westermeier, Joseph, MD, MPH, PhD, MA²; Erbes, Christopher, PhD³; Ogden, Henry, PsyD⁴; Eberly, Raina, PhD⁴; Winskowski, Ann Marie, BA⁴; Olson, Ray, MPH⁴; Freerks, Melesa, BA⁴; Sutherland, R. John, MA⁴; Brinker, Michael, MA⁴; Thuras, Paul, PhD⁴; Canive, Jose M., MD⁵

¹Psychology Section (116B), U.S. Department of Veterans Affairs Medical Center, Minneapolis, Minnesota, USA

²Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

³Minneapolis VA Medical Center, Burnsville, Minnesota, USA

⁴University of Minnesota, Saint Paul, Minnesota, USA

⁵Albuquerque VAMC, University of New Mexico, Albuquerque, New Mexico, USA

We examined spirituality, family functioning, PTSD severity, and posttraumatic growth over time in predominately Caucasian community samples of US veterans. Mental health service utilization and insomnia were assessed. To broaden our understanding, we also focused on Native American and Hispanic veterans.

Severity of Combat-Related vs. Non-Combat-Related PTSD among American Indian and Hispanic Veterans

Purpose: To compare severity of combat-related PTSD vs. non-combat-related PTSD in a group known to have high rates of combat-related PTSD.

Method: Two hundred fifty-five male American Indian and Hispanic veterans with lifetime PTSD in communities in two regions of the US were surveyed. PTSD severity, remission from lifetime PTSD, lifetime severity of alcohol-drug related problems, and mental health treatment history were assessed.

Findings: Revealed that veterans with combat-related PTSD had more severe posttraumatic symptoms, were less apt to have remitted from PTSD during the last year, and - contrary to expectation - were less apt to have sought mental health treatment since military duty. Unlike previous reports based on clinical samples, substance use disorder was not associated with more severe PTSD in either of these community samples.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Conclusions: Combat-related PTSD was more severe, as compared with non-combat-related PTSD, in this group, on two out of five measures. A low rate of mental health treatment since military duty may have contributed to increased symptoms and a lower remission rate.

Religious Practices Relationships with Trauma Symptoms in Combat Veterans

Purpose: We sought to identify helpful vs.harmful religious behaviors among combat veterans. Hypotheses: a) "Seeking Spiritual Support" and "Religious Strain" would emerge as higher order dimensions of religiosity b) Seeking Spiritual Support would predict fewer trauma symptoms, while Religious Strain would predict more symptoms.

Method: US Iraq War veterans (N=100) completed trauma symptom and religious variable measures. A principal components analysis identified two religious dimensions, and regression analyses used them to predict trauma symptoms, controlling for trauma exposure and social support.

Findings: Factor 1, "Seeking Spiritual Support" included positive religious coping, prayer functions, and religious comfort. Factor 2, "Religious Strain" included negative religious coping, religious fear and guilt, alienation from G-d, religious rifts with others, and low religious comfort levels. Factor 1 did not predict trauma symptoms. Factor 2 predicted higher symptom levels.

Conclusions: Religious strains, such as feeling abandoned or threatened by G-d, guilt, alienation from G-d, and religious rifts with others, are associated with higher trauma symptom levels among US Iraq War veterans. Symptoms associated with religious strain include anxiety, depression, anger/irritability, intrusive experiences, avoidance, dissociation, impaired self-reference and acting-out behavior.

Family Functioning and Posttraumatic Outcomes in Iraq War Returnees Over Time

Purpose: Past research has demonstrated a link cross-sectionally between post-trauma distress (e.g., PTSD) and impaired family functioning. This study will examine family functioning as a protective factor that may predict improved outcome and functioning (including posttraumatic growth; PTG) over time in combat soldiers.

Methods: OIF/OEF veterans enrolling for medical care are being assessed within six months of their return from deployment and again 1 year later. Veterans complete measures of PTSD, depression, alcohol abuse, PTG, and family functioning. Data collection is ongoing. As of this submission, 230 veterans have provided Time 1 data and 103 have provided Time 2 data.

Findings: 13 percent of the sample screen positive for PTSD using the PCL. Preliminary cross-sectional analyses show veterans screening positive for PTSD report poorer family functioning in the areas of Family Roles and Affective Involvement. Analyses will examine the role of family functioning in predicting change in PTSD, PTG and other mental health functioning over time.

Conclusions: Family functioning is an important correlate of post-traumatic outcomes that may have implications for improving or deteriorating functioning in returning veterans over time.

PTSD and Insomnia: Actigraphic Findings

Purpose: To compare an objective measure of sleep (actigraphy) with posttraumatic and/or depressive symptoms among veterans with lifetime PTSD and current insomnia.

Method: Veteran's (N=26) mean sleep time and number of awakenings (from 1-to-two weeks of actigraphy) were compared with the Beck Depression Inventory, the Posttraumatic Checklist (PCL), and the Clinical Assessment of Posttraumatic Symptoms (CAPS), along with demographic characteristics. Two self-rated sleep measures, the Epworth and the Pittsburgh Sleep Quality, were also compared with actigraphy. The cut-off was $p < .05$.

Findings: Longer sleep time was associated with Pittsburgh Sleep Quality ($p = .02$). Increased number of awakenings was associated with lower age ($p = .02$). Increased variability in length of sleep (as measured by the standard deviation of sleep duration over time) was directly associated with being unemployed ($p = .006$). Increased variability in awakenings from night to night was associated with younger age ($p = .002$). None of the actigraphic scores were associated with self-rated posttraumatic or depressive symptoms.

Conclusions: Participants had fewer sleep symptoms with older age. Self-rated sleep quality was related to duration of sleep, but not awakenings-consistent with our earlier finding of amnesia regarding sleep awakenings. PTSD and depressive symptoms showed no correlations with actigraphy.

Imagery-Based CBT for Victims of Trauma: An Algorithmic Approach (Abstract #179581)

Workshop (clin res) Grand Ballroom VII and VIII, 3rd Floor

Smucker, Mervin, PhD¹; Weis, Jo, PhD¹

Psychiatry, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

The use of imagery as a primary therapeutic agent in fostering cognitive and emotional processing of traumatic material is being employed by a growing number of CBT clinicians. Because trauma memories and their meanings are often encoded as situationally accessible memories (SAMS) in the form of vivid images and sensations embedded in distressing traumatic imagery - rather than as verbally accessible memories (VAMS), they may be inaccessible through linguistic retrieval alone. Consistent with Beck's cognitive therapy model, distressing images are viewed as cognitions to be activated, challenged, and modified, along with their meanings. The application of imagery rescripting (which comprises elements of exposure, trauma-processing, and stabilization) will be demonstrated as a means of transforming SAM memories into VAM memories, facilitating emotional self-regulation, and modifying maladaptive traumagenic schemas.

Using Telemental Health for PTSD Care in Rural Populations: Best Practices and Practical Skills (Abstract #180057)

Workshop (culture) Waterview A/B, Lobby Level

Greene, Carolyn J., PhD¹; Morland, Leslie A., PsyD²; Strom, Thad, PhD¹

¹VA National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA

²Research and Education, VA, National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA

Many individuals in need of PTSD care live in rural, geographically remote regions with limited access to mental health services. Because people with chronic PTSD use self-isolation to reduce stimulation and interpersonal conflict, they often settle in remote areas. Also, individuals newly traumatized by natural disasters are frequently in rural locations. Telemental health has surfaced as a way to improve access to PTSD care for these populations. Organizations from the Dept. of Veterans Affairs and Dept. of Defense to small NGOs want to provide PTSD assessment, treatment, and consultation services using telemental health. However, many clinicians feel unprepared to do so and want to increase their competency with the modality.

The purpose of this workshop is to provide clinicians with best practice guidelines and practical skills to provide effective, culturally sensitive telemental health services using video-teleconferencing (VTC). This workshop addresses: appropriate interventions and patients; patient satisfaction; room conditions; technical requirements; verbal and non-verbal communication; research findings; and legal, ethical, and regulatory concerns. Presenters share their "lessons learned" from years of clinical and research experience providing PTSD services via VTC. Participants receive a toolkit with reference and patient education materials.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Concurrent Session 12

Saturday, November 17

11:00 a.m. - 12:15 p.m.

Bearing Witness as Prevention: Addressing Organizational and Institutionalized Violence and Denial of Trauma (Abstract #184301)

Panel (culture) Grand Ballroom VI, 3rd Floor

Shapiro, Bruce, AB¹; Doyle, Thomas P., JCD, CADC²; Lombardi, Kristin³; Zwerdling, Daniel⁴

¹Dart Center for Journalism and Trauma, University of Washington, Seattle, Washington, USA

²Private Practice, Vienna, Virginia, USA

³Center for Public Integrity, Washington, District of Columbia, USA

⁴National Public Radio, Washington, District of Columbia, USA

The purpose of this presentation is to discuss public advocacy, investigation and storytelling concerning trauma victims as a strategy both for redressing past injury and prevention. In particular this session will consider how public understanding of violence and traumatic victimization and their long-term impact on survivors can be changed, through exposure of institutional patterns of abuse; elevation of survivors' voices in the media; and public storytelling as a vehicle for the framing of traumatic experiences, accountability and the encouraging prevention-oriented reform. Following introductory comments by the chair, Father Tom Doyle will discuss the role of public advocacy on behalf of sexual abuse survivors in the Catholic church. Journalist Kristin Lombardi, whose investigative reporting in Boston revealed the Boston Archdiocese's implication in suppressing complaints and accusations of abuse, will comment and will also discuss the impact of journalism in New York City in exposing the neglect of traumatized rescue and recovery workers from the September 11, 2001 attack. Daniel Zwerdling of National Public Radio will discuss the role of journalists in framing public understanding of the mental health issues facing returning Iraq War veterans.

Sexual Assault During Military Service: Preventing the Trauma and its Mental Health Consequences (Abstract #179943)

Panel (prev) Harborside E, 4th Floor

Street, Amy, PhD¹; McCutcheon, Susan, RN, EdD²; Scalzo, Teresa, JD³; Whitley, Kaye, EdD³

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

²Office of Mental Health Services, Department of Veterans Affairs, Washington, District of Columbia, USA

³Sexual Assault Prevention and Response Office, Department of Defense, Arlington, Virginia, USA

In recent years, concerns about the handling of sexual assaults experienced by members of the U.S. military have received considerable attention from researchers, policymakers and the media. Given the complexity of the problem, efforts to prevent and respond to military sexual assault require multidisciplinary efforts across multiple governmental agencies. In this panel, representatives from the Department of Defense's (DoD) Sexual Assault Prevention and Response Office and the Department of Veterans Affairs (DVA) Office of Mental Health Services' Military Sexual Trauma Support Team will address DoD's and DVA's primary, secondary and tertiary sexual assault prevention efforts. Primary prevention efforts include creating a "culture of prevention" within DoD. Secondary prevention efforts include increased sexual assault reporting options for victims, increased availability of post-assault victim advocates, universal screening to promote early detection within DVA, and public laws mandating free care designed to increase victims' access to mental health care. Tertiary prevention efforts focus on training healthcare providers in evidence-based mental health care for the treatment of PTSD associated with sexual assault. Panel members will discuss the challenges inherent to these prevention efforts and review relevant program evaluation data.

Mindfulness and Trauma: Conceptual and Ethical Issues (Abstract #179559)

Panel (clin res) Waterview A/B, Lobby Level

Dutton, Mary Ann, PhD¹; Walser, Robyn, PhD²; Luterek, Jane A., PhD³; Magyari, Trish, MS⁴

¹Georgetown University, Washington, District of Columbia, USA

²National Center for PTSD, Menlo Park, California, USA

³United States Department of Veterans Affairs, Seattle, Washington, USA

⁴John Hopkins University - Bloomberg School of Public Health, Baltimore, Maryland, USA

The focus of the panel discussion, "Mindfulness and Trauma: Conceptual and Ethical Issues," is to: 1) consider the theoretical "fit" of mindfulness-based interventions (MBSR, ACT, MBCT) for PTSD and 2) examine safety and practical issues when individuals with trauma history/PTSD participate in mindfulness-based interventions, regardless of whether they are intended as PTSD treatments. Several issues will be discussed: 1) role of mindfulness interventions for addressing posttraumatic symptoms, especially avoidance and numbing, hallmark symptoms of PTSD, 2) effectiveness of mindfulness-based approaches for comorbid physical and mental health problems, 3) stigma of mindfulness vs. traditional mental health interventions, 4) flexibility of mindfulness practice for different trauma populations, 5) acceptability of mindfulness practice across diverse populations, 6) the role of self-management, and 6) cost issues. Nevertheless, little attention has been given to issues of safety and acceptability for individuals with trauma-related disorders (e.g., PTSD, DD). Risks for individuals with PTSD may include the potential to emotionally destabilize and the potential for confusion inherent in participating in mindfulness-based and other concurrent interventions. Participants experienced in different mindfulness-based intervention perspectives (MBSR, ACT) will participate in the panel.

The Kerr Haslam Inquiry — Lessons for Our Practice (Abstract #178472)

Panel (prev) Grand Ballroom IX and X, 3rd Floor

Daly, Oscar, MB, FRCPsych¹; Gersons, Berthold, MD, PhD²; McFarlane, Alexander C., MB, BS. (Hons), MD, Dip. Psychother., FRANZCP³; Van der Kolk, Bessel, MD⁴

¹Dept of Psychiatry, Lisburn, Northern Ireland, United Kingdom

²AMC UVA Dept of Psychiatry, Amsterdam, Netherlands

³The Centre of Military and Veterans' Health, Adelaide, South Australia, Australia

⁴Boston University School of Medicine, Brookline, Massachusetts, USA

The Kerr Haslam Inquiry, reporting in July 2005, detailed how over a period of two decades, two British male psychiatrists working from the same hospital sexually abused many female patients. This was a story of management failure, failed communication, poor record keeping and a culture where the consultant psychiatrist was all powerful. Studies suggest a fairly constant figure of 3 percent to 6 percent of doctors who have engaged in intimate sexual contact with patients where there is no indication of actual assault. The Inquiry panel made over 70 recommendations. Many of these were to the government's Department of Health. Recommendations regarding governance included guidance that there should be clear evidence base and protocols for the full range of physical, psychological and complimentary therapies used. Junior health professionals should be given instruction about safe practice from the beginning of their careers with clarification about boundary setting, the concepts of transference and counter transference and the positive obligation each professional has to inform senior staff of suspicions regarding possible abuse of patients. This symposium will examine some of the many issues raised by the Kerr Haslam Inquiry with contributions by practitioners from Australia, Europe and the United States who have different therapeutic orientations.

Saturday: 11:00 a.m. - 12:15 p.m.



