THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

23rd ISTSS Annual Meeting

Final Program and Proceedings

Preventing Trauma and its Effects:

A Collaborative Agenda for Scientists, Practitioners, Advocates and Policy Makers

November 15–17, 2007

Pre-Meeting Institutes
Wednesday, November 14, 2007

Baltimore Marriott Waterfront
Baltimore, Maryland, USA

The largest gathering of professionals dedicated to trauma treatment, education, research and prevention

Jointly Sponsored by Boston University School of Medicine and the International Society for Traumatic Stress Studies

www.istss.org

The 23rd Annual Meeting is supported in part
by educational grants from the following:

This event is supported in part through funding from the
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Points of view expressed in this event are those of the organizers
and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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The content is solely the responsibility of the authors and does not necessarily represent
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Sheppard Pratt Health System

THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

Save the Dates!

ISTSS 24th Annual Meeting

November 13–15, 2008

Pre-Meeting Institutes
November 12, 2008

The Palmer House Hilton
Chicago, Illinois, USA
www.hilton.com

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THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

60 Revere Drive • Suite 500
Northbrook, IL 60062-1591 USA
Phone: 847/480-9028 Fax: 847/480-9282
E-mail: istss@istss.org
www.istss.org

Dear Colleagues,

Welcome to the 23rd Annual Meeting of the International Society of Traumatic Stress Studies. We are excited about this year's theme, "Preventing Trauma and its Effects: A Collaborative Agenda for Scientists, Practitioners, Advocates and Policy Makers" and believe that we have created a well-rounded program featuring the expertise of many constituencies focused on preventing trauma and mitigating its outcome.

We hope that the meeting will highlight the advancement and exchange of knowledge about the prevention of traumatic events and maladaptive trauma-related emotional reactions. Specifically, our aims for the conference are to foster communication between presenters and participants about science, practice, policy and advocacy related to: (1) preventing trauma exposure itself; (2) preventing trauma-related adverse mental health outcomes once exposed to severe stress; and (3) preventing the recurrence of trauma exposure, posttraumatic stress disorder (PTSD) and other trauma-related sequelae. The program features presentations that attempt to share multi-disciplinary knowledge about prevention from multiple perspectives, cultures, countries, and stakeholders, and information that can foster effective prevention programs.

From the amazing array of half-day Pre-Meeting Institutes to the invited and featured talks, to the Master Clinician series, we believe that the resulting program provides thorough training opportunities from familiar faces as well as new and interesting perspectives from a diverse group of professionals. As always, there are numerous panels, workshops and symposia from which to choose. New this year is the single paper presentation format – the deputies and co-chairs have assembled numerous paper presentations together that were submitted separately to the various conference tracks. We hope this new format will enrich the conference experience for both presenters and attendees. We are continuing the same structure for poster presentations from last year. Posters are on display throughout the conference days for people to view, and authors will be available to discuss their posters at the end of each day of the conference.

We encourage you to attend as many presentations as you can, to engage the poster presenters in discussions about their work, and to make the most of this opportunity to meet colleagues from around the world. In particular, don't miss the Keynote Address by Dr. Jacqueline Campbell, Anna D. Wolf Endowed Professor at Johns Hopkins University School of Nursing and expert in the prevention of family violence and violence against women across the world.

We have enjoyed assembling this program and are looking forward both to the presentations and posters and to meeting all of you in person.

Joanne Davis, PhD, 23rd Annual Meeting Co-Chair
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Tuesday, November 13

3:00 p.m. – 7:00 p.m.	Registration

Wednesday, November 14

7:30 a.m. – 8:30 a.m.	Coffee and Tea
7:30 a.m. – 5:00 p.m.	Registration
8:30 a.m. – Noon	Pre-Meeting Institutes
1:30 p.m. – 5:00 p.m.	Pre-Meeting Institutes

Thursday, November 15

7:00 a.m. – 7:45 a.m.	First Time Attendees Meeting
7:00 a.m. – 8:00 a.m.	Coffee and Tea
7:00 a.m. – 5:00 p.m.	Exhibits
7:00 a.m. – 5:30 p.m.	Registration
8:00 a.m. – 9:15 a.m.	Concurrent Session 1
9:30 a.m. – 10:45 a.m.	Keynote Address
9:30 a.m. – 6:00 p.m.	Poster Session 1
11:00 a.m. – 12:15 p.m.	Concurrent Session 2
12:30 p.m. – 1:45 p.m.	Special Interest Group (SIG) Meetings
2:00 p.m. – 3:15 p.m.	Concurrent Session 3
3:30 p.m. – 4:45 p.m.	Concurrent Session 4
5:00 p.m. – 6:00 p.m.	Poster Session 1 Presentations with Cash Bar
6:15 p.m. – 7:00 p.m.	Awards Ceremony
7:00 p.m. – 9:00 p.m.	Opening Reception

Friday, November 16

7:00 a.m. – 8:00 a.m.	Coffee and Tea
7:00 a.m. – 5:00 p.m.	Exhibits
7:00 a.m. – 5:30 p.m.	Registration
8:00 a.m. – 9:15 a.m.	Concurrent Session 5
9:30 a.m. – 10:45 a.m.	Concurrent Session 6
9:30 a.m. – 6:00 p.m.	Poster Session 2
11:00 a.m. – 12:15 p.m.	Concurrent Session 7
12:30 p.m. – 1:45 p.m.	Student Lunch
2:00 p.m. – 3:15 p.m.	Concurrent Session 8 (includes Internship and Postdoctoral Program Networking Fair)
3:30 p.m. – 4:45 p.m.	Concurrent Session 9
5:00 p.m. – 6:00 p.m.	Poster Session 2 Presentations with Cash Bar
6:15 p.m. – 7:15 p.m.	Business Meeting

Saturday, November 17

7:00 a.m. – 8:00 a.m.	Coffee and Tea
7:00 a.m. – 3:30 p.m.	Exhibits
7:00 a.m. – 3:30 p.m.	Registration
8:00 a.m. – 9:15 a.m.	Concurrent Session 10
9:30 a.m. – 10:45 a.m.	Concurrent Session 11
9:30 a.m. – 6:00 p.m.	Poster Session 3
11:00 a.m. – 12:15 p.m.	Concurrent Session 12
12:30 p.m. – 1:45 p.m.	Special Interest Group (SIG) Meetings
2:00 p.m. – 3:15 p.m.	Concurrent Session 13
3:30 p.m. – 4:45 p.m.	Concurrent Session 14
5:00 p.m. – 6:00 p.m.	Poster Session 3 Presentations with Cash Bar
6:00 p.m.	Conference Ends
6:30 p.m. – 7:30 p.m.	Reception for VA and DoD Employees

About the International Society for Traumatic Stress Studies

ISTSS is an international multidisciplinary, professional membership organization that promotes advancement and exchange of knowledge about severe stress and trauma. This knowledge includes understanding the scope and consequences of traumatic exposure, preventing traumatic events and ameliorating their consequences, and advocating for the field of traumatic stress.

The society has a diverse membership from around the world. Members are social, behavioral and biological scientists; professionals from mental health and social services disciplines; and individuals representing religious, legal and other professions. ISTSS activities include education, training and information resources.

Registration

The ISTSS Registration and CE/Membership Services desks are located in the Grand Ballroom Foyer – 3rd Floor and will be open at the following times:

Tuesday, November 13	3:00 p.m. – 7:00 p.m.
Wednesday, November 14	7:30 a.m. – 5:00 p.m.
Thursday, November 15	7:00 a.m. – 5:30 p.m.
Friday, November 16	7:00 a.m. – 5:30 p.m.
Saturday, November 17	7:00 a.m. – 3:30 p.m.

Participation in the ISTSS 23rd Annual Meeting is limited to registered delegates. Your full registration includes:

Education Sessions and Materials
- Admission to all ISTSS program sessions (except Pre-Meeting Institutes, which require an additional fee)
- Admission to poster sessions
- Final Program and Proceedings

Networking/Social Events
- Welcome Reception
- Awards Ceremony
- Morning coffee and tea networking opportunities
- Special Interest Group (SIG) meetings

Conference Features
- Keynote Address
- ISTSS Annual Business Meeting
- ISTSS committee and task force meetings
- Exhibits of products and services
- ISTSS Bookstore

Available for Additional Fee
- Pre-Meeting Institutes
- Pre-ordered box lunches for the Student Meeting and SIG meetings
- Multimedia CD-ROM of proceedings

Meeting Hotel and Meeting Rooms

All sessions and events at the ISTSS 23rd Annual Meeting will take place at the Baltimore Marriott Waterfront Hotel in Baltimore, Maryland. A floor plan of the meeting facilities is located on the back cover.

Baltimore Marriott Waterfront Hotel
700 Aliceanna Street
Baltimore, Maryland 21202
Reservations: 888-511-7809
(800-228-9290 for international callers)
Phone: 410/385-3000
Guest Fax: 410/895-1900
www.marriott.com

Attire
Attire for the conference is business casual.

Badges
The Annual Meeting badge you received in your on-site registration packet is required for admittance to all sessions and social activities. A fee may be charged to replace lost badges. First-time attendees are designated with pink ribbons. Please help welcome them to the ISTSS meeting.

Bookstore for ISTSS **Atlantic – 3rd Floor**
Professional Books offers a large selection of trauma-related publications for sale during the meeting. Contact Professional Books at 617/630-9393; by e-mail: read9books@aol.com; or visit www.professionalbooks.com.

Bookstore Hours:
The bookstore is open Wednesday from 10:30 a.m. – 5:30 p.m., Thursday, Friday and Saturday, from 7:00 a.m. – 6:00 p.m.

Business Center **Close to the Grand Ballroom – 3rd Floor**
Copying, faxing, office supplies, computer and printer stations and other business services are available from the hotel business center with 24-hour access. Assistance is available seven days a week from 9:00 a.m. to 6:00 p.m.

Committee Meeting Rooms
The Falkland, Galena, Heron, Iron and James rooms, located on the 4th floor, are available for committee or small group meetings at designated times during the conference. Attendees can reserve meeting times by using the sign-up sheet outside each of the meeting rooms.

Exhibits **Grand Ballroom Foyer – 3rd Floor**

Thursday, November 15	7:00 a.m. – 5:00 p.m.
Friday, November 16	7:00 a.m. – 5:00 p.m.
Saturday, November 17	7:00 a.m. – 3:30 p.m.

Stop by the exhibits to see the display of products and services of interest in the trauma field. The exhibits provide valuable interaction between the profession and organizations that provide the products and services. A complete list of the exhibitors can be found in the onsite newsletter in registration packets.

Meeting Evaluation
ISTSS needs your input to enhance future ISTSS meetings. An online meeting evaluation survey will be e-mailed to you shortly after the ISTSS Annual Meeting. Your participation in this survey is greatly appreciated.

Message Center **Grand Ballroom Foyer – 3rd Floor**
The ISTSS message center is located next to the registration desk in the Grand Ballroom Foyer – 3rd Floor at the Baltimore Marriott Waterfront Hotel. Messages for registrants are posted alphabetically

Membership Information

Join now for 2008
ISTSS meeting registration does not include membership in ISTSS. If you are not already a member, consider joining the Society now at the registration desk located in the Grand Ballroom Foyer, 3rd Floor. ISTSS membership includes the peer-reviewed *Journal of Traumatic Stress* and *Traumatic StressPoints,* the award-winning bi-monthly, online society newsletter. As an ISTSS member, you will also enjoy access to the "Members Only" section of the ISTSS Web site, which includes an online directory of all members, an invaluable resource for instant connection to an extensive network of trauma experts; discounts on use of the ISTSS Career Center; discounts on selected publications from Haworth Press, a leading source of trauma journals and texts; and eligibility for recognition and awards presented by ISTSS to individuals who have made outstanding contributions to the field.

ISTSS members may participate in Special Interest Groups and committees. Your ISTSS membership plays an important role in supporting international trauma research and treatment. **ISTSS membership is based on a calendar year — January 1 through December 31 — and dues are not prorated.**

by last name. Please remove your messages after you have received them. The ISTSS message center can be reached by calling the hotel operator at 410/385-3000 and ask to be transferred to the ISTSS registration desk.

Recordings — ISTSS Multimedia CD-ROM Recordings — New Feature This Year!
A multimedia CD-ROM will be produced for the educational benefit of attendees. In addition to the audio, PowerPoint presentations provided by the presenters will also be included. Take home the meeting by ordering a CD-ROM at the exclusive onsite price of $59 for members and $79 for non-members, available only to those individuals attending the conference. The CD-ROM price will increase significantly after the conclusion of the conference. Your pre-ordered CD-ROM will be mailed to you within three weeks of the conclusion of the conference.

Smoking Policy
Smoking is prohibited at any ISTSS function.

Speaker Ready Room **Chasseur – Third Floor**
If you plan to use audiovisual aids during your presentation, visit the speaker-ready room before your presentation. The room is equipped with much of the same audiovisual setup as session rooms, so you may test your materials and rehearse your presentation.

Speaker Ready Room Hours:
The Speaker Ready Room is available Wednesday, from 7:30 a.m. – 5:00 p.m., Thursday, Friday and Saturday from 7:00 a.m. to 5:30 p.m.

Special Assistance
Notify the ISTSS registration desk in the Grand Ballroom Foyer – 3rd Floor, if you require special assistance at the conference.

Exhibitor Directory (at Press Time)

Alcoholics Anonymous
Table Number: 16
475 Riverside Drive, 11th Floor
New York, NY 10115
Phone: 212/870-3107
Fax: 212/870-3003
E-mail: cpc@aa.org
Web Site: www.aa.org

A.A.: a resource for professionals who come into contact with alcoholics, a worldwide
fellowship of sober alcoholics, based on Twelve Steps; no dues or fees, accepts no outside funds; not affiliated with any organization. Primary purpose: to carry the A.A. message t the alcoholic who still suffers.

Alliant's Institute on Violence, Abuse and Trauma
Table Number: 11
6160 Cornerstone Court East
San Diego, CA 92121
Phone: 858/623-2777 ext. 405
Fax: 858/646-0761
E-mail: bgeffner@pacbell.net
Web Site: www.ivatcenters.org

Brochures and information about Alliant International University's Institute on Violence, Abuse and Trauma (IVAT), as well as information and sample journals from Taylor and Francis/ Haworth Press' Trauma and Maltreatment Program. Additionally,
flyers about IVAT's training program and conferences as well as a book list from its online bookstore are provided.

Hillcrest Educational Centers
Table Number: 7
P.O. Box 4699
Pittsfield, MA 01202
Phone: 413/441-0049
E-mail: dmichelson@hillcrestec.org
Web Site: www.hillcrestec.org

Hillcrest's three residential treatment centers provide comprehensive therapeutic and
educational services to meet the needs of hard-to-place youth with behavioral
disorders, including firesetting or sexually abusive behaviors, emotional disabilities, and PDD diagnoses. Additionally, the Intensive Treatment Unit provides assessment and diagnostic services with 1:1 staffing in a
hospital diversion-type setting.

Jewish-Palestinian Living Room Dialogue
Table Numbers: 5, 6
1448 Cedarwood Drive
San Mateo, CA 94403
Phone: 650/574-8303
Fax: 650/573-1217
E-mail: ltraubman@igc.org
Web Site:
http://traubman.igc.org/dg-prog.htm

Two new videos for education and healing model a new quality of listening and
communication between diverse citizens, even "enemies." The films, DIALOGUE AT
WASHINGTON HIGH and PEACEMAKERS: Palestinians and Jews Together at Camp, are gifted to those who can apply them in practice. Search the Web for the film titles.

Life Healing Center - Santa Fe
Table Number: 2
P.O. Box 6758
Santa Fe, CA
Phone: 877/881-1408
Fax: 562/366-4152
E-mail: ccambay@crchealth.com

The Life Healing Center ~ Santa Fe is a residential program specializing in intensive trauma resolution treatment. The Life Healing Center also offers extended care services for chemical dependency, eating disorders, love/sex addiction, co-dependency, mood disorders and relapse prevention.

Loyola College in Maryland
Table Number: 15
8890 McGaw Road, Suite 380
Columbia, MD 21045
Phone: 410/617-7613
Fax: 410/617-7681
E-mail: mcdonald@loyola.edu
Web Site: www.loyola.edu

The Graduate Programs in Pastoral Counseling are holistic in scope, integrating spirituality with contemporary counseling. The M.S. and C.A.S. lead to counselor licensure. The PhD in Pastoral Counseling additionally prepares graduates for teaching, supervision, research and writing. The M.A. in Spiritual and Pastoral Care calls forth the tradition of the cura animarum (care of the soul)

Office for Victims of Crime (OVC)
Table Number: 8
2277 Research Blvd
Rockville, MD 20850
Phone: 301/519-6208
Fax: 301/519-5711
E-mail: mlambert@ncjrs.gov
Web Site: www.ojp.usdoj.gov/ovc

The mission of OVC is to enhance the Nation's capacity to assist crime victims and to provide leadership in changing attitudes, policies, and practices to promote justice and healing for all victims.

Psychiatric Institute of Washington DC
Table Number: 17
4228 Wisconsin Ave NW
Washington, DC 20016
Phone: 202/885-5752
Fax: 202/885-5783
E-mail: florence@piw-dc.com
Web Site: www.thecenteratpiw.com

THE CENTER offers treatment for adults who exhibit acute symptoms associated with post-traumatic and Dissociative disorders resulting from significant childhood trauma. Devised to meet the varied needs of patients at different stages of treatment, this program provides rapid stabilization and training in self-management skills through stage-oriented, cognitive and behavioral strategies.

Routledge/Taylor & Francis Group
Table Numbers: 18, 19
270 Madison Avenue
New York, NY 10016
Phone: 212/216-7837
Fax: 212/564-7854
E-mail: rainelle.peters@taylorandfrancis.com
Web Site: www.routledgementalhealth.com

Routledge is a premier international publisher in the behavioral sciences. Visit our Table and see new titles including Combat Stress Injury, Figley & Nash, Mapping Trauma and Its Wake, Figley, and the Handbook of Posttraumatic Growth, Calhoun & Tedeschi. All titles are 10% off, and instructor examination copies are available

Sidran Institute
Table Number: 3
200 E. Joppa Road, Suite 207
Baltimore, MD 21286
Phone: 410/825-8888 ext. 202
Fax: 410/337-0747
E-mail: marylou.kenney@sidran.org
Web Site: www.sidran.org

Sidran Institute is a national nonprofit organization dedicated to supporting people with traumatic stress conditions. We provide education, training, and consulting: do trauma-related advocacy; and publish and distribute books and other materials. Visit the booth to find out more about our commitment to fostering collaborative and growth-promoting relationships at all levels.

The Trauma Disorders Program/Sheppard Pratt Health System
Table Number: 20
6501 North Charles Street
Baltimore, MD 21204
Phone: 410/938-5078
Fax: 410/938-5072
E-mail: kcolbert@sheppardpratt.org
Web Site: www.sheppardpratt.org

As a nationally recognized program at a top ten behavioral health facility, we offer treatment for all stages of psychological trauma recovery. Integrating an intensive multi-disciplinary approach through individual, milieu and process-oriented, experiential and psycho-educational group therapies, our expertly trained treatment teams provide a structured, supportive environment to facilitate stabilization.

Wiley-Blackwell
Table Number: 4
350 Main Street
Malden, MA 02148
Phone: 781/388-8394
Fax: 781/338-8394
E-mail:
lmccumber@bas.blackwellpublishing.com

Wiley-Blackwell was formed in February 2007 as a result of the merger between Blackwell Publishing Ltd. and John Wiley & Sons, Inc.'s Scientific, Technical, and Medical business. For more information on Wiley-Blackwell, please visit www.blackwellpublishing.com or http://interscience.wiley.com.

THE INTERNATIONAL SOCIETY FOR
TRAUMATIC *stress* STUDIES
ISTSS

Save the Date!

June 16, 2008

ISTSS One-Day Seminar

June 16, 2008
London, U.K.

Expert Update on Current Treatments for PTSD

For more information, visit **www.istss.org**

First Time Attendees Meeting **Galena – 4th Floor**
Thursday, November 15 **7:00 a.m. – 7:45 a.m.**

As part of the ISTSS welcome, experienced members of ISTSS will be available on Thursday, November 15, from 7:00 a.m. to 7:45 a.m. during the First Time Attendees Meeting, to provide a framework for navigating the Annual Meeting and to introduce participants to ISTSS as an organization. While geared toward first-time attendees, all ISTSS participants are invited to join us. The meeting will open with a general overview for the first 25 minutes, to be followed by small-group discussion. The small groups portion of this session will offer opportunities for those speaking English, Japanese or Mandarin Chinese to meet and discuss issues of interest regarding ISTSS, the Annual Meeting, the field of traumatic stress studies or other related topics.

ISTSS Special Interest Groups **Expanded Time Slot**
Thursday, November 15 **12:30 p.m. – 1:45 p.m.***
and Saturday, November 17 **12:30 p.m. – 1:45 p.m.***

The purpose of Special Interest Groups (SIGs) is to provide members with a forum for communication and interaction about specific topic areas related to traumatic stress, as well as providing a means of personal and professional involvement in the activities of the Society. All meeting participants are welcome to attend the SIG meetings. ISTSS has arranged for SIG meeting attendees to purchase a pre-ordered box lunch for this meeting. Payment was required on the Annual Meeting registration form. Lunch tickets for pre-registered SIG meeting attendees were placed in their registration envelopes. For those who registered onsite, there are a limited number of box lunches available for purchase and will be sold on a first-come, first-served basis. Paid lunch tickets are distributed at the registration desk. Lunch tickets must be presented in the Grand Ballroom Foyer (where box lunches are stationed) prior to proceeding to the individual SIG meetings. Attendees do not need to purchase a box lunch or bring lunch to attend the SIG Meetings.
*See page 19 for a listing of specific SIG meetings for each day.

Awards Ceremony **Grand Ballroom VI – 3rd Floor**
Thursday, November 15 **6:15 p.m. – 7:00 p.m.**

Help us recognize the recipients of this year's awards from the International Society for Traumatic Stress Studies. Everyone is invited to attend the Awards Ceremony. The Welcome Reception, also open to all registered attendees, will immediately follow the Awards Ceremony. See list of award winners on page 17.

Welcome Reception **Harborside Ballroom – 4th Floor**
Thursday, November 15 **7:00 p.m. – 9:00 p.m.**

All are invited to attend a reception welcoming attendees to the ISTSS 23rd Annual Meeting. The reception will be held immediately following the Awards Ceremony.

Student Meeting **Harborside D/E – 4th Floor**
Friday, November 16 **12:30 p.m. – 1:45 p.m.**

All students are invited to attend the annual student luncheon at the ISTSS 23rd Annual Meeting. The ISTSS student leadership will report on the current status of the Student Section and provide information about student opportunities and benefits. The second annual Award for Outstanding Student Achievement will be presented at this time. Members of the board of directors have been invited to the luncheon and this gathering presents an excellent opportunity for networking with professionals in the field and fellow students. ISTSS has arranged for students to purchase a pre-ordered box lunch for this meeting at a discounted rate. Payment was required on the Annual Meeting registration form, and lunch tickets for pre-registered students were placed in their registration envelopes. For those who registered onsite, note that there are a limited number of box lunches available for purchase and will be sold on a first-come, first-served basis. Paid lunch tickets are distributed at the registration desk. Lunch tickets must be presented in the Grand Ballroom Foyer (where the box lunches are stationed) prior to proceeding to the meeting in Harborside D/E. Students need not purchase a box lunch or bring lunch to attend the Student Meeting.

Internship and Postdoctoral Program Networking Fair **Harborside D/E – 4th Floor**
Friday, November 16 **2:00 p.m. – 3:15 p.m.**

Finding an internship or post-doctoral program that offers trauma-specific training can be difficult. In an attempt to ease this burden, the Student Section is offering this session to provide an opportunity for students to talk with representatives of various internship and/or post-doctoral programs who offer rotations or specializations in the clinical aspects of working with trauma. The training programs will have the opportunity to recruit potential interns or post-doctoral residents, while the students will have the opportunity to locate these programs and ask questions about the experiences offered. Programs from across the United States have been invited representing a diversity of clinical interests. This networking session was organized by Mylea Charvat, Student Section vice chair and representative to the ISTSS board of directors.

Organizations Participating in the Internship and Postdoctoral Program Networking Fair at Press Time

- La Rabida Children's Hospital, Chicago, Illinois
- University of California, Davis Medical Center (Pediatrics), Sacramento, California
- VA Boston Healthcare System and Consortium, Boston Consortium in Clinical Psychology, Boston, Massachusetts
- VA Durham Medical Center, Psychology Training Program and Mental Health Intensive Case Management, Durham, North Carolina
- VA Maryland Health Care System, Psychology Internship Consortium, Baltimore, Maryland
- VA Palo Alto, Palo Alto, California
- VA Salem Medical Center, The Center for Traumatic Stress, Salem, Virginia
- VA Salt Lake City Health Care System, Salt Lake City, Utah
- Walter Reed Army Medical Center, Washington, District of Columbia

ISTSS Annual Business Meeting **Grand Ballroom I/II – 3rd Floor**
Friday, November 16 **6:15 p.m. – 7:15 p.m.**

All meeting participants are invited to attend the Annual Business Meeting. This is your opportunity learn about the Society, ask questions and make suggestions about ISTSS. In addition to meeting ISTSS leadership, student poster awards will be presented and travel grant recipients will be announced.

Educational Need

The theme of this meeting focuses on the communication of scientific findings, practice and policy issues regarding the prevention of traumatic events and trauma-related emotional reactions. Specifically, speakers will focus on communicating such issues related to 1) preventing trauma exposure, 2) preventing trauma-related mental health consequences immediately after trauma exposure, and 3) preventing the recurrence of posttraumatic stress disorder and other chronic mental health conditions after traumatic event exposure. Invited speakers are strongly requested to avoid unnecessary jargon and to make their work and its implication to the traumatic stress field as accessible as possible to those who do not share their particular perspective and type of scientific approach. This is designed to facilitate increased understanding of what different types of research (e.g., basic scientists, clinical researchers) focusing on different types of traumatic stressors (e.g., child maltreatment, disasters, terrorism, war) using different research methods and perspectives (e.g., epidemiology, genetics, psychosocial, psychobiological) have found as well as what the implications of their work are for the traumatic stress field. Our aspirational goal is to establish a jargon-free zone in which experts maximize communication of their work, findings, and implications in a way that facilitates understanding and cross-fertilization among researchers, clinicians and policy makers from other perspectives.

Educational Objectives

Participants of the ISTSS Annual Meeting will be able to:

- Identify risk factors for the development of emotional problems after traumatic event exposure.
- Demonstrate interventions aimed at preventing trauma exposure, and initial and long-term mental health reactions once exposed to trauma.
- Describe key practice and policy-related issues relevant to preventing and intervening with trauma victims.

Target Audience

This meeting is appropriate for advocates, attorneys, counselors, educators, journalists/media experts, marriage and family therapists, nurses, physicians, policy makers, psychiatrists, psychologists, researchers, social workers and students interested in traumatic stress.

Continuing Medical Education

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Boston University School of Medicine and the International Society for Traumatic Stress Studies. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Boston University School of Medicine designates this educational activity for a maximum of 25.25 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CME Course Director

Danny Kaloupek, PhD, Boston University School of Medicine

Continuing Education Credit (non-MD)

The ISTSS 23rd Annual Meeting is co-sponsored by The International Society for Traumatic Stress Studies and The Institute for Continuing Education. Continuing education credit is offered as listed below. All CE types below offer 25.25 credit hours (25.00 for psychology). If you have questions regarding continuing education, contact The Institute by phone, 251-990-5030; fax, 251-990-2665; or e-mail, instconted@aol.com.

Psychology: The Institute for Continuing Education is an organization approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content.

Counseling: The Institute for Continuing Education is an NBCC approved continuing education provider and a co-sponsor of this event. The Institute for Continuing Education may award NBCC approved clock/contact hours for programs that meet NBCC requirements. The Institute for Continuing Education maintains responsibility for this program and its content. NBCC Provider No. 5643.

Continuing Education Registration and Requirements

A certificate fee of $35 for members and $55 for non-members is required and can be applied for by checking the appropriate box on the registration form. You also may pay on site. However, you may not register for credits after November 17. Continuing education credit will be awarded on a session-by-session basis, with full attendance required for each session attended. To receive continuing education credit, attendees must sign in/sign out daily and complete the continuing education evaluation packet. Stop by the continuing education desk before attending any sessions to receive your packet and to sign in/sign out daily.

It is the responsibility of conference attendees who hold licensure with boards to contact their individual licensing jurisdiction to review current continuing education requirements for licensure renewal.

The following events/presentations are not available for continuing education credits: poster sessions, awards ceremony, opening reception, Internship and Postdoctoral Networking Fair, First time Attendees Meeting, Student Lunch, Special Interest Group Meetings, and the Business Meeting.

Social Work: The Institute for Continuing Education is approved as a provider for continuing education by The Association of Social Work Boards (ASWB), through the Approved Continuing Education Program (ACE). Licensed social workers should contact their individual state jurisdiction to review current continuing education requirements for licensure renewal. The Institute for Continuing Education maintains responsibility for the program. ASWB Provider No. 1007.

- **Illinois Dept. of Professional Regulation:** Social Work License: 159-000606.
- **Ohio Board of Counselor/Social Work:** Provider No. RCS 030001.
- **California Board of Behavioral Sciences:** Provider PCE 636.
- **Florida Board:** BAP #255.

Marriage/Family Therapy: The Institute for Continuing Education is recognized as a provider of continuing education activities by most state boards of Marriage/Family Therapy.

Nursing: The Institute for Continuing Education is accredited as a provider of continuing education in nursing by the Alabama Board of Nursing, Provider No. 1124; and the California Board of Nursing, Provider No. CEP 12646. Nurses should contact their state board to determine if approval of this program through the Alabama and California Board of Nursing is acceptable for continuing education in their state.

Alcohol/Drug: The Institute for Continuing Education is approved by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) to provide continuing education for alcohol and drug abuse counselors. NAADAC Provider No. 00243.

Ethics

The ISTSS conference offers some sessions focusing on ethical issues in practice and research. These sessions have been approved by the continuing education provider to offer credits in ethics. However, please note that ultimately it is the responsibility of the course participant and their licensing board to make sure that courses approved for ethics meet their specific requirements. In addition, any ethics sessions would not meet California requirements, unless of course, they are specific to California laws/regulations.

Pre-Meeting Institute #11: Ethics in the Treatment of Chronically Traumatized Individuals

November 14, 1:30 – 5:00 p.m.

- Explore the intersection of personal and professional ethics in the treatment of traumatized individuals, and cite ways in which ethical considerations may be further developed
- Describe flexible ethical guidelines that support adaptive growth in both the client and the therapist
- Identify ethical approaches to resolve specific complex ethical dilemmas in chronic trauma survivors

Symposium: Ethical Issues in Traumatic Stress Research with Children

November 17, 2:00 - 3:15 p.m.

- Identify relevant ethical issues in conducting traumatic stress research with children
- Analyze possible solutions to ethical problems in conducting traumatic stress research with children
- Design and implement ethically responsible research designs with children experiencing traumatic stress

Disclosure Policy

Boston University School of Medicine asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relationships with commercial interests. This information is disclosed to CME activity participants. Boston University School of Medicine has procedures to resolve any apparent conflicts of interest. In addition, faculty members are asked to disclose when any discussion of unapproved use of pharmaceuticals and devices takes place. Disclosures for the faculty members who submitted their responses after the printing of this final program will be announced in the Addendum.

Name	Disclosed Relationships
Benight, Charles	Major Stockholder: Carol Benight TraumaTech, Inc.
Berkowitz, Steven	Grant/Research Support: SAMHSA, State of CT; Major Stockholder: Pfizer
Bloom, Sandra	Consultant: Andrus Children's Center, Yonkers, NY
Boscarino, Joseph	Grant/Research Support: Centocor Pharma; Consultant: TNF use among RA Patients; Other (describe): Research Support
Ellis, B. Heidi	Co-Author on a book about the treatment model being presented
Fikretoglu, Deniz	Grant/Research Support: Canadian Institutes of Health Research; Consultant: Veterans Affairs Canada
Flanagan, Leo	Flanagan Social Initiatives, LLC, President/Owner
Foa, Edna	Grant/Research Support: Pfizer, Solvay, Eli Lilly, GSK, Smith Kline Beecham, Cephalon, Bristol Myers Squibb, Forest, Ciba Geigy, Kali Duphar; Speakers Bureau: Pfizer, GSK, Forest
Franks, Robert	Grant/Research Support: CT Department of Children and Families, CT Health Foundation, Children's Fund of CT
Freyd, Jennifer	Book Royalties
Fried, Hedi	One book published by Nebraska Univ. Press, Nebraska
Gorter, Jeff	Employee of Crisis Care Network
Greenberg, Neil	Consultant: Sporadic consultant to journalistic organisations on matters of traumatic stress, sporadic consultant to TRiM using organisations; Major Stockholder: Director of a U.K. company that deliverys traumatic stress management training
Hembree, Elizabeth	Consultant: Occasionally conduct workshops on treatment of PTSD for compensation
Jaycox, Lisa	Author of the CBITS manual but does not hold the copyright nor receive royalties.
Kaloupek, Danny	Consultant: Summa Heathcare System
Magyari, Trish	Consultant: University of Maryland Center for Integrated Medicine, Johns Hopkins Medical Institutions; Other: Private Practice-Mindfulness-Based Stress Reduction
Marmar, Charles	Consultant: Pfizer, Sanofi Aventis, Actelion Pharmaceuticals
Mavissakalian, Matig	Speakers Bureau: Pfizer
McFarlane, Alexander C.	Consultant: Brain Resource Company; Major Stockholder: Brain Resource Company; Wife holds stock in superannuation fund
Mellman, Thomas	Speakers Bureau: Takade Pharmaceuticals
Najavits, Lisa	Director, Treatment Innovations (a consulting and sales business related to PTSD/substance abuse treatments)
Neylan, Thomas	Grant/Research Support: Forest Laboratories Consultant: Pfizer, Sanofi, Takeda, Sepracor
Ouimette, Paige	Grant/Research Support: NIDA, NIAAA Co-investigator Consultant; Grant/Research Support: VA HSR&D Co-Investigator
Pearlman, Laurie	Book royalties
Porterfield, Katherine	Grant/Research Support: Tortrue Victim Relief Act/Office of Refugee Resettlement, Robin Hood Foundation, Leeman Foundation
Rosario, Margaret	Major Stockholder: Pfizer, Genentech, Dendreon, Health Sciences Trust C.
Saakvitne, Karen	Royalties-Norton and Sidran
Saxe, Glenn	Consultant: consult to agencies implementing Trauma Systems Therapy, Royalties on book describing TST
Shapiro, Francine	Major Stockholder: EMDR Institute
Shay, Jonathan	Author's royalty in the books, "Achilles in Vietnam" and "Odysseus in America," the latter of which is mentioned in the recommended readings.
Smith, Tracey	Grant/Research Support: Investigator funded research; Other (describe): Spanish Version of the WISPI-IV
Taylor, Fletcher	Speakers Bureau: Cephalon, Forest, Abbott
Vermetten, Eric	Consultant: Lundbeck
Vogt, Dawne	Grant/Research Support: Inflexxion, Inc.
Vonderhaar, Lucie	Consultant: USU/CSTS
Widom, Cathy	Grant/Research Support: NICHD, Doris Duke Charitable Foundation; Consultant: Robert Wood Johnson Foundation

Additional disclosures will be announced in the Addendum.

Keynote Address

Thursday, November 15, 9:30 a.m. – 10:45 a.m.

The Imprint of Trauma:
On Minds, Bodies, Lives and Societies
Grand Ballroom VI – X, 3rd Floor

Jacquelyn C. Campbell, PhD, RN, FAAN
Johns Hopkins University School of Nursing
Baltimore, Maryland, USA

This address will highlight some of the most recent research on how trauma affects our minds and bodies as well as some of the global research on trauma experiences and effects. This overview will include emerging issues such as research on the interface of violence, trauma and HIV/AIDS biologically as well as behaviorally, and how the risks of PTSD in our own returning military, indigenous and refugee populations all over the world threaten both our health and families in terms of increased violence. This background of research findings will be used as a basis for suggesting collaborative strategies for the prevention of violence and trauma and its effects.

Jacquelyn Campbell, PhD, RN is the Anna D. Wolf chair and a professor in the Johns Hopkins University School of Nursing with a joint appointment in the Bloomberg School of Public Health. Her BSN, MSN and PhD are from Duke University, Wright State University and the University of Rochester, respectively.

Dr. Campbell has conducted advocacy policy work and research in the area of domestic violence since 1980. She has been the PI of 10 major NIH, NIJ or CDC research grants, and has published more than 150 articles and seven books on this subject. An elected member of the Institute of Medicine and the American Academy of Nursing, Dr. Campbell is on the boards of directors of the Family Violence Prevention Fund and the House of Ruth Battered Women's Shelter. She was also a member of the Congressionally-appointed U.S. Department of Defense Task Force on Domestic Violence.

Dr. Campbell was named the 2005 American Society of Criminology Vollmer Award recipient, and received the 2006 Friends of the National Institute of Nursing Research Pathfinder award. For the 2005-2006 academic year, she served as the Institute of Medicine/American Academy of Nursing/American Nurses' Foundation scholar in residence.

Plenary Sessions

Thursday, November 15, 2:00 p.m. – 3:15 p.m. Concurrent Session 3

Preventing Genocide (Abstract #184339)
Plenary (prev)
Grand Ballroom VI, 3rd Floor

Danieli, Yael, PhD[1]; Nsengimana, H.E. Joseph, PhD[2]; Williamson, Clint, JD[3]; Mendez, Juan, Advocate[4]; Murakatete, Jacqueline, BA[5]
[1]Group Project for Holocaust Survivors and their Children, New York, New York, USA
[2]United Nations, New York, New York, USA
[3]US Department of State, Washington, District of Columbia, USA
[4]International Center for Transitional Justice, New York, New York, USA
[5]Jacqueline's Human Rights Corner and Author, New York, New York, USA

The United States and its European allies have wholeheartedly endorsed the pledge of "never again"; while tolerating millions murdered and displaced, and unspeakable atrocities that have been comitted in clear view more than half century since the Genocide Convention came into effect. Whatever the growth in public awareness of the Holocaust and the triumphalism about the ascent of liberal democratic values, the last decade of the twentieth century was one of the most deadly in the grimmest century on record, and the beginning decade of the twenty first has yet to change this shameful record. This multidisciplinary panel will trace some of the sources of this failure and report on recent steps by the international community to prevent, suppress, and rebuild after genocide.

Thursday, November 15, 3:30 p.m. – 4:15 p.m. Concurrent Session 4

The Traumatic Effects of Sexual Abuse by Clergy
(Abstract #184273)
Plenary (commun)
Grand Ballroom VI, 3rd Floor

Doyle, Thomas P., JCD, CADC[1]
[1]Private Practice, Vienna, Virginia, USA

Sexual abuse of children or minors by trusted clergy results in a unique type of trauma. The vast majority of victims are devoted members of the denomination with an exceptional degree of trust in their clergy person and in the religious system. The intensity and destructive effects of the trauma associated with clergy abuse are directly related to the emotional bond between the victim and the abuser. This bond is grounded in factors that are described as "spiritual" but which in fact are toxic and lead to a traumatic relationship that is sometimes accompanied by sexual abuse.

There are two dimensions of religious-based trauma that directly impact the overall effects of clergy sexual abuse: the emotional and mental conditioning of the victim, which directly influences susceptibility to abuse and, the same conditioning with the added element of spirituality which shapes the impact of abuse on the victim.

Prevention of the lasting effects of trauma from clergy sexual abuse involves more than awareness of the modus operandi of sexual predators in clergy clothing. It must also take into account the enabling aspect of religious conditioning that leads to a post-abuse feeling of alienation from God as well as society.

Friday, November 16, 11:00 a.m. – 12:15 p.m. Concurrent Session 7

Prevention of PTSD, Yesterday, Today and Tomorrow
(Abstract #179569)
Plenary (prev)
Grand Ballroom VI, 3rd Floor

Shalev, Arieh, MD[1]
[1]Hadassah University Hospital, Jerusalem, Israel

PTSD should be a good target for prevention: it has salient onset, typical initial symptoms; and frequent early recovery. The biology of PTSD is better known than that of many other disorders. Data from recent wars and catastrophes shows, however, that prevention was marginally efficient, if attempted at all. This presentation addresses the many sources of this gap and ways to reduce their effects. A prerequisite for well-targeted prevention is a reliable identification of subjects at risk. Survivors´ engagement in preventive efforts is the next challenge. Specific interventions must be identified, disseminated and mastered by potential providers. Attention should be paid to communities and individual resources, culture and expectations, ongoing stressors and survival tasks. Most importantly, the cumulative contribution of vulnerabilities, triggering and maintaining factors should be better understood and translated to practice. Recent research gave us better tools to identify survivors at risk.

Effective psychological interventions have been described. Barriers to seeking help were delineated. Pharmacological interventions have addressed putative biological risk factors. These achievements allow us to formulate generic principles for prevention and outline their implementation in specific events and practices. We should also recognize gaps in knowledge and other hurdles.

Saturday, November 17, 8:00 a.m. – 9:15 a.m. Concurrent Session 10

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

Grand Ballroom VI, 3rd Floor

Plenary (clin res)

Foa, Edna B., PhD[1]; Keane, Terry, PhD[2]; Friedman, Matthew, MD, PhD[3]; Cohen, Judith, MD[4]; Newman, Elana, PhD[5]

[1]Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA
[2]National Center for PTSD and Boston University, Boston, Massachusetts, USA
[3]National Center for PTSD and Dartmouth Medical School, White River Junction, Vermont, USA
[4]Allegheny General Hospital, Drexel University School, Pittsburgh, Pennsylvania, USA
[5]President of ISTSS, University of Tulsa, Tulsa, Oklahoma, USA

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

Saturday, November 17, 3:30 p.m. – 4:45 p.m. Concurrent Session 14

Theoretical and Practical Issues in Early Intervention (Abstract #179970)

Plenary (practice)

Grand Ballroom VI, 3rd Floor

McFarlane, Alexander C., MBBS, MD[1]; Shalev, Arieh, MD[2]; Pynoos, Robert, MD, MPH[3]; Bryant Richard, PhD[4]

[1]Center for Military and Veterans Health, Adelaide University, Adelaide, South Australia, Australia
[2]Hebrew University and Hadassah School of Medicine. Jerusalem, Israel
[3]University of California, Los Angeles, Los Angeles, California, USA
[4]University of New South Wales, Sydney, Australia

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

Do the Facts Confirm the Theory about Early Intervention

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

Early Treatment for Trauma Survivors: Mandatory or Recommended?

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

Early Treatments Versus Debriefing

The symptoms of PTSD should be considered part of the normal reaction to trauma, as they occur almost universally following severe enough traumas. Those who suffer from chronic PTSD show steadily decreasing PTSD symptoms in the first month following trauma, then remain fairly steady across time. They do not worsen; they just don't extinguish their original fear reactions. Therefore, PTSD can be viewed as a failure of recovery caused in part by a failure of fear extinction following trauma. Based on the evidence that 1) the debriefing literature is equivocal at best with some studies indicating it can cause harm, 2) there are no good candidates for immediate intervention; 3) the animal evidence suggests that some immediate extinction training can result in decreases in spontaneous recovery and renewal and reinstatement; 4) the animal evidence suggests that incomplete extinction training may cause sensitization, and finally; 5) the timing of extinction training after exposure/conditioning is crucial, we hypothesize that an immediate intervention following exposure to trauma in humans in the emergency department (ED) may be able to help prevent the development of PTSD. The long-term goals are to establish pharmacological and psychotherapeutic interventions in the immediate aftermath of trauma to reduce the likelihood of developing a durable fear response such as PTSD.

Pre-Meeting Institute
Wednesday, November 14, 8:30 a.m. – Noon

Using Motivational Interviewing Principles to Enhance OEF/OIF Veterans' Engagement in PTSD Treatment (Abstract #180000)
Pre-Meeting Institute (practice)

Grand Ballroom IX, 3rd Floor

Murphy, Ronald, PhD[1]
[1]Dept. of Psychology, Francis Marion University, Florence, South Carolina, USA

Large numbers of soldiers are returning from Operation Enduring Freedom (OEF: Afghanistan) and Operation Iraqi Freedom (OIF) with post-deployment adjustment problems, and unfortunately the majority of them don´t seek help or drop out of treatment. It is critical, then, that healthcare providers: a) understand the treatment barriers experienced by these and other veterans, and b) enhance veterans´ engagement in mental health treatment. Dr. Murphy will train Institute participants in clinical methods for enhancing veterans´ engagement in treatment for emotional and behavioral problems arising from warzone experiences. The first part of the workshop will focus on identification of treatment acceptance and engagement barriers among combat veterans, especially Afghanistan and Iraqi returnees, including veterans´ own roadblocks to help-seeking, healthcare provider missteps, and therapeutic alliance issues which prevent returnees with warzone-related stress from accepting the help they need. Common veteran barriers to accepting help include ambivalence about problem acknowledgement, emotional & cognitive roadblocks like shame and self-reliance, and beliefs and fears about mental health treatment. In the second part of the workshop, participants will learn and practice techniques from the PTSD Motivation Enhancement Group, a brief therapy intervention based on motivational interviewing principles that is designed to foster engagement in PTSD treatment. An uncontrolled study has previously shown increased problem recognition and high satisfaction ratings among PME Group participants, and early results from a randomized control trial show that PME Group participants stay in PTSD treatment programs longer and are more likely to complete the program than controls. The intervention encompasses a number of approaches, including general therapist response style as well as specific techniques designed to enhance patient problem acknowledgement and engagement in treatment. These techniques include an intervention to reduce patient blaming and externalized attributions about the cause of their problems, norm comparison, decision balance, and identification of roadblocks to problem acknowledgement and treatment participation. Review of barrier issues and modifications of engagement enhancement interventions that are unique to OEF/OIF veterans will be emphasized. At the end of the Institute, participants will be encouraged to describe their most difficult cases for re-evaluation in the context of a motivation enhancement approach.

LATEBREAKER
Friday, November 16, 8:00 a.m. – 9:15 a.m.
Concurrent Session 5

PTSD and Traumatic Head Injury: What Do We Know and Where Do We Go? (Abstract #187356)
Panel (clin res)

Kent A/B/C, 4th Floor

Bryant, Richard, PhD[1]**; Vasterling, Jennifer J., PhD**[2]**; Hoge, Charles W., MD**[3]**; Harris, Janet, RN, PhD**[4]
[1]University of New South Wales, Sydney, New South Wales, Australia
[2]VA Boston Healthcare System and National Center for PTSD, Boston, Massachusetts, USA
[3]Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Washington, District of Columbia, USA
[4]Army Nurse Corps, Fort Detrick, Maryland, USA

Given the media attention, funding opportunities and attention dedicated to understanding the relationship between PTSD and Traumatic Brain Injury (TBI) in military settings, this late-breaking panel will synthesize information about TBI and PTSD. Hoge will present data on TBI and PTSD among active duty soldiers and discuss successes and challenges in how the military and VA are screening and treating mild TBI. Vasterling will present data from a prospective study of Iraq-deployed Army soldiers illustrating the relationship between neuropsychological performance and PTSD. She will emphasize clinical implications of understanding head injury in PTSD. Bryant, focusing on civilians, will discuss the nature and treatment of PTSD following TBI outside the military context. Dr. Harris would provide a context for understanding the Congressional Directed Medical Research Programs TBI and PTSD program. Panelists will synthesize research and clinical perspectives from biological and psychosocial models.

Friday, November 16, 9:30 a.m. – 10:45 a.m.
Concurrent Session 6

What Every Mental Health Professional Should Know About Crime Victim Compensation (Abstract #186814)
Panel (commun)

Grand Ballroom VI, 3rd Floor

Kilpatrick, Dean, PhD[1]**; Eddy, Dan**[2]**; Seymour, Anne, BA**[3]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]National Association of Crime Victim Compensation Boards, Alexandria, Virginia, USA
[3]The Crime Victims Report, Washington, District of Columbia, USA

In 1984, the U.S. Congress enacted the Victim of Crime Act (VOCA). Part of VOCA was a federal funding stream to states that reimburses them for costs associated with providing mental health services to victims of crime. Crime Victim Compensation programs have been established in each state and all of these programs pay mental health providers who treat eligible victims for crime-related mental health problems. Crime Victims Compensation can be a funding source to pay for mental health counseling.

The goal of this presentation is to familiarize mental health professionals with relevant laws, regulations, and contact information about crime victim compensation programs in the United States, as well as how to collaborate with victim advocates to insure that victims have access to quality mental health services for their crime-related mental health problems. Participants will include Dan Eddy, Executive Director of the National Association of Crime Victim Compensation Boards; Anne Seymour, who is an experienced victim advocate; and Dr. Dean Kilpatrick who is both a mental health professional and the Chair of the Crime Victims' Advisory Committee for the South Carolina State Office of Victim Assistance, which houses the state's crime victim compensation.

Friday, November 16, 9:30 a.m. – 10:45 a.m.
Concurrent Session 6

Washington Perspectives: Federal Initiatives For Trauma Prevention And Early Intervention (Abstract #179921)
Panel (culture)

Kent A/B/C, 4th Floor

Dodgen, Daniel, PhD[1]; Kaul, Rachel, MSW[2]; Keeney, Michelle, PhD, JD[3]; Kleiman, Matthew, MSW[4]; Nolan, Catherine, MSW[5]
[1]Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, District of Columbia, USA
[2]Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland, USA
[3]Science and Technology Directorate, U.S. Department of Homeland Security, Washington, District of Columbia, USA
[4]Division of Immigration Health Services, U.S. Department of Homeland Security, Washington, District of Columbia, USA
[5]Office on Child Abuse and Neglect, Administration on Children and Families, Washington, District of Columbia, USA

As public awareness about the mental health consequences of traumatic events has increased, US federal government agencies have responded by incorporating this awareness into new or existing initiatives. While certain US federal research and treatment programs focusing on PTSD and related conditions are familiar to many trauma researchers and clinicians, other US federal programs remain less visible. In particular, professionals who work in trauma may be less aware of the work of US federal agencies whose mission is less specifically focused on mental health services and research. This panel will provide information about some of these efforts and how they fit into the theme of prevention of trauma and its effects. Examples include community child abuse prevention, suicide prevention for detained immigrants, early assessment for communities struck by catastrophic events, and pre-clinical disaster mental health services. Panelists represent a range of federal agencies. The panel will address research, practice, and policy implications of this work.

Past President's Panel

Friday, November 16, 3:30 p.m. – 4:45 p.m.
Concurrent Session 9

Prevention and ISTSS: The Role of the Society in the Area of Traumatic Stress Prevention: A Past President´s Panel Discussion (Abstract #184025)
Panel (prev)

Grand Ballroom VI, 3rd Floor

Figley, Charles R., PhD[1]; Danieli, Yael, PhD[2]; Bloom, Sandra, MD[3]; Marmar, Charles, MD[4]
[1]College of Social Work, Florida State University, Tallalhassee, Florida, USA
[2]ISTSS Past President, New York, New York, USA
[3]Community Works, Philadelphia, Pennsylvania, USA
[4]University of California, San Francisco, San Francisco, California, USA

This panel of four past presidents of the society will discuss how, during their tenure as president, the society was involved in various efforts to promote the prevention of trauma events and their unwanted consequences. Each panelist will discuss their year as President of ISTSS but in the context of the three year period in which they were president-elect and immediate past-president. Therefore, Sandra Bloom, MD, will focus on what was happening in the area of prevention from 1996-1999. Charles Marmar, MD, will discuss the years 1992-1995. Yael Danieli, PhD, will discuss the years 1987-1990, and Charles Figley, PhD, will discuss the years 1984-1988. In addition to discussing what was happening in the society to promote prevention, each panelist will discuss the lessons learned from the past that is relevant today to promoting prevention.

