

The presenting author is underlined.

Session 3: Saturday, November 17

Grand Ballroom V, 3rd Floor

Poster Organization

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

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

Session 3 Schedule

Poster Set-up:	Saturday, November 17 between 7:30 a.m. - 9:30 a.m.
Poster Display:	Saturday, November 17 between 9:30 a.m. - 6:00 p.m.
Poster Presentation:	Saturday, November 17 from 5:00 p.m. - 6:00 p.m.
Poster Dismantle:	Saturday, November 17 at 6:00 p.m.

POSTER DISMANTLE

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

Tracks

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

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

Modeling Nonlinear Complexities of Resilience to Trauma

Poster #S-100

(assess)

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Psychological adaptation can be conceptualized as a collection of cognitive-behavioral points in a n-dimensional space. Different points represent different states and all the points are a map of all possible states. A physical example of a stable-system 3D map would be a saucer with a marble in it representing the current state. If the saucer is jiggled, the marble moves side-to-side, from state-to-state, but returns to the center. A "less resilient" saucer-system

would be flatter (easy to roll marble out), a more resilient one would be deeper (hard to roll the marble out) Cognitive-behavior systems have much more complex maps but it is worthwhile to consider the essential features of resilient systems regardless of their complexity (Peixoto's Theorem). If the essential features are considered in regard to clinical observations of trauma effects, we see how to model both resilient and unstable cognitive-behavioral states. More importantly, we see how intervention can be modeled as a change that either builds resiliency or restores it. Such models help clinicians understand why there are different symptoms (and treatments) for different people and degrees of trauma.

Validation of the Brief Pain Inventory in Veterans Suffering From PTSD

Poster #S-101

(assess)

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Previous studies showed that physical pain is highly prevalent in individuals suffering from posttraumatic stress disorder (PTSD). However, reliable and valid measures of pain for this population are lacking. The goal of this study was to validate the Brief Pain Inventory (BPI) in French-speaking veterans suffering from PTSD (N = 130). We administered the BPI and measures of PTSD, health status and quality of life to veterans seeking assessment/treatment for PTSD at a Veterans Affairs Canada (VAC) clinic. Using an exploratory factor analysis, a two-factor structure (pain severity, pain interference) was found for the BPI; it explained nearly 73 percent of the variance of the instrument. The instrument showed strong internal consistency, as evidenced by Cronbach alphas ranging between .90 and .92 for the two subscales, and the BPI was strongly correlated with health status and quality of life (physical domain). In this sample, nearly 87 percent of the veterans suffered from significant current pain. These veterans reported rates of pain severity that were similar to or higher than most of those reported by populations suffering from cancer pain or from a physical disability/illness. Overall, the French version of the BPI is a reliable, valid measure of pain in veterans suffering from PTSD. Pain is a major issue in this population, and should be screened for with instruments such as the BPI.

The Long Term Neuropsychiatric Effects of Early Trauma: What is the MMPI Telling Us

Poster #S-102

(assess)

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The clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI) of abused and non-abused adults were examined for difficulties predicted from research on brain dysfunction. Based on parallels between the effects of childhood trauma and schizophrenia in terms of morphological, cognitive, and behavioral deficits, it was hypothesized that MMPI scale 8 (Schizophrenia) would discriminate between the abused and non-abused groups. The abused and non-abused groups were also compared on sets of items sensitive to known biological pathophysiology such as closed head injury (CHI) and cerebrovascular disorder (CVD). The Harris and Lingoes subscales of clinical scale 8 were also compared after the initial hypothesis was confirmed. The study follows a retrospective case-control design to draw inferences about an antecedent condition (childhood trauma) and its relationship to neuropsychiatric symptomatology. Independent t-tests were performed to test the major



research questions. Results indicated that MMPI scale 8, CHI and CVD item sets differentiated between groups, as did Harris-Lingoes subscales Sc2, Sc3, Sc4 and Sc5. Results are presented from a neuropsychiatric model of traumatic stress. Limitations as well as implications for future treatment are discussed.

Accuracy of Retrospective Recall of Symptoms of Anxiety and Depression in College Students

Poster #S-103 (assess)

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During trauma assessment research, participants are typically asked to recall how they felt during the traumatic event; a question critical to establishing Criteria A2 of PTSD (i.e., fear, helplessness, or horror at the time of the event). The accuracy of that recall has been questioned as multiple factors can impact recall of past emotional states: (a) passage of time (i.e., forgetting/distortions related to intervening events and memorial processes), (b) the upper limits on reliability inherent in the assessments themselves, (c) motivational factors (e.g., compensation claims or experimenter-provided incentives), and, (d) emotional state at the time of recall. We investigated the ability of 500 undergraduates to recall the levels of depression and anxiety they reported during the first week of the semester (Time 1) at several points later in the semester (Time 2); half were "rewarded" for accurate recall. At various re-assessment intervals (1, 2, 4, 8 weeks, determined by group assignment), students were asked to complete the two measures by recalling how they had felt at Time 1. High correlations were found between Time 1-Assessment and Time 2-Recall scores for both measures ($r > .75, p < .001$), suggesting high recall accuracy. Of importance, groups receiving an incentive for accuracy of recall showed less accurate recall. These findings and their implications are discussed.

Symptom Structure of PTSD in Traumatized College Students: Results From Confirmatory Factor Analyses

Poster #S-104 (assess)

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The present study investigated the latent factor structure of post-traumatic stress disorder (PTSD) symptoms. The diagnosis of PTSD, as outlined by the DSM-IV-TR, is composed of three symptom clusters: intrusion, avoidance, and hyperarousal. This threefold structure of PTSD, however, was not confirmed by recent studies. To date, several competing factor models including the two, three, or four-factor solutions were proposed to account for the underlying structure of PTSD, but yet to be conclusive across samples with various traumas or from various cultures. It was thus worthy to evaluate various factor models with Chinese samples. The sample comprised of 383 college students who had exposed at least one trauma incident that satisfied DSM-IV criteria A. They were administered the Chinese version of Posttraumatic Diagnostic Scale which assesses 17 DSM-IV PTSD symptoms. Confirmatory Factor Analyses (CFAs) was used to compare 8 models of PTSD symptoms, ranging from one to four factors. The four-factor model proposed by Simms et al. (2002) provided the best fit, although it merely approximated acceptable level. This model consisted of 4 correlated factors: intrusion, avoidance, hyperarousal, and dysphoria. The implication for the assessment and psychopathology of PTSD are discussed.

Comparisons Between Trauma and No Trauma Groups on Self-Reported Growth

Poster #S-105 (assess)

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Results from the various PTG measures did not suggest that self-reported growth on the PTGI was associated with increased scores on measures of domains of growth. Another way to assess the validity of self-reported PTG is to compare self-reports of growth in trauma survivors versus those who have not experienced a trauma. Thus, the trauma (n = 56) and no-trauma (n = 56) groups were compared in terms of change from time 1 to time 2 on the six PTG domain measures, change in the current-standing versions of the PTGI, and the PTGI. The trauma group completed the PTGI in reference to the event experienced between Time 1 and Time 2 and the no-trauma group completed the PTGI with regard to change in their lives in the past 2 months. On the PTG domain measures, the trauma group had greater increases in empathy than the no-trauma group but there were no differences on the other five measures. There were no between-group differences in scores on the current-standing version of the PTGI and the no-trauma group actually reported more growth over the past 2 months on the PTGI than did the trauma group. Thus, there was little evidence to suggest that the trauma group was experiencing more growth than the no-trauma group.

Correlates of Perceived Growth Versus Actual Change

Poster #S-106 (assess)

Tomich, Patricia, PhD¹

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Our previous results suggest that self-reported PTG is not highly correlated with actual change on domains of growth or the current standing version of the PTGI. We next assessed whether these different measures of growth had different correlates. In the trauma group, PTGI scores were positively correlated with PTSD symptoms following the trauma (on the PCL) and current depression and anxiety symptoms (on the DASS). Interestingly, neither change in domain measures nor change in the current standing versions of the PTGI was associated with PTSD symptoms or distress. In the sample as a whole, PTGI scores were positively associated with DASS scores whereas the change measures were negatively associated with DASS scores. In other words, individuals who reported more growth from Time 1 to Time 2 on the PTGI reported more distress at Time 2 whereas those whose scores actually increased from Time 1 to Time 2 reported less distress at Time 2. In addition, within the trauma group, greater cognitive and emotional processing and positive reinterpretation coping were positively related to PTGI scores but unrelated to change in the PTG domain and current standing measures. Thus, self-reported growth appears to have different correlates and to be differently related to distress than are actual change measures.

Injury May Be More Than Skin Deep: Injury Dimensions in Female Victims of Intimate Partner Violence

Poster #S-107 (assess)

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An estimated 1.5 million women experience physical assault and/or rape by an intimate partner each year, 1/3 of who experience some form of injury. While violence-related injury has consistently conferred increased risk for developing posttraumatic stress disorder (PTSD), most studies have defined injury as acute phenomena. After acute injuries heal, there may be residual changes, including alterations in appearance with marks or scars. The current study examined the types, frequency, and location of acute and residual injuries within 371 victims of moderate-severe intimate partner violence (IPV). Acute facial injuries were common with facial bruising reported by 83 percent, facial lacerations reported by 47 percent and

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damaged teeth reported by 20 percent of the sample. Fifty-seven percent of the sample reported at least one mark or scar resulting from their acute injury. For this residual injury group, participants were asked whether these marks and scars were associated with body focused checking and avoidance and whether these marks trigger memories of the violence or emotional distress. This study will examine the associations between acute and residual injury, PTSD and depression. For the residual injury group, this study will explore whether body-focused behaviors may play a role in predicting PTSD above and beyond severity of violence.

A Study of Intrusion, Avoidance and Hyperarousal Among Tsunami-Exposed Six Months Post-Disaster

Poster #S-108

(assess)

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There is an ongoing debate about the symptom criteria for PTSD. What symptoms are necessary and sufficient in order to make the diagnosis? The two main diagnostic systems, the ICD-10 and the DSM-IV differ in this respect.

Our hypothesis is that the hyperarousal component of the posttraumatic stress syndrome is more related to the physical danger response than are the intrusion and avoidance symptoms.

The respondents to a questionnaire study six months after the Tsunami of 26 December 2004 were divided into three groups.

1. High exposure (severe danger)
2. Medium exposure (no danger but other disaster stressors such as loss of family member or close friend, serious injury of close one or uncertainty of their fate, witnessing grotesque impressions and so on)
3. Low exposure

Significant differences ($p < 0.001$) in mental health outcome were found between each of the groups regardless of which instrument that was used (GHQ-28, PTSS-10, IES-R). The IES-R revealed the greatest differences between unexposed and exposed individuals. The hyperarousal scale was superior — and the avoidance scale inferior — the other IES-R subscales in catching differences (in discriminating) between unexposed and exposed individuals.

Does Combat-Related Trauma Impact Preference-Weighed Health Status?

Poster #S-109

(assess)

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Preference-weighted health status is a policy friendly index of morbidity and disease burden. Health states are valued between death (zero) and perfect health (one), allowing comparisons of heterogeneous health conditions along a generic severity continuum. Using previously published weights from SF-36-derived health states, we assessed the health status of 878 patients from 4 VA primary care clinics. Patients completed the SF-36, Trauma Assessment for Adults Questionnaire (TAA) and, for those positive on the TAA, the Clinician Administered PTSD Scale. Veterans with combat experience that endorsed having 'experienced an event when they thought that they might be killed or seriously injured' ($n = 332$) were significantly more likely to be diagnosed with PTSD than patients reporting other types of trauma ($n = 872$; Crude OR = 5.44). The average preference-weighted health status for the combat exposed patients (0.627) was significantly lower than the average for patients not endorsing combat-related trauma (0.676). These

results suggest that even apart from the impact of PTSD, combat-related psychological trauma is linked to significant health morbidity.

Content Validity Survey of Signs and Symptoms Associated with Trauma Exposure

Poster #S-110

(assess)

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Converging lines of evidence have called into question the DSM-based structural model of PTSD as well as the content validity of DSM-based PTSD measures. We examined the content validity of a broad sample of signs and symptoms empirically and theoretically related to trauma experience. By completing a Web-based survey, 231 clinicians rated the relevance of 98 symptoms to their most recent trauma patient. We conducted an exploratory factor analysis to identify the underlying factor structure of the relevance ratings. Next, we examined the relevance and specificity of each of the individual symptoms and factors to trauma exposure. Results indicated a four-factor structure: Factor I included DSM-based PTSD symptoms in addition to anxiety, non-specific arousal, and dissociative symptomatology symptoms; Factor II included symptoms representative of depression; Factor III contained symptoms related to drug and alcohol abuse as well as some symptoms of suicidality, impulsivity, and additional dissociative symptoms which may be uniquely related to emotional dysregulation pathology; finally, Factor IV included symptoms of obsessionality and non-specific arousal. Furthermore, symptoms associated with depressive, dissociative, and other anxiety disorders were rated to be nearly as relevant and specific to trauma patients as those derived from DSM-based conceptualizations of PTSD.