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Prevention Efforts for Personnel Returning from Iraq and Afghanistan with Combat Stress Reactions

(Abstract #179687)

Symposium (prev)

Dover A/B/C, 3rd Floor

Wahlberg, Lawrence, PhD¹; Ireland, Robert, MD²; Lehmann, Larry, MD³; Watson, Patricia, PhD⁴; Dausch, Barbara, PhD¹

¹Department of Veterans Affairs, Denver, Colorado, USA

²Office of the Assistant Secretary of Defense, Falls Church, Virginia, USA

³Department of Veterans Affairs, Washington, District of Columbia, USA

⁴National Center for PTSD, Waikoloa, Hawaii, USA

The Department of Defense and Department of Veterans Affairs have implemented programs to promote recovery among personnel with combat stress responses from the wars in Iraq and Afghanistan. This symposium examines secondary and tertiary prevention efforts designed to enhance psychological resilience and reduce the severity of stress disorders.

VA Initiatives Meeting Mental Health Needs of Returning Veterans

Beginning with the earthquakes and hurricanes of the late 1980s and the Persian Gulf War, Department of Veterans Affairs (VA) mental health clinicians began to shift their attention from managing chronic PTSD to addressing acute stress reactions, developing close relationships with colleagues in the Department of Defense (DoD). The results are better understanding of acute stress responses including, but not limited to PTSD, a focus on resilience and recovery as the most likely outcomes of stress exposure, and on rehabilitation. This approach optimizes strengths and minimizes deficits in the management of stress disorders. Evidence-based practices in psychotherapy and pharmacotherapy of stress disorders have been developed as well. This presentation describes initiatives taken by VA, in collaboration with partners such as DoD, which ensure a seamless transition for veterans from DoD to VA's comprehensive array of clinical services for helping veterans and their families cope with war stress responses. Data from newly formed mental health Returning Veterans Outreach Education and Care programs will be presented, along with a discussion of the interface between behavior problems, traumatic brain injury and multiple physical injuries, which have become common in the Iraq and Afghanistan conflicts.

Developing New Guidelines for Marine Corps Combat Stress Control

The last decade has seen numerous advances in early intervention for trauma. The Marine Corps and Navy have recently made efforts to include those advances in their combat stress control program, for Marines deployed in combat situations. This presentation will describe the modifications to that curriculum, including the evidence-informed principles of establishing safety, calming, connectedness, self-efficacy, and hope, as well as psychological first aid interventions, which are based on these principles. The presentation will include a discussion of the challenges of implementing early intervention in the midst of ongoing threat, multiple adversities, and loss, in a system that has been focused on operational readiness rather than mental health.

A Family-Focused Approach for Personnel Returning from Iraq and Afghanistan

Family-Focused Therapy (FFT; Miklowitz & Goldstein, 1997) was adapted as part of a larger secondary and tertiary prevention program to address combat-related stress reactions among personnel returning from Iraq and Afghanistan. Acknowledging the vital supportive role of families following traumatic exposure, FFT is a family-based approach that includes psychoeducation about trauma responses and PTSD, communication skills training, anger management, and problem-solving strategies for individual and relational problems. This structured family treatment addresses the more concrete and specific issues associated with life disruption after trauma. This presentation will describe the adaptation of FFT for

use with returning veterans and active duty soldiers. A case illustration will be provided. Preliminary pre and post treatment assessments will be presented regarding symptoms, quality of life, individual and marital functioning, drug and alcohol use and other recovery measures in veterans and family members. Directions for future research will be discussed.

Innovations in Evidence-Based Early Intervention for Trauma (Abstract #179631)

Symposium (clin res)

Grand Ballroom I and II, 3rd Floor

Litz, Brett, PhD¹; Marmar, Charles, MD²; Shalev, Arieh, MD³; Bryant, Richard, PhD⁴; Friedman, Matthew, MD⁵

¹Boston University School of Medicine, National Center for PTSD - Boston VAMC, Jamaica Plain, Massachusetts, USA

²University of California, San Francisco, California, USA

³Department of Psychiatry, Hadassah University Hospital, Jerusalem, Israel

⁴University of New South Wales, Sydney, New South Wales, Australia

⁵National Center for PTSD, White River Junction, Vermont, USA

Early intervention to prevent chronic PTSD is a critical public health mandate. The goal of this symposium is to provide an overview of state-of-the-art innovations in early interventions. Newly completed clinical trials will be presented. The symposium is designed to inform the field of new findings that can inform practice.

A Randomized Controlled Pilot Trial of an Internet-based Self-management Cognitive-Behavioral Therapy (SM-CBT) versus Internet-based Supportive Counseling (SC)

We will report an 8-week, randomized controlled pilot trial of a new therapist-assisted Internet-based self-management cognitive-behavioral therapy (SM-CBT) versus Internet-based supportive counseling (SC) for posttraumatic stress disorder (PTSD). Service members with PTSD from the attack on the Pentagon on 9-11 or the Iraq War were randomly assigned to SM-CBT (N=24) versus SC (N=21). Drop-out rate was similar to regular CBT (30 percent) and unrelated to treatment arm. In the intent-to-treat (ITT) sample, SM-CBT led to sharper declines in daily logon ratings of PTSD symptoms and global depression. In the completer group, SM-CBT led to greater reductions in PTSD, ($d=.95$), depression ($d=1.0$), and anxiety ($d=1.0$) scores at 6-months. One-third of those who completed SM-CBT achieved high-end state functioning at six months ($\sigma=.45$; one-quarter of the ITT sample). SM-CBT may be a way of delivering effective treatment to large numbers with unmet needs and barriers to care.

A Randomized Controlled Study of the Efficacy of Prolonged Exposure, Cognitive Therapy and an SSRI in the Prevention of PTSD

PTSD is a pervasive disorder. Survivors who express PTSD symptoms for more than six months show little subsequent recovery. The efficacy of several psychological interventions has been evaluated by previous studies, but that of SSRIs has not, and there is currently no comparative study of early interventions. We will present the results of a randomized controlled study comparing between 12 weekly sessions of prolonged exposure (PE) and cognitive therapy (CT) and two weeks of treatment with SSRI (SSRI), placebo pills and waitlist control (WL). Preliminary results have shown that PE and CT are better than WL control in preventing PTSD at four, seven and fourteen months. This presentation will report the study's final four and seven months results. The length of treatment required to achieve full remission (i.e., meeting no PTSD symptom criterion) will be discussed, as well as various symptom trajectories of survivors in the WL, and among those who declined early treatment.

Saturday: 11:00 a.m. - 12:15 p.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Does Anxiolytic Behavioral Treatment in the First Hours After Exposure Reduce the Risk for PTSD?

Peritraumatic panic reactions are believed to result in greater fear conditioning and memory consolidation, factors that favor the development of PTSD. Behavioral and pharmacological interventions, administered in the first hours following exposure, hold promise for preventing PTSD. We will present preliminary results of a randomized controlled trial of a brief Anxiety Reduction Treatment for Acute Trauma (ARTAT) with adults presenting to the Emergency Department (ED) of the San Francisco General Hospital with elevated heart rates and anxiety following an accident or assault. ARTAT is a 75 minute single-session CBT intervention designed for use in emergency settings. ARTAT aims to reduce immediate anxiety symptoms through education and anxiety management skills, without trauma processing. It is predicted that those receiving ARTAT, compared with controls, will have lower levels of anxiety on discharge from the ED and lower levels of PTSD symptoms at follow-up.

Prolonged Exposure versus Cognitive Therapy in Treating ASD

Although initial cognitive behaviour therapy studies of acute stress disorder (ASD) indicate considerable success in preventing PTSD, significant proportions of trauma drop out of CBT. Recent commentaries have questioned the use of exposure because many therapists and clients do not utilize exposure therapy. This study conducted a randomized controlled trial of exposure and cognitive therapy for ASD. In this study, civilian survivors of nonsexual assault or motor vehicle accidents who met criteria for ASD (N = 106) were randomly allocated to either prolonged exposure (PE), cognitive therapy (CT), or wait-list (WL). PE involved education, prolonged imaginal exposure, in vivo exposure, and relapse prevention. CT involved education, cognitive therapy, and relapse prevention. Each participant was provided with 5 x 1.5 hour sessions administered on an individual basis. Independent assessments were conducted post-treatment and six-months follow-up. Both treatment completer and intent-to-treat analyses indicated that PE resulted in better treatment outcomes than CT, which in turn performed better than WL. These findings are discussed in terms of optimal approaches to treating ASD.

War-affected Women and Girls in Three African Conflicts-Wives, Mothers, Soldiers (Abstract #179691)

Symposium (intl) Grand Ballroom III and IV, 3rd Floor

Annan, Jeannie, BA¹; Betancourt, Theresa, PhD²; Rasmussen, Andrew, PhD³; Leanh, Nguyen, PhD³; Wilkenson, John, MA³; Borisova, Ivelina, MA⁴; Akinsulure-Smith, Adeyinka, PhD³

¹New York University, New York, New York, USA

²Department of Population and International Health/ François-Xavier Bagnoud Center for Health and Human Rights Harv, Harvard School of Public Health, Boston, Massachusetts, USA

³Bellevue/NYU Program for Survivors of Torture, New York University, New York, New York, USA

⁴Harvard University, Watertown, Massachusetts, USA

This symposium presents psychosocial outcomes particular to women and girls from three African war-affected populations: Darfuri refugees in Chad, and former child soldiers in both Sierra Leone and northern Uganda. Factors that moderate the impact of violence on psychological distress will be presented and specific gender issues will be addressed.

Trauma History and Daily Stress among Darfuri Women in Refugee Camps

Aid workers in refugee camps often note that trauma history is only one source of psychological distress for refugees, and that women face the double burden of caretaking in a resource-poor environment and sequelae of sexual violence. The humanitarian crisis in Darfur has produced over 230,000 refugees now living in neighboring Chad, and many of the approximately 125,000 women in these

camp are survivors of sexual assault. In 2006, many camps were themselves threatened by the widening crisis, and refugees experienced periods in which foreign aid resources, already limited, became scarce. We will present preliminary findings from a 2007 random sample survey of approximately 2000 camp residents, including rates of specific trauma types and daily stressors by gender, and the moderating effect of daily stressors on trauma history as a predictor or psychological distress and functional impairment. Demographic and historical covariates particular to women in the region - e.g., the death of a husband, the number of husbands' other spouses - will be examined as potential moderating factors as well.

Reintegration of Former Child Soldiers in Sierra Leone: Risk & Protective Factors by Gender

This study examined community, family and child-level risk and protective factors in relationship to community reintegration and psychosocial adjustment of male and female former child soldiers in Sierra Leone. Prior research has indicated that family and community reunification may differ for male and female former abductees, and may be especially troublesome for girls because of sexual abuse, cultural beliefs/attitudes and educational/economic opportunities. This study set out to explore patterns of war-related exposure and adjustment difficulties by gender in order to better inform the intervention programs and policies that serve former child soldiers in Sierra Leone. Patterns of risk factors (exposure to violence, age, length with rebel forces, sexual violence, perceived stigma/discrimination) and protective factors (coping, family support, community acceptance, access to education) will be presented by gender. The data indicate that female former child soldiers in Sierra Leone suffer comparable rates of most violence exposures to males, but higher rates of sexual violence. Females show different patterns of coping behaviors, higher rates of perceived discrimination/stigma and lower rates of family acceptance as compared to males. The relative contributions of risk and protective factors in explaining emotional and behavioral problems will be discussed according to gender.

The Reintegration of Child Soldiers in Northern Uganda: A Gender Analysis

While the use of child soldiers is a tragic problem in many armed conflicts, there has been little systematic research in understanding the impact of soldiering or protective factors easing reintegration. This is especially true for females. The Lord's Resistance Army in northern Uganda has been abducting adolescent boys and girls as their main source of recruitment for more than a decade. This paper draws on a representative survey of 750 male and 600 female ex-combatants and non-combatants in this region to investigate gender differences in psychosocial adjustment. The focus will be an analysis of gender-specific psychosocial issues, including the long-term impact of sexual violence and the consequences of motherhood in the rebel group. Further, we will examine self-blame, family connectedness and social support as moderators of the impact of violence and soldiering on male and female youth. Program and policy implications will be discussed.

PTSD and an Internalizing/Externalizing Model of Posttraumatic Psychopathology (Abstract #179873)

Symposium (assess)

Laurel A/B, 4th Floor

Miller, Mark, PhD¹; Forbes, David, PhD²; Flood, Amanda, PhD³; Koenen, Karestan, PhD⁴; Resick, Patricia, PhD¹

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

²Australian Centre for Posttraumatic Mental Health, University of Melbourne, Melbourne, Victoria, Australia

³Duke University/Durham VAMC, Durham, North Carolina, USA

⁴Harvard School of Public Health, Boston, Massachusetts, USA

This symposium will feature new research related to an internalizing/externalizing model of PTSD comorbidity. Empirical support for



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this model of the structure of posttraumatic psychopathology will be reviewed along with evidence for its clinical and genetic correlates. Treatment and diagnostic classification implications will be discussed.

Introduction to the Internalizing/Externalizing Model of Posttraumatic Psychopathology

This presentation will review a series of studies related to a model of the structure of posttraumatic psychopathology which suggests that patterns of comorbidity and other clinical correlates of PTSD are organized by temperament-based propensities towards internalizing versus externalizing disorders. A theoretical framework for conceptualizing the structure and etiology of patterns of PTSD comorbidity and its links to temperament will be presented along with evidence to support the model. Implications for the conceptualization of the construct complex PTSD will be discussed along with recommendations for future treatment refinement and development.

The Latent Structure of Posttraumatic Stress Disorder: Fear, Anxious Misery and Implications for a Reformulation in DSM-V

This paper sought to determine whether PTSD is best conceptualized as being comprised of two latent factors of fear and anxious misery, and whether this conceptualization fits when modeled with latent fear, anxious misery and externalization factors underpinning anxiety, depressive disorders and substance use disorders. PTSD symptoms, anxiety, mood and substance disorder data from two samples were studied using confirmatory factor analyses. Sample 1 were 6104 respondents to the Australian National Survey and sample 2 were 1150 traumatic injury survivors interviewed 3-months following their hospital admission. Confirmatory factor analyses on both datasets supported the hypothesis that PTSD is best conceptualized as comprising two subfactors of PTSD fear and PTSD anxious misery, respectively aligned with the fear/ phobic disorders and anxious misery disorders. Comparisons of cross correlations indicated that the PTSD fear symptoms are more specific to the disorder. To improve specificity, consideration may be given to increased emphasis on PTSD fear symptoms in DSM-V. The findings also suggest that greater tailoring of interventions to the dominant PTSD syndrome type may enhance treatment efficacy.

Externalizing and Internalizing PTSD Subtypes and their Relationship to Mortality in PTSD Veterans

PTSD has been associated with increased risk of mortality and increased risk of death from a behavioral (versus a medical) cause of death in Vietnam veterans. PTSD is also a complex diagnosis, and previous studies have found that individuals may exhibit differential patterns of symptoms which may relate to health outcomes. This study's main goals were to attempt to replicate PTSD subtypes (i.e., externalizing and internalizing) found in previous data (Miller et al., 2003, 2004) and to examine how subtype membership may relate to mortality. Data from the Vietnam Experience Study and an outpatient clinic sample of Vietnam veterans with PTSD (n = 1173) were combined to address these research questions. Using a k-means cluster analysis, we replicated PTSD subtypes formerly found in the literature with participants assigned to the following groups: externalizers (n=317), internalizers (n=583), and low pathology (n=280). Overall, veterans with PTSD had an increased risk of mortality. At the subtype level, both externalizing and internalizing subtypes significantly predicted mortality, even when controlling for demographic variables. The value of considering possible PTSD subtypes is significant as it may contribute to identifying more specific targets for treatment and rehabilitation in veterans with PTSD.