Saturday, November 17, 9:30 a.m. – 10:45 a.m.
Concurrent Session 11

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

Grand Ballroom VI, 3rd Floor

Monseu, Barbara, MS[1]; Jones, Russell, PhD[2]; Schonfeld, David, MD, FAAP[3,] Ellis, Carroll Ann[4]
[1]National Center for Critical Incident Analysis, Denver, Colorado, USA
[2]Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA
[3]National Center for School Crisis and Bereavement, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA
[4]Victims' Services Division, Fairfax County Police Department, Fairfax County, Virginia, USA

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

Saturday, November 17, 11:00 a.m. – 12:15 p.m.
Concurrent Session 12

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

Grand Ballroom VI, 3rd Floor

Doyle, Thomas P., JCD, CADC[1], Shapiro, Bruce[2], Lombardi, Kristin[3], Zwerdling, Daniel[4]
[1]Private Practice, Vienna, Virginia, USA
[2]Dart Center for Journalism and Trauma, University of Washington, Seattle, Washington, USA
[3]Center for Public Integrity, Washington, District of Columbia, USA
[4]National Public Radio, Washington, District of Columbia, USA

The purpose of this presentation is to discuss public advocacy, investigation and storytelling concerning trauma victims as a strategy both for redressing past injury and prevention. In particular this session will consider how public understanding of violence and traumatic victimization and their long-term impact on survivors can be changed, through exposure of institutional patterns of abuse; elevation of survivors' voices in the media; and public storytelling as a vehicle for the framing of traumatic experiences, accountability and the encouraging prevention-oriented reform.

Following introductory comments by the chair, Father Tom Doyle will discuss the role of public advocacy on behalf of sexual abuse survivors in the Catholic church. Journalist Kristin Lombardi, whose investigative reporting in Boston revealed the Boston Archdiocese's implication in suppressing complaints and accusations of abuse, will comment and will also discuss the impact of journalism in New York City in exposing the neglect of traumatized rescue and recovery workers from the September 11, 2001 attack. Daniel Zwerdling of National Public Radio will discuss the role of journalists in framing public understanding of the mental health issues facing returning Iraq War veterans.

Master Clinician Series
Thursday, November 15, 11:00 a.m. – 12:15 p.m.
Concurrent Session 2

Trauma Risk Management (TRiM) - An Organisational Approach to Traumatic Stress (Abstract #179416)
Master (practice)
Dover A/B/C, 3rd Floor

Greenberg, Neil, BSc, BM, MMedSc, DOccMed, MRCPsych[1]; March, Cameron, DipCouns[2]
[1]King's College London, London, United Kingdom
[2]Royal Navy, Portsmouth, United Kingdom

Previous reactive single session models of post incident interventions are ineffective. However, organisations have moral, economic and legal reasons to support staff after work related incidents. The UK´s National Institute for Clinical Excellence (NICE) PTSD management guideline encourages not "making a meal" of "normal" post incident distress. For most individuals, distress is not a medical problem needing a complex intervention. NICE suggests "watchful waiting" for the first month after an incident.

TRiM is a "NICE-compliant" model of peer group traumatic stress management which aims to keep employees functioning after traumatic events. TRiM also aims to signpost those who require it to professional sources of help. TRiM thus aims to empower organisations by promoting a pro-active and resilient stance to the effects of potentially traumatic events. TRiM has been extensively used within the UK military, diplomatic services, emergency services and security companies. Organisations which use TRiM report that it also helps organisations adopt a more "stress-competent" attitude to personnel management.

This master presentation will explain the TRiM model through the use of a realistic scenario. As the scenario unfolds, participants will partake in assessing role-played characters and see TRiM in action. The presentation is ideal for all levels of experience.

Thursday, November 15, 2:00 p.m. – 3:15 p.m.
Concurrent Session 3

Treatment of Young Traumatized Children with PCIT (Abstract #184026)
Master (practice)
Dover A/B/C, 3rd Floor

Timmer, Susan, PhD[1]
[1]University of California, Davis, Sacramento, California, USA

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program, developed to assist parents whose children have severe behavioral problems. PCIT has been identified as an evidence-based practice — applicable to high-risk and abusive parent-child dyads. Research has demonstrated the effectiveness of PCIT in decreasing child behavioral problems, improving parenting skills, enhancing the quality the parent-child relationships. Young children often exhibit traumatic symptoms through behavioral dysregulation (i.e., behavioral disturbance), rather than in a more traditionally recognized "adult" symptom patterns. Also, young children experience and mediate traumatic experiences through their relationship with their primary caregiver. This presentation will provide an overview of the structure and process of PCIT — focusing on the benefits of PCIT with young traumatized children. A demonstration of PCIT will follow, then an opportunity to engage in a question and answer period about the process and outcomes of this treatment adaptation.

Friday, November 16, 9:30 a.m. – 10:45 a.m.
Concurrent Session 6

Early Intervention Following Assaults and Motor Vehicle Accidents (Abstract #179577)
Master (practice)
Harborside E, 4th Floor

Bisson, Jonathan, DM[1]
[1]Psychological Medicine, Cardiff University, Cardiff Wales, United Kingdom

During this presentation two hypothetical scenarios will be considered of individuals traumatised by their involvement in an assault and a motor vehicle accident. Approaches to providing initial support, detecting more problematic reactions and then providing a brief trauma-focused cognitive behavioural intervention will be described. The presentation will consider issues such as appropriate assessment of individuals, tailoring interventions to an individual´s needs and combining evidence-based approaches when co-morbidity occurs. It will also consider the clinician's role in liaising with other agencies/services to ensure that survivors of assaults and motor vehicle accidents needs are adequately catered for.

Friday, November 16, 11:00 a.m. – 12:15 p.m.
Concurrent Session 7

EMDR Clinical Parameters and Research Findings: "What's New and Useful" (Abstract #180632)
Master (practice)
Dover A/B/C, 3rd Floor

Shapiro, Francine, PhD[1]
[1]Mental Research Institute, Watsonville, Florida, USA

Numerous controlled studies have indicated that EMDR´s effects on PTSD symptoms are comparable to those of trauma-focused CBT. However, EMDR does not require homework, sustained arousal, detailed verbalization of the index trauma, or prolonged exposure to the event. In this invited presentation, videotapes of an incest survivor and a disaster victim will demonstrate the EMDR treatment, and the de-arousal effects of the eye movements, which have been documented in numerous controlled laboratory studies. In addition, the clinical procedures of an EMDR group-protocol used subsequent to disasters and terrorist attacks will be illustrated.

The presentation will review research findings, with long-term follow up, indicating that the resolution of etiological events can result in the successful treatment of conditions that have often been considered intractable. A recent study will be used to explore the clinical parameters of the EMDR treatment of child molesters, which has resulted in the sustained reduction of deviant arousal. Likewise, representative case examples from studies documenting the elimination/reduction of phantom limb pain subsequent to EMDR processing will be presented to explore both the clinical and theoretical implications.

Friday, November 16, 3:30 p.m. – 4:45 p.m.
Concurrent Session 9

Enhancing Outcome of Prolonged Exposure Therapy
(Abstract #180088)
Master (practice)
Grand Ballroom I/II, 3rd Floor

Hembree, Elizabeth, PhD[1]
[1]*Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania, USA*

Prolonged Exposure (PE; Foa, Hembree, & Rothbaum, 2007) is a cognitive behavioral therapy designed to help survivors to emotionally process traumatic experiences. PE has been used successfully with survivors of a range of traumatic events, and has proven highly effective at reducing posttraumatic stress disorder (PTSD) and other trauma-related symptoms. Although quite effective, exposure therapy can also be challenging to implement with diverse and complex chronic PTSD clients. Furthermore, while the PE manual provides detailed descriptions of imaginal and in vivo exposure procedures, some of the nuance and "art" of the therapy is hard to communicate in a treatment manual. One of the most common challenges encountered by PE therapists is helping clients to overcome avoidance, and yet doing so is key to successful outcome. Over the years, we have learned ways of responding to clients´ urges to avoid that can optimize the chances of success. In this presentation, PE therapy will be briefly described, followed by discussion of how to support clients in their struggles with avoidance. The importance of both a strong therapeutic relationship, and a clear rationale that the client understands and accepts, will be emphasized. Case examples will be used to illustrate therapists´ interventions in helping clients to overcome avoidance and engage in therapeutic exposure exercises.

ISTSS 2007 Award Recipients

The ISTSS Awards Committee, chaired by John Fairbank, PhD, would like to announce the 2007 ISTSS Award Recipients. Please join us at the Awards Ceremony, Thursday, November 15 from 6:15 p.m. – 7:00 p.m. in Grand Ballroom VI, 3rd floor, to help honor the following distinguished ISTSS award recipients:

Lifetime Achievement Award
This award is the highest honor given by ISTSS.
It is awarded to the individual who has made great lifetime contributions to the field of PTSD.
2007 Recipient: Arieh Y. Shalev, MD

Public Advocacy Award
This award is given for outstanding and fundamental contributions to advancing social understanding of trauma.
2007 Recipient:
The Distinguished Senator from Maryland, The Honorable Barbara A. Mikulski

Chaim Danieli Young Professional Award
This award recognizes excellence in traumatic stress service or research by an individual who has completed his or her training within the last five years.
2007 Recipient: Diane L. Elmore, PhD, MPH

Robert S. Laufer Award for Outstanding Scientific Achievement
This award is given to an individual or group who has made an outstanding contribution to research in the PTSD field.
2007 Recipient: Scott P. Orr, PhD

Sarah Haley Memorial Award for Clinical Excellence
This award is given to a clinician or group of clinicians in direct service to traumatized individuals. This written and/or verbal communication to the field must exemplify the work of Sarah Haley.
2007 Recipient: Joy D. Osofsky, PhD, and Howard J. Osofsky, MD, PhD

Frank Ochberg Award for Media and Trauma Study
This award recognizes significant contributions by clinicians and researchers on the relationship of media and trauma.
2007 Recipient: Samoon Ahmad, MD

ISTSS Special Interest Groups

The purpose of Special Interest Groups (SIGs) is to provide members with a forum for communication and interaction about specific topic areas related to traumatic stress, as well as providing a means of personal and professional involvement in the activities of the Society. All meeting participants are welcome to attend the SIG meetings. ISTSS has arranged for SIG meeting attendees to purchase a pre-ordered box lunch for this meeting. Payment was required on the Annual Meeting registration form. Lunch tickets for pre-registered SIG meeting attendees were place in their registration envelopes. For those who registered onsite, note that these are a limited number of box lunches available for purchase and will be sold on a first-come, first-served basis. **SIG lunch tickets must be presented in the Grand Ballroom Foyer (where the box lunches are stationed) prior to proceeding to the individual SIG meetings**. You need not order a box lunch to attend the SIG meetings.

Thursday, November 15, 12:30 p.m. – 1:45 p.m.	**Room**
• Diversity and Cultural Competence	Grand Ballroom I and II
• Human Rights and Social Policy	Essex A/B/C
• Internet and Technology	Waterview C/D
• Military	Grand Ballroom VI
• Research Methodology	Dover A/B/C
• Spirituality	Waterview A/B
• Trauma Assessment and Diagnosis	Grand Ballroom III and IV

Saturday, November 17, 12:30 p.m. – 1:45 p.m.	**Room**
• Child Trauma	Grand Ballroom VI
• Complex Trauma	Grand Ballroom VII and VII
• Early Interventions	Harborside D
• Gender and Trauma	Harborside E
• Intergenerational Transmission of Trauma and Resilience	Dover A/B/C
• Media	Kent A/B/C
• Terrorism and Bioterrorism Related Trauma	Grand Ballroom IX and X

SIG Endorsed Presentations

The following is a list of presentations that are endorsed by the ISTSS Special Interest Groups. An endorsement indicates that the SIG has determined this presentation is particularly relevant to their specific topic areas.

Child Trauma

Friday, November 16, 8:00 a.m. – 9:15 a.m.	Panel: Cultural Adaptations to Complex Trauma Treatment with Children and Adolescents
Friday, November 16, 11:00 a.m. – 12:15 p.m.	Symposium: Engaging Traumatized Children and Families in Treatment: Successes and Challenges
Saturday, November 17, 2:00 p.m. – 3:15 p.m.	Symposium: Ethical Issues in Traumatic Stress Research with Children

Complex Trauma

Thursday, November 15, 3:30 p.m. – 4:45 p.m.	Symposium: Dual-Trauma Couples: The Interactive Effects of Complex Trauma
Friday, November 16, 8:00 a.m. – 9:15 a.m.	Panel: Cultural Adaptations to Complex Trauma Treatment with Children and Adolescents
Saturday, November 17, 3:30 p.m. – 4:45 p.m.	Symposium: Treatment of Complex Trauma: Implications from Research Findings and Clinical Consensus

Diversity and Cultural Competence

Wednesday, November 14, 1:30 p.m. – 5:00 p.m.	PMI: Multiple Identities in the Context of Trauma: Increasing Cultural Competence
Friday, November 16, 3:30 p.m. – 4:45 p.m.	Symposium: Trauma and the Traumagenic Effects of Homophobia: Research and Policy Perspectives
Saturday, November 17, 2:00 p.m. – 3:15 p.m.	Symposium: International Trauma: An Innovative Mixed-Methods Process to Implementation in Low-Resource Countries

Gender and Trauma

Thursday, November 15, 8:00 a.m. – 9:15 a.m.	Symposium: Gender Issues for Fire Fighters: Prevention and Treatment Strategies
Saturday, November 17, 11:00 a.m. – 12:15 p.m.	Panel: Sexual Assault During Military Service: Preventing the Trauma and its Mental Health Consequences
Saturday, November 17, 11:00 a.m. – 12:15 p.m.	Symposium: War-affected Women and Girls in Three African Conflicts – Wives, Mothers, Soldiers

Human Rights and Social Policy

Wednesday, November 14, 8:30 a.m. – Noon	PMI: Aiding Survivors of Torture: Evaluation of Asylum Seekers for Prevention of Re-Traumatization
Thursday, November 15, 2:00 p.m. – 3:15 p.m.	Symposium: Challenges in Cross-Cultural Assessment
Thursday, November 15, 3:30 p.m. – 4:45 p.m.	Symposium: Rwanda: Healing the Wounds of Genocide

Intergenerational Transmission of Trauma and Resilience

Thursday, November 15, 2:00 p.m. – 3:15 p.m.	Plenary: Preventing Genocide
Friday, November 16, 9:30 a.m. – 10:45 a.m.	Symposium: The Intergenerational Effects of Trauma: Lessons from Holocaust Survivor Families
Friday, November 16, 9:30 a.m. – 10:45 a.m.	Media: Memorials and Anti-Memorials: The Intersection of Art and Traumatic Memory

Media

Friday, November 16, 2:00 p.m. – 3:15 p.m.	Panel: Narrating Collective Trauma: The Case of Hurricane Katrina
Friday, November 16, 3:30 p.m. – 4:45 p.m.	Panel: Emotions and Journalism: Teaching Best Practice in Trauma Reporting
Saturday, November 11:00 a.m. – 12:15 p.m.	Panel: Bearing Witness as Prevention: Addressing Organizational and Institutionalized Violence and Denial of Trauma

Military

Friday, November 16, 2:00 p.m. – 3:15 p.m.	Symposium: Reaching New Combat Veterans and Their Families: A Practical MIRECC Approach
Saturday, November 17, 8:00 a.m. – 9:15 a.m.	Symposium: Assessment of Posttraumatic Stress Disorder Among Soldiers Returning from Combat Duty in Iraq
Saturday, November 17, 3:30 p.m. – 4:45 p.m.	Symposium: Combat Stress Injuries: Is there a Paradigm Shift in the Works?

Research Methodology

Thursday, November 15, 11:00 a.m. – 12:15 p.m.	Workshop: NIH Priorities and Funding Opportunities for Traumatic Stress Research
Saturday, November 17, 2:00 p.m. – 3:15 p.m.	Symposium: International Trauma: An Innovative Mixed-Methods Process to Implementation in Low-Resource Countries
Saturday, November 17, 2:00 p.m. – 3:15 p.m.	Workshop: Beyond Mean Differences: Analytical Strategies for Examining Group Differences in Trauma Research

Spirituality

Thursday, November 15, 8:00 a.m. – 9:15 a.m.	Panel: Victims of Clergy Abuse in Forensic Settings
Friday, November 16, 9:30 a.m. – 10:45 a.m.	Symposium: The Intergenerational Effects of Trauma: Lessons from Holocaust Survivor Families
Saturday, November 17, 9:30 a.m. – 10:45 a.m.	Symposium: Combat Trauma, Ethnicity, Family Functioning, and Spirituality: Their Impact on Postwar Outcomes.

Terrorism and Bioterrorism Related Trauma

Wednesday, November 14, 8:30 a.m. – Noon	PMI: The Way Ahead: Disaster Mental Health Systems of Care
Wednesday, November 14, 1:30 p.m. – 5:00 p.m.	PMI: Psychological First Aid and Skills for Psychological Recovery

Trauma Assessment and Diagnosis

Thursday, November 15, 2:00 p.m. – 3:15 p.m.	Symposium: Challenges in Cross-Cultural Assessment
Thursday, November 15, 3:30 p.m. – 4:45 p.m.	Workshop: Assessment-Based Treatment for Traumatized Children: Using the Trauma Assessment Pathway (TAP) Model
Saturday, November 17, 8:00 a.m. – 9:15 a.m.	Symposium: Assessment of Posttraumatic Stress Disorder Among Soldiers Returning from Combat Duty in Iraq

Traumatic Loss and Complicated Grief

Saturday, November 17, 2:00 p.m. – 3:15 p.m.	Symposium: New Models for the Primary and Secondary Prevention of Combat Trauma and Loss in U.S. Marines

Note: Presentation endorsements were not submitted by the following SIGs:
Creative, Body, Energy Therapies; Criminal Justice; Early Intervention; Family Systems Approaches to Trauma; Internet and Technology; Physical Injury, Chronic Illness and Disability; Physiology, Pharmacotherapy and Neuroscience; and Primary Care and Trauma.

ISTSS Affiliate Societies

Affiliate Societies of ISTSS are: African Society for Traumatic Stress Studies (AfSTSS), Argentine Society for Psychotrauma (SAPsi), Association de Langue Francaise pour l'Etude du Stress et du Traumatisme (ALFEST), Australasian Society for Traumatic Stress Studies (ASTSS), Canadian Traumatic Stress Studies Network (CTSN), Deutschsprachige Gesellschaft Für Psychotraumatologie (DeGPT), European Society for Traumatic Stress Studies (ESTSS), Japanese Society for Traumatic Stress Studies (JSTSS).

The following is a list of presentations that are endorsed by the Affiliate Societies of ISTSS. An endorsement indicates that the Affiliate Society has determined this presentation is of particular relevance and/or interest to their organization.

Argentine Society for Psychotrauma (SAPsi)

Friday, November 16, 11:00 a.m. – 12:15 p.m.	Master Clinician: EMDR Clinical Parameters and Research Findings: "What's New and Useful"
Friday, November 16, 3:30 p.m. – 4:45 p.m.	Master Clinician: Enhancing Outcome of Prolonged Exposure Therapy

Association de Langue Francaise pour l'Etude du Stress et du Traumatisme (ALFEST)

Thursday, November 15, 2:00 p.m. – 3:15 p.m.	Plenary: Preventing Genocide
Wednesday, November 14, 1:30 p.m. – 5:00 p.m.	PMI: Public Mental Health in Crises and (Post-) Conflict in Low- and Middle-Income Countries
Friday, November 16, 8:00 a.m. – 9:15 a.m.	Symposium: Web-Based Interventions for the Prevention and/or Treatment of PTSD

Australasian Society for Traumatic Stress Studies (ASTSS)

Wednesday, November 14, 8:30 a.m. – noon	PMI: Post-Deployment Mental Health Adjustment: An International Perspective
Thursday, November 15, 3:30 p.m. – 4:45 p.m.	Symposium: Predictors of Posttraumatic disorder and Recovery in Prospective Studies of Recent Trauma Survivors
Saturday, November 17, 3:30 p.m. – 4:45 p.m.	Plenary: Theoretical and Practical Issues in Early Intervention

European Society for Traumatic Stress Studies (ESTSS)

Wednesday, November 14, 1:30 p.m. – 5:00 p.m.	PMI: Beyond Exposure Alone: Brief Eclectic Psychotherapy for PTSD
Thursday, November 15, 11:00 a.m. – 12:15 p.m.	Master Clinician: An Organizational Approach to Traumatic Stress
Thursday, November 14, 3:30 p.m. – 4:45 p.m.	Symposium: Predictors of Posttraumatic disorder and Recovery in Prospective Studies of Recent Trauma Survivors

Note: Presentation endorsements were not submitted by the following Affiliate Societies:
African Society for Traumatic Stress Studies (AfSTSS), Canadian Traumatic Stress Studies Network (CTSN), Deutschsprachige Gesellschaft Für Psychotraumatologie (DeGPT), Japanese Society for Traumatic Stress Studies (JSTSS)

Tuesday, November 13		Presentation Level	Track	Room	Floor	Page #
3:00 p.m. – 7:00 p.m.	Registration			Grand Ballroom Rotunda and Foyer	3	
Wednesday, November 14						
7:30 a.m. – 8:30 a.m.	Coffee/Tea			Grand Ballroom Foyer	3	
7:30 a.m. – 5:00 p.m.	Registration			Grand Ballroom Rotunda and Foyer	3	
Wednesday, November 14, 8:30 a.m. – noon						
PMI 1	**Trauma Prevention as Social Change: From Trauma Theory to Real-Life Practice** *(Pearlman, Saakvitne, Wilcox, S. Brown, Staub, Giller)*	M	commun	Dover C	3	36
PMI 2	**Aiding Survivors of Torture: Evaluation of Asylum Seekers for Prevention of Re-Traumatization** *(Stone, Hanscom, Frank, Roth)*	M	prev	Dover A	3	36
PMI 3	**Acceptance and Commitment Therapy for the Treatment of Comorbid PTSD and Substance Use Disorders** *(Batten, DeViva, Mann, Morris, Santanello, Decker)*	M	practice	Grand Ballroom III	3	36
PMI 4	**"Standing Too Close to the Flame": Risk and Resilience for Therapists who Treat Trauma** *(Courtois, Williams-Keeler)*	M	practice	Grand Ballroom IV	3	37
PMI 5	**Teens, Trauma and Addiction: A TARGETed Approach to Secondary Prevention** *(Ford, Russo)*	I	child	Grand Ballroom VIII	3	37
PMI 6	**Using Motivational Interviewing Principles to Enhance OEF/OIF Veterans' Engagement in PTSD Treatment** *(R. Murphy)*	M	practice	Grand Ballroom IX	3	38
PMI 7	**The Way Ahead: Disaster Mental Health Systems of Care** *(Perez, Schreiber, Gurwitch, Coady)*	M	disaster	Grand Ballroom VII	3	38
PMI 8	**Post-Deployment Mental Health Adjustment: An International Perspective** *(Gleason, McFarlane, Vasterling, Wessely, Zamorski)*	A	intl	Grand Ballroom X	3	38
PMI 9	**Trauma Affects the Whole Organism: Working with the Body in Traumatic Stress** *(van der Kolk, Ogden)*	M	practice	Grand Ballroom I and II	3	39
PMI 10	**Preventing the Depressive and Addictive Sequelae of Child Abuse: Imaging and Translational Insights** *(Teicher, Navalta, Andersen, Samson, Polcari)*	A	biomed	Dover B	3	39
Wednesday, November 14, 1:30 p.m. – 5:00 p.m.						
PMI 11	**Ethics in the Treatment of Chronically Traumatized Individuals** *(Steele, Courtois)*	M	ethics	Dover C	3	40
PMI 12	**Psychological First Aid and Skills for Psychological Recovery** *(Watson, Brymer, Ruzek, Steinberg, Vernberg, Layne)*	I	disaster	Grand Ballroom I and II	3	40
PMI 13	**Psychotherapy for PTSD and Substance Abuse** *(Najavits, Schmitz, Johnson)*	M	practice	Grand Ballroom III	3	40
PMI 14	**Advanced Workshop on Cognitive Processing Therapy** *(Resick, Smith)*	A	practice	Grand Ballroom IV	3	40–41
PMI 15	**Introduction to Trauma Systems Therapy: Caring for Traumatized Children within the System of Care** *(B.H. Ellis, Saxe)*	M	child	Grand Ballroom VIII	3	41

Presentation Type Descriptions

Cases: Presentations that use an individual case or a series of cases to illustrate important clinical, theoretical or policy issues

Master Clinician: Demonstrations by expert clinicians of particular therapeutic approaches

Media Presentations: Sessions to present films, videotapes, music artwork and other forms of media relevant to traumatic stress

Panels: Presentations that provide the opportunity for presentations and discussion of diverse approaches by people working in related areas

NEW! **Paper Presentations:** Paper presentations are individual presentations on a wide variety of subjects related to traumatic stress

Posters: Individual presentations in a poster forum on a wide variety of subjects related to traumatic stress

Pre-Meeting Institutes (PMIs): Half- or full-day programs that provide intensive introductory, intermediate or advanced training on topics related to traumatic stress

Symposiums: Groups of presentations that relate to a common theme, issue or questions

Workshops: Didactic presentations that offer practical experience to increase understanding and skill in a particular area

Presentation Level

All presentations designate the knowledge/skill level required of the participant as either: Introductory (I), Intermediate (M), or Advanced (A). These should be used as a general guide only since attendees have very diverse educational and professional backgrounds.

Introductory (I): Presentations that all participants (including undergraduate students) with any appropriate background will be able to fully comprehend and/or appreciate. Presentations will discuss concepts that are considered basic skills/knowledge for those working in the field.

Intermediate (M): Presentations that participants may more fully comprehend/appreciate if they have at least some work experience in the topic to be discussed.

Advanced (A): Presentations that present concepts which require a high-level of previous educational background, or work experience, in the particular area/toic to be discussed as well as being most geared for specialists and those in advanced stages of their career.

Wednesday, November 14, 1:30 p.m. – 5:00 p.m. (Continued)		Presentation Level	Track	Room	Floor	Page #
PMI 16	**Multiple Identities in the Context of Trauma: Increasing Cultural Competence** *(L. Brown, Triffleman)*	I	culture	Grand Ballroom IX	3	41
PMI 17	**Beyond Exposure Alone: Brief Eclectic Psychotherapy for PTSD** *(Gersons, Schnyder)*	M	practice	Grand Ballroom VII	3	41
PMI 18	**Public Mental Health in Crises and (Post-) Conflict in Low- and Middle-Income Countries** *(de Jong)*	M	disaster	Grand Ballroom X	3	42
PMI 19	**Preventing Psychological and Moral Injury in Military Service** *(Shay, Nash, March, Gibson, Darte, Gudmundsson, Stokes)*	M	prev	Dover A	3	42
PMI 20	**Treating Adult Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life** *(Cloitre, Nissenson, Jackson)*	M	practice	Dover B	3	42

Thursday, November 15

7:00 a.m. – 7:45 a.m.	**Orientation Meeting for First-Time Attendees**			Galena	4	
7:00 a.m. – 8:00 a.m.	**Coffee/Tea**			Grand Ballroom Foyer	3	
7:00 a.m. – 5:00 p.m.	**Exhibits**			Grand Ballroom Foyer	3	
7:00 a.m. – 5:30 p.m.	**Registration**			Grand Ballroom Rotunda and Foyer	3	

Thursday, November 15, 8:00 a.m. – 9:15 a.m.
Concurrent Session 1

Panel	**Victims of Clergy Abuse in Forensic Settings** *(van der Kolk, Kaplan, Mones, Pynoos)*	M	culture	Grand Ballroom VI-X	3	43
Panel	**Parallel Process and Trauma Reenactments Within Training and Treatment Programs** *(Hayes, Pearlman, Bloom)*	A	practice	Waterview A/B	Lobby Level	43
Panel	**Psychology, Law and Culture: Re-Traumatization and Re-Enactment with Torture Victims** *(Gutierrez, Porterfield, Nguyen)*	A	culture	Grand Ballroom I and II	3	43
Symposium	**Gender Issues for Fire Fighters: Prevention and Treatment Strategies** *(L. Brown, Brastad, B. Murphy, Heusler)* Identity Deconstruction and Role Augmentation (IDRA): Gender-Aware Interventions for Male Firefighters Taking it Like a Woman: Gender Stress and Coping in Women Fire-Fighters Does Gender Make a Difference? PTSD in Women Fire Service Workers	M	culture	Dover A/B/C	3	43
Symposium	**Hurricane Katrina: Successes and Challenges of Child Treatment Studies Post-Disaster** *(Salloum, Scheeringa, Cohen)* Implementation and Evaluation of a Grief and Trauma Intervention for Children Post-Hurricane Katrina Challenges and Efficacy of a CBT Treatment Study with Hurricane Katrina Preschool Children Trauma-Focused CBT for Children after Hurricane Katrina	M	disaster	Waterview C/D	Lobby Level	44
Symposium	**Risk Factors for PTSD and Healthcare Utilization Among National Samples of Military Veterans** *(Richardson, Fikretoglu, Elhai, Creamer)* PTSD and Associated Risk Factors in Canadian Peacekeeping Veterans with Health-Related Disabilities Medical and Mental Healthcare Utilization Correlates Among Military Veterans Predictors of Mental Health Service Use Intensity in an Active Military Sample with Significant Trauma Exposure	M	clin res	Grand Ballroom III and IV	3	45
Papers	**Resiliency, Disability, Spirituality, and Intervention** *(Timmer)*			Essex A/B/C	4	45
	Trauma Exposure and Religiousness/Spirituality in Cancer Survivors *(Park)*	I	clin res			45
	Child Sexual Abuse Affects Adult Relationships via Resiliency Resources and Psychological Distress *(Lamoureaux)*	M	clin res			46
	Depression after Minor Injury Increases Disability *(Richmond)*	M	clin res			46
	PCIT as an Intervention for Traumatized Young Children *(Timmer)*	M	clin res			46

Conference Tracks

Sessions 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)

Thursday, November 15, 9:30 a.m. – 10:45 a.m.		Presentation Level	Track	Room	Floor	Page #
Keynote	**The Imprint of Trauma: On Minds, Bodies, Lives and Societies** *(Campbell)*	I	prev	Grand Ballroom VI-X	3	47

Thursday, November 15, 9:30 a.m. – 6:00 p.m.
Poster Session 1 Open

Grand Ballroom V, 3

Thursday, November 15, 11:00 a.m. – 12:15 p.m.
Concurrent Session 2

Master Clinician	**Trauma Risk Management (TRiM) — An Organizational Approach to Traumatic Stress** *(Greenberg)*	I	practice	Dover A/B/C	3	47
Panel	**Perspectives on Interventions, Services/Dissemination Research & Policy: Informing Prevention** *(Oliver, Chambers, Zatzick, Berliner, Hoagwood)*	I	prev	Essex A/B/C	4	47
Panel	**Healing Relationships in the Shadow of War: Couples Therapy with Veterans/Soldiers with PTSD** *(Weissman, Monson, Sautter, Rheem)*	M	practice	Grand Ballroom I and II	3	48
Symposium	**Trauma-Related Cognitions and Distress: Empirical Considerations for Intervention and Prevention** *(De Prince, Godbout, B.H. Ellis, Owens)* Posttraumatic Appraisals in Relation to Trauma Exposure Type, Symptoms and Revictimization Risk Meaning-Making as a Constructive Process of Recovery Following Childhood Maltreatment Perceptions of Discrimination in Traumatized vs. Non-Traumatized Somali Refugee Adolescents Evaluating Veterans' Change in Cognitions Following CPT	M	clin res	Waterview A/B	Lobby Level	48
Symposium	**Violence Transformed: Challenging the Prevalence of Violence in Contemporary Society** *(Hamm, Tobey, Shirland, Harvey)* Life Worth Remembering: Images from Four Street Memorials Memorials: Official and Folk Art Violence Transformed: Transformation through Collaboration	I	prev	Waterview C/D	Lobby Level	49
Papers	**Special Populations: Rape Victims and Cross-Cultural Issues** *(Kilpatrick)*			Grand Ballroom VI	3	49
	Rape in America Revisited: A 15-Year Update *(Kilpatrick)*	I	culture			49
	Latinas & Domestic Violence: Trauma, Resilience and Mental Health *(Perilla)*	M	culture			50
	Second Generation Effects of Trauma Stemming from the Khmer Rouge Regime *(Field)*	M	culture			50
	The Effect of PTSD Psychoeducation on the Severity of Symptoms in a Burundian Sample *(Yeomans)*	I	culture			50
Papers	**Disaster and Mass Violence** *(Kuriansky)*			Grand Ballroom VII-X	3	50
	Targeting Helpers in the Aftermath of Disasters: Evaluation of an Ecological Intervention *(Yoder)*	I	commun			50
	Trauma for Palestinians and Israelis and Grassroots Psychosocial Peacebuilding Projects *(Kuriansky)*	I	commun			50
Workshop	**NIH Priorities and Funding Opportunities for Traumatic Stress Research** *(Tuma, Maholmes, Ferrell, Reider, Freeman)*	I	clin res	Grand Ballroom III and IV	3	51

Thursday, November 15, 12:30 p.m. to 1:45 p.m.
Special Interest Group Meetings

SIG	**Diversity and Cultural Competence**	Grand Ballroom I and II	3	
SIG	**Human Rights and Social Policy**	Essex A/B/C	4	
SIG	**Internet and Technology**	Waterview C/D	Lobby Level	
SIG	**Military**	Grand Ballroom VI	3	
SIG	**Research Methodology**	Dover A/B/C	3	
SIG	**Spirituality**	Waterview A/B	Lobby Level	
SIG	**Trauma Assessment and Diagnosis**	Grand Ballroom III and IV	3	

Thursday, November 15, 2:00 p.m. – 3:15 p.m.
Concurrent Session 3

Plenary	**Preventing Genocide** *(Danieli, Nsengimana, Williamson, Mendez, Muraketete)*	M	prev	Grand Ballroom VI	3	51
Master Clinician	**Treatment of Young Traumatized Children with PCIT** *(Timmer)*	M	practice	Dover A/B/C	3	51

Thursday, November 15, 2:00 p.m. – 3:15 p.m.
Concurrent Session 3 (Continued)

		Presentation Level	Track	Room	Floor	Page #
Panel	**Developing Preparation Programs Designed to Prevent the Likelihood of Work-Related Traumatization** *(Whealin, Eriksson, Vega, Gill, Southwick)*	**M**	**prev**	**Essex A/B/C**	**4**	**51**
Panel	**Issues in the Application of Empirically Supported Treatments to Returning Veterans** *(Batten, Collie, Roberts, Wright, Holohan, Pollack)*	**M**	**practice**	**Grand Ballroom I and II**	**3**	**52**
Symposium	**Secondary Prevention Following Trauma: Successes and Challenges in the Real World** *(O'Donnell, Kassam-Adams, Berkowitz, Zatzick)* Secondary Prevention of Traumatic Stress in Adults Following Severe Injury Secondary Prevention of Traumatic Stress after Pediatric Injury The Child and Family Traumatic Stress Intervention: A Secondary Prevention Model	**M**	**clin res**	**Grand Ballroom III and IV**	**3**	**52**
Symposium	**Disseminating Evidence-Based CBT for Traumatic Stress Disorders: Four Therapies and Four Methods** *(Kelly, Ruzek, Hamblen, Fitzgerald)* Dissemination of Prolonged Exposure treatment in the Veterans Healthcare Administration: Prospects and Challenges Disseminating Cognitive Processing Therapy within the Veterans Health Administration: Predictors of Adoption Dissemination of CBT for Postdisaster Distress: Findings from Hurricane Katrina An Evaluation of a TF-CBT Web Dissemination Program	**I**	**practice**	**Grand Ballroom IX and X**	**3**	**53**
Symposium	**Challenges in Cross-Cultural Assessment** *(Okawa, Piwowarczyk, Fabri)* Considerations in the Cross-Cultural Assessment Impact of Torture on Functioning: The Development of an Instrument Cultural Adaptation and Translation of Assessment Instruments: The Use of the Harvard Trauma Questionnaire in Rwanda	**M**	**culture**	**Grand Ballroom VII and VIII**	**3**	**54**
Symposium	**Promoting Children's Disaster Recovery: Research and Practice** *(Felix, Wind, Henley, Jaycox)* Schools on the Frontline: What Teachers and Staff Report About Their Recovery and Needs Post-Disaster Coping after Terrorism: A Cross-Cultural Study of Youth Psychosocial Sport and Play Programs After Disasters or in Complex Emergencies	**M**	**disaster**	**Waterview A/B**	**Lobby Level**	**54**
Symposium	**HIV Prevention Interventions with Adults Sexually Abused as Children: What Works for Which Targets?** *(Hansen, Wyatt, Cavanaugh, Crusto, Grossman)* Childhood Sexual Abuse, Adult Sexual Risk, and HIV Infection A Comparison of Trauma- vs. Present-Focused Group Therapy for Women Sexually Abused in Childhood A Coping Skills Group Intervention for HIV Infected Women and Men Sexually Abused as Children An Integrated Risk-Reduction Intervention for HIV-Positive Women with Child Sexual Abuse Histories	**I**	**clin res**	**Waterview C/D**	**Lobby Level**	**55**

Thursday, November 15, 3:30 p.m. – 4:45 p.m.
Concurrent Session 4

Plenary	**The Traumatic Effects of Sexual Abuse by Clergy** *(Doyle)*	**I**	**commun**	**Grand Ballroom VI**	**3**	**56**
Panel	**Posttraumatic Growth: Promises and Pitfalls** *(Hobfoll, Butler, Maercker, Pat-Horenczyk)*	**M**	**clin res**	**Dover A/B/C**	**3**	**56**
Panel	**Conducting Prolonged Exposure Therapy with Complex Cases: To Do or Not To Do Exposure** *(Holohan, Wright, Hembree, Quinn)*	**M**	**practice**	**Grand Ballroom I and II**	**3**	**57**
Symposium	**Healthcare Innovations to Prevent Mental Health Consequences of OEF/OIF Deployment** *(Kimerling, Sayer, Magruder, Engel, Zatzick)* Barriers and Facilitators to PTSD Treatment Seeking among OIF/OEF and Vietnam Combat Veterans Factors Related to PTSD Under-diagnosis in VA Primary Care RESPECT-MIL: Systems-Based Intervention for Primary Care Management of PTSD and Depression in U.S. Army Personnel Military Sexual Trauma Screening and Treatment	**M**	**prev**	**Essex A/B/C**	**4**	**57**
Symposium	**Predictors of Posttraumatic Disorder and Recovery in Prospective Studies of Recent Trauma Survivors** *(Olff, Creamer, Sijbrandij, Schnyder, Field, Shalev)* Predicting Resistance and Resilience Following Traumatic Injury The Role of Injury and Other Trauma-Related Predictors in the Onset and Course of Symptoms of Posttraumatic Stress Disorder PTSD Following Accidental Injury: Rule or Exception in Switzerland? Predicting Posttraumatic Outcomes in Hospital Patients with Traumatic Injuries and in Family Members	**A**	**clin res**	**Grand Ballroom III and IV**	**3**	**58**

Thursday, November 15, 3:30 p.m. – 4:45 p.m. Concurrent Session 4 (Continued)		Presentation Level	Track	Room	Floor	Page #
Symposium	**Rwanda: Healing the Wounds of Genocide** *(Fabri, Mukanyonga, Rutembesa)* Responding to Trauma and HIV in Rwanda Resilient Rwandan Women A Clash of Cultures: Traditional Healing Practices and Psychotherapy in Rwanda	M	culture	Grand Ballroom VII and VII	3	59
Symposium	**Dual-Trauma Couples: The Interactive Effects of Complex Trauma** *(Alexander, Waltz, Musser, Courtois)* Dual-Trauma Parents and Their Risk for Abusive Parenting Dual-Trauma Couples and the Impact of Child Sexual Abuse Dual-Trauma Couples and Intimate Partner Violence	M	clin res	Waterview C/D	Lobby Level	59–60
Workshop	**Assessment-Based Treatment for Traumatized Children: Using the Trauma Assessment Pathway (TAP) Model** *(Conradi, Gilbert, Killen-Harvey)*	A	practice	Grand Ballroom IX and X	3	60
Workshop	**Working Across Cultures: Adaptations and Dissemination of Prolonged Exposure to an African Culture** *(Osterman, de Jong)*	M	intl	Waterview A/B	Lobby Level	60

Thursday, November 15

5:00 p.m. – 6:00 p.m.	**Poster Session I Presentations/Cash Bar**	Grand Ballroom V	3	
6:15 p.m. – 7:00 p.m.	**Awards Ceremony**	Grand Ballroom VI	3	
7:00 p.m. – 9:00 p.m.	**Welcome Reception**	Harborside Ballroom	4	

Friday, November 16

7:00 a.m. – 8:00 a.m.	**Coffee/Tea**	Grand Ballroom Foyer	3	
7:00 a.m. – 5:00 p.m.	**Exhibits**	Grand Ballroom Foyer	3	
7:00 a.m. – 5:30 p.m.	**Registration**	Grand Ballroom Rotunda and Foyer	3	

Friday, November 16, 8:00 a.m. – 9:15 a.m. Concurrent Session 5						
Panel	**PTSD and Traumatic Head Injury: What Do We Know and Where Do We Go?** *(Bryant, Vasterling, Hoge, Harris)*	I	clin res	Kent A/B/C	4	61
Panel	**Developing Mentor Relationships in Psychology** *(Charvat, Schnurr, Keane, Kaloupek, Monson, Newman)*	I	train	Waterview C/D	Lobby Level	61
Panel	**Cultural Adaptations to Complex Trauma Treatment with Children and Adolescents** *(Lanktree, Bryant-Davis, Saltzman, Jones)*	M	child	Waterview A/B	Lobby Level	61
Symposium	**Web-Based Interventions for the Prevention and/or Treatment of PTSD** *(Olff, Mouthaan, Kassam-Adams, Kuhn, Brunet)* Preventing PTSD Online: A Web-based Multimedia Early Intervention for Injury Patients Developing a Secondary Prevention Web Site for Parents of Injured Children Novel Approaches in the Use of Internet in the Field of Traumatic Stress: Info-Trauma Using the Internet in Trauma-Related Education and PTSD Treatment Journey to Trauma Recovery: A Self-Help Web Site for Posttraumatic Stress Reactions	M	disaster	Dover A/B/C	3	61–62
Symposium	**Linguistic Considerations in the Treatment of PTSD** *(Grunert, Morschauser, Woods)* Using Primary versus Secondary Language in Treatment for Bilingual PTSD Clients Interpreters in the Treatment of PTSD in Non-English Speaking Clients Neurocognitive Mechanisms of Linguistic Encoding and Processing in PTSD	M	practice	Grand Ballroom I and II	3	620–63
Symposium	**Basal Functioning, Pharmacological and Psychological Challenging of the HPA Axis in PTSD** *(Meewisse, Elzinga, De Kloet)* Cortisol and Posttraumatic Stress Disorder in Adults: a Systematic Review and Meta-Analysis HPA Axis Regulation in Veterans with and without PTSD The Role of Early Adverse Events on Cortisol Responses to Psychosocial Stress	M	biomed	Grand Ballroom IX and X	3	63
Symposium	**Adolescent Physical Abuse Exposure and Young Adult Outcomes** *(Sunday, Kaplan, Labruna, Pelcovitz)* Adolescent Physical Abuse Exposure and Young Adult Outcomes: A Ten-Year Follow-Up Study Adolescent Physical Abuse Mediates Young Adult Psychopathology The Impact of Adolescent Physical Abuse on Intrafamilial Violence Psychopathy and Antisocial Behavior in Young Adults Who Were Physically Abused as Adolescents	I	assess	Grand Ballroom VII and VIII	3	63–64
Workshop	**How ISTSS Can Make a Difference: The Work of the Public Policy Committee** *(Friedman, Elmore, Gerrity, Turner)*	I	culture	Laurel C/D	4	64
Workshop	**Surviving the Aftermath: A Sensorimotor Approach to the Hidden Wounds** *(Ogden, Steele)*	M	practice	Grand Ballroom VI	3	64

Friday, November 16, 8:00 a.m. – 9:15 a.m. Concurrent Session 5 (Continued)		Presentation Level	Track	Room	Floor	Page #
Workshop	**Treatment of Military Related PTSD: From Initial Screening to Trauma-Focused Psychotherapy** *(Martel, Richardson, Gifford)*	**M**	**practice**	**Harborside D**	**4**	**65**
Workshop	**Research Methods to Inform the Development of Trauma-Informed Systems for Children and Adolescents** *(Berson, Dollard, Lazear, Vergon)*	**M**	**assess**	**Harborside E**	**4**	**65**
Workshop	**Implementing TF-CBT in a Statewide System of Care: The Learning Collaborative Methodology** *(Franks, Berkowitz)*	**M**	**commun**	**Laurel A/B**	**4**	**65**
Media	**9/12: From Chaos to Community** *(Ochs, Styron, Marshall)*	**I**		**Grand Ballroom III and IV**	**3**	**65**
Friday, November 16, 9:30 a.m. – 10:45 a.m. Concurrent Session 6						
Master Clinician	**Early Intervention Following Assaults and Motor Vehicle Accidents** *(Bisson)*	**I**	**practice**	**Harborside E**	**4**	**66**
Panel	**What Every Mental Health Professional Should Know About Crime Victim Compensation** *(Kilpatrick, Eddy, Seymour)*	**I**	**commun**	**Grand Ballroom VI**	**3**	**66**
Panel	**Washington Perspectives: Federal Initiatives for Trauma Prevention and Early Intervention** *(Dodgen, Kaul, Keeney, Kleiman, Nolan)*	**M**	**culture**	**Kent A/B/C**	**4**	**66**
Panel	**Comorbid PTSD and Substance Abuse: Integrating Treatments, Setting Goals and Negotiating Obstacles** *(DeViva, Batten, Najavits, Ouimette, Walser)*	**M**	**practice**	**Grand Ballroom I and II**	**3**	**66**
Symposium	**The Intergenerational Effects of Trauma: Lessons from Holocaust Survivor Families** *(Kliger, Isserman, Raizman, Goldenberg, Hollander-Goldfein)* Innovative Qualitative Methods for Working with Large Datasets Memory and Meaning in Pivotal Survivor Narratives The Mediating Influence of Positive Parental Attachment Faith and Religious Practice Coping Mechanisms	**I**	**disaster**	**Dover A/B/C**	**3**	**66–67**
Symposium	**Trauma and Disaster in the Lives of Persons with Mental Retardation and Developmental Disabilities** *(Scotti, Stough, Norris)* Trauma in Persons with Mental Retardation: Relation to Behavior Problems and Functional Level Response of Persons with Mental Retardation to Emergencies: Implications for Disaster Preparedness The Recovery of Individuals with Disabilities Following Hurricane Katrina	**M**	**culture**	**Laurel C/D**	**4**	**67–68**
Symposium	**Promoting Wellness and Resilience Among Firefighters and Other First Responders** *(Mendelsohn, Bolduc-Hicks, J. Brown, Henry, Harvey)* A Snapshot of Firefighter Peer Support The First Responder Wellness Program: A Collaboration between Fire Services and Mental Health Integrating "Alternative" Healing into Trauma Interventions with First Responders	**M**	**disaster**	**Waterview A/B**	**Lobby Level**	**68**
Papers	**Biological Issues** *(Thompson)*			**Grand Ballroom IX and X**	**3**	**69**
	Distressed Awakenings With and Without Nightmare Recall in PTSD *(Thompson)*	**M**	**biomed**			**69**
	Neurodevelopmental Biology of Maltreated Preschoolers *(De Bellis)*	**M**	**biomed**			**69**
Papers	**Special Populations: Sexual Assault Victims, War- and Terror-Exposed** *(Williams)*			**Laurel A/B**	**4**	**69**
	Pathways to Commercial Sexual Exploitation: Responding to Trauma of Prostituted Teens *(Williams)*	**M**	**child**			**69**
	Psychosocial Effects of War Experiences Among Displaced Children in Southern Darfur *(Morogs)*	**M**	**child**			**70**
	Prospective Long Term Telephone Follow-Up of Children Directly Exposed to Terror Attacks *(Benarroch)*	**M**	**child**			**70**
Workshop	**Time to Say Goodbye: How Do We Say Goodbye in Long-Term Relational Trauma Therapies?** *(Pearlman, Saakvitne, Courtois)*	**M**	**practice**	**Grand Ballroom VII and VIII**	**3**	**70**
Workshop	**Military Sexual Trauma Among Men: Assessment, Clinical Presentations and Treatment Issues** *(Reynolds, Bell, Boggs, Alvarez)*	**M**	**practice**	**Harborside D**	**4**	**70**
Media	**Memorials and Anti-Memorials: The Intersection of Art and Traumatic Memory** *(Kudler, Spitz, Fried, Albeck)*	**M**		**Grand Ballroom III and IV**	**3**	**71**
Friday, November 16, 9:30 a.m. – 6:00 p.m. Poster Session 2 Open				**Grand Ballroom V**	**3**	

Friday, November 16, 11:00 a.m. – 12:15 p.m.
Concurrent Session 7

		Presentation Level	Track	Room	Floor	Page #
Plenary	**Prevention of PTSD, Yesterday, Today and Tomorrow** *(Shalev)*	**I**	**prev**	**Grand Ballroom VI**	**3**	**71**
Master Clinician	**EMDR Clinical Parameters and Research Findings: "What's New and Useful"** *(Shapiro)*	**M**	**practice**	**Dover A/B/C**	**3**	**71**
Panel	**Prevention of Trauma Related Adjustment Disorders in High-Trauma Exposure Occupational Groups** *(Tuma, Ruzek, Southwick, Whealin, Heinssen)*	**M**	**prev**	**Kent A/B/C**	**4**	**72**
Panel	**Cultural Adaptation of Evidence-Based Treatments for Children: Common Themes** *(Saunders, de Arellano, Thompson, Murray)*	**M**	**culture**	**Laurel C/D**	**4**	**72**
Symposium	**Prevention of Abuse and Trauma in Community Systems: Child Protection and Domestic Violence** *(R. Murphy, Gerwitz, Rosanbalm, Shaw, Samuels)* Lessons from the "Front Lines:" Adaptation and Implementation of an Evidence-based Intervention for Traumatized Families in Shelters Domestic Violence Shelters Responding to Child Traumatic Stress: A Learning Collaborative Approach Psychosocial Predictors of Initial Engagement in a Home Visiting Program for First-Time Mothers Mental Health and Parenting Factors among CPS Reported Children: Indicators of Engagement with an In-Home Parenting Program	**M**	**practice**	**Grand Ballroom I and II**	**3**	**72–73**
Symposium	**Betrayal Trauma: The Ethics of Diagnosis and Treatment** *(Freyd, Kahn, L. Brown, Birrell)* Betrayal Trauma as a Traumatic Experience of Love: Teaching a New Ethic of Love Betrayal Trauma and the Ethics of Diagnosis: Understanding the Sequelae of Sexual Exploitation The Ethics of Compassion: Healing Relational Bonds in a Fractured World	**M**	**ethics**	**Waterview A/B**	**Lobby Level**	**73-74**
Symposium	**Engaging Traumatized Children and Families in Treatment: Successes and Challenges** *(B.H. Ellis, Cohen, Saxe, Ghosh Ippen)* Somali Adolescents and Pathways to Mental Health Care: Understanding Help Seeking Within One Refugee Community Engaging Families in Trauma Focused CBT: Successes and Challenges Child-Parent Psychotherapy: Engaging Ethnically Diverse Families with Chronic Trauma Trauma Systems Therapy: Treatment Engagement in a Pilot Randomized Controlled Trial	**M**	**child**	**Laurel A/B**	**4**	**74**
Symposium	**Recent Advances in PTSD in Neuroimaging** *(Lanius, McFarlane, Vermetten, Brewin)* "Default Network" Abnormalities in PTSD: A Pilot fMRI Investigation Abnormal Recruitment of Brain Networks During Trauma-Neutral Working Memory Processing in PTSD Windows of Opportunity in PTSD Neuroimaging Neural Correlates of Incidental Emotional Memory Retrieval in PTSD	**A**	**biomed**	**Grand Ballroom IX and X**	**3**	**74–75**
Symposium	**Neuropsychological Symptoms in Posttraumatic Stress Disorder and Changes Over Time** *(Nijdam, Samuelson, Golier, Meewisse, Marmar, Gersons)* Effects of Psychotherapy on Neuropsychological Performance in PTSD Longitudinal Effects of PTSD on Neuropsychological Functioning Long-Term Effects of Posttraumatic Stress Symptoms on Sustained Attention Longitudinal Assessment of Cognitive Performance in Holocaust Survivors With and Without PTSD	**M**	**assess**	**Grand Ballroom VII and VIII**	**3**	**75–76**
Media	**Surviving Trauma and Tragedy: Lessons for Medical and Mental Health Professionals** *(Etheridge, Walter, Ochberg)*	**M**		**Grand Ballroom III and IV**	**3**	**76**