Neuropsychological and Cognitive Consequences of Exposure to Witnessing Domestic Violence

Poster #S-111

(biomed)

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The aim of this study was to assess the effects of witnessing domestic violence (DV) during childhood on cognitive and academic abilities in early adulthood.

Twenty-four females (22+2 years of age) with a history of DV, but without exposure to other potential A1) traumas, served as subjects. Controls were 52 females of comparable age and SES, who had no history of Axis I disorders or trauma. DV subjects had 14.2 years of formal education versus 15.0 years for controls.

DV was assessed using Conflict Tactic Scale Interviews. Subjects were administered the Wechsler Adult Intelligence Scale - Third Edition, Woodcock-Johnson III Tests of Achievement, and Memory Assessment Scale.

DV was associated with 10.4, 11.4 and 12.2-point reduction in Verbal ($p=0.005$), Performance ($p=0.0002$), and Full Scale IQ ($p<0.0005$), respectively. Verbal Comprehension, Perceptual Organization, Working Memory, and Processing Speed were significantly reduced. DV subjects scored significantly lower in their ability to apply academic material, but not in their levels of skill or fluency. Short Term, Verbal, Visual, and Global Memory were reduced.

DV was associated with enduring alterations in verbal and non-verbal cognitive functions. Imaging studies undergoing analyses, may provide a basis for understanding these marked neurocognitive alterations.



An Open-Label Assessment of Aripiprazole in the Treatment of PTSD

Poster #S-112

(biomed)

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Recent studies suggest that atypical antipsychotics can effectively augment antidepressant response in PTSD, but limited data are available on the newest agent, aripiprazole. A 12-week, open-label, flexible-dose, adjunctive trial of aripiprazole was conducted in male military veterans meeting DSM-IV criteria for PTSD. The primary outcome variable was the Clinician Administered PTSD scale (CAPS). Seventeen of 20 patients had at least one post-baseline efficacy evaluation thus were included in the efficacy analysis. Total CAPS scores decreased from 78.2 (SD=17.8) at baseline to 60.0 (23.5) at study end (p=0.002). Reexperiencing and avoidance/numbing symptoms were significantly improved, and trend level reductions were observed in hyperarousal symptoms. Fifty-three percent (9/17) were responders, based on a 20 percent decrease in CAPS scores. Positive and Negative Symptom Scale (PANSS) total score and positive and general psychopathology subscale scores were significantly reduced. Final average dose of aripiprazole was 13.06 (SD=6.45) mg daily. Nine patients discontinued because of side effects. Gastro-intestinal disturbances, sedation, and psychomotor activation were the most common adverse effects. Tolerability was improved with lower starting doses and slow titration. Addition of aripiprazole to ongoing treatment further reduced PTSD symptoms in military veterans with severe PTSD.

Increased Atherosclerotic Risk Marker Levels in Patients with PTSD

Poster #S-113

(biomed)

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Background: The psychobiological underpinnings which might link PTSD with cardiovascular disease are vastly unclear. **Methods:** We compared 14 PTSD patients to 14 matched trauma-exposed non-PTSD controls, measuring plasma concentrations of markers of endothelial function, coagulation, and inflammation. **Results:** Soluble tissue factor was higher in patients than in controls and correlated positively with symptoms of re-experiencing in patients but not in controls (p<.05). Von Willebrand factor showed a positive association with all PTSD symptom clusters and total PTSD symptom severity (p<.05). Of the hypercoagulability markers, FVIII:C was positively associated with hyperarousal severity (p<.05) and with overall PTSD symptom severity (p<.05) in all subjects. Fibrinogen was positively associated with hyperarousal severity (p<.01), and with overall PTSD symptom severity in PTSD patients (p<.05) but not in controls. Analyses of inflammatory markers showed higher levels of pro-inflammatory tumor necrosis factor-alpha (p<.05) and lower levels of anti-inflammatory interleukin-4 (p<.05) in patients than in controls. **Conclusions:** PTSD is related to endothelial dysfunction/damage, hypercoagulability, and a pro-inflammatory state suggesting several mechanisms by which PTSD yet at subthreshold level might contribute to atherosclerosis and increased cardiovascular risk.

Sleep Disturbances in Posttraumatic Stress Disorder, An Overview of Literature

Poster #S-114

(biomed)

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Background: Nightmares and insomnia are present in 70 percent of patients suffering from posttraumatic stress disorder (PTSD). Several studies have reported on measurable characteristics of sleep disturbances in PTSD. However, objective criteria, e.g. polysomnography, for disturbed sleep in PTSD have not been established. **Aim:** To provide an overview of polysomnography studies in PTSD. **Methods:** Articles were searched in MEDLine and EMBASE, with the keywords: PTSD, polysomnography, insomnia, nightmares, sleep. **Results:** Studies reported alterations in arousal regulation, REM characteristics and delta sleep. Also, correlations have been found between nightmares and sleep disturbed breathing. In most studies intact macro sleep architecture was observed. Studies were heterogeneous with respect to PTSD severity, co-morbidity, control subjects (combat/ non-combat controls), and length of drug free period before the study nights. **Conclusions:** A discrepancy was observed between the clinical importance of sleep complaints in PTSD and intact macro sleep architecture. Future research should include large homogenous samples to indicate whether objective criteria for disturbed sleep in PTSD can be established in order to elucidate the neurobiological mechanism of sleep complaints, and for the development of new therapeutic strategies.

Posttraumatic Symptoms and Metabolic Syndrome in Police Officers

Poster #S-115

(biomed)

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The metabolic syndrome is a clustering of cardiovascular disease risk factors that have also been independently associated with psychological conditions. A stratified sample of 115 police officers was randomly selected from an urban police department. PTSD symptoms were measured with the Impact of Event Scale (IES), divided into categories of subclinical, mild, moderate and severe symptom levels. The metabolic syndrome was considered present if three or more of its component parameters (obesity, elevated blood pressure, reduced high density lipoprotein (HDL) cholesterol, elevated triglycerides, and abnormal glucose levels) were present in each officer. Results indicated a significantly increased prevalence of the metabolic syndrome among those officers in the severe PTSD symptom category compared with the lowest PTSD severity category (prevalence ratio (PR) = 3.31, 95 percent Confidence Interval (C.I.) = 1.19 - 9.22). Adjustment for age and education attenuated this association somewhat (PR = 2.71, 95 percent C.I. = 0.99 - 7.37), whereas adjustment for smoking habits and alcohol intake had minimal influence. **Conclusion:** Police officers with severe PTSD symptomatology were approximately three times more likely to have the metabolic syndrome, with education accounting for some of this association.

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Cortisol Administration for PTSD

Poster #S-116

(biomed)

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Accumulating evidence on the interplay between memory and emotion has shown differential effects of glucocorticoids on memory. An acute elevation of glucocorticoid levels seems to temporarily inhibit spatial memory in rats and retrieval of episodic memory in healthy human subjects. Furthermore, there is evidence that emotional memory is especially sensitive for the inhibiting effects of glucocorticoids. The administration of cortisol might therefore also inhibit the retrieval of traumatic memories in patients with PTSD. A recently conducted pilot study showed that cortisol administration indeed reduced re-experiencing symptoms in the patients studied (Aerni et al., 2004). In the current study we further explored the relation between cortisol levels and symptom severity in PTSD in a double blind, placebo controlled cross-over design. Subjects were 20 male police officers with chronic PTSD as assessed by the CAPS. 20 mg hydrocortisone or placebo was administered for four consecutive days with one week in between. Diurnal curve of cortisol and HPA axis reactivity were tested one week before and one week after cortisol administration. Throughout the trial symptom severity (IES-R) and mood (HADS) were determined on a daily basis. Preliminary results are presented.

Diffuse Cortical Thinning in Combat-Related PTSD

Poster #S-117

(biomed)

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Background: Several magnetic resonance (MR-) imaging approaches have produced evidence for structural compromise of the brain in posttraumatic stress disorder (PTSD). A new approach enables estimation of the thickness of the cerebral cortex from T1-weighted images by employing knowledge about the geometry of the gray-white matter boundary.

Methods: T1-weighted volumetric SPGR image series (1.5t) were obtained from 90 combat-exposed male veterans, 47 with PTSD and 43 without. Cortical thickness was estimated according to the Fischl, Dale and Sereno method (Dale et al 1999; Fischl et al 1999) via FreeSurfer. A priori gyrographic parcellation of the cortical thickness maps was then performed (Fischl et al 2004).

Results: Assessed via ANOVA crossing PTSD and lifetime alcoholism and covarying for age, cortical thickness was lower in association with PTSD ($F(1,85) = 5.83, p < .018$). There was no effect of alcoholism and no PTSD by alcoholism interaction. The interaction of PTSD with parcel approached significance (Wilks' lambda = .503, $F(33,53) = 1.59, p < .066$). Mean cortical thickness was correlated with anterior cingulate cortical volume, but not with hippocampal, cerebral tissue, or cranial volume.

Discussion: Cortical thickness is diffusely lower in combat veterans with PTSD compared to combat controls. This association is independent of most known volumetric reductions.

PTSD-Associated P11 is Up-Regulated By GC Acting at Two Specific GREs in the P11 Promoter

Poster #S-118

(biomed)

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PTSD is one of the most frequent anxiety disorders. Despite a broad body of evidence concerning neurobiological correlates of this disorder, the underlying mechanisms of PTSD are still poorly understood. Here, we demonstrate that mRNA levels of p11, a member of the S-100 protein family, are increased in the postmortem prefrontal cortex (area 46) of PTSD patients. To determine whether the expression of p11 in the brain of PTSD patients, we quantitatively tested p11 mRNA levels in the PTSD postmortem PFC (area 46) of patients with PTSD and in age- and sex-matched controls by real-time PCR. The p11 mRNA levels in PFC (area 46) were significantly higher in patients with PTSD (2.51 ± 0.51) compared to the control group (1.14 ± 0.29). We also found that stress increases both p11 in the prefrontal cortex and plasma levels of corticosterone, a glucocorticoid in rats. Dexamethasone (Dex) up-regulates p11 expression in SH-SY5Y cells through glucocorticoid response elements (GREs) within the p11 promoter, which can be attenuated by either RU486 (glucocorticoid receptor antagonist), or by mutating two of the glucocorticoid response elements (GRE2 and GRE3) in the p11 promoter. This work demonstrates that PTSD is associated with an increased p11 expression that can be regulated by glucocorticoids through GREs within the p11 promoter, thus supporting a role for p11 in PTSD.

Barriers, Challenges, and Successes in Meeting the Needs of Hurricane Katrina Evacuee Families

Poster #S-119

(child)

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²Clinical Child Psychology Program, University of Kansas, Kansas, USA

Disaster relief and evacuee service providers encountered a variety of challenges when assisting Hurricane Katrina evacuees and their families after the storm. As part of a focus group study, researchers met with disaster relief and evacuee service providers in the Kansas City area to discuss their experiences working with Hurricane Katrina evacuees and their families. Focus groups were composed of members from a variety of different settings, including workers from community mental health centers, relief organizations, and school settings that worked with evacuee families. Among the topics discussed in the focus groups were the service providers' perceptions of the needs of evacuee families, their level of preparedness to meet those needs, the challenges they encountered providing services, and their recommendations for how service providers could better address the needs of evacuees in the future. This study has important implications for better meeting the needs of evacuee families. Evidence suggests several ways service providers may become better prepared to assist families in future disaster situations.

Differences in Posttraumatic Stress Symptomology (PTSS) After Violent and Nonviolent Injury in Youth

Poster #S-120

(child)

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Violent injuries are experienced by youth at increasing rates in the United States. This study investigates the impact of violent injuries (VI) versus non-violent injuries (NVI) on the development of PTSS. Of 163 children (ages 7-18 years) admitted to an inner-city hospital for injury, 28.2 percent (n = 46) were admitted for VI including



assault, stabbing or shooting whereas 71.8 percent (n = 117) were admitted for NVI such as pedestrian struck and MVA. As part of an ongoing longitudinal study, participants were assessed with the Posttraumatic Stress Disorder-Reaction Index (PTSD-RI). Acutely, the two groups did not differ on gender, injury severity, length of hospital stay, or amount of acute stress symptoms but did significantly differ on age, children with VI (M = 15.41, SD 2.2) were approximately two years older than children with NVI (M = 13.51, SD 3.5). Interestingly, one year post-injury, children with VI reported more symptoms (M = 27.67, SD 12.76 versus M = 22.24, SD = 12.78 acutely) whereas children with NVI reported less symptoms (M = 17.67, SD 10.72 versus M = 23.32, SD = 12.02 acutely) over time. This study highlights differences in the trajectory of symptomology after VI and NVI.