Serotonin Transporter Genotype and Social Support Moderate

Posttraumatic stress disorder (PTSD) and major depression (MD) are highly comorbid phenotypes that characterize the internalizing subtype of post-trauma psychopathology. Twin studies suggest PTSD

and MD share a common genetic diathesis; the short (s) version of a common variable number of tandem repeats (VNTR) polymorphism in the promoter region of the serotonin transporter gene (SLC6A4), designated as 5-HTTLPR has been associated with both PTSD and MD. We tested the hypothesis that this polymorphism moderates risk of post-hurricane PTSD and MD given high hurricane exposure and low social support. We interviewed and collected DNA from a household probability sample of 589 adults 6-9 months after the 2004 Florida hurricanes. Outcome measures were DSM-IV diagnoses of post-hurricane PTSD and MD derived from structured interviews. We found the low expression variant of the 5-HTTLPR increased risk of post-hurricane PTSD and MD (OR=4.5), but only under the conditions of high hurricane exposure and low social support. Similar effects were found for MD. SCL6A4 genotype was not related to post-hurricane externalizing phenotypes such as substance abuse. Findings will be discussed in relation to Miller's theory of internalizing and externalizing subtypes of post-trauma psychopathology.

School-Based Mental Health Programs for Children Exposed to Trauma (Abstract #179621)

Symposium (child)

Laurel C/D, 4th Floor

Langley, Audra K., PhD; Van Den Brandt, James, MSSW²; Stephan, Sharon, PhD²; Green, Michael, MSW⁴; Rosen-McGill, Ellen, MSW²; Sullivan, Kathleen, MSW²; Pitchford, Jennifer, BA⁴; Stolle, Darrell, EdD⁵; Schuldberg, David, PhD⁵; van den Pol, Richard, PhD⁵; Morsette, Aaron, MA⁵; Jaycox, Lisa, PhD⁵; Wong, Marleen, PhD⁷

¹Dept. of Psychiatry and Biobehavioral Sciences, UCLA, Los Angeles, California, USA

²The Mental Health Center of Dane County, Inc., Madison, Wisconsin, USA

³University of Maryland at Baltimore, Baltimore, Maryland, USA

⁴University of Maryland School Mental Health Program, Baltimore, Maryland, USA

⁵University of Montana, Missoula, Montana, USA

⁶RAND Corporation, Arlington, Virginia, USA

⁷Los Angeles Unified School District, Los Angeles, California, USA

Since most traumatized children do not receive formal mental health care, researchers have looked to schools as a possible venue for delivering evidence-based interventions. In this symposium we describe cognitive-behavioral programs in the school setting for students with PTSD symptoms, and discuss implementation and effectiveness.

School-Based Trauma Treatment: CBITS in Wisconsin

The Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program is a cognitive and behavioral therapy group intervention for reducing children's PTSD and depression symptoms caused by exposure to violence. CBITS has three main goals: to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support. The Madison Metropolitan School District-in collaboration with the Adolescent Trauma Treatment Program of the Mental Health Center of Dane County-has been offering CBITS to its students since 2004. In that time nearly 2000 students have completed CBITS screening and about 200 students have completed the treatment. This presentation will provide an overview of strategies used to develop this successful collaboration, discuss lessons learned, and provide a summary of both quantitative and qualitative outcomes of the CBITS program in Wisconsin.

Implementation and Evaluation of Trauma-Informed Intervention in Baltimore City Schools

This presentation will review the ongoing implementation and evaluation of two different trauma-informed interventions in Baltimore City schools by school-based mental health providers. A 10-session group intervention, the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), was implemented with 45 middle and high school students as part of an experimental investigation of trauma-informed HIV intervention versus standard HIV intervention, and has been subsequently implemented by a number of clinicians in the

Saturday: 11:00 a.m. - 12:15 p.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

elementary, middle and high schools served by the University of Maryland School Mental Health Program. Findings from the experimental investigation of CBITS will be presented, as well as lessons learned and "tips from the trenches" offered by the school-based mental health providers. A 12-16 session individual cognitive-behavioral trauma intervention for adolescents emphasizing cognitive restructuring (CR) is currently being piloted within two Baltimore City high schools. Experiences using this model and implementing CR with adolescents will be discussed. The presentation will focus on issues of adaptation, feasibility and fidelity of trauma-informed approaches in urban schools. Recommendations for school mental health program administrators and school-based providers on achieving successful implementation and evaluation of trauma interventions will be offered.

Trauma Symptom Reduction and Academic Correlates of Violence Exposure Amongst Native American Students

Native American children and adolescents suffer from greater rates of Posttraumatic Stress Disorder compared to the general population. Additionally, Native communities are under-served in the areas of mental health and health care, making school based mental health services extremely important. This presentation will report on the implementation of "Cognitive Behavioral Intervention for Trauma in Schools" (CBITS) in five schools located on three reservations in Montana. Outcome data from two years of implementation will be shared along with preliminary findings from inquiry into academic correlates of violence exposure, trauma symptoms and childhood depression.

Adapting CBT Techniques for Use with School Teachers and Counselors

The CBITS program has been shown to be effective in reducing PTSD and depressive symptoms, but it requires a clinician to implement it. Many school districts do not have clinical staff available for such programs, and thus we have adapted the program for use with non-clinical school staff (teachers and school counselors). We present our NIMH-funded adaptation work, including expert panel and focus groups that included diverse school staff. In addition, we highlight the adaptations necessary in terms of manual, training materials, and implementation materials. A pilot study of 78 children randomized to the SSET program or a wait-list control group ran during the 2005-2006 and 2006-2007 school years in two middle schools in Los Angeles. Results from the pilot study on the impact of the Support for Students Exposed to Trauma program (SSET) will be presented.

Who's on First? Reciprocal Relations Between Social Support and Self-Efficacy in Coping with Trauma (Abstract #179924)

Symposium (disaster)

Harborside D, 4th Floor

Kaniasty, Krysta, PhD¹; Benight, Charles C., PhD²; Luszczynska, Aleksandra, PhD³; Boehmer, Sonja, PhD⁴; Schwarzer, Ralf, PhD⁵; Cieslak, Roman, PhD⁶

¹Department of Psychology, Indiana University of Pennsylvania & Opole University (Poland), Indiana, Pennsylvania, USA

²Department of Psychology & Trauma, Health, and Hazards Center, University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

³Department of Psychology, University of Sussex, Brighton, United Kingdom

⁴Department of Psychology, University of Erlangen-Nuremberg, Erlangen, Germany

⁵Department of Psychology, Freie Universität Berlin, Berlin, Germany

⁶Trauma, Health, and Hazards Center, University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

Social support and self-efficacy are inherent constituents of the stress-to-health process. It is almost imperative for trauma studies to include these resources (e.g., perceived support, embeddedness, coping efficacy, mastery) when predicting distress. We will illustrate linkages between support and efficacy in the context of coping with trauma.

Enabling and Cultivating Functions of Social Support and Self-Efficacy

It is not an overstatement to declare that social support and self-efficacy are presently considered inherent constituents of the stress-to-health process. For many contemporary studies that examine how different traumas impact physical, psychological and social well-being it is almost imperative to include some feature of these multifaceted sociopsychological resources. Various manifestations of social support (e.g., perceived, received, embeddedness) and self-efficacy (e.g., coping efficacy, mastery, perceived control) have become expected companions to standard status variables, such as gender, age, education or ethnicity, in the stress and coping research. Empirical research amassed numerous theoretical models attempting to explain interrelations between these two most robust contributors to resilience and successful adaptation. This presentation will review the assortment of formulations that usually emerge from two generic mechanisms. Social support may have an enabling function whereas it (as the antecedent) sustains or augments subsequent self-efficacy. On the other hand, self-efficacy (as the antecedent) mobilizes or cultivates subsequent social support. Representative empirical studies exploring these functions will be featured.

Coping Self-Efficacy and Interpersonal Resources in the Context of Disaster

Social support has been found to be an extremely important interpersonal resource in recovery from disasters. Coping self-efficacy has also shown to be important as a predictor of psychological recovery following major catastrophes. This presentation will examine the interrelationship between different types of social support and coping self-efficacy and how these important variables function in the context of disaster. Data from Hurricane Andrew, Hurricane Opal, the Buffalo Creek Fire and Flood, and Hurricane Katrina was utilized to investigate these relationships. Results suggest that perceptions of coping capability often mediate the relationship between social support and psychological outcomes both cross-sectionally and longitudinally. However, this mediation process may depend on the type of social support (e.g., appraisal, belonging, tangible, and self-esteem), whether it is perceived as available versus actually received, and the type of emotional distress measured (e.g., PTSD symptoms, general anxiety, depression). Implications for future research and post-disaster interventions will be discussed.

Self-Efficacy and Social Support Predict Distress and Posttraumatic Growth After Cancer Surgery

Our longitudinal study investigated whether posttraumatic growth (or benefit finding) and quality of life (QoL) after cancer diagnosis and surgery may be predicted by social and individual resources (such as self-efficacy and social support) and whether the effects of these resources may be mediated by coping strategies. A total of 116 patients with cancer (mostly gastrointestinal) completed self-report measures. Self-efficacy, social support, coping strategies (meaning-focused, active, accommodative, and assimilative), QoL, and benefit finding domains were measured at 1, 6, and 12 months after surgery. Path analyses revealed that self-efficacy beliefs directly affected a majority of dimensions of posttraumatic growth, whereas received social support directly affected only one dimension of benefit finding, namely improved family relationships. Effects of social support on posttraumatic growth domains were unmediated, whereas the effects of self-efficacy were mediated by accommodative or assimilative coping strategies. Regarding quality of life, social support affected only its emotional aspect, whereas self-efficacy affected all analyzed QoL domains. Again, effects of self-efficacy on QoL were mediated by meaning-focused and active coping.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Social Support Mediates The Effects of PTSD Symptoms on Change in Coping Self-Efficacy

Studies show that not only level but also growth of coping self-efficacy facilitate coping with adversity. The study investigated whether social support mediates the effects of PTSD symptoms on change in coping self-efficacy. Data were collected among motor vehicle accident survivors at 7 days following the accident (Time 1; n = 163), 30 days after the accident (Time 2; n = 91), and approximately 90 days after the accident (Time 3; n = 70). PTSD symptoms were measured by means of the IES-R. The Motor Vehicle Accident Coping Self-Efficacy Measure (MVA-CSE) was created for the purpose of the study. Two subscales from the COPE inventory - use of emotional support and use of instrumental support - as well as a social bitterness index were used to measure social support. Analyses showed that the effect of PTSD at Time 1 on change in coping self-efficacy (from Time 1 to Time 3) was mediated by use of emotional support (Time 2) and by social bitterness (Time 2). High level of PTSD symptoms predicted higher levels of those two social support measures. Low levels of use of emotional support and social bitterness predicted growth of coping self-efficacy within three months after accident (from T1 to T3).

Enhancing Our Response to Child Maltreatment: Helping Child Welfare Practice be More Trauma-Informed (Abstract #180064)

Workshop (assess) Grand Ballroom VII and VIII, 3rd Floor

Conradi, Lisa, PsyD¹; Igelman, Robyn, PhD¹

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

Research indicates that child-serving systems, while intending to protect children, have the potential to exacerbate the impact of childhood trauma. The Child Welfare Trauma Referral Tool (CWT) was developed to help reduce the potentially negative impact of systems involvement. It utilizes the concept of a pathway to help front-line workers more quickly identify the need for mental health services and make appropriate referrals. Information on the child's trauma history, posttraumatic stress reactions, attachment issues, behavioral difficulties and emotional dysregulation is obtained through a review of the child's records, collateral interviews, and when appropriate, interview with the child. Questions about the child's history and presenting problems help identify whether the reactions are related to the child's traumatic experiences, or previously existed before. A decision is then made about whether to refer for general mental health treatment, trauma-specific treatment, a specialized program, or no referral. This workshop will outline the research supporting the need for trauma-focused tools and describes the development and piloting of the CWT. Case presentations will demonstrate how the CWT increases understanding of a child's trauma history and links the child's traumatic experiences to their current symptom presentation so that an appropriate referral can be made.

Meditation for Disaster Survivors: Lessons Learned from the Aftermath of Hurricane Katrina (Abstract #179968)

Workshop (disaster)

Kent A/B/C, 4th Floor

Waelde, Lynn, PhD¹; Uddo, Madeline, PhD²; Gordon, James, MD³

¹*Pacific Graduate School of Psychology, Palo Alto, California, USA*

²*New Orleans VA Medical Center, New Orleans, Louisiana, USA*

³*The Center for Mind-Body Medicine, Washington, District of Columbia, USA*

Numerous professional organizations have recommended the provision of coping skills training, including meditation, for those affected by disasters. Meditation interventions directly address anxiety and hyperarousal without requiring survivors to discuss details of their stressful experiences. We will review theoretical and empirical support for the use of meditation following disasters and describe an intervention that was piloted with survivors of Hurricane Katrina 11 weeks following the disaster and offered in a community workshop 17 months post-disaster. The work with hurricane survivors will be discussed with particular attention to: 1) the unique and ongoing stresses associated with this disaster; 2) ways that the intervention was modified for Katrina survivors; 3) acceptability, feasibility, and safety of the intervention; and 4) practical guidelines for implementing this intervention with disaster-affected participants. Workshop participants will have the opportunity to practice the meditation techniques used in this intervention and discuss caveats to its use.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Concurrent Session 13

Saturday, November 17

2:00 p.m. - 3:15 p.m.

Recovery and Prevention Models for Polytraumatized Children: Reducing Risk, Enhancing Resilience

(Abstract #179991)

Panel (child) Laurel C/D, 4th Floor

Ford, Julian, PhD¹; Brom, Daniel, PhD²; Pat-Horenczyk, Ruth, PhD²

¹University of Connecticut, Farmington, Connecticut, USA

²Israel Center for the Treatment of Psychotrauma, Jerusalem, Israel

Three clinician researchers present a synthesis of emerging international perspectives on how children manage to cope with complex psychological trauma. The growing knowledge on risk and resilience will be used to look at the biopsychosocial dilemmas that must be addressed in order to prevent chronic impairment (and to foster healthy development) with children who have experienced complex psychological traumas and traumatic losses due to maltreatment, abandonment, war, family or community violence, and catastrophic disasters. Drawing on their own work with children and families who are vulnerable to trauma due to poverty, homelessness, terrorism, illness, disaster, and delinquency, and models developed by other international teams that are described in their forthcoming edited book, "Treatment of Traumatized Children: Risk, Resilience and Recovery," the panelists will describe a meta-model for reducing risk and enhancing resilience and discuss real-world implications for clinicians and prevention specialists. The meta-model focuses on a systemic multi-generational approach to promoting affect regulation, secure attachment working models, and reflective information processing.