Friday, November 16

12:30 p.m. – 1:45 p.m.	**Student Meeting**			**Harborside D/E**	**4**	
2:00 p.m. – 3:15 p.m.	**Internship and Post-Doctoral Program Networking Fair**			**Harborside D/E**	**4**	

Friday, November 16, 2:00 p.m. – 3:15 p.m.
Concurrent Session 8

Panel	**Narrating Collective Trauma: The Case of Hurricane Katrina** *(Shapiro, Lindahl, Armsworth)*	**I**	**train**	**Kent A/B/C**	**4**	**77**
Panel	**Developmental Perspectives on Child Sexual Abuse, Sexual Risk and Trauma Among Girls and Women** *(Boyce, Campbell, Wyatt, Allison, Clum)*	**M**	**clin res**	**Laurel A/B**	**4**	**77**
Symposium	**Reaching New Combat Veterans and Their Families: A Practical MIRECC Approach** *(Kudler, Straits-Troster, Jones, Reynolds)* OIF/OEF Veterans' Perspectives on Post-Deployment Needs: Focus Group Results Strategies in Service to New Combat Veterans: VA-DoD-State Collaboration in a Public Health Model Parent Support Group in a U.S. Veterans Medical Center: A MIRECC Clinical Project	**M**	**disaster**	**Dover A/B/C**	**3**	**77–78**

Friday, November 16, 2:00 p.m. – 3:15 p.m.
Concurrent Session 8 (Continued)

		Presentation Level	Track	Room	Floor	Page #
Symposium	**Implementing Trauma-Focused Cognitive Behavioral Therapy: A Focus on Training Frontline Clinicians** *(Hanson, Amaya-Jackson, Koverola, Berliner)* Overview of Training for Trauma-Focused Cognitive Behavioral Therapy: The Supportive Implementation Model Implementation of an Evidenced-Based Treatment for Traumatized Youth: A Focus on Training Clinicians TF-CBT Training: An Innovative Alaskan Approach	M	practice	Grand Ballroom I and II	3	78
Symposium	**Translating Sleep Findings in PTSD into Strategies for Prevention** *(Mellman, Neylan, Raskind)* Sleep Disturbances Predict Future PTSD Symptoms PTSD and Nocturnal Blood Pressure Early Prazosin Treatment May Attenuate Nightmares and Sleep Disruption	M	biomed	Grand Ballroom IX and X	3	78–79
Symposium	**Preventing Trauma Through International Standard Setting and Implementation: ISTSS at the United Nations** *(Turner, Danieli, Carll, Braak)* International Standards in the Context of the Prevention of Trauma and Its Effects Trauma, International News Coverage, and the United Nations Gender Violence and Women's Human Rights at the United Nations	I	intl	Grand Ballroom VI	3	79
Symposium	**The Intersection of Trauma, Traumatic Stress and Substance Abuse** *(Ouimette, Marx, Read, Simms, Riggs)* Assessing Natural Course of PTSD Among Substance Use Disorder Patients Alcohol Consumption, Risk Recognition and Sexual Revictimization The Longitudinal Course of Trauma, Posttraumatic Stress Sequelae, and Substance Use in College Students: A Web-Based Assessment Approach Internalizing and Externalizing Subtypes of PTSD: Do They Replicate Across Analytic Methods and Personality Measures?	I	assess	Grand Ballroom VII and VIII	3	80
Symposium	**Cumulative Trauma over the Lifecourse and PTSD: Implications for Age and Cohort Effects** *(Maercker, Galea, Hobfoll, Solomon)* The Impact of Cumulative Traumatic Event Experience on Posttraumatic Stress Disorder The Kindling Model of Lifetime Trauma in Women's Lives Increased PTSD Prevalence in the Elderly Compared to Younger Cohorts in a German Community Survey Long-Term Longitudinal Studies of Israeli Veterans	A	culture	Laurel C/D	4	80–81
Workshop	**Beyond Walter Reed: Lessons Unlearned About the Impact of War from Vietnam to Iraq** *(Scurfield, Platoni, Viiola)*	M	practice	Waterview A/B	Lobby Level	80
Media	**The International Tsunami Museum: Giving Back to a Community in Thailand** *(Sattler)*	I		Grand Ballroom III and IV	3	80

Friday, November 16, 3:30 p.m. – 4:45 p.m.
Concurrent Session 9

Master Clinician	**Enhancing Outcome of Prolonged Exposure Therapy** *(Hembree)*	A	practice	Grand Ballroom I and II	3	82
Panel	**Early Intervention In Workplace Settings** *(Watson, Gorter, Shultz)*	I	disaster	Dover A/B/C	3	82
Panel	**Prevention and ISTSS: The Role of the Society in the Area of Traumatic Stress Prevention: A Past President's Panel Discussion** *(Bloom, Marmar, Danieli, Figley)*	I	prev	Grand Ballroom VI	3	82
Panel	**Emotions and Journalism: Teaching Best Practice in Trauma Reporting** *(Brayne, Rees, Greenberg, Moeller)*	I	train	Kent A/B/C	4	82
Symposium	**PTSD — Only an Anxiety Disorder?** *(Steil, Schmahl, Vermetten, Ruesch, Resick)* PTSD — a Disgust-Related Disorder? Neural Correlates of Disgust Intensity — A Parametric fMRI Study A PET Study of Olfactory Induced Emotional Recall in Veterans with and without Combat-Related PTSD The Impact of PTSD on Dysfunctional Implicit and Explicit Emotions Among Women with Borderline Personality Disorder	M	biomed	Grand Ballroom IX and X	3	82–83
Symposium	**The Prevention of Trauma in Transitional Societies** *(Higson-Smith, Subramaney, Mogapi)* Preventing Secondary Trauma in Transitional Societies Biological Correlates and Traumatic Stress Trauma Interventions with Ex-Combatants in Transitional Societies	M	culture	Grand Ballroom VII and VIII	3	83–84
Symposium	**Child Neglect is Trauma: Implications for Research and Prevention** *(Boyce, Widom, Lynch, De Bellis, Maholmes)* Child Neglect as a Risk Factor for PTSD and Victimization Experiences Poly-victimization of Neglected Children: Exposure to Violence and Risk for Traumatic Stress Reactions Cognitive Function, Brain Development and Trauma among Neglected Children	M	child	Laurel A/B	4	84

Friday, November 16, 3:30 p.m. – 4:45 p.m. Concurrent Session 9 (Continued)		Presentation Level	Track	Room	Floor	Page #
Symposium	**Trauma and the Traumagenic Effects of Homophobia: Research and Policy Perspectives** *(Triffleman, Gold, Rosario, Russell, L. Brown)* Internalized Homophobia and Sexual Assault Trauma and Stressors of Lesbian, Gay, and Bisexual Individuals The Psychological Consequences of Stigma in Policy Insidious Heterosexist and Homophobic Trauma in the Lives of LGBT People	I	culture	Laurel C/D	4	85
Workshop	**Treating Male Survivors of Military Sexual Trauma** *(Pivar, Chard, Price)*	M	practice	Waterview A/B	Lobby Level	85
Media	**Media Documentary: The Boys of Baraka (A Tale of Baltimore's Inner-City Youth)** *(Reyes)*	I		Grand Ballroom III and IV	3	86

Friday, November 16

5:00 p.m. – 6:00 p.m.	Poster Session 2 Presentations/Cash Bar			Grand Ballroom V	3	
6:15 p.m. – 7:15 p.m.	ISTSS Business Meeting			Grand Ballroom I/II	3	

Saturday, November 17

7:00 a.m. – 8:00 a.m.	Coffee/Tea			Grand Ballroom Foyer	3	
7:00 a.m. – 3:30 p.m.	Exhibits			Grand Ballroom Foyer	3	
7:00 a.m. – 3:30 p.m.	Registration			Grand Ballroom Rotunda and Foyer	3	

Saturday, November 17, 8:00 a.m. – 9:15 a.m. Concurrent Session 10						
Plenary	**Effective Treatments for PTSD: Updated Practice Guidelines from ISTSS** *(Foa, Keane, Cohen, Friedman, Newman)*	M	practice	Grand Ballroom VI	3	86
Symposium	**Stress, Sleep, and Metabolic Syndrome** *(Hall, Neylan, Woodward)* Sleep HR in PTSD and Panic PTSD and Weight Gain: Relationship to Pre-exposure Sleep Disturbances in a Prospective Study of Police Recruits Disturbed Sleep as a Risk Factor for the Metabolic Syndrome	A	biomed	Laurel C/D	4	86–87
Symposium	**Trauma and Health in Low-Income, Minority Samples** *(Dutton, Kaltman, Krause)* Posttraumatic Trajectories Predicting Health Outcomes PTSD and Health Risk Behaviors Related to Domestic Violence in Healthcare versus Protective-Service Settings Montgomery County Behavioral Health Pilot (MCBHP): Treating the Impact of Trauma in Primary Care	M	practice	Waterview A/B	Lobby Level	87–88
Symposium	**Optimizing Prevention in Trauma-Focused Research: Social and Clinical Epidemiologic Approaches** *(Zatzick, Galea, Meredith, Norris)* Epidemiological Approaches to the Development of Early Interventions: Overview and Examples Bringing a Social Epidemiologic Lens to Trauma-Focused Research: Challenges and Opportunities PTSD in Primary Care: System-Level Factors Associated with its Management	M	prev	Kent A/B/C	4	88
Symposium	**Assessment of Post-Traumatic Stress Disorder Among Soldiers Returning from Combat Duty in Iraq** *(Hoge, Bliese, Adler)* Measuring the Mental Health Impact of Combat Duty in Iraq at a Population Level Validating the PCL and 4 Item PTSD Screen to Assess Posttraumatic Stress Disorder Among Soldiers Returning from Combat A2 Diagnostic Criterion for Combat-Related Posttraumatic Stress Disorder	M	assess	Laurel A/B	4	88–89
Symposium	**The Long-Term Psychological Effects of November 1999 Earthquakes in Turkey** *(Kilic, Ulug, Arisoy)* Traumatic Stress and Associated Factors Five Years After a Major Earthquake: An Epidemiological Study The Prevalence of PTSD and Depression and Related Factors in a Severely Traumatized Sample of Earthquake Survivors The Effects of Parental Psychopathology on Children: Results from a Severely Traumatized Sample of Earthquake Survivors	I	disaster	Harborside D	4	89–90

Saturday, November 17, 8:00 a.m. – 9:15 a.m.
Concurrent Session 10 (Continued)

		Presentation Level	Track	Room	Floor	Page #
Papers	**Special Populations: Maltreated, Asylum Seekers, and First Responders** *(Herlihy)*			**Harborside E**	**4**	**90**
	Childhood Sexual Abuse (CSA) History a Potential Predictor of Abuse-Perpetration in Men *(Holmes)*	**M**	**prev**			**90**
	Relationship Between Prenatal Risk and Early Parenting: Implications for Maltreatment Prevention *(Rosanbalm)*	**I**	**prev**			**90**
	Firefighters: Untangling the Role of the Organizational Environment *(Gray)*	**M**	**prev**			**90**
	Disclosure of Sexual Trauma in Asylum Interviews — Preventing the Risk of Further Persecution *(Herlihy)*	**M**	**prev**			**90**
Papers	**Child Trauma Issues: Medical and Biological Factors and Poverty** *(Kiser)*			**Grand Ballroom I and II**	**3**	**91**
	Patterns of Posttraumatic Stress in Child-Parent Pairs after Pediatric Intensive Care Treatment *(Colville)*	**I**	**child**			**91**
	Brain Activity of Violence-Exposed Mothers Viewing Child Separation *(Schechter)*	**M**	**child**			**91**
	Urban Poverty, Complex Childhood Trauma and Family Processes *(Kiser)*	**M**	**child**			**91**
Papers	**Special Populations: Cancer Victims, and Violence and Harassment Against Women** *(Sullivan)*			**Grand Ballroom III and IV**	**3**	**92**
	The Relationship Between Partner-Violence PTSD Symptom Clusters and Substance Use in Community Women *(Sullivan)*	**I**	**commun**			**92**
	Immediate and Long-term Effects of Experiences Reporting Sexual Harassment in the Military *(Bell)*	**M**	**commun**			**92**
	Resolution of Prior Trauma Predicts Adaptive Coping and Adjustment in Young Cancer Survivors *(Fenster)*	**M**	**prev**			**92**
Papers	**Child Trauma and Its Effect** *(Jensen)*			**Grand Ballroom IX and X**	**3**	**92**
	In Their Own Voices: In-Depths Interviews with Children Exposed to Domestic Violence *(Heltne)*	**M**	**child**			**92**
	A Longitudinal Study of Children Surviving from the Southeast Asian Tsunami *(Jensen)*	**I**	**child**			**93**
	After the Homecoming: A Case Study of Post-Adoption Traumas and Challenges *(Williams, Garrick)*	**M**	**child**			**93**
	Childhood Psychological Maltreatment and Adult Aggression and Suicidality: A Mediational Analysis *(Allen)*	**I**	**child**			**93**
Workshop	**Adaptation of Trauma-Focused Group Therapy and Present Centered Group Therapy for OEF/OIF Veterans** *(Unger, Niles, Wattenberg, Glynn)*	**M**	**practice**	**Grand Ballroom VII and VIII**	**3**	**93**
Workshop	**Cognitive Processing Therapy: Implementation Across Military Settings** *(Friedlander, Benham, Gates)*	**M**	**practice**	**Dover A/B/C**	**3**	**94**

Saturday, November 17, 9:30 a.m. – 10:45 a.m.
Concurrent Session 11

Panel	**The Aftermath of Virginia Tech: School Violence, a Social and Public Health Concern** *(Monseu, Jones, Schonfeld, C. Ellis)*	**I**	**disaster**	**Grand Ballroom VI**	**3**	**94**
Panel	**Development of an Online Program for Acute Trauma Recovery** *(Benight, Ruzek, Kuhn, Watson)*	**A**	**commun**	**Grand Ballroom III and IV**	**3**	**94**
Panel	**Treating Combat Stress Disorders in Deployed Settings: Potential Risks and Benefits** *(Peterson, Riggs, Cigrang, Foa)*	**A**	**practice**	**Grand Ballroom IX and X**	**3**	**95**
Symposium	**Prospective Studies Examining Risk for PTSD in Police and Firefighters** *(Bryant, Inslicht, McCaslin, Maguen, Marmar)*	**A**	**clin res**	**Dover A/B/C**	**3**	**95**
	Family History of Mental Disorders and Substance Abuse Predict PTSD Symptoms in a Prospective Study of Police Officers					
	Trait Dissociation and PTSD Symptoms in Urban Police Officers					
	Routine Work Environment Stress and PTSD Symptoms in Police Officers					
	A Prospective Study of Fire-Fighters: Cognitive and Biological Markers of Risk					

Saturday, November 17, 9:30 a.m. – 10:45 a.m.
Concurrent Session 11 (Continued)

		Presentation Level	Track	Room	Floor	Page #
Symposium	**Couples and Trauma: Implications for Prevention and Intervention** *(Taft, Monson, Vogt, Sautter, Glynn)* PTSD and Relationship Functioning: A Meta-Analysis Can Trauma Enhance an Intimate Relationship? Our Strength in Families (OSiF): A Web-Based intervention for Military Families Experiencing Deployment A Couple-Based Approach to the Reduction of Emotional Numbing and Effortful Avoidance in PTSD: Preliminary Findings	M	clin res	Grand Ballroom I and II	3	96
Symposium	**PTSD in Active Duty Service Members: The Neuroscience of Combat Stress and Facilitating Access to Care** *(Aikins, Morrissey)* The Neuroscience of Combat Stress: Emotion Regulation in PTSD and Combat Resilient Active Duty Servicemen Caring for Soldiers after Deployment to Iraq: Overcoming Barriers to Effective Behavioral Health Care	M	biomed	Laurel C/D	4	96–97
Symposium	**Identifying and Caring for Recent Trauma Survivors Who are at Risk for Posttraumatic Disorder** *(Carlson, Shalev, Bisson)* Predicting PTSD from Short Telephone and Long Clinical Interviews Predicting Posttraumatic Outcomes in Recent Trauma Survivors Using Two Data Collection Methods Implementation of a Programme to Detect and Treat Survivors of Assaults with PTSD in Primary Care	M	prev	Harborside E	4	97
Symposium	**New Insights into Peritraumatic Dissociation and the Prediction of Posttraumatic Stress Disorder** *(Sijbrandij, Wittmann, Delahanty, Brunet)* Low Predictive Power of Peritraumatic Dissociation for PTSD in Accident Survivors Hormonal Correlates and Predictive Ability of Peritraumatic Dissociation Are There Two Types of Peritraumatic Dissociation?	A	clin res	Kent A/B/C	4	98
Symposium	**Combat Trauma, Ethnicity, Family Functioning and Spirituality: Their Impact on Postwar Outcomes** *(Engdahl, Westermeyer, Ogden)* Severity of Combat-Related vs. Non-Combat-Related PTSD among American Indian and Hispanic Veterans Religious Practices Relationships with Trauma Symptoms in Combat Veterans Family Functioning and Posttraumatic Outcomes in Iraq War Returnees Over Time PTSD and Insomnia: Actigraphic Findings	I	assess	Laurel A/B	4	98–99
Workshop	**Imagery-Based CBT for Victims of Trauma: An Algorithmic Approach** *(Smucker, Weis)*	I	clin res	Grand Ballroom VII and VIII	3	99
Workshop	**Using Telemental Health for PTSD Care in Rural Populations: Best Practices and Practical Skills** *(Greene, Morland, Strom)*	M	culture	Waterview A/B	Lobby Level	99

Saturday, November 17, 9:30 a.m. – 6:00 p.m.
Poster Session 3 Open

Saturday, November 17, 11:00 a.m. – 12:15 p.m.
Concurrent Session 12

Panel	**Bearing Witness as Prevention: Addressing Organizational and Institutionalized Violence and Denial of Trauma** *(Shapiro, Doyle, Lombardi, Zwerdling)*	M	culture	Grand Ballroom VI	3	100
Panel	**Sexual Assault During Military Service: Preventing the Trauma and its Mental Health Consequences** *(Street, McCutcheon, Scalzo, Whitley)*	M	prev	Harborside E	4	100
Panel	**Mindfulness and Trauma: Conceptual and Ethical Issues** *(Dutton, Walser, Luterek, Magyari)*	M	clin res	Waterview A/B	Lobby Level	100
Panel	**The Kerr Haslam Inquiry — Lessons for Our Practice** *(Daly, Gersons, McFarlane, Van der Kolk)*	I	prev	Grand Ballroom IX and X	3	100

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Saturday, November 17, 11:00 a.m. – 12:15 p.m.
Concurrent Session 12 (Continued)

		Presentation Level	Track	Room	Floor	Page #
Symposium	**Prevention Efforts for Personnel Returning from Iraq and Afghanistan with Combat Stress Reactions** *(Wahlberg, Ireland, Lehmann, Watson, Dausch)* VA Initiatives Meeting Mental Health Needs of Returning Veterans Developing New Guidelines for Marine Corps Combat Stress Control A Family-Focused Approach for Personnel Returning from Iraq and Afghanistan	M	prev	Dover A/B/C	3	101
Symposium	**Innovations in Evidence-based Early Intervention for Trauma** *(Litz, Marmar, Shalev, Bryant, Friedman)* A Randomized Controlled Pilot Trial of an Internet-Based Self-Management Cognitive-Behavioral Therapy (SM-CBT) Versus Internet-Based Supportive Counseling (SC) A Randomized Controlled Study of the Efficacy of Prolonged Exposure, Cognitive Therapy and an SSRI in the Prevention of PTSD Does Anxiolytic Behavioral Treatment in the First Hours After Exposure Reduce the Risk for PTSD? Prolonged Exposure versus Cognitive Therapy in Treating ASD	A	clin res	Grand Ballroom I and II	3	101–102
Symposium	**War-Affected Women and Girls in Three African Conflicts — Wives, Mothers, Soldiers** *(Annan, Betancourt, Rasmussen, Borisova, Akinsulure-Smith)* Trauma History and Daily Stress among Darfuri Women in Refugee Camps Reintegration of Former Child Soldiers in Sierra Leone: Risk & Protective Factors by Gender The Reintegration of Child Soldiers in Northern Uganda: A Gender Analysis	M	intl	Grand Ballroom III and IV	3	102
Symposium	**PTSD and an Internalizing/Externalizing Model of Posttraumatic Psychopathology** *(Miller, Forbes, Flood, Koenen, Resick)* Introduction to the Internalizing/Externalizing Model of Posttraumatic Psychopathology The Latent Structure of Posttraumatic Stress Disorder: Fear, Anxious Misery and Implications for a Reformulation in DSM-V Externalizing and Internalizing PTSD Subtypes and their Relationship to Mortality in PTSD Veterans Serotonin Transporter Genotype and Social Support Moderate	A	assess	Laurel A/B	4	102–103
Symposium	**School-based Mental Health Programs for Children Exposed to Trauma** *(Langley, Van Den Brandt, Stephan, Stolle, Jaycox)* School-Based Trauma Treatment: CBITS in Wisconsin Implementation and Evaluation of Trauma-Informed Intervention in Baltimore City Schools Trauma Symptom Reduction and Academic Correlates of Violence Exposure Amongst Native American Students Adapting CBT Techniques for Use with School Teachers and Counselors	M	child	Laurel C/D	4	103–104
Symposium	**Who's on First? Reciprocal Relations Between Social Support And Self-Efficacy in Coping With Trauma** *(Kaniasty, Benight, Luszczynska, Cieslak)* Enabling and Cultivating Functions of Socials Support and Self-Efficacy Coping Self-Efficacy and Interpersonal Resources in the Context of Disaster Self-Efficacy and Social Support Predict Distress and Posttraumatic Growth after Cancer Surgery Social Support Mediates the Effects of PTSD Symptoms on Change in Coping Self-Efficacy	I	disaster	Harborside D	4	104–105
Workshop	**Enhancing Our Response to Child Maltreatment: Helping Child Welfare Practice be More Trauma-Informed** *(Conradi, Igelman)*	M	assess	Grand Ballroom VII and VIII	3	105
Workshop	**Meditation for Disaster Survivors: Lessons Learned from the Aftermath of Hurricane Katrina** *(Waelde, Uddo, Gordon)*	M	disaster	Kent A/B/C	4	105

Saturday, November 17, 12:30 p.m. to 1:45 p.m.
Special Interest Group Meetings

SIG	**Child Trauma**	**Grand Ballroom VI**	**3**
SIG	**Complex Trauma**	**Grand Ballroom VII and VIII**	**3**
SIG	**Early Interventions**	**Harborside D**	**4**
SIG	**Gender and Trauma**	**Harborside E**	**4**
SIG	**Intergenerational Transmission of Trauma and Resilience**	**Dover A/B/C**	**3**
SIG	**Media**	**Kent A/B/C**	**4**
SIG	**Terrorism and Bioterrorism Related Trauma**	**Grand Ballroom IX and X**	**3**

Saturday, November 17, 2:00 p.m. – 3:15 p.m.
Concurrent Session 13

Panel	**Recovery and Prevention Models for Polytraumatized Children: Reducing Risk, Enhancing Resilience** *(Ford, Brom, Pat-Horenczyk)*	M	child	Laurel C/D	4	106

Saturday, November 17, 2:00 p.m. – 3:15 p.m. Concurrent Session 13 (Continued)		Presentation Level	Track	Room	Floor	Page #
Panel	**ISTSS Clinician-Researcher Dialogue Task Force** *(Bisson, Berliner, Daly, Dyb, Watson)*	I	practice	Dover A/B/C	3	106
Panel	**Building the Evidence-Base for Effective Trauma-Informed Services through Practitioner Innovation** *(Saxe, Gordon, Abramovitz)*	M	practice	Grand Ballroom IX and X	3	106
Symposium	**Maternal Parenting and Posttraumatic Stress Symptoms: Implications for Interventions** *(Bogat, Levendosky, Seng, Muzik)* Does Parenting Mediate the Relationship Between Trauma and Child Behavior Problems? Prenatal Predictors of Postpartum Mental Health and Bonding Outcomes in Cohorts of Resilient and PTSD Affected Trauma Survivors Who Are First-Time Mothers Infant Biological Stress Reactivity to the Still Face Procedure: Association Between Infant Salivary Cortisol and Maternal Posttraumatic Stress Symptoms	M	clin res	Grand Ballroom I and II	3	106–107
Symposium	**International Trauma: An Innovative Mixed-Methods Process to Implementation in Low-Resource Countries** *(Murray, Bass, Bolton, de Jong)* A Qualitative look at International Trauma Instrument Development and Validation It Can be Done: RCTs in Low-Resource Countries	M	intl	Grand Ballroom III and IV	3	107–108
Symposium	**Ethical Issues in Traumatic Stress Research with Children** *(Allen, Kassam-Adams, Chu, Cohen, Newman)* An Empirical Approach to Assessing the Impact of Child Trauma Research Children's Perception of Research Participation as a Function of Trauma History Ethical Issues in Designing Treatment Studies for Traumatized Children Researchers as Mandated Reporters? An Ethical Analysis	I	ethics	Harborside D	4	108
Symposium	**New Models for the Primary and Secondary Prevention of Combat Trauma and Loss in U.S. Marines** *(Nash, Hammer, Litz)* The Stress Injury Model of Trauma, Fatigue and Loss as a Tool to Promote Prevention Practical Strategies in Primary Prevention of Combat and Operational Stress in Iraq Necessary Modifications to CBT for the Marine Corps	M	prev	Grand Ballroom VI	3	109
Symposium	**How to Use Cognitive Processing Therapy in Various VA Settings** *(Chard, Kattar, Smith, Graca)* Using CPT in a Residential Treatment Program Using Cognitive Processing Therapy in an Outpatient VA Setting Utilizing a Combined Group/Individual Model Comparision of Cognitive Processing Therapy with Group Centered Exposure Therapy in a Residential VA Setting CPT for PTSD in a PCT: Cognitive Processing Therapy (CPT) in a VA PTSD Clinic (PCT)	I	clin res	Kent A/B/C	4	109–110
Symposium	**Experimental Examinations of Cognitive Psychopathology in PTSD** *(Shipherd, Sloan, Marx, Pineles, Constans)* Strategies of Thought Control and Thought Suppression Performance in PTSD Thinking vs. Feeling: The Relative Importance of Cognition and Emotion in an Exposure Writing Task The Moderating Effects of Stimulus Valence and Arousal on Memory Suppression The Role of Attentional Biases in PTSD: Is it Interference or Facilitation?	I	assess	Laurel A/B	4	110–111
Symposium	**Combat/Operational Stress Control (COSC) Programs in the United States Navy and Marine Corps** *(Doran, Koffman, Hoyt, Stoltz)* Combat Stress Injury Model COSC Program in the Navy and Marines Treating Marines and Sailors in Theatre Summary of Research in the Area of Severe Stress Summary and Future Directions	I	practice	Harborside E	4	111
Workshop	**Building Cross-Expertise in Perpetration and Victimization: Reconceptualizing the Cycle of Violence** *(Weaver, Alvarez)*	M	practice	Grand Ballroom VII and VIII	3	111

Saturday, November 17, 3:30 p.m. – 4:45 p.m. Concurrent Session 14						
Plenary	**Theoretical and Practical Issues in Early Intervention** *(McFarlane, Shalev, Pynoos, Bryant)* Do the Facts Confirm the Theory about Early Intervention Early Treatment for Trauma Survivors: Mandatory or Recommended? Early Treatments versus Debriefing	I	practice	Grand Ballroom VI	3	112

Saturday, November 17, 3:30 p.m. – 4:45 p.m. Concurrent Session 14 (Continued)		Presentation Level	Track	Room	Floor	Page #
Symposium	**Use of Mindfulness Training in the Treatment of PTSD for Veterans** *(Niles, Luterek, Chartier, Waelde)* A Telehealth Approach to Mindfulness Treatment for PTSD in Veterans Clinical Efficacy of Mindfulness Based Group Therapy for Outpatient Veterans with PTSD Implementing Mindfulness in Residential PTSD Care for Veterans: Pilot Data and Lessons Learned	M	clin res	Grand Ballroom I and II	3	112–113
Symposium	**Treatment of Complex Trauma: Implications from Research Findings and Clinical Consensus** *(Courtois, Gold, Ford, Alpert)* Post-Treatment Outcomes in a Randomized Trial of Complex Trauma Psychotherapy with Low-Income Young Mothers Outcome of TARGET and PCT versus TAU for Complex Trauma: Social Context Implications Incorporating Research Findings with the Current Clinical Consensus in Treating Complex Trauma	A	clin res	Grand Ballroom III and IV	3	113
Symposium	**The Role of Resources in Trauma and Posttraumatic Stress Disorder** *(Johnson, Pinna, Perez, Walter)* Reducing the Risk for the Perpetuation of Abuse in Victims of Interpersonal Violence The Impact of Protective and Catalytic Factors on the Relationship Between Resource Loss and Posttraumatic Stress Disorder The Buffering Effects of Personal Characteristics on the Relationship between PTSD Symptoms and Resource Loss Among Inner-City Women Predictors of Sheltered Battered Women's Returning to Their Abuser	M	practice	Grand Ballroom IX and X	3	114
Symposium	**Combat Stress Injuries: Is there a Paradigm Shift in the Works?** *(Figley, Lyons, Boscarino, Scurfield)* Overview of the Combat Stress Injury and Resilience Paradigm: Implications for Practitioners and Researchers The Returning Warrior: Relationship Issues and Interventions The Mortality Impact of Combat Stress Injuries 30 Years After Exposure	A	prev	Harborside E	4	114–115
Symposium	**Empirical Evaluation of Costs and Benefits in Trauma Research** *(DePrince, Becker-Blease, Cromer)* Methodological and Individual Differences in Perceived Benefits of Participating in Trauma Research Undergraduates Endorse Survey Research on Victimization and Perpetration Ethics of Asking Questions about Traumatic Experiences	I	ethics	Kent A/B/C	4	115
Symposium	**Trauma Symptoms and Distress Among Patients With Cancer: Current Research and Service Directions** *(Butler, Goldsmith, Holland, Edwards)* Predictors and Course of Trauma Symptoms in Metastatic Cancer Trauma Symptoms and Distress Related to Genetic Testing for Breast/Ovarian Cancer Psycho-Oncology Services and Social Support for Cancer Patients and Relatives in an Acute Physical Health Setting	M	clin res	Laurel C/D	4	116
Papers	**Special Populations: Trauma's Effects in Disaster Victims, and Responders** *(Perrin)*			Harborside D	4	116
	Differences in PTSD Prevalence and Risk Factors Among WTC Disaster Rescue/Recovery Workers *(Perrin)*	M	disaster			116
	Early Psychological Intervention for Children Following Traumatic Physical Injury *(Kenardy)*	M	disaster			117
	Traumatic Stress and Suicidal Ideation in Male Peacekeepers *(Thoresen)*	M	disaster			117
	The Immediate Aftermath: Stress, Coping and Distress in Hurricane Katrina's Evacuees *(Mills)*	M	disaster			117
Papers	**Psychological and Neurobiological Assessment Issues** *(Norris)*			Laurel A/B	4	117
	The Psychometrics of an Arabic Language Version of the Posttraumatic Diagnostic Scale *(Norris)*	M	assess			117
	Neurobiological Correlates of ASD and PTSD in Motor Vehicle Crash Survivors: A Prospective Study *(King, S.L.)*	I	assess			118
	The MMPI-2 Restructured Clinical Scales in the Assessment of PTSD and Comorbid Disorders *(Wolf)*	M	assess			118
	The Incidence of Psychotraumatic Disorders Following Emergency Cesarian Section *(Delille)*	M	assess			118
Workshop	**The Resiliency and Resources Approach to Post-Deployment Adjustment of OIF/OEF Veterans** *(Mavissakalian, Hirsel, Orticari)*	M	practice	Dover A/B/C	3	118
Workshop	**Multi-Family Ritual and Routine Groups for Treating Complex Childhood Trauma** *(Kiser, Connors, Beck)*	M	child	Grand Ballroom VII and VIII	3	119

Saturday, November 17				
5:00 p.m. – 6:00 p.m.	**Poster Session III Presentations/Cash Bar**	**Grand Ballroom V**	**3**	
6:00 p.m.	**ISTSS 23rd Annual Meeting Adjourns**			
6:30 p.m. – 7:30 p.m.	**Reception for VA and DoD Employees hosted by the National Center for PTSD**	**Waterview Ballroom**	**Lobby Level**	

Wednesday, November 14
To register for an institute hosted by ISTSS held on November 14, visit the Registration Desk, located in the Grand Ballroom Rotunda. Only those holding tickets for specific sessions will be admitted. Discounts are available if you register for two half-day Pre-Meeting Institutes.

Pre-Meeting Institutes

Wednesday, November 14
Half Day
8:30 a.m. – noon

1 Trauma Prevention as Social Change: From Trauma Theory to Real-Life Practice (Abstract #178942)

Pre-Meeting Institute (commun)

Technical Level: Intermediate

Dover C, 3rd Floor

Pearlman, Laurie Anne, PhD[1]; Saakvitne, Karen, PhD[2]; Wilcox, Patricia, MSW[3]; Brown, Steven, PsyD[3]; Staub, Ervin, PhD[4]; Giller, Esther, MA[5]

[1]Trauma Research and Education Institute, Inc., Holyoke, Massachusetts, USA
[2]Private Practice, Northampton, Massachusetts, USA
[3]Klingberg Family Centers, New Britain, Connecticut, USA
[4]University of Massachusetts Amherst, Amherst, Massachusetts, USA
[5]Sidran Institute for Traumatic Stress Education and Advocacy, Baltimore, Maryland, USA

In this institute, we present three theory-based initiatives in trauma prevention and treatment. We describe two central theories and three initiatives based on them, highlighting the process, challenges, and benefits of attempts to put theory into actual practice. The theories are constructivist self development theory (McCann, Pearlman, 1990; Pearlman, Saakvitne, 1995), a relational trauma theory which provides a framework for understanding the psychological impact of traumatic life experiences, and Staub´s model for understanding the origins and prevention of group violence (1989, 2003). The three projects all emphasize the importance of theoretical frameworks, the healing powers of RICH relationships (that include respect, information, connection, and hope; Saakvitne, 2000), and the ethical imperative to address the experience and needs of the healer in trauma work. Saakvitne will describe the translation of psychological theory into a training curriculum, Risking Connection. Esther Giller will present Baltimore´s Spirituality and Victim Services Initiative using the CSDT-based Risking Connection (Saakvitne 2000) and Risking Connection in Faith Communities (Day 2006) curricula as training and collaboration-building tools to bring together multidisciplinary community resources to trauma survivors. Wilcox and Brown will describe efforts to create trauma-informed care systems for young adults, adolescents, and children in mental health systems. This initiative has taken place largely in congregate care settings. It combines training and consultation using Risking Connection, and the restorative approach (Wilcox, 2006), a treatment approach emphasizing relational rather than behavioral management techniques. Pearlman and Staub describe a project that combines CSDT with Staub´s Origins and Prevention model to promote healing in Rwanda. Staub´s work identifies the psychological, social, economic, and historic forces that set the stage for group violence. It emphasizes understanding the sources of violence and the necessary components of reconciliation after mass violence. A controlled evaluation of their approach found decreased trauma symptoms and more positive orientation toward the other group. The approach has been used with groups from community members to national leaders, and is the basis of radio-based public education in Rwanda, Democratic Republic of Congo and Burundi. Each presentation will discuss research, challenges, and successes.

2 Aiding Survivors of Torture: Evaluation of Asylum Seekers for Prevention of Re-Traumatization (Abstract #179040)

Pre-Meeting Institute (prev)

Technical Level: Intermediate

Dover A, 3rd Floor

Stone, Andrew, MD[1]; Hanscom, Karen, PhD[2]; Frank, Julia, MD[3]; Roth, Katalin, MD, JD[4]

[1]Veterans Administration Medical Center, University of Pennsylvania, Philadelphia, Pennsylvania, USA
[2]Advocates for Survivors of Torture and Trauma, Baltimore, Maryland, USA
[3]George Washington University, Washington, District of Columbia, USA
[4]Department of Internal Medicine, George Washington University, Bethesda, Maryland, USA

Establishing safety is one of the fundamental principles of trauma treatment, yet trauma therapists seldom have the opportunity to contribute directly to this vital step. Testimony from medical and mental health evaluations may play an important role in asylum hearings in supporting the credibility of victims' accounts and documenting the sequelae of the experience of torture or other trauma. By learning how to perform and report evaluations of survivors of torture and other human rights abuses, the clinician can make a crucial contribution to the welfare of asylee applicants. This training will provide an overview of definitions and epidemiology of torture, describe the physical and psychological sequelae, and then give practical instruction in the process of conducting examinations of affected individuals, along with the development and presentation of reports of these evaluations. Legal aspects of asylum and documentation will be presented, and the process of expert testimony will be addressed. The speakers are all professional volunteers experienced in this activity.

Participant Alert: Specific descriptions of torture and human rights abuses may be presented.

3 Acceptance and Commitment Therapy for the Treatment of Comorbid PTSD and Substance Use Disorders (Abstract #179065)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Grand Ballroom III, 3rd Floor

Batten, Sonja V., PhD[1]; DeViva, Jason C., PhD[1]; Mann, Mark, PhD[1]; Morris, Lorie J., PsyD[1]; Santanello, Andrew, PsyD[1]; Decker, Melissa, PsyD[1]

[1]VA Maryland Health Care System, Baltimore, Maryland, USA

Although posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) are commonly co-occuring conditions (Brady, 2001; Helzer et al., 1987; Stewart, 1996; Tarrier & Sommerfield, 2003), traditionally, it has been recommended that an individual must first receive successful substance abuse treatment before posttraumatic symptoms can be addressed. Given the high comorbidity of these conditions, however, it would be helpful if more broadly focused therapies were available that simultaneously targeted common functional processes underlying the multiple problems of the dually diagnosed. Both PTSD and SUDs can be conceptualized as disorders with significant experiential avoidance components. One treatment specifically developed for the treatment of experiential avoidance is Acceptance and Commitment Therapy (ACT). This workshop will describe the use of ACT to guide treatment focused on comorbid PTSD and SUDs, as first outlined by Batten and Hayes (2005). As both PTSD (Batten, Orsillo, & Walser, 2005; Orsillo & Batten, 2005) and SUDs (Mirin et al., 1987; Woody et al., 1984) have been conceptualized as disorders of avoidance, an intervention such as ACT fits easily into a model of their concurrent treatment. The presenters will describe a treatment program that

has been in existence for over four years for the treatment of these comorbid disorders. Program evaluation efforts are underway for this model, and the data show that individuals who participate in an ACT-based program that concurrently treats PTSD and SUDs in individuals with very low lengths of prior sobriety is effective in significantly reducing scores on validated measures of PTSD (PTSD Checklist, Mississippi Scale for Combat Related PTSD), as well as frequently reported problems related to trauma, such as sleep disruption (Fear of Sleep Inventory). Supporting the model of ACT being a treatment of experiential avoidance, scores on theoretically relevant measures, of avoidance (Acceptance and Action Questionnaire) and anxiety sensitivity (Anxiety Sensitivity Inventory) are also significantly reduced by this treatment program. Data supportive of this approach will be provided in the workshop, and detailed interventions to illustrate the ACT model for this population will be presented. Specific considerations for clinically relevant anger and acceptance-based exposure treatment in traumatized individuals will be demonstrated.

4 "Standing Too Close to the Flame": Risk and Resilience for Therapists Who Treat Trauma (Abstract #179461)

Pre-Meeting Institute (practice)

Grand Ballroom IV, 3rd Floor

Technical Level: Intermediate

Courtois, Christine, PhD[1]; Williams-Keeler, Lyn, MA[2]

[1]Private Practice, Washington, District of Columbia, USA

[2]Associates for the Treatment of Trauma Effects and Responses, Ottawa, Ontario, Canada

Over the years, the field of traumatic stress studies has developed a bountiful lexicon of the words, theories and strategies that encompass the secondary trauma effects for therapists: compassion fatigue (Figley), vicarious traumatization (Pearlman and Saakvitne), secondary traumatization (Catherall), emotional countertransference (Danieli, Dahlenberg, Wilson and Lindy) and most recently, the psychophysiology of compassion fatigue by Babette Rothschild. The literature to help the helper is also developing, and is currently applying concepts from stress management, resilience development, and positive psychology to the work of psychotherapy. This Pre-Meeting Institute is designed to bring the words to life with examples of the vicissitudes of the work, and perhaps more importantly, the lessons of resiliency and recuperation learned by the two presenters. This Institute is a journey of therapeutic attachment - its pitfalls and its rewards. The presenters will be discussing all realms of trauma therapy - individual, couple, family and group in terms of the potential for imparting secondary trauma. Special attention will be paid to the incursion of trauma when a client commits suicide and ways to ameliorate the potential for therapist self-blame, distressing reworking of sessions, and lingering grief. In addition, we will take a candid look at the trauma of litigation for therapists in our field of endeavour. This Institute will be an intimate view of two seasoned therapists´ journeys along the path of helping to highlight ways to prevent or at least buffer the trials and pain inherent in "standing too close to the flame." Participation of Institute attendees will be encouraged in order to tailor an individual approach to the prevention of secondary trauma effects. Handouts and worksheets will be provided.

Participant Alert: Participants could be distressed by the attention to difficult issues that might arise in treatment, e.g., patient suicide, patient self-harm, litigation.

5 Teens, Trauma, and Addiction: A TARGETed Approach to Secondary Prevention (Abstract #179283)

Pre-Meeting Institute (child)

Technical Level: Introductory

Grand Ballroom VIII, 3rd Floor

Ford, Julian, PhD[1]; Russo, Eileen, MA[2]

[1]Psychiatry, University of Connecticut Health Center, Farmington, Connecticut, USA

[2]Private Practice, Naugatuck, Connecticut, USA

Professionals treating adolescents with complex traumatic stress disorders in mental health, pediatrics, juvenile justice, and school programs need evidence-informed practical therapeutic/educational tools. The first evidence-informed treatment model identified by the National Network (www.nctsnet.org) as promising for the treatment of substance-affected traumatized adolescents is the focus of the workshop, Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET). TARGET is designed to enhance self-regulation skills in the domains of relational engagement (attachment), affect regulation, and information processing is the foundation for biopsychosocial development yet is profoundly disrupted by exposure to psychological trauma in early childhood.

The workshop is organized in 45-minute segments. The first is an introduction followed by a review of emerging research findings on brain and psychobiological development in childhood and adolescence and the impact of psychological trauma on this development, based on the tripartite framework described by Ford (2005). The second segment describes the TARGET psychoeducational model designed to make brain development and developmental traumatology transparent to youths, families, and adult educators and treatment providers (Ford & Russo, 2007). Attendees will review sample educational handouts designed for children of varied ages and developmental attainments/impairments, and will view and discuss video segments from education sessions conducted with adolescent girls.

The third 45-minute segment involves presentation of case examples and discussion of clinical issues encountered with traumatized substance-involved adolescents (e.g., sexuality and sexual identity, self-harm, shame, identification with aggressors, transferring loyalties from the family to peer groups, cultural trauma experienced by youths of color and their intergenerational families). Attendees will be encouraged to describe and role-play cases of their own.

The final 60-minute segment involves dyadic role play practice of the self-regulation tools with coaching from the presenter and feedback from other attendees, followed by a closure discussion of the impact of treating severely traumatized adolescents on the provider´s own ability to self-regulate (and applications of the model to provider self-care, beyond the usual prescriptions for healthy lifestyle, stress management, and transference/countertransference identification).

6 Using Motivational Interviewing Principles to Enhance OEF/OIF Veterans' Engagement in PTSD Treatment (Abstract #180000)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Grand Ballroom IX, 3rd Floor

Murphy, Ronald, PhD[1]
[1]*Dept. of Psychology, Francis Marion University, Florence, South Carolina, USA*

Large numbers of soldiers are returning from Operation Enduring Freedom (OEF: Afghanistan) and Operation Iraqi Freedom (OIF) with post-deployment adjustment problems, and unfortunately the majority of them don´t seek help or drop out of treatment. It is critical, then, that healthcare providers: a) understand the treatment barriers experienced by these and other veterans, and b) enhance veterans´ engagement in mental health treatment. Dr. Murphy will train Institute participants in clinical methods for enhancing veterans´ engagement in treatment for emotional and behavioral problems arising from warzone experiences. The first part of the workshop will focus on identification of treatment acceptance and engagement barriers among combat veterans, especially Afghanistan and Iraqi returnees, including veterans´ own roadblocks to help-seeking, healthcare provider missteps, and therapeutic alliance issues which prevent returnees with warzone-related stress from accepting the help they need. Common veteran barriers to accepting help include ambivalence about problem acknowledgement, emotional and cognitive roadblocks like shame and self-reliance, and beliefs and fears about mental health treatment. In the second part of the workshop, participants will learn and practice techniques from the PTSD Motivation Enhancement Group, a brief therapy intervention based on Motivational Interviewing principles that is designed to foster engagement in PTSD treatment. An uncontrolled study has previously shown increased problem recognition and high satisfaction ratings among PME Group participants, and early results from a randomized control trial show that PME Group participants stay in PTSD treatment program longer and are more likely to complete the program than controls. The intervention encompasses a number of approaches, including general therapist response style as well as specific techniques designed to enhance patient problem acknowledgement and engagement in treatment. These techniques include an intervention to reduce patient blaming and externalized attributions about the cause of their problems, norm comparison, decision balance, and identification of roadblocks to problem acknowledgement and treatment participation. Review of barrier issues and modifications of engagement enhancement interventions that are unique to OEF/OIF veterans will be emphasized. At the end of the Institute, participants will be encouraged to describe their most difficult cases for re-evaluation in the context of a motivation enhancement approach.

7 The Way Ahead: Disaster Mental Health Systems of Care (Abstract #179764)

Pre-Meeting Institute (disaster)

Technical Level: Intermediate

Grand Ballroom VII, 3rd Floor

Perez, Jon, PhD[1]**; Schreiber, Merritt, PhD**[2]**; Gurwitch, Robin, PhD**[3]**; Coady, Jeff, PsyD**[4]
[1]*United States Department of Health and Human Services, Rockville, Maryland, USA*
[2]*University of California, Los Angeles, Laguna Niguel, California, USA*
[3]*National Center for School Crisis and Bereavement, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA*
[4]*United States Department of Health and Human Services, San Francisco, California, USA*

There is now evidence that 30-40 percent or more of a directly impacted population will be at risk for clinical levels of co-morbid disorders and associated impairment long after the index event is over (IOM, 2003, Kessler, et al, 2006). In order to address surge capacity there is a critical need to create disaster mental health systems of care that are interoperable with the other emergency support functions. Interoperability, combined with the use of population-based services, evidenced-based treatment, and technologies will help merge the field toward meeting the mental health needs following a disaster.

There has been a paralleled understanding of the underlying risk factors that engender risk and movement toward creating an evidence-based national model of disaster response . (Schreiber, 2005, Pynoos, Schreiber, et al 2005). PsyStart is an evidenced-based rapid mental health triage and incident management system (Schreiber, 2005, Theinkura,et. al, 2006). As an operational platform, PsyStart can assist in the identification of where and what types of mental health services are most in need. There is increasing evidence for those triaged as high risk that providing certain brief, evidence-based interventions within the first month may have a tremendous impact to deflect the trajectory of risk and impairment (Bryant, et al, 2004).

When developing any programmatic response to disaster, special attention must be paid to groups considered high-risk for adverse consequences. Children represent one such group (Guwitch, Sitterle, et al, 2002; Gurwitch, Kees, et al, 2004). From preparedness planning to triage to evidenced based interventions, children require extra care to ensure positive outcomes and resilience after disaster.

Typically after major disasters, the existing public health infrastructure is fragmented or completely destroyed. The need for systemic level interventions is essential so the pre-existing mental health infrastructure can be repaired and function effectively. The "Mercy Model" (Perez, et al, 2006) is a method of how to facilitate, organize, and lead systems during disasters. At its most basic level, the Mercy Model represents a public health leadership approach that guide efforts to create teams and programs for all populations.

Participant Alert: Training video clips in which children discuss traumatic exposure may be distressing to some participants.

8 Post-Deployment Mental Health Adjustment: An International Perspective (Abstract #179988)

Pre-Meeting Institute (intl)

Technical Level: Advanced

Grand Ballroom X, 3rd Floor

Gleason, Theresa, PhD[1]**; McFarlane, Alexander, PhD**[2]**; Vasterling, Jennifer, PhD**[3]**; Wessely, Simon, MD**[4]**; Zamorski, Mark, MD**[5]
[1]*Office of Research and Development, Department of Veterans Affairs, Washington, District of Columbia, USA*
[2]*Centre for Military and Veterans Health, Adelaide, South Australia, Australia*
[3]*Department of Veterans Affairs, Boston, Massachusetts, USA*
[4]*King's College, London, United Kingdom*
[5]*Canadian Dept of Defence, Edmonton, Prince Edward Island, Canada*

Despite somewhat similar exposure experiences in shared deployment environments (e.g, Iraq, Afghanistan), differences in post-deployment readjustment is evident when considering the reported outcomes of various nations´ military personnel following tours of duty. During this session, international research findings on deployment readjustment and mental health screening programs from the U.S., the UK, Canada, Australia and New Zealand will be presented and discussed. Topics important to consider in the international community include: (a) large scale longitudinal studies and findings regarding risk factors and readjustment course over the short, medium and long-term, (b) mental health screening practices and outcomes, and (c) healthcare needs of reservists. Large cohort studies

including the TELIC (U.K.) and Neurocognition Deployment Health Study (U.S.) will be presented with descriptions of subject inclusion/exclusion, instruments, and outcome measures. These studies are valuable research investments for understanding the consequences of military service, and the clinical significance of outcome measures will be highlighted. Secondly, screening for mental health disorders is considered important for early identification of individuals at risk. Mental health screening (which is differentially implemented across nations) may play an important role in prevention and/or referral to appropriate clinical care. Summaries of results will be presented with an emphasis on discussing the potential effectiveness of screening as currently utilized pre- and post-deployment. Third, in the U.S., National Guard and Reserve (NGR) have constituted at times up to 56 percent of the personnel deployed to Iraq and Afghanistan and who will be eligible for veterans´ healthcare. Several reports have indicated that the risk of post traumatic stress disorder (PSTD) and other mental health consequences are considerable for the general population of OEF/OIF personnel, who are also dealing with extensions of tours of duty and redeployments at an unprecedented level. A separate question for the international community is whether and how to evaluate the healthcare issues of reservists as a population.