The Use of Religious Coping Strategies for African-Americans Following Residential Fires

Poster #S-121 (child)

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Previous research has shown African-Americans to be more likely to use religious strategies for coping following trauma, compared to other racial sub-groups. Although this relationship has been demonstrated for children, religious coping studies have focused primarily on pediatric populations with chronic health conditions. Therefore, the present study examined religious coping in adults and children following traumatic events. The authors hypothesized that African-American adults and children would engage in more religious coping than European Americans following residential fire. The Religious Coping Questionnaire and Religious Coping Activities Scale (RCAS) were administered to 123 families after residential fire. Race significantly explained 11 percent of the variance ($F(4,117)=3.553, p < .01$) for adult religious coping. Furthermore, post hoc tests revealed significant differences between African-Americans and European Americans ($p < .001$), with African-Americans using more religious coping. However, in contrast to previous research, children's race did not significantly predict religious coping ($F(3,123)=1.392, p = .248$). These results have implications for the role of religion in interventions for African-American adult victims of trauma. However for African-American children, religious coping strategies may be less important.

Is Participation in Trauma Research Experienced as Traumatic by Adolescents with HIV?

Poster #S-122 (child)

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Adolescents and young adults with HIV have been found to show high rates of posttraumatic stress and posttraumatic stress disorder, relative to community samples. Posttraumatic stress has been associated with receiving a diagnosis of HIV as well as other events. Both HIV-diagnosis and "other" trauma have been associated with reduced adherence to medical care.

These high rates of posttraumatic stress raise questions about whether participation in research on trauma further compounds the experience of trauma in a vulnerable population. For this reason, we have studied the associations between trauma reactions among adolescents and young adults with HIV and their reports participating in research on trauma. Correlations among scales of research participation, traumatic experiences, and posttraumatic stress were completed by 30 adolescents ages 18-24. Level of education was related to participants' understanding of research process ($r = .405,$

$p < .05$). Trauma exposure was inversely related to understanding research rights ($r = -.375, p < .05$). However, level of posttraumatic stress was not related to negative or positive responses to participation in trauma research. These findings suggest that, even in a traumatized sample of medically vulnerable adolescents and young adults, participation in trauma research is not experienced as traumatic.

Prevention of Child Distress During Medical Exams for Child Sexual Abuse

Poster #S-123 (child)

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Children who disclose child sexual abuse (CSA) are often referred for a comprehensive medical exam. Medical examinations are important in ensuring the child's physical well-being and are necessary for evidence gathering. Developing early interventions to prevent distress related to both the CSA event and potential distress related to post assault evidence gathering procedures is warranted. There has been no research focused on the implementation of possible interventions that could reduce distress in child victims and their caregivers at the time of the medical exam. This pilot study examined a brief developmentally appropriate psychoeducational video that educates children and caregivers about the medical exam procedures and teaches several coping strategies children can use during the exam and afterwards. A separate parent component of the video provides information regarding the CSA investigation process and demonstrates to caregivers techniques to manage their own distress as well as their child's distress. 100 children ages 4-15 and their caretakers were randomly assigned to view the video or to receive standard practice. Distress before, during, and after the exam was assessed for both children and caretakers. Preliminary analysis indicates that the video is useful in decreasing distress in parents at the time of the medical exam.

Assessing Child Distress During the Sexual Assault Medical Examination

Poster #S-124 (child)

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Comprehensive medical examinations are a standard part of the evidence-gathering process for child sexual abuse (CSA). Moreover, the exam is important to ensure the health and well-being of the child. There is concern that a medical examination may cause undue stress and physical pain to a presumably traumatized child. Mixed findings have been found regarding the impact of the exam itself on child distress. Preexisting conditions as well as factors associated with the exam may be important predictors of child outcome. The current paper aims to explore the relationship among preexisting factors, such as abuse characteristics and family environment and level of distress at the time of the examination (child distress per child and nurse practitioner report and parent distress). 50 children (ages 4-15) and their parents were assessed at the time of the medical examination. Not only does this study provide information about the impact of the medical examination on both children and their caretakers, but also factors that may related to their reactions. In addition, this study provides information about possible modifications to medical exam procedures and resources to improve exam response.

The presenting author is underlined.

Impact of Child Maltreatment on Classroom Behaviors: Implications for Intervention and Prevention

Poster #S-125

(child)

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Limited research has examined impact of child maltreatment on classroom behaviors, including the intervening processes that influence negative school outcomes or promote resilience in these youth. An evaluation of such behaviors and processes is warranted given that not all children who are victims of abuse struggle academically or exhibit behavioral difficulties in the school. Thus, the present study was conducted to improve our understanding of how maltreated children present in the classroom and to examine potential protective and risk factors in this association. Information regarding mental health symptoms were collected from children and their caregivers (N=113) seen for a forensic interview in a local child advocacy center and information regarding the classroom behaviors of these youth were collected from teachers. On the BAS-C, 12 percent of children self-reported school problems; 40 percent of children were rated by teachers as exhibiting clinically significant externalizing problems; and 25 percent of children were rated by teachers as exhibiting clinically significant internalizing problems. On the TSCC, 10 percent of the sample reported clinically significant scores for PTSD symptoms and 7 percent had clinically significant scores for depressed symptoms. On the BDI, 44 percent of caregivers reported significant levels of depression. Clinical implications of these findings will be discussed.

Reduced Containment of Herpes Simplex Virus After Child Maltreatment and Institutionalization

Poster #S-126

(child)

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Some early experiences can 'get under your skin' to affect mental and physical health. Given that a wide literature indicates that stress impacts the immune system, we tested whether early stress exposure, defined as child maltreatment, impaired containment of Herpes Simplex Virus Type 1 (HSV). We selected HSV because the prevalence of infection is over 60 percent in adulthood, and is already 37 percent by adolescence. Two groups of maltreated adolescents were examined. Physically abused children were identified through Child Protective Service reports or parental report of abuse. Interpreting a difference between control and abused adolescents may be challenging because it would be impossible to disentangle whether findings were driven by early or concurrent stressors. Therefore, we assessed a second cohort of adolescents who had experienced early maltreatment, via neglect in Romanian and Russian orphanages, but who were later reared in more favorable conditions by adoptive families. We found that both maltreated groups had elevated HSV antibodies in saliva, $F(2,104)=5.57, p<.005$, with post-institutionalized adolescents driving the effect, $p=.004$. The findings indicate that early experiences continue to change development years after maltreatment terminates. Impaired immunity may be one pathway through which maltreated children evince more health problems throughout development.

Children's Dissociative Experiences Scale and Posttraumatic Symptom Inventory: A Replication Study

Poster #S-127

(child)

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The Children's Dissociative Experiences Scale and Posttraumatic Symptom Inventory (CDES/PTSI) is a self-report measure that assesses posttraumatic psychopathology in children. The CDES/PTSI is comprised of a social desirability scale and two clinical scales, one intended to reflect dissociative symptoms (21 items) and one intended to measure DSM PTSD-related symptoms (13 items). The CDES/PTSI does not require children to link symptoms with traumatic events and has been shown to differentiate children by level of trauma-related psychopathology (definite PTSD, "partial" PTSD, nontraumatized). The current study aims to replicate and extend the findings of the original validation study to include a broad range of traumatic stressors (sexual and physical abuse, domestic violence, traumatic loss, burns and other medical trauma, witnessing homicide and other community violence), as well as a larger age range (8-17). Participants were 66 children referred for trauma-focused assessment following exposure to at least one traumatic stressor. Using self-report and parent-report measures, children were assessed for PTSD and related symptomatology. The CDES/PTSI demonstrated good internal reliability (Cronbach's alpha = .84) and was significantly correlated with PTSD diagnosis and scores on other symptom measures (UCLA PTSD Reaction Index, TSCC DIS & PTS scales, CDI).

Willingness to Disclose, Posttraumatic Growth, and Rumination in Japanese Students

Poster #S-128

(child)

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This study examined the relationship between posttraumatic growth (PTG), rumination, and disclosure about a highly stressful event. Hypotheses: a) People who wanted to disclose and did (Yes-Yes Group) report more growth and deliberate rumination than those who did not want to but eventually disclosed (No-Yes Group) or those who did not want to and had not disclosed (No-No Group); b) The No-Yes Group report more intrusive rumination than the No-No Group. Participants were 398 Japanese university students, who focused on their most stressful event. PTG was assessed with the Japanese version of the PTG Inventory (PTGI-J). Deliberate and intrusive rumination were each measured by 4 items. Disclosure was measured by 2 items. A 3 (disclosure groups) x 2 (gender) MANOVA found that on the Relating to Others subscale, the Yes-Yes Group (N=248) reported more growth than the No-No Group (N = 65). The Yes-Yes group had the highest score on Deliberate Rumination. The Yes-Yes and No-Yes (N = 72) groups had higher scores on Intrusive Rumination than the No-No group. The current results indicate that there are potentially important differences in PTG and cognitive processing associated with both disclosure and desire to disclose about a trauma.

Poster #S-129

Withdrawn



UCLA PTSD Reaction Index as a Screen for DSM-IV PTSD Diagnosis Components

Poster #S-130 (child)

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The UCLA PTSD Reaction Index for DSM-IV (PTSD-RI) is a widely used screen for PTSD in children and adolescents, and constitutes part of the core data set for National Child Traumatic Stress Network. Children provide likert-scale endorsement of severity of a series of symptoms; norming has been by determining a total "cut" score with greatest sensitivity and specificity compared to diagnosis by structured clinical interview (Steinberg et al, 2004; Rodriguez et al., 2002). A worksheet also allows estimate of probable PTSD in terms of presence of B, C, and D symptom clusters, with cluster information additionally useful for treatment planning. However, it has been unclear what level of endorsement to use to score symptoms as present, an issue that is important because use of too lenient or too strict criteria can lead to over- or under-diagnosis. The current paper provides an analysis of PTSD-RI responses from 800 children and adolescents assessed for possible treatment by the Child and Adolescent Trauma Treatment and Services Consortium (CATS Program) in New York after 9/11; the analysis provides clear support for the use of symptom endorsement of at least "3" (present much of the time) when doing symptom cluster analyses for the PTSD-RI.

Traumatic Event Exposure and Panic Among Adolescents: The Moderating Role of Cigarette Smoking

Poster #S-131 (child)

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A key issue in the prevention of negative consequences of traumatic event exposure is to understand its association with other (non-PTSD) anxiety outcomes, such as panic. A significant association between trauma exposure and panic has been documented (Nixon, Resick, & Griffin, 2004), potentially due to fear-relevant conditioning of bodily sensations that occur during trauma. However, variables that may affect this association have not been examined. One possibility is that cigarette smoking, which is also common among trauma-exposed youth (Acierio et al., 2000), influences this association (e.g. via nicotine withdrawal). This study examines whether smoking moderates the relation between trauma exposure (indexed via clinical interview) and panic symptoms (indexed via the Revised Child Anxiety and Depression Scale; Chorpita et al., 2000) among 225 adolescents (10- 17 years) from the community. It is hypothesized that trauma exposed youth who are current smokers will evidence the most panic symptoms. Among the 167 youth (101 females; Mage = 13.74 years) for whom data are presently available, there are strong trends in the expected direction (interaction term = .15, p = .08). Data from the total sample will be presented, the influence of other factors (e.g., gender) examined, and the theoretical relevance of findings discussed.

Intimate Partner Violence, Maternal Personality, and Behavior Problems in Young Children

Poster #S-132 (child)

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Children exposed to intimate partner violence (IPV) are at risk for a number of negative developmental outcomes, but not all children show these negative effects. Maternal psychological functioning may moderate the impact of IPV on child outcomes (Lieberman et al., 2005). This study examined the effects of maternal emotion-related personality factors (neuroticism and extraversion) and maternal representations of the child on behavior problems in children exposed to IPV before age 3. 170 women from a larger longitudinal study were followed annually from pregnancy to child age 3; 78 percent reported IPV during that time. Among women who experienced IPV, neuroticism and extraversion were significantly related to child internalizing and externalizing at age 3; maternal representations were related only at the level of a trend. No relationship was found for women not exposed to IPV. Results suggest that maternal functioning has a more salient impact on child outcomes in the context of interpersonal trauma such as IPV. Regression analyses indicated that IPV was significantly related to neuroticism, as were PTSD symptoms reported by a subset (n=24) of the women exposed to IPV. Results will be discussed in light of the relationship between jointly experienced interpersonal trauma and maternal and child emotion regulation.

Curvilinear Associations of Life Changes and PTSD Symptoms in Taiwanese Adolescents

Poster #S-133 (child)

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Purpose: The aim of this study was to clarify the relations of PTSD symptoms, psychosomatic symptoms and life changes with adolescents exposed to the typhoon Mindulle in Taiwan.

Method: The UCLA-PTSD Index for DSM-IV, Psychosomatic Symptoms Checklist, and Changes in Life Scale were given to 701 adolescents 5 to six months after the impact of Typhoon Mindulle that occurred in July 2nd 2004 and caused severe negative consequences. **Results:** All 3 domains (i.e. socio-economic, social interpersonal relationships and personal health) in life changes were found to have significant curvilinear associations with PTSD and psychosomatic symptoms. More life changes, in good or bad direction, were related with more PTSD and psychosomatic symptoms. Linear relations among life changes, PTSD symptoms, and psychosomatic symptoms were not significant for social interpersonal relationships domain and personal health domain. **Conclusion:** The findings suggest that changes in life per se, regardless of subjective evaluation as better or worse, are associated with psychosomatic symptoms and PTSD symptoms in adolescents impacted by natural disaster. These findings remind us that we should not only take care of adolescents who had unpleasant life changes after trauma, but also pay attention to those whose life changes toward a better direction.