ISTSS Clinician-Researcher Dialogue Task Force

(Abstract #179611)

Panel (practice) Dover A/B/C, 3rd Floor

Bisson, Jonathan, DM, FRCPsych¹; Berliner, Lucy, MSW²; Daly, Oscar, MB, FRCPsych²; Dyb, Grete, MD, PhD³; Watson, Patricia, PhD³

¹Cardiff University and University Hospital of Wales, Cardiff Wales, United Kingdom

²Harborview Center for Sexual Assault and Traumatic Stress, Seattle, Washington, USA

³Lagan Valley Hospital, Lisburn, Ireland

⁴University of Oslo, Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

⁵Dartmouth College, White River Junction, Vermont, USA

Unfortunately in recent years it has become apparent that at times a divide appears to exist between clinicians and researchers, despite it being apparent that many researchers care passionately about clinical input and are often clinicians themselves, and that clinicians are keen to be research informed.

As a result of the current situation the ISTSS Board developed a taskforce to characterise issues and generate ideas on how to make the dialogue between clinicians and researchers more constructive and less divisive.

The issues and perceptions that have been characterised include:

1. Researchers overstate the evidence for effectiveness of their intervention and generalise its use beyond the population in whom the research was performed.
2. Some clinicians appear convinced that evidence-based packages will not work with their population and there is no point in even trying them.
3. Non conventional or non mainstream interventions are not scientific and therefore researchers and clinicians who align themselves with them are devalued.

In this panel discussion the deliberations of the taskforce will be presented and their recommendations to the ISTSS board for improved clinician-researcher dialogue discussed.

Building the Evidence-Base for Effective Trauma-Informed Services through Practitioner Innovation

(Abstract #180071)

Panel (practice) Grand Ballroom IX and X, 3rd Floor

Saxe, Glenn, MD¹; Gordon, Malcolm, PhD²; Abramovitz, Robert H., MD³

¹Psychiatry, Children's Hospital of Boston, Boston, Massachusetts, USA

²Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville, Maryland, USA

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

The importance of innovations developed within agencies and clinics responsible for the care of the majority of individuals with traumatic stress in the United States will be described. These innovations occur as clinicians and clinic administrators struggle with the innumerable variables (e.g. cost, payor mix, politics, face validity, service system barriers) that will determine whether a given treatment will work. As agencies struggle to provide effective care in the 'real world' they create innovations that can be evaluated, shared, and used by other agencies. These innovations are rarely specified and evaluated. The panelists will describe how processes to help specify, evaluate, and share these innovations can considerably advance the effectiveness of services. First, Glenn Saxe, MD, of Children's Hospital Boston, will describe how processes to capture innovation are used in other fields and will detail how this evidence-base is critical for effective services; Next, Malcolm Gordon, PhD, of SAMHSA will describe limitations of randomized clinical trials for identifying effective and innovative treatments. Finally, Robert Abramovitz, of the Jewish Board of Children and Family Services, will describe his agencies uses these ideas to assist many programs in Manhattan to improve the quality of their trauma services.

Maternal Parenting and Posttraumatic Stress Symptoms: Implications for Interventions

(Abstract #179624)

Symposium (clin res) Grand Ballroom I and II, 3rd Floor

Bogat, G. Anne, PhD¹; Levendosky, Alytia, PhD²; Seng, Julia, PhD²; Muzik, Maria, MD³; Rosenblum, Katherine, PhD⁴; King, Anthony, PhD⁵; Harden, Yvette, BA⁵; Gholami, Bardia, MD⁵; Liberzon, Israel, MD⁵; Abelson, James, MD, PhD⁵

¹Psychology, Michigan State University, East Lansing, Michigan, USA

²Institute for Research on Women and Gender, University of Michigan, Ann Arbor, Michigan, USA

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

⁴Center for Human Growth and Development, University of Michigan, Ann Arbor, Michigan, USA

⁵Ann Arbor VA Medical Center, University of Michigan, Ann Arbor, Michigan, USA

This symposium focuses on maternal parenting in the context of posttraumatic stress symptoms and disorder. Three studies will be presented: (a) psychosocial factors influencing parenting in the early postnatal period, (b) effects of PTSD on infant cortisol, and (c) the influence of PTSD on parenting and young children's behavioral outcomes.

Does Parenting Mediate the Relationship Between Trauma and Child Behavior Problems?

Little is known about how parenting is affected when women are experiencing posttraumatic stress. The symptoms associated with PTSD (e.g., hyperarousal, numbness, etc.) might be likely to interfere with women's ability to parent their children sensitively. Also, the vacillating states associated with these symptoms creates an inconsistent environment for children and may hinder children's development of emotion regulation. The present study examined women and their 7-year-old children (N=144 dyads). Structural equation modelling will be used to test whether PTSD -> parenting behavior -> child problem behaviors. The latent indicators of PTSD



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are (maternal report of PTSD associated with lifetime traumatic events as well as domestic violence), of parenting (observed warmth/support, authority/control, involvement), and of child problem behaviors (maternal report of internalizing and externalizing behavior as well as observed prosocial and antisocial behavior). Factors related to parenting (e.g., maternal depression, income, education) will be controlled in the model.

Prenatal Predictors of Postpartum Mental Health and Bonding Outcomes in Cohorts of Resilient and PTSD-Affected Trauma Survivors Who Are First-Time Mothers

Little is known about trauma-exposed and PTSD-affected women's early experiences of mothering. Preliminary analysis of self-report measures from an on-going study of PTSD effects on childbearing outcomes indicates a pattern of increasing concern or impairment across non-exposed, trauma-exposed, and PTSD-affected cohorts of first-time mothers. In late pregnancy, women with lifetime PTSD report more labor-specific anxiety and less confidence about parenting. At six weeks postpartum, they remain less confident about parenting and are more likely to have scores in the impaired range on the Postpartum Bonding Questionnaire. They also are more likely to report experiencing peritraumatic dissociation during the birth, to evaluate their birth as traumatic, to have more postpartum PTSD symptoms, and to score in the diagnostic range for postpartum depression. In a linear regression model of predictors of worse scores on the bonding questionnaire, trauma history lost significance as a predictor of attachment problems when prenatal parenting sense of competence, traumatic birth experience, and postpartum PTSD and depression symptoms were taken into account. This finding suggests that prenatal interventions that address anxiety about labor, pre-existing PTSD, and parenting concerns of trauma survivors could improve postpartum mental health status and attachment.

Infant Biological Stress Reactivity to the Still Face Procedure: Association Between Infant Salivary Cortisol and Maternal Posttraumatic Stress Symptoms

Aversive caregiving has been associated with functional alterations of the hypothalamic-pituitary-adrenal (HPA), either atypical circadian patterns or excessive cortisol secretion following acute stress. Animal work on low quality caregiving and subsequent stress HPA-hyperactivity yields robust findings (e.g., Plotsky), while research on human infants exposed to poor quality caregiving (as seen in context of parental psychopathology) is sparse. The Still Face Procedure (SFP) is a commonly used interactive challenge task for the assessment of the quality of caregiving and infant behavioral stress reactivity; it has been used less to identify infant biological (HPA) stress reactivity in relation to parental psychopathology or caregiving. In the current study, we examine 7-month-old infants' cortisol responses (n=18) across the SFP (at baseline, and 20-, 40- and 60-minutes after interactive stress). Infants and mothers are all childhood trauma survivors, and show either high (n=8; M=7.6, SD=2.6) or low (n=10, M=0.9, SD=1.2) posttraumatic stress symptoms (PTSS). Preliminary findings show elevated cortisol (both baseline and poststress) in infants of high PTSS- compared to low PTSS-mothers, these results are at trend-level significance. Data on the full sample of infants (n=80) will be available for the final presentation.

International Trauma: An Innovative Mixed-Methods Process to Implementation in Low-Resource Countries (Abstract #179844)

Symposium (intl)

Grand Ballroom III and IV, 3rd Floor

Murray, Laura, PhD¹; Bass, Judith, PhD²; Bolton, Paul, MBBS²; de Jong, Joop T.V.M., MD²; Betancourt, Theresa, ScD³; Thea, Donald, MD⁴; Semrau, Katherine, MPH⁵; Haworth, Alan, MD⁶; Ndogoni, Lincoln, MD⁶; Onyango, Grace, MA⁷; Chomba, Elwyn, MD⁸; Verdeli, Helena, PhD⁹; Clougherty, Kathleen, LCSW¹⁰; Speelman, Lisebeth, SW¹¹

¹School of Public Health, Boston University, Boston, Massachusetts, USA

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¹⁰Psychology, Columbia University, New York, New York, USA

¹¹War Child Holland, Uganda

Prevention of trauma-related mental health problems after exposure to stress is a massive issue internationally, particularly in low-resource countries. The Applied Mental Health Research group combines science and practice by training on and using a mixed-methods procedure for developing and evaluating such programs in low-resource countries.

A Qualitative Look at International Trauma

In investigating and addressing the major problems facing populations affected by trauma in the developing world, rarely do the voices of the people affected inform the research process. Research has generally been conducted with the researcher hypothesizing what problems may exist and then going out and measuring those problems using Western tools. This approach is ill equipped to elucidate the perspectives, priorities and needs of the populations.

Alternatively, qualitative methods are designed to generate information from the respondent's perspective, to generate hypotheses, and obtain practical information that is more likely to lead to successful and sustainable uptake of programs within local populations. This qualitative step, which is critical in international trauma work, will be highlighted through various studies. In Zambia, problems of HIV-affected women and children revealed two major traumatic stresses: domestic violence for women and child sexual abuse. A study in Eastern DRC will highlight the effects of severe sexual violence. Research shows that DV or SA may lead to serious mental health problems that put individuals at increased risk for ongoing problems. Qualitative research results will be discussed as an integral part of a process towards developing appropriate programs that can prevent some of these mental health problems.

Instrument Development and Validation

Despite appreciation of the importance of adapting and validating instruments to the local context, it is still common practice for researchers to select externally developed instruments and assume their local validity. Comparatively little research has been done to investigate the psychometric properties of instruments across different ethnic and cultural groups. Operationalizing trauma-related syndromes in order to create accurate instruments is a special skill in low-resource countries. A process whereby qualitative data is used to select, adapt and validate a locally-appropriate standard assessment tool will be discussed. Separate examples will highlight that sometimes it is possible to use instruments developed in industrialized countries with varying degrees of adaptation (Zambia, Georgia) while in other situations, completely new instruments are needed (Northern Uganda). Without locally valid assessment tools, we will continue to be stuck with the "unsure of cultural appropriateness" caveat as a limitation in trauma research. From a broader perspec-

Saturday: 2:00 p.m. - 3:15 p.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

tive, if we do not begin to be more aware of the appropriateness of our evaluation instruments in developing countries, the accuracy of measurements of prevalence, severity, and intervention effectiveness will be limited at best.

It Can be Done: RCTs in Low-Resource Countries

While there is substantial evidence for programs and interventions that prevent negative psychological sequelae after experiencing a traumatic event, the extent to which such services may be appropriate or feasible in other populations (e.g., low-resource countries) is largely unknown. Yet, this is a critical dearth in knowledge as many developing countries experience staggering of traumatic events including wars, disease and massive population displacement. Intervention responses are often hampered by perceived logistical and ethical difficulties, making randomized controlled trials (RCT) seem impossible in developing nations. This presentation will discuss how the qualitative and quantitative phases previously discussed may guide the identification or development of an appropriate intervention, and the methods used to assess the outcomes of such interventions using an RCT design. Two RCT trials completed in Uganda will be highlighted to demonstrate this methodology. Discussion will include how these methods are helpful in ensuring that populations in low-resource countries can receive effective programs to help mitigate and alleviate the negative effects of trauma.

Ethical Issues in Traumatic Stress Research with Children (Abstract #180070)

Symposium (ethics)

Harborside D, 4th Floor

Allen, Brian, MS¹; Kassam-Adams, Nancy, PhD²; Chu, Ann, MA³; DePrince, Anne, PhD³; Weinzierl, Kristin, MA³; Cohen, Judith, MD⁴; Newman, Elana, PhD⁵

¹Indiana University of Pennsylvania, Indiana, Pennsylvania, USA

²Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

³University of Denver, Denver, Colorado, USA

⁴Allegheny General Hospital, Pittsburgh, Pennsylvania, USA

⁵University of Tulsa, Tulsa, Oklahoma, USA

This session will discuss a number of ethical issues relevant to researching traumatic stress in children and offer suggestions for conducting ethically responsible research with this population. The session is sponsored by the Student Section and is open to all conference attendees.

An Empirical Approach to Assessing The Impact of Child Trauma Research

Participants' own appraisals of their experience of participating in trauma research are an important element in understanding risks, benefits, and ethical research practice. Systematic collection and reporting of empirical data in this area could help investigators improve our research designs, and may suggest ways to improve our conduct of key study processes, such as informed consent, with children and teens. The Reactions to Research Participation Questionnaire for Children (RRPQ-C) is a brief self-report measure that may be practical for inclusion in a range of types of study protocols. The RRPQ-C asks child and adolescent study participants to rate their experience of potentially positive and negative aspects of participation, as well as their understanding of (and trust in) the informed consent process. This presentation will summarize findings from several studies which incorporated the RRPQ-C, or subsets of RRPQ-C items, in traumatic stress research studies with children and youth in medical settings. An overview of key findings, practical issues with regard to inclusion of the measure in an existing study, and implications for child trauma researchers, will be presented.

Children's Perception of Research Participation as a Function of Trauma History

This talk considers two central ethical questions that arise when conducting research with trauma-exposed children: 1) what strategies can effectively insure that children give informed assent to participate; and 2) do trauma-exposed children perceive stable cost-benefit ratios for participation. These questions are considered in the context of two community studies involving lab tasks and questionnaires with 174 children (ages 7-12). Children's (ages 9 and older) understanding of assent materials was evaluated through a "quiz". At the end of the study, children and guardians completed the Response to Research Participation Questionnaire (Child and Adult versions). Per guardian-report, children were exposed to both interpersonal (e.g., sexual/physical abuse, witnessing violence) and non-interpersonal (e.g., motor vehicle accidents, medical traumas, natural disasters) traumas. Analyses revealed no differences between children with and without trauma histories in the perception of costs and benefits of research participation. 97.2 percent of children who assented reported understanding their rights as a study participant during debriefing. Implications for setting up protocols to monitor children's understanding of assent and responses to participation, as well as strategies for reporting on systematic evaluations of assent and cost-benefit ratios to IRBs will be discussed.