9 Trauma Affects the Whole Organism: Working With the Body in Traumatic Stress

(Abstract #179888)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Grand Ballroom I and II, 3rd Floor

van der Kolk, Bessel, MD[1]; Ogden, Pat, PhD[2]

[1]Trauma Center, Boston, Massachusetts, USA

[2]Sensorimotor Institute, Boulder, Colorado, USA

Trauma affects many aspects of the human organism: neurobiological, psychological, behavioral and social. Behavioral responses include impulsive aggression, physical helplessness, dissociation, behavioral re-enactments, physical tension, and a large variety of somatic ills. Traditional psychotherapy has approached the resolution of trauma as something that needs to be verbalized, understood, and put into the larger perspective of one´s life. For centuries, several cultures have elaborated ways of helping manage these states with methods like yoga, chi qong, tai chi, prayer and meditation, most of which have, until recently, not been subject to Western methods of investigation. In the wake of the emerging research on the neurobiology of trauma, its effects on heart rate variability, immune function and other issues related to selfregulation, physical helplessness, loss of executive functioning, and difficulty engaging in collaborative relationships, we are in the process of exploring the use of collaborative movement and action, both in the aftermath of trauma, and in the treatment of chronically traumatized individuals. This includes theater groups with traumatized inner city youth in Boston, yoga groups for PTSD, and Sensorimotor Psychotherapy with individuals and groups.

Participant Alert: The exercises are simple and enjoyable, but may be strenuous for people with overly sedentary lifestyles.

10 Preventing the Depressive and Addictive Sequelae of Child Abuse: Imaging and Translational Insights

(Abstract #179942)

Pre-Meeting Institute (biomed)

Technical Level: Advanced

Dover B, 3rd Floor

Teicher, Martin, MD, PhD[1]; Navalta, Carryl, PhD[2]; Andersen, Susan, PhD[2]; Samson, Jacqueline, PhD[2]; Polcari, Ann, RN, CS, PhD[2]

[1]Harvard Medical School/McLean Hospital, Belmont, Massachusetts, USA

[2]Psychiatry, Harvard Medical School/McLean Hospital, Belmont, Massachusetts, USA

The Adverse Childhood Experience studies provides compelling evidence that exposure to childhood adversity, such as physical abuse, sexual abuse or witnessing of domestic violence, accounts for more than 50 percent of the population attributable risk for depression, drug and alcohol abuse. Data will be presented showing that episodes of major depression occur, on average, 9.3±2.8 years after onset of exposure to childhood sexual abuse (CSA), and that exposure to CSA shifts the peak period of emergence of new cases from middle adolescence (15-18 years) to early adolescence (12-15 years). Similarly, early abuse also hastens the onset of drug abuse. Nevertheless, there is often substantial lag time between exposure to traumatic stress and development of depression or substance abuse, and this can serve as a window of opportunity for intervention strategies designed to provide prophylaxis against these outcomes. The aim of this pre-meeting institute is first to present data on the relationship between childhood traumatic stress, depression, and substance abuse. New data will be presented on the time course between exposure to abuse and emergence of depression, and the relationship between exposure to different types of childhood abuse and predilection for specific drugs of abuse. Morphometric and functional imaging data will be presented highlighting the association between childhood traumatic stress and regional gray matter volume, integrity of white matter fiber tracts, resting relative cerebral blood volume, and hemodynamic response to indirect dopamine agonists. Preclinical studies will also be presented highlighting potential mechanisms responsible for the association between early stress, depression and drug abuse, and the neuromaturational events related to the delayed manifestation of these disorders. Data will be presented on pharmacological, experiential and psychosocial manipulations that impact brain development and stress-responsivity in order to provide insights that may lead to the development of novel preventive strategies.

Pre-Meeting Institutes

Wednesday, November 14
Half Day
1:30 p.m. – 5:00 p.m.

11 Ethics in the Treatment of Chronically Traumatized Individuals (Abstract #178432)

Pre-Meeting Institute (ethics)

Technical Level: Intermediate

Dover C, 3rd Floor

Steele, Kathy, MN, CS[1]; Courtois, Christine, PhD[2]
[1]Metropolitan Counseling Services, Atlanta, Georgia, USA
[2]Private Practice, Washington, District of Columbia, USA

Therapists need to develop congruent personal and professional ethics to supplement formal ethics codes in order to prevent and manage the numerous complex issues that emerge in the treatment of chronically traumatized individuals. Such ethics need to be clear yet flexible in order to navigate successfully the shifting challenges in trauma therapies. This workshop explores ways to develop ethics that support therapists in acting most adaptively because they are aware of the risks and challenges inherent in treating this population, and consistently engage in self-reflection regarding their ability to ethically manage difficult, complex treatments. This self-reflection involves therapists´ abilities to integrate mindful awareness of and empathy for their clients and themselves in the therapeutic relationship; to distinguish between wishes and needs; to maintain ongoing awareness of potential pitfalls; and to seek consultation and learn from therapeutic mistakes in order to successfully cope with and resolve ongoing and often ambiguous ethical issues. Common ethical dilemmas encountered in trauma treatment will be explored and discussed through didactic presentation, case presentations, and experiential exercises. Major issues involve the treatment frame and the maintenance of appropriate and professional boundaries, especially during times of crises, and the challenges of working with attachment disturbances.

Participant Alert: Participants are invited to discuss their ethical concerns and issues in their practices.

12 Psychological First Aid and Skills for Psychological Recovery (Abstract #180084)

Pre-Meeting Institute (disaster)

Technical Level: Introductory

Grand Ballroom I and II, 3rd Floor

Watson, Patricia, PhD[1]; Brymer, Melissa, PsyD[2]; Ruzek, Josef, PhD[3]; Steinberg, Alan, PhD[4]; Vernberg, Eric, PhD[5]; Layne, Christopher, PhD[2]
[1]National Center for PTSD, White River Junction, Vermont, USA
[2]National Child Traumatic Stress Network, Los Angeles, California, USA
[3]National Center for PTSD, Palo Alto, California, USA
[4]University of California, Los Angeles, Los Angeles, California, USA
[5]University of Kansas, Lawrence, Kansas, USA

The National Child Traumatic Stress Network and the National Center for PTSD have developed a Psychological First Aid Field Guide which is based on evidence informed principles of trauma recovery, including fostering safety, calming, connectedness, hope, and self-efficacy. This group has recently developed a follow-on intervention to be used in conjunction with psychological first aid, called Skills for Psychological Recovery (PSR). This field guide utilizes a skills-building empowerment approach to train survivors of disasters and mass violence core evidence-informed skills that have been shown to promote recovery following traumatic stress. In this PMI, the primary authors of both field guides will present the principles of both psychological first aid and skills for psychological recovery, including a discussion of the ways the two approaches interface, and the challenges of intervening following large-scale traumatic events. The presentation will include group exercises and illustrative video vignettes.

13 Psychotherapy for PTSD and Substance Abuse (Abstract #179927)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Grand Ballroom III, 3rd Floor

Najavits, Lisa, PhD[1]; Schmitz, Martha, PhD[2]; Johnson, Kay, LICSW[3]
[1]United States Department of Veterans Affairs, Boston, Massachusetts, USA
[2]Treatment Innovations, Oakland, California, USA
[3]St. Luke's Roosevelt Hospital Center, New York, New York, USA

Comorbid PTSD and substance use disorder (SUD) is widely considered challenging to treat. The past decade has seen major growth in the development of psychotherapies for the dual diagnosis, and positive outcomes in clinical trials. This workshop addresses a wide range of topics including: key SUD treatment strategies for the mental health clinician who is not familiar with SUD; overview of empirically studied models for the dual diagnosis; background on PTSD and SUD; and assessment and national resources.

We will also cover the Seeking Safety model in depth. Seeking Safety is an evidence-based model widely used for the dual diagnosis or either disorder alone. It is a present-focused CBT approach of psychoeducation and coping skills to help patients attain greater safety in their lives. It was designed for flexible use: group or individual format; women or men; diverse settings (e.g., outpatient, residential); all types of trauma and substances; and both acute and chronic conditions. There are up to 25 treatment topics, each representing a safe coping skill relevant to both PTSD and SUD, such as Asking for Help, Creating Meaning, Compassion, and Healing from Anger. Topics can be done in any order and the treatment can be done in few or many sessions. Seeking Safety strives to build hope through emphasis on ideals; it uses simple, emotionally evocative language and quotations to engage clients; attends to clinician processes (e.g., self-care); and offers concrete strategies that are believed essential for this population (e.g., case management and a clear session structure). In 12 published studies that range from pilots through multisite trials, it has shown consistent positive outcomes on a variety of measures, superiority to treatment-as-usual, comparability to a gold standard treatment (relapse prevention), positive results in populations typically considered challenging (e.g., the homeless, prisoners, adolescents, public sector clients, and veterans), and high acceptability among diverse clients and clinicians. It is also has extensive implementation materials. For more information, please visit www.seekingsafety.org.

Finally, we will address current issues in the field such as how and when to implement exposure-based therapies if a client has co-occurring SUD; directions for future research; and adaptation of models in diverse settings. Methods of instruction include lecture, videotape, role-play, and question/answer.

14 Advanced Workshop on Cognitive Processing Therapy (Abstract #179774)

Pre-Meeting Institute (practice)

Technical Level: Advanced

Grand Ballroom IV, 3rd Floor

Resick, Patricia, PhD[1]; Smith, Tracey, L., PhD[2]
[1]Psychiatry and Psychology, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
[2]William S. Middleton Memorial Veterans Hospital, University of Wisconsin, Madison, Wisconsin, USA

The purpose of this workshop is to provide advanced training in the implementation of cognitive processing therapy (CPT) for PTSD and

related comorbid disorders. Please attend this workshop only if you have implemented CPT with trauma victims prior to attendance. The CPT protocol will be reviewed in only the most cursory manner, so participants are asked to review the protocol and generate their questions and case examples prior to the workshop. The content will be driven by the therapeutic issues and case examples brought to the workshop by participants. It is anticipated that we will discuss issues of chronic avoidance and treatment noncompliance; selection of which trauma to process first; and what to do when clients cling tenaciously to their guilt and self-blame. Implementation across different types of trauma (e.g., crime, disaster, traumatic bereavement, combat) and different formats for group treatment will also be discussed. The objectives of the workshop are to assist participants in implementing CPT effectively, to consider complex cases, and to advance participants' trauma-focused cognitive therapy skills.

15 Introduction to Trauma Systems Therapy: Caring for Traumatized Children Within the System of Care (Abstract #179451)

Pre-Meeting Institute (child)

Technical Level: Intermediate

Grand Ballroom VIII, 3rd Floor

Ellis, B. Heidi, PhD[1]; Saxe, Glenn, MD[1]

[1]Childrens Hospital Boston, Boston, Massachusetts, USA

Traumatized children often live in environments fraught with stress, and with multiple agencies involved in providing services. Basic needs, emotional crises, and stories of failed care abound. Where does a clinician begin?

Trauma Systems Therapy (TST) is a manualized, phase-oriented appraoch to treating traumatized children within the system of care (Saxe, Ellis, Kaplow 2007). Children are assessed along two key dimensions: their emotional regulation, and the stability of the social environment. Specific menus of interventions are implemented based on the assessment of these two dimensions, with the treatment goal of increasing the stability of the social environment, the child's regulatory skills, and specifically the interface between environmental stressors and a chid's regulatory capacity. TST was developed with four goals in mind: treatment must be developmentally informed. Treatment must directly address the social ecology, treatment must be compatible with systems of care, and treatment must be disseminate-able. Findings from an open trial of TST suggest that it reduces children's emotional dysregulation and increases environmental stability. Over the duration of treatment, children also were found to move progressively from needing more intensive, community-based services to less intensive, office-based care.

This institute will provide an overview of the theoretical foundations of Trauma Systems Therapy, an introduction to assessment and treatment planning, and hands-on experience of applying the TST framework to complicated, real-world cases.

16 Multiple Identities in the Context of Trauma: Increasing Cultural Competence (Abstract #179690)

Pre-Meeting Institute (culture)

Technical Level: Introductory

Grand Ballroom IX, 3rd Floor

Brown, Laura, PhD[1]; Triffleman, Elisa, MD[2]

[1]Fremont Community Therapy Project, Seattle, Washington, USA

[2]ISTSS Diversity Task Force, Port Washington, New York, USA

Development of cultural competence in psychotherapy requires more than simply a set of rules about how to work with members of specific groups. Instead, current and evolving models of culturally competent practice note that all individuals have multiple and intersecting identities, each of which can contribute factors of risk and resilience to the individual experiencing trauma exposure. In this PMI, participants will be introduced to a model of identity development which conceptualizes people in terms of their multiple social locations and intersecting senses of self, rather than as a unitary identity as externally defined. We will explore the ways in which trauma can inform each of these social locations, affecting how a person relates to their various identities. We will also examine how these identities respond to trauma over the lifetime. This PMI will also consider the converse: that the challenges faced by persons with multiple, intersecting, and apparently conflictual identities occur in the context of trauma acting as a moderating and mediating factor. Issues of cultural competence in the treating professional, and strategies for increasing cultural competence, will be described, with particular attention to the effects of aversive bias and unexamined implicit assumptions on the capacity to be fully present with a trauma survivor client. The effects of insidious trauma, microaggressions, and apparent conflicts among and between dominant and target group identities for trauma survivors will be explored.

17 Beyond Exposure Alone: Brief Eclectic Psychotherapy for PTSD (Abstract #179976)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Grand Ballroom VII, 3rd Floor

Gersons, Berthold, MD, PhD[1]; Schnyder, Ueli, MD, PhD[2]

[1]Psychiatry, Center for Psychological Trauma, Academic Medical Center, University of Amsterdam, Amsterdam, North-Holland, Netherlands

[2]Department of Psychiatry, University Hospital Zurich, Zurich, Switzerland

The efficacy of psychotherapeutic and pharmacotherapeutic approaches in the treatment of PTSD can be regarded as empirically demonstrated. Overall, effect sizes seem to be higher for psychotherapy as compared with medication. Many well-controlled trials with a mixed variety of trauma survivors have demonstrated that CBT is particularly effective in treating PTSD. More specifically, exposure therapy currently is seen as the treatment modality with the strongest evidence for its efficacy. However dropout rates from studies of CBT (including EMDR) usually are around 20 percent. Up to 58 percent of patients who completed CBT are still diagnosed with PTSD at posttreatment assessment. Furthermore, only 32-66 percent of patients included achieved good end-state functioning. There is a need to have treatment protocols based on CBT which meet more the expectations of traumatized clients. The 16-sessions Brief Eclectic Protocol (BEP) originally developed for police officers with PTSD proved to be effective in two randomized controlled trials and has been accepted in the NICE-Guidelines (2005). The second trial also showed effectivity on biological data. A trial in Zurich is still running. BEP encompasses apart from a slightly different form of exposure psychoeducation at the start (with the partner present), the use of letter writing to express angry feelings, the use of memorabilia and 12 sessions for the domain of meaning, how it changes the view on the world and on the person his or herself. It is ended with a farewell ritual. The dropout rate is lower compared to the traditional CBT. In the workshop the protocol will be presented, discussed and parts of it will be trained.

18 Public Mental Health in Crises and (Post-) Conflict in Low- and Middle-Income Countries (Abstract #180012)

Pre-Meeting Institute (disaster)

Technical Level: Intermediate

Grand Ballroom X, 3rd Floor

de Jong, Joop T.V.M., MD, PhD[1]
[1]*Health and Culture, Vrije Universiteit Amsterdam, Amsterdam, Netherlands and Boston University School of Medicine, Baltimore, Maryland, USA*

This meeting addresses crucial topics in providing community based mental health and psychosocial services in crises in low and middle income (LIMA) countries. The meeting consists of a series of evidence driven participatory lectures and exercises. The goal is to be able to develop a culturally appropriate public mental health system integrating expertise from the disciplines of psychology, psychiatry, epidemiology, public health and anthropology. The objective is to obtain basic knowledge to: 1) assess the impact of conflicts and natural disasters on communities; 2) use qualitative and quantitative methods to conduct a pre-program appraisal or a needs assessment; 3) deal with cultural and socio-economic barriers and challenges to providing community based care in LIMA countries; 4) handle public mental health criteria to select intervention and training priorities; 5) design and implement a public mental health and psychosocial program including primary, secondary and tertiary preventions that can be adapted to a variety of cultural settings across the globe; 6) recognize the hegemony of Western theory and to develop culturally responsive mental health services in collaboration with local healing and ritual practices; 7) to collaborate with governments, (I)NGOs, the UN and other sectors of the society; 8) deal with proposal writing, fund raising and monitoring of a program.

19 Preventing Psychological and Moral Injury in Military Service (Abstract #179531)

Pre-Meeting Institute (prev)

Technical Level: Intermediate

Dover A, 3rd Floor

Shay, Jonathan, MD, PhD[1]**; Nash, William, MD, MBA**[2]**; March, Cameron, AADMTS**[3]**; Gibson, David, MDIV**[4]**; Darte, Kathy, BNURS, MNURS**[5]**; Gudmundsson, Bruce, BA**[6]**; Stokes, James, MD**[7]
[1]*United States Department of Veterans Affairs, Newton, Massachusetts, USA*
[2]*Headquarters USMC, Quantico, Virginia, USA*
[3]*UK Royal Marines, Portsmouth, United Kingdom*
[4]*Naval Chaplains School, Newport, Rhode Island, USA*
[5]*Veterans Affairs Canada, Charlottetown, Prince Edward Island, Canada*
[6]*Military History, Oxford University, Quantico, Virginia, USA*
[7]*Brooke Army Medical Center, San Antonio, Texas, USA*

An informal, unofficial international exchange among military and mental health professionals on prevention and early treatment of psychological and moral injury in military service. No one will speak officially for their services or for their governments. Their remarks are their own. Attendees agree not to publish or circulate attributed quotations, without permission of the person quoted; participation does not imply endorsement of remarks by other presenters. An occupational health framework provides structure: PRIMARY prevention: eliminate war; SECONDARY: redesign culture, policies, and practices to prevent and reduce injury to troops; TERTIARY: early, expert, and far-forward detection, assessment, and treatment of exposures and injuries as they happen, but still within the military institutions. The specific allocation of time among specific levels of prevention, and to specific practices, policies, research overviews and needs for research, will be shaped by the mix of interests brought to the session by attendees. The presenters come to learn as well as to teach. In past years, attendees from all over the world have made enormously valuable contributions, and air time will be provided for attendees who wish to speak at greater length than the usual conference question or comment. Such attendees should email jshayinma@comcast.net. Active duty uniformed presenters may be unable to attend if deployed by their forces, but the remaining presenters will be able to conduct the session.

This year´s sub-theme is SUICIDE. All aspects of service member suicide will be open for consideration: prevention, awareness, policy dimensions, cultural and social process dimensions, as a fatal complication of psychological injury, measurement issues, self-care for personnel dealing with suicides and surviving comrades, military leadership dimensions, comparative/historical dimensions.

20 Treating Adult Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life (Abstract #180035)

Pre-Meeting Institute (practice)

Technical Level: Intermediate

Dover B, 3rd Floor

Cloitre, Marylene, PhD[1]**; Nissenson, Kore, PhD**[1]**; Jackson, Christie, PhD**[1]
[1]*Child and Adolescent Psychiatry, NYU School of Medicine, New York, New York, USA*

Adult treatments for childhood trauma rarely take into account the disturbing impact of abuse on the development of emotional and social competencies so critical for effective living in later years. This workshop will present a flexibly-applied, evidence-base treatment which systematically addresses the compromised capacities in emotional awareness, emotion regulation, and healthy attachment in adult survivors as well the more evident symptomatology which burden the survivor such as PTSD, dissociation, self-injury and anger problems. The program is organized into two eight session phases. The first, Skills Training in Affective and Interpersonal Regulation (STAIR) focuses on the regeneration of emotional and social resources to enhance day-to-day life. The second, Narrative Story Telling (NST) focuses on the resolution of a fragmented understanding of self-and-other through the creation of a coherent and meaning-based life narrative tracked across three affectively-based themes: fear/terror, shame and loss. The role of the therapeutic alliance in contributing to positive process and outcome will be discussed. Length of treatment with good outcome has ranged from three months to two years. Relapse prevention strategies which emphasis the acceptance-based emotion regulation interventions learned during the skills training will be included.

Participant Alert: The only potential for distress might come from viewing clients discussing trauma history.

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

Concurrent Session 1

Thursday, November 15
8:00 a.m. - 9:15 a.m.

Victims of Clergy Abuse in Forensic Settings (Abstract #179893)

Panel (culture) **Grand Ballroom VI - X, 3rd Floor**

van der Kolk, Bessel, MD[1]; Kaplan, Sandra, MD[2]; Mones, Paul, LLD[3]; ***Pynoos, Robert, MD***[4]
[1]*Trauma Center, Boston, Massachusetts, USA*
[2]*Division of Trauma Psychiatry, Dept of Psychiatry, North Shore-Long Island Jewish Health System, Manhasset, New York, USA*
[3]*Law firm, Portland, Oregon, USA*
[4]*University of California, Los Angeles, Los Angeles, California, USA*

This presentation will discuss a sample of 50 adults with confirmed histories of childhood sexual abuse who were evaluated for forensic purposes by two different psychiatrists (Drs Kaplan and van der Kolk). We will present three samples: a group of 22 adults who were abused in the same orphanage, 30 years before the evaluation, and two samples, of 24 and four adults, respectively of men, including four sibling pairs, who were abused by individual clergy. We will present objective test data (MMPI and CAPS), as well as clinical profiles that illustrate a range of adaptations to childhood clergy abuse in the areas of 1) memory, 2) capacity for intimacy, 3) sexual orientation, 4) self-respect, 5) attitudes to religion and 6) authority, 7) shame, and 8) caregiving of offspring. Dr van der Kolk will present psychiatric profiles, Dr Kaplan specific forensic psychiatric issues and impact of cultural issues. Paul Mones, Esq. will discuss forensic issues, and how clergy abuse affects capacity for collaboration with the legal system.

Participant Alert: Listening to the specifics of the impact of clergy sexual abuse can be quite distressing to the audience, particularly those who themselves have sexual abuse histories.

Parallel Process and Trauma Reenactments Within Training and Treatment Programs (Abstract #179998)

Panel (practice) **Waterview A/B, Lobby Level**

Hayes, Rita, MSW[1]; Pearlman, Laurie Anne, PhD[2]; Bloom, Sandra, MD[3]
[1]*Institute for Contemporary Psychotherapy, Bedford Corners, New York, USA*
[2]*Trauma Research, Education, and Training Institute, Inc, Holyoke, Massachusetts, USA*
[3]*CommunityWorks, Inc, Philadelphia, Pennsylvania, USA*

There is growing awareness that programs specializing in trauma work exhibit common dynamics. These include trauma treatment facilities and trauma training programs. The "parallel process" between clients´ trauma experiences and clinicians´ group dynamics is demonstrated in subtle but similar ways. Mutual themes for clients and clinicians focus on safety, trust, secrecy and control; and also needs for protection containment, belonging and validation.

The re-enactments trauma survivors experience are also observed in clinician re-enactments within trauma programs. The impact of group dynamics, influenced by clinicians´ personal traumatic material can result in clique formation, displaced anger, feelings of victimization, and scapegoating. There is a resonating phenomenon in which the impact of traumatic material on the clinician contributes to the "victim, perpetrator and bystander" paradigm.

Understanding the complex themes and patterns that emerge in trauma programs could minimize or prevent painful and destructive traumatic re-enactments for both clinicians and faculty, thereby potentially enhancing trauma treatment for clients. This discussion will address these themes and highlight the parallel components shared by clients, clinicians, and faculty, and organizations. We will offer the perspectives of staff, faculty, clinical supervisor and organizational consultant.

Psychology, Law, and Culture: Re-Traumatization and Re-Enactment with Torture Victims (Abstract #179835)

Panel (culture) **Grand Ballroom I and II, 3rd Floor**

Gutierrez, Gitanjali, JD[1]; Porterfield, Katherine, PhD[2]; Nguyen, Leanh, PhD[2]
[1]*Center for Constitutional Rights, New York, New York, USA*
[2]*Bellevue/NYU Program for Survivors of Torture, New York, New York, USA*

The first presenter will provide a legal perspective on the evaluation and advocacy of torture victims. She will report on her direct observations of trauma states in her work in Guantanamo, describe the conditions which traumatized the detainees, the particular re-traumatization induced by the legal process, and the agendas and difficulties aroused in attorneys during their involvement with these trauma victims.

The second panelist presents her work with vicarious traumatization in attorneys. She will describe the rationale and key components of her training protocol. Specifically, she will focus on the value of teaching the phenomenology of trauma and group processes in preparing and regulating non-clinicians in their encounter with torture victims.

The third presenter will address cultural, political as well as clinical factors implicit in trauma evaluation/advocacy projects which may lead to a re-traumatization of the subjects. In particular, she will report on her experience with evaluating former Abu Ghraib detainees in order to delineate the implicit processes by which torture dynamics are re-enacted.

These presentations will cumulatively illuminate the re-experiencing, re-traumatization, and re-enactment in trauma work so as to better curtail the toxic effects of torture.

Gender Issues for Fire Fighters: Prevention and Treatment Strategies (Abstract #179715)

Symposium (culture) **Dover A/B/C, 3rd Floor**

Brown, Laura, PhD[1]; Brasted, Thomas, MA[2]; Murphy, Beth, MA[3]; Heusler, William, MA[4]
[1]*Fremont Community Therapy Project, Seattle, Washington, USA*
[2]*Argosy University Seattle, Bothell, Washington, USA*
[3]*Argosy University Seattle and Bellevue Fire Department, Sammamish, Washington, USA*
[4]*Argosy University Seattle, Lynnwood, Washington, USA*

These presentations will review results of three studies of gender as a moderating and mediating variable for firefighters. Experiences of stress and coping and strategies for developing gender-aware interventions will be discussed.

Identity Deconstruction and Role Augmentation (IDRA): Gender-Aware Interventions for Male Firefighters
Gender has a significant influence on the meaning attributed to trauma and the evaluation that a person makes of his/her capacity to cope. Men adhering to traditional masculine gender-role norms are more likely to experience stress, including traumatic stress, reactions in situations that threaten the masculine ideal than women and men who define themselves in more flexible terms. Gender-role-conforming males are also more likely to have more limited coping repertoires, dismissing coping strategies appraised as incongruent with their gender. This relationship between gender, stress and coping is of great relevance to mental health professionals working with firefighters because of the hyper-masculine nature of firefighters´ organizational culture. This presentation discusses the findings of an outcome study of the efficacy of a new gender-aware approach to working with male firefighters, Identity Deconstruction and Role Augmentation (IDRA) therapy. IDRA, which uses gender-role analysis and narrative strategies, is aimed at reducing or preventing problematic stress reactions in firefighters via the strategy of addressing gender issues. IDRA increasing male firefighters´ coping repertoires through the deconstruction and re-evaluation of masculinity. IDRA will be described and its effectiveness in reducing gender problematic coping strategies will be discussed.

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

Taking it Like a Woman: Gender Stress and Coping in Women Firefighters

Women comprise approximately six percent of the national volunteer and career fire and emergency medical service. A large body of research on stress and coping in the fire and emergency medical services exists. However, little if any of the conclusions and recommendations can be applied to women firefighters due to the low representation of women in all samples studied. Conclusions from this research thus have limited application to women as concluding remarks of most studies often offer a disclaimer that the results are not generalized to women. This presentation describes findings from a qualitative study using grounded theory to explore women firefighter´s experience of stress related to the job and fill the gap in the research by giving women firefighters a voice of their own in expressing their perception of the stressors on the job. Relationships between gender, stress, and coping strategies as described by these women firefighters will be described. Proposals will be offered for the development of gender-informed preventative and treatment interventions for women firefighters dealing with job-related stress and trauma.

Does Gender Make a Difference? PTSD in Women Fire Service Workers

This study aims to determine what factors may contribute to gender-based differences in reactions to traumatic events in emergency service first responders. General population studies have demonstrated higher rates of PTSD in trauma-exposed women than in similar men. Other research suggests that women are exposed to less incidences of trauma and are still more prone to show posttraumatic symptoms With few exceptions research into emergency services occupations have not demonstrated that gender is related to the development of traumatic symptoms. Several studies indicate that gender made no apparent difference in traumatic stress symptoms among emergency services workers. The current study intends to fill the void in gender-aware studies about trauma response in firefighter/paramedics. It is designed to shed light on the question of whether or not gender is a vulnerability or resiliency factor for firefighter/paramedics in dealing with to traumatic events and stress symptoms based on a survey of life events designed for this study and responses on the Trauma Symptom Inventory.

Hurricane Katrina: Successes and Challenges of Child Treatment Studies Post-Disaster (Abstract #176804)

Symposium (disaster) **Waterview C/D, Lobby Level**

Salloum, Alison, PhD[1]; Scheeringa, Michael S., MD, MPH[2]; Cohen, Judith A., MD[3]

[1]School of Social Work, University of South Florida, Tampa, Florida, USA
[2]Department of Psychiatry and Neurology, Tulane University School of Medicine, New Orleans, Louisiana, USA
[3]Center for Traumatic Stress in Children & Adolescents, Allegheny General Hospital, Pittsburgh, Pennsylvania, USA

There are significant mental health needs of children post-Hurricane Katrina. Participants will learn about three treatment studies providing time-limited therapy with children post-Katrina. Preliminary outcome results will be discussed as well as successes and challenges of implementing research and services in a post-disaster environment.

Implementation and Evaluation of a Grief and Trauma Intervention for Children Post-Hurricane Katrina

Four months after Hurricane Katrina, a community-based grief and trauma intervention was implemented in three elementary schools for children ages 7 to 12 experiencing grief, loss and posttraumatic stress due to Hurricane Katrina and/or death. Local researchers and practitioners who had begun a school-based research project before the storm reorganized to provide early intervention post-disaster. In this study, 56 children were randomly assigned to individual or group treatment which consisted of a ten week grief and trauma intervention with a parent meeting. Measures of disaster-related exposure, posttraumatic stress symptoms, depression, traumatic grief, and distress were administered pre and post intervention and at a three week follow-up assessment. Children reported significant decreases in posttraumatic stress, depression, and traumatic grief symptoms and global distress over time. Data suggests that treatment was effective using either modality. The strengths and limitations of this study will be discussed. In addition, challenges as well as key factors for the successful implementation of this project in a post-disaster context will be discussed.

Challenges and Efficacy of a CBT Treatment Study with Hurricane Katrina Preschool Children

Preliminary findings from an ongoing NIMH-funded R34 exploratory study will be presented on the feasibility of a new 12-session CBT manual for treating PTSD in 3-6 year-old children. This study started prior to Hurricane Katrina, but it evolved with natural events into treating the victims of this disaster. The complex, multi-stage, and still-lingering nature of this disaster posed challenges for creating trauma narratives, stimulus hierarchies, and graded exposures for homework. The first group of approximately 10 completers showed over 60 percent PTSD symptom reduction. Primary caregivers are involved in every aspect of the childrens' treatments, but did not improve markedly, as expected. Thus, the children´s improvements occurred despite extremely high levels of parental symptomatology. Systematic feasibility data showed that 90 percent of children understood the concept of PTSD items, over 90 percent were able to self-identify negative feelings, over 80 percent produced coherent trauma narratives on the first try, and 100 percent showed meaningful cooperation with exposure homework. Success at reducing co-morbid disorders will also be presented and discussed. Despite the challenges of working with preschool children and the complexity of the Hurricane Katrina disaster, the early data suggests that this 12-session CBT manual is both feasible and effective for preschool children.

Trauma-Focused CBT for Children after Hurricane Katrina

A large proportion of children who agreed to screening in New Orleans schools in 2006-2007 had significant PTSD symptoms. As part of Project Fleur-de-Lis and a pilot project funded by NIMH, over 120 children in three schools were randomly assigned to one of two treatments, Cognitive Behavioral Interventions for Trauma in Schools (CBITS) a group treatment provided in school, or Trauma-Focused CBT (TF-CBT), an individual treatment provided conjointly to children and their parents in clinic settings. The aims of this pilot project were to attempt to develop an algorithm for assigning children to different levels of intervention based on symptoms and a variety of other known risk factors following disaster exposure. This presentation will describe preliminary findings but will focus primarily on the challenges and successes of providing clinic- based treatment to children and families following a disaster which devastated their communities. Case presentations will include children whose primary trauma was Katrina as well as those who had experienced multiple previous traumas. Finally, the presentation will discuss how therapists managed the stress of providing treatment to children whose traumatic experiences during Katrina were very similar to their own.

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

Risk Factors for PTSD and Healthcare Utilization Among National Samples of Military Veterans (Abstract #179454)

Symposium (clin res) **Grand Ballroom III and IV, 3rd Floor**

Richardson, Donald, MD[1]; Fikretoglu, Deniz, PhD[2]; Elhai, Jon, PhD[3]; *Liu, Aihua, MA, MSc[2]; Naifeh, James, MA[3]; Grubaugh, Anouk, PhD[4]; Egede, Leonard, MD[4]; Creamer, Mark, PhD[5]*

[1]*University of Western Ontario, Veterans Affairs Canada, Hamilton, Ontario, Canada*
[2]*McGill University, Montreal, Quebec, Canada*
[3]*Disaster Mental Health Institute, Vermillion, South Dakota, USA*
[4]*Medical University of South Carolina, Charleston, South Carolina, USA*
[5]*University of Melbourne, West Heidelberg, Victoria, Australia*

This symposium will explore risk factors for both PTSD and healthcare utilization in Canadian and U.S. veterans. Presentations will address risk factors and healthcare use predictors among different veteran populations. The robust effects of trauma and illness in predicting healthcare use are demonstrated.

PTSD and Associated Risk Factors in Canadian Peacekeeping Veterans with Health-Related Disabilities

This study investigated posttraumatic stress disorder (PTSD) and its associated risk factors in a random, national Canadian sample of United Nations peacekeeping veterans. Participants included 1016 male veterans (age < 65 years) who served in the Canadian Forces from 1990 to 1999, selected from a larger random sample of 1968 veterans who voluntarily completed an anonymous general health survey conducted by Veterans Affairs Canada in 1999. Survey instruments included the PTSD Checklist-Military Version (PCL-M), Center for Epidemiological Studies-Depression Scale (CES-D), and questionnaires regarding life events in the past year, current stressors, sociodemographic characteristics, and military history. We found that rates of "probable" PTSD (PCL-M scores > 50) among veterans was 10.92 percent for veterans deployed once and 14.84 percent for those deployed more than once. The rates of "probable" clinical depression (CES-D score > 16) was 30.35 percent for veterans deployed once and 32.62 percent for those deployed more than once. We found that in multivariate analyses, "probable" PTSD rates and PTSD severity were associated with younger age, being unmarried and number of deployments. PTSD is an important health concern in the veteran population. Understanding such risk factors as younger age and unmarried status can help predict morbidity among trauma-exposed veterans.

Medical and Mental Healthcare Utilization Correlates Among Military Veterans

We examined sociodemographic, war zone, access and illness correlates of outpatient medical and mental healthcare utilization among a national sample of U.S. veterans. Participants were 20,048 nationally representative participants completing the 2001 National Survey of Veterans. Outcomes were healthcare use variables for the past year, including the number of Veterans Affairs (VA) and non-VA outpatient healthcare visits, and whether VA and non-VA mental health treatment was used. Univariate results demonstrated that numerous sociodemographic, war-zone-related, access and illness variables correlated with both VA and non-VA healthcare use intensity and mental healthcare use. In multivariate analyses, demographic, war-zone, access and illness variables demonstrated significant associations with both types of healthcare use, but accounted for more variance in mental healthcare use. Illness variables provided an additive effect over demographic/war-zone and access variables in accounting for medical and mental healthcare use. The results demonstrate that illness remains an important factor that drives healthcare use among veterans and does not seem to be overshadowed by socioeconomic or war-related factors.

Predictors of Mental Health Service Use Intensity in an Active Military Sample with Significant Trauma Exposure

Service use research to date in traumatized military populations has focused on service use likelihood rather than service use intensity. This study aimed to identify demographic, military and clinical correlates of mental health service use intensity in military members with significant trauma exposure using data from the first epidemiological survey of mental health in the Canadian Forces (N=8441). The outcome variable was the total number of visits to mental health professionals seen in the past year. Zero-inflated negative binomial regression, a regression analysis for count data, was used to examine univariate and multivariate associations between potential predictors and the outcome. Results indicated that there were significant univariate associations between demographic, military, and clinical variables and the outcome. Results also indicated that 1) after controlling for demographic and military variables, clinical variables (mood and anxiety disorders) added incrementally to variance in service intensity, and that 2) most of the variance in service intensity was explained by clinical (14 percent) rather than demographic and military variables (4 percent). These findings extend service use research in trauma-exposed military populations, addressing service use intensity, and highlight the importance of mental health variables in predicting service intensity in such populations.

Papers

Resiliency, Disability, Spirituality, and Intervention

Essex, 4th Floor

Chair: Susan Timmer, PhD, University of California, Davis, Sacramento, California, USA

Trauma Exposure and Religiousness/Spirituality in Cancer Survivors (Abstract #179601)

Paper Presentation (clin res)

Park, Crystal, PhD[1]; *Fenster, Juliane, MPH[1]; Edmondson, Donald, MA[1]; Blank, Thomas, PhD[1]*

[1]*University of Connecticut, Storrs, Connecticut, USA*

Recent research has documented powerful influences of religion/spirituality (R/S) focusing on individuals´ coping with trauma. However, relatively few studies have examined the other direction of these factors, the effects of trauma on subsequent dimensions of R/S. The present study examined the effects of lifetime exposure to traumatic events on current R/S beliefs and behaviors as well as religious attributions for a current stressful experience, cancer. Participants were 250 younger adult cancer survivors (M time since treatment completion = 1.6 years; age = 18-50 (M = 45.2), 88 percent Caucasian, 68 percent women). Results indicated that lifetime exposure was unrelated to general aspects of R/S including beliefs in God and afterlife, meaning in life, spiritual comfort, and spiritual and existential well-being. On the other hand, trauma exposure was positively related to spiritual struggle, particularly feelings of abandonment by God and also to higher levels of private religious behavior, particularly prayer, but not to public religious behavior such as service attendance. Regarding cancer attributions, higher trauma exposure was related to a stronger belief that God was in control, particularly an angry God. These results suggest that trauma exposure influences subsequent religiousness and spirituality in complex ways; these effects vary across R/S dimensions.

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

Child Sexual Abuse Affects Adult Relationships Via Resiliency Resources and Psychological Distress (Abstract #179606)

Paper Presentation (clin res)

Lamoureux, Brittain, MA[1]; *Palmieri, Patrick, PhD[2]; Hobfoll, Stevan, PhD[1]*
[1]*Kent State University, Kent, Ohio, USA*
[2]*Summa Health System, Akron, Ohio, USA*

Women who have experienced child sexual abuse (CSA) often experience increased problems in general interpersonal functioning and intimate relationships. This study sought to extend previous research by investigating potential mechanisms through which CSA affects adulthood relationships. We hypothesized that the impact of CSA on both general and intimate relationship outcomes would be mediated through women´s resiliency resources (i.e., self-esteem and self-efficacy) and psychological distress (i.e., depressive and posttraumatic stress symptoms). A sample of 460 women was recruited from two OB/GYN clinics serving primarily low-income, inner-city populations. General interpersonal problems were measured via recent loss of interpersonal resources, perceived social support, and recent social conflict. Intimate partner risk was assessed via women´s confidence asserting safe sex practices and perceived barriers to safe sex. A partial structural equation model fit the data well (CFI=.96, RMSEA=.06, SRMR=.04). Supporting the hypotheses, the direct effect of CSA on outcomes was negligible, whereas the indirect effects through resiliency resources and psychological distress were significant. These findings suggest that the experience of CSA may undermine women´s personal resilience and psychological functioning which, in turn, negatively impact adulthood interpersonal relationships.

Depression After Minor Injury Increases Disability (Abstract #179902)

Paper Presentation (clin res)

Richmond, Therese, PhD[1]; *Amsterdam, Jay, MD[2]; Hollander, Judd, MD[2]; Gracias, Vicente, MD[2]; Guo, Wensheng, PhD[2]; Ackerson, Theimann, MSW[1]*
[1]*School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, USA*
[2]*School of Medicine, University of Pennsylvania, Pennsylvania, USA*

The purposes were to ascertain the frequency of post-injury depression and to test the hypothesis that patients with depression have higher levels of disability at six months post-injury than those without depression. 275 patients who received care in an emergency department for minor injury were enrolled. Patients with a major depression or Axis I psychotic disorder were excluded. A psychiatric history/structured interview was obtained within two weeks. Diagnostic interviews were conducted at three & six months post-injury. Both DSM IV diagnosed disorders and clinically significant symptoms were of interest. Primary outcomes of disability and QOL were obtained at six months. Findings are reported on 234 patients (57 percent black, 40 percent white; 40.4yrs). Forty-nine participants (20.9 percent) had depression or significant symptoms. Twenty-eight (12 percent) had PTSD or significant symptoms. Six (2.6 percent) had alcohol/drug dependence, and eleven (4.7 percent) had anxiety symptoms. Pre-injury disability, age, gender, race, ethnicity, marital status, education, employment and injury type were entered into regressions prior to depression status. Significant differences at six months on all disability and QOL measures were found between depressed and non-depressed groups ($p<.05$). Depression has a negative effect on recovery after minor injury, suggesting it is important to assess and treat this morbidity.

[Funder: RO1MH63818]

PCIT as an Intervention for Traumatized Young Children (Abstract #179404)

Paper Presentation (clin res)

Urquiza, Anthony, PhD[1]; *Timmer, Susan, PhD[2]; Zebell, Nancy, PhD[2]*
[1]*University of California, Davis, Sacramento, California, USA*
[2]*Pediatrics, University of California Davis, Sacramento, California, USA*

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program initially developed to assist parents whose children have severe behavioral problems (e.g., aggression, non- compliance, defiance, temper tantrums). During the last decade, PCIT has been recognized as an evidence-based practice for abusive and neglecting families. Initial research at this agency suggests that PCIT also may help alleviate traumatic symptoms in young children. These gains may be the result of behavioral mechanisms that reduce externalizing symptoms often manifest in traumatized children (e.g., behavioral disruption, anger management). Gains also may be result from more indirect effects of this treatment such as the increased quality and consistency of the of the parent-child relationship.

This presentation will report the results of an empirical examination of the benefits of PCIT in alleviating traumatic symptoms in a sample of maltreated young children (ages 3 to 8 years). Preliminary analyses of parents´ reports of children´s traumatic symptoms from pre- to post-treatment showed significant improvements on all traumatic symptom indicators except sexual concerns. We will discuss the significance of our findings with respect to possible mechanisms of change in PCIT.

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

Thursday, November 15
9:30 a.m. – 10:45 a.m.

Keynote

The Imprint of Trauma: On Minds, Bodies, Lives and Societies (Abstract #181156)

Keynote (prev) | **Grand Ballroom VI - X, 3rd Floor**

Campbell, Jacquelyn, PhD, RN, FAAN[1]
[1]Johns Hopkins University, Baltimore, Maryland, USA

This address will highlight some of the most recent research on how trauma affects our minds and bodies as well as some of the global research on trauma experiences and effects. This overview will include emerging issues such as research on the interface of violence, trauma and HIV/AIDS biologically as well as behaviorally, and how the risks of PTSD in our own returning military, indigenous and refugee populations all over the world threaten both our health and families in terms of increased violence. This background of research findings will be used as a basis for suggesting collaborative strategies for the prevention of violence and trauma and its effects.

Jacquelyn Campbell, PhD, RN is the Anna D. Wolf chair and a professor in the Johns Hopkins University School of Nursing with a joint appointment in the Bloomberg School of Public Health. Her BSN, MSN and PhD are from Duke University, Wright State University andthe University of Rochester, respectively. Dr. Campbell has conducted advocacy policy work and research in the area of domestic violence since 1980. She has been the PI of 10 major NIH, NIJ or CDC research grants, and has published more than 150 articles and seven books on this subject. An elected member of the Institute of Medicine and the American Academy of Nursing, Dr. Campbell is on the boards of directors of the Family Violence Prevention Fund and the House of Ruth Battered Women's Shelter. She was also a member of the Congressionally-appointed U.S. Department of Defense Task Force on Domestic Violence. Dr. Campbell was named the 2005 American Society of Criminology Vollmer Award recipient, and received the 2006 Friends of the National Institute of Nursing Research Pathfinder award. For the 2005-2006 academic year, she served as the Institute of Medicine/American Academy of Nursing/American Nurses' Foundation scholar in residence.

Concurrent Session 2
Thursday, November 15
11:00 a.m. – 12:15 p.m.

Trauma Risk Management (TRiM) - An Organizational Approach to Traumatic Stress (Abstract #179416)

Master Clinician (practice) | **Dover A/B/C, 3rd Floor**

Greenberg, Neil, BSc, BM, MMedSc, DOccMed, MRCPsych[1]; *March, Cameron, DipCouns*[2]
[1]King's College London, London, United Kingdom
[2]Royal Navy, Portsmouth, United Kingdom

Previous reactive single session models of post-incident interventions are ineffective. However, organizations have moral, economic and legal reasons to support staff after work related incidents. The UK´s National Institute for Clinical Excellence (NICE) PTSD management guideline encourages not "making a meal" of "normal" post incident distress. For most individuals, distress is not a medical problem needing a complex intervention. NICE suggests "watchful waiting" for the first month after an incident. TRiM is a "NICE-compliant" model of peer group traumatic stress management which aims to keep employees functioning after traumatic events. TRiM also aims to signpost those who require it to professional sources of help. TRiM thus aims to empower organisations by promoting a proactive and resilient stance to the effects of potentially traumatic events. TRiM has been extensively used within the UK military, diplomatic services, emergency services and security companies. Organisations which use TRiM report that it also helps organisations adopt a more "stress-competent" attitude to personnel management.This master presentation will explain the TRiM model through the use of a realistic scenario. As the scenario unfolds, participants will partake in assessing role-played characters and see TRiM in action. The presentation is ideal for all levels of experience.

Participant Alert: Mildly distressing video scenes will be shown.

Perspectives on Interventions, Services/Dissemination Research, & Policy: Informing Prevention (Abstract #179684)

Panel (prev) | **Essex A/B/C, 4th Floor**

Oliver, Karen, PhD, MPH[1]; Chambers, David, DPhil[2]; Zatzick, Douglas, MD[3]; Berliner, Lucy, MSW[4]; *Hoagwood, Kimberly, PhD*[5]
[1]Division of Services and Interventions Research Program Officer, National Institute of Mental Health, Bethesda, Maryland, USA
[2]Associate Director, Dissemination and Implementation Research Program, National Institute of Mental Health, Bethesda, Maryland, USA
[3]Psychiatry & Behavioral Sciences, University of Washington, Seattle, Washington, USA
[4]Harborview Center for Sexual Assault and Traumatic Stress, University of Washington, Seattle, Washington, USA
[5]Division of Services and Policy Research, Columbia University, New York, New York, USA

Advances have been made in developing more effective primary and secondary preventive trauma-focused interventions and services. Nonetheless, challenges remain in the widespread implementation and dissemination of these interventions in real-world practice settings. This panel discussion brings together a diverse group of stakeholders including front-line clinical providers, academic clinician-investigators and National Institute of Mental Health program staff to discuss linkages between practice, research and policy in trauma-focused prevention. Brief presentations by the panelists will provide an overview of traumatic stress-related mental health services research, interventions and dissemination research, and real world practice considerations. Case studies of ongoing dissemination efforts including nationwide policy mandates for preventive interventions will be succinctly presented with the aim of stimulating discussion. The panel will highlight the potential for integration across preventive intervention development, mental health services research, and real world practice. The overarching objective of the

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

panel is to stimulate a dialogue about how research and practice can better inform each other in traumatic stress studies. Ample time will be available during the session for audience participation and discussion.

Healing Relationships in the Shadow of War: Couples Therapy with Veterans/Soldiers with PTSD (Abstract #179314)

Panel (practice) **Grand Ballroom I and II, 3rd Floor**

Weissman, Neil, PsyD[1]; Monson, Candice, PhD[2]; Sautter, Frederic, PhD[3] Rheem, Kathryn, LGMFT[4]
[1]Baltimore VA Medical Center, Baltimore, Maryland, USA
[2]VA National Center for PTSD, Boston, Massachusetts, USA
[3]New Orleans VA Medical Center, New Orleans, Louisiana, USA
[4]Private Practice, Chevy Chase, Maryland, USA

The trauma of war impacts not only on the psychological life of the soldier but often deeply affects their intimate relationships. Distressed relationships can aggravate the symptoms of PTSD and impede the veteran's individual recovery. Conversely, a supportive partner relationship is associated with psychological improvement and reduction in the symptoms of PTSD. The panel will discuss three approaches to couples therapy with combat trauma survivors. Dr. Monson will describe Cognitive-behavioral Conjoint Therapy for PTSD, a time-limited intervention that is designed to reduce PTSD symptoms and improve relationship functioning by addressing overlapping cognitive and behavioral mechanisms that maintain both issues. Dr. Sautter will present Strategic Approach Therapy, a behavioral approach to working with couples with a focus on reducing avoidance and numbing behaviors and facilitating caring behaviors and positive feelings. Ms. Rheem and Dr. Weissman will present on Emotionally Focused Therapy, an empirically validated therapy based on attachment theory whose goal is to foster a secure emotional bond between the partners which allows for healing and recovery for the couple dealing with trauma. The panel will consider the success and challenges of the various approaches by discussion of clinical cases which exemplify the relevant issues.

Trauma-Related Cognitions and Distress: Empirical Considerations for Intervention and Prevention (Abstract #179807)

Symposium (clin res) **Waterview A/B, Lobby Level**

DePrince, Anne, PhD[1]; *Chu, Ann, MA[1]; Zurbriggen, Eileen, PhD[2];* Godbout, Natacha, MPs[3]; *Runtz, Marsha, PhD[4];* Ellis, B.H., PhD[5]; Owens, Gina, PhD[6]; *Chard, Kathleen, PhD[7]*
[1]University of Denver, Denver, Colorado, USA
[2]University of California, Santa Cruz, Santa Cruz, California, USA
[3]Université Laval, Quebec City, Quebec, Canada
[4]University of Victoria, Victoria, British Columbia, Canada
[5]Boston University, Boston, Massachusetts, USA
[6]University of Tennessee, Knoxville, Tennessee, USA
[7]Cincinnati VA Medical Center, Cincinnati, Ohio, USA

This symposium explores connections between trauma-related cognitions and posttraumatic distress. Findings from diverse samples (including both adults and children exposed to a wide range of traumas) will be presented and implications for prevention and intervention will be discussed.