The presenting author is underlined.

Examining the Relationship Between Empathy, Intelligence and PTSD in Soldiers Returning From Iraq

Poster #S-134

(clin res)

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Despite the controversy surrounding recent military efforts in Iraq, most would agree that U.S. Service Members have made tremendous sacrifices enforcing the political agenda of coalition forces. Most who have returned from combat recall images of brutal human suffering. Many have experienced considerable difficulty reintegrating themselves into the lives they knew prior to deployment. This study proposes that as empathy increases, so too should an individual's arousal level and susceptibility to developing PTSD (hypothesis 1), particularly if he/she lacks the intellectual resources to mitigate the impact of the event (hypothesis 2). These hypotheses were tested on U.S. Army soldiers returning from Operation Iraqi Freedom.

Linear regression tests the hypothesis that more empathic, less intelligent soldiers are more likely to develop symptoms of PTSD following deployment than their less empathic, more intelligent counterparts. Results indicate the amount of variance in PTSD scores accounted for by empathy was fairly low (Adj. R² = .015). The first hypothesis, stating that soldiers with relatively high empathy would be more susceptible to developing PTSD symptoms than those with lower empathy, was not supported by the data. In contrast to previous research, the data derived from the present study did not support a significant relationship between IQ and PTSD ($r = -.065, p = .191$).

PTSD in a Sample of Railroad Employees: Effects of Debriefing and Peer Support

Poster #S-135

(clin res)

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Debriefing provides the survivor of a traumatic experience with a framework and some practical guidelines for dealing with the victim's intense emotions and reactions to the event and provide an opportunity to share their experience in a manner that doesn't allow emotions to become overwhelming or disorganized. The purpose of this study is to examine occurrence of PTSD symptoms following exposure to a critical incident given the presence of social support and debriefing experiences. Specifically, individuals who had been debriefed following a critical incident would report fewer PTSD symptoms than those who were not debriefed controlling for accident severity. We also hypothesized that those who perceived higher levels of peer and supervisor support would report fewer PTSD symptoms when controlling for accident severity.

Results revealed that debriefing was the only significant predictor of total PCL-C score when controlling for all other variables in the model. Peer support, supervisor support, and presence of fatalities were not significantly related to total PCL-C score. The total variance in PCL-C sum accounted for by these four variables was 33.5 percent. Individuals who received debriefing following a critical incident scored an average of 9.7 points lower on the PCL-C than individuals who has not been debriefed controlling for all other variables in the model.

The Role of Social Functioning in Outcome of Cognitive Processing Therapy for Military-Related PTSD

Poster #S-136

(clin res)

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Cognitive Processing Therapy (CPT) has recently demonstrated effectiveness in reducing symptoms of posttraumatic stress disorder (PTSD) in veterans suffering from military-related PTSD (Monson et al. 2005). Some evidence suggests that social support is related to symptom reduction in PTSD (Schnurr et al., 2004); however, no studies have examined whether social functioning predicts outcome in treatment for PTSD. The purpose of this study was twofold: to determine how social functioning changes as a function of cognitive processing therapy (CPT) for PTSD, and to explore which aspects of social functioning predict treatment progress.

Sixty veterans from a VA medical center were randomized to receive CPT in addition to their stable regimen of treatment (CPT; N = 30) or to a waiting list condition (WL; N = 30). Relevant to the current study, the Social Adjustment Scale (Weissman & Aykel, 1974) was completed by the participants at baseline and post-treatment (or after six weeks of waiting). Results revealed statistically significant improvements in overall psychosocial functioning and family functioning for CPT compared to a waitlist. There were also marginally significant improvements in partner relations, immediate family functioning, housework, and social and leisure activities. The implication of these results for treatment and theory are discussed.

Impact of a Brief Intervention on Acute Distress Among Rape Victims at the Time of the Medical Exam

Poster #S-137

(clin res)

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The purpose of this presentation is to report findings related to changes in self-reported acute distress from pre- to post-medical exam (on a scale from 0 to 100) among recent rape victims going through a forensic medical exam. We examined effects of a brief early intervention (compared to standard care) designed to reduce exam related distress at the time of the medical exam among 379 adult and adolescent female rape victims. Findings were that 6 percent increased, 50 percent stayed the same, and 44 percent reported decreases in self-rated distress (at least one half SD compared to pre-exam rating) from pre- to post-exam. Those in the video condition were significantly more likely to experience a decrease in distress (48 percent vs. 37 percent). Moderation effects were also observed such that the video was associated with reduced distress among minority participants, among those who reported fear of death or injury during assault, among those with less than high school education and among the unemployed. Findings indicate that the brief intervention may reduce anxiety related to the post-rape medical exam and that it may be particularly helpful for minority women, those with fewer resources, and those with perceived life threat during assault.



Functional and Behavioral Sexual Outcomes in Women Treated for PTSD

Poster #S-138

(clin res)

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PTSD adversely affects functioning and quality of life. Although most research has focused on psychosocial and occupational domains, several studies indicate that PTSD is associated with sexual problems. We extended these findings by investigating behavioral and functional sexual outcomes in women with PTSD by using data from 246 female veterans and active duty personnel who participated in a multi-site randomized clinical trial. Participants were randomly assigned to receive 10 weekly sessions of Prolonged Exposure (PE) or Present-Centered Therapy (PCT). Women who received PE experienced greater reduction of PTSD symptoms and were more likely than women who received PCT to no longer meet diagnostic criteria and to achieve total remission. Analyses for the present study are underway to achieve the following objectives: 1) to characterize the relationship between symptoms of PTSD and sexual behavior and functioning; 2) to examine the effect of treatment on sexual outcomes and whether being treated for sexual trauma and/or using SSRIs modified the treatment effect; and 3) to examine the relationship between change in PTSD and change in sexual outcomes. Analyses will be performed according to the intention-to-treat principle and will account for missing data and the clustering of patients within therapists.

Treatment of Trauma-Related Anger in Iraq Veterans

Poster #S-139

(clin res)

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Purpose: Persistent anger is a common and seriously impairing symptom following combat and other trauma. The aims of this treatment development study are to 1) adapt a cognitive behavioral treatment for anger (Anger Control Therapy, developed by Dr. Raymond Novoco) to the specific needs of military personnel returning from war-zone deployments, and 2) conduct a controlled pilot study to provide preliminary data of the efficacy of the adapted intervention in this population. **Methods:** The first phase of the study involved piloting the treatment with 12 participants returning from deployment in Iraq. Treatment includes 14 weekly 75-minute sessions. The second phase will involve a randomized study of 50 participants, assigned to receive either the cognitive behavioral intervention or a standardized supportive therapy intervention, serving as a control for common factors. Assessments are conducted at pre-treatment, end of treatment, and three months post-treatment. **Findings:** Eight of 12 participants in Phase I completed the treatment. The experience gained in the first phase has led to further modifications of the intervention. Change from pre to post-treatment and follow-up on primary outcome measures will be presented. **Conclusions:** Experience to date suggests the treatment is feasible and acceptable to the target population.

An Investigation of Caffeine Use and Posttraumatic Stress Disorder

Poster #S-140

(clin res)

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Relatively little research has examined the role of arousal-increasing substances (e.g., stimulants) in the maintenance of posttraumatic stress. In particular, no study has examined the relation between caffeine use and traumatic event-related responding. The primary aims of the current study are to 1) compare past-week caffeine use rates between traumatic event-exposed adults with, versus without, PTSD, and 2) examine relation between level of current caffeine use and anxious responding to a traumatic event-relevant laboratory-based script-driven imagery procedure. Participants include 50 traumatic event-exposed adults with PTSD, and 50 without PTSD. It is expected that caffeine use level will be elevated among persons with PTSD relative to traumatic event-exposed participants without PTSD. Furthermore, it is predicted that greater current caffeine use level will predict greater anxious responding to the script-driven imagery procedure among persons with PTSD. Data collection is ongoing with an expected completion date of 9-1-07. Preliminary results are consistent with the above-stated hypotheses. We expect the results of this investigation to uniquely contribute to our understanding of the relation between caffeine use and PTSD, which has implications for health behavior-focused preventive programs aiming to facilitate recovery from a traumatic event.

Relationship Between PTSD Symptoms, Physical Health, and Experiential Avoidance

Poster #S-141

(clin res)

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Exposure to trauma is associated with adverse physical health outcomes (Green & Kimerling, 2004), and evidence suggests that the symptoms of PTSD may operate as the mediating pathway through which trauma leads to poor health (Schnurr & Green, 2004). That is, increased PTSD symptomology may bring about changes in psychological, biological, and behavioral processes that contribute to physical health impairments. Furthermore, recent research has suggested that experiential avoidance, or the unwillingness to experience thoughts and feelings that are painful or undesirable, may play an important role in the etiology of PTSD (Purdon, 1999). The current study examines the hypothesis that experiential avoidance may in part explain the observed relationship between PTSD and physical health. We examined data from an ongoing program evaluation study of veterans in a VA residential treatment program. Data include measures of PTSD symptoms (PTSD Checklist [PCL] and Mississippi Scale for Military Related PTSD), physical health status (Short Form Health Survey, 36-item version [SF-36]), and experiential avoidance (Acceptance and Action Questionnaire [AAQ]). Correlational, regression, and mediational analyses outlined patterns of interrelationships amongst these measures. Findings are discussed in terms of their relevance to current clinical practice and considerations for future research.

The presenting author is underlined.

Treatment Compliance in Prolonged Exposure Therapy

Poster #S-142

(clin res)

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Prolonged exposure (PE) is an empirically supported treatment for PTSD, and implementation of homework (e.g., breathing skills and exposure) outside the treatment session is an integral part of the treatment (Foa & Rothbaum, 1998). Despite the strong empirical support for PE, some clinicians express reservations over providing this type of treatment, sometimes citing concern that patients may not comply with treatment demands. The purpose of the current study was to examine treatment compliance in PE for PTSD. Female assault survivors with PTSD were enrolled in a treatment outcome study (N=31) in which they could choose prolonged exposure (PE) or sertraline; only those who received PE were examined in the current study (N=23). Overall, patients were minimally compliant with homework assignments in PE, on average completing each homework task less than two times per week. Overall treatment compliance was unrelated to pretreatment PTSD severity, but significantly associated with posttreatment PTSD severity ($r = -.58, p < .01$).

Patients who were rated as compliant with treatment reported significantly lower PTSD symptoms at posttreatment ($M = 7.00, SD = 3.16$) than those who were not compliant ($M = 17.92, SD = 12.57; F(1,21) = 7.13, p < .05$). These preliminary results support the importance of encouraging homework completion in PE.

Early Cognitive Change and PTSD Symptom Severity

Poster #S-143

(clin res)

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Trauma-related cognitions are an integral part of many theoretical models of the development and maintenance of PTSD, yet little is known about changes in cognitions as a function of treatment. The purpose of the current study was to examine early cognitive changes in those receiving treatment for PTSD and whether cognitive change is associated with PTSD symptom severity. Female assault survivors with PTSD were enrolled in a treatment outcome study (N=31) in which they could choose prolonged exposure (PE) or sertraline (SER). Early reliable cognitive change was computed using the test-retest reliability coefficient reported on the Posttraumatic Cognitions Inventory (PTCI). Overall, 9 participants (29 percent) experienced early reliable changes in trauma-related cognitions by session 5, of whom 89 percent (N=8) received PE and 11 percent (N=1) received SER. Those who experienced an early change in trauma-related cognitions reported significantly lower PTSD symptom severity both at posttreatment (change: $M = 9.67, SD = 8.11$; no change: $M = 19.55, SD = 13.38; t(29) = 2.54, p < .05$) and follow-up (change: $M = 7.78, SD = 8.04$; no change: $M = 17.24, SD = 13.65; t(29) = 2.39, p < .05$). These preliminary results support that early reliable changes in trauma-related cognitions do occur, and these cognitive shifts may be a predictor of eventual symptom reduction. Treatment implications will be discussed.

Examining Resiliency in Men Sexually Abused as Children

Poster #S-144

(clin res)

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Few studies have examined factors that enhance or decrease resilience in men who were sexually abused as children (CSA). Such knowledge could add to efforts in developing risk reduction strategies for this population. The current study consisted of a purposive sample of 44 males (mean age=43.4 yrs) with CSA histories who completed the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1995), State Hope Scale (SHS; Snyder et al., 1991), and the Brief Patient Health Questionnaire (PHQ; Spitzer et al., 1999). Multiple regression analysis of age of abuse onset, types of psychopathology and Posttraumatic Growth. Results indicated that age of onset and types of psychopathology were not associated with growth as measured by the PTGI. A one way ANOVA was performed to examine the type of psychopathology with the State Hope Scale. Results indicated significant associations between Hope and different Types of Psychopathology, $F(2, 44) = 7.26, p < .001$. Post-hoc tests indicated survivors with no psychopathology were more hopeful than those who were depressed, anxious or co-morbid, $p < .001$. A second significant finding indicated anxious survivors had more hope than co-morbid survivors, $p < .03$. Additional results, implications, limitations, and suggestions for future research will be presented.