Ethical Issues in Designing Treatment Studies for Traumatized Children

Children experiencing traumatic events are at risk for developing posttraumatic stress disorder and other serious mental and medical health problems. Left untreated, adverse childhood events have been shown to be associated with serious negative outcomes in adulthood. It is therefore incumbent upon mental health providers to provide optimal interventions to traumatized children when they come for treatment. Yet in order to provide these optimal interventions for such children, research must be conducted to identify which interventions or treatment models are optimal. In order to conduct randomized controlled treatment outcome research, some children must receive random assignment to no treatment, delayed treatment via a wait list, or a treatment that is potentially less effective, ineffective, or even harmful. Given the potentially deleterious effect of trauma on children and the difficulties in engaging families of these children in treatment, ethical and practical challenges arise regarding how to design high quality research studies while still providing a high clinical standard of care to all children. This presentation will address how these equally compelling (and non-competing) priorities can be optimally balanced in order to conduct ethical research with traumatized children.

Researchers as Mandated Reporters? An Ethical Analysis

Mental health clinicians in the United States are required by law to report suspected cases of child maltreatment to child protective service agencies, but the law is often unclear if the same mandate applies to researchers. The broader ethical question involved is whether researchers should be mandated reporters of suspected child maltreatment. Authors in favor of mandated reporting for researchers often point to the higher ethical responsibility to protect those who cannot protect themselves; however, authors opposed to mandated reporting for researchers express concern about the integrity and production of research. This session will present an ethical analysis of the arguments made in support of both sides of the issue. Suggestions for conducting ethically responsible research with children and implications for legal policy will be discussed.



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New Models for the Primary and Secondary Prevention of Combat Trauma and Loss in U.S. Marines

(Abstract #179689)

Symposium (prev)

Grand Ballroom VI, 3rd Floor

Nash, William, MD¹; Hammer, Paul, MD²; Litz, Brett, PhD³; Bryant, Richard, PhD⁴; Lang, Ariel, PhD⁵

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³Boston University School of Medicine, Boston, Massachusetts, USA

⁴University of New South Wales, Sydney, New South Wales, Australia

⁵University of California, San Diego, San Diego, California, USA

New models will be presented for the prevention and early intervention of combat trauma and loss through less stigmatizing conceptions of stress wounds, partnerships between Marine leaders and mental health professionals, and cognitive-behavioral therapy consistent with Marine Corps culture and the nature of combat trauma and loss.

The Stress Injury Model of Trauma, Fatigue, and Loss as a Tool to Promote Prevention

Primary prevention of trauma and loss in armed conflict is constrained by the very nature of war, which is to inflict intentional physical and mental harm on individuals. Primary and secondary prevention are both also constrained by the tendencies of warfighters to deny their own vulnerability to such harm, and to even be ashamed of the wounds they suffer. The current presentation will briefly review data on the nature and extent of stigma, and the history of medical and mental health conceptions of combat/operational stress casualties, focusing on how these conceptions may have sometimes exacerbated rather than discouraged stigma. Strategies to reduce stigma will be discussed, including a true community mental health partnership between warriors and "wizards," and the conception of stress wounds as literal injuries to the mind and brain that are no more the fault of the individual than are any other wounds of war. The evidence base for the stress injury model will be reviewed, and its foundational role in the Marine Corps Combat/Operational Stress Control Program will be described. Finally, evidence of early success of this model in promoting preventive attitudes and behaviors in U.S. Marines will be reported.

Practical Strategies in Primary Prevention of Combat and Operational Stress in Iraq

The challenge of preventing PTSD is to minimize exposure to traumatic stressors or to mitigate their impact on the individual. Exposure to potentially traumatic events is inevitable in troops engaged in combat operations. However, past experience and an extensive and large body of literature have taught us that in combat units, the group can have a powerful protective and preventive effect. We will discuss factors in the military units or groups that are protective as well as factors that exacerbate trauma exposure and strategies to mitigate them. We will discuss how these elements were specifically implemented in combat operations during Operation Iraqi Freedom in the Al Anbar area of operations in 2006 with the I Marine Expeditionary Force Operational Stress Control And Readiness (OSCAR) program. We will discuss specific strategies and elements of the OSCAR program designed to be preventive in nature and enhance the group's protective actions, decrease stigma, enable easy access to care when needed and bring about cultural change in leadership to enhance group protective effect.

Necessary Modifications to CBT for the Marine Corps

To their credit, the Marine Corps is supporting the first randomized controlled trial (RCT) of a modified cognitive-behavioral therapy (CBT) to target deployment-related PTSD within months of Marines' return from Iraq. The modified CBT will be compared to stress management, both provided individually. We will discuss how we intend to modify CBT to take into account the special Marine culture and

their unique identity and role in combat. We will also discuss how we intend to use CBT strategies to target the full spectrum of combat traumas (e.g., life threat, traumatic loss, and moral conflict). We will also discuss how we intend to frame the intervention so that it is palatable, if not attractive to Marines who put a premium on being able to do their jobs well (e.g., staying mentally tough / fit, being a good role model).

How to Use Cognitive Processing Therapy in Various VA Settings (Abstract #179267)

Symposium (clin res)

Kent A/B/C, 4th Floor

Chard, Kathleen, PhD¹; Kattar, Karen, PsyD²; Smith, Tracey L., PhD³; Graca, Joseph, PhD⁴; Willits, Angela, MSW⁵; Krahn, Dean, MD³; Black, Leon, MSW⁵; Wakely, David, PhD⁵

¹Cincinnati VA Medical Center, Cincinnati, Ohio, USA

²Posttraumatic Stress Recovery Team, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

³Mental Health Service Line / Psychiatry, Veterans Affairs / University of Wisconsin-Madison, Madison, Wisconsin, USA

⁴Veterans Administration, St Cloud, Minnesota, USA

⁵Mental Health Service Line, Veterans Affairs, Madison, Wisconsin, USA

This symposium presents data from 4 VA hospitals that have implemented CPT in residential or outpatient programs. Sites were trained in a workshop and received ongoing supervision. Sites will provide a description of their program, data, and problems faced when adopting CPT. Findings suggest that sites are successfully using CPT.

Using CPT in a Residential Treatment Program

Cognitive processing therapy (CPT), and its adaptations, has been used successfully in treatment outcome studies examining PTSD and related symptoms in rape victims and child sexual abuse survivors. This presentation will provide new information on using CPT with veterans in a partial-hospitalization PTSD program. Veterans are admitted to the seven-week program if they meet criteria for PTSD (or subthreshold) and are not currently dependant on any substances. Veterans reporting only adult trauma receive 13 sessions of individual therapy, while veterans reporting child abuse and/or adult trauma receive 16 sessions of individual therapy. All veterans attend several daily group therapy sessions focusing on anger, coping skills building, relaxation, assertiveness, and life skills to name a few. In addition to being assessed at pre-treatment and post-treatment with the CAPS, SCID I and II, patients are also assessed on the BDI, Trauma Related Guilt Inventory, Coping Strategies Inventory, STAI, STAXI and various positive mental health measures. Data on the effectiveness of the treatment will be presented on 89 male veterans and 46 female veterans, with the expectation that more data will be collected over time. Initial findings suggest that CPT can be an effective treatment when used in a partial hospitalization program for reducing symptoms of PTSD.

Using Cognitive Processing Therapy in an Outpatient VA Setting Utilizing a Combined Group/Individual Model

This presentation will examine the factors related to the dissemination and effectiveness of an empirically-supported treatment, Cognitive Processing Therapy (CPT), in the service of increasing the availability and acceptance of this model in a VA outpatient setting. As the presence of veterans with trauma-related symptoms and comorbid disorders within VA Medical Centers becomes more evident since the Iraq War, brief and effective treatments directly related to improving services and outcomes for veterans are needed. However, adopting and implementing evidenced-based interventions presents challenges in a real-world setting. These challenges will be presented along with preliminary data demonstrating significant improvements in self-reported trauma-related symptoms over the course of treatment. Limitations and recommendations will be presented.

Saturday: 2:00 p.m. - 3:15 p.m.

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Comparison of Cognitive Processing Therapy with Group Centered Exposure Therapy in a Residential VA Setting

This presentation will examine the factors related to the effectiveness of Cognitive Processing Therapy (CPT) and the process of integrating CPT within a well established PTSD residential program. Since the onset of our facilities PTSD residential program 7 years ago we have admitted over 250 veterans to date, with a completion rate of 95 percent. In August 2006 we implemented CPT utilizing a combined group/individual model which we offer with our ongoing PTSD Combat Trauma Program which provides group centered trauma processing. Veterans with established dx of PTSD can be assigned to either the CPT or the trauma processing group. These are six-to-eight member cohort groups with a 48 day length of stay. Both groups jointly attend PTSD skill and recovery based groups with focuses such as self acceptance, anger management, stress management and spirituality. Preliminary data demonstrates significant improvements in self-reported trauma-related symptoms for both therapy groups with a trend to greater effectiveness of CPT compared to group centered trauma processing. Clinical observations about the effectiveness of CPT and group centered trauma processing with younger veterans with PTSD due to combat trauma(s) that is recent (e.g. Iraq War) or older veterans with more established PTSD (e.g. Vietnam war) and veterans with non combat trauma(s) including military sexual trauma will be offered.

CPT for PTSD in a PCT: Cognitive Processing Therapy (CPT) in a VA PTSD Clinic (PCT)

Outcome studies have established the efficacy of Cognitive Processing Therapy (CPT) for the treatment of PTSD. This paper presents a description of how CPT was implemented in a newly created outpatient Veterans Affairs (VA) Posttraumatic Stress Disorder (PTSD) outpatient clinic. We discuss: one model of therapist training, consultation, and supervision; implementation of a clinic friendly assessment program; and advantages and disadvantages of using such a model in a VA outpatient clinic. We also present data from veterans who engaged in CPT. Veterans were both men and women and had experienced a wide variety of traumas (combat, adult and childhood sexual traumas, accidents, and others). Veterans completed the self-report Veterans Affairs Military Stress Treatment Assessment (VAMSTA) instruments which assess a number of symptom and functioning domains (PTSD, depression, sleep, substance use, health, spiritual life, social functioning, quality of life and expectations of and satisfaction with treatment) at both pre- and post-treatment as well as the PTSD Checklist (PCL) at sessions 5 and 9 of the therapy. To date we have assessed 43 veterans and found that CPT was efficacious in improving veterans functioning in a number of these domains.

Experimental Examinations of Cognitive Psychopathology in PTSD (Abstract #178289)

Symposium (assess) **Laurel A/B, 4th Floor**

Shipherd, Jillian, PhD¹; Sloan, Denise, PhD¹; Marx, Brian, PhD¹; Pineles, Suzanne, PhD¹; Constans, Joseph, PhD²

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

²VA South Central Mental Illness Research and Education Clinical Center, New Orleans, Louisiana, USA

Several types of examinations are beginning to explore the specific parameters that define PTSD psychopathology, yet there is little integration of the findings across areas of research. In this symposium we propose to present research from the disparate experimental paradigms of thought suppression, expressive writing, attention and memory tasks.

Strategies of Thought Control and Thought Suppression Performance in PTSD

Thought suppression is hypothesized to play a role in the maintenance of PTSD symptoms. In support of this, some studies show chronic PTSD patients rebound in the frequency of trauma related thoughts following suppression whereas non-PTSD controls do not show a rebound effect (Amstadter & Veronen, 2006; Shipherd & Beck, 1999; 2005). However, the rebound effect may not be specific to PTSD diagnostic status per se but related to distress or some other factor (Beck, Gudmundsdottir, Palyo, Miller, & Grant, 2006). No previous examinations have directly examined the relationship between cognitive coping styles and the magnitude of the rebound effect. This study examined general use of thought control strategies using the subscales (e.g., Distraction, Reappraisal, Social Control, etc.) of Thought Control Questionnaire (TCQ; Wells & Davies, 1994) and performance on a thought suppression task with 73 motor vehicle accident survivors. Correlational analyses suggested that the rebound effect was positively correlated with Distraction and negatively correlated with Reappraisal and Social Control subscales of the TCQ. Preliminary regression analysis predicting the rebound effect suggested that both Distraction and Social Control strategies were significant predictors after controlling for age, gender, time since MVA, depression and PTSD symptoms.

Thinking vs. Feeling: The Relative Importance of Cognition and Emotion in an Exposure Writing Task

In the wake of the large number of studies showing the benefits of written disclosure on psychological and physical health, investigators have turned their attention to determining how to maximize the health benefits associated with the procedure. In this study, we examined whether altering the instructions for written disclosure to emphasize cognitive assimilation or emotional expression affects outcome among a sample of female trauma survivors. Eighty-two participants who reported at least moderate PTSD symptom severity were randomly assigned to either the emotional expression (EE) condition, insight and cognitive assimilation condition, or a control writing condition. At a one-month follow-up assessment, trauma survivors assigned to the EE condition reported significant improvements in psychological and physical health relative to trauma survivors assigned to the other two conditions. The EE participants also reported and displayed significantly greater initial psychophysiological reactivity and subsequent habituation compared with participants in the other two conditions. These findings suggest that the effects of written disclosure on trauma survivors are optimized when emotional expression is emphasized.

The Moderating Effects of Stimulus Valence and Arousal on Memory Suppression

In 2001, Anderson and Green claimed to find empirical support for the notion that it is possible to suppress unwanted memories. Although the results of that study were replicated and extended, none of the previous studies examined the separate and combined effects of stimulus valence and arousal on memory suppression. Thus, this study assessed the influence of stimulus valence and arousal on retrieval inhibition. Participants performed Anderson and Green's (2001) memory suppression task with stimuli varying across dimensions of valence and arousal. Memory was tested through free and cued recall as well as speeded recognition. Results showed that both stimulus valence and arousal influenced the extent to which participants successfully inhibited retrieval, but not in the ways anticipated. Specifically, the strongest inhibition effects were for highly arousing, pleasant words. Also, unpleasant stimuli that were suppressed were better recalled during both cued and free recall tasks than pleasant stimuli that were suppressed. Across all tests of memory performance, there were no significant differences between the experimental conditions for highly arousing, unpleasant words. The implications of these findings are discussed.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

The Role of Attentional Biases in PTSD: Is it Interference or Facilitation?

Although attentional biases have been demonstrated in individuals with posttraumatic stress disorder (PTSD), the cognitive methodologies used haven't allowed for disambiguation of two types of attentional biases. It remains unclear if PTSD involves difficulty disengaging attention from threatening stimuli (interference) or facilitated detection. To differentiate between attentional interference and facilitation, 57 male Vietnam-era veterans (30 High PTSD and 27 Low PTSD) completed a visual search task with a lexical decision component. High PTSD veterans who engaged in the interference task first showed increased interference to threat words relative to Low PTSD veterans. However, no evidence was found for facilitated detection of threatening stimuli in PTSD.