Posttraumatic Appraisals in Relation to Trauma Exposure Type, Symptoms and Revictimization Risk

While theorists have long identified fear as critical to the onset and maintenance of PTSD, recent research suggests that other appraisals (e.g., betrayal, anger, shame) may also contribute to distress. In fact, posttraumatic appraisals offer a promising avenue for understanding the diverse outcomes (e.g., depression) associated with trauma. The current study examined links between event types, symptoms, and appraisals (e.g., fear, anger, shame/self-blame, betrayal) in an ethnically diverse community sample of adults (N=117) using the Traumatic Appraisal Questionnaire. For both retrospective and current ratings, interpersonal violence was associated with significantly higher scores on all appraisal scales than non-interpersonal events; effect sizes were generally large. While higher levels of depression and PTSD symptoms were associated with interpersonal violence exposure, shame/self-blame at the time of the event mediated this relationship. Appraisals of fear, shame/self-blame, and betrayal now explained unique variance in symptoms. Retrospective reports of shame/self-blame at the time of the event also predicted the number of victimizations by different perpetrators (revictimization). Findings will be applied to intervention considerations, with particular emphasis on shame and self blame in the context of prevention efforts to decrease revictimization risk.

Meaning-Making as a Constructive Process of Recovery Following Childhood Maltreatment

The heterogeneity of symptoms observed across individuals following childhood maltreatment emphasizes the importance of understanding the complexity of survivors´ recovery. Clarification of this process can assist clinicians in their efforts to promote positive adjustment. Researchers have demonstrated that survivors who are able to develop a meaningful understanding of their traumatic experience fare better than those who do not (Leahy et al., 2003). This talk explores the theoretical basis of the concept of meaning-making after trauma. Data are presented to examine the dimensions of meaning-making and to explore its role as a mediator of the link between maltreatment and trauma symptoms. Based on a need for a comprehensive measurement tool to assess meaning-making, the Finding Meaning After Trauma questionnaire was developed: it includes dimensions such as attribution of responsibility, trauma and identity, and achieving meaning through action, to assess both the comprehensibility and personal significance of the event. A sample of adults completed questionnaires assessing child abuse, meaning-making and trauma related symptoms (using the newly revised TSI-2; Briere, 2007). Theoretical propositions about the process of meaning-making following trauma are presented, links between meaning-making and psychosocial outcomes are explored, and practical implications are discussed.

Perceptions of Discrimination in Traumatized vs. non Traumatized Somali Refugee Adolescents

This study examines whether experiencing a traumatic event places one at risk of perceiving increased discrimination. Somali adolescent refugees are at risk for experiencing discrimination for a variety of reasons, such as race, religion, or being an immigrant. In addition, many refugees have experienced trauma. We hypothesized that Somali adolescent refugees who endorsed having experienced a criterion A2 traumatic event would also endorse greater perceived discrimination. 122 Somali adolescent refugees resettled in New England were recruited via snow-ball sampling to participate in a structured interview between 2004 and 2006. Eighty-six participants endorsed experiencing a criterion A2 trauma. Using independent sample t-tests, traumatized youth reported significantly higher levels of perceived every day discrimination ($t(122) = -3.64$, $p < .001$) as well as higher emotional distress in response to discrimination ($t(120) = 2.69$, $p<.001$). Results support the idea that traumatized individuals are more likely to perceive discrimination in their day to day lives, and to respond emotionally to this discrimination. Results are discussed in terms of importance of considering social factors such as perceived discrimination in prevention programs for traumatized refugee youth.

Evaluating Veterans' Change in Cognitions Following CPT

In this presentation the authors will discuss changes in Veterans cognitions after attending a 7 week residential PTSD program. The treatment program combines group and individual Cognitive Processing Therapy and includes group therapy focusing on topics such as anger management and self-defeating behaviors. One hundred and three veterans were screened upon admission to the pro-

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gram and again at discharge. Participants completed self-report measures including the Cognitive Distortions Scale (CDS), Trauma-Related Guilt Inventory (TRGI), and Beck Depression Inventory, and were interviewed using the Clinician Administered PTSD Scale. Seventy-eight percent of respondents were male and 22 percent were female. Sixty-seven percent of participants served in the Vietnam War era, 19 percent post-Vietnam War, 12 percent Persian Gulf War, and 1 percent Afghanistan. Sixty-one percent of the sample was Caucasian, 38 percent African-American, and 1 percent Native American. For the entire sample, significant differences were found between pre-treatment and post-treatment levels of maladaptive cognitions (i.e., self-criticism, self-blame, helplessness, hopelessness, and preoccupation with danger) on the CDS. No significant differences were found from pre- to post-treatment on the TRGI. Initial findings suggest that using CPT in this setting can be a successful way to treat PTSD as well as the related cognitions.

Violence Transformed: Challenging the Prevalence of Violence in Contemporary Society (Abstract #179600)

Symposium (prev) **Waterview C/D, Lobby Level**

Hamm, Barbara, PsyD[1]; Tobey, Ann, PhD[2]; Shirland, Jon, PhD[3]; ***Harvey, Mary, PhD***[4]

[1]*Department of Psychology, Cambridge Health Alliance, Victims of Violence Program, Somerville, Massachusetts, USA*

[2]*Juvenile Justice and Youth Adocacy Program, Wheelock College, Boston, Massachusetts, USA*

[3]*Royal Academy of the Arts, Brookline, Massachusetts, USA*

[4]*Department of Psychology, Victims of Violence Program, Cambridge Health Alliance, Somerville, Massachusetts, USA*

An ecological understanding of violence and violence prevention proposes that the causes of violence, and the ability of societies to overcome violence, reside in the dynamic relationship between a community and all of its members. Art is perhaps the most effective form of intervention we have.

Life Worth Remebering: Images from Four Street Memorials

Interventions to enhance that relationship between a community and its members can effect social change. Art is perhaps the most effective form of intervention we have, and one of the keystones in building more healthy environments. Designed as part of National Crime Victims Rights Awareness Week, the exhibition, Violence Transformed, is a collaboration between artists, activists, museum professionals and community service providers. This symposium will highlight several of the creative contributions to the exhibit, Violence Transformed as responses to contemporary violence.

The exhibit "Life Worth Remembering: Images from Four Street Memorials" represents a collaboration by five individuals and consists of over 50 photo and digital art images, composites and constructions. These images have been compiled from the sites of street memorials erected for youth who have been murdered in Boston over the last several months and from news reports surrounding those events. The show was designed to help all who attended to feel the importance of each of the young people who died a violent death and to empathize with the subsequent ripples of losses and traumas suffered by loved ones and communities. Ann Tobey will discuss how memorials help individuals express and manage their sorrows and how grieving people come to terms with the experience of loss and the death of youth.

Memorials: Official and Folk Art

The relationship between official memorials and unofficial folk artworks in public spaces that address issues of violence, honor victims and foster healing will be discussed by Jon Shirland. He will assess the visual vocabularies and rhetoric they draw upon in generating a meaningful public art and the challenges they face in combining social commentary/protest with commemorative and mourning ritual functions. He will use as source material the anti-violence public mural projects orchestrated by Mark Cooper, shrines to homicide victims and soldiers killed in combat by Gail Bos, the Faces of Survivors Project, the Boston Peace Garden and other submissions for the Violence Transformed Exhibit.

Violence Transformed: Transformation through Collaboration

The Cambridge Health Alliance, a consortium of three public hospitals and multiple community health centers is also the home to the Victims of Violence Program, a co-sponsor of the Violence Transformed Exhibit. In concert with the main exhibit at the State House in Boston, The VOV sponsored an exhibition of Poster and Postcard Art throughout sites within the Alliance. A call for submissions was sent out to all employees, staff throughout the Alliance and included patients at one health center. Although some submissions were sent in by individuals, group participation was encouraged to facilitate dialogue which not only identified a problem but also offered solutions or pathways to solutions. Interactive exhibits which encouraged both employees and patients to contribute to an evolving map of resources and to challenge the prevalence of violence also served as a clarion call to action. Barbara Hamm will discuss how the collaborative and interactive nature of this project contributed to increased community cohesion and renewed commitment to violence prevention within this setting.

Participant Alert: We will be discussing loss and traumatic grief.

Papers

Special Populations: Rape Victims and Cross-Cultural Issues

Grand Ballroom VI, 3rd Floor

Chair: Dean Kilpatrick, PhD, Psychiatry Dept., Medical University of South Carolina, Charleston, South Carolina, USA

Rape in America Revisited: A 15-Year Update (Abstract #180022)

Paper Presentation (culture)

Kilpatrick, Dean, PhD[1]; ***Resnick, Heidi, PhD***[1]

[1]*Psychiatry, Medical University of South Carolina, Charleston, South Carolina, USA*

Obtaining accurate information about the prevalence and mental health impact of rape is neccessary for sound public policy as well as for developing sound criminal justice and mental health strategies for addressing the problem of rape. In 1992, a report was released describing the lifetime prevalence and mental health impact of forcible rape among a national probability sample (N=4008) of adult U.S. women (Kilpatrick, Edmunds, & Seymour, 1992). This study found that one adult woman in eight had been a victim of forcible rape, that over 60 percent of rape cases occured before age 11, and that rape increased risk of PTSD, depression, and substance use disorders. This presentation and the data it describes address the following questions. Has the prevalence of rape changed over the past 15 years? Has the prevalence of mental disorders changed? Is rape still a major risk factor for PTSD, depression, and substance use disorders? In an epidemological study funded by the National Institute of Justice, a new national probability sample of U.S. adult women (N=3000) was interviewed using virtually identical measures. Findings indicate that rape prevalence has not decreased, mental disorders remain prevalent, and rape remains a major risk factor for mental disorders.

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Latinas & Domestic Violence: Trauma, Resilience and Mental Health (Abstract #180062)

Paper Presentation (culture)

Perilla, Julia, PhD[1]
[1]Georgia State University, Atlanta, Georgia, USA

Domestic violence always occurs within a historical and socio-political environment that is framed by the culture or cultures in which it occurs. This presentation will explore the relation between domestic violence and mental health in Latina women and the manner in which their individual history and the cultural codes that are part of their socialization affect the way they experience the violence, their response strategies, their decisions to seek help, and their mental health outcomes. This paper will present a critical overview of the extent to which current literate helps us to understand the experience of domestic violence and trauma in Latinas who have been battered and will point to the gaps still found in the scholarship offered about this population. The presentation will highlight emerging literature on resilience in survivors of domestic violence and will draw from 17 years of experience of intervention work with Latina survivors. Socio-cultural elements of special relevance to Latinas´ experience of domestic violence, trauma, and mental health will be discussed, as well as assessment and treatment issues and their implications for research, policy and practice.

Second Generation Effects of Trauma Stemming from the Khmer Rouge Regime (Abstract #179585)

Paper Presentation (culture)

Field, Nigel, PhD[1]; *Kim, Thida, BA[2]; Om, Chariya, BA[2]; Vorn, Sin, BA[2]*
[1]Pacific Graduate School of Psychology, Palo Alto, California, USA
[2]Royal University of Phnom Penh, Cambodia

The study of second generation effects of trauma among survivors of the Khmer Rouge (KR) regime from 1975 to 1979, in which up to 25 percent of Cambodians died, is of high present-day relevance in knowing that approximately 70 percent of the current Cambodian population are second generation. This study presents results from a sample of 200 high school students in Phnom Penh, Cambodia that addresses the psychological effects of growing up with parents who survived the KR regime, using an structured interview-based and small group data collection format. The measures included parents´ trauma exposure during the KR regime, parents´ open and indirect as well as guilt-inducing communication about their experiences during the KR regime, childrens´ perception of the extent to which their parents continue to exhibit trauma symptoms related to the KR era, parents´ tendency to engage in role reversing and overprotective parenting styles, and assessment of childrens´ depressive and anxiety symptoms. It was found via a path analysis that parents´ communication and parental styles were significant mediators of the impact of parents´ KR-related trauma symptoms on their child´s levels of depression and anxiety. The implications of the findings are discussed in the context of the broader literature on second generation effects of trauma.

The Effect of PTSD Psychoeducation on the Severity of Symptoms in a Burundian Sample (Abstract #179692)

Paper Presentation (culture)

Yeomans, Peter D., MS[1]; *Herbert, James, PhD[1]; Forman, Evan M., PhD[1]*
[1]Drexel University, Philadelphia, Pennsylvania, USA

The diagnosis of Posttraumatic Stress Disorder (PTSD) has been increasingly applied in diverse cultural settings, even while the validity of the construct sparks controversy and debate. Argument continues over the degree to which the symptoms of PTSD are biologically based and therefore relatively universal or are culturally constructed. Emerging data suggest that reactions to trauma may be in part a function of prevailing cultural narratives regarding normative responses to adversity. It was hypothesized that rural, indigent Burundian participants in an interethnic intervention that included PTSD psychoeducation would report greater PTSD symptoms than their counterparts in the same intervention without PTSD psychoeducation. Preliminary descriptive data indicated that prior trauma workshop days (B = .28, p < .01), and trauma-related reading (B = .23, p < .05), but not trauma-related radio exposure, significantly predicted PTSD symptoms when controlling for event history. Treatment outcomes for this inter-ethnicity reconciliation intervention will also be provided. The implications of the findings are discussed, especially in relation to the validity of the PTSD construct in non-Western settings.

Papers

Disaster and Mass Violence
Grand Ballroom VII - X, 3rd Floor

Chair: Judy Kuriansky, PhD, Clinical Psychology, Columbia University Teachers College, New York, New York, USA

Targeting Helpers in the Aftermath of Disasters: Evaluation of an Ecological Intervention (Abstract #179512)

Paper Presentation (commun)

Yoder, Matthew, MA[1]; *Axsom, Danny, PhD[1]*
[1]Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

The STAR program is an ecologically-based intervention designed in the aftermath of 9/11 to help both domestic and international helpers from communities affected by disaster. The program is multifaceted and draws on principles of peacebuilding, restorative justice, and trauma-healing; it includes participants from both natural and civil disasters. This paper reports initial findings from an evaluation of the STAR program based on qualitative and quantitative pre/post data covering three separate training sessions and roughly 65 participants. Changes in skill use and distress levels of the helpers from pre to post interventions were the main outcome measures. Mediators tested include changes in knowledge and attitudes, and social support during intervention. Several moderators were also tested, including type of helper, type of disaster, and number of prior traumas. Preliminary findings suggest the intervention is successful in decreasing distress and increasing skill use of helpers. The paper is relevant for the emerging but under-researched area of ecological interventions, which tend to emphasize training and support of existing helpers form an affected community rather than reliance on outside helpers (Miller & Rasco, 2004).

Trauma for Palestinians and Israelis and Grassroots Psychosocial Peacebuilding Projects (Abstract #180046)

Paper Presentation (commun)

Kuriansky, Judy, PhD[1]
[1]Clinical Psychology, Columbia University Teachers College, New York, New York, USA

This presentation covers the problems of women, children and families causing psychosocial trauma for both Palestinians and Israelis, including personal accounts and research studies. It also covers solutions to these problems, which are being offered through grassroots projects where brave civilians from both sides are working together for peace. Unique projects will be described which are based on mutual respect, understanding and cooperation and bring peace to the people´s lives and the region. Some videotape examples will be shown. The People2People projects cover a broad range of activities and age groups. These projects show how cooperation is possible in such a seemingly intractable conflict, and give vivid examples of current attempts to bridge cultural divides that can serve as models for other cultures. Successes of the programs, as well as pitfalls and problems causing blocks to their effectiveness, are explored. Despite dangers from the current political situation and funding challenges, these programs have been shown to be sus-

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tainable and new ones are evolving all the time. The projects are inspiring and serve as a model for achieving peace between real people despite all odds. The presenter is a clinical psychologist who has spent time in the region, has written books about these issues and is an expert in trauma recovery.

NIH Priorities and Funding Opportunities for Traumatic Stress Research (Abstract #179506)

Workshop (clin res) **Grand Ballroom III and IV, 3rd Floor**

Tuma, Farris, ScD[1]; **Maholmes, Valerie, PhD[2]; Ferrell, Courtney, PhD[1]; Reider, Eve, PhD[3]; Freeman, Robert, PhD[4]**

[1]National Institute of Mental Health/NIH/DHHS, Bethesda, Maryland, USA
[2]NICHD/NIH/DHHS, Bethesda, Maryland, USA
[3]NIDA/NIH/DHHS, Bethesda, Maryland, USA
[4]NIAAA/NIH/DHHS, Bethesda, Maryland, USA

This workshop will discuss NIH funding priorities and opportunities for domestic and international traumatic stress research for diverse child, adolescent and adult populations. After an initial presentation from representatives from NIMH, NICHD, NIDA and NIAAA on current NIH grant opportunities for research investigators, presenters will describe strategies for success. Mechanisms for junior research investigators, clinical researchers, services research, dissemination, epidemiology, treatment, exploratory and intervention development, research on disasters and translational research will be highlighted. Participants will have the opportunity to meet with scientific program staff in small groups for individualized feedback meetings on their research ideas and proposals after the initial presentations.

Concurrent Session 3

Thursday, November 15
2:00 p.m. – 3:15 p.m.

Preventing Genocide (Abstract #184339)

Panel (prev) **Grand Ballroom VI, 3rd Floor**

Danieli, Yael, PhD[1]; **Nsengimana, H.E. Joseph, PhD[2]; Williamson, Clint, JD[3]; Mendez, Juan, Advocate[4]; Murakatete, Jacqueline, BA[5]**

[1]Group Project for Holocaust Survivors and their Children, New York, New York, USA
[2]United Nations, New York, New York, USA
[3]US Department of State, Washington, District of Columbia, USA
[4]International Center for Transitional Justice, New York, New York, USA
[5]Jacqueline´s Human Rights Corner and Author, New York, New York, USA

The United States and its European allies have wholeheartedly endorsed the pledge of "never again," while tolerating millions murdered and displaced, and unspeakable atrocities that have been comitted in clear view more than half a century since the Genocide Convention came into effect. Whatever the growth in public awareness of the Holocaust and the triumphalism about the ascent of liberal democratic values, the last decade of the 20th century was one of the most deadly in the grimmest century on record, and the beginning decade of the twenty first has yet to change this shameful record. This multidisciplinary panel will trace some of the sources of this failure and report on recent steps by the international community to prevent, suppress, and rebuild after genocide.

Treatment of Young Traumatized Children with PCIT (Abstract #184026)

Master Clinician (practice) **Dover A/B/C, 3rd Floor**

Timmer, Susan, PhD[1]

[1]University of California, Davis, Sacramento, California, USA

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program, developed to assist parents whose children have severe behavioral problems. PCIT has been identified as an evidence-based practice - applicable to high-risk and abusive parent-child dyads. Research has demonstrated the effectiveness of PCIT in decreasing child behavioral problems, improving parenting skills, enhancing the quality the parent-child relationships. Young children often exhibit traumatic symptoms through behavioral dysregulation (i.e., behavioral disturbance), rather than in a more traditionally recognized "adult" symptom patterns. Also, young children experience and mediate traumatic experiences through their relationship with their primary caregiver. This presentation will provide an overview of the structure and process of PCIT - focusing on the benefits of PCIT with young traumatized children. A demonstration of PCIT will follow, then an opportunity to engage in a question and answer period about the process and outcomes of this treatment adaptation.

Developing Preparation Programs Designed to Prevent the Likelihood of Work-Related Traumatization (Abstract #179422)

Panel (prev) **Essex A/B/C, 4th Floor**

Whealin, Julia, PhD[1]; Eriksson, Cynthia B., PhD[2]; Vega, Edward, PhD[3]; Gill, Dodie, MEd, MS[4]; *Southwick, Steven, MD[5]*

[1]VA Pacific Islands Health Care System, National Center for PTSD, Honolulu, Hawaii, USA
[2]Graduate School of Psychology, Fuller Theological Seminary, Pasadena, California, USA
[3]Trauma Recovery Program, Atlanta VA Medical Center, Atlanta, Georgia, USA
[4]Retired, Director, Arlington Employee Assistance Program, New Millennium Employee Assistance Services, LLC, Arlington, Virginia, USA
[5]Yale University, West Haven, Connecticut, USA

First responders, police, and humanitarian aid workers suffer from high rates of trauma exposure and stress-related sequelae (eg. Carlier, Lamberts & Gersons, 1997; Eriksson et al., 2001; North et al. 2002). Although little research has been conducted examining the

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effectiveness of preparation interventions for these populations, ethically there is a strong need to decrease the likelihood of negative sequelae. In this panel, clinician researchers describe cognitive-behavioral theoretically-informed interventions designed to increase resilience among workers deploying to dangerous environments. Cynthia Eriksson, PhD, will present her innovative two week course that prepares missionaries for their work in high risk areas. Edward Vega, PhD, will describe his personal experience as a police officer and discuss current interventions with police officers. Dodie Gill, MEd, MS, will present her comprehensive individual, group, and family preparation program for fire fighters. Presenters discuss strengths of the models and also the challenges they face implementing the programs and evaluating their effectiveness. Discussant: Steven Southwick, MD.

Issues in the Application of Empirically Supported Treatments to Returning Veterans (Abstract #179093)

Panel (practice) **Grand Ballroom I and II, 3rd Floor**

Batten, Sonja, PhD[1]; Collie, Claire, PhD[2]; Roberts, Sushma, PhD[1]; Wright, Theodore, PhD[3]; *Holohan, Dana, PhD[3]*; Pollack, Stacey, PhD[4]
[1]*VA Maryland Health Care System, Baltimore, Maryland, USA*
[2]*Durham VAMC, Durham, North Carolina, USA*
[3]*Salem VA Medical Center, Salem, Virginia, USA*
[4]*PTSD Program, Washington VAMC, Washington, District of Columbia, USA*

As service members return from combat, the mental health needs of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans is of central importance to U.S. mental health providers. Returning servicemembers are not only faced with significant readjustment issues but are at increased risk for emotional distress related to their combat exposure. The type of combat, level of trauma exposure, and unpredictable nature of fighting in OIF/OEF may contribute to increased risk for the development of PTSD. In addition to posttraumatic symptoms, veterans of OIF/OEF are at increased risk for other mental health issues, including major depression and generalized anxiety. Although effective empirically supported treatments (ESTs) exist for specific disorders, clinicians across the country are finding that provision of ESTs is often complicated by the complex psychosocial characteristics of returning veterans. While these treatments may work well in some cases, the unique nature of these veterans (e.g., military training related to emotion suppression, comorbid alcohol use, premilitary psychological vulnerabilities) frequently make it difficult to apply ESTs as designed. This panel will bring together clinicians and program developers from throughout the VA system to discuss the scope of the problem and identify the challenges to implementing ESTs that they have encountered.

Secondary Prevention Following Trauma: Successes and Challenges in the Real World (Abstract #179535)

Symposium (clin res) **Grand Ballroom III and IV, 3rd Floor**

O'Donnell, Meaghan, PhD[1]; Kassam-Adams, Nancy, PhD[2]; Winston, Flaura, PhD[3]; Berkowitz, Steven, MD[4]; *Zatzick, Douglas, MD[5]*
[1]*Australian Centre for Posttraumatic Mental Health and Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia*
[2]*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*
[3]*University of Pennsylvania - School of Medicine, Philadelphia, Pennsylvania, USA*
[4]*Yale University, New Haven, Connecticut, USA*
[5]*University of Washington, Seattle, Washington, USA*

This symposium will focus on the theory and practical implementation of early preventive interventions targeting PTSD and related comorbid conditions following injury and violence. The presentations will emphasize prevention strategies that are naturalistically embedded with real world treatment settings such as acute care medical settings.

Secondary Prevention of Traumatic Stress in Adults Following Severe Injury

Severe injury represents one of the most frequent causes of posttraumatic stress disorder and other posttraumatic reactions such as depression and anxiety. In this presentation we will describe a secondary prevention service delivery model that aims to address posttraumatic mental health problems following traumatic injury, and that can be embedded into injury health service systems. This early intervention model aims to screen for individuals at high risk for PTSD and depression following injury, monitor those who screen high, and then selectively target psychological intervention to individuals with persistent traumatic stress symptoms. We will present our preliminary results of an effectiveness trail that aims to test the model and will discuss issues relevant to developing models within real world settings such as barriers to care and the complexity of cases.

Secondary Prevention of Traumatic Stress After Pediatric Injury

This presentation will outline challenges inherent in creating preventive interventions for children that can be embedded in non-mental health service systems, and will describe how our team has attempted to address these issues in designing preventive interventions for acutely injured children. It will describe the development of a model for secondary prevention of traumatic stress in injured children that incorporates universal, selected, and indicated levels of intervention, and that can be integrated in pediatric health care systems. Our team has systematically developed and tested screening tools, informational (print) materials for children and parents, interactive Web-based tools for parents, and a brief intervention for injured children and their parents. These elements are integrated in a stepped care intervention for pediatric injury that includes universal screening (during inpatient treatment) of injured children for risk of persistent distress; standard follow-up contacts to monitor those at higher risk; psychoeducation to promote effective coping assistance from parents; specific support for adherence to follow-up medical care; and provision of evidence-based treatment for severe or persistent distress two or more weeks post-injury. Descriptive/feasibility data from an ongoing randomized trial of this stepped intervention will also be presented.

The Child and Family Traumatic Stress Intervention: A Secondary Prevention Model

The Child and Family Traumatic Stress Intervention is a four session model of secondary prevention for potentially traumatized children due to unintentional injury, community violence or physical and sexual abuse. Children are referred primarily from the emergency department or other hospital settings. Its goals are to enhance family communication and support and to increase involvement in longer term treatment when needed. It is simultaneously a strategy for psychoeducation, engagement, assessment and brief treatment. The PTSD RI and the Mood and Feelings Questionnaire (MFQ) have been modified to be used concurrently as clinical and assessment tools. The responses to items from these measures from caregivers and the affected child are compared and discussed to increase communication around symptoms and difficulties and improve the caregivers´ ability to support the child. Specific behavioral interventions are selected that target no more than two primary concerns such as sleep disturbance, intrusive thoughts, oppositionality etc. and are practiced at home an in sessions. The final session also includes a discussion of next steps that may include further treatment for posttraumatic symptoms or often preexisting symptoms for any family member. The intervention is currently undergoing a pilot RCT and preliminary data will be discussed.

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Disseminating Evidence-Based CBT for Traumatic Stress Disorders: Four Therapies and Four Methods

(Abstract #179385)

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

Kelly, Kacie, MHS[1]; Jaimie, Gradus, MPH[1]; Monson, Candice, PhD[1]; Resick, Patricia, PhD[1]; Ruzek, Josef, PhD[2]; Schnurr, Paula, PhD[3]; Friedman, Matthew, MD[3]; Foa, Edna, PhD[4]; Hembree, Elizabeth, PhD[5]; Hamblen, Jessica, PhD[3]; Norris, Fran, PhD[3]; Lee, Linda, MSW[6]; Louis, Claudine, PhD[3]; Fitzgerald, Monica, PhD[7]; Saunders, Benjamin, PhD[7]; Hanson, Rochelle, PhD[8]; Smith, Daniel, PhD[7]

[1]Women's Health Sciences Division, National Center for PTSD, Boston, Massachusetts, USA
[2]Education Division, National Center for PTSD, VA Palo Alto Healthcare System, Menlo Park, California, USA
[3]Executive Division, National Center for PTSD, White River Junction, Vermont, USA
[4]Center for the Treatment and Study of Anxiety, Philadelphia, Pennsylvania, USA
[5]Center for the Treatment and Study of Anxiety, University of Pennsylvania, Philadelphia, Pennsylvania, USA
[6]Louisanna State University School of Social Work, Baton Rouge, Louisiana, USA
[7]Medical University of South Carolina, Charleston, South Carolina, USA
[8]National Crime Victims Research and Treatment Center, Charleston, South Carolina, USA

Cognitive behavioral therapies (CBT) have shown efficacy in treating disorders resulting from traumatic events. However, researchers strive to find the best methodology for disseminating empirically supported psychotherapies. Findings from four dissemination programs involved in disseminating CBT for traumatic stress disorders will be discussed.

Dissemination of Prolonged Exposure Treatment in the Veterans Healthcare Administration: Prospects and Challenges

Prolonged Exposure (PE) treatment is one of four psychological interventions recommended for treatment of PTSD in the joint Veterans Health Care Administration (VHA)-Department of Defense Clinical Practice Guideline. But although this evidence-based treatment is recommended for use by clinicians, multiple systemic, peer group, professional, and patient factors may impede the adoption of this practice. In order to navigate through such obstacles, a system to support dissemination of PE is being developed. In this presentation, potential obstacles to dissemination of PE are outlined, and a recently-initiated two-year project to disseminate Prolonged Exposure treatment for PTSD to 200 providers in the Veterans Healthcare Administration is described. Methodologies of clinician training and training of PE supervisors and trainers will be outlined, along with systems to assess factors affecting dissemination, increase involvement of clinicians and program managers as partners in the effort, and monitor the impact of the dissemination project.

Disseminating Cognitive Processing Therapy within the Veterans Health Administration: Predictors of Adoption

The number of veterans requiring PTSD treatment in the Veterans Health Administration (VHA) is rising. Cognitive processing therapy (CPT), a short-term, evidence-based psychotherapy for PTSD, has shown efficacy for veterans with chronic PTSD. Although CPT is one of four treatments recommended in the VHA/Department of Defense´s Clinical Practice Guidelines for PTSD, clinicians do not report regular use of CPT. We surveyed 218 VHA mental health clinicians to assess barriers and facilitators associated with using evidence-based manualized psychotherapies for PTSD. The information gathered aided in designing a national VHA CPT Dissemination Initiative. Univariate logistic regression analyses revealed that those with extensive training in CBT were more likely to use evidence-based manualized therapy than those with only some training (OR=3.5, 95 percent CI=1.5-7.8) or no training (OR=8.2, 95 percent CI=3.4-20.1). Those who saw more than 20 new cases per month were less likely to use manualized therapy that those who saw less than five new cases a month (OR=.29, 95 percent CI=.10-.82). Results from additional univariate and multivariate logistic regression analyses will be presented as well as methodology from the national VHA CPT Dissemination Initiative, including details on a train-the-trainers conference and training and supervising 600 clinicians nationally in CPT.

Dissemination of CBT for Postdisaster Distress: Findings from Hurricane Katrina

This presentation discusses issues related to training frontline therapists in the delivery of an evidence informed intervention, CBT for Postdisaster Distress. Utilized following the September 11, 2001 terrorist attacks, the 2004 Florida hurricanes, and Hurricane Katrina, findings suggest therapists can be trained in relatively short time spans with on-going consultation. Findings will focus on data obtained from 104 therapists who attended a two-day training in Baton Rouge following Hurricane Katrina. In addition to items assessing their training and experience, the therapists answered an identical set of 24 attitudinal questions before and after the training that provided measures of importance, knowledge, and confidence. Results indicate that the training was effective in educating therapists about CBT and cognitive restructuring. Therapists, especially those who were not already at the maximum score at pre-training, showed significant improvements in their ratings of the importance of various elements of CBT in therapy, their knowledge and understanding of those elements, and their confidence that they could use them effectively. Identified barriers to dissemination will be discuss and strategies for overcoming these barriers will be shared.

An Evaluation of a TF-CBT Web Dissemination Program

The development of cost-effective clinical training methods for widespread dissemination of evidence-based treatments to the mental health community is greatly needed. TF-CBTWeb is a 10-hour Web-based, multimedia, free distance education course for mental health professionals seeking to learn Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), one of the best supported interventions in the child trauma field. As of March 2007, TF-CBTWeb had 13,724 learners, with an average of 25 new learners daily. Preliminary data indicate that TF-CBTWeb learners´ knowledge significantly increases from pre to post training. The next step is to learn whether clinicians´ knowledge is maintained over time and whether TF-CBTWeb influences clinicians´ behaviors and practices when conducting treatment with traumatized children and their families. Results from two studies evaluating the effectiveness of TF-CBTWeb in achieving these goals will be presented. Study 1 assesses whether TF-CBTWeb users' knowledge gain in the 10 TF-CBTWeb content modules is maintained over time and obtains psychometric information about a new instrument, TF-CBTWeb Clinician Questionnaire (TF-CBTWeb CQ), developed to assess clinicians' practices in therapy with child trauma cases. Study 2 examines clinician implementation of TF-CBT components after taking TF-CBTWeb by comparing pre and post scores on the TF-CBTWeb CQ.

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

Challenges in Cross-Cultural Assessment (Abstract #179845)

Symposium (culture) **Grand Ballroom VII and VIII, 3rd Floor**

Okawa, Judy, PhD[1]; Piwowarczyk, Linda, MD[2]; Fabri, Mary, PsyD[3]
[1]Center for Traumatic Stress Studies, PLLC, Washington, District of Columbia, USA
[2]Boston Center for Refugee Health and Human Rights, Boston University School of Medicine, Boston, Massachusetts, USA
[3]Marjorie Kovler Center of Heartland Alliance, Chicago, Illinois, USA

This symposium describes: (a) challenges in performing cross-cultural evaluations of refugees/asylum seekers, (b) development of an instrument to assess the impact of torture using the cultural perspectives of the survivor groups, and (c) the cultural adaptation and translation of the HTQ for use with Rwandan survivors of genocidal rape.

Considerations in the Cross-Cultural Assessment

The psychological evaluation of refugees and asylum seekers challenges clinicians to be attentive at all points to cultural differences that might obscure their ability to understand their clients´ mental health. During the clinical interview, every piece of data, whether it be body language, eye contact, facial expressivity, choice of words, expression of emotions, description of symptoms, use of language, thinking processes, or interpretation of experiences is clothed in the refugee or asylum seeker´s cultural context and can only be fully understood by attention to that context. The use of Western instruments with non-Western populations is fraught with problems, as it is difficult to find instruments that have appropriate norms, construct validity, and equivalent content, language, and scales. There is little published information available on how to assess this population with ethical and culturally appropriate strategies. This presentation will 1) describe who refugees and asylum seekers are and why they may be referred for evaluation, 2) present considerations about cultural differences that must be kept in mind by clinicians engaged in the assessment of these clients, and 3) describe issues related to the selection of psychological instruments for use with refugees and asylum seekers.

Impact of Torture on Functioning: The Development of an Instrument

Authors will describe the process used to develop an instrument to assess the impact of torture across several cultural groups living in Massachusetts. It involves the determination of the major mental health issues of concern to them, in order to develop an understanding of local terminology and descriptions of these problems; and to learn the important elements of good function in adults, according to cultural perspectives. The methods to be used here are very open-ended, consisting of individual and group interviews with the respondents directing the conversation and interviews probing in non-leading and non-specific ways about topics of interest (e.g. mental health, problems and function). The focus will not be about the respondents themselves, but community attitudes in general. Challenges and lessons learned will be shared.

Cultural Adaptation and Translation of Assessment Instruments: The Use of the Harvard Trauma Questionnaire in Rwanda

Internal displacement as a result of war, ethnic cleansing or natural disaster creates major mental health problems. The World Health Organization (WHO) has identified mental health as a priority for global health initiatives. Most theories, standardized instruments, and interventions are developed in Western countries. Standards for cross-cultural translation emphasize the importance of cultural and conceptual rather than linguistic equivalence. This requires translators who are not only fluent in the language but also in the local and cultural meaning of words. This presentation will describe the adaptation, translation, and implementation of the Harvard Trauma Questionnaire for a trauma and HIV study being conducted in Kigali, Rwanda, with women survivors of genocidal rape. The identification of appropriate translators and translation process, the review of the translation in focus groups with Rwandan trauma counselors, and the trainings to implement the instrument in a research project will be candidly discussed.

Promoting Children's Disaster Recovery: Research and Practice (Abstract #180028)

Symposium (disaster) **Waterview A/B, Lobby Level**

Felix, Erika, PhD[1]; Vernberg, Eric, PhD[2]; Pfefferbaum, Betty, MD, JD[3]; Pfefferbaum, Rose, PhD[4]; Wind, Leslie, PhD[5]; Gurwitch, Robin, PhD[6]; Pfefferbaum, Betty, MD, JD[7]; Leftwich, Michael, PhD, OCN[7]; North, Carol, MD, PPE[8]; Henley, Bob, PhD[9]; *Jaycox, Lisa, PhD[10]*
[1]Gevirtz Graduate School of Education, University of California, Santa Barbara, Santa Barbara, California, USA
[2]University of Kansas, Lawrence, Kansas, USA
[3]University of Oklahoma, Oklahoma City, Oklahoma, USA
[4]Phoenix College, Arizona, USA
[5]Graduate School of Social Work, Boston College, Chestnut Hill, Massachusetts, USA
[6]University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA
[7]University of Oklahoma Health Sciences Center, Oklahoma, USA
[8]University of Texas Southwestern Medical Center, Texas, USA
[9]University of Zurich, Zurich, Switzerland
[10]Rand Corporation, Arlington, Virginia, USA

We explore the factors contributing to the effective management of adversity and coping among children. We examine children´s post-disaster coping cross-culturally, teacher´s coping and recovery and how this relates to their involvement with students, and discuss a promising resiliency-focused, psychosocial sports and play program for students.

Schools on the Frontline: What Teachers and Staff Report About Their Recovery and Needs Post-Disaster

After a disaster, teachers and school staff are on the front lines of helping children in their long term recovery, whether they feel prepared for this or not. Compounding this, they are often survivors of the same community trauma. Although schools are encouraged to have emergency plans and serve as a resource post-trauma, research on the role of schools and their staff in the aftermath of community trauma is limited. Using self-report survey data from Washington, D.C.-area schools post-9/11, the anthrax scare, and sniper shootings, we explore teacher and staff (N=550) reactions post-trauma and the factors that influenced their frequency of intervening to help students, desire for emergency preparedness, and preparedness knowledge. Trauma exposure was positively related to mental health symptoms. Teacher/staff distress was not significantly related to perceptions of student problems. Feeling prepared prior to 9/11, perceiving that student problems increased post-trauma, changing their own behavior post-trauma, and posttraumatic growth was related to teacher/staff frequency in intervening with students. Hierarchical multiple regressions were used to assess how exposure, teacher/staff mental health, and school factors influenced preparedness. The type of interventions teachers reported using with students as well as what they identified as preparedness needs will be discussed.

Coping after Terrorism: A Cross-Cultural Study of Youth

Pervasive exposure to mass violence, such as war and terrorism, has caused increasing concern about the well being of children worldwide. However, little is known about how youth cope with such extreme experiences. Using both resilience and stress and coping theoretical frameworks, we present a study exploring children´s coping following exposure to terrorism that examines the applicabil-

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ity of Western conceptualizations of coping and posttraumatic stress to an another culture. Specifically, we will highlight similarities and differences in child and adolescent coping strategies use, flexibility, and the perceived effectiveness of coping efforts within the context of terrorism. Using two large convenience samples comprised of youth ages 9-14 years in the U.S. exposed to the Oklahoma City bombing (n=1050) and Kenya U.S. Embassy bombings (n=691), matched by gender, age, proximity to event, and degree of exposure, we will compare the factor structure of coping across two cultures, and present findings from structural equation modeling analyses examining a conceptual model of child and adolescent coping and posttraumatic stress within the context of terrorism cross-culturally.

Psychosocial Sport and Play Programs After Disasters or in Complex Emergencies

Psychosocial sport and play programs are being established in international post-disaster or active complex emergency situations, as an alternative therapeutic approach to helping children and youth who experience severe stress and/or trauma in these adverse environments. These sport and play programs simultaneously teach sports practices while also addressing children´s social, behavioral and psychological issues in a structured group context. Further, many of these programs are being used to support peace building, social integration, and for health and education promotion efforts.

It is thought that the effectiveness of these programs may be due to the effects of protective factors and the enhancement of resilience processes, but at this time there is little empirical evidence to conclusively prove this (though many research projects are now beginning to investigate this area). Dr. Henley will explore some of the aspects of psychosocial sport and play programs that may enhance the innate resilience of children and youth, and will include some examples of efforts being made in the field.

HIV Prevention Interventions with Adults Sexually Abused as Children: What Works for Which Targets?
(Abstract #179926)

Symposium (clin res) **Waterview C/D, Lobby Level**

Hansen, Nathan B., PhD[1]; Wyatt, Gail E., PhD[2]; Cavanaugh, Courtenay E., PhD[1]; Crusto, Cindy A., PhD[1]; Classen, Catherine C., PhD[3]; Sikkema, Kathleen J., PhD[4]; Spiegel, David, MD[5]; Kochman, Arlene, MSW[6]; *Grossman, Cynthia, PhD*[7]

[1]Department of Psychiatry, Yale University, New Haven, Connecticut, USA
[2]Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, California, USA
[3]Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada
[4]Duke University, Durham, North Carolina, USA
[5]Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, California, USA
[6]Duke University, New York, New York, USA
[7]National Institutes of Mental Health, Bethesda, Maryland, USA

This symposium brings together three of the only randomized, controlled trials of HIV prevention interventions focusing on adults who experienced childhood sexual abuse. An overview of outcome findings from each study will be presented, with a particular focus on what works and doesn´t work for changing sexual risk behavior.

Childhood Sexual Abuse, Adult Sexual Risk, and HIV Infection

There are nearly 40 million people living with HIV/AIDS, 1.2 million of these in the U.S. With advances in treatment, and a stable rate of new infections (over 40,000 a year), the number of people living with HIV in the U.S. is increasing. The HIV epidemic is fueled in part by trauma and interpersonal violence, including warfare, forced dislocation of populations, and violence against women and children. While mass violence is uncommon in the U.S., violence against women and children is not, though this is an often overlooked factor in the U.S. HIV epidemic. Research on the prevalence of child abuse suggests that nearly 50 percent of people living with HIV have experienced childhood sexual abuse. This presentation reviews research on the links between childhood sexual abuse and adult sexual risk behavior. Robert Malow´s theoretical model, which proposes that childhood sexual abuse is directly related to HIV risk behavior, with substance use, adult revictimization, and psychopathology acting as mediators, will serve as the framework for this discussion. Additionally, as ethnic and racial minorities, particularly women, are disproportionately impacted by the HIV epidemic, the interaction of race, gender, and poverty with childhood sexual abuse and adult sexual risk will also be addressed. Finally, implications for HIV prevention and treatment will be discussed.

A Comparison of Trauma- vs. Present-Focused Group Therapy for Women Sexually Abused in Childhood

This presentation reviews findings from the selected-prevention intervention study, trauma-vs. present-focused group therapy for women sexually abused in childhood: A randomized controlled trial, targeting HIV-risk behavior among adult female survivors of childhood sexual abuse (CSA). The study enrolled 171 adult female survivors of CSA who were at risk for HIV infection as evidenced by having been revictimized, engaged in risky sex, or met criteria for substance abuse or dependence within year before entering the study. Eligible women were randomly assigned to one of three conditions: 1) waitlist, 2) six-months of trauma-focused group psychotherapy, or 3) six-months of present-focused group psychotherapy. An early session of each group treatment focused on HIV-risk reduction, and this topic was interwoven into subsequent treatment sessions whenever it was relevant. Evaluation of treatment efficacy was based upon baseline, post-treatment, and six-month follow up assessments. Intent-to-treat analysis found no differences between the group psychotherapy conditions on the main outcomes, suggesting neither group treatment alone was effective in reducing sexual revictimization, alcohol or drug abuse/dependence, or risky sexual behavior. Lessons learned and suggestions for future interventions for preventing HIV-risk among adult female survivors of CSA will be discussed.

A Coping Skills Group Intervention for HIV-Infected Women and Men Sexually Abused as Children

Although childhood sexual abuse is common among HIV-infected persons, there are few empirically supported treatments addressing sexual abuse are available for men and women with HIV/AIDS. This study reports the outcome from a randomized controlled trial of a group intervention for coping with HIV and sexual abuse. A diverse sample of 202 HIV-positive men and women who were sexually abused as children was randomly assigned to one of three conditions: a 15-session HIV and trauma coping group intervention, a 15-session support group comparison condition, or a waitlist control (later randomly assigned to an intervention condition). Participants were followed for one year after completing interventions. Baseline analysis revealed high levels of sexual risk in this sample, including unprotected sex with HIV-negative partners. While greater traumatic symptom reduction was observed for the coping group at post intervention, these differences disappeared over the follow-up period, with both interventions demonstrating significant improvement. Longitudinal analysis revealed, however, that the coping intervention

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significantly reduced overall unprotected sexual behavior, and, more importantly, unprotected sexual behavior with HIV-negative partners, in comparison to the support group condition. Possible explanations for greater risk reduction in the coping group will be discussed.

An Integrated Risk-Reduction Intervention for HIV-Positive Women with Child Sexual Abuse Histories

Childhood sexual abuse (CSA) has been linked to HIV-risk behavior, and CSA is more prevalent among women living with HIV than among women in the general population. This presentation reports on a research program developing a culturally- and gender-congruent psychoeducational intervention designed to reduce sexual risk behavior and enhance health-protective behavior, such as medication adherence, among women living with HIV infection who have CSA histories. The efficacy of this intervention was evaluated in a Phase I clinical trial with an ethnically diverse sample of 147 women who were randomly assigned to either 1) the 11 session Enhanced Sexual Health Intervention (ESHI), or 2) an attention control condition. Intent-to-treat analyses revealed that, at post intervention, the ESHI condition resulted in greater levels of sexual risk reduction than the control condition. Additionally, a dosage effect was found, with women in the ESHI condition attending 8 or more sessions reporting greater medication adherence than women in the control condition. This presentation will also discuss ongoing research with the ESHI model, including translational research in community settings and adapting the model for men living with HIV infection. Finally, lessons learned and suggestions for future research on HIV prevention and treatment for adults with CSA histories will be discussed.

Concurrent Session 4

Thursday, November 15
3:30 p.m. – 4:45 p.m.

The Traumatic Effects of Sexual Abuse by Clergy
(Abstract #184273)

Plenary (commun) **Grand Ballroom VI, 3rd Floor**

Doyle, Thomas P., JCD, CADC[1]
[1]*Private Practice, Vienna, Virginia, USA*

Sexual abuse of children or minors by trusted clergy results in a unique type of trauma. The vast majority of victims are devoted members of the denomination with an exceptional degree of trust in their clergy person and in the religious system. The intensity and destructive effects of the trauma associated with clergy abuse are directly related to the emotional bond between the victim and the abuser. This bond is grounded in factors that are described as "spiritual" but which in fact are toxic and lead to a traumatic relationship that is sometimes accompanied by sexual abuse. There are two dimensions of religious-based trauma that directly impact the overall effects of clergy sexual abuse: the emotional and mental conditioning of the victim, which directly influences susceptibility to abuse and, the same conditioning with the added element of spirituality which shapes the impact of abuse on the victim. Prevention of the lasting effects of trauma from clergy sexual abuse involves more than awareness of the modus operandi of sexual predators in clergy clothing. It must also take into account the enabling aspect of religious conditioning that leads to a post-abuse feeling of alienation from God as well as society.

Posttraumatic Growth: Promises and Pitfalls
(Abstract #178295)

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

Hobfoll, Stevan, PhD[1]; Butler, Lisa, PhD[2]; Maercker, Andreas, MD, PhD[3]; Pat-Horenczyk, Ruth, PhD[4]
[1]*Center for Treatment and Study Traumatic Stress, Kent State University, Kent, Ohio, USA*
[2]*Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, California, USA*
[3]*University of Zurich, Zurich, Switzerland*
[4]*Child and Adolescent Clinical Services, The Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem, Israel*

Posttraumatic growth (PTG) is a concept that has received increased attention. Many studies find PTG to be related to enhanced well-being and increased strength for coping with trauma. Other studies, however, find it to be independent of well-being and still other studies find it to be related to worse outcomes. This panel will discuss the complexity of PTG and insights into broadening the umbrella of PTG to a more multidimensional set of constructs. Emphasis will be placed on several key factors that may influence PTG's impact. These include process factors such as the degree of trauma, the type of trauma and whether survivors can do something in response, the time it might take for PTG to have an impact, and whether the cognitive versus behavioral/action components play a role. It also includes individual difference characteristics including sex, ethnicity, and possession of general resiliency resources. Panelists from around the world will present their models of PTG. These models both build on and challenge some of the original conceptualizations of PTG, but may bring a next generation of research that better predicts PTG's role a priori. Work on PTG with victims of cancer, in the face of war and terrorism, and in terms of its integration with treatment will be presented.

Participant Alert: Presentations will present material that may include photos on traumatic circumstances including terrorism, war, and cancer among others.

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Conducting Prolonged Exposure Therapy with Complex Cases: To Do or Not to Do Exposure (Abstract #179282)

Panel (practice) **Grand Ballroom I and II, 3rd Floor**

Holohan, Dana, PhD[1]; Wright, Ted, PhD[2]; Hembree, Elizabeth, PhD[3]; Quinn, Stephen, PhD[4]

[1]*The Center for Traumatic Stress, Salem VA Medical Center, Salem, Virginia, USA*

[2]*VA Medical Center, Salem, Virginia, USA*

[3]*Dept. of Pennsylvania School of Medicine, Center for the Treatment and Study of Anxiety, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*

[4]*Behavioral Sciences Division, National Center for PTSD, Boston, Massachusetts, USA*

Prolonged exposure (PE) has a strong evidentiary base and is recommended to be a first-line treatment for posttraumatic stress disorder. However, many clinicians are hesitant to use PE in the treatment of complex cases. Clinicians often view a history of multiple traumas, suicide ideation, comorbid substance use, or the presence of personality disorders as contraindications to exposure therapy, but these factors do not consistently predict treatment outcome or dropout. Additionally, patients who are acutely suicidal or homicidal, severely depressed, and psychotic have routinely been excluded from randomized controlled trials of exposure therapy. Thus, therapists working with such patients must decide whether and how exposure therapy should be attempted, without much guidance from the empirical literature. This panel will discuss clinical features that have been viewed as contraindications to exposure therapy and offer recommendations for using or not using exposure therapy with these populations. Panelists will offer examples of decision-making strategies used in their own practice in treating complex PTSD, discuss several hypothetical complex clinical cases, and debate whether to proceed with PE with these cases. Panelists will also discuss when and how to modify PE for use with complex cases.

Healthcare Innovations to Prevent Mental Health Consequences of OEF/OIF Deployment (Abstract #179521)

Symposium (prev) **Essex A/B/C, 4th Floor**

Kimerling, Rachel, PhD[1]; Sayer, Nina A., PhD, LP[2]; Magruder, Kathryn M., PhD[3]; Engel, Charles C., MD, MPH[4]; *Zatzick, Douglas, MD[5];* Street, Amy, PhD[6]; Mark, Smith, PhD[7]; Gima, Kristian, BA[7]; Oxman, Thomas, MD[8]; Deitrich, Allen, MD[4]; Williams Jr., John, MD[4]; Yeager, Derik, PhD[9]

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

[2]*Center for Chronic Disease Outcomes Research, Minneapolis, Minnesota, USA*

[3]*Department of Psychiatry, Medical University of South Carolina, Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA*

[4]*Center for the Study of Traumatic Stress, Deployment Health Clinical Center at Walter Reed, Bethesda, Maryland, USA*

[5]*University of Washington, Seattle, Washington, USA*

[6]*VA Boston Health Care System, Boston, Massachusetts, USA*

[7]*VA Palo Alto Health Care System, Palo Alto, California, USA*

[8]*Dartmouth College, Lebanon, New Hampshire, USA*

[9]*Medical University of South Carolina, Charleston, South Carolina, USA*

Substantial efforts within VA and DoD healthcare systems are focused on preventing chronic consequences of trauma exposure in a new generation of veterans. Presentations feature issues of access to care, screening for trauma/PTSD, and integrated treatment for PTSD in primary care. Policy implications for PTSD prevention are discussed.