PTSD and Substance Use as Predictors of Revictimization in Rape Victims

Poster #S-145

(clin res)

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Although theory and research suggest that PTSD symptoms and substance use may increase sexual revictimization risk, no studies have examined these factors simultaneously. To examine the impact of these risk factors, female sexual assault victims (N = 625) completed two surveys one year apart. Results suggested that numbing symptoms better predicted sexual revictimization than other PTSD symptoms (i.e., reexperiencing, avoidance, and hyperarousal). Structural equation modeling revealed that multiple sexual victimization experiences (i.e., childhood and adult sexual assault) predicted PTSD symptoms, which preceded the development of drinking problems. PTSD numbing symptoms directly predicted revictimization, and other PTSD symptoms predicted problem drinking, which in turn predicted sexual revictimization. Thus, numbing symptoms and problem drinking may be independent risk factors for further victimization.

Pediatric Medical Traumatic Stress (PMTs) in Parents of Newborns with Spina Bifida

Poster #S-146

(clin res)

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Objective: According to the integrative model of Pediatric Medical Traumatic Stress (PMTs), having a severely ill child elicits posttraumatic stress symptoms (PTSS) in parents. Presumably, these parents do not have all symptoms of posttraumatic stress disorder (PTSD), due to the specific characteristics of medical stressors (e.g., absence of violent acts). Spina bifida (SB) is one of the most complex, congenital disorders compatible with life. Therefore, we examined the extent to which parents of newborns with SB suffer from PTSS.

Methods: 28 mothers and 20 fathers of newborns with SB (15 girls, M age = 71.00 days, SD = 14.47) were interviewed within 3 months



after the diagnosis. PTSS was assessed with 17 DSM-IV criteria for the clusters intrusion, denial, and increased arousal.

Results: 75 percent of the parents met the DSM-IV diagnostic criteria for intrusion and increased arousal, but not for denial.

Conclusions: Data confirmed the PMTS hypothesis that parents of children with SB suffer from PTSS. Typically, they did not have symptoms of denial. In part, this may be explained by the lack of violence; however, parents also expressed that their child's permanent care needs precluded the possibility of denial.

Phases of Pediatric Medical Traumatic Stress in Parents of Children with Spina Bifida

Poster #S-147 (clin res)

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Objective: According to the integrative model of Pediatric Medical Traumatic Stress (PMTS), parents with a severely ill child develop posttraumatic stress symptoms (PTSS) in three phases: 1) immediate intense stress responses to a medical event, 2) early, ongoing, and evolving responses to chronic stressors, and 3) long-term traumatic responses after the immediate threats have ended.

We examined retrospectively whether stress responses of parents of school-aged children with spina bifida (SB) had evolved through these phases.

Methods: Mothers and fathers of 58 children with SB (M age = 10.39 years, SD = 2.37, 34 girls) were interviewed about: 1) the time of diagnosis and surgery, 2) the baby period, 3) the preschool years, and (4) the school years. For each period, they rated on a four-point Likert scale 17 DSM-IV criteria of the PTSS clusters Intrusion, Denial, and Increased arousal. GLM with repeated measures was used to examine time trends across the scores for periods 1, 2, 3, and 4.

Results: (Curvi)linear trends were found suggesting that PTSS decline in the first 2 years of the child's life. Stress symptoms stabilized during the school years. The severity of SB at birth predicted the slope of the decline.

Conclusions: Within the limitations of retrospective studies, our data confirmed 3 phases in parents' stress responses to having a child with SB.

A Web-based Trauma Intervention Focused on Empowerment

Poster #S-148 (clin res)

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This randomized controlled study examines the use of a Web-based intervention designed with a focus on empowerment to aid in recovery from posttraumatic distress. The Web site is based on social cognitive theory to help empower people following a significant trauma. Undergraduate participants who indicated experiencing a traumatic event within the last 12 months (criterion A1, DSMIV-TR) were randomly assigned to one of three groups: 1) Web site, 2) paper version, and 3) control group. A 3 (group) X 2 (time) mixed factorial design was used for the study. Currently, 199 participants have been screened for the study. There were 95 participants that indicate a significant trauma. Only 26 participants responded that they would participate in the 30 day study. Of those, 11 have completed time 1 and time 2 measurements consisting of: two Web, six paper, three waitlist. Participants signed up for research on an online system which administered a baseline survey followed by a 30-day repeat measurement. Participants who met the trauma exposure requirement were then randomly assigned to one of the three groups. Results will be provided when the number of participants in each group is sufficient.

Emotion Regulation and Memory Specificity in PTSD: Improving Treatment Outcome

Poster #S-149 (clin res)

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Posttraumatic stress disorder (PTSD) is frequently associated with depression. Research has shown that people with depression or PTSD have overgeneral memory. That is, difficulty retrieving specific memories. This study looked at the relationship between emotion regulation, memory specificity and CBT outcome in PTSD. Intellectual functioning, memory, learning, attention and autobiographical memory specificity were assessed in 30 patients prior to CBT. Measures of PTSD, depression, anxiety, emotion regulation and history of alcohol/substance use were also obtained before treatment. PTSD was re-evaluated at session eight. Thirty per cent of patients failed to recover with treatment. Memory specificity for positive events significantly predicted outcome. That is, those who improved in treatment were able to access specific positive memories at the start of treatment. Those who failed to improve showed overgeneral memory for positive events. Memory specificity was related to verbal memory and tasks of emotion regulation. There were no other differences between the groups: improvers and non-improvers were similar in terms of their intellectual functioning, attention, memory specificity for negative events, PTSD severity, and depression. The results highlight the importance of memory functioning in improving treatment for this disorder with implications for cognitive models of PTSD.

The Role of Cognitive Emotion Regulation in the Development and Maintenance of Psychopathology Following Injury

Poster #S-150 (clin res)

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The effects of cognitive emotion regulation strategies on the development and maintenance of psychopathology following traumatic injury were investigated in a longitudinal study. Randomized patients (N=300) admitted to hospital following a traumatic injury were assessed in hospital, and at 3 and 12 months. Both adaptive and maladaptive cognitive emotion regulation strategies were measured. Although they were used less often, maladaptive strategies predicted PTSD and depression symptom levels after controlling for gender, age, psychiatric history, trauma history and pain levels. Symptom levels for both PTSD and depression were consistently predicted by a specific combination of cognitive emotion regulation strategies over a twelve month period. This suggests that PTSD and depression may be influenced by a common process, which, among other things, may explain the high comorbidity rates between these disorders.

Physical Health Symptoms, Discomfort, and Immune Function

Poster #S-151 (clin res)

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Purpose: The purpose is to examine the relationships between and among PTSD, physical health symptoms, discomfort, and immune function in the initial 43 women entered into a longitudinal study on the long-term health consequences of intimate partner abuse.

The presenting author is underlined.

Methods: A descriptive-correlational design was used. PTSD was measured using the PTSD Symptom Scale and the Trauma Symptom Inventory. Physical health symptoms and discomfort were assessed using The Modified Pennebaker Inventory of Limbic Languidness. A complete blood count, lymphocyte subset panel, functional efficacy of T cells, and pro-inflammatory cytokines were examined.

Findings: There were significant relationships between PTSD and physical health symptoms and discomfort, $r = .33$ and $.37$, $p < .05$. Although leukocyte and lymphocyte subsets were within reference ranges, the battered women had a statistically higher total white count (mean 8691, SD 3358) than previous comparison non-abused women. IL-1a levels were nondetectable; IL-1b was detectable in 35 percent of the women. The mean IL-6 level was 10.77 pg/ml (SE 3.23). Functional efficacy of T cells will be included.

Conclusions: Battered women experienced significant PTSD, physical health symptoms, discomfort, and changes in immune function. These changes may have a long-term impact on the health of the women.

Supported by NINR award NR09286.

Attributions for Different Types of Traumatic Events and Posttraumatic Stress Among Women

Poster #S-152

(clin res)

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The purpose of this study was to investigate the role of three attributional dimensions (internality, stability, globality) in the development of PTSD among women after exposure to different types of traumatic events. Participants were 424 female undergraduates who previously experienced a serious accident, natural disaster, child abuse, or adult interpersonal violence. Measures included the Traumatic Events Questionnaire, Attributional Style Questionnaire, and Purdue PTSD Scale-Revised. Two models tested hypotheses regarding mediating and moderating effects. The first model employed path analysis, with results indicating a significant indirect pathway from event type to posttraumatic stress through global attributions. Adult and child interpersonal violence survivors exhibited the highest levels of global attributions and posttraumatic stress symptoms. The second model employed regression analyses, which revealed significant interactions between event type and stable attributions in predicting posttraumatic stress. Stable attributions were associated with increased symptoms in interpersonal violence survivors and decreased symptoms in natural disaster survivors. These findings have implications for identifying women at most risk for PTSD, and for improving cognitive interventions for survivors of different types of traumatic events.

Terrorism and Disaster Response: Preparedness and Training for Law Enforcement Professionals

Poster #S-153

(commun)

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Law Enforcement Professionals must endure stressful and dangerous occupational exposures - particularly in response to the mass violence of natural disasters or terrorist attacks. As almost one million Americans serve in law enforcement, it is imperative to identify, understand, and mitigate the risks encountered in police work that

may result in adverse behavioral health outcomes or reduce ability to effectively respond. In this panel presentation, current literature surrounding mental health consequences of traumatic exposure in law enforcement first responders will be reviewed. The challenges of federal (FBI) law enforcement response to large-scale natural disaster in an urban environment will be discussed in terms of preparedness efforts and lessons learned. Current municipal police academy training aimed at reducing negative sequelae will be outlined and future training needs will be identified. The implications of ongoing research for police training and for public health response to trauma will be highlighted.

Participant Alert: Presentations may include photographs of disaster environments that may be potentially distressing to disaster survivors; presenters will acknowledge the use of such photos before their individual presentations.

Using School Programming to Help Japanese Youth Recognize Posttraumatic Growth

Poster #S-154

(commun)

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Recognizing both losses and gains in the aftermath of trauma has been identified as critical in facilitating posttraumatic growth (PTG). This study examined the effectiveness of school programming to improve awareness of both positive and negative elements of experienced stressors, and foster expression of views about them. Participants were 62 Japanese 7th graders who attended two educational sessions designed to facilitate awareness of both elements of stressful events and understanding of their meaning. Program effectiveness was examined by assessing participants' perspectives about stressful events, opinions about their meanings, and program feedback. Following the program, 69.4 percent of students perceived both sides of their stressful event, 27.4 percent perceived only positive elements, and 3.2 percent perceived only negative. Qualitative findings indicated that 38.7 percent believed stressors were necessary to mature, 17.7 percent maintained hardships were unnecessary for growth, and 32.3 percent said their views depended on the hardships' severity or timing. Students described program impact on: re-evaluation of stressors; catharsis and reinforcement via self-expression; education about perceived benefits and PTG; and motivation for growth. Findings underscore the importance of psycho-education to help re-evaluate stressors and support the development of interventions to build capacities associated with PTG.

Community Violence, PTSD, and Childhood Adversity in a National Sample of Urban Workers

Poster #S-155

(commun)

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The impact of urban community violence has been widely researched in children and adolescents; however, adults in urban communities have been largely overlooked. The current study investigated the community violence exposure of 284 development workers across five U.S. cities. This population is routinely in close proximity to community violence by working and living in urban neighborhoods. Exposure to direct and indirect community violence, history of adverse childhood experiences, and current level of posttraumatic distress were assessed in order to test the hypothesis that adverse childhood experiences moderate the relationship between community violence exposure and posttraumatic distress. The findings indicate that urban workers are exposed to high levels of community violence with 74.9 percent reporting direct victimization and



99 percent reporting indirect violence exposure. In addition, 99 percent of participants reported exposure to adverse childhood experiences, and approximately 13 percent of the sample met the diagnostic criteria for posttraumatic stress disorder. A multiple regression analysis indicated that adverse childhood experiences and total community violence exposure were significant predictors of PTSD. However, the analysis did not support the hypothesis that adverse childhood experiences moderated the relationship between community violence exposure and PTSD.

Religious/Spiritual Predictors of Posttraumatic Growth in Heart Failure Patients

Poster #S-156 (culture)

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Posttraumatic growth following highly stressful experiences is garnering increasing research attention. Religiousness/spirituality (R/S) is a strong predictor of growth, although the most predictive aspects of R/S remains unclear. Further, little research has examined growth in the context of life limiting illness. The present study examined the extent to R/S predicts growth in people living with congestive heart failure (CHF), a progressive and ultimately fatal syndrome. 155 CHF patients (mean age of 65) were followed over 6 months. The Brief Multidimensional Measure of Religiousness/Spirituality assessed R/S dimensions. A modified SRGS assessed growth. Many R/S dimensions were correlated with growth (daily spiritual experiences, prayer, commitment, religious social support, self-rated R/S, and positive and (inversely) negative religious coping); these effects held across time and even when controlling for initial levels of growth (essentially measuring change in growth). Multiple regression analysis of significant bivariate predictors indicated that religious commitment (positively) and negative religious coping (inversely) were related to growth; effects remaining when controlling for initial levels of growth. These results suggest that perceived growth does occur in even the dire context of CHF, and that dimensions of R/S are consistently predictive of this growth.