Combat/Operational Stress Control (COSC) Programs in the United States Navy and Marine Corps (Abstract #177061)

Symposium (practice) Harborside E, 4th Floor

Nash, William, MD; Koffman, Robert, MD, MPH²; Doran, Anthony, PsyD³; Stoltz, Richard, PhD²; Hoyt, Gary, PhD⁴

¹Headquarters United States Marine Corps, Quantico, Virginia, USA

²Bureau of Medicine and Surgery, Washington, District of Columbia, USA

³US Navy, Bartlett, Tennessee, USA

⁴US Marines, San Diego, California, USA

The symposium will review the pros/cons of the current diagnoses in addressing combat stress. The following areas covered:

- Combat Stress Injury Model
- COSC Program in the Navy & Marine Corps
- Treating Marines & Sailors in Theatre
- Research in Severe Stress
- Summary and future directions.

Combat Stress Injury Model

COSC Program in the Navy and Marines

Dr Koffman, Head of the COSC Program for the US Navy

Dr Koffman will review the points, doctrine, and gains made for both the Navy and Marine

Treating Marines and Sailors in Theatre

Dr Hoyt, Navy Clinical Psychologist

Dr Hoyt will discuss the use of psychological first aid model in meeting the needs of Sailors, Soldiers and Marines in theatre.

Summary of Research in the Area of Severe Stress

Dr Doran, Navy Clinical Psychologist

Dr Doran will discuss the themes of research conducted in conjunction with the Navy, Army and Yale medical school in the study of the effects of severe stress on humans

Summary and Future Directions

Dr Stoltz, Deputy Chief of Staff for the Bureau of Medicine and Surgery

Dr Stoltz will be a discussant for the various presentations. He will discuss future directions of diagnosis, treatment, and research in the area of combat stress and severe stress.

Building Cross-Expertise in Perpetration and Victimization: Reconceptualizing the Cycle of Violence (Abstract #180065)

Workshop (practice) Grand Ballroom VII and VIII, 3rd Floor

Weaver, Christopher, PhD; Alvarez, Jennifer, PhD¹

¹VA Palo Alto Health Care System, Menlo Park, California, USA

Participants will be introduced to our evolving model designed to aid in the clinical conceptualization of clients who have both experienced and engaged in violence. Clinical experience and emerging empirical evidence indicate that violent perpetrators have often experienced trauma and trauma survivors may perpetrate violence. Yet perpetrators and survivors are often conceptualized separately, frequently along gender lines. Moreover, clinician expertise tends to be focused on either violence survivors or violence perpetrators. As a result, existing evidence-based assessment options for one group are not employed with the other, and interventions for perpetration rarely address trauma exposure and vice versa. A better understanding of the functional relationship between perpetration and victimization may inform treatment of perpetrators and survivors, improving the standard of care. The authors present an integrated model of violence risk and trauma that more accurately captures the reality of violence as a recurring cycle. They will then lead a focus-group discussion to improve participants' expertise in clinical conceptualization of such clients and to inform future research directions. Existing barriers (including the lack of a language to facilitate dialogue between expert groups), gender issues, and implications for treatment of Military Sexual Trauma will be discussed.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Concurrent Session 14

Saturday, November 14

3:30 p.m. - 4:45 p.m.

Theoretical and Practical Issues in Early Intervention

(Abstract #179970)

Plenary (practice)

Grand Ballroom VI, 3rd Floor

McFarlane, Alexander C., MB, BS. (Hons), MD, Dip. Psychother., FRANZCP; Shalev, Arieh, MD; Bryant, Richard, PhD; *Pynoos, Robert, MD, MPH*¹

¹Center for Military and Veterans Health, Adelaide University, Adelaide, South Australia, Australia

²Hebrew University and Hadassah School of Medicine, Jerusalem, Israel

³University of California, Los Angeles, Los Angeles, California, USA

⁴University of New South Wales, Sydney, Australia

PTSD provides a unique opportunity to demonstrate the benefits of early intervention because the exposure to the event defines the onset of the disorder. Despite the theoretical imperative, very little research has directly addressed this question. The theoretical and practical issues informing the case for early intervention will be presented.

Do the Facts Confirm the Theory about Early Intervention?

Despite the considerable body of research and clinical attention to the importance of early intervention in disorders like schizophrenia, surprisingly little systematic research has been done in the field of traumatic stress. Rather, the field has been distracted by the debate about debriefing. This presentation will present the background and the setting about the importance of early intervention to the field, with reference to a particular case that has been heard in the Supreme Court of Appeal of New South Wales. The relevance of early intervention may differ between those with an acute stress disorder than those without. The theoretical underpinnings from a biological and learning perspective that predicate the importance of early intervention will be discussed, as well as the uncertainties surrounding this question. The available research literature about early intervention will be summarised.

Early Treatment for Trauma Survivors: Mandatory or Recommended?

Withholding mandatory treatment from subjects at risk is sometimes a breach of duty and more often a betrayal of confidence. Recent studies of wars and major disasters suggest, however, that many distressed survivors do not get early treatment for emerging PTSD. A recent debate concerned the extent to which the prevention of PTSD by early treatment has reached a state in which its provision is mandatory. This debate should be informed by considerations regarding (a) the accuracy of identifying subjects at risk, (b) the effectiveness of early interventions, and (c) intervention to be provided and their proper timing. Less critically, though clearly important are considerations regarding the availability of necessary resources, survivors readiness to use them, and the more effective focus of intervention (e.g., management of stressful conditions viz. treatment of emergent reactions). Whilst several interventions have not been shown effective, new evidence has unequivocally qualified some others. We will present data from a recent study of the prevention of PTSD in a large cohort of survivors (N>4500) to illustrate the issues of effectiveness, proper timing, type of intervention, and accuracy of risk identifiers, and data on survivors choice not to get help its long-term outcome.

Early Treatments Versus Debriefing

The symptoms of PTSD should be considered part of the normal reaction to trauma, as they occur almost universally following severe enough traumas. Those who suffer from chronic PTSD show steadily decreasing PTSD symptoms in the first month following trauma, then remain fairly steady across time. They do not worsen; they just don't extinguish their original fear reactions. Therefore, PTSD can be

viewed as a failure of recovery caused in part by a failure of fear extinction following trauma. Based on the evidence that 1) the debriefing literature is equivocal at best with some studies indicating it can cause harm, 2) there are no good candidates for immediate intervention, 3) the animal evidence suggests that some immediate extinction training can result in decreases in spontaneous recovery and renewal and reinstatement, 4) the animal evidence suggests that incomplete extinction training may cause sensitization, and finally, 5) the timing of extinction training after exposure/conditioning is crucial, we hypothesize that an immediate intervention following exposure to trauma in humans in the emergency department (ED) may be able to help prevent the development of PTSD. The long term goals are to establish pharmacological and psychotherapeutic interventions in the immediate aftermath of trauma to reduce the likelihood of developing a durable fear response such as PTSD.

Use of Mindfulness Training in the Treatment of PTSD for Veterans (Abstract #179617)

Symposium (clin res)

Grand Ballroom I and II, 3rd Floor

Niles, Barbara, PhD; Klunk Gillis, Julie, PhD; Ryngala, Donna, PhD; Luterek, Jane A., PhD; Simpson, Tracy L., PhD; Jakupcak, Matthew, PhD; Tarver, David, PhD; Varra, Alethea, MA; Chartier, Maggie, MPH; Walser, Robyn, PhD; Woodward, Steve, PhD; Westrup, Darrah, PhD; Drescher, Kent, PhD; Waelde, Lynn C., PhD

¹National Center for PTSD, Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA

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Emerging evidence suggests that training in mindfulness meditation can be effective in the treatment of PTSD. In this symposium three ongoing studies using mindfulness in the treatment of veterans with symptoms of PTSD related to combat or sexual assault will be presented. Telehealth, group, and inpatient modalities for delivery are represented.

A Telehealth Approach to Mindfulness Treatment for PTSD in Veterans

Although mindfulness has been only anecdotally explored as a treatment for combat-related PTSD, mindfulness treatments have been shown to ameliorate psychological symptoms that are common in veterans with PTSD: substance abuse, depression, hostility, and anxiety. Studies have identified that veterans from current military conflicts may not be seeking treatment for symptoms of PTSD because of difficulty with access and stigma associated with seeking mental health treatment. In order to effectively address the psychological sequelae of combat-related stressors, it is critical to find innovative ways to address these barriers. Telephone technology is particularly accessible to a broad spectrum of the population and telephone interventions have shown promise as cost-effective ways to deliver or extend treatments for a variety of disorders. As part of an investigation that compares two telehealth treatments for PTSD, we developed an eight-week telehealth treatment based on MBSR and tailored for use with combat veterans. In this presentation we will describe the intervention, discuss the challenges and successes encountered in delivering it to combat veterans in a PTSD clinic setting, and present preliminary findings about its efficacy.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Clinical Efficacy of Mindfulness-Based Group Therapy for Outpatient Veterans with PTSD

Mindfulness based interventions have recently received greater attention regarding their potential utility in treating PTSD and comorbid conditions. Empirical evidence suggests that experiential avoidance may have an influential role in the development and maintenance of PTSD symptoms. Thus, interventions that facilitate increasing experiential acceptance by shifting one's relationship with negative internal stimuli from one characterized by control (e.g., attempting to get rid of memories, emotions, etc.) to one of acceptance may be particularly fruitful. This presentation will describe a pilot study that examined the potential clinical utility of a mindfulness based group therapy aimed at increasing experiential acceptance for men and women outpatient veterans with chronic PTSD from combat and military sexual trauma. The presentation will be focused on 1) describing the components of the therapy approach, which incorporates meditative and mindfulness practices with experiential exercises adapted from Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999), 2) the acceptability, safety, and feasibility of this approach for men and women outpatient veterans with chronic PTSD, and 3) preliminary findings on its efficacy. Plans for investigating the potential benefits of mindfulness based interventions for those suffering from chronic PTSD will also be discussed.

Implementing Mindfulness in Residential PTSD Care for Veterans: Pilot Data and Lessons Learned

The concept of experiential avoidance offers organization to the functional analysis of trauma-related problems and lends coherence to understanding the sequelae of trauma. Many individuals diagnosed with PTSD are struggling with traumatic memories, painful feelings and unwanted thoughts. In addition, problems with attention and concentration are hallmarks of PTSD. Much of the impact of these avoidance and attention problems has proven to be negative in terms of functioning and quality of life. Mindful meditation may offer an alternative to experiential avoidance and inattention. In this pilot study, we explored the feasibility of implementing mindful meditation in two residential treatment (one male, one female) programs for PTSD. Implementation and acceptability issues will be discussed. Additionally, we will present pilot data. Initial analyses indicate significant reduction in frequency of automatic thoughts and significant decrease in suppression. Mindfulness, as measured by the MAAS and KIMS was predictive of decreases in suppression. Data for both the men and women will be presented. Lessons learned and future directions will also be discussed.

Treatment of Complex Trauma: Implications from Research Findings and Clinical Consensus (Abstract #179574)

Symposium (clin res)

Grand Ballroom III and IV, 3rd Floor

Courtois, Christine, PhD¹; Gold, Steve, PhD²; Ford, Julian, PhD³; Alpert, Judith, PhD⁴

¹Private Practice, Washington, District of Columbia, USA

²Nova Southeastern University, Fort Lauderdale, Florida, USA

³University of Connecticut Health Center, Farmington, Connecticut, USA

⁴Department of Applied Psychology, New York University, New York, New York, USA

Results of a randomized clinical trial of two manualized therapies for adults with complex PTSD are described. Implications for clinical practice are discussed, re-examining key clinical constructs (e.g., phase oriented therapy, emotion processing, trauma memory work) and drawing on other therapies endorsed by clinical consensus for complex PTSD.

Post-Treatment Outcomes in a Randomized Trial of Complex Trauma Psychotherapy with Low-Income Young Mothers

Initial results are presented from a randomized clinical trial comparing two manualized interventions, "Trauma Affect Regulation: Guidelines for Education and Therapy" (TARGET), and "Present-Centered Therapy" (PCT), with a wait-list Treatment as Usual (TAU) control group, with 147 low-income mothers with PTSD. Mixed model regression analyses (SAS Proc Mixed) of change from baseline to post-treatment showed large and effect sizes ($d = 1.0-2.7$) and clinically significant change for TARGET and PCT, compared to no change for TAU, across a variety of measures of symptomatology, functioning, and self-regulation. As predicted, TARGET was more effective than PCT in improving Clinician Administered PTSD Scale symptoms (particularly intrusive re-experiencing and hyperarousal), anxiety, anger, and reactivity to trauma memories, and increasing self-efficacy ($d = .15-.27$). PCT was more effective than TARGET in reducing dissociation and depression ($d = .60-.70$). Implications are discussed for the development and implementation of present-centered trauma-focused psychotherapy interventions that span Phases 1, 2 and 3 of trauma recovery and that are designed to break the intergenerational cycle of trauma and violence affecting high-risk young women with complex PTSD and their children.

Outcome of TARGET and PCT Versus TAU for Complex Trauma: Social Context Implications

Although the general three phase approach to treatment is widely endorsed in the trauma literature, in actual practice its importance is frequently overlooked. Too often practitioners, even those with expertise in trauma treatment, focus too heavily or prematurely on phase 2 trauma processing and too little on phase 1 stabilization work. Adequate attention to "phase 1" interventions is especially crucial in clients who meet criteria of Complex PTSD. These clients, in addition to having an extensive trauma history, are particularly likely to be manifest adverse responses to trauma due to a constellation of social and developmental vulnerabilities that are especially prevalent among those with Complex PTSD. When therapists attend excessively to the impact of trauma independent of these contextual factors, they are likely to intervene in ways that are debilitating rather than productive for the Complex PTSD client. One important similarity between TARGET and PCT is that they consist primarily of phase 1 interventions. Ways in which Ford and colleagues' outcome study comparing TARGET and PCT with TAU for Complex PTSD among low income mothers of young children supports these observations will be considered in detail by assessing the study and its findings from a social context perspective.

Incorporating Research Findings with the Current Clinical Consensus in Treating Complex Trauma

The treatment of individuals with complex trauma presentations has largely developed on the basis of clinical observations and clinical consensus. Only recently have "hybrid" treatment interventions that include attention to techniques that have received preliminary empirical support for the amelioration of PTSD symptoms in addition to aspects of the clinical consensus have been developed and others have been developed, [i.e., TARGET, PCT (McDonagh-Coyle, et al., 2005); STAIR (Cloitre, Cohen, & Loenen, 2006); and others]. As these models are now being subjected to ongoing research investigation and are receiving empirical support, clinical guidelines for best practices can begin to be developed. This presentation will focus on best practices implications of these phase-oriented manualized treatments for clinicians treating patients with complex PTSD, with particular emphasis upon an expanded conceptualization of (a) trauma memory work, (b) emotion processing, and (c) attachment-based relational working models.

Saturday: 3:30 p.m. - 4:45 p.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

The Role of Resources in Trauma and Posttraumatic Stress Disorder (Abstract #179595)

Symposium (practice) Grand Ballroom IX and X, 3rd Floor

Johnson, Dawn, PhD¹; Perez, Sara, MA²; Pinna, Keri, MA²; Delahanty, Doug, PhD; Walter, Kristen, MA²; Hobfoll, Stevan, PhD²

¹Summa Health System, Akron, Ohio, USA

²Kent State University, Kent, Ohio, USA

Conservation of resource theory (Hobfoll, 1989) posits that there is a downward, bidirectional spiral between loss of personal and social resources and trauma. This symposium will present four discussions of the impairing impact of loss of resources and the protective impact of provision of resources in samples of abused women.