Barriers and Facilitators to PTSD Treatment Seeking among OIF/OEF and Vietnam Combat Veterans

PTSD is a psychiatric disorder that disproportionately affects veterans. Although treatment reduces severity and improves functioning, most veteran sufferers wait decades before seeking help for their PTSD, if they seek it at all. The fact that almost half of the veterans seeking PTSD disability benefits are not in treatment suggests the existence of barriers other than problem recognition. This is the first study to examine barriers to PTSD treatment seeking among veterans. Methods involved in-depth, individual interviews. Qualitative methods were ideal for this project given the novelty of the content area. The sample consisted of 48 veterans who believed that they suffered from combat related PTSD. The sample was stratified by treatment seeking status such that half was in treatment for PTSD and half was not. Within each mental health treatment stratum (in treatment versus not), the sample was further stratified by gender and, for men, period of service (Vietnam versus OIF/OEF). Verbatim transcripts were analyzed into thematic categories. We will present individual, socio-environmental and system level barriers and facilitators to PTSD treatment seeking as well as variations by service era. Findings have implications for interventions to promote treatment-seeking for combat related PTSD.

Factors Related to PTSD Under-Diagnosis in VA Primary Care

Correct diagnosis in primary care is the starting point for early intervention for PTSD. We investigated patient related socio-demographic, clinical, and health services factors that relate to lack of recognition of PTSD.

Subjects were 816 randomly selected primary care patients drawn from four Southeast VA hospitals. The CAPS was used to establish PTSD caseness, and ICD9 diagnoses (including PTSD) were taken from electronic medical records for a 24-month period. Functional status was measured with the SF-36.

Taking only those who were CAPS positive for PTSD (n=98), patients were classified based on congruence with ICD9 chart diagnoses: we compared correctly diagnosed (n=42) (CAPS+, ICD9+) to under-diagnosed (n=56) (CAPS+, ICD9-). Correctly diagnosed patients more often reported warzone experience (p=.024); correctly diagnosed patients were significantly worse of than under-diagnosed patients on the mental health (p=.0248) and role emotional (p=.0045) SF-36 subscales only (with pain nearly significant at p=.067); correctly diagnosed patients were more apt to have clinically diagnosed (ICD9) muscle pain than under-diagnosed patients; however, the level of self-reported pain (SF-36) was no different. Clinicians should take these factors into account when assessing patients for PTSD.

RESPECT-MIL: Systems-Based Intervention for Primary Care Management of PTSD and Depression in U.S. Army Personnel

The prevalence of Posttraumatic Stress Disorder (PTSD), Major Depression, and related problems is high among military personnel returning from OIF/OEF. Less than a fourth with disorders report receiving specialty mental health care in the previous year, reflecting important factors related to stigma and structural barriers to accessing specialty care. To address this challenge, the U.S. Army is implementing RESPECT-MIL, a primary care program developed for PTSD and depression from evidence-based interventions to improve primary care depression management. RESPECT-MIL relies on a systems-level approach including practice setting enhancements, nurse-based telephone facilitated follow-up, and weekly mental health specialist review of participant progress with feedback to the nurse facilitator and primary care provider. A Fort Bragg feasibility study applied the model to 4,159 primary care visits. Results suggested the approach is acceptable to U.S. Army primary care providers and patients and is associated with clinically significant symptom improvements among the majority of program participants. Consequently, U.S. Army medical leaders directed RESPECT-MIL program implementation at 43 primary care clinics in 15 geographic sites in the U.S. and in Europe. The feasibility study and preliminary results from worldwide program implementation will be presented and discussed.

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Military Sexual Trauma Screening and Treatment

VA has implemented universal screening for sexual violence sustained during military service, or Military Sexual Trauma (MST). There is good consensus that providers should be aware of patients´ trauma history, but there have been few large scale studies of the clinical impact of policies that mandate violence or trauma-related screening for all patients. In this presentation we will examine whether detection of MST via screening is associated with increased rates of mental health treatment. We examined electronic medical record data from 25,627 female and 426,010 male veteran patients screened for MST in 2005. MST was detected among 20.1 percent of female veterans and 1.1 percent of male veterans. Positive MST screens (as compared to negative screens) were significantly associated with post-screen treatment (for patients without treatment history, RR = 2.52 (2.38, 2.66) for females; RR = 2.47 (2.34, 2.61) for males). Number Needed to Screen analyses suggest screening is efficient: an additional patient was seen in mental health care for every 5 positive screens (7 for males). These data indicate that MST is prevalent in VA health care and that universal screening can help insure timely trauma-focused mental health treatment. Discussion will focus on MST among returning veterans and prevention of chronic sequelae of sexual trauma.

Predictors of Posttraumatic Disorder and Recovery in Prospective Studies of Recent Trauma Survivors

(Abstract #179677)

Symposium (clin res) **Grand Ballroom III and IV, 3rd Floor**

Olff, Miranda, PhD[1]; Creamer, Mark, PhD[2]; O'Donnell, Meaghan, PhD[3]; Sijbrandij, Marit, PhD[4]; Vries De, Giel-Jan, MSc[5]; Schnyder, Ulrich, MD, PhD[6]; Wittmann, Lutz, MA[6]; Hepp, Urs, PhD, MD[6]; Moergeli, Hanspeter, PhD[7]; Field, Nigel, PhD[8]; Carlson, Eve, PhD[9]; Ruzek, Josef, PhD[9]; Spain, David, MD[10]; *Shalev, Arieh, MD, PhD*[11]

[1]Universitair Hoofddocent, Head of Center for Psychological Trauma, Department of Psychiatry, Academic Medical Center in De Meren, Amsterdam, Netherlands
[2]University of Melbourne, West Heidelberg, Victoria, Australia
[3]Australian Centre for Posttraumatic Mental Health, Melbourne, Victoria, Australia
[4]Psychiatry, Academic Medical Center, Amsterdam, Netherlands
[5]Psychiatry, Academic Medical Center at the University of Amsterdam, Amsterdam, Netherlands
[6]University Hospital Zurich, Zurich, Switzerland
[7]Psychiatric Department, University Hospital, Zurich, Switzerland
[8]Pacific Graduate School of Psychology, Palo Alto, California, USA
[9]National Center for PTSD, Menlo Park, California, USA
[10]Department of Surgery, Stanford University School of Medicine, Stanford, California, USA
[11]Hadassah University Hospital, Jerusalem, Israel

Longitudinal studies of recent trauma survivors can elucidate potential causal pathways involved in the development of posttraumatic disorders such as PTSD and depression and can also bring to light factors that may foster recovery or resilience. This symposium will present findings of prospective studies from four countries.

Predicting Resistance and Resilience Following Traumatic Injury

Predictive studies in the field of traumatic stress have, until recently, focused almost exclusively on the prediction of psychopathological reactions to traumatic exposure. A mounting body of evidence, however, suggests that a significant proportion of survivors may exhibit trajectories that are best described as stress resistant or resilient. This paper explores these concepts in a large (N= approximately 1200) traumatically injured population. We assessed participants within one week of the event, and again at 3 and 12 months posttrauma. A substantial proportion of participants fell into the categories of stress resistant and/or resilient over this period. Although many predictors were consistent with those already demonstrated to predict psychopathology, additional indicators of positive outcome were also identified.

The Role of Injury and Other Trauma-Related Predictors in the Onset and Course of Symptoms of Posttraumatic Stress Disorder

Previous studies have yielded inconsistent results with respect to the role of injury in the development of PTSD. In this study we hypothesized that injury would be related to symptoms of posttraumatic stress disorder (PTSD) after several months following psychological trauma, but not to early symptoms of PTSD. 236 respondents were assessed at 1 week, 4 weeks, 8 weeks and 24 weeks following a traumatic event. Symptoms of PTSD were measured with the Structured Interview for PTSD (SI-PTSD). Other variables measured were the presence of injury, type of trauma (accident or assault), perceived life threat and peritraumatic dissociation. Data were analyzed using path analysis. A model in which injury significantly predicted PTSD symptoms measured at 8 weeks after the trauma showed a better fit than models in which injury was related to symptoms of PTSD measured at 1 week, 4 weeks or six months. In this model, symptoms of PTSD at 1 week were significantly predicted by female gender, by having experienced an assault, and by peritraumatic dissociation. The results of this study confirm our hypothesis that the presence of injury does not predict early symptoms of PTSD, but is associated with symptoms of PTSD measured at a few months following psychological trauma. Clinical implications of the findings in the context of the care of injured trauma survivors will be discussed.

PTSD Following Accidental Injury: Rule or Exception in Switzerland?

The aim of this study was to determine the incidence of ASD and PTSD following accidental injuries, and to predict PTSD symptom level at six months follow-up, taking into consideration the role of pre-existing psychiatric morbidity and insufficient command of the local language. We interviewed 255 recent accident survivors who were hospitalized for at least two consecutive nights within two weeks of the trauma and six months post-accident, including Italian, Spanish, Portuguese, Serbo-Croatian, or Albanian speaking patients. Main outcome measure was the CAPS. **Results:** Ten patients (3.9 percent) were diagnosed with ASD. At six months follow-up, eight patients (3.1 percent) had PTSD. A regression model using twelve potential predictor variables explained 40 percent of the variance of PTSD symptoms; mild traumatic brain injury ($p<.001$), pain ($p<.05$), ASD symptom level ($p<.001$), and emotional coping ($p=.001$) predicted higher PTSD symptom levels, while high Sense of Coherence ($p<.05$) and perceived responsibility for the accident ($p<.01$) were associated with lower PTSD symptom levels at follow-up. **Conclusions:** ASD and PTSD occurred less frequently following accidental injuries than previously reported in the literature. Pre-existing psychiatric morbidity and lack of proficiency in the locally spoken language don´t appear to play an important role in the development of PTSD.

Predicting Posttraumatic Outcomes in Hospital Patients with Traumatic Injuries and in Family Members

To further elucidate the etiology of PTSD, this presentation will describe analyses of pre-trauma, time-of-trauma, and post-trauma variables in a prospective study of hospital trauma patients and familymembers of injured patients. Family history, past trauma exposure,psychopathology, recent stress, perceived traumatic stressor severity, and early posttraumatic responses (PTSD, depression, dissociation, and negative cognitions) were assessed 2-10 days after a traumatic injury serious enough to require hospital admission. Two months after the event, recent social support, social constraints, and PTSD symptoms were assessed. In a hierarchical regression analysis, pretrauma, time-of-trauma, and post-trauma factors accounted for 67 percent of the variance in two-month PTSD scores. Additional path analyses will be described that test various explanatory models that include direct and indirect causal pathways from earlier experiences and individual characteristics to PTSD. For example, does perceived traumatic stressorseverity have a direct effect on later PTSD

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outcome or does it act indirectly through early posttraumatic responses? Are posttraumatic social support and social constraints moderators of the impact of pre-trauma mental disorder, perceived traumatic stressor severity, and early posttraumatic responses on later PTSD outcome, or do they also have a direct effect?

Rwanda: Healing The Wounds of Genocide (Abstract #179566)

Symposium (culture) **Grand Ballroom VII and VIII, 3rd Floor**

Fabri, Mary, PsyD[1]; Mukanyonga, Henriette, TC[2]; Rutembesa, Eugene, PhD[3]
[1]*Marjorie Kovler Center of Heartland Alliance, Chicago, Illinois, USA*
[2]*Rwandan Women's Interassociation Study and Assessment, Kigali, Rwanda*
[3]*Clinical Psychology, National University of Rwanda, Butare, Rwanda*

Trauma from genocide is pervasive and persistent. This symposium will discuss different cultural components of healing after the 1994 Rwandan genocide. The impact of trauma, HIV, and culture on the healing process will be discussed with an eye towards the future and prevention.

Responding to Trauma and HIV in Rwanda

The 1994 Rwandan genocide resulted in 800,000 massacred and 535,000 women raped. Thirteen years later, 160,000 Rwandan women are HIV infected. The Rwandan Women´s Interassociation Study and Assessment (RWISA) is a study of HIV infected and uninfected women who survived the genocide. This presentation will describe a project designed to address HIV and trauma. A team of American and Rwandan health providers worked with women´s associations and local non-governmental organizations to assess health needs. The Harvard Trauma Questionnaire (HTQ) was adapted and translated for documentation and diagnosis of trauma. 891 HTQs were completed. Common trauma events included: surviving war (94.2 percent), lacking food or water (81.5 percent), no access to medical care (75.5 percent), death of relative or friend (70.8 percent), homelessness (62.8 percent), and rape (49.2 percent). Other traumatic events included sleep deprivation (67.3 percent), starvation (67.3 percent), being confined (47.1 percent), and beatings (40.7 percent). The mean score on the PTSD scale was 2.28, with 35.5 percent of the women meeting the criteria for PTSD (2.5 cut-off). Chronic conditions of traumatic stress secondary to genocide, rape and HIV will be discussed. Efforts to assist the women and their families with their medical, mental health, and social needs using a family-centered, multidisciplinary model of care will be described.

Resilient Rwandan Women

In 1994, for 100 days, the world turned its back towards Rwanda while approximately one million people were slaughtered. As a trauma counselor and survivor of the genocide, I represent the voices of Rwandan women survivors. I wish to have you turn your eyes toward Rwanda by telling some of our stories. Rwandan women suffered many atrocities during those 100 days, but the suffering has not ended. The infrastructure of the country was demolished, homes and neighborhoods destroyed, families and other relationships devastated, and the ability to trust destroyed. Thirteen years after the genocide, we are still rebuilding. Memories of the genocide are still fresh in our minds and we live among the daily reminders. One of the most important things I can do is to tell you the stories of Rwandan women, to bring value and meaning to their words by your listening, and to bring back to them a message of your caring through your having listened. In this presentation, I will share personal accounts of two Rwandan women who receive care from women's associations and the U.S. nongovernmental organization, Women's Equity in Access to Care and Treatment (WE-ACTx.) I will speak of their pain and resilience.

A Clash of Cultures: Traditional Healing Practices and Psychotherapy in Rwanda

In traditional society, the Banyarwanda performed various cultural and religious rituals which were an integral part of daily life for every Rwandan. These practices constituted a shared common reality and provided life enhancing tools for daily life. Today, Rwandan elders are the keepers of these traditions and symbols. After the 1994 genocide many Rwandans consulted with traditional healers before visiting hospitals or seeking psycho-therapeutic services. Many used traditional healing in conjunction with Western mental health treatment, or those disappointed by modern medicine turned to traditional healing practices as an alternative. Traditional healers posed challenges for contemporary Rwandan mental health providers and raised questions as to the efficacy of traditional practices. This presentation will examine the cultural clash between traditional healing practices and modern methods of trauma treatment and will describe the contributions made by both to the healing processes of Rwandans in the aftermath of the 1994 genocide.

Dual-Trauma Couples: The Interactive Effects of Complex Trauma (Abstract #180045)

Symposium (clin res) **Waterview C/D, Lobby Level**

Alexander, Pamela, PhD[1]; Waltz, Jennifer, PhD[2]; Musser, Peter, PhD[3]; ***Courtois, Christine, PhD[4];*** **Bratton, Katrina, MA[2]**
[1]*Wellesley Centers for Women, Wellesley, Massachusetts, USA*
[2]*Department of Psychology, University of Montana, Missoula, Montana, USA*
[3]*Department of Psychology, University of Maryland at Baltimore County, Columbia, Maryland, USA*
[4]*Christine A. Courtois, PhD & Associates, PLC, Washington, District of Columbia, USA*

The purpose of this symposium is to describe research exploring the interactive long-term effects of complex trauma. Presentations will focus on couples in which both partners have experienced childhood maltreatment and the effects of their trauma histories on risk for abusive parenting, relationship functioning, and intimate partner violence.

Dual-Trauma Parents and Their Risk for Abusive Parenting

Much research has been conducted on the effects of childhood trauma (especially child sexual abuse) on the parenting practices of mothers. Much less research has been conducted on trauma history and the parenting practices of fathers. However, even less attention has been given to the interactive effects of trauma history of both parents on their parenting. This presentation will focus on the differentiation of couples based on the trauma history of each parent with respect to their risk for abusive parenting - in other words, how the interaction of parents´ trauma histories can lead to a qualitatively different home environment for their children. Data collected from 293 couples who received home visitation services from the U.S. Army´s New Parent Support Program will be presented. The interactive effects of different types of trauma history will be explored and described with respect to each parent´s risk for child abuse (based on the Child Abuse Potential Inventory, Milner, 1986), official reports of child maltreatment, the psychological functioning of each parent, characteristics of marital and family functioning, and home visitors´ reports of other risk factors within the household. Implications for intervening with dual-trauma parents and their children will be described as will suggestions for future research.

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Dual-Trauma Couples and the Impact of Child Sexual Abuse

Although previous research indicates that a history of child sexual abuse affects how adults function in their intimate relationships, little is known about the complex effects of both members of a couple having a child abuse history. Clinically, many therapists experience dual-trauma couples as particularly difficult and complex, especially those with child abuse histories. The current study includes three types of couples, recruited from the community: those with no child sexual abuse history, couples in which a female partner has a history of child sexual abuse, and couples in which a female partner has a child sexual abuse history, and her partner also has a history of some type of child abuse. Couples completed self-report measures, and participated in a behavioral observation assessment of communication. The study will examine the impact of dual-trauma history on factors such as adult attachment, relationship satisfaction, emotional expression and communication styles. It will also examine the impact of abuse variables (e.g., relationship to perpetrator, duration of abuse, etc.) on current relationship functioning for couples in which one or both partners were abused. Implications of the results for conceptualizing and treating dual-trauma couples will be discussed.

Dual-Trauma Couples and Intimate Partner Violence

Research on intimate partner violence (IPV) frequently investigates the childhood trauma history of the batterer or the victim, but not the interaction of their trauma histories. Given the evidence of assortative mating for many trauma-related sequelae that also increase the risk for IPV (e.g., substance abuse, antisocial personality traits) and given the known effects of a trauma history on intimate relationships, this is an important omission. Therefore, a sample of 276 men court-ordered to treatment for IPV and their female partners were compared on the basis of each partner´s self-reported history of childhood trauma - physical abuse (CPA), sexual abuse (CSA), and witnessing IPV. Preliminary analyses suggested that a man´s history of severe CPA predicted the generality of his violence, the severity of his violence toward his partner, antisocial and borderline traits and dissociation. A woman´s history of CSA was associated with her partner´s history of trauma and her own history of multiple abusive relationships in adulthood. Also, a woman with a history of witnessing IPV was not only more likely to be partnered with a man with a history of witnessing IPV, but was also more likely to underreport her current experience of IPV, relative to her partner´s report. Case examples will be included as will a discussion of the implications for treatment.

Assessment-Based Treatment for Traumatized Children: Using The Trauma Assessment Pathway (TAP) Model

(Abstract #180040)

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

Conradi, Lisa, PsyD[1]; Gilbert, Alicia, PhD[1]; Killen-Harvey, Al, LCSW[1]
[1]*Chadwick Center for Children and Families, Rady Children's Hospital, San Diego, San Diego, California, USA*

This interactive workshop will discuss, "Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model (TAP)." TAP is an assessment-based treatment model developed by the Chadwick Center at Rady Children´s Hospital and Health Center in San Diego designed for treating children and adolescents between two and 18 years of age who experienced any type of trauma. TAP incorporates assessment, triage, and evidence-supported components of trauma treatment into clinical pathways. The presenters will provide audience members with the following: 1) knowledge and steps necessary to incorporate standardized assessments into the intake process; 2) a model for the treatment of trauma guided by assessment; and 3) a treatment model that is directed by the uniqueness of the child and his or her family. Following a brief discussion that will provide necessary background information for designing and making decisions within an assessment-based treatment protocol, the presenters will prepare a case study designed for audience participation. The case study discussion will focus on using assessment information to create a Unique Client Picture and formulating an appropriate, individualized treatment plan using evidence-supported practices. An algorithm discussing how to use the essential components of trauma treatment in this and other cases will also be presented.

Working Across Cultures: Adaptations and Dissemination of Prolonged Exposure to an African Culture

(Abstract #179662)

Workshop (intl) **Waterview A/B, Lobby Level**

Osterman, Janet, MD[1]; *de Jong, Joop T.V.M., MD, PhD*[2]
[1]*Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA*
[2]*Vrije Universiteit, Amsterdam, Amsterdam, Netherlands*

This workshop will discuss issues of disseminating and implementing treatment in non-western (low income) countries and the need for cultural adaptations. The cultural and linguistic adaptation of a well-validated western CBT protocol, Prolonged Exposure (PE) for a non-western (Eritrean, African) culture will be presented. A template for adaptation, based on accepted methodology for translating instruments, was used to modify this treatment protocol. The presenters will discuss the difficulties and advantages to using this methodology. Recruitment of focus groups and the importance of their contribution to this process will be discussed. The final version underwent both review of the back-translated manual for fidelity to the PE and review by members of a focus group of Eritrean members of the local Boston community for acceptability of the adaptations and treatment methodology. Pilot data from members of the Boston Eritrean community and/or from Eritrea will be presented. Participants will be invited to discuss their experience in working with various cultures and explore issues related to treatment and research. In addition, participants will be able to discuss their experience in cultural and linguistic translations of complex concepts.

Concurrent Session 5

Friday, November 16
8:00 a.m. - 9:15 a.m.

LATEBREAKER

PTSD and Traumatic Head Injury: What Do We Know and Where Do We Go? (Abstract #187356)

Panel (clin res) — **Kent A/B/C, 4th Floor**

Bryant, Richard, PhD[1]; Vasterling, Jennifer J., PhD[2]; Hoge, Charles W., MD[3]; Harris, Janet[4]
[1]*University of New South Wales, Sydney, New South Wales, Australia*
[2]*VA Boston Healthcare System and National Center for PTSD, Boston, Massachusetts, USA*
[3]*Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Washington, District of Columbia, USA*
[4]*Army Nurse Corps, Fort Detrick, Maryland, USA*

Given the media attention, funding opportunities and attention dedicated to understanding the relationship between PTSD and Traumatic Brain Injury (TBI) in military settings, this late-breaking panel will synthesize information about TBI and PTSD. Hoge will present on PTSD and TBI among soldiers and discuss the challenges in how the military and VA are screening and treating these conditions. Vasterling will present data from a prospective study of Iraq-deployed Army soldiers illustrating the relationship between neuropsychological performance and PTSD. She will emphasize clinical implications of understanding head injury in PTSD. Bryant, focusing on civilians, will discuss the nature and treatment of PTSD following TBI outside the military context. Dr. Harris would provide a context for understanding the Congressional Directed Medical Research Programs TBI and PTSD program. Panelists will synthesize research and clinical perspectives from biological and psychosocial models.

Developing Mentor Relationships in Psychology (Abstract #180075)

Panel (train) — **Waterview C/D, Lobby Level**

Charvat, Mylea, MS[1]; *Schnurr, Paula, PhD[2];* Keane, Terry, PhD[3]; Kaloupek, Danny, PhD[4]; Monson, Candice, PhD[5]; Newman, Elana, PhD[6]
[1]*PGSP & National Center for PTSD, Menlo Park, San Francisco, California, USA*
[2]*VA Medical and Regional Office Center, White River Junction, VT, White River Junction, Vermont, USA*
[3]*VA Boston Healthcare System & Boston University, Boston, Massachusetts, USA*
[4]*VA Boston Healthcare System, Boston, Massachusetts, USA*
[5]*VA National Center for Posttraumatic Stress Disorder, Boston, Massachusetts, USA*
[6]*University of Tulsa, Tulsa, Oklahoma, USA*

Research reveals that students who experience a positive mentoring relationship are more likely to benefit from early career advancement and satisfaction than students who do not receive such mentorship. While programs in graduate clinical psychology prepare students for their roles as researchers and practitioners, most graduate programs do not focus on helping students seek and identify positive mentoring relationships beyond the dissertation chair-advisee relationship. Mentorship can be differentiated between two types of assistance: instrumental and psychosocial. Instrumental help includes coaching, sponsorship, exposure, and opportunities for career advancement such as publication and presentation. Psychosocial help includes role modeling, empathizing, and counseling.

In seeking mentorship or deciding to become a mentor important considerations should be addressed.
- Type of mentorshipsought: instrumental, psychosocial or both
- Communication style & personality factors
- Fit between mentor´s profession track & protégé´s career goals

The panel will include discussion and skills education on:
- Benefits of being mentored
- Identifying and approaching potential mentors
- How to be a productive and cooperative protégé (accepting feedback)
- Setting boundaries in the mentorship relationship
- Mentoring younger professionals while being mentored

This session does not offer CME credit.

Cultural Adaptations to Complex Trauma Treatment with Children and Adolescents (Abstract #179903)

Panel (child) — **Waterview A/B, Lobby Level**

Lanktree, Cheryl, PhD[1]; Bryant-Davis, Thema, PhD[2]; Saltzman, William, PhD[3]; *Jones, Russell, PhD[4]*
[1]*MCAVIC-USC Child and Adolescent Trauma Program, Long Beach, California, USA*
[2]*Counseling, California State University, Long Beach, California, USA*
[3]*Counseling, California State University, Long Beach, Pasadena, California, USA*
[4]*Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

This panel will discuss the cross-cultural adaptations of three complex trauma interventions for culturally diverse children, adolescents and their families. Presentations will include treatment outcome data and case studies supporting these treatment models and will focus on strategies for the prevention of further trauma exposure and long-term trauma-related reactions. The first presentation will describe Integrative Treatment of Complex Trauma (ITCT), an empirically-based approach for culturally diverse, disadvantaged, high risk children and adolescents who have been multiply traumatized by child abuse, family and community violence, loss, and medical trauma. The second presentation will include a qualitative and quantitative analysis of a cross-cultural application of the ITCT model in a school-based program conducted at alternative ("storefront") school settings. Treatment outcome data and information from semi-structured interviews will be presented. The third presentation will describe how a trauma-focused family program (FOCUS: Families Overcoming and Coping Under Stress) was adapted for culturally diverse families dealing with medical trauma. A case study will be presented with outcome data supporting the effectiveness of this program. The discussant will review these presentations and elaborate on the importance of cross-cultural issues in trauma treatment.

Web-based Interventions for the Prevention and/or Treatment of PTSD (Abstract #179470)

Symposium (disaster) — **Dover A/B/C, 3rd Floor**

Olff, Miranda, MA, PhD[1]; Mouthaan, Joanne, MA[1]; Kassam-Adams, Nancy, DR[2]; Kuhn, Eric, PhD[3]; Winston, Flaura, MD, PhD[2]; Sijbrandij, Marit, MA PhD[1]; Christophe, Herbert, PhD, MA[4]; Ruzek, Josef, PhD[5]; Benight, Charles, PhD[6]; Cordova, Matthew, PhD[5]; Brunet, Alain, PhD[4]
[1]*Academic Medical Center Amsterdam, Amsterdam, Netherlands*
[2]*University of Pennsylvania - School of Medicine, Philadelphia, Pennsylvania, USA*
[3]*MIRECC, NCPTSD, VA Palo Alto Health Care System, Menlo Park, California, USA*
[4]*Psychiatry, McGill University, Verdun, Quebec, Canada*
[5]*National Center for PTSD, Menlo Park California, USA*
[6]*UCCS, Colorado Springs, Colorado, USA*

This symposium presents information on Web-based early interventions for the prevention or treatment of PTSD. The internet provides an excellent tool to reach large numbers of trauma survivors who may experience stress reactions including those who are not in the position or who may be reluctant to use mental health services.

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Preventing PTSD Online: A Web-Based Multimedia Early Intervention for Injury Patients

Growing randomized clinical trial evidence suggests that cognitive behavioural techniques delivered in the first days and weeks after injury can prevent the development of chronic PTSD. Based on cognitive behavioural techniques, we have developed a brief multimedia intervention. It is an internet-based programme containing interactive elements and visual and auditory materials. The early intervention aims to reduce acute psychological distress and long-term symptoms of PTSD in trauma victims. The following core and elective modules are included: psychoeducation, self-directed exposure exercises, cognitive restructuring and stress management. We conducted a pilot study in which we included five injured Trauma Unit patients of a Level I Trauma Center in Amsterdam and five matched controls. Participants received the intervention at 2-8 days post-trauma. We measured state anxiety with an online questionnaire immediately before and after the intervention. PTSD symptoms were assessed using a clinical interview before the intervention and at one month post-trauma. In this presentation we will discuss the results of the pilot study.

Developing a Secondary Prevention Web Site for Parents of Injured Children

'After the Injury: Helping Parents Help Their Kids' is a newly developed Web site for parents of injured children. It aims to provide practical information about recovery after injury (including traumatic stress and other reactions) and promote optimal coping assistance by parents. The site includes a brief video on what to expect after injury and how parents can help. A set of interactive tools allows parents to get information on common concerns (sleep, pain, how siblings are reacting), assess their child´s (and their own) traumatic stress reactions, identify ways to help targeted to the problems they identify, and create a personalized Coping Plan for helping their child. In developing the Web site we have endeavored to build on available evidence regarding child traumatic stress, parent responses, and effective secondary prevention. Parent feedback and usability testing were incorporated throughout the development process. Next steps include evaluating the site´s effectiveness in increasing parent awareness and provision of effective coping assistance, testing dissemination methods, and building related web modules for injured children and adolescents.

Novel Approaches in the use of Internet in The Field of Traumatic Stress: Info-Trauma

Using the Internet in Trauma-Related Education and PTSD treatment When trauma strikes a community or a country, preparedness is a key issue. To that effect, the internet can be useful in many different ways. A classical approach involves disseminating printed or audio-visual information on symptoms and their management. Other more recent approaches include on-line diagnosis, Web-based secondary or tertiary prevention, interactive e-learning for mental health professionals, and ready-to-use toolboxes for first-line responders in a disaster situation. In this presentation, we will present the conceptual development of Info-trauma, a Web site which uses the internet to offer a number of such modules and services traumatized individuals, those who love them, and those who provide professional care.

Journey to Trauma Recovery: A Self-Help Web site for Posttraumatic Stress Reactions

"Journey to Trauma Recovery" is a self-help Web site designed using cognitive-behavioral principles to help recently traumatized individuals understand, manage, overcome, or consider seeking professional help for their posttraumatic reactions. Users begin with a self-assessment of posttraumatic stress reactions, depression, social support, and trauma coping self-efficacy. Based on the assessment, the Web site provides a personalized homepage where users are given graphical feedback on their distress and coping self-efficacy and an individualized travel plan of "destinations of recovery" (self-help modules) that would be most helpful for them to visit. Destinations of recovery include: reducing physical tension (muscle relaxation, paced breathing, and positive imagery), managing triggers (cued reexeperiencing and memories), challenging negative thinking, enhancing social support, avoiding unhelpful ways of coping, and deciding whether to seek face-to-face counseling. Users can create an account so they can track their recovery and begin each visit where they left off during their previous visit. We will present preliminary usage information provided by survivors of a natural disaster and a school shooting. We also will present findings from a study of recently hospitalized trauma survivors regarding their attitudes about Web-based self-help for posttraumatic reactions.

Linguistic Considerations in the Treatment of PTSD
(Abstract #179598)

Symposium (practice) **Grand Ballroom I and II, 3rd Floor**

Grunert, Brad, PhD[1]; Morschauser, Steven, MA[2]; Woods, April, BA[3]
[1]Plastic Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin, USA
[2]Clinical Psychology, Cardinal Stritch University, Milwaukee, Wisconsin, USA
[3]Psychology, University of Wisconsin, Milwaukee, Wisconsin, USA

This symposia will examine the impact of language on the treatment of PTSD. Research on the effects of bilingualism and the role of interpreters in the treatment of PTSD will be presented. Underlying neurocognitive mechanisms of language and processing in PTSD will be discussed.

Using Primary versus Secondary Language in Treatment for Bilingual PTSD Clients

This study evaluated the response to prolonged imaginal exposure for PTSD of twenty monolingual (English-only) clients to twenty bilingual clients (English as a second language). Each client had sustained a mutilating hand injury and sibsequently developed PTSD. All clients initially received treatment in English. Following this, the bilingual clients underwent treatment in their primary language. All clients were assessed using the Beck Depression Inventory, the State-Trait Anxiety Inventory (State subscale only), the Impact of Events Scale, the Subjective Units of Distress Scale, and a 0-10 rating scale for Imagery Vividness pre- and post-treatment as well as at six-month followup. The response to prolonged imaginal exposure was significantly greater for the monolingual group as compared to the bilingual group when treatment was conducted in English. When the treatment was conducted in the primary language for the bilingual group, their response was comparable to the monolingual group. Both groups described the imagery of the trauma as being highly vivid in their primary language but the bilingual group described it as significantly less vivid in their secondary language. This indicates that the emotional activation necessary to facilitate habituation and affective reprocessing may best be accomplished by using the primary language of traumatized clients in treatment.

Interpreters in the Treatment of PTSD in Non-English Speaking Clients

This study evaluated the effects of using interpreters with non-English speaking clients to facilitate the treatment of PTSD following mutilating limb injuries. Thirty clients, who were non-English speaking, were compared to thirty clients who spoke English as their primary language. All clients were treated with prolonged imaginal exposure (PIE). Clients were evaluated with the Beck Depression Inventory (BDI), the Subjective Units of Distress Scale (SUDS), a 0-10 Rating of Imagery Vividness (RIV) and a weekly count of flashbacks at pre-treatment, post-treatment, and at six month follow-up. Data was collected for the total length of each session as well as the total number of sessions for each client. The results demonstrate comparable treatment effects on all measures for both groups. The use of interpreters resulted in an increase in the average length of treatment sessions and a greater average number of treatment sessions. This appeared to be due to the

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increased amount of time required for the interpretation from one language to another. Despite the fact that interpretation delayed the processing of verbal information during the sessions, clients reported comparable vividness of their trauma images to those who were treated in their primary language. The use of interpretation appears to be a viable option when a primary language therapist is not readily available.

Neurocognitive Mechanisms of Linguistic Encoding and Processing in PTSD

The purpose of this presentation is to review the current literature regarding neurocognitive mechanisms which may impact on the use of language in PTSD treatment. Processes examining the encoding of language and affect in relation to trauma memories will be presented. Current imaging studies relevant to the processing of PTSD and its relationships to emotional activation will be discussed. Mechanisms incorporating emotional activation and reprocessing as they relate to language formulation and encoding will also be examined. Implications for the treatment of PTSD in primary and secondary languages will be presented. Areas of future research in imaging to delineate linguistic encoding and processing as they relate to trauma and traumatic memories will be proposed.

Basal Functioning, Pharmacological and Psychological Challenging of the HPA Axis in PTSD (Abstract #179978)

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

Meewisse, Mariel, MSc[1]; Elzinga, Bernet, DR[2]; De Kloet, Carien, DR[3]
[1]*Psychiatry, Center for Psychological Trauma, Amsterdam, Netherlands*
[2]*University of Leiden, Amsterdam, Netherlands*
[3]*Military Psychiatry, Central Military Hospital, Utrecht, Netherlands*

Lower basal levels of cortisol in PTSD are found only under certain conditions and depend on study group and design. Pharmacological and psychological challenge of the HPA axis gives insight in reactions to stressors. Do specific subgroups within PTSD exist and should we use well-matched controls when studying the HPA axis?

Cortisol and Posttraumatic Stress Disorder in Adults: a Systematic Review and Meta-Analysis

Background: Posttraumatic Stress Disorder (PTSD) has inconsistently been associated with lower levels of cortisol.
Aims: To compare basal cortisol levels in adults having current PTSD with nonpsychiatric individuals.
Method: Standardized Mean Differences (SMD) were calculated and random effects models using inverse variance weighting were applied.
Results: Across 37 studies 828 subjects with PTSD, and 800 nonpsychiatric controls did not differ in cortisol levels (pooled SMD=-0.12, 95 percent CI=-0.32 to 0.080). Subgroup-analyses revealed that studies assessing plasma or serum had significantly lower cortisol levels in subjects with PTSD when compared with non-exposed controls. Also, lower cortisol levels were found in subjects with PTSD in studies including solely females, in studies on physical or sexual abuse, and in afternoon samples.
Conclusions: Low cortisol levels in PTSD are only found under certain conditions. Future research should disentangle whether low cortisol is related to gender or abuse and depends on methods used.

HPA Axis Regulation in Veterans with and Without PTSD

Introduction: Numerous studies report on HPA axis functioning in PTSD, but the question remains if reported alterations are related to the presence of PTSD or to trauma exposure in general.
Methods: HPA-axis functioning was assessed using pharmacological and nonpharmacological paradigms in a sample of traumatized veterans with and without PTSD, matched on age, year and region of deployment. Age-matched nonmilitary controls were included as well.
Results: Assessment of the awakening cortisol response (ACR) showed a flattening of the ACR in both veterans with and without PTSD. The 4 pm 0.5 mg dexamethasone suppression test (DST) showed enhanced salivary cortisol suppression in veterans with PTSD (p=0.04) and without PTSD (p=0.002) compared to controls. DEX-CRH test did not show significant differences between veterans with (n=26) and without PTSD (n=23), but it did differentiate between PTSD with (n=13) and without comorbid MDD (n=13). The cognitive stress challenge showed an exaggerated ACTH response in veterans with PTSD compared to veterans without PTSD.
Conclusions: Enhanced cortisol suppression in response to DST, as well as flattening of ACR seems not related to PTSD but to trauma exposure or other military related factors. DEX-CRH results suggest subgroups within PTSD. This study stresses using well matched trauma controls when studying the neurobiology of PTSD.

The Role of Early Adverse Events on Cortisol Responses to Psychosocial Stress

Background: Animal and human studies have found that early adverse events can result in an altered reactivity of the HPA-axis. The aim of the present study was to investigate the role of early adverse events on cortisol reactivity to psychosocial stress in young healthy subjects (study 1) and in patients with anxiety disorders (e.g., PTSD and Social Phobia, study 2). Methods: Salivary cortisol levels were measured before, during and after exposure to a psychosocial stress task in healthy controls (n=80), patients with PTSD (n=20), and Social Phobia (n=20). **Results:** A significant blunted cortisol response was found in individuals with a history of adverse events compared to individuals with no adverse life events, with no differences in baseline cortisol levels. Moreover, in a regression analysis the number of early life events was a significant predictor of cortisol area under the curve increase (AUCi). In the patients, in contrast, early adverse events were associated with increased cortisol reactivity to psychosocial stress. **Conclusions:** These findings suggest that early childhood events may have a chronic impact on HPA axis reactivity depending psychopathological status, with blunted cortisol levels in subjects who did not develop a psychiatric disorder, and enhanced cortisol levels in patients with anxiety disorders

Adolescent Physical Abuse Exposure and Young Adult Outcomes (Abstract #179674)

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

Sunday, Suzanne, PhD[1]; Kaplan, Sandra, MD[1]; Labruna, Victor, PhD[1]; Pelcovitz, David, PhD[2]
[1]*Psychiatry, North Shore-LIJ Health System, Manhasset, New York, USA*
[2]*Education, Yeshiva University, New York, New York, USA*

This symposium will present a ten-year follow-up study of young adults, documented as physically abused during adolescence, and matched comparison subjects. The methodology and demographics, and data concerning adult psychopathology, intrafamilial violence, and psychopathy will be presented and implications on resilience will be discussed.

Adolescent Physical Abuse Exposure and Young Adult Outcomes: A Ten-Year Follow-up Study

More than 15 years ago, our research group conducted an extensive NIMH-supported study of 99 physically abused (documented by New York State Department of Social Services) middle-class adolescents and a matched comparison group of 99 non-abused adolescents. We have recently completed the second wave of data collection on 67 of the young adults in the abused group and 78 in the comparison group, supported by an NIMH grant. This sample of young adults will be described and contrasted with those in the original study. The methodology and demographic profiles of these young adults will be presented.

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

Adolescent Physical Abuse Mediates Young Adult Psychopathology

Numerous researchers have reported increased rates of psychopathology in both community and clinic adult samples who self-reported child maltreatment (e.g. MacMillan et al., 2001). We examined the relationship between abuse history and psychopathology among our cohort of non-clinic referred young adults who were documented as physically abused in adolescence and in the matched comparison group. Subjects were interviewed using SCID I for DSM-IV. The abuse group had significantly more of the following than the comparison group: presence of any Axis I disorder, mean number of Axis I disorders, presence of an affective disorder, presence of any anxiety disorder, alcohol dependence and drug dependence. The abuse group did not show elevations for all Axis I disorders; for example PTSD, eating disorders, and somatoform disorders were present to the same degree for both groups. Logistic models of affective disorders, anxiety disorders, and alcohol/drug dependence and the impact of abuse history and interactions with abuse history and gender will be presented and discussed.

The Impact of Adolescent Physical Abuse on Intrafamilial Violence

Adolescents who experience child maltreatment have been reported to be two to three times as likely to abuse their own children as their non-abused counterparts (Ross, 1996). To examine the impact of adolescent physical abuse on risk of abusing their own children, young adults who were physically abused during adolescence and comparison subjects completed the Child Abuse Potential Inventory (Milner, 1987). The abuse group showed an increased potential to abuse their own children, especially for women in that group who have had their own children. Childhood physical abuse has also been associated with higher rates of violent adult romantic relationships and domestic violence. A questionnaire assessing frequency of physically and psychologically aggressive acts perpetrated toward and received from a romantic partner was administered. Abuse group men reported being victims of intimate partner violence at elevated levels as compared with the other groups. The abuse group was more likely to perpetrate physical and psychological abuse toward an intimate partner with abused women most likely to have perpetrated physical violence. This may increase the likelihood that women who were physically abused during adolescence will expose their own children to domestic violence. The implications of these behaviors and attitudes will be discussed.

Psychopathy and Antisocial Behavior in Young Adults who were Physically Abused as Adolescents

Child maltreatment is considered a strong risk factor for conduct disorder in childhood and adolescence and antisocial behavior problems and increased aggressive behaviors in adulthood. We examined antisocial personality disorder (SCID II), psychopathy (Psychopathic Personality Inventory (PPI) -Lilienfeld & colleagues 1996, 1998, 2000), and moral disengagement (Bandura) in the young adults who were physically abused during adolescence and in the comparison group. A history of documented physical abuse, even though fairly mild without the added problems of poverty, was associated with alterations in aggressive behaviors. Despite elevations in conduct disorder symptoms during adolescence, and for abused men antisocial symptoms during adulthood, the abuse group had a fairly low rate of serious, sustained antisocial behaviors in adulthood - the differences in this group appear to be more subtle. The abuse group was more callous and guiltless and more likely to blame others for their (the respondent´s) problems and rationalize their own negative behaviors. The abuse group was more likely to "blame the victim" which could encourage the acceptance of violence towards themselves and others. There were clear sex differences placing the young men in the abuse group at the greatest risk of acceptance and practice of aggressive behaviors.

How ISTSS Can Make a Difference: The Work of the Public Policy Committee (Abstract #179575)

Workshop (culture) **Laurel C/D, 4th Floor**

Friedman, Matthew, MD[1]; Elmore, Diane, PhD[2]; Gerrity, Ellen, PhD[3]; Turner, Stuart, MD[4]
[1]*National Center for PTSD, White River Junction, Vermont, USA*
[2]*Public Interest Government Relations Office, American Psychological Association, Washington, District of Columbia, USA*
[3]*Duke University Medical Center, The National Center for Child Traumatic Stress, Bethesda, Maryland, USA*
[4]*Refugee Therapy Centre, Trauma Clinic Chair, London, United Kingdom*

Scientists and practitioners with an expertise in trauma can add a tremendous amount to the global public policy debate. In recent years, ISTSS and its members have placed increasing importance on the role that the organization can play in the public policy arena. These efforts include sharing relevant research, practical experience, and policy recommendations with the United Nations, the U.S. Congress and federal agencies, and the public at large. This presentation will highlight the ways in which ISTSS members can utilize their expertise in trauma to inform and influence the public policy process. A brief history of the ISTSS Public Policy Committee will be presented and members of this committee will share strategies for successful advocacy using examples from recent committee efforts. Specifically, organizational policy initiatives regarding the health of service members/veterans, torture, and emergency preparedness will be discussed. In addition, opportunities for ISTSS members to become involved in organizational and individual policy activities will be highlighted. Participants will also be encouraged to utilize this session as an opportunity to share their public policy interests and ideas with members of the ISTSS Public Policy Committee.

Surviving the Aftermath: A Sensorimotor Approach to the Hidden Wounds (Abstract #179517)

Workshop (practice) **Grand Ballroom VI, 3rd Floor**

Ogden, Pat, PhD[1]; Steele, Kathy, MS[2]
[1]*Sensorimotor Psychotherapy Institute, Boulder, Colorado, USA*
[2]*Private Practice, Metropolitan Counseling Services, Atlanta, Georgia, USA*

The profound effects of current and past wars leave none of us unscathed. The cost of surviving the aftermath of war will be paid by our veterans, their loved ones, their communities and their countries for decades to come. While a prerequisite for the recovery of the individual, and the restoration of social order includes telling the truth about unspeakable atrocities, the very act of remembering commonly exacerbates symptoms. In this workshop, understanding of trauma-related dissociation and somatic approaches to treatment that are precise, relevant and valuable for modern research and clinical practice will be emphasized. Early application of these interventions may prevent further development of a chronic mental disorder and other serious health consequences, as well as social and societal effects. Concepts will be illustrated through footage of traumatized WWI soldiers, and video-taped excerpts of therapy with a contemporary war veterans. Topics such as working with memories of combat and torture, profound change in meaning and belief, and retriggering of symptoms by current events will be addressed. While this workshop focuses on war-related issues, the interventions taught can be applied to any type of trauma.

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Treatment of Military Related PTSD: From Initial Screening to Trauma Focused Psychotherapy (Abstract #179554)

Workshop (practice) **Harborside D, 4th Floor**

Martel, Dana, MSW[1]; Richardson, Don, MD[1]; Gifford, Shannon, PhD[1]
[1]*Operational Stress Injury Clinic, Parkwood Hospital, St. Joseph's Health Care, London, Ontario, Canada*

To address the lack of resources for treating operational stress injuries in Canada, Veterans Affairs Canada collaborated with local communities to establish Operational Stress Injury (OSI) Clinics across Canada. Using case illustrations, this presentation will explore the clinical presentation of military related PTSD and review critical stages of treatment, with a focus on stabilization. The presentation will also examine treatment outcome in a group of peacekeepers with PTSD who completed psychiatric rating scales prior to admission to an OSI clinic and regularly during treatment at three, six and 12 months.

Research Methods to Inform the Development of Trauma-Informed Systems for Children and Adolescents (Abstract #179853)

Workshop (assess) **Harborside E, 4th Floor**

Berson, Ilene, PhD[1]; Dollard, Norin, PhD[1]; Lazear, Kathy, MA[1]; Vergon, Keren, PhD[1]
[1]*University of South Florida, Tampa, Florida, USA*

This workshop describes three research methods implemented to advance trauma informed systems at the county and state levels within the state of Florida. The first presentation will focus on the development of a logic model to guide process and outcome indicators that can inform practice and policy for a system of care servicing young children and their families who are involved with the child welfare system. The second presentation explores use of a case study methodology (i.e., record reviews and interviews with multiple key informants) to describe Florida´s current trauma-informed service provision and guide the development of training curricula to expand capacity for statewide implementation. The workshop concludes with a description of the use of Markov models to examine movement across multiple service sectors of children and adolescents who have experienced trauma. The three examples of mental health services research represent diverse methods for translating research into practice and policy decisions with the shared goal of fostering best practices for trauma-informed care of children.

Implementing TF-CBT in a Statewide System of Care: The Learning Collaborative Methodology (Abstract #179929)

Workshop (commun) **Laurel A/B, 4th Floor**

Franks, Robert, PhD[1]; Berkowitz, Steven, MD[1]
[1]*Yale University, New Haven, Connecticut, USA*

The Connecticut Center for Effective Practice (CCEP), an operating entity of the Child Health and Development Institute, was created through an innovative partnership among key stakeholders in Connecticut, including the Connecticut Department of Children and Families (DCF), the Judicial Branch´s Court Support Services Division (CSSD), the University of Connecticut Health Center (UCHC) Department of Psychiatry, the Yale Child Study Center (YCSC), and The Consultation Center (TCC) at Yale University. Over the course of the three years, CCEP is serving as the coordinating center for the Connecticut Trauma-focused CBT Learning Collaborative (LC). The learning collaborative has been adapted from NCTSN´s established methodology that has been demonstrated in other such initiatives for TF-CBT nationally. Outcome data is being collected pre- and post-treatment (following session 12) and will include the following domains:1) trauma exposure, 2) trauma symptoms 3) symptoms of depression, 4) model fidelity 5) parent satisfaction and 6) monthly activity. This presentation will provide an overview of preliminary results of the implementation and discuss barriers, challenges and successes associated with implementing an evidence-based trauma-focused treatment within a statewide system of care.

9/12: From Chaos to Community (Abstract #176817)

Media Presentation **Grand Ballroom III and IV, 3rd Floor**

Ochs, Jacki, BFA[1]; Styron, Susanna, MFA[1]; ***Marshall, Randall, PhD***[2]
[1]*Eleventh Hour Films, New York, New York, USA*
[2]*New York State Psychiatric Institute, New York, New York, USA*

9/12: From Chaos to Community" is a 60-minute documentary film about a community of people that grew out of the volunteer effort at Ground Zero in New York City after the World Trade Center attacks. In the wake of the disaster, traumatized New Yorkers from all walks of life felt compelled to overcome their sense of powerlessness by volunteering to help out in the recovery effort. They brought in supplies, set up relief stations, and for ten months fed and cared for the recovery workers. Many deep and unexpected - even unlikely - relationships developed as people forged unusually powerful bonds around their shared experience. Using cinema verite footage, interviews and archival photographs, the film traces the relationships between people who are coping with the trauma of large-scale disaster by taking action and reaching out to others. Through their stories we present a portrait of the city within a city that was Ground Zero, and examine how an extremely diverse group of people transcended politics and culture in an effort to heal their city and themselves. "9/12" is a vibrant, moving, sometimes funny, sometimes painful portrayal of hope and healing in the wake of disaster.

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Concurrent Session 6

Friday, November 16
9:30 a.m. - 10:45 a.m.

Early Intervention Following Assaults and Motor Vehicle Accidents (Abstract #179577)

Master Clinician (practice) **Harborside E, 4th Floor**

Bisson, Jonathan, DM[1]
[1]Psychological Medicine, Cardiff University, Cardiff Wales, United Kingdom

During this presentation two hypothetical scenarios will be considered of individuals traumatised by their involvement in an assault and a motor vehicle accident. Approaches to providing initial support, detecting more problematic reactions and then providing a brief trauma-focused cognitive behavioural intervention will be described. The presentation will consider issues such as appropriate assessment of individuals, tailoring interventions to an individual´s needs and combining evidence-based approaches when co-morbidity occurs. It will also consider the clinician's role in liaising with other agencies/services to ensure that survivors of assaults and motor vehicle accidents needs are adequately catered for.

What Every Mental Health Professional Should Know About Crime Victim Compensation (Abstract #186814)

Panel (commun) **Grand Ballroom VI, 3rd Floor**

Kilpatrick, Dean, PhD[1]; Eddy, Dan[2]; Seymour, Anne[3]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]National Association of Crime Victim Compensation Boards, Alexandria, Virginia, USA
[3]The Crime Victims Report Washington, District of Columbia, USA

In 1984, the U.S. Congress enacted the Victim of Crime Act (VOCA). Part of VOCA was a federal funding stream to states that reimburses them for costs associated with providing mental health services to victims of crime. Crime Victim Compensation programs have been established in each state and all of these programs pay mental health providers who treat eligible victims for crime-related mental health problems. Crime Victims Compensation can be a funding source to pay for mental health counseling.

The goal of this presentation is to familiarize mental health professionals with relevant laws, regulations, and contact information about crime victim compensation programs in the United States, as well as how to collaborate with victim advocates to insure that victims have access to quality mental health services for their crime-related mental health problems. Participants will include Dan Eddy, Executive Director of the National Association of Crime Victim Compensation Boards; Anne Seymour, who is an experienced victim advocate; and Dr. Dean Kilpatrick who is both a mental health professional and the Chair of the Crime Victims' Advisory Committee for the South Carolina State Office of Victim Assistance, which houses the state's crime victim compensation.