Emotional, Behavioral and Social Dimensions of Pandemics: Challenges, Planning and Responses

Poster #S-157 (culture)

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Historical epidemiological studies and molecular biological characteristics of the influenza virus have led to consensus opinion that a large-scale influenza pandemic is likely. This study focuses on the behavioral, emotional and social aspects of response to the pandemic threat. It will indemnify likely behavioral and social problems based on historical evidence from previous pandemics as well as individual and population responses to other mass disasters. It will also suggest which of these responses might demand high priority attention, such as recognizing the non-professional communities' need to be an active asset in the response. Approaches to the prevention of communal panic, a rare response to widespread threat, will be explored. The behavioral problems associated with risk communication, impact on the work force, care of ill, quarantine, body handling, bereavement, support of care-givers, and reordering community social priorities will be illustrated in the context of how one plans for and facilitates responses to such an event. Level of uncertainty about anticipated problems, effectiveness of solutions, and the need for research in certain areas will be addressed. The importance of including behavioral science experts in the response planning is critical.

Salvadorian and U.S. Immigrant Central-American Parents' Exposure to Community Violence

Poster #S-158 (culture)

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Exposure to community violence is a direct cumulative stressor that has potential negative effects on parents and on their parenting practices (Aisenberg, 2001). Latinos comprise the largest ethnic group in the United States (U.S. Census Bureau, 2000); however, they have been understudied in community violence research (Aisenberg, 2003). This study aims to identify the type and frequency of community violence reported by Salvadorian parents in contrast to Central-American immigrant parents currently residing in the United States. Data was gathered from participants' responses to the Los Angeles Community Violence Checklist (LACVC) and focus groups conducted in El Salvador and the United States. Participants were 28 females and three males (N = 31). Three coders recorded the type and frequency of community violence reported by participants when asked, "How does community violence affect the way you raise your children?" U.S. immigrant and Salvadorian parents reported exposure to criminal activity and killings. In addition, Salvadorian parents reported high rates of exposure to persecution, assault, and verbal threats mainly associated with gang activity. Findings highlight the urgent need for culturally and contextually sensitive parenting interventions that address community violence exposure among Latino caregivers.

Predicting Sexual Coping: The Roles of Sexual Assault, Internalizing Symptoms, and Ethnicity

Poster #S-159 (culture)

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Purpose: Research has shown that depression and anxiety can lead to use of sex as a form of coping. Little research, however, has examined how sexual assault might affect this relationship. In addition, little work has evaluated these relationships among ethnic minority women, who may be at increased risk for sexual assault and for sexual coping. The current study sought to examine depression and anxiety as predictors of sexual coping as well as whether sexual assault history and ethnic minority status served as moderators of these relationships. Method: Participants were 905 women from three universities who completed an online survey. 69 percent of participants were European American, 9 percent African-American, 8 percent Asian, and 7 percent Latina.

Findings: Separate regression analyses were computed for depression and anxiety scales. In the first, depression and sexual assault status predicted sexual coping, as did the depression x sexual assault interaction. Ethnicity did not serve as a significant predictor or moderator. For the other analyses, only victim status was significant; neither anxiety, ethnicity, nor the interactions among them predicted sexual coping.

Conclusions: It will be important to address depression following sexual assault as a means of reducing sexual coping and possible revictimization.

The presenting author is underlined.

PTSD-Related Anger and High Risk Behaviors

Poster #S-160

(culture)

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Current research suggests that combat veterans with Posttraumatic Stress Disorder (PTSD) are at high risk for premature mortality many years after their military service. PTSD has been associated with risk behaviors such as chronic substance abuse, interpersonal violence, higher levels of weapon related aggressive behavior, and sensation-seeking behavior. However, it is currently unclear whether higher rates of anger associated with PTSD contribute to elevated levels of high risk behaviors. The present study sought to first replicate the relationship between PTSD and high risk behaviors within a sample of veterans referred for participation in a federally funded clinical trial examining the effectiveness of Anger Management Treatment. Second, we sought to determine the amount of variance in high risk behaviors that is accounted for by anger, above that associated with PTSD symptom severity, levels of combat exposure and demographic variables. Approximately 60 male veterans completed the Clinician Administered PTSD Scale, State-Trait Anger Expression Inventory, Assaultive Behavior Survey, and a demographics interview assessing weapon ownership, substance use, road rage frequency and arrest history. Results will be discussed within the context of research, clinical and societal implications.

PTSD, Anger and Health Risk Behavior in Hawaiian Island Veterans

Poster #S-161

(culture)

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Posttraumatic Stress Disorder (PTSD) is a serious mental health problem facing combat veteran populations. PTSD has been associated with increased morbidity, utilization of medical care services and premature death. Accumulating evidence suggests that PTSD plays a mediating role in poorer physical health. Research has begun to identify biological, psychological and behavioral pathways through which PTSD may lead to poorer health. Several studies have suggested that anger may be an explanatory variable through which PTSD affects physical health. However, research that identifies the specific contribution of PTSD-related anger to poorer physical health and health risk behaviors within diverse samples is lacking. The purpose of the present study is to investigate the impact of anger on health status and health risk behaviors within a sample of male Hawaiian island veterans diagnosed with PTSD and referred for participation in Anger Management Treatment. Approximately 75 male veterans completed the Clinician-Administered PTSD Scale (CAPS), State-Trait Anger Expression Inventory, and a demographics interview assessing perceived health status, psychiatric history and health risk behaviors. Results will be discussed within the context of research and clinical implications.

Self-Efficacy, Racial Discrimination and PTSD Symptom Severity In People Living with HIV

Poster #S-162

(culture)

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The present study investigated whether general self-efficacy mediated the relationship between stress from racial discrimination and PTSD symptom severity (PTSS) in 84 HIV-infected men and women (50 percent African-American). Participants were recruited from a social service agency and completed questionnaire packets twice, three months apart. A multiple hierarchical regression analysis revealed a significant model fit for the association between stress from racial discrimination and PTSS (R-Squared=0.08, Adjusted R-Squared=0.06, $F(1, 47) = 4.08, p=0.05$). After including self-efficacy as a mediator, the significance of the overall model improved (R-Squared=0.19, Adjusted R-Squared=0.15, $F(2, 46) = 5.36, p=0.008$) and the association between stress from racial discrimination and PTSS was weakened ($B=1.91, p=0.149$). Self-efficacy significantly predicted PTSS in this model ($p=0.01$), but the mediation did not reach statistical significance ($z=1.65, p=0.09$). Experience of racial discrimination and lack of self-efficacy related to severity of PTSD symptoms in people with HIV/AIDS. Further studies need to investigate if interventions to improve self-efficacy in this population can reduce psychological distress and PTSS experienced due to racial discrimination.

Association of Faith Change with Current Depression in PTSD Veterans

Poster #S-163

(culture)

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Significant gain/loss of one's faith has been found to be significantly related to depression, anxiety disorders, and substance abuse. However, little research has been conducted looking at highly traumatized individuals. This study examines the association of faith change with current depression in male veterans in residential treatment for PTSD. In the first sample (N= 140), investigators used exploratory stepwise regression analysis, with depression (Beck Depression Inventory (BDI)) as a dependent variable and abandoning faith as an independent variable and found a significant association. After controlling for Age, Ethnicity, and current PTSD score (Mississippi Scale for Combat-Related PTSD), abandoning one's faith accounted for 6 percent of additional variance in increased depression. This finding was replicated in the second sample (N= 340) using the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), and indicated significant loss of faith during lifetime was associated with increased current depression after controlling for Age, Gender, Ethnicity, and PTSD and accounted for about 2 percent of variance. Over 50 percent reported loss of faith occurring between the ages of 18-23 suggesting frequent overlap with military service. Results suggest that abandoning faith during military service may be associated with higher levels of depression among veterans diagnosed with PTSD.



PTSD and Substance Abuse in Homeless Women: The Role of Lifetime Trauma and Impulsivity

Poster #S-164

(practice)

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This study aimed to provide a comprehensive assessment of the lifetime traumatic experiences of homeless women, and to explore the linkage between trauma, posttraumatic stress disorder (PTSD), and substance use disorders (SUD). Two theories of the comorbidity of PTSD and SUD were tested: the self-medication hypothesis and the common factors theory. We expected to find more evidence of the self-medication hypothesis, and we hypothesized that "shortened temporal horizons" may constitute a common factor of the two disorders. One hundred adult homeless women were assessed. Measures of future time perspective, trait and behavioral impulsivity were expected to converge as indicators of the shared common factor of a shortened temporal horizon. Descriptive data on trauma histories is provided. As hypothesized, a path analysis revealed a linear relationship between trauma and SUD symptoms that was mediated by PTSD symptoms. Multiple regression analyses revealed that a measure of trait impulsivity was predictive of both PTSD and SA symptoms, though the other measures did not converge to support the proposed common factor. This study suggests that homeless women have extensive trauma histories that often begin in childhood, they likely use substances to cope, and that impulsivity may be an important dimension of both PTSD and SUD. Clinical implications will be discussed.

Spirituality, Religious Coping, and Prevention in Clergy Sexual Abuse

Poster #S-165

(practice)

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We examined the role of spirituality in coping with clergy sexual abuse. In addition, we examined the connection between spiritual and psychological functioning (e.g., PTSD, depression, posttraumatic growth). Survivors of clergy sexual abuse (N =150) completed measures of psychological distress, PTSD, posttraumatic growth, and life satisfaction. Participants also completed measures of religious coping, desecration, spiritual transcendence, spiritual well-being, and perceived spiritual and religious changes. In addition, we conducted a brief spiritual needs assessment. Both quantitative and qualitative results indicated that survivors experienced a significant degree of change in spiritual and religious beliefs and practices after clergy sexual abuse. The use of negative religious coping methods (e.g., abandonment by Church) and perceived desecration were associated with increased PTSD, psychological distress, and perceived stress. In addition, negative religious coping was related to increased posttraumatic growth. Positive religious coping methods (e.g., seeking spiritual support) was associated with satisfaction with life and posttraumatic growth. The results highlight a strong connection between spiritual coping and psychological functioning, with significant implications for clinical practice. A focus on interdisciplinary collaboration and prevention will be emphasized.

Effects of Early Trauma on Personality: A Retrospective Study in Dutch Soldiers

Poster #S-166

(practice)

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Objective: To explore the effects of childhood trauma on adult personality. **Method:** A retrospective, cross sectional study on the relationship between self-rated levels of early trauma and adult personality of 242 soldiers. **Results:** A significant relationship between exposure to traumatic events and personality was found, explaining 11 percent in shared variance. Exposure to emotional trauma predicted scores on self-directedness and cooperativeness scales of Cloninger's Trait and Character Inventory **Discussion:** Exposure to early trauma affects personality development. Although the percentages of explained variance may appear low, they are noteworthy considering that they were obtained in a healthy sample. Also, they elucidate how early trauma hampers the potential to effectively engage in social interactions and how it increases the risk of emotional and cognitive problems.

Males' Social Reactions Toward Female Sexual Assault Survivors

Poster #S-167

(practice)

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Although social reactions and behaviors from significant others appear to have an impact on the recovery of a sexual assault survivor, little research has been done on males' reactions and behaviors toward female sexual assault survivors. In addition, little research has looked at the relation between attitudes and beliefs toward sexual assault and the behaviors that males provide to a survivor. This study explored the social reactions and behaviors that 205 males did provide or believed they would provide to a sexual assault survivor. Males who previously provided support to a sexual assault survivor were compared to males who had not previously provided support to a sexual assault survivor on social reactions and behaviors, and on attitudes and beliefs toward sexual assault. Results of this study indicated that individuals who had not previously provided support to a sexual assault survivor reported that they would provide more positive support than individuals who had actually provided support to a sexual assault survivor. Also, individuals with higher rape myth acceptance reported fewer positive and more negative reactions than individuals with lower rape myth acceptance. These results have implications for the clinical treatment of sexual assault survivors and their significant others.

Efficacy of Insomnia Group Work for Veterans with Posttraumatic Stress Disorder

Poster #S-168

(practice)

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Sleep disturbances are common complaints of veterans with PTSD. Some authors believe that the hyperarousal aspects of PTSD may be a core cause of sleep disruption (Woodward, 1995). Nightmare activity has been reported in approximately 70 percent of veterans with PTSD (Ohayon & Shapiro, 2000). Imagery rehearsal has been used in a group format to reduce the frequency and intensity of nightmare activity (Forbes, Phelps & McHugh, 2001). The purpose of this study was to blend CBT, PTSD Insomnia treatment, and imagery rehearsal into a group format for veterans with PTSD. Approximately 35 veterans with PTSD participated in group therapy for insomnia. Vets filled out The Fear of Sleep Inventory, Insomnia Severity Index, and Sleep Hygiene Inventory pre and post-treatment.