Reducing the Risk for the Perpetuation of Abuse in Victims of Interpersonal Violence

Research suggests that victims of ongoing interpersonal violence are at increased risk for perpetuating the violence through abusing their own children. Termination of an abusive relationship is associated with a considerable reduction in this risk, possibly due to a reduction in resource strain. However, psychopathology and dysfunctional parent-child interactions (PCI) are risk factors for violence that often remain after leaving the relationship. Heightened activation of the primary stress pathways may contribute to both of these risk factors. The impact of stress hormone levels (cortisol) and psychopathology (PTSD and depression) on PCI was examined in a sample of battered women residing in shelters. The buffering effect of an increased sense of well-being (IWB) associated with entering shelter was examined for each of these relationships. Preliminary results suggest that waking cortisol levels (area under the curve: AUC) were indirectly associated with dysfunctional PCI through their impact on PTSD symptoms. Well-being was associated with better PCI, and lower cortisol AUC. The relationships between AUC, PTSD, and PCI each appeared to be partially mediated by IWB. These results are consistent with the notion that battered women's risk for perpetrating child abuse is reduced through reductions in resource strain (i.e. an increased sense of well-being).

The Impact of Protective and Catalytic Factors on the Relationship Between Resource Loss and Posttraumatic Stress Disorder

The negative impact of resource loss on symptoms of posttraumatic stress disorder has been well established but the mechanisms underlying this relationship remain unclear. The current study sets out to further delineate the relationship between resource loss and PTSD by exploring the potential mediating and moderating impact of protective and catalytic factors including empowerment, social support, resource gain, psychosocial functioning, and psychiatric comorbidity. Preliminary cross-sectional data obtained from a sample of battered women seeking assistance from a domestic violence shelter will be presented. This population is particularly relevant to this research question as effective obtainment and use of resources is necessary for battered women to successfully establish future safety for themselves and their children. Preliminary results indicate that empowerment, psychosocial functioning, and psychiatric comorbidity mediate the relationship between resource loss and posttraumatic stress disorder in this population. Longitudinal and data obtained from a sample of battered women not seeking shelter assistance will also be presented. Theoretical and clinical applications will be discussed.

The Buffering Effects of Personal Characteristics on the Relationship Between PTSD Symptoms and Resource Loss Among Inner-City Women

Resource loss has consistently been shown to be an outcome of posttraumatic stress disorder (PTSD; e. g. Benetsch et al., 2000, Kaniasty & Norris, 1997; Norris & Kaniasty, 1996, Sutker et al., 1995). However, research has just begun to explore the factors that mediate this relationship. It is hypothesized that personal factors, such as self-esteem, social support and self-efficacy will affect the relationship between PTSD symptoms and resource loss. More specifically, it is predicted that individuals who have higher levels of these personal factors will be protected, at least partially, from the resource loss that often results following trauma exposure. A structural equation model was designed to longitudinally test the hypothesis among 203 inner-city women who have experienced child abuse. Results revealed that the model was a good fit for the data and that personal characteristics (self-esteem, social support and self-efficacy) buffer against later resource loss after the development of PTSD symptoms. This finding is important in that personal characteristics can be enhanced in a therapeutic setting, which can prevent resource loss and perhaps facilitate recovery from the experience of PTSD symptoms. Further implications will be discussed.

Predictors of Sheltered Battered Women's Returning to Their Abuser

Battered Women typically seek shelter as a last resort in an effort to access resources and achieve safety. Although a majority of women do not return to their abusers after leaving shelter, a large number do, and many of these women are eventually re-abused. Little empirical research has examined risk and protective factors related to battered women's decision to return to their abuser. Data from an ongoing naturalistic, prospective study of sheltered battered women will be presented. Participants were assessed during their shelter stay, as well as one week, three months, and six months after their discharge from shelter. Preliminary analyses suggest that sheltered battered women who experience greater loss of personal and social resources are more likely to return to their abuser, while those women who receive public assistance (i.e., a financial resource) are less likely to return to their abusers upon leaving shelter. Additional predictors, as well as predictors of re-abuse within six months after leaving the shelter will also be explored. Theoretical and clinical applications will be discussed.

Combat Stress Injuries: Is There a Paradigm Shift in the Works? (Abstract #179946)

Symposium (prev)

Harborside E, 4th Floor

Figley, Charles, PhD¹; Lyons, Judith, PhD²; Boscarino, Joseph, PhD, MPH; Donnelly, Elizabeth, MSW, MPH³; Scurfield, Raymond, DSW⁴

¹Florida State University, Tallahassee, Florida, USA

²Psychology, VAMC Jackson Mississippi, Jackson, Mississippi, USA

³Geisinger Clinic, Danville, Pennsylvania, USA

⁴Traumatology Institute, Florida State University, Tallahassee, Florida, USA

⁵University of Southern Mississippi, Long Beach, Mississippi, USA

The symposium focuses on the new paradigm of combat stress injuries and its relationship to understanding, assessing, and treating veterans and their families and discusses the implications - both short term and long-term of multi-deployment, high-exposure combat on the warfighters and their families.

Overview of the Combat Stress Injury and Resilience Paradigm: Implications for Practitioners and Researchers

This paper propose a model that predicts the extent to which warfighters are able to mobilize their own resiliency to respond to combat stressors that are capable of inducing combat stress injuries. A five-factor model is presented that represents existing research literature -both published and unpublished. The model suggests that combat stress injury (CSI) resilience is a function of five



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sets of factors 1) Genetic/Innate Resiliency Factors, 2) Protective Resiliency Factors, (4) Combat Stressors, and (5) Combat Stress Reactions. Moreover the model suggests that combat stress injuries results not just in a trauma reaction but two other: Fatigue and Grief. The paper concludes by identify the array of research questions that require answers and the opportunities for creative practitioners to apply the model in both preventing and treating CSI by promoting resiliency. Finally, the paper discusses the theoretical implications of the model for understanding stress injuries of first responders to disasters.

The Returning Warrior: Relationship Issues and Interventions

Dr. Lyons provides a practical look at the social relationship issues presented by the current cohort of veterans in contrast to those of past war eras. Challenges encountered in renewing relationships after return from the warzone will be illustrated. Findings regarding family caregiver burden associated with PTSD will be reviewed. Spouses report different concerns and treatment needs than other family members. Contrasts between commonly available services and the types of services various family members request will be examined, and areas of need will be discussed. Ways to circumvent barriers that commonly impede effective family services will be highlighted. An empirical example of combining individualized treatment matching with improved access will be reported. Data supporting the effectiveness of a partner-focused home-study workbook and telephone intervention will be presented. Recommendations for additional areas of service expansion will be offered.

The Mortality Impact of Combat Stress Injuries 30 Years After Exposure

A follow-up study of US Army Vietnam veterans conducted in the year 2000 suggested that PTSD was associated with mortality long after military service. For example, it was found that Vietnam "theater" veterans who served in Vietnam (N = 7,924) that had a diagnosis of PTSD in 1985 (11 percent) were far more likely than other veterans to be deceased by the year 2000. Controlling for major demographic factors for these veterans, it was found that the post-war mortality hazard ratios [HRs] were 1.7 (p = 0.034) for cardiovascular-related death; 1.9 (p = 0.018) for cancer-related death; and 2.3 (p = 0.001) for external causes of death, which included motor vehicle accidents, accidental poisonings, suicides, and homicides. Vietnam "era" veterans with no Vietnam service (N=7,364) that had PTSD in 1985 from non-combat causes (3 percent), also appeared to have elevated external mortality (HR = 2.2, p = 0.073). Noteworthy, however, was that the overall postwar mortality was elevated among all PTSD-positive veterans, not just theater veterans (p = 0.001). Within these contexts, implications for treatment and prevention are discussed.

Empirical Evaluation of Costs and Benefits in Trauma Research (Abstract #179629)

Symposium (ethics)

Kent A/B/C, 4th Floor

DePrince, Anne, PhD; Chu, Ann, MA; Becker-Blease, Kathryn, PhD; Cromer, Lisa Demarni, PhD; Freyd, Jennifer, PhD; Binder, Angela, BA⁴

¹University of Denver, Denver, Colorado, USA

²Psychology, Washington State University Vancouver, Vancouver, Washington, USA

³Department of Psychiatry, SUNY Upstate Medical University, Syracuse, New York, USA

⁴University of Oregon, Eugene, Oregon, USA

With growing evidence that trauma moderates treatment outcomes, asking about trauma in prevention/intervention research has become very important. As trauma measures are used more widely, researchers and oversight committees may benefit from data on the relative costs and benefits of assessing trauma exposure across diverse samples and methods.

Methodological and Individual Differences in Perceived Benefits of Participating in Trauma Research

In the face of relatively little research on methodological and individual differences that contribute to perceptions of benefits in trauma research, Newman and Kaloupek (2005) called for additional investigations of factors that contribute to perceived benefits in research. The current study examines methodological and individual difference factors associated with perceived benefits in trauma research in four samples. In two samples of ethnically-diverse community participants (N's=72 and 117), the research procedure involved administration of both trauma-related questionnaires and interviews. Additional community (N=222) and undergraduate (N=129) samples completed trauma-related questionnaires only with no interview. Using the Response to Research Participation Questionnaire (RRPQ), the cost-benefit ratio was stable in all four samples; however, differences in perceived benefits as a function of method and individual differences emerged. For example, subscales of the RRPQ were used to compare perceptions of personal benefits to emotional responses and drawbacks in all four samples; larger effect sizes indicated greater perceived benefits relative to emotional responses or drawbacks to participation. Effect sizes were largest when the procedure involved questionnaires plus interviews relative to questionnaires only.

Undergraduates Endorse Survey Research on Victimization and Perpetration

Seventy-five students (n = 54 female, n = 66 White/Non-Hispanic, age m = 27.8, SD = 8.8) answered survey questions about income, witnessing family conflict, childhood sexual abuse (CSA) perpetrated by a sibling, and perpetrating CSA on a sibling. They rated how distressing these questions were compared to everyday life (5 pt scale: "much more" to "much less distressing"), and how good of an idea it is to ask these questions (5 pt scale: "very bad" to "very good idea"). Participants reported that all questions were less distressing than everyday life (average ratings for income = 3.62, SD = 1.18; for family conflict = 3.62, SD = 1.23; for CSA victimization = 3.85, SD = 1.26; for CSA perpetration = 4.00, SD = 1.20). Asking about conflict and abuse was rated more important than income (m = 3.89, SD = .97), and no differences were reported in the importance of asking about family conflict (m = 4.75, SD = .47), CSA victimization (m = 4.69, SD = .57) and CSA perpetration (m = 4.67, SD = .58). These data replicate previous findings on victimization, and extend this research to perpetration. Ethical research practice is discussed.

Ethics of Asking Questions about Traumatic Experiences

Is it ethical to ask survivors of trauma about their traumatic experiences, in the name of research? Does asking about trauma history create participant distress? If so, how much distress relative to asking about other kinds of personal questions? Do participants consider trauma research to be important enough to offset any distress they experience in the study? Data from two undergraduate samples (Ns = 240 and 277) will be presented. Research participants were queried about their reactions to trauma research questions as well as about their reactions to other possibly invasive questions. Findings in both studies evidenced that trauma questions caused relatively minimal distress and were perceived as having greater importance and greater cost-benefit ratings compared to other kinds of psychological research in an undergraduate human subjects pool populations. These findings suggest that at least some kinds of trauma research appear to pose minimal risk when compared to other minimal risk research topics, and that participants recognize the importance of trauma research. Ethical procedures for data collection will also be discussed.

Saturday: 3:30 p.m. - 4:45 p.m.

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Trauma Symptoms and Distress Among Patients with Cancer: Current Research and Service Directions (Abstract #179680)

Symposium (clin res)

Laurel C/D, 4th Floor

Butler, Lisa, PhD¹; Goldsmith, Rachel, PhD²; Holland, Rachel, PhD³; Edwards, Valerie, PhD⁴; Koopman, Cheryl, PhD⁵; Giese-Davis, Janine, PhD⁶; Spiegel, David, MD⁷; Valdimarsdottir, Heiddis, PhD⁸; Schwartz, Marc, PhD⁹; Rini, Christine, PhD²; O'Neill, Suzanne, PhD⁸; Dorahy, Martin, PhD⁹; Davidson, Robin, PhD⁹

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⁵Stanford University, Palo Alto, California, USA

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⁸Social and Behavioral Research Branch, National Institutes of Health, Bethesda, Maryland, USA

⁹School of Psychology, Queens University of Belfast, Belfast, Northern Ireland, United Kingdom

Patients and families facing cancer may experience a range of psychological difficulties. This symposium highlights research and services that address the specific stressors and symptoms related to increased distress, the development and resolution of symptoms over time, and effective strategies for prevention and intervention.

Predictors and Course of Trauma Symptoms in Metastatic Cancer

Living with cancer is an enormously difficult experience for both patients and their families. This presentation will describe findings regarding correlates, predictors, and course of trauma symptoms among 125 women with metastatic breast cancer and 50 of their spouses/partners. Results indicate that a significant proportion of patients (52 percent) and spouses (34 percent) experienced clinically significant cancer-related trauma symptoms at baseline. Symptom levels are uncorrelated within couples. Among patients, symptoms are associated with past life stress, aversive current support, and overall distress. Intrusion symptoms were associated with hypnotizability, a variable related to pain in this sample. Patient symptom reports generally declined over time, however, a "spike" in symptoms on average was identified in the period prior to death. For spouses, post-loss trauma symptoms are predicted by pre-loss symptoms, higher perceived stress, previous losses, and higher anticipated impact of the future loss of their spouses/partners. Group support (weekly for patients, monthly for spouses) was found to reduce trauma symptoms, particularly avoidance symptoms, over the first 12 months of participation. Among patients, decreases in emotional suppression appeared to mediate symptom reductions. Implications of these findings will also be discussed.

Trauma Symptoms and Distress Related to Genetic Testing for Breast/Ovarian Cancer

The current study assesses predictors of short-term distress following positive BRCA1/2 genetic testing results among women affected by breast cancer and among unaffected women. Women with BRCA1/2 mutations have a 30-65 percent lifetime risk for ovarian cancer and up to an 85 percent lifetime risk for breast cancer. It is unclear whether positive BRCA1/2 results provoke less distress in affected women than unaffected women. Both have to cope with aversive consequences. Affected women may experience distress related to risk for second cancers and implications for their female relatives. Unaffected women must face both their high cancer risk and decisions about how to manage it. Participants were 195 women, 42 percent affected with breast cancer, who completed the Impact of Events Scale before receiving positive results and a measure of genetic testing distress one month later. Affected women

reported less genetic testing distress than unaffected women. Among unaffected women, but not affected women, baseline anxiety and intrusion predicted greater distress. For affected women, only baseline avoidance approached predictive significance. These results indicate that women with and without cancer respond differently to positive BRCA1/2 results. Understanding women's experiences after receiving positive test results may assist counselors and physicians in providing appropriate referrals and interventions.