Washington Perspectives: Federal Initiatives for Trauma Prevention and Early Intervention (Abstract #179921)

Panel (culture) **Kent A/B/C, 4th Floor**

Dodgen, Daniel, PhD[1]; Kaul, Rachel, MSW[2]; Keeney, Michelle, PhD, JD[3]; Kleiman, Matthew, MSW[4]; Nolan, Catherine, MSW[5]
[1]Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, District of Columbia, USA
[2]Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland, USA
[3]Science and Technology Directorate, U.S. Department of Homeland Security, Washington, District of Columbia, USA
[4]Division of Immigration Health Services, U.S. Department of Homeland Security, Washington, District of Columbia, USA
[5]Office on Child Abuse and Neglect, Administration on Children and Families, Washington, District of Columbia, USA

As public awareness about the mental health consequences of traumatic events has increased, U.S. federal government agencies have responded by incorporating this awareness into new or existing initiatives. While certain US federal research and treatment programs focusing on PTSD and related conditions are familiar to many trauma researchers and clinicians, other U.S. federal programs remain less visible. In particular, professionals who work in trauma may be less aware of the work of U.S. federal agencies whose mission is less specifically focused on mental health services and research. This panel will provide information about some of these efforts and how they fit into the theme of prevention of trauma and its effects. Examples include community child abuse prevention, suicide prevention for detained immigrants, early assessment for communities struck by catastrophic events, and pre-clinical disaster mental health services. Panelists represent a range of federal agencies. The panel will address research, practice, and policy implications of this work.

Comorbid PTSD and Substance Abuse: Integrating Treatments, Setting Goals, and Negotiating Obstacles (Abstract #179619)

Panel (practice) **Grand Ballroom I and II, 3rd Floor**

DeViva, Jason, PhD[1]; Batten, Sonja, PhD[2]; Najavits, Lisa, PhD[3]; Ouimette, Paige, PhD[4]; Walser, Robyn, PhD[5]
[1]Department of Veterans Affairs, Baltimore, Maryland, USA
[2]United States Department of Veterans Affairs, Baltimore, Maryland, USA
[3]United States Department of Veterans Affairs, Boston, Massachusetts, USA
[4]Department of Veterans Affairs, Syracuse, New York, USA
[5]Department of Veterans Affairs, Menlo Park, California, USA

Research consistently shows higher rates of substance-use disorders (SUDs) among individuals with posttraumatic stress disorder (PTSD) than in the general population. PTSD and SUDs have been demonstrated to be mutual risk factors (Brady, 2001; Stewart, 1996), and SUDs also increase likelihood of trauma exposure trauma (Tarrier & Sommerfield, 2003). Historically, PTSD treatment programs have required that substance-use problems be resolved before providing PTSD treatment. However, research indicates that presence of PTSD significantly impairs efforts to treat SUDs (Najavits et al., 2005; Ouimette et al., 1997). Recently, mental health professionals have realized that PTSD and SUDs are often interrelated, and the focus has shifted to developing treatment programs addressing both symptoms sets in a coordinated fashion. This panel, composed of experts in the treatment of comorbid PTSD and SUDs, will discuss the characteristics of PTSD and SUDs that complicate treatment, how to determine which treatment goals to prioritize, and criteria for shifting treatment focus. Panelists will review integrated treatment approaches and will discuss the extent to which treatments can or should be integrated. Panelists will also discuss how treatment integration may prevent further traumatization. Case vignettes will be used to illustrate differences in approaches and diversity issues.

The Intergenerational Effects of Trauma: Lessons From Holocaust Survivor Families (Abstract #179850)

Symposium (disaster) **Dover A/B/C, 3rd Floor**

Kliger, Hannah, PhD[1]; Isserman, Nancy, PhD[2]; Raizman, Lucy, MSW[3]; Goldenberg, Jennifer, MSW[4]; *Hollander-Goldfein, Bea, PhD*[5]
[1]Pennsylvania State University, Abington, Pennsylvania, USA
[2]Temple University, Wynnewood, Pennsylvania, USA
[3]Jefferson Medical College, Doylestown, Pennsylvania, USA
[4]Jefferson Medical College, Orono, Maine, USA
[5]Jefferson Medical College, Philadelphia, Pennsylvania, USA

Findings from the Transcending Trauma Project show the contributions of new methodologies for studying communication about trauma within families, to provide a more balanced profile of trauma survivors and to offer a new theoretical lens on trauma and its aftermath.

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

Innovative Qualitative Methods for Working with Large Datasets

Due to the labor-intensive methodology that gives qualitative research its scientific rigor, proponents of this approach advocate for the utilization of small samples. However, when studying the intergenerational transmission of trauma in three generations of Holocaust survivor families, we found that the data generated by a small sample was insufficient ot understand familial patterns across generations. The Transcending Trauma Project (TTP) is a large, qualitative research project consisting of 275 in-depth psychosocial life narratives of survivors and their families from 50 intergenerational families. To analyze the TTP data, we developed a new process, the Triad, and created new instruments, the Protocol of Analysis for In-Depth Interviews and the Synopsis, to help us identify and track patterns and findings within the families and across the sample of families. The Triad, serving as the primary vehicle to analyze the data, relied on analysis from multiple perspectives of different team members. Further, the analysis process is summarized in the Synopsis, a records of the main themes of the interview and of the analysis discussions. This approach attempts to address a void in the literature on qualitative methodology and the study of trauma.

Memory and Meaning in Pivotal Survivor Narratives

The impact of key narratives told by survivors and heard by their children and grandchildren becomes evident when survivors' life histories are collected with a focus on how they rebuilt their lives and the ways in which their beliefs and vaues affected their will to live and to start over. As survivors' narratives are heard within the family, their stories about traumatic events teach the listeners more than just how to cope with trauma, but more broadly how to be in the world. The listener, in turn, selects, remembers and internalizes the stories which later may translate into life lessons. From the in-depth interviews conducted by the Transcending Trauma Project, we learn from children of survivors listening to the experience of survivor parents that they are hearing not only what the parent went through; they are also hearing who the parent or grandparent is. When a particular attribute of a survivor parent is clear and emotionally comeplling, this attribute can become an organizing value system in the developing identity of the child. The workings of this process emerged in the analysis of intergenerational interviews. We have framed this process as the tranasmission of pivotal narratives.

The Mediating Influence of Positive Parental Attachment

Since current research has pointed to the quality of parent-child relationships as the primary mediator of the impact of stressors on children, it would follow that the impact of parental trauma would be mediated by the quality of the survivors' parenting and the quality of the attachment between the survivor parents and their children. In the Transcending Trauma Project (TTP), a qualitative research study of 275 in-depth life histories of Holocaust survivors and their families, one third of the families revealed positive parenting by both parents and success in adulthood on the part of the children. In two-thirds of the sample, numbering 35 families, the narrative analyses revealed patterns of divergent parenting where one parent is negatively engaged with the children due to emotional distress described as anger or depression and the other parent is mor epositively engaged with the children. There is also a group of families where the negative parenting is the predominant influence on the children resultin in significant problems in adulthood. These patterns, labeled Mediating Parent, point to the potential of mediating parenting as a strong protective factor for the children in a family environment impacted by emotional distress.

Faith and Religious Practice Coping Mechanisms

Religious belief and practice are aspects of coping and adaptation by Jewish survivors of the Holocaust that have been largely ignored in the literature. Interviews with survivors articulate the ongoing struggle with some of the most compelling and agonizing questions confronting survivors after the Holocaust. Why did I survive when so many I loved could not? Is there an explanation for my survival which gives my life meaning and purpose after the war? Survivors' attepts to answer these existential questions, the explanations some have been able to find for themselves, and the realization for others that explanations cannot be found, are viewed as important work in the reconstruction of the Holocaust and the resilience some have been able to find for themselves and their lives in the aftermath. What role does faith play, ot the loss of it, in the posttraumatic coping and adpatation of Holocaust survivors? What are the reasons behind these various posttraumatic responses? This study focuses on a select sample of Holocaust survivors who exhibit a range of reactions and responses to these compelling questions about the role of faith and religious practice as coping mechanisms.

Trauma and Disaster in the Lives of Persons with Mental Retardation and Developmental Disabilities

(Abstract #179695)

Symposium (culture) **Laurel C/D, 4th Floor**

Scotti, Joseph R., PhD[1]; Stough, Laura M., PhD[2]; *Norris, Fran H., PhD[3];* Stevens, Sarah, MA[1]; Sharp, Amy N., PhD[2]; Cavender, Ashley, BA[1]; Jacoby, Vanessa, BA[1]; Morford, Amy, BA[1]; Kalvitis, Jessi, BA[1]; Nicholson, Susie, BA[1]; Burkhart, Steven, BA[1]

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

[2]Department of Educational Psychology, Texas A&M University, College Station, Texas, USA

[3]Dartmouth College, White River Junction, Vermont, USA

Beyond showing high risk for physical/sexual abuse, the research literature is devoid of studies on trauma and recovery in persons with mental retardation/developmental disabilities. We present on the prevalence of traumatic events in this population, response to and recovery from those events, and on Hurricane Katrina survivors with disabilities.

Trauma in Persons with Mental Retardation: Relation to Behavior Problems and Functional Level

Persons with mental retardation/developmental disabilities (MR/DD) are at high risk for physical/sexual abuse, yet few studies document the effects of that abuse. Virtually nothing is known about rates of exposure to other traumatic events (e.g., MVAs, disasters), and data are seriously lacking on the impact such events have on persons with MR/DD. We report the prevalence and impact of traumatic events on 400 persons with MR/DD. Surveys went to identified families in WV asking caregivers to report on the focus person´s (the person with MR/DD) demographics, exposure to traumatic events, behavior problems (e.g., self-injury, aggression), and disability. Focus persons were 5-72 yrs old (M=21; 40 percent female). A mean of 2.6 traumatic events (range = 0-12) were reported. Number of events was correlated with number of disabilities, $r = .23$, $p < .01$, medical problems, $r = .26$, $p < .001$, number/severity of behavior problems, $r = .17$, $p < .05$, and PTSD symptoms, $r = .19$, $p < .05$. We report these data and the relation to care-giving environments, family psychiatric history, type of traumatic events, and worst event, among other variables. Mediation/moderation analyses are reported to disentangle the links between disability level, behavior problem severity, and occurrence and response to traumatic events. The implications for assessment and treatment of persons with MR/DD are discussed.

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

Response of Persons with Mental Retardation to Emergencies: Implications for Disaster Preparedness

With the focus on disaster preparedness and homeland security, the needs of special populations (e.g., elderly, disabled) during evacuation have been a concern. Persons with mental retardation/developmental disabilities (MR/DD) are a potentially difficult group to assist during emergencies due to a possible lack of understanding of the situation, behaviors that interfere with evacuation, and reactions to stimuli (e.g., sirens, flashing lights). We examine the distress during emergencies of 400 persons with MR/DD (the focus persons). Surveys went to identified families in WV asking caregivers to report on the focus person´s demographics, exposure to emergencies, related distress and interfering behaviors, other behavior problems, and medical problems. Focus persons were 5-72 yrs old (M = 21; 40 percent female). Distress was reported to occur to sirens/bells, 37 percent; fire drills, 22 percent; flashing lights, 22 percent; strangers, 18 percent; and emergency personnel, 10 percent. Focus persons typically were described as having multiple disabilities and medical problems, exhibiting serious behavior problems, and needing assistance with daily living skills (e.g., following simple instructions). These results have important implications for emergency responders who will be aiding persons with MR/DD during evacuations after a disaster or terrorist activity. Suggestions for addressing these implications are discussed.

The Recovery of Individuals with Disabilities Following Hurricane Katrina

Hurricane Katrina was the largest disaster in US history, destroying the housing of over 1.5 million persons; 23 percent of whom were individuals with disabilities. The already frayed social support system of many of these families unraveled as households were uprooted, homes were lost, and infrastructure ceased to exist. Katrina Aid Today was awarded $66 million by the Department of Homeland Security to provide case management for evacuees. As a consortium member, the National Disability Rights Network (NDRN) provided case management services to survivors with disabilities; we report on the long-term recovery of these individuals and their families. A focus group of 35 survivors identified factors that facilitated or impeded transition to their desired quality of life and recovery status. Interviews were supplemented by a telephone survey of 50 NDRN case managers assisting with long-term recovery plans and access to disability services. Further, a quantitative analysis was conducted on outcome variables for over 3,000 NDRN clients as compared to 35,000 non-disabled clients. Differences in length and cost of case management, and number of contacts were found. Additionally, differences in types of services needed (including mental health services), income level before the disaster, and general well-being were investigated. The implications for disaster recovery services are discussed.

Promoting Wellness and Resilience Among Firefighters and Other First Responders (Abstract #179993)

Symposium (disaster) **Waterview A/B, Lobby Level**

Mendelsohn, Michaela, PhD[1]; Bolduc-Hicks, Lynda, PsyD[2]; Gehan, Meghan, LCSW[2]; Toussaint, Karine, MA[2]; Farrow, Beth Anne, OTR[2]; Brown, John, Lieutenant[3]; Henry, Wendy, LAC[4]; *Harvey, Mary, PhD*[1]

[1]Victims of Violence Program, Department of Psychiatry, Cambridge Health Alliance/Harvard Medical School, Somerville, Massachusetts, USA

[2]Victims of Violence Program, Department of Psychiatry, Cambridge Health Alliance, Somerville, Massachusetts, USA

[3]Professional Fire Fighters of Massachusetts, Boston, Massachusetts, USA

[4]Community Relief & Rebuilding through Education and Wellness (CRREW), New York, New York, USA

Firefighters and other first responders are impacted daily by trauma and occupational hazards that pose significant physical and psychological risks. However, they are unlikely to access traditional mental health services. The presenters describe novel initiatives aimed at reducing the effects of chronic trauma and enhancing their wellbeing.

A Snapshot of Firefighter Peer Support

Firefighters have what is often regarded as the single most hazardous occupation in the United States. In addition to the dangers involved in running into burning buildings, exposures to toxic chemicals and blood borne pathogens make for a deadly combination that firefighters regularly confront. The sights, sounds and smells associated with trauma and death are familiar occurrences in a profession which is often taken for granted. This presentation provides an historical sketch covering the development of a firefighter support system in Massachusetts from the early days of an Employee Assistance Program through the years to today´s organized and cooperative delivery system of stress management and member assistance. The last three decades have seen a dramatic evolution in programs designed to help firefighters with problems encountered not only in the line of duty but also with day-to-day issues that become complicated by virtue of their chosen career. This presentation provides insight into the experiences of firefighters and the programs that have been developed to care for them.

The First Responder Wellness Program: A Collaboration between Fire Services and Mental Health

The current paper describes a unique program providing wellness services to firefighters, and presents outcome data from its implementation in two fire departments in the Boston metropolitan area. The First Responder Wellness Program (FRWP) is a collaboration of the Victims of Violence Program at the Cambridge Health Alliance, the Cambridge Fire Department and the Local 30. Firefighters participate in a series of three on-site weekly workshops addressing aspects of health and wellness pertinent to the risks of firefighting, including injury and illness risk and prevention, physical fitness, nutrition, the stress response, secondary trauma, alcohol and drug abuse, and strategies to manage stress. Before the first workshop and after the last workshop, 152 participants completed a 15-item survey assessing relevant health behaviors. Analyses revealed significant improvements in exercise, eating and sleep habits over the course of the program. These results provide preliminary quantitative evidence for the effectiveness of the First Responder Wellness Program in promoting changes in a number of important health behaviors among fire fighters at considerable risk for physical and psychological problems due to their occupational stressors.

Integrating "Alternative" Healing into Trauma Interventions with First Responders

Community Relief and Rebuilding through Education and Wellness (CRREW) is an organization of "alternative" health care providers formed in the aftermath of 9/11 to address the mental health and physical needs of the rescue and recovery workers, those in support roles, those who witnessed the attacks, and those who lost loved ones. CRREW offers primarily ear acupuncture, supported by massage therapy, Feldenkrais(r) and other wellness techniques such as Imagery. In addition to providing ongoing services and educational workshops to first responders and community-based groups, CRREW has since participated in the response to other large-scale disasters, most notably Hurricane Katrina. The organization was called upon by the International Association of Firefighters to set up a 24-hour clinic to provide much needed services for the local and national teams of first responders. CRREW has also helped to establish wellness programs for the Fire Department of New York and the New Orleans Fire Department. This presentation describes these efforts to integrate acupuncture and other approaches to healing into established trauma response protocols for first responders.

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Papers

Biological Issues

Grand Ballroom IX and X, 3rd Floor

Chair: Thompson, Charles, MD, MDiv, Dept .of Psychiatiry & Behav. Sci., Unversity of Washington, Seattle, USA

Distressed Awakenings with and Without Nightmare Recall in PTSD (Abstract #178138)

Paper Presentation (biomed)

Thompson, Charles, MD, MDiv[1]; Taylor, Fletcher B., MD[2]; Raskind, Murray, MD, PhD[1]

[1]Dept of Psychiatiry & Behav. Sci., University of Washington, Seattle, Washington, USA

[2]Psychaitry & Behav Sci, University of Washington, Tacoma, Washington, USA

Clinical impressions suggested the hypothesis that recalled trauma nightmares (NM) and non-nightmare distressed awakenings (NNDA) are similarly frequent and severe in Veterans with PTSD and both are reduced by the brain-active alpha-1 adreno-receptor antagonist prazosin. A chart review of 115 consecutive cases, recently accepted for publication in Journal of Traumatic Stress, is reported. Data analysis of cohorts of the 81 successfully treated with prazosin demonstrated that NNDA and NM are in fact similar in (a) frequency, (b) severity of physiologic hyper-arousal, and (c) psychological distress, and (d) correlations with insomnia severity, and (e) responsiveness to prazosin treatment. These findings suggest 1) increased brain adrenergic activity is pathogenic to both NM and NNDA, 2) both NNDA and NM may contribute similarly to severity of daytime psychological morbidity of PTSD and 3) psychiatric and medical comorbidities of PTSD exacerbated by sleep deprivation, (4) current DSM-IV definitions of PTSD-related insomnias and nightmares may inadequately reflect the sleep disturbances characteristic of this population, and that (6) prazosin is a valuable pharmnacologic probe of endogenous trauma processing phenomena and (7) therapeutic intervention for both NNDA and NM, and (8) prazosin may have a potential role in primary and secondary prevention of PTSD.

Neurodevelopmental Biology of Maltreated Preschoolers (Abstract #179959)

Paper Presentation (biomed)

Spratt, Eve, MD, MS[1]; Brady, Kathleen, MD, PhD[2]; Hulsey, Thomas, ScD[3]; Furlanetto, Rich, MD, PhD[4]; De Bellis, Michael, MD, MPH[5]; Runyan, Des, MD[6]

[1]Pediatrics and Psychiatry, Medical University of South Carolina, Charleston, South Carolina, USA

[2]Psychiatry, MUSC, Charleston, South Carolina, USA

[3]Pediatrics, MUSC, Charleston, South Carolina, USA

[4]Quest Diagnostics Nichols Institute, Chantilly, Virginia, USA

[5]Psychiatry, Duke University, Durham, North Carolina, USA

[6]Pediatrics, University of North Carolina, Chapel Hill, North Carolina, USA

Participants include 35 children, ages 3-6, with histories of child maltreatment including physical abuse or neglect or significant institutional deprivation prior to international adoption and 35 age, gender, race, and socio-economically matched controls without a history of maltreatment recruited from primary care and community settings. Pilot data is being obtained to explore whether neurobiological markers in a group of children that have been maltreated differ from a group of control children. Comparisons will be made to examine differences in baseline anterior and posterior pituitary hormones, cortisol, catecholamines, C reactive protein, thyroid, and Vitamin D regulation. Cortisol measurements have been collected before and after a mild stressor. Measures of general health (BMI), cognition (DAS), language (TELD), school readiness (Bracken), adaptive functioning (Vineland) behavior (CBCL), and psychiatric diagnosis using the ePAPA will be completed and biologic correlates will be explored. There will be a discussion of the results and whether these markers show promise as tools to increase our understanding of medical, and neurodevelopmental sequelae in children that have been physically abused and neglected.

Gender Differences in Cortisol Response Among Highly Exposed 9/11 Survivors (Abstract #180089)

Paper Presentation (biomed) **Withdrawn**

Papers

Special Populations: Sexual Assault Victims, War-and Terror-Exposed

Laurel A/B, 4th Floor

Chair: Linda Williams, PhD, Department of Criminal Justice and Criminology, University of Massachusetts, Lowell, Massachusetts, USA

Pathways to Commercial Sexual Exploitation: Responding to Trauma of Prostituted Teens (Abstract #179537)

Paper Presentation (child)

Williams, Linda, PhD[1]

[1]Department of Criminal Justice and Criminology, University of Massachusetts, Lowell, Massachusetts, USA

This paper will report findings from in-depth narratives of and research interviews with sexually victimized (prostituted and trafficked) teens and run away youth at high risk for such victimization. Research participants are teens interviewed in the U.S. in two large urban areas - Boston, Mass. and Washington, D.C. Narratives from the youth will form the basis of the paper that will present new findings on factors (individual, family, peer, school, and community contexts) that increase the risk of involvement in commercial sexual exploitation, maintain and escalate such exploitation, and impede or empower exiting from commercial sexual exploitation (CSE). Factors that propel involvement in and victimization via prostitution vary for boys and girls and for youth across life course stages as each confronts different lifetime challenges, opportunities, and milestones. This paper will present the perspectives of teen boys and girls who have been prostituted or who are at risk for prostitution or CSE and make recommendations for system response.

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

Psychosocial Effects of War Experiences Among Displaced Children in Southern Darfur (Abstract #179693)

Paper Presentation (child)

Morogs, Dorothy, PhD[1]; Worden, J. William, PhD[2]; Gupta, Leila, PhD[3]
[1]National Center for Children Exposed to Violence, Yale School of Medicine, New Haven, Connecticut, USA
[2]Rosemead School of Psychology, Biola University, LaMirada, California, USA
[3]University of North Carolina at Chapel Hill, Fairfax, Virginia, USA

The current study assessed the impact of war experiences among 331 displaced children and adolescents in Southern Darfur region. The quota sampling approach was used to select the study sample based on three categories. Children´s overall traumatic reactions, depressive and grief symptoms were assessed by verbally administering the Demographic Questionnaire, Child Posttraumatic Stress Reaction Index, Child Depression Inventory and the Expanded Grief Inventory. Results have shown that children exposed to more war experiences had higher levels of traumatic reactions, depression and grief symptoms. There was significant age difference in overall war exposure, traumatic reactions and grief symptoms with older children reporting higher levels of exposure and symptomtology. However, there were no gender significance in war exposure but significant gender differences with girls showing higher depression levels than the boys. Multiple regression analysis controlling for age and gender was used to determine which of the 16 war experiences assessed were more likely to predict traumatic reactions, depression and grief symptoms. Structural Equation Modeling was used to understand the complex interaction of the three co-morbid symptoms resulting from war exposure. Results provide better understanding of etiology, prognosis and treatment effects of on going war experiences.

Participant Alert: Children' graphic drawings of their war experiences and children's stories will be presented which may create distress.

Prospective Long Term Telephone Follow-Up of Children Directly Exposed to Terror Attacks (Abstract #180030)

Paper Presentation (child)

Benarroch, Fortu, MD[1]; Galili-Weisstub, Esti, MD[2]
[1]Child and Adolescent Psychiatry, Hadassah-Hebrew University Medical Center, Doar Na Hevel Jericho, Kefar Adumim, Israel
[2]Child and Adolescent Psychiatry, Hadassah-Hebrew University Medical Center, Jerusalem, Israel

In October 2000, a wave of terror attacks began to occur in crowded public places in Jerusalem. Several hundreds of children were directly injured. By middle 2002, 179 minors (ages 0 to 18) who had been exposed to terror events were evacuated to a general hospital Emergency Room (ER). Parents of 154 children (86 percent) were contacted, and participated in the first telephone evaluation. Drop outs did not differ in age, gender ratio or severity of physical injury. The parents were interviewed on the presence of posttraumatic symptoms in their children. We inquired into the child's functioning in five domains: social, academic, behavioral, family and sleep problems. As the terror attacks continued, we held additional telephone interviews in: 2004 (n=191), 2005 (n=224) and 2006 (n=210). The initial purpose of the phone interview was to offer clinical services (free of charge) to the victims. Though lacking in research design, these descriptive field data, matched with parameters from the ER file, provide a naturalistic and unique insight into a whole cohort of young terror victims, followed up prospectively for up to six years.

Time to Say Goodbye: How Do We Say Goodbye in Long-Term Relational Trauma Therapies? (Abstract #179427)

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

Pearlman, Laurie Anne, PhD[1]; Courtois, Christine, PhD[2]; Saakvitne, Karen, PhD[3]
[1]Trauma Reseach, Education, and Training Institute, Inc., Holyoke, Massachusetts, USA
[2]Private Practice, Washington, District of Columbia, USA
[3]Private Practice, Northampton, Massachusetts, USA

Terminations in long-term psychotherapy with complex trauma survivors present many challenges. These therapies may end for a variety of reasons, including that the work is complete; it has reached an impasse and one party (or both) decides to end treatment; therapist or client is relocating; the therapist is retiring from practice or changing professional focus; the therapist or client is ill and incapacitated; and the client's resources, motivation, or priorities change. In each situation, the processing of the termination and its meaning to both parties is essential to the integration of the termination process into the therapeutic process. Because attachment (and therefore abandonment) issues are often central in therapies with complex trauma clients, poorly managed endings can create retraumatization. The ending of a long-term therapy is an integral piece of the work to be managed within the same frame and with the same thoughtfulness as the rest of the therapy. In this workshop, three presenters will address themes in termination work from different perspectives. Dr. Pearlman will discuss therapist-initiated terminations when the therapist closes her practice. Dr. Courtois will discuss client-initiated terminations, exploring transference and countertransference themes. Dr. Saakvitne will address the role of supervisor or consultant in the process of termination.

Military Sexual Trauma Among Men: Assessment, Clinical Presentations and Treatment Issues (Abstract #179289)

Workshop (practice) **Harborside D, 4th Floor**

Reynolds, Victoria, PhD[1]; Bell, Margret E., PhD[2]; Boggs, Christina, PhD[3]; Alvarez, Jennifer, PhD[4]
[1]Durham VAMC, Durham, North Carolina, USA
[2]VA Office of Mental Health Services, Boston, Massachusetts, USA
[3]Military Sexual Trauma Program, James A. Haley Veteran Hospital, Tampa, Florida, USA
[4]Center for Health Care Evaluation, VA Palo Alto Health Care System & Stanford University School of Medicine, Menlo Park, California, USA

Most mental health and medical providers are now aware of the need to screen for experiences of sexual assault and harassment in women. The Department of Veterans Affairs has implemented a number of policies designed to respond to this issue, focusing on sexual trauma occurring in the military. However, in the VA system and elsewhere, there are critical gaps in awareness of the problem of military sexual trauma (MST) among men. This workshop is designed to fill this gap by providing models for assessment, outreach and treatment of military sexual trauma among men. Three VA Male MST programs will provided the basis for these discussions. The workshop will emphasize screening, treatment and program development. Clinical presentations as well as themes and issues specific to male sexual trauma survivors will be presented based on the research literature to date. Strategies for integrating sexual trauma treatment for men into existing treatment settings will be discussed and the effectiveness of one particular form of treatment, Cognitive Processing Therapy, with male survivors, will be examined.

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

Memorials and Anti-Memorials: The Intersection of Art and Traumatic Memory (Abstract #179702)

Media Presentation | **Grand Ballroom III and IV, 3rd Floor**

Kudler, Harold, MD[1]; Spitz, Ellen Handler, PhD[2]; Fried, Hedi, MA[3]; ***Albeck, Joseph, MD***[4]

[1]*Psychiatry and Behavioral Sciences, Durham VA Medical Center/Duke University, Chapel Hill, North Carolina, USA*
[2]*Honors College, University of Maryland Baltimore County, Baltimore, Maryland, USA*
[3]*Curriculum Studies and Communication, Stockholm Institute of Education, Stockholm, Sweden*
[4]*Psychiatry, Harvard Medical School, Belmont, Massachusetts, USA*

Breuer and Freud's observation that trauma survivors "suffer mainly from reminiscences" implies a need to remember and a need to forget. Conflicted responses may carry over into art commemorating trauma in the life of a people or a nation such as the memory of the Holocaust. Ellen Handler Spitz, Honors Professor of Visual Arts at the University of Maryland Baltimore County presents her insights into how art has served historically to facilitate public mourning and ensure the persistence of both memory and oblivion. Raising questions about this type of art in general, she focuses on the oeuvre of distinguished contemporary conceptual artist, Horst Hoheisel of Kassel, Germany, who creates dramatic, strikingly effective pieces he calls "anti-memorials." These works challenge the viewer to ponder the relationship between public memorials, private shames and sorrows and the inevitable processes of attrition. This program of the Special Interest Group on the Intergenerational Transmission of Trauma and Resilience features responses to Dr. Spitz´s original work from Hedi Fried, Holocaust survivor, psychologist and educator, and Joseph Albeck, psychiatrist, poet, and leader in the creation of the New England Holocaust Memorial. Lessons from art will be applied to the transmission of trauma memory from generation to generation.

Participant Alert: This presentation will include photographs of artwork that commemorates the Holocaust. These works are not direct representations of horrific content but, as with any memorial, they have the potential to stir disturbing memories in some viewers.

Concurrent Session 7

Friday, November 16
11:00 a.m. - 12:15 p.m.

Prevention of PTSD, Yesterday, Today and Tomorrow (Abstract #179569)

Plenary (prev) | **Grand Ballroom VI, 3rd Floor**

Shalev, Arieh, MD[1]

[1]*Hadassah University Hospital, Jerusalem, Israel*

PTSD should be a good target for prevention: it has salient onset, typical initial symptoms; and frequent early recovery. The biology of PTSD is better known than that of many other disorders. Data from recent wars and catastrophes shows, however, that prevention was marginally efficient, if attempted at all. This presentation addresses the many sources of this gap and ways to reduce their effects. A prerequisite for well-targeted prevention is a reliable identification of subjects at risk. Survivors´ engagement in preventive efforts is the next challenge. Specific interventions must be identified, disseminated and mastered by potential providers. Attention should be paid to communities and individual resources, culture and expectations, ongoing stressors and survival tasks. Most importantly, the cumulative contribution of vulnerabilities, triggering and maintaining factors should be better understood and translated to practice. Recent research gave us better tools to identify survivors at risk. Effective psychological interventions have been described. Barriers to seeking help were delineated. Pharmacological interventions have addressed putative biological risk factors. These achievements allow us to formulate generic principles for prevention and outline their implementation in specific events and practices. We should also recognize gaps in knowledge and other hurdles.

EMDR Clinical Parameters and Research Findings: "What's New and Useful" (Abstract #180632)

Master Clinician (practice) | **Dover A/B/C, 3rd Floor**

Shapiro, Francine, PhD[1]

[1]*Mental Research Institute, Watsonville, Florida, USA*

Numerous controlled studies have indicated that EMDR´s effects on PTSD symptoms are comparable to those of trauma-focused CBT. However, EMDR does not require homework, sustained arousal, detailed verbalization of the index trauma, or prolonged exposure to the event. In this invited presentation, videotapes of an incest survivor and a disaster victim will demonstrate the EMDR treatment, and the de-arousal effects of the eye movements, which have been documented in numerous controlled laboratory studies. In addition, the clinical procedures of an EMDR group-protocol used subsequent to disasters and terrorist attacks will be illustrated. The presentation will review research findings, with long-term follow up, indicating that the resolution of etiological events can result in the successful treatment of conditions that have often been considered intractable. A recent study will be used to explore the clinical parameters of the EMDR treatment of child molesters, which has resulted in the sustained reduction of deviant arousal. Likewise, representative case examples from studies documenting the elimination/reduction of phantom limb pain subsequent to EMDR processing will be presented to explore both the clinical and theoretical implications.

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Prevention of Trauma Related Adjustment Disorders in High Trauma Exposure Occupational Groups (Abstract #179734)

Panel (prev) **Kent A/B/C, 4th Floor**

Tuma, Farris, ScD[1]; Ruzek, Josef, PhD[2]; Southwick, Steven, MD[3]; Whealin, Julia, PhD[4]; ***Heinssen, Robert, PhD***[5]

[1]*National Institute of Mental Health, NIH, Bethesda, Maryland, USA*
[2]*National Center for PTSD VA Palo Alto Health Care System, Menlo Park, California, USA*
[3]*VA CT Healthcare System and Yale School of Medicine, West Haven, Connecticut, USA*
[4]*National Center for PTSD VA Pacific Islands Health Care System, Honolulu, Hawaii, USA*
[5]*National Institute of Mental Health, Bethesda, Maryland, USA*

There is heightened interest in the mental health needs of emergency responders, soldiers, law enforcement personnel, and disaster relief workers. Some have argued that major gaps in knowledge regarding the pathophysiology of PTSD, the lack of robust markers of risk and resilience, and the nature of high trauma-exposure work environments are major limitations to progress for prevention science. Others maintain that empirical data regarding processes implicated in the development and course of PTSD and plausible theory regarding linkages between individual, environmental, and contextual factors are sufficient to develop testable preventive interventions. This panel will present and critique major issues related to the prevention of trauma related adjustment and mental disorders in high trauma-exposure occupational groups, Speakers include Josef Ruzek PhD, Building a Prevention Model to Test Preparations for Work-Related Trauma; Steven Southwick MD, Enhancing Adaptive Responses to Psychological Trauma: Insights from the Neurobiology of Stress; Julia Whealin PhD, Bridging End-User and Researcher Perspectives: Opportunities for Harmonizing the Science of Health Promotion and "Force Multiplication;" Discussants Robert Heinssen, PhD and Farris Tuma, ScD.

Cultural Adaptation of Evidence-Based Treatments for Children: Common Themes (Abstract #179463)

Panel (culture) **Laurel C/D, 4th Floor**

Saunders, Benjamin, PhD[1]; de Arellano, Michael, PhD[1]; Thompson, Elizabeth, PhD[2]; Murray, Laura, PhD[3]

[1]*National Crime Victims Research & Treatment Center, Medical University of South Carolina, Charleston, South Carolina, USA*
[2]*Kennedy Krieger Institute Family Center, Baltimore, Maryland, USA*
[3]*School of Public Health, Boston University, Boston, Massachusetts, USA*

Adapting evidence-based trauma treatments (EBTs) for use with ethnic, cultural, or national groups with whom they may not have been tested adequately is a controversial issue. Using four case examples, common themes and issues will be explored about efforts to adapt EBT approaches for traumatized children and their families from diverse cultural groups. Panelists first will describe their work adapting TF-CBT for use with urban African-American, Hispanic/Latino, Central African, and Northern European populations. Each panelist will describe the most important and most difficult challenges they encountered in their specific cultural adaptation process. A moderated discussion involving the panelists and the audience will focus on discerning the common elements of culture that have emerged from these projects as critical to any effort to adapt an EBT to a cultural group. Examples of elements of culture to be examined include language and communication; gender roles; normative parenting practices; the status of women and children; common family structures and boundaries; religious beliefs, mandates, and proscriptions; the societal role of violence; sexual norms; views about mental health; and expectations of community, government, and NGO services. A conceptual framework for adapting EBTs to diverse cultural groups will be constructed based upon the discussion.

Prevention of Abuse and Trauma in Community Systems: Child Protection and Domestic Violence (Abstract #179720)

Symposium (practice) **Grand Ballroom I and II, 3rd Floor**

Murphy, Robert, PhD[1]; Gewirtz, Abigail, PhD[2]; Rosanbalm, Katie, PhD[3]; Shaw, Leslie, MS[4]; Samuels, Margaret, MSW[5]; Dodge, Kenneth, PhD[6]; Christopoulos, Christina, PhD[7]; Spitz Roth, Adele, MA[6]; O'Donnell, Karen, PhD[8]; Starsoneck, Leslie, MSW[9]; Wasilewski, Yvonne, PhD[6]; Taylor, Tamara, MFT[10]; Williams, Jan, MSW[11]; Potter, Donna, MSW[12]; Olson, Hans, BA[10]; Medhanie, Amanuel, BA[13]; Reckinger, Dawn, PhD[13]; Werner, Linnette, PhD[13]; Pope, Karen, BA[7]

[1]*Center for Child & Family Health, Duke University, Durham, North Carolina, USA*
[2]*University of Minnesota, Minneapolis, Minnesota, USA*
[3]*Duke University, Center for Child & Family Policy, Durham, North Carolina, USA*
[4]*Center for Child & Family Health, Durham, North Carolina, USA*
[5]*Forensic Projects in Bosnia-Herzegovina, Physician for Human Rights, Durham, North Carolina, USA*
[6]*Duke University, Durham, North Carolina, USA*
[7]*Center for Child & Family Policy, North Carolina, USA*
[8]*Duke University Medical Center, North Carolina, USA*
[9]*Z. Smith Reynolds Foundation, North Carolina, USA*
[10]*Tubman Family Alliance, Minnesota, USA*
[11]*Duke University, North Carolina, USA*
[12]*Center for Child & Family Health, North Carolina, USA*
[13]*University of Minnesota, Minnesota, USA*

This symposium focuses on studies involving dissemination and implementation of evidence-based prevention and treatment of child abuse and trauma in community systems. Preliminary results from two domestic violence and two child protection based studies are presented, along with factors that facilitate or present barriers to program uptake.

Lessons From the `Front Lines´: Adaptation and Implementation of an Evidence-Based Intervention for Traumatized Families in Shelters

Families in homeless and battered women´s shelters represent an extremely vulnerable population of the multiply traumatized. Studies have shown very high rates of trauma exposure among both sheltered parents and children (Gewirtz, Hart-Shegos, & Medhanie, in press), and the incidence of PTSD among children in shelters have been estimated at 15-50 percent (Rossman & Ho, 2000). However, externalizing behaviors among children in shelter are arguably even more prevalent than PTSD (Jouriles et al., 2001). Moreover, providers working with homeless populations in shelters and supportive housing programs have reported parenting support as a specific need among residents (Gewirtz, in press). This presentation documents the trauma-informed adaptation of an evidence-based Oregon parent management training program (Parenting Through Change; Forgatch & DeGarmo, 1999) for parents residing in shelters and supportive housing programs. The program, whose goal is the reduction of child conduct problems by improving parenting, was originally designed for separating and divorcing mothers, and has extensive empirical support in broad target populations. We review the theoretical rationale for the program, its core components, and its utility in this context. We also present data from a pilot implementation of the adapted program in a battered women´s shelter in a major Metropolitan Area.

Domestic Violence Shelters Responding to Child Traumatic Stress: A Learning Collaborative Approach

Children in domestic violence shelters are at risk of developing a range of problems as a result of exposure to domestic violence and the likelihood that they have experienced other situations that increase risk, i.e. maternal depression, parental substance abuse, poverty, disruption to their living situation. A mixture of urban and rural shelter sites participated in a year-long learning collaborative designed to develop, implement and evaluate the effectiveness of a training protocol for improving the capacity of domestic violence

shelter staff to screen, intervene, and refer child residents experiencing distress related to their exposure to violence are reported. Initial results suggest improved staff knowledge of the influence of DV exposure in the development of child traumatic stress, increased use of behavior management strategies for children residing in shelter, increased use of community mental health services, and an ability to implement standardized assessments of child functioning and traumatic stress symptomatology as a component of shelter intake and assessment. A one-year follow up is underway to assess sustainable learning transfer and policy implications for funding and support of DV shelters are highlighted.

Psychosocial Predictors of Initial Engagement in a Home Visiting Program for First-Time Mothers

Home visiting programs for first-time mothers may be beneficial in preventing child maltreatment and promoting parent-child relationships, particularly for mothers with trauma histories and/or mental health concerns. It is therefore crucial to understand and address barriers to enrollment. This paper uses data from an ongoing randomized trail of a home visiting program to investigate maternal psychosocial predictors of initial engagement. Expectant women eligible for services based on psychosocial risk profiles were recruited during their first prenatal care appointment. The current sample consists of 68 women who were randomized to an active home visiting intervention and expressed intent to enroll (those with miscarriages or out-of-state moves were removed from the sample). Of these women, only 57 percent participated in one or more home visits. Preliminary bivariate analyses identified substance use as a predictor of initial engagement ($p<.01$); only 28 percent of those who reported substance use during or shortly before pregnancy initiated home visiting services, whereas 70 percent of those without reported substance use did so. Social support availability approached significance as a predictor ($p=.08$); 75 percent of those without an identified support person initiated services, compared with 52 percent of those with social support. Implications for engagement strategies will be discussed.

Mental Health and Parenting Factors among CPS Reported Children: Indicators of Engagement with an In-Home Parenting Program

Child protective service professionals often refer their clientele to parenting programs in the belief that providing parents with more skills will have an impact of reducing future reports. The Durham Family Initiative, a 10-year maltreatment prevention effort implemented a randomized trial of a home visiting parenting program in an effort to reduce re-reports of maltreatment among children ages 0-6, who represent a substantial proportion of recurring CPS reports. Despite home based service delivery, engagement of this CPS population proved challenging. This paper uses data from the ongoing RCT to determine factors related to engagement. Data are reported for the initial 65 participants who completed baseline assessments. Attendance was tracked until program completion termination for non-compliance. To date, 47.69 percent of the participants have successfully completed the program. Preliminary analyses indicates a significant relationship of duration of care to depression ($p=0.007$) and overall mental health ($p=0.036$). The data suggest a negative relationship of mean attendance with positive discipline practices and a positive relationship with parent ratings of a child as difficult. This preliminary analysis further suggests that the presence or absence of parenting support predicts engagement and attendance.

Betrayal Trauma: The Ethics of Diagnosis and Treatment
(Abstract #178922)

Symposium (ethics) **Waterview A/B, Lobby Level**

Freyd, Jennifer, PhD[1]***;*** Kahn, Laurie, MA[2]; Brown, Laura, PhD[3]; Birrell, Pamela, PhD[1]
[1]*University of Oregon, Eugene, Oregon, USA*
[2]*WomenCare Counseling Center, Evanston, Illinois, USA*
[3]*Fremont Community Therapy Project, Seattle, Washington, USA*

Mainstream diagnosis and treatment of trauma has emphasized psychological responses to fear-inducing aspects of traumas. Yet research suggests that betrayal is just as important in predicting response to interpersonal atrocities and severe relational violations, raising ethical issues about diagnosis and treatment for victims of betrayal trauma.

Betrayal Trauma as a Traumatic Experience of Love: Teaching a New Ethic of Love

Betrayal trauma has been explained in terms of its impact on memory, cognitive encoding and amnesia. Relational injuries are noted, yet the specific and often crippling impact on the understanding of love is under-explored. As trauma therapists we are challenged to decipher through the therapeutic relationship our clients' understanding of the complex human experience of love. This presentation will explore the impact of betrayal trauma on our clients' experience and understanding of love. Issues of love and betrayal are frequent in our clients' trauma stories, and in their presenting problems as adults. We will look at how a traumatic experience of love manifests in the therapeutic relationship. We will also address how the therapeutic relationship provides opportunities to reshape our clients' traumatic understanding of love and how therapy can move clients from the ravages of "betrayal blindness" developing their capacity to perceive the absence of mutuality in abusive relationships and encouraging them to recognize a model of love where relationships are predicated on mutuality and respect.

Betrayal Trauma and the Ethics of Diagnosis: Understanding The Sequelae of Sexual Exploitation

Since the middle 1970s literature has commented on the resemblance of symptoms following sexual exploitation to those following exposure to a Criterion A traumatic stressor. Persons who have experienced adulthood sexual exploitation by health care providers, psychotherapists, clergy, and others in positions of power, care, and responsibility report intrusive symptoms, emotional numbing, and autonomic hyperarousal as if they had been exposed to a threat to life or personal safety. Because most such experiences have not involved threat or force, and are more likely to have taken place within a narrative of love and forbidden romance, the presence of PTSD-like symptoms has been difficult to explain. This presentation will explore the utility of Betrayal Trauma Theory (BTT) as a model for understanding sexual exploitation of this sort as a traumatic stressor. Ethical issues involved in the diagnostic process, including premature identification of exploitation of trauma and failures to identify the nature of BT-based Criterion A events will be discussed, particularly in the context of evaluation and expert testimony with this population.

The Ethics of Compassion: Healing Relational Bonds in a Fractured World

Much has been said about the effects of trauma, especially about fear, anxiety, and terror induced by overwhelming events. Less has been said about the effects of the violation of human bonds and the effects of loss of important human connections. Those who suffer the consequences of betrayal and relational trauma are likely to experience dissociation, fragmentation and silencing. Effective treatment must address these conditions. This presentation will examine how we can ethically treat people whose lives have been fragmented by trauma, and critiques standard approaches to ethics which emphasize rules over relationship, do not question power differentials in relationship and create a divide between ethics and clinical

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work. Truly ethical work involves bold and careful listening, deep empathy, true compassion and mutual relationship that results in transformation on the part of client and therapist alike. The ethic of care and the approach to ethics of Emmanuel Levinas will be presented as additional approaches, along with their challenges to rationality and autonomy. An ethic of listening is then presented and it is argued that ethics should be, not an afterthought, but the primary consideration of clinical utility.

Engaging Traumatized Children and Families in Treatment: Successes and Challenges (Abstract #178927)

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

Ellis, B.Heidi, PhD[1]; Cohen, Judith, MD[2]; Saxe, Glenn, MD[1]; Ghosh Ippen, Chandra, PhD[3]

[1]Children's Hospital Boston, Boston, Massachusetts, USA
[2]Allegheny General Hospital, Pittsburgh, Pennsylvania, USA
[3]University of California-San Francisco, San Francisco, California, USA

Despite a great need for mental health services, traumatized children and adolescents rarely engage in them. Interventions for traumatized children need to consider treatment engagement as a critical element of effective care. In this symposium treatment developers discuss data on, and theoretical approaches to, engaging traumatized families.

Somali Adolescents and Pathways to Mental Health Care: Understanding Help Seeking Within One Refugee Community

Children, particularly ethnic minority children, underutilize mental health services. Relatively little is known about refugee youth access to mental health services. The current study uses mixed methods to examine service utilization and pathways to help for Somali adolescents resettled in Massachusetts and Maine. First, rates and patterns of mental health service utilization will be described. Second, qualitative data on mental health and help-seeking will be presented, and a model of pathways to help within the Somali community presented. 144 resettled Somali adolescents between the ages of 12 and 19, and their caregivers, were recruited via snowball sampling to participate in the quantitative study in 2005-2006. A subset of these youth participated in qualitative in-depth interviews and focus groups. Eigthy-eight percent of the youth deemed "in need" of mental health services had not sought any form of care. School and prayer were the most frequently endorsed types of care. Qualitative data suggests that talk within the community is an important reason that individuals hide their problems, rather than seeking help. Results confirm that refugee youth underutilize mental health services. Drawing on the qualitative data, a model of understanding refugee youth help seeking and is presented. Implications for treatment engagement are discussed.

Engaging Families in Trauma Focused CBT: Successes and Challenges

Despite the availability of evidence-based interventions for traumatic childhood experiences most traumatized children do not receive mental health treatment. Of those children scheduled for an initial evaluation, many are never evaluated, only come for the first assessment, or drop out prior to completing treatment. Due to many factors (e.g., past negative experiences with social services and/or mental health providers; fear of being blamed for the child´s trauma or behaviors, or of losing child custody; fear of racism; lack of understanding about therapy and/or trauma) therapists need to actively engage families of traumatized children in therapy. This presentation will describe engagement strategies included in a treatment outcome study comparing Trauma-Focused CBT (TF-CBT) to Child Centered Therapy (CCT) for children with domestic violence (DV)-related PTSD symptoms and their mothers who experienced DV. This project, conducted at a community DV women´s center and shelter, has added evidence-based engagement strategies (McKay et al, 2002) to improve initial engagement and retention of families. These families face significant challenges such as homelessness, substance abuse, multiple traumatic experiences, and threat of repeat DV. Preliminary retention data will be presented.

Child-Parent Psychotherapy: Engaging Ethnically Diverse Families with Chronic Trauma

Child-Parent Psychotherapy (CPP) is an evidenced based treatment for children aged 0-6. Empirical data from randomized trials demonstrate its efficacy with ethnically diverse families and families where both the parent and child have been exposed to trauma, often to multiple, chronic traumas. In CPP, parent and child are seen together, and the therapist is viewed as the therapist for the parent-child relationship rather than the therapist for either individual. This means that engagement efforts focus on the therapist-parent relationship, the therapist-child relationship, and most importantly, the parent-child relationship. This presentation examines theoretical models central to CPP and discusses how theory informs engagement efforts occurring throughout the course of treatment: outreach, treatment entry, when the trauma is discussed, following ruptures in the therapeutic alliance and at termination. Case material is used to illustrate how a focus on attachment, trauma, and diverse cultural perspectives inform engagement strategies. The presentation also addresses how, for families where the "ghosts in the nursery" are firmly entrenched, engagement rather than being a part of the therapeutic process is one of the primary targets of intervention.

Trauma Systems Therapy: Treatment Engagement in a Pilot Randomized Controlled Trial

Treatments for traumatized children frequently focus on what to do in treatment, but less frequently explicitly address how to help a child and family engage in treatment. Trauma Systems Therapy (TST) is a manualized treatment approach that specifically addresses treatment engagement. TST is a phase-based treatment, and for all families the initial phase is called "Ready Set Go" and focuses on specific strategies for treatment engagement. The theoretical approach and clinical skills of this model will be described. Preliminary data from a pilot Randomized Control Trial will be presented, highlighting the finding that 90 percent of the TST participants remained in treatment after three months compared to 10 percent of the Treatment as Usual participants.

Recent Advances in PTSD in Neuroimaging (Abstract #179895)

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

Lanius, Ruth, MD, PhD[1]; Bluhm, Robyn, PhD[1]; Williamson, Peter, MD, DPsy[1]; Osuch, Elizabeth, MD[1]; Kristine, Boksman, PhD[2]; Todd, Stevens, MSc[3]; McFarlane, Alexander C., MB, BS. (Hons), MD, Dip. Psychother., FRANZCP[4]; Moores, Kathryn A., PhD[5]; Clark, C. Richard, PhD[5]; Vermetten, Eric, MD, PhD[6]; Geuze, Elbert, PhD[6]; Bremner, J. Douglas, MD[7]; Brewin, Chris, PhD[8]; Whalley, Matthew G., PhD[8]

[1]University of Western Ontario, London, Ontario, Canada
[2]Hotel Dieu Kingston, Ontario, Canada
[3]University of Western Ontario/Robarts Research Institute, London, Ontario, Canada
[4]University of Adelaide, Woodville, South Australia, Australia
[5]Flinders University, South Australia, Australia
[6]Central Military Hospital, Utrecht, Netherlands
[7]Emory University, Atlanta, Georgia, USA
[8]University College London, London, United Kingdom

The neural correlates of incidental emotional memory retrieval in PTSD will be discussed. Abnormal recruitment of brain networks during trauma-neutral working memory processing will be described. Abnormalities of the "default network" in chronic PTSD will be shown. Findings of recent neuroimaging studies in PTSD will be summarized.

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

"Default Network" Abnormalities in PTSD: A Pilot fMRI Investigation

Recent neuroimaging work in healthy controls has shown the existence of a "default network" of correlated brain regions active during rest. These regions, which include the posterior cingulate, anterior cingulate and medial prefrontal cortex, and lateral parietal areas, have also been implicated in self-reflection. This study investigated whether 1) there are abnormalities in the default network in PTSD patients and 2) the extent of these abnormalities correlates with clinical measures of alexithymia and dissociation. Resting state fMRI scans were obtained from seventeen healthy controls and seventeen patients with PTSD. Connectivity between the posterior cingulate and other brain areas was assessed. In healthy controls, activity in the posterior cingulate seed region was found to positively correlate with other regions of the default network. This correlation was reduced or absent in the PTSD group. Connectivity of the posterior cingulate with regions of the default network was modulated in the PTSD group by score on the Toronto Alexithymia Scale and on the Dissociative Experiences Scale. These results suggest that the integrity of the default network is compromised in PTSD and that the extent of the deficit reflects clinical measures of altered self-perception.