The presenting author is underlined.

Weekly group therapy was conducted over a period of eleven weeks. The first eight sessions covered CBT techniques for insomnia with the last three sessions covering techniques for reducing severity and/or frequency of nightmares. Analyses are currently being performed for possible support of insomnia group therapy efficacy for veterans with PTSD as a result of combat or military sexual trauma.

Activity Onset and Response Time on CAPS-SX17 Items in PTSD Treated with Venlafaxine XR

Poster #S-169

(practice)

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⁴University of Southampton Clinical Neuroscience Division, United Kingdom

OBJECTIVE: Examine time to onset of activity and response of PTSD symptoms to acute treatment with venlafaxine XR (VEN XR). **METHODS:** Data from 2 randomized trials were pooled. Mean changes from baseline in CAPS-SX17 scores and response rates (item score ≤ 1) over 6 biweekly visits were analyzed using ANCOVA and logistic regression, respectively. **RESULTS:** The ITT population comprised 687 patients (n=347, placebo; n=340, VEN XR). VEN XR demonstrated significantly ($P \leq 0.05$) greater efficacy than placebo on most CAPS-SX17 items, with earliest onset (weeks 2-4) of activity and response on intrusive recollections, psychological distress at exposure to cues, physiological reactivity on exposure to cues, and irritability or anger outbursts. Onset of activity and response occurred later (generally, weeks 6-8) on numbing symptoms (diminished interest/participation in activities, detachment or estrangement, restricted range of affect, sense of foreshortened future); hyperarousal symptoms (difficulty concentrating, hypervigilance, exaggerated startle response); and avoidance of thoughts/feelings or conversations. Inability to recall important aspect of trauma showed no significant differences. **CONCLUSION:** Symptoms of psychological distress, physiological reactivity, and irritability/anger showed early improvement with VEN XR treatment; symptoms of numbing and hyperarousal improved later.

A Psychodynamic Group Intervention for Gulf War and OEF & OIF Combat Veterans

Poster #S-170

(practice)

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The Gulf War Support Group, an ongoing staff-facilitated, psychodynamic, peer support group, serves military veterans deployed during Operations Desert Storm, Desert Shield, Enduring Freedom, or Iraqi Freedom. The group provides evidence-based, trauma-informed, client paced treatment. It significantly improves veterans' psychological, social, and economic functioning and stability, and decreases human pain and suffering endured by combat veterans and their families. Veterans positively reframe and normalize other members' perspectives by sharing their own personal experiences with symptoms, treatments, and successful skills for effective coping and communication. Members maintain a "contact list" of other members for '24/7' support and a Web site featuring pertinent information. Family members are welcome to attend and indicate they greatly appreciate veterans' involvement in the group. Veterans report they trust group providers, would not have sought treatment if they had not attended the group, and rely on providers to provide culturally informed psycho education and interventions. Veterans significantly value the group, and unequivocally state their involvement increases mental and social stability, has saved relationships and careers, and has saved lives.

"There are those in this group that would be dead right now it has saved lives." Veteran's quote.

Poster #S-171

Withdrawn

Association Between RGS2 and Post-Hurricane Mental Disorders in an Epidemiologic Sample

Poster #S-172

(disaster)

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Exposure to natural disasters, such as hurricanes, increases risk of major depression (MD), generalized anxiety disorder (GAD), and post-traumatic stress disorder (PTSD). Regulator of G-protein signaling 2 (RGS2) polymorphism has been found to modulate anxiety in human and animal models (Leygraf et al., 2006; Yalcin et al., 2004). This study examined the association between rs4606, a polymorphism at RGS2, and these disorders following the 2004 Florida hurricanes. Participants (n=607) were a random sample of adults residing in 33 Florida counties in the direct path of the 2004 hurricanes. Diagnostic and environmental exposure data were collected via structured telephone interview. DNA was extracted from saliva samples. RGS2 polymorphism rs4606 was genotyped using the Taqman method. RGS2 rs4606 genotype showed a significant dose-response association with post-hurricane MD (percent by genotype = 4.4 percent for c/c, 1.2 percent for c/g, 0.3 percent for g/g; $p < .05$) and GAD (percent by genotype = 4.8 percent for c/c, 1.8 percent for c/g, 0.2 percent for g/g; $p < .05$) but not PTSD. Gene-environment interaction analyses revealed that the effect of RGS2 on MD ($p < .001$), GAD ($p < .05$), and PTSD ($p < .001$) was modified by level of stress-exposure. The results highlight the importance of environmental factors in modifying genetic effects on mental disorder phenotypes. This is the first demonstration of a GxE effect for this locus.

The Role of Avoidance in Complicated Grief Among Bereaved Individuals After 9-11

Poster #S-173

(disaster)

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Mechanisms involved in the development and maintenance of Complicated Grief (CG) need further elucidation. A recent cognitive-behavioral conceptualization of CG posits a set of background variables (e.g., reactions of the social environment) and core processes (e.g., anxious and depressive avoidant strategies) that influence the severity of CG symptoms (Boelen, van den Hout, van den Bout, 2006). Based on these identified variables, we examine the mediating role of two types of avoidance in a sample of bereaved individuals following 9-11-01 (N = 548). First, behavioral disengagement was found to mediate the relationship between social support at the time of crisis and complicated grief (i.e., coefficient decreased from $b = -0.12$, $p < .01$, to $b = -0.05$, $p > .05$). Second, those reporting greater avoidance of mourning rituals exhibited less complicated grief ($b = -0.55$, $p < .01$), and these avoidance behaviors did not mediate the relationship between social support at the time of crisis and complicated grief. Overall, we find mixed results when using the Boelen et al. framework, highlighting the complex relationship between avoidance strategies and complicated grief.



The Relation Between Physical Resistance and PTSD Symptomatology in Survivors of Rape and Robbery

Poster #S-174

(disaster)

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Research has shown that certain peritraumatic emotional responses confer risk for PTSD symptomatology. However, the relation between PTSD symptomatology and active flight/flight responding during a traumatic event is not clearly understood. To assess this association, this study examined the relationship between various peritraumatic responses and PTSD symptomatology in 86 female rape survivors and 262 male and female robbery survivors. We hypothesized that greater resistance during the assault would predict greater PTSD symptomatology over time and that the variability in PTSD symptoms accounted for by resistance would be above and beyond the variance accounted for other important variables. To test this hypothesis, we conducted several hierarchical linear regressions with previous trauma history, characteristics of the assault, peritraumatic affect, and degree of resistance entered sequentially on separate steps. Results showed that among rape survivors, after other variables were included in the model, physical resistance accounted for an additional 23 percent of the variance in intrusive thinking 12 months following the assault. No relationship between resistance and PTSD symptomatology was found for the robbery survivors. The results suggest that failed resistance (fight/flight responding) may contribute to PTSD symptomatology following a sexual trauma.

Longitudinal Study for Survivors of the Garuda Indonesia Air Disaster in Japan

Poster #S-175

(disaster)

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Air disaster causes a greater number of victims than other traffic disaster. Because the air disaster has a high mortality, systematic studies of psychological influences on survivors are limited. On 13 June 1996, Garuda Indonesia Airways Flight 865 (260 passengers, 15 crew members) failed to take off and crashed at the Fukuoka airport in Japan. The whole body of the plane went up in flames. Despite of great efforts given by rescue teams, three passengers were dead and 109 injured. Most of passengers were citizens of Fukuoka Prefecture, and going to have a trip to Bali Island on vacation. Our investigation for survivors in Fukuoka Prefecture using General Health Questionnaire-28 item and original self-rating questionnaire were held at six months (n=87), 1 year (n=87), and 10 years (n=21) after the accidents. Result revealed that the mean score of GHQ-28 is 5.7, 6.5 and 6.6 respectively. Flying phobia remained over 40 percent of survivors in 10 years, but no one feel fear for other means of transportation.

Behavioral Response of Large Populations to Disaster and Terrorism: Where Will They Go?

Poster #S-176

(disaster)

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The events surrounding the evacuations of populations in the paths of Hurricanes Katrina and Rita have pointed out the serious lack of knowledge regarding the actions people will take under such situations; the response of populations to terrorist attacks is even less well understood. Furthermore, large scale evacuation presents multiple challenges to the receiving communities. We conducted a random-digit-dialing phone survey of 800 households in the greater Washington DC area, asking general demographics, behavior on September 11, and likely responses to several scenarios: a major natural disaster in the area, and three levels of terrorist attack on Washington DC: a chemical release, dirty bomb, and nuclear bomb. Some 60-80 percent of respondents indicated the perceived risk of these terrorist events occurring in the DC area as "likely" to "highly likely;" 70-80 percent indicated they would leave the area immediately, depending on the type of attack. Most indicated that they would leave via personal car, and would travel to a wide variety of destinations across the U.S. where they could be with family. Family demographics (e.g., age, children, medical conditions), availability of news and information, and trust in the government were related to decisions to leave the area. The implications of these and other findings are discussed, especially with regard to emergency preparedness.

Exposure, Coping and PTSD In Hurricane Katrina Evacuees: Implications for Intervention & Prevention

Poster #S-177

(disaster)

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This presentation describes an investigation into the association between dose of exposure, coping and psychological distress in two groups of Hurricane Katrina evacuees, those who returned to New Orleans and those who relocated to other areas. Specifically, this study examines the unique contribution of various exposure related characteristics to variance in PTSD, and provides a mediational analysis to determine the degree to which coping affects the relationship between initial exposure and PTSD in these groups. Findings illustrate the deleterious effects of avoidant coping strategies on the development of subsequent PTSD and elucidate the event specific characteristics that may influence responses post-disaster. Furthermore, the findings suggest that post-event exposure plays a crucial role in individual response and recovery. Results of this study point to the importance of early intervention to prevent and minimize post-disaster distress. This presentation will identify specific prevention strategies that may be used to attenuate the effects of exposure and maximize healthy coping post-disaster.

The presenting author is underlined.

Behavioral Health: Hospitals During Epidemics

Poster #S-178

(disaster)

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There are significant emotional and behavioral needs in times of public health emergencies such as an epidemic. The anthrax attacks in 2001 and the SARS experience in 2003 illustrate these issues. Hospitals are major centers for addressing these needs. Targeted behavioral health interventions can enhance the response of hospitals in meeting the needs of the public and their own employees. However, only one systematic study in the literature examines the question of hospital disaster behavioral health preparedness. We administer a new questionnaire based on the most recent advances in disaster response science to three staff members from each hospital in the D.C. geographic region and scrutinize each hospital's emergency operations plan for behavioral health preparedness. Analysis focuses on barriers that exist in translating recommendations into disaster plans and practice. We report on the presence of an up-to-date behavioral health annex to hospital emergency operations plans, the application of psychological first aid and the all-hazards model, presence of public risk communication and education materials, and processes for hospital employee stress surveillance and containment. Perceptions regarding the causes of inadequate preparedness are descriptively explored.

Discrepancy of Self-Reported Wellbeing and Overall Function in Tourists After the Tsunami

Poster #S-179

(disaster)

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The tsunami of December 26th 2004 killed 225 000 people in Southeast Asia. In the areas of disaster were more than 5 000 inhabitants of Stockholm of whom 205 lost their lives. Stockholm was thus one of the worst struck cities of the industrialized world. As to our knowledge there have been few studies of the effects of disaster on this selected group consisting almost exclusively of families on vacation. The purpose of this study was to compare the level of psychological wellbeing between individuals exposed to the tsunami, and the general population of Stockholm, 14 months post disaster. Participants included inhabitants of Stockholm who at the time of the wave were in disaster areas (n=1505) or elsewhere in the region (n=420). The exposures were threat to life, being in the wave, somatic injury and bereavement respectively. The responses regarding GHQ12 and hours of work of this group were compared with a random population sample of 29 000 individuals from the same city made comparable regarding relevant sociodemographic factors. The affected group as a whole 14 months post disaster had a high level of functioning in spite of high levels of exposure but exposed individuals had a significantly reduced level of wellbeing. We will present further data on co-variations of exposure, wellbeing, hours of work, and sociodemographic data and discuss implications for support.

The European Network for Traumatic Stress: Mapping Existing Services for Post Disaster Psychosocial Care

Poster #S-180

(disaster)

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Post disaster activities and plans vary widely and its interventions are often not evidence-based. The European Network for Traumatic Stress (TENTS) will develop European wide networks of expertise on posttraumatic stress treatment for victims of disasters in order to build capacity of post disaster mental health services, and to strengthen and reorganise them into more evidence-based and effective services. This poster presents data of a Web-based method of information gathering to map existing post disaster mental health services throughout Europe. All partners of TENTS filled out the Address Information Form (AIF) in order to collect address information of services involved in post disaster psychosocial health care across 31 countries and regions. With this information services were contacted and asked to fill out the European Disaster Care-Mapping Questionnaire (EDC-MQ) about planning and coordination of post disaster psychosocial care, availability of human resources, screening instruments and interventions, and training and supervision of staff. Results of the mapping process will be compared with the evidence-based model developed by TENTS and will result in a needs analysis for every country or region in order to start implementation and dissemination of post disaster evidence-based care.