Psycho-Oncology Services and Social Support for Cancer Patients and Relatives in an Acute Physical Health Setting

The core principles of this evidence-based Psycho-oncology service include providing high-quality cancer information, a range of psychotherapies, complementary therapies, a wig fitting service for chemotherapy-induced alopecia, and financial/welfare assistance for adult cancer patients in one easily accessible Centre. The Centre provides a restful, non-clinical ambience where patients can walk in to access services and social support to prevent PTSD. The Centre's research interests include posttraumatic dissociation in oncology populations. Little research has been conducted longitudinally to understand the predictors of dissociative symptoms in this population. The paper presents data from a study concerning the predictive value of trait or pathological dissociation and prior trauma exposure (including sectarian violence) for subsequent dissociative symptom development following cancer diagnosis (lung, prostate, gynecological and breast cancer). We expect that dissociative tendencies will predict distress. Controlling for dissociative tendencies and prior trauma history, 115 adult patients from the Northern Ireland Cancer Centre were assessed at 1 month following cancer diagnosis. In this presentation we discuss the development of the Belfast model of psychosocial support services for cancer patients, partnerships in service delivery, and data from the research programme.

Papers

Special Populations: Trauma's Effects in Disaster Victims, and Responders

Harborside D, 4th Floor

Chair: Megan Perrin, MPH, Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York, USA

Differences in PTSD Prevalence and Risk Factors Among WTC Disaster Rescue/Recovery Workers

(Abstract #180021)

Paper Presentation (disaster)

Perrin, Megan, MPH¹; Digrande, Laura, MPH²; Wheeler, Katherine, MPH²; Thorpe, Lorna E., PhD, MPH²; Farfel, Mark, ScD³; Brackbill, Robert, PhD, MPH³

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Purpose: To compare the prevalence and risk factors of current probable PTSD across different occupations involved in rescue/recovery work at the WTC site.

Method: Rescue/recovery workers in the WTC Health Registry who worked at the WTC site (n=28,962) were included in the analysis. Interviews conducted 2-3 years after the disaster included assessments of demographics, within-disaster and WTC-related work experiences, and current probable PTSD.

Findings: The overall prevalence of PTSD among rescue/recovery workers was 12.4 percent, ranging from 6.2 percent for police to 21.2 percent for volunteers. After adjustments, the greatest risk of developing PTSD was among construction/engineering workers, sanita-



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tion workers, and volunteers. Earlier start date and longer duration of time worked were significant risk factors for PTSD for all occupations except police. The association between duration of time worked and PTSD was strongest for those who started earlier. PTSD prevalence was significantly higher among those who performed tasks not common for their occupation.

Conclusions: Workers and volunteers in occupations least likely to have had prior disaster training or experience were at greatest risk of PTSD. Disaster preparedness training and shift rotations to enable shorter duration of service at the site may reduce PTSD among workers and volunteers in future disasters.

Early Psychological Intervention for Children Following Traumatic Physical Injury (Abstract #179536)

Paper Presentation (disaster)

Kenardy, Justin, PhD¹

¹CONROD, University of Queensland, Brisbane, Queensland, Australia

The aim of this study was to develop and evaluate the efficacy of an early intervention for children and their parents following paediatric accidental injury. Information brochures detailed common responses to trauma, the common time course of symptoms, and suggestions for minimizing any post-trauma distress. A total of 103 children (aged 7 to 15) and their parents were evaluated at two weeks, four-to-six weeks and six months post-trauma. The intervention was delivered at one of two hospitals, with the second acting as a control. Results indicated that the intervention was perceived as 'helpful' by both parents (90 percent) and children (89 percent).

Outcome analyses also indicated that the intervention was effective in reducing parental intrusive symptoms, stress, and general distress in the month following the trauma. At six-month follow-up the intervention had reduced child anxiety, whereas the controls exhibited an increase in anxiety over this time period. The effect of the intervention on parents' adjustment had, however, diminished by the six-month follow-up. Overall, it is concluded that the information-based early intervention is simple, cost-effective method of reducing parental distress in the early post-trauma period.

Traumatic Stress and Suicidal Ideation in Male Peacekeepers (Abstract #179698)

Paper Presentation (disaster)

Thoresen, Siri, PhD¹; Mehlum, Lars, MD, PhD²

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

²Suicide Research and Prevention Unit, University of Oslo, Oslo, Norway

Several studies document an association between war-related stress exposure and posttraumatic stress disorder (PTSD) in military and peacekeeping populations. In addition, traumatic stress exposure and PTSD have been found to increase the risk of suicidal ideation and behavior. Aim of this study was to investigate a possible association between warzone stress exposure during international military operations and later suicidal ideation. A questionnaire study targeting Norwegian male peacekeepers, and covering a variety of measures, was conducted on average seven years after redeployment (N = 1,172, response rate = 64 percent). Any suicidal ideation was reported in 6 percent of the veterans, but in 17 percent of the subsample of those who had been prematurely repatriated. Suicidal ideation was significantly associated with service stress exposure level even when controlling for background factors, repatriation, negative life events, social support, alcohol consumption, and marital and occupational status. Results indicate that the association between service stress exposure and suicidal ideation was mediated by posttraumatic stress symptoms and general mental health problems combined. Results lend preliminary support to the hypothesis that warzone stress exposure may increase suicidality through the development of mental health problems, and that PTSD may contribute uniquely to suicidality.

The Immediate Aftermath: Stress, Coping, and Distress in Hurricane Katrina's Evacuees (Abstract #179776)

Paper Presentation (disaster)

Mills, Mary Alice, MA¹; Park, Crystal, PhD¹; Edmondson, Donald, MA¹

¹Psychology, University of Connecticut, Storrs, Connecticut, USA

Post-disaster research has yielded considerable knowledge regarding the aftereffects of trauma (Norris et al. 2002), but methodological issues have limited information available about the acute peri-traumatic period (Knack et al., 2006). Twelve days after Hurricane Katrina struck, we initiated data collection at a major Red Cross evacuation shelter in Austin, TX. Participants were 132 evacuees from New Orleans and surrounding parishes (mean age, 43.06; range, 20-80; 74 percent African-American, 17 percent Caucasian, 8 percent Hispanic or multiethnic). In this sample, 62 percent scored above the threshold for ASD (Mills et al., 2007). Findings both supported and diverged from initial hypotheses based on existing literature. Appraisal of the relief failure as racially motivated related modestly to ASD symptomatology ($r=.20$). Alternately, satisfaction with the relief effort was associated with a positive reappraisal of the post-disaster scenario ($r=.38$), which was in turn associated with lower ASD ($r=-.24$). Relationships between coping and adjustment were as expected, with avoidant styles more common in those with higher levels of ASD. Surprisingly, prior trauma was unrelated to appraisal style or ASD, and participants with a greater lifetime trauma burden engaged in higher levels of some types of adaptive coping than their less-exposed peers. Implications for policy and intervention will be discussed.

Papers

Psychological and Neurobiological Assessment Issues

Laurel A/B, 4th Floor

Chair: Anne Norris, PhD, RN, FAAN, Community and Psych/Mental Health Nursing, Boston College, Chestnut Hill, Massachusetts, USA

The Psychometrics of an Arabic Language Version of the Posttraumatic Diagnostic Scale (Abstract #179397)

Paper Presentation (assess)

Norris, Anne, PhD, RN, FAAN¹; Aroian, Karen, PhD, RN, FAAN²

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Both gender and probability of having experienced war related violence make Arab immigrant women vulnerable to PTSD. A valid and reliable screen for PTSD is needed to assess incidence of PTSD in this population. This study evaluated the psychometrics of an Arabic language version of Foa et al's (1997) Posttraumatic Diagnostic Scale (PDS) in a sample of Arab Muslim immigrant women (n = 453) who also completed Arabic language versions of the POMS and CES-D during interviews in their homes. Structural equation modeling results indicated that both a three factor structure based on the DSM-IV PTSD criteria B, C, and D as well as a modification of a three factor structure identified for a Bosnian language version of the PDS provided a good fit to the Arabic PDS. Cronbach's alpha values argued for reliability of this Arabic language version (.93) and its subscales (.77-91) in both factor structures. Results of group comparisons supported validity: Women who had lived in a refugee camp, had come from Iraq, or were exhibiting depressive symptoms had significantly higher mean PDS total and factor subscale scores than women who had not had these experiences or were not exhibiting depressive symptoms ($p < .001$). Findings support use of the Arabic PDS, but suggest problems with the memory loss item in non-Western cultures, and highlight need for intervention with the study population.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Neurobiological Correlates of ASD and PTSD in Motor Vehicle Crash Survivors: A Prospective Study (Abstract #180054)

Paper Presentation (assess)

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Acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) may develop after exposure to events that are experienced as intensely distressing or threatening. This study examined emerging psychological and contextual variables that may contribute to the development of ASD and PTSD following a specific traumatic event (a motor vehicle crash) and their linkages to neurobiological tests of autonomic arousal and HPA axis activity. A prospective, longitudinal, repeated measures design was used. This study is innovative in that it included measurement of both salivary cortisol levels and acoustic startle responses in the same subjects. Hyperarousal was associated with increased anxiety symptoms, peritraumatic dissociation, and coping at both two and six weeks post-MVC and with lower daytime cortisol levels. Hyperarousal symptoms and ASD were strongly predictive of PTSD at six weeks post-MVC. These findings underscore the stress that MVCs can evoke in individuals and the complexity of the interactivity of the SAM and HPA neuroendocrine pathways.

The MMPI-2 Restructured Clinical Scales in the Assessment of PTSD and Comorbid Disorders (Abstract #179909)

Paper Presentation (assess)

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This study examined the psychometric properties of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) Restructured Clinical Scales (RCSs) in individuals with posttraumatic stress disorder (PTSD) receiving clinical services at Veterans Affairs Medical Centers. In study one, 1,098 men completed the MMPI-2 and were assessed for a range of psychological disorders via structured clinical interview. In study two, 136 women completed the MMPI-2 and the Millon Clinical Multiaxial Inventory-II. Descriptive statistics for the scales were calculated and compared to those of the Clinical Scales (CSs). Internal consistency, criterion validity and construct validity of the RCSs were assessed through a series of correlation- and regression-based analyses. The incremental validity of the RCSs relative to the CSs and the Keane PTSD (PK) scale was also examined. Results indicated that the RCSs evidence good psychometric properties including strong internal consistency and criterion validity in the prediction of PTSD. The patterns of associations between the RCSs and measures of psychopathology were broadly consistent with current theory on the factors underlying mental disorders. The notable advantage of the RCSs, compared to the CSs, was their enhanced construct validity and clinical utility in the assessment of comorbid internalizing and externalizing psychopathology.

The Incidence of Psychotraumatic Disorders Following Emergency Cesarean Section (Abstract #179625)

Paper Presentation (assess)

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Posttraumatic Stress Disorder (PTSD) following childbirth, regardless of the mode of delivery, is reported to be 3 percent.

Purpose: Compare PTSD incidence in normal vaginal births to emergency C-section six weeks and six months post-partum.

Methods: Prospective case-control incidence study.

Psychopathological assessment using the MINI, IES, PDI, PDEQ and PCLS. Patients were assessed in the maternity ward in early post partum, then by telephone six weeks and six months later.

Findings: 198 patients were included, 98 emergency C-sections, 100 normal delivery. PTSD incidence (complete and partial diagnosis) after six weeks is significantly higher in the C-section group (21.4 percent) compared to normal birth (9.7 percent), $p=0.03$. PTSD risk factors (multivariate logistic regression analysis) after six weeks are: history of suicide attempt (OR 13.68), discomfort with healthcarers (OR 12.40), Acute Stress Disorder in early post-partum (OR 8.64), primiparity (OR 3.68). PTSD incidence after six months is significantly higher in the C-Section group (13.75 percent) compared to normal birth (2.60 percent), $p=0.0112$.

Conclusions: Psychotraumatic disorders are frequent during post-partum; emergency C-section increases the risk of PTSD occurrence. Psychiatrists and obstetricians should be aware of these findings to provide adequate follow-up to women at risk.

The Resiliency and Resources Approach to Post-Deployment Adjustment of OIF/OEF Veterans (Abstract #179884)

Workshop (practice)

Dover A/B/C, 3rd Floor

Mavissakalian, Matig, MD¹; Hirsell, Holly, MSSA²; Orticari, Michael, BA²

¹Case Western Reserve University, Brecksville, Ohio, USA

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As service members return from war zones in Iraq and Afghanistan, the Cleveland VAMC mental health care providers are faced with the task of providing support and treatment to a new era of veterans. The VA's old mission in caring for veterans centered on providing help with symptom reduction, unlearning entrenched coping strategies and managing chronic PTSD.

Our new mission at the Center for Stress Recovery at the Brecksville VAMC involves providing care for veterans with acute stress reactions and adjustment problems with the hope of preventing more serious psychiatric illnesses. Our emphasis is on wellness and building on the inherent strengths of our service members.

We have developed a 10 week outpatient program focusing on normalizing war zone experiences and assisting with the transition from military to civilian life. Topics such as sleep hygiene, emotions and anger management, communication, relationship issues are addressed. Psycho education and early intervention through outreach is an integral part of our program. Our aim is to improve resilience.

175 OIF/OEF veterans have been involved with our program to date. Outcome data of OIF/OEF workshop participants based on the Connor-Davidson Resilience Scale (CD-RISC) will be reviewed.



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Multi-Family Ritual and Routine Groups for Treating Complex Childhood Trauma (Abstract #179434)

Workshop (child)

Grand Ballroom VII and VIII, 3rd Floor

Kiser, Laurel, PhD, MBA¹; Connors, Kay, MSW²; Beck, Vickie, APRN²

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For many children living in urban poverty trauma occurs daily with a severe, chronic reaction related to such exposure. Compounding the consequences on children, urban poverty's traumatic context has pervasive effects that erode family functioning. This is significant as family functioning mediates between trauma and its impact on children. This workshop introduces Strengthening Family Coping Resources (SFCR), a manualized multifamily group. SFCR envisions family rituals/routines as behavioral, emotional and spiritual mechanisms for strengthening protective family processes (structure, connectedness, resource seeking, coping) and for accomplishing family trauma treatment goals. SFCR includes three modules (14 two-hour weekly sessions) that introduce family ritual concepts, focus on rituals as coping resources, and help families deal with traumatic events. Each session includes segments involving the whole family, parental and child skill-building, and network building with the group. An advantage of SFCR is its ability to provide a positive connection with families. Families can relate to the emphasis on tradition and not feel accused by its message. Additionally, multi-family groups are effective in engaging inner-city families. Since SFCR promotes contextual change results frequently generalize to all family members creating positive changes that could be seen across generations.