Burnout, PTSD, and Spiritual Practices in Guatemalan Aid Workers

Poster #S-181

(intl)

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Due to civil war and genocide, Guatemala has experienced trauma and community violence, which has necessitated the presence of NGOs that provide mental health services to communities and families. The literature shows that humanitarian aid workers in dangerous locations are at risk for higher levels of distress, burnout and less effective utilization of coping strategies. However, personal accomplishment and religious coping often act as protective factors against negative symptomatology. The goal of the current study was to examine the hypothesis that spiritual practices moderate burnout and PTSD symptomatology. A sample of 135 humanitarian aid workers from four NGOs and universities in Guatemala completed surveys regarding burnout, spiritual practices, and PTSD symptomatology. The mean age of the sample was 33 years, the mean years of education was 14 years, and 64 percent were female. In terms of burnout, higher emotional exhaustion (EE) was positively associated with PTSD symptomatology. Personal accomplishment (PA) was negatively associated with PTSD and was positively associated with spiritual practices. For this sample, spiritual practices were related to less severity of trauma symptomatology, and enhanced feelings of personal achievement. Implications, particularly program development issues for work in similar high-risk communities, will be discussed.



Life Events and Coping Styles of PTSD in a Sample of Iraq-Iran War Soldiers

Poster #S-182

(intl)

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Background and Objectives: Stress is one of the mental health threatening factors having significant role in etiology, severity, relapse and lasting of the mental and physical diseases. The aim of this study was to determine the relation between life events and coping styles with relapse of posttraumatic stress disorder (PTSD).

Materials and Methods: This survey is a post-event study in which 50 devotees with relapse of PSTD and 50 others without relapse of the PTSD, being demographically compared and selected through easy sampling and then assesses via the life events and coping styles questionnaire. Data were subject to the paired t test.

Results: The results revealed that the devotees with relapse of PTSD experienced more life events than the devotees without the relapse of PTSD, and the group with the relapse of PTSD were frequently using the escape-avoidance coping, and this differences were statistically significant.

Conclusion: The survey revealed a remarkable relation between life events and insufficient coping styles with PTSD relapse.

Epidemiology of Life Incidence Events in Urban Students of City of Kermanshah, Iran

Poster #S-183

(intl)

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Introduction and Objectives: This survey was done to determine the epidemiology of life incidence events and its psychological impacts in primary and secondary urban students of Kermanshah city.

Materials and Methods: 475 primary and secondary urban students randomly participated in this survey. They examined by Life Incidence Traumatic Events Scale (Lutes), Child Report of PTSD (CROPS) and Parents Report of PTSD (PROPS).

Results: Results demonstrated that 57.5 percent of participants (girls 67 percent and boys 48 percent) have experienced at least one life traumatic events. Physical abuse was the most common events (girls 64.1 percent and boys 69 percent). Sexual abuse were in minimum frequency (girls 6.4 percent and boys 3 percent). PROPS results has shown 40 percent of girls and 31 percent of boys scores are out of cutoff point and Crops results has shown 44.5 percent of girls and 18 percent of boys scores are out of cutoff point.

Conclusion: More than half of participants have experienced at least one traumatic life events and most of them need psychological intervention. Widely traumatic events range and its developed effects on kids make NGOs and professional intervention and psycho-education with family and school staff necessary.

Public Health Communication for Disaster: Principles to Affect Health Behavior Knowledge and Change

Poster #S-184

(train)

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Public health communication for disaster is one intervention of many to educate and motivate leaders, the general public and caregivers to plan for, respond to and recover from traumatic events and their health consequences. Public health communication seeks to educate, persuade and or motivate people to change their behavior in order to improve their health and safety. Its principles involve consideration of the message, the audience, the medium and the communicator.

Scientists from the Center for the Study of Traumatic Stress (CSTS) of the Uniformed Services University School of Medicine who are engaged in disaster and trauma research, clinical practice, education and public education, will present a poster that illustrates the application of these principles to affect individual and population health in diverse settings and communities.

The poster will highlight several high profile CSTS projects that utilize a range of media from internet technology (e-mail, Web sites) to DVDs to wearable, health message apparel. The poster will illustrate the principles of public education and health communication and their application as 'teachable moments' to communicate health messages to target populations, and how such knowledge dissemination bridges the work of scientists, practitioners, advocates and policy makers engaged in preventing trauma and its effects.

Does Posttraumatic Growth Protect Against Poor Health In Individuals Diagnosed HIV-Positive?

Poster #S-185

(prev)

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Previous research focused on how psychological distress and various stressors impact disease. Current research has found a relationship between positive responses to adversity and enhanced physical health in medically ill populations, however, it is not known if psychological distress has an impact on this relationship. Little is known about the relationship between posttraumatic growth (PTG) and disease status in individuals diagnosed HIV-positive.

It is hypothesized that when PTG is present it promotes positive health outcomes regardless of the presence of various types of distress and protects against adverse health outcomes. This study, a part of a larger study, examines viral load and CD4 count, and psychological distress and their relationship to PTG in a sample of participants receiving medical care at an urban clinic. Participant completed the Posttraumatic Growth Inventory, the Psychiatric Symptom Index and the Impact of Event Scale. Participant's viral load and CD4 count were based on a review of medical charts.

Data are not yet available. A number of analyses will be conducted to see how well the variables PTG and psychological distress predict health status in individuals diagnosed HIV-positive. Results related to prevention of negative outcomes in the aftermath of a stressful life event and recommendations for further research will be discussed.

The presenting author is underlined.

Estimated Peer Rape Myth Acceptance, Disclosure Reactions and Outcomes in Sexual Assault Survivors

Poster #S-186

(prev)

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Many variables have been identified as potential contributing factors to the negative sequelae that may be experienced following a sexual assault. Receiving negative reactions to disclosure of the assault has been identified as one of the most deleterious experiences that an assault survivor may have. Previous research on an undergraduate sample of 70 sexual assault survivors found that estimated peer rape myth acceptance (RMA) was also significantly related to post-assault distress. Using these same data, secondary analyses were conducted in order to determine if these two components are related, in that survivors who believed their peers endorsed a high level of RMA actually experienced negative reactions from those that they disclosed to, as opposed to having misperceived their peers' beliefs. The predictive utility of negative reactions to disclosure and estimated peer RMA for distress was also assessed. Normative data of RMA collected from 159 of the survivors' nonassaulted peers were used to determine whether or not survivors' peers hold high levels of RMA, and thus, may be more likely to react negatively upon disclosure of an assault. Implications for treatment and interventions with survivors and their peers are discussed.

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

Poster #S-187

(prev)

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Exposure to a traumatic stressor is a necessary but insufficient condition for the development of PTSD. Additional factors, including coping styles, are hypothesized to contribute to PTSD. Escape-avoidance coping may inhibit habituation to trauma-related anxious arousal, resulting in persistence of PTSD symptoms. The following hypotheses were tested in a prospective study of 221 police academy recruits, who were PTSD-negative at baseline, and who were reassessed after 1 year of police service: 1) Greater use of escape-avoidance coping, relative to other coping strategies, in response to critical incident stressors will be associated with greater PTSD symptoms at 1 year and 2) Greater use of escape-avoidance coping, relative to other coping strategies, will mediate the relationship between severity of exposure and PTSD symptoms at 1 year.

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

PTSD in Firefighters: Cumulative Stress or Single Worst Event?

Poster #S-188

(prev)

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The US Fire Administration (2005) reports a total of 1,136,650 firefighters nation-wide, a significant population for which the risk of PTSD is high. Although researchers have focused on PTSD in firefighters following very specific or large scale events (e.g., Oklahoma City bombing, September 11th), very little has been done to examine the wide variety and number of calls and stressors encountered in a firefighter's everyday work. This study utilized the Posttraumatic Stress Disorder Checklist (PCL) and the author-developed Firefighter Experiences Survey (FES) in a survey of 131 firefighters in two states. We examined the correlations between reported distress for each of 10 call categories (e.g., Fires, Motor Vehicle Accidents, Medical Emergencies) and overall symptoms of PTSD. Those firefighters with more symptoms of PTSD were more likely to report multiple categories of calls as more distressing (r = .15 to .29, p < .05), regardless of the number of calls in a category or the category of their "worst call" (of which nearly all involved a death). We present mediation and moderation analyses to shed light on the relations between the worst reported call and the cumulative impact of multiple calls. We show the importance of considering the cumulative experiences of a firefighter when conducting evaluations for PTSD and related issues. Specific recommendations are provided.

Exploring Risk Factors for Unwanted Sexual Experiences in College

Poster #S-189

(prev)

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Unwanted sexual experiences, including rape, are common problems for women, and are associated with psychological distress. Understanding antecedents and risk factors for unwanted sex can enhance sexual assault prevention. This study examines whether parent attachment (measured by the Inventory of Parent and Peer Attachment, IPPA) impacts the occurrence of unwanted sexual experiences for college students, including unwanted sex within the context of certain risky behaviors (e.g. "hooking up"). Among 203 college students, significant relationships were found between overall attachment scores, as well as component scales of attachment (trust, communication, and alienation scales), and unwanted sex. Overall, students who endorsed stronger attachments to parents were significantly less likely to experience unwanted sex during college compared to students who endorsed weaker parental attachment. Furthermore, students with stronger attachments were significantly less likely to experience unwanted sex in the context of a "hookup." Findings for additional contextual variables, specific unwanted sexual experiences, and component scales of the IPPA will be presented. The present findings suggest that strong parent-child attachments may prevent some occurrences of unwanted sexual experiences for college students.



The presenting author is underlined.

Revictimization Trends in a Sample of Female Rape Victims

Poster #S-190

(prev)

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The present study examines sexual and physical revictimization among women and adolescent girls. Participants (n=288) were enrolled in a study on the effects of an emergency room (ER) video intervention. The video was designed to educate patients on the forensic rape exam and to encourage healthy coping post-rape. Participants were 42 percent from racial/ethnic minorities. Over fourteen percent reported a new physical assault or rape over the 6-month follow-up. More than half (59.7 percent) reported a rape or physical assault that preceded the index rape. This assault history was associated with likelihood for new assaults-22.1 percent of those with a prior assault history versus 3.4 percent without a prior history reported a new assault. The report of "hard drug" use (i.e., drugs other than marijuana) six weeks pre-rape was related to revictimization-25 percent in the hard drug use group versus 13 percent in non-users. Also, having experienced a sexual or physical assault before the index assault was associated with hard drug use 6 weeks pre-rape - hard drug use was at 18.1 percent in the prior assault group versus 7.8 percent in the no prior assault group. The results of this study emphasize that revictimization is common among sexual assault victims. Use of cocaine and other "hard drugs" may enhance risk for multiple victimization. The presentation will discuss the implications of these findings.

Interventions for Prevention of Pediatric Traumatic Stress: Helping Parents Help Their Children

Poster #S-191

(prev)

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Parents are a key resource in their child's emotional recovery from a traumatic injury. To engage parents and help them be effective, it is important to understand parents' concerns and identify gaps in parent knowledge and skills. As part of a larger study, we assessed parents' knowledge and beliefs about helping children with emotional recovery from injury, and asked parents to identify their key concerns about their child's recovery. 120 parents of injured children were enrolled in the emergency department or inpatient trauma service. Results indicate that many parents are aware of child reactions to difficult events, and the majority feel confident in their ability to help their child. Gaps were also identified: from one third to one half of parents endorsed misconceptions about children's early avoidance reactions and fears and how best to help. Two weeks post-injury, the most frequent parent concerns were about their child's long-term physical recovery, the physical and emotional impact of missing normal activities, and general emotional reactions to the injury. These results can help to inform the development of effective interventions that address parents' top concerns, target gaps in parent knowledge and skills, and help parents reduce injury-related traumatic stress in their children.

Arts-based Trauma Research: Quilting Whole the Pieces of War Torn Lives

Poster #S-192

(child)

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Framed within the boundaries of emancipatory, arts-based research this interactive, collective quilt weaves together the stories of twenty-four young girls who have escaped after being abducted by rebels and subjected to horrendous, verbally indescribable conditions in the bush in northern Uganda.

This art work powerfully demonstrates how arts based inquiry can provide an opportunity to initiate a creative, safe container in which participants can place traumatic experiences that has the capacity to move them from a passive victim to an active thriver in their healing. While, acknowledging the powerful psychomotor activity of the process, this method can also move beyond the therapeutic and offer a credible method of social inquiry that challenges the traditional oppressive limitations of scientific research.

Participant Alert: This collective quilt piece contains descriptive art work contributed by young girls who have been subjected to horrendous circumstances during their abductions by rebel forces. Some may find the art work disturbing and thought provoking.