Abnormal Recruitment of Brain Networks During Trauma-Neutral Working Memory Processing in PTSD

PTSD is characterised by disturbances in concentration and memory, symptoms which cause further distress for patients. Abnormalities in underlying working memory (WM) systems have been identified in PTSD (Clark et al., 2003), indicating dysfunction in left hemisphere brain regions critically involved in WM. However, the nature of the abnormality in underlying WM systems in PTSD remains unclear. Functional MRI was collected from 13 patients with severe PTSD and matched non-traumatized Controls, during WM tasks where participants either maintained or continually updated verbal stimulus material in separate conditions. The PTSD group failed to show differential activation during WM updating, instead showing abnormal recruitment of WM updating network regions during WM maintenance. These regions included bilateral dorsolateral prefrontal cortex and inferior parietal lobe. Several other regions were abnormally decreased during WM updating in PTSD including the hippocampus, anterior cingulate and brainstem pons. These results indicate compensatory recruitment in PTSD of WM networks normally only deployed during WM updating, which may be linked to the concomitant decreases in activity in other key regions which have been consistently implicated in the neurobiology of PTSD. These abnormalities reflect the difficulty PTSD patients´ have engaging with their day-to-day environment.

Windows of Opportunity in PTSD Neuroimaging

The field of neuroimaging in PTSD is characterized by a rapid increase of studies offering increased insight in brain correlates, brain responses and circuits implied in the disorder. Rapid developments in the field of neuroimaging have opened windows of opportunities to better understand brain correlates and responses in PTSD, e.g. wider availability of scanning possibilities, increase in magnetic field strength, close mimic of induction of fear related memories through virtual reality, use of cognitive and/or sensory cues, assessment of brain areas closer to the brain stem, differentiation in dissociative vs hyperresponsive response types). However, findings of several studies also vary to a great extent, e.g. hippocampal volume and amygdala activation. This may be attributed to factors like design differences, induction procedures, study group characteristics. In the last five years the number of studies in PTSD has been doubled, and it is not unlikely that this will be also the case five years from now. With a standard set of guidelines for subject inclusion, scanning procedures, stimulus presentation, tasks and other variables, results are becoming more comparable. With this perspective in mind this paper will update and summarize findings in the structural and functional imaging studies that have been published with regard to PTSD.

Neural Correlates of Incidental Emotional Memory Retrieval in PTSD

We used fMRI to test PTSD patients, depressed patients, and trauma-exposed controls, on the retrieval of emotional but non-trauma-related information. In the study phase neutral pictures were presented in emotional or neutral contexts. Participants were scanned during the test phase, where they were presented with old and new neutral images and asked to identify previously presented items. fMRI results contrasting old and new items revealed a significant pattern of activation in a predominantly left-sided network associated with episodic memory retrieval, including the left middle temporal, bilateral posterior cingulate, and left prefrontal cortices. Increased activity common to all three groups when correctly judging pictures encoded in an emotional context was observed in the left anterior and posterior cingulate, and the right middle occipital cortex. Additional activity, unique to the PTSD group, when correctly judging pictures encoded in an emotional context was observed in several areas including the amygdala, precuneus, right middle occipital, right anterior and posterior cingulate, and left prefrontal cortices. These results indicate a substantially intact episodic retrieval system in patients suffering from PTSD, coupled with a general sensitivity to emotional memory retrieval that is not confined to trauma memories.

Neuropsychological Symptoms in Posttraumatic Stress Disorder and Changes Over Time

(Abstract #179615)

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

Olff, Miranda, PhD[1]; Nijdam, Mirjam, MSc[1]; Samuelson, Kristin, PhD[2]; Golier, Julia, MD[3]; Meewisse, Mariel, MSc[1]; *Marmar, Charles, MD[4];* Yehuda, Rachel, HScD, PA, DABCO, PhD[5]; Gersons, Berthold, MD, PhD[1]; Neylan, Thomas, MD[4]

[1]Center for Psychological Trauma, Amsterdam, Netherlands
[2]San Francisco VA Medical Center, San Francisco, California, USA
[3]Department of Psychiatry, Bronx, New York, USA
[4]University of California, San Francisco, San Francisco, California, USA
[5]Mount Sinai/ JJPVAMC, New York, New York, USA

Attention and memory problems are some of the most persisting and debilitating symptoms related to PTSD. This symposium will focus on neuropsychological symptoms in posttraumatic stress disorder with particular emphasis on changes over time or changes due to treatment.

Effects of Psychotherapy on Neuropsychological Performance in PTSD

Two of the most common findings in neuropsychological studies of posttraumatic stress disorder (PTSD) are impairments of attention and verbal memory. This presentation addresses whether these impairments improve after trauma-focused psychotherapy. Data are presented from an ongoing randomized controlled trial comparing Eye Movement Desensitization and Reprocessing (EMDR) therapy (n = 70) and Brief Eclectic Psychotherapy (BEP; n = 70). Participants were outpatients diagnosed with PTSD after a type I trauma of different kind. Attention and memory were investigated before and after treatment using the following neuropsychological tests: Trail Making Test, STROOP task, California Verbal Learning Test and Rivermead Behavioral Memory Test. Different versions of the memory tests were administrated at pre- and postassessment in order to control for learning effects. Preliminary results of treatment completers indicate significant improvements of verbal memory and divided attention after both treatments. Differences between the treatments as well as the clinical relevance of the findings will be discussed.

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

Longitudinal Effects of PTSD on Neuropsychological Functioning

Patients with posttraumatic stress disorder (PTSD) exhibit a wide range of neuropsychological deficits, most notably in the areas of memory and attention. Although there have been numerous neuropsychological studies of PTSD, most have reported cross-sectional results, and few have addressed potential longitudinal decline in neurocognitive functioning. Our cross-sectional findings with a sample of 128 veterans have shown differences in verbal memory, working memory, attention, and processing speed in veterans with PTSD compared to veterans without PTSD. To examine the longitudinal effects of PTSD on neuropsychological functioning, we re-administered neuropsychological tests to a sub-sample of 27 PTSD+ veterans and 25 PTSD- veterans between two and four years later (Mean age at time point 1 = 54.3; Mean inter-test interval = 34 months). The results of these analyses will be presented; we hypothesize that participants with PTSD, relative to controls will have greater decline on tests of declarative memory, working memory and attention.

Long-Term Effects of Posttraumatic Stress Symptoms on Sustained Attention

Research about attentional functioning following trauma has almost exclusively been performed in patient populations with combat-related posttraumatic stress disorder (PTSD). In this study the relationship between sustained attention and PTSD symptoms was examined in a community sample of survivors of a major disaster using the Paced Auditory Serial Addition Task (PASAT) and the Self-Rating Scale for PTSD (SRS-PTSD) 2-3 years postdisaster. Analyses revealed low but significant partial correlations between PTSD symptoms and the least difficult subtests, ruling out the effects of age, education, depressive symptomatology, and sleep disturbances. These results demonstrate that PTSD symptoms link to attentional dysfunction 2-3 years postdisaster. Four years follow-up data will also be presented in this presentation.

Longitudinal Assessment of Cognitive Performance in Holocaust Survivors With and Without PTSD

There is evidence that stress and PTSD may accelerate age-related process such as cognitive decline. To examine the relationship of PTSD to cognition over time we studied Holocaust survivors (n=28) and comparison subjects (n=19) 5 years after they had undergone a memory assessment. While Holocaust survivors with PTSD showed a diminution in symptom severity (p = .011), they also manifested a decline in paired associates learning (related word pairs: p =.013; unrelated word pairs: p = .060). In contrast, the Holocaust survivors with PTSD showed improvements on several California Verbal Learning Test (CVLT) measures over time. These improvements correlated with symptom improvements, such that group differences in the CVLT at follow-up were no longer detected. The discrepancy in the pattern of performance on these two tests of memory following symptom improvement suggests possible differentiation between of aspects of memory functions associated with aging and trauma exposure and those associated with the severity of PTSD symptoms. Performance on the CVLT appeared related to clinical symptom severity while paired associate learning worsened over time in Holocaust survivors with PTSD, consistent with earlier cross-sectional findings, and suggestive of accelerated decline in some aspects of cognition in PTSD.

Surviving Trauma and Tragedy: Lessons for Medical and Mental Health Professionals (Abstract #179413)

Media Presentation **Grand Ballroom III and IV, 3rd Floor**

Etheridge, Keith, MA[1]; Walter, Michael, MA[2]; ***Ochberg, Frank, MD***[3]
[1]*Michigan Victim Alliance, East Lansing, Michigan, USA*
[2]*WUSA TV, Fairfax, Virginia, USA*
[3]*Michigan Victim's Alliance, Okemos, Michigan, USA*

This unique program, filmed live in front of the Class of 2007, College of Human Medicine, Michigan State University, was developed to provide a classroom teaching tool for students in the health professions. It is also aimed at the general physician, nurse, mental health worker, and trauma specialist, offering compelling examples of successfully treated patients who have dealt with extreme trauma: a nurse who was raped at gunpoint while pregnant; parents of a murdered 20 year-old son; survivors of gunshot wound and near death. This DVD also provides clinicians a resource for use with patients or family members as part of therapy.

Each featured speaker discusses details of trauma, treatment and survival, including events that led to their being diagnosed with PTSD. The moderator, Mike Walter, is an award winning morning anchor and reporter for WUSA TV in Washington, D.C. who is trained in trauma assessment. The teacher and expert commentator is Dr. Frank Ochberg — the former associate director of the National Institute of Mental Health, and recipient of the ISTSS Lifetime Achievement Award.

The DVD is being offered by MSU to all accredited medical schools and submitted for the AMA Freddie Award.

Participant Alert: Survivors describe past trauma and tragedy, but calmly and in a supportive atmosphere. Participants will be emotionally moved but not traumatized unless unusually vulnerable. No negative consequences were noted in a class of 80 medical students.

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

Concurrent Session 8

Friday, November 16
2:00 p.m. - 3:15 p.m.

Narrating Collective Trauma: The Case of Hurricane Katrina (Abstract #180079)

Panel (train) — **Kent A/B/C, 4th Floor**

Shapiro, Bruce, AB[1]; Lindahl, Carl, PhD[2]; Armsworth, Mary, PhD[3]
[1]*University of Washington, Dart Center for Journalism and Trauma, Seattle, Washington, USA*
[2]*English, University of Houston, Houston, Texas, USA*
[3]*University of Houston, Houston, Texas, USA*

When a large-scale traumatic event strikes, its story is told, and re-told, from multiple perspectives. Which voices are included, whose account are ratified or ignored, whether or not lines of accountibility are pursued, have a profound impact on both public understanding and the individual impact on survivors and witnesses.

This panel will examine different approaches to narrating the individual and community trauma of Hurricane Katrina and its aftermath, including journalism, photography, oral history and psychotherapy. Particpants will discuss their ongoing work with Katrina survivors, the storytelling which has resulted and its impact on affected communities.

Developmental Perspectives on Child Sexual Abuse, Sexual Risk and Trauma Among Girls and Women (Abstract #179507)

Panel (clin res) — **Laurel A/B, 4th Floor**

Boyce, Cheryl, PhD[1]; Campbell, Jacquelyn, PhD, RN, FAAN[2]; Wyatt, Gail, PhD[3]; Allison, Susannah, PhD[1]; Clum, Gretchen, PhD[4]
[1]*NIMH/NIH/DHHS, Bethesda, Maryland, USA*
[2]*Johns Hopkins University, Baltimore, Maryland, USA*
[3]*University of California-Los Angeles, Los Angeles, California, USA*
[4]*Tulane University, New Orleans, Louisiana, USA*

Invited presenters will lead a panel discussion on domestic and international research that explores how child abuse impacts future sexual risk, trauma, and violence among girls and women. The panel will address early abuse, including childhood sexual abuse and family violence and its later impact on mental health, sexual risk and potential HIV infection. Child sexual abuse and family violence can place girls at risk for future negative health outcomes including risky sexual behavior, revictimization and mental health problems, such as depression, anxiety and PTSD. The panel discussions will explore potential pathways between early abuse and later sexual risk, trauma, and dating violence, including substance use and PTSD and how these may be differentially expressed at various developmental periods. The session will also address interventions to prevent and treat these problems. Presenters will include careful attention to the cultural and gender relevant context for women and girls both in domestic and international settings. Finally, the discussant will highlight how a collaborative agenda among scientists, practitioners, advocates and policy makers can inform research, prevention and treatment to reduce the negative effects of child sexual risk, trauma and violence for girls and women, and inform health policy for state, national and international organizations.

Reaching New Combat Veterans and Their Families: A Practical MIRECC Approach (Abstract #179599)

Symposium (disaster) — **Dover A/B/C, 3rd Floor**

Kudler, Harold, MD[1]; Straits-Troster, Kristy, PhD[2]; Jones, Everett, MD[3]; Reynolds, Victoria, PhD[4]; Clancy, Carolina, PhD[4]; Collie, Claire, PhD[5]
[1]*Psychiatry and Behavioral Sciences, Duke University, Chapel Hill, North Carolina, USA*
[2]*Psychiatry and Behavioral Sciences, Division of Medical Psychology, Duke University and Durham VA Medical Center, Durham, North Carolina, USA*
[3]*Department of Psychiatry and Behavioral Sciences, VA MIRECC & Duke University, Durham, North Carolina, USA*
[4]*Psychiatry and Behavioral Sciences, Duke University/Durham VA Medical Center, Durham, North Carolina, USA*
[5]*Psychology, Durham VAMC, Durham, NC, USA*

Engaging new combat veterans and their families requires national, state and community partnership. The U.S. Department of Veterans Affairs Post Deployment Mental Illness Research, Education and Clinical Center (MIRECC) identifies, develops and disseminates best practices through needs assessment, public health outreach and clinical innovation.

OIF/OEF Veterans' Perspectives on Post-Deployment Needs: Focus Group Results

This study used a qualitative focus group methodology to examine health concerns, family issues, satisfaction with health care, and social support among American veterans who served in Iraq (OIF) and/or Afghanistan (OEF). Participants were recruited from a random sample of OIF/OEF veterans eligible for VA services per Department of Defense records and living within a 60-minute drive of Raleigh, NC. Six focus groups of 10-12 participants were conducted in October 2006. Groups were determined by military duty status and gender including: 2-Active Duty/Separated, male; 2-Reserve/National Guard, male; 1-Female veterans; and 1-Female spouses, non-veteran. Use of VA healthcare was reported by 23 of the 54 veterans (43 percent). The most frequently reported health concerns while deployed included safety and effectiveness of chemoprophylaxis, potential chemical exposure, burn pit smoke exposure, unhygienic latrines and food safety. Post-deployment problems included social withdrawal, noise sensitivity, anger, impatience/irritability, sleep problems and hearing loss. Marital problems, divorce, overprotection of children, and post-deployment irritability were seen as contributing to family problems. Satisfaction with access to care was variable and community support from churches, other veterans and extended family was helpful. Preferences and perceived barriers to care will be discussed.

Strategies in Service to New Combat Veterans: VA-DoD-State Collaboration in a Public Health Model

Efforts to reach out to new American veterans of Iraq and Afghanistan and their families require a cooperative effort between the Department of Defense (DoD), the Department of Veterans Affairs (VA), and the individual states. In order to respond in an integrated and effective manner, the State of North Carolina has initiated the Governor's Summit on Returning Veterans and their Families in partnership with DoD, VA and a number of state, public and private programs. This multimodal, recovery-based effort, facilitated by the MIRECC, represents a public health approach. Population-based interventions such as a Governor's letter to all new veterans and their families, a 24 hours-per-day/7 days-per-week telephone call center with a special algorithm developed to connect veterans and their families with appropriate information and services, and a statewide education program for providers and community leaders have been developed to facilitate successful readjustment for veterans and their families. The presentation will lay out current needs and efforts undertaken as part of the Governor's Summit. Implementation processes, pilot data, future directions, and opportunities to replicate in other states will be considered.

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

Parent Support Group in a U.S. Veterans Medical Center: A MIRECC Clinical Project

This presentation describes a Parent Support Group developed as a MIRECC clinical project at the Durham VA Medical Center. The Parent Support Group provides psychoeducation and parent-skills training to OIF/OEF veterans, their spouses and/or other caregivers. OIF/OEF men and women face significant challenges upon their return home and may have difficulty re-integrating into non-military social roles such as father, mother, husband or wife. In their absence, parental roles and duties have been re-allocated to another parent/caregiver. In addition, children´s reactions to parental absence and return may be complex. Children caught up in the deployment cycle may feel resentment, sorrow and/or anger. These feelings may be expressed differently at different ages and at different phases of deployment. Re-negotiation of parenting roles, assistance with re-attachment between parent and child, and progress in re-establishing an effective partnership between parents/caregivers may require active support and specific interventions. The presenters will discuss program design and results including recruitment and retainment challenges and pre- and post measures of change.

Implementing Trauma-Focused Cognitive Behavioral Therapy: A Focus on Training Frontline Clinicians (Abstract #179647)

Symposium (practice) **Grand Ballroom I and II, 3rd Floor**

Hanson, Rochelle, PhD[1]; Ruggiero, Kenneth, PhD[2]; Amaya-Jackson, Lisa, MD[3]; Saunders, Benjamin, PhD[4]; Murray, Laura, PhD[5]; Cohen, Judith, MD[6]; Koverola, Catherine, PhD[7]; *Berliner, Lucy, MSW*[8]

[1]Psychiatry & Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA
[2]Psychiatry & Behavioral Sciences, Medical University of South Carolina, South Carolina, USA
[3]Duke University, Durham, North Carolina, USA
[4]Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA
[5]Boston University School of Public Health, Boston, Massachusetts, USA
[6]Psychiatry, Allegheny General Hospital, Pittsburgh, Pennsylvania, USA
[7]University of Alaska, Fairbanks, Alaska, USA
[8]University of Washington, Seattle, Washington, USA

This symposium addresses the training of clinicians in TF-CBT, an efficacious treatment designed to reduce symptoms and prevent long-term problems among traumatized youth. As this evidence-based model is increasingly disseminated and implemented, it is important to examine the most effective and efficient ways to train front-line clinicians.

Overview of Training for Trauma-Focused Cognitive Behavioral Therapy: The Supportive Implementation Model

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is a hybrid model that integrates elements of cognitive-behavioral, affective, humanistic, attachment, family, and empowerment therapies into a treatment designed to address the unique needs of children with problems related to traumatic life experiences. Common therapeutic themes for traumatized children and adolescents include betrayal of trust and fear of trusting others; self-blame and a resultant negative impact on self-esteem and self-efficacy; anger, which may include oppositional or aggressive behaviors; difficulty modulating affect; and loss of hope for the future. The TF-CBT model provides interventions which can prevent many of the negative consequences often seen among trauma-exposed youth. TF-CBT has been actively disseminated and implemented both nationally and internationally to a wide range of organizations. This first paper will provide an overview of the supportive implementation model for training clinicians in TF-CBT. This typically includes a combination of on-line training, a live workshop, and a six to nine month group phone consultation period to practice and master skills of the treatment model. The presentation will also discuss the modification of trainings to address unique needs across different organizations

Implementation of an Evidenced-Based Treatment for Traumatized Youth: A Focus on Training Clinicians

The primary objective of this NIMH study is to assess different methods of training community-based therapists on TF-CBT to determine the best ways of enhancing fidelity to the treatment model. This study comprises four conditions: 1) assessment of treatment as usual (TAU); 2) traditional Workshop training; 3) Intensive TF-CBT focused Supervision; and (4) Withdrawal of Supervision. A multiple baseline design allows us to examine therapists´ fidelity to the treatment protocol across the four study conditions. All treatment sessions are audiotaped and coded by trained raters to determine whether the TF-CBT core components are present. The main hypothesis is that workshop plus supervision will result in higher levels of fidelity than workshop alone. We are also assessing other factors that may be associated with treatment fidelity: attitudes toward the use of manualized treatments and evidenced-based practices, burn-out, and use of a variety of treatment procedures/techniques (specifically assessing use of cognitive behavioral procedures) at each stage. Thus, this symposium will present data to examine different training methods to determine the best ways to train clinicians to a high level of fidelity while adhering to a strict research protocol.

TF-CBT Training: An Innovative Alaskan Approach

This third paper addresses training issues from a clinical "non-laboratory" perspective. Specifically, Dr. Koverola will describe an approach to providing TF-CBT training to clinicians who serve rural regions of Alaska primarily with indigenous populations. These clinicians face enormous logistical challenges as well as cross cultural issues, necessitating the utilization of a number of unique training components. The Alaska Rural Behavioral Health Training Academy has developed a flexible and supportive approach to providing this type of training. Training is delivered over a three month period of time using a blended delivery model that includes: online training, pre audio sessions, three day face to face intensive, post audio mentoring in small groups and a final wrap up session. The instructor teams include a TF-CBT content expert trainer, local clinicians, and Alaska Native elders. Training is delivered using a cohort model of learning with twenty participants. Training also includes modules on rural ethics, vicarious trauma - self-care for the provider, and infusion of culture through ongoing consultation with the elders. Preliminary findings reveal that this approach to training is experienced positively by participants and has resulted in implementation of TF-CBT in numerous rural Alaska Native contexts.

Translating Sleep Findings in PTSD into Strategies for Prevention (Abstract #179879)

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

Mellman, Thomas, MD[1]; Neylan, Thomas, MD[2]; Raskind, Murray, MD[3]; Jenifer, Ericka, MS[1]; Brown, Denver, BS[4]; Hipolito, Maria, MD[4]; Randall, Otelio, MD[1]; Metzler, Thomas, MA[2]; Henn-Haase, Clare, PsyD[5]; Marmar, Charles, MD[5]

[1]Howard University, Washington, District of Columbia, USA
[2]University of California, San Francisco, San Francisco, California, USA
[3]Dept of Psychiatiry & Behav. Sci., University of Washington, Seattle, Washington, USA
[4]Howard University Washington, District of Columbia, USA
[5]University of California San Francisco, San Francisco, California, USA

Sleep disturbance may relate to PTSD vulnerability and links to physical health morbidity. We will present prospective data validating sleep disturbance as a risk factor for PTSD, support for a relationship between PTSD and elevated nocturnal blood pressure, and application of an emerging pharmacological strategy as an early intervention.

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

Sleep Disturbances Predict Future PTSD Symptoms

Objective: Multiple prospective epidemiologic studies have found that disturbed sleep is a risk factor for later occurrence of major depression and panic disorder. However, none of these studies have systematically examined PTSD as an outcome. The present study examines the relationship of subjective sleep quality for future risk of PTSD symptoms in a prospective study of police recruits.
Method: 256 psychologically healthy recruits were evaluated while in police academy training. Subjective sleep quality was indexed by the Pittsburgh Sleep Quality Index (PSQI). PTSD symptoms were assessed 12 months after commencement of active duty, during which all were exposed to duty related critical incidents. Repeat assessments were also obtained in a subgroup of subjects after 18 months (N= 111) and 24 months (N= 50).
Results: Pre-exposure subjective sleep quality during academy training was significantly associated with PTSD symptoms (minus sleep items) after 12 months (N= 256, r = .18, p = .003), and 18 months (N= 111, r= .19, p= .045), and at a trend level 24 months (N= 50, r= .266, p= .06).
Conclusions: Greater subjective complaints of sleep disturbances in otherwise healthy police academy recruits predicts higher levels of PTSD symptoms after 12-24 months of active police duty.

PTSD and Nocturnal Blood Pressure

PTSD is associated with medical including cardiovascular conditions. Studies linking PTSD to hypertension (HTN) have tended to be those with minority representation. African-Americans (AA) have elevated rates of HTN and its medical consequences. An absence of the normal "dip" of blood pressure (BP) at night is an established risk factor for HTN and its end-organ complications. "Non-dipping" of nocturnal BP is common among AA. A study of AA adolescents found an association between "non-dipping" and exposure to violence. Arousal at night is a feature of PTSD. Non-dipping of nocturnal BP and sleep disturbances of PTSD have both been linked to dysregulated sympathetic nervous system activity.

We recruited healthy young adult African-Americans. To date 24 participants (17 female; 9 with lifetime PTSD, an additional five with subthreshold criteria; six with significant current symptoms) received 24-hour ambulatory BP monitoring and assessment of PTSD by the CAPS.

The difference between average nocturnal and day values for mean arterial pressure was significantly and negatively correlated with current (rho = -.47, p < .02) and lifetime PTSD severity (rho = -.42, p < .04).

Elevated nocturnal BP may be a link between PTSD and cardiovascular morbidity in African-Americans

Early Prazosin Treatment May Attenuate Nightmares and Sleep Disruption

Trauma-related recurrent distressing dreams (nightmares) are distressing reexperiencing symptoms of PTSD. It is possible that trauma nightmares are "retraumatizing" experiences. If so, elimination of trauma nightmares could hasten resolution of PTSD, and perhaps prevent its full expression. We have demonstrated in two placebo-controlled studies in Vietnam veterans with chronic PTSD that the alpha-1 adrenoreceptor antagonist prazosin reduces and often eliminates trauma nightmares and sleep disruption, and improves global clinical status. However, nightmares usually return and global status worsens days after prazosin is discontinued in these chronic PTSD patients. In contrast, we have observed in open label treatment of PTSD in the "new veterans" from Iraq that nightmares and sleep disruption sometimes do not return for weeks, months or at all after prazosin is discontinued. This observation suggests that even earlier prazosin treatment following trauma might attenuate the development of PTSD nightmares and sleep disruption.

Preventing Trauma Through International Standard Setting and Implementation: ISTSS at the United Nations
(Abstract #179833)

Symposium (intl) — **Grand Ballroom VI, 3rd Floor**

Turner, Stuart, BChir, MD, MA, FRCP, FRCPsych[1]; Danieli, Yael, PhD[2]; Carll, Elizabeth, PhD[3]; Braak, Joyce E., MD[4]
[1]*Trauma Clinic, London, United Kingdom*
[2]*Group Project for Holocaust Survivors, New York, New York, USA*
[3]*Private Practice, Centerport, New York, USA*
[4]*Institute for Research on Women's Health, Catskill, New York, USA*

The work of the United Nations results in international standards that define the obligations of member states to implement these standards in their nations. ISTSS, through its UN representatives, works many ways to weave our specialized expertise into these standards, to prevent trauma and its effects at the global level.

International Standards in the Context of the Prevention of Trauma and Its Effects

Tragically, trauma is clearly as ubiquitous today as it was during and immediately following World War II when the United Nations was created, in the words of the Charter, "to save succeeding generations from the scourge of war, which twice in our lifetime has brought untold sorrow to mankind, and to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small, and to establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained, and to promote social progress and better standards of life in larger freedom..." Prevention of many types of victimization and trauma is thus implied from the U.N.'s inception. This presentation [even the full panel] will review some of the international standards developed specifically in the context of the prevention of trauma and its life-long and even intergenerational effects.

Trauma, International News Coverage, and the United Nations

This presentation will discuss issues related to the importance of news coverage of global traumatic events, such as violence against women, disasters, the effects of war, and other human rights violations, in spotlighting violations of international standards and in generating the needed political will to deal with these global problems. The importance of access to information as a foundation for the development and implementation of international standards will be highlighted. Strategies for advocating for access to media/ICT (which includes both traditional and newer information and communication technologies) for all nations, such as the World Summit on the Information Society, will also be discussed.

Gender Violence and Women's Human Rights at the United Nations

There is compelling evidence that violence against women is severe and pervasive throughout the world, taking many interrelated forms - physical, sexual, psychological and economic. The costs to society, direct and indirect, are extremely high. Violence against women is a form of discrimination and is a violation of human rights causing deaths and untold misery in every country of the world. Significant progress in international standards and norms has clarified the obligations on States to prevent, eradicate, and punish violence against women. However, advances towards equality and freedom from violence previously made by women are being eroded or are under threat in many countries, exposing the fact that States are failing to fulfill these obligations. Impunity for perpetrators (both State and non-State actors) results from States' failure to implement international standards. This presentation will include the most recent international standards set by the U.N. Secretary-General's Report, "Ending Violence against Women", the work of the 51st Session of the Commission on the Status of Women and the latest report by the U.N. Special Rapporteur on Violence Against Women and the current campaign of UNIFEM.

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

The Intersection of Trauma, Traumatic Stress, and Substance Abuse (Abstract #179557)

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

Ouimette, Paige, PhD[1]; Marx, Brian, PhD[2]; Read, Jennifer, PhD[3]; Simms, Leonard, PhD[4]; *Riggs, David, PhD[5]*; Watson, David, PhD[6]; Doebbeling, Bradley, PhD[7]; Farrow, Sherry, MA[3]; Colder, Craig, PhD[3]; White, Jacqueline, PhD[8]; Bovin, Michelle, MA[9]; Gold, Sari, MA[10]; Goodwin, Elizabeth, PhD[11]; Semenec, Silvie, BA[11]; Coolhart, Deborah, PhD[11]

[1]Center for Integrated Healthcare (116C), Syracuse, New York, USA
[2]National Center for PTSD, Boston, Massachusetts, USA
[3]University at Buffalo, Buffalo, New York, USA
[4]Psychology, University at Buffalo, Buffalo, New York, USA
[5]Center for Deployment Psychology, Bethesda, Maryland, USA
[6]University of Iowa, Iowa City, Iowa, USA
[7]Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana, USA
[8]University of North Carolina, North Carolina, USA
[9]Temple University, Pennsylvania, USA
[10]Temple University, Philadelphia, Pennsylvania, USA
[11]Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA

The papers in this symposium address the intersection of comorbid trauma and substance abuse using distinctive methodologies. These approaches highlight advances in the field of trauma and substance abuse research that may further our efforts to provide effective interventions to specific subgroups.

Assessing Natural Course of PTSD Among Substance Use Disorder Patients

Long-term natural course data on substance abuse (SUDs) and PTSD can help identify patient subgroups with different etiologies, which can lead to improved treatment specificity. This study evaluated the reliability and validity of an established psychiatric interview schedule, the Longitudinal Interval Follow-Up Evaluation (LIFE), which can provide detailed study of the course of PTSD over long time periods among SUD patients. Thirty SUD outpatients completed clinical interviews and the LIFE - PTSD, wherein they were asked to retrospectively report six months (26 weeks) of PTSD symptoms. Interviews were rated by a second rater. Results indicated that all participants reported at least one trauma with 38 percent having PTSD. Initial inter-rater reliability results for 12 interviews suggest that raters reliably score the LIFE PTSD across 26 weeks (weekly r's = .72 to 1.0). Reliability estimates for PTSD symptom clusters were also high (B symptoms - .95 to .96; C symptoms .87 to .95; D symptoms - .88 to .95). The average 26-week PTSD rating was positively associated with clinical interview-assessed current B symptom severity, C symptom severity, and D symptom severity (r = .72, p <.01; r = .54, p =.06, and r = .63, p <.05) as well as PTSD diagnosis (r = .67, p <.05). The LIFE PTSD may be a reliable and valid measure to assess long-term course among patients in SUD treatment.

Alcohol Consumption, Risk Recognition and Sexual Revictimization

This study examined the pharmacological and psychological effects of alcohol consumption on the risk recognition abilities among women with histories of sexual victimization in childhood only, sexual victimization in both childhood and adolescence or adulthood and nonvictims using an experimental date rape analogue. The study also examined the effects of alcohol consumption on the psychophysiologic correlates of risk recognition among these groups. Two hundred twenty-five women were randomly assigned to one of three conditions: 1) alcohol consumption, 2) placebo or 3) no alcohol. Following beverage consumption, participants listened to a hypothetical date rape interaction and indicated the point at which the man had become sexually inappropriate. Subjective and objective measures of physiologic reactivity to the risk recognition task were used to evaluate both between and within-group differences. Results revealed that victimization history was related to risk recognition ability. Further, revictimized participants assigned to the alcoholic beverage group displayed impairments in risk recognition relative to participants assigned to the control and placebo beverage conditions. Results also showed that cognitive expectancies moderate the effects of alcohol on risk recognition. Finally, beverage condition was related to physiologic reactivity during the risk recognition task.

The Longitudinal Course of Trauma, Posttraumatic Stress Sequelae, and Substance Use in College Students: A Web-based Assessment Approach

Despite high rates of trauma, traumatic stress sequelae (TSS), and substance use (SUB) in college students, prospective examination of associations among these factors has not been conducted in this population. In this study, online survey data were collected from incoming college students in 6 waves. Based on an initial trauma/traumatic stress screen, 542 students were targeted for longitudinal follow-up. Time 1 cross-sectional analyses revealed that individuals with TSS report more alcohol consequences and higher rates of alcohol dependence, (ps < .01). A similar pattern was observed for smoking consequences and nicotine dependence (ps < .01). This pattern was not observed for substance dependence, possibly due to restricted range in these outcomes. In longitudinal analyses, those with TSS again reported significantly more alcohol consequences at Time 4 (end of first semester; p = .01). A similar trend (though below statistical significance) was observed for smoking (p=.08). Mediators and moderators of the TSS-SUD association will be tested. These findings suggest that students with trauma and resulting TSS are at risk for heavy alcohol involvement, as well as smoking and nicotine dependence, even as they enter college. This risk appears to continue into the first year of college.

Internalizing and Externalizing Subtypes of PTSD: Do They Replicate Across Analytic Methods and Personality Measures?

The nature and structure of posttraumatic stress disorder (PTSD) has been a matter of much empirical inquiry in recent years. One line of inquiry (Miller et al., 2003) has examined whether there are internalizing (characterized by negative emotionality, anxiety, depression) and externalizing (characterized by disconstraint, substance use disorders [SUD], and conduct problems) subtypes of PTSD that help explain the heterogeneity observed among individuals with PTSD. We attempt to replicate these subtypes in a sample of 602 military personnel who served during the Gulf War and were evaluated twice across a five-year interval. Participants completed the Structured Clinical Interview for DSM-IV Disorders (SCID) to assess PTSD and other Axis I diagnoses, as well as the Schedule for Nonadaptive and Adaptive Personality (SNAP) and Minnesota Multiphasic Personality Inventory-2 (MMPI-2), which will be used as the basis for personality-based subtyping. An important question is whether different types of analyses yield the same subtypes as identified previously. Thus, we will identify subtypes using multiple methods, including cluster analysis and latent class analysis, and assess the similarities and differences across methods. Furthermore, we will examine the longitudinal predictors of the identified subtypes. Implications for theories of PTSD-SUD comorbidity will be discussed.

Cumulative Trauma over the Lifecourse and PTSD: Implications for Age and Cohort Effects (Abstract #178696)

Symposium (culture) **Laurel C/D, 4th Floor**

Maercker, Andreas, MD, PhD[1]; *Galea, Sandro, MD[2]*; Hobfoll, Stevan, PhD[3]; Solomon, Zahava, PhD[4]

[1]University of Zurich, Zurich, Switzerland
[2]University of Michigan, Ann Arbor, Michigan, USA
[3]Kent State University, Kent, Ohio, USA
[4]University of Tel Aviv, Tel Aviv, Israel

The symposium presents research of different strands in epidemiology, clinical and social psychology, and psychiatry from the U.S., Israel and Switzerland. It discusses recent findings on cumulative effects of traumatization and centers on lifecourse study designs.

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

The Impact of Cumulative Traumatic Event Experience on Posttraumatic Stress Disorder

We have abundant evidence that traumatic event experiences are associated with psychopathology, most centrally with posttraumatic stress disorder (PTSD). A growing body of research has carefully considered both the risk of PTSD in different circumstances and the conditional probability of PTSD given different traumatic exposures. However, nearly all work in the area has focused on identifying the impact of isolated traumas, be they individually experienced or collectively experienced. We suggest that extant studies do not present a complete picture and that a fuller understanding of the impact of trauma on psychopathology and health needs to consider the cumulative impact of traumas during the lifecourse. In particular we argue that repeat traumas cluster among particularly vulnerable groups making such groups highly susceptible to adverse health during their lives. We will use data from four sources to illustrate these points, including data from samples collected after two collectively experienced traumas - the September 11, 2001 terrorist attacks in New York City, and the 2005 Hurricane Katrina in Mississippi - and data from two international samples, from Halabja, Iraq, and Jimma, Ethiopia. We hope that this work can suggest the importance of a lifecourse approach to the epidemiology of trauma and its consequences.

The Kindling Model of Lifetime Trauma in Women's Lives

Although there is much evidence that childhood abuse and maltreatment leads to psychological distress and disorder in adults, there is little research on the mechanisms by which this occurs. Based on Conservation of Resources (COR) theory, we predicted that childhood abuse and maltreatment undermines the caravan of resiliency resources that abused women might otherwise have developed and need to cope with the inevitable stress of life. Further, we predicted that women who were abuse as children will experience more stress as adults, both traumatic stressors and everyday stressors. Finally, we predicted that their abuse experiences make them more sensitive to new stressors that occur. We examined this model in a series of large-scale studies of inner-city women. Using cross-sectional and prospective designs and structural equation modelling, we found strong support for what we call the kindling model of lifetime trauma.

Increased PTSD Prevalence in the Elderly Compared to Younger Cohorts in a German Community Survey

Full and partial posttraumatic stress disorder following trauma exposure were examined in a representative community sample in order to determine prevalences of different age cohorts (14-29 years, 20-59 years, 60-95 years). A standardized telephone interview with a series of trauma probes and a DSM-IV PTSD checklist was administered to a random sample of 2,426 persons from all parts of Germany. Trauma probe list included war and expulsion-related traumatic events (Word War II). The authors determined current (i.e., one-month) prevalences. The estimated prevalences of the elderly were 3.4 percent for full PTSD and 3.8 percent for partial PTSD, for the middle-aged cohort 1.9 percent for full PTSD and 2.4 percent for partial PTSD, and for the youngest cohort 1.3 percent for full PTSD and 1.3 percent for partial PTSD. Highest conditional probabilities for full PTSD were found following rape (37.5 percent), childhood sexual abuse (35.3 percent), and life-threatening disorders (23.4 percent). Conditional probabilities for war and related trauma were 7.9 percent for combat exposure and 5.3 percent for expulsion from homeland. This is the first study indicating elevated PTSD prevalences in the elderly. We discuss findings with regard to historic features in WW II and postwar Germany as well as to civilian cumulative lifetime trauma.

Long-Term Longitudinal Studies of Israeli Veterans

This presentation displays the findings of two prospective longitudinal studies examining two populations exposed to war and combat. The first, assessed combat veterans with and without CSR. The second, assessed ex-POWs and comparable combatants. Both studies prospectively assessed the implications of childhood life events, Holocaust background, combat experiences, war captivity and negative postwar life events in the mental status and social functioning of Veterans 20 and 30 years after the war. Findings confirm the association between stressful life events in the course of the life span and their outcomes. The differential effects of various life events and particularly the role of type of event and timing will be discussed in light of the findings.

Beyond Walter Reed: Lessons Unlearned about the Impact of War from Vietnam to Iraq (Abstract #179932)

Workshop (practice) — **Waterview A/B, Lobby Level**

Scurfield, Raymond M., DSW, LCSW[1]; Platoni, Kathy, PsyD[2]; ***Viola, Janet M., PsyD, RN***[3]

[1]*Former Capt., U.S. Army (Vietnam War veteran) and School of Social Work, University of Southern Mississippi, Long Beach, Mississippi, USA*
[2]*Col., U.S. Army Reserve (Gulf & Iraq War veteran), Centerville, Ohio, USA*
[3]*Major (Retired), U.S. Army (Gulf & Iraq era veteran), and Nursing Dept, Ursiline College, Solon, Ohio, USA*

This workshop offers perspectives of veterans of three eras of war: Vietnam, Persian Gulf and Iraq: discussion of how the recent investigations at Walter Reed Army Medical Center and the VA illustrate critical lessons unlearned that have existed for decades: continuing limbo of "medical holds", stressors faced by female military personnel, impact of military psychiatry interventions postwar, survival strategies brought home, Combat Stress Reactions versus PTSD, vital information about war trauma not told, guidelines for family members, video of group therapy with veterans of different eras and an innovative "circle of healing" treatment strategy that goes beyond typical CBT manualized interventions.

The International Tsunami Museum: Giving Back to a Community in Thailand (Abstract #180069)

Media Presentation — **Grand Ballroom III and IV, 3rd Floor**

Sattler, David, PhD[1]

[1]*Western Washington University, Bellingham, Washington, USA*

The Indian Ocean Tsunami devastated the coastlines of 12 counties. Three and fifteen months after the tsunami, a disaster researcher discovered that survivors in Thailand were fearful of tsunamis. They lacked understanding about how tsunamis form and warning signs, and how the world came together to provide aid. This 30 minute video details the creation of a nonprofit educational museum in Khao Lak, Thailand. The museum promotes understanding of the event by showing how the tsunamis formed; warning signs and how to evacuate; and how organizations and individuals around the world rallied to help. A central theme is hope, resilience and the human spirit. The researcher worked with psychology students to create exhibits. The students learned about mental health issues and how research findings can promote education, mental health, and social responsibility. Over 7,500 people visited the museum in two months. Visitor donations are passed on to village schools to hire teachers and provide much needed supplies, including drinking water, food and netting to reduce exposure to dengue fever. Providing support to schools is a special way the museum is helping the community. Ways of modifying this project to aid survivors of other traumatic experiences are discussed.

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Concurrent Session 9

Friday, November 16
3:30 p.m. – 4:45 p.m.

Enhancing Outcome of Prolonged Exposure Therapy (Abstract #180088)

Master Clinician (practice) **Grand Ballroom I and II, 3rd Floor**

Hembree, Elizabeth, PhD[1]
[1]Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania, USA

Prolonged Exposure (PE; Foa, Hembree, & Rothbaum, 2007) is a cognitive behavioral therapy designed to help survivors to emotionally process traumatic experiences. PE has been used successfully with survivors of a range of traumatic events, and has proven highly effective at reducing posttraumatic stress disorder (PTSD) and other trauma-related symptoms. Although quite effective, exposure therapy can also be challenging to implement with diverse and complex chronic PTSD clients. Furthermore, while the PE manual provides detailed descriptions of imaginal and in vivo exposure procedures, some of the nuance and "art" of the therapy is hard to communicate in a treatment manual. One of the most common challenges encountered by PE therapists is helping clients to overcome avoidance, and yet doing so is key to successful outcome. Over the years, we have learned ways of responding to clients´ urges to avoid that can optimize the chances of success. In this presentation, PE therapy will be briefly described, followed by discussion of how to support clients in their struggles with avoidance. The importance of both a strong therapeutic relationship, and a clear rationale that the client understands and accepts, will be emphasized. Case examples will be used to illustrate therapists´ interventions in helping clients to overcome avoidance and engage in therapeutic exposure exercises.

Early Intervention in Workplace Settings (Abstract #180095)

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

Watson, Patricia, PhD[1]; Gorter, Jeff, MSW[2]; Shultz, Jim, PhD[3]
[1]Dartmouth College, White River Junction, Vermont, USA
[2]Crisis Care Network, Grandville, Michigan, USA
[3]Center for Disaster & Extreme Event Preparedness, Miami, Florida, USA

Early intervention following mass violence or disasters often must take place in workplace settings. In this panel discussion, the presenters will discuss efforts to disseminate psychological first aid and other early intervention efforts into corporate and EAP settings through the Crisis Care Network, into hospital settings through the Center for Disaster & Extreme Event Preparedness (DEEP Center) trainings, and into the military setting through trainings for Marine Corps and Navy personnel. The challenges of presenting an acute intervention model in various work cultures will be discussed, as well as the use of multiple training modalities, such as online and electronic platforms.

Prevention and ISTSS: The Role of the Society in the Area of Traumatic Stress Prevention: A Past President's Panel Discussion (Abstract #184025)

Panel (prev) **Grand Ballroom VI, 3rd Floor**

Figley, Charles R., PhD[1]; Danieli, Yael, PhD[2]; Bloom, Sandra, MD[3]; Marmar, Charles, MD[4]
[1]College of Social Work, Florida State University, Tallahassee, Florida, USA
[2]Past President, New York, New York, USA
[3]Community Works, Philadelphia, Pennsylvania, USA
[4]University of California, San Francisco, San Francisco, California, USA

This panel of four past presidents of the society will discuss how, during their tenure as president, the society was involved in various efforts to promote the prevention of trauma events and their unwanted consequences. Each panelist will discuss their year as President of ISTSS but in the context of the three year period in which they were president-elect and immediate past-president. Therefore, Sandra Bloom, MD, will focus on what was happening in the area of prevention from 1996-1999. Charles Marmar, MD, will discuss the years 1992-1995. Yael Danieli, PhD, will discuss the years 1987-1990, and Charles Figley, PhD, will discuss the years 1984-1988. In addition to discussing what was happening in the society to promote prevention, each panelist will discuss the lessons learned from the past that is relevant today to promoting prevention.

Emotions and Journalism: Teaching Best Practice in Trauma Reporting (Abstract #179547)

Panel (train) **Kent A/B/C, 4th Floor**

Brayne, Mark, MA[1]; Rees, Gavin, BA[2]; Greenberg, Neil, BM, BSc, MMedSc, ILTM, DOccMed, MEWI MRCPsych[3]; Moeller, Susan, PhD[4]
[1]Dart Centre for Journalism and Trauma, Cirencester, Gloucestershire, United Kingdom
[2]Media School, Bournemouth University, Poole, Dorset, United Kingdom
[3]King's College London, London, United Kingdom
[4]University of Maryland College Park, College Park, Maryland, USA

Panelists review findings of two important new British surveys in the journalism of trauma and of extreme human distress. Bournemouth University´s "Emotions and Journalism" project polled news editors and senior journalism educators on attitudes towards emotional and trauma awareness training in U.K. journalism schools and newsrooms. The survey helped identify obstacles that need to be addressed in the teaching for example of empathic listening — ranging from time constraints and competitive pressure to a concern among many journalists that a sensitivity to emotions might threaten objectivity. The second survey focuses on the well-being of journalism practitioners, comparing attitudes to help-seeking for trauma-related distress in the BBC and Britain´s Royal Marines. Initial data were presented at ISTSS 2006, but deeper understandings have now been distilled which underline both similarities and differences in professional trauma response in the military and in journalism. Drawing on the growing experience of the Dart Centre for Journalism and Trauma in raising trauma awareness in global journalism, this session will discuss the challenges of putting emotional-awareness training at the heart of journalistic practice, in the U.K. and Europe and also in the United States.

PTSD - Only an Anxiety Disorder? (Abstract #179918)

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

Steil, Regina, PhD[1]; Schmahl, Christian, MD[1]; Valerius, Gabriele, PhD[1]; Vermetten, Eric, MD[2]; Southwick, Steven, MD[3]; Bremner, J. Douglas, MD[4]; Ruesch, Nicolas, MD[5]; Corrigan, Pat, PsyD[5]; Lieb, Klaus, MD[6]; ***Resick, Patricia, PhD***[7]
[1]Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health, Mannheim, Baden-Wuerttemberg, Germany
[2]Psychiatry, Neuroscience Division, University Medical Center, Utrecht, Netherlands, Germany
[3]Yale University, West Haven, Connecticut, USA
[4]Emory University, Georgia, USA
[5]Joint Center for Psychiatric Rehabilitation, Illinois Institute of Technology, Chicago, Illinois, USA
[6]University of Freiburg, Baden-Wuerttemberg, Germany
[7]Women's Health Sciences Div, National Center for PTSD, Boston, Massachusetts, USA

Although PTSD is defined as an anxiety disorder, other emotions and disturbed emotion regulation may play a yet underestimated role in the development of this disorder. This symposium will focus on neuropsychological and neuroimaging correlates of disgust, anger, shame and anxiety and try to elucidate their distinct impact in PTSD.

PTSD - A Disgust-Related Disorder?

Purpose: The role of a variety of feelings such as fear, helplessness, shame or guilt is being considered in models as well as in psychological treatment of PTSD. This paper states that disgust can be a major distressing emotion in PTSD sufferers which so far has been neglected in conceptualisation, research, and psychological treatment of PTSD.

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

Population: Clinical observation and empirical data show that intensive and distressing disgust is often present in patients suffering from severe and chronic PTSD after sexual violence. Main points to be covered: Disgust is often related to smells, tastes or other sensations reminding the patient of the trauma. Coping strategies such as restraint eating and drinking, frequent washing or self-injurious behaviour impair the patient´s health. Training the patient in mindfully experiencing the present disgust-eliciting sensations and concentrating on the differences between the presence and the traumatic incidence rather than on the similarities is a helpful treatment strategy. Conclusions: Disgust needs to be included in the understanding of PTSD symptomatology as a core emotion contributing to multiple dysfunctional behaviors which have been observed in severe and chronic PTSD. Discrimination training as a cognitive-behavioural treatment strategy can help to alleviate disgust.

Neural Correlates of Disgust Intensity — A Parametric fMRI Study

Purpose: Disgust appears to be an important emotion in PTSD. However, even in healthy subjects the neural correlates of disgust are still unclear. Whereas the majority of findings point to a specific role of the insula in disgust perception, other findings suggest a more general emotion-mediating neural system including amygdala und orbitofrontal cortex.

Methods: So far, fifteen healthy females have been included in this study. In an event-related fMRI design, 180 disgust and fear inducing and 90 scrambled pictures were randomly presented for 2.5 s. Outside the scanner, subjects rated disgust and fear elicited by the pictures on a four-point scale. Image processing and statistical analysis were carried out using SPM5.

Findings: With an increase in disgust intensity, significant BOLD signal increase was found in several regions, including insula and amygdala. With an increase in fear perception, increased BOLD signal was found bilaterally in regions of the occipital and posterior temporal lobe.

Conclusions: Amygdala and insula activity was found to be related to intensity ratings of disgust in healthy subjects, extending earlier findings of a disgust-processing emotional network. Additional findings for neural correlates of disgust vs. fear intensity in patients with PTSD will be presented.

A PET Study of Olfactory Induced Emotional Recall in Veterans with and Without Combat-Related PTSD

Purpose: Odors are often associated with highly emotional experiences, and odors have long been noted by clinicians to be precipitants of trauma symptoms in PTSD. Brain systems involved in fear responsivity and survival also mediate smell, including the olfactory cortex and amygdala.

Methods: We exposed male combat veterans with and without PTSD to a set of smells, including diesel (related to traumatic memories of combat), and three other types of smells: odorless air, vanilla/coconut, and hydrogen sulfide (respectively, a neutral, positive, and negative nontraumatic smell) in conjunction with PET imaging and assessment of psychophysiological symptoms.

Findings: PTSD patients rated diesel as unpleasant and distressing, resulting in increased anxiety in PTSD versus combat controls. Exposure to diesel resulted in an increase in rCBF in amygdala, insula, medial PFC and ACC, and decreased rCBF in lateral PFC in PTSD in comparison to combat controls. Combat controls showed less rCBF changes on any smell, and did not show amygdala activation upon diesel exposure.

Conclusions: These data support the hypothesis that in PTSD trauma related smells can serve as strong emotional reminders. The findings indicate the involvement of a neural circuitry that shares olfactory elements and memory processing regions when exposed to trauma-related stimuli.

The Impact of PTSD on Dysfunctional Implicit and Explicit Emotions Among Women with Borderline Personality Disorder

Purpose: A comorbid PTSD aggravates symptoms, course of illness and social functioning of persons with borderline personality disorder (BPD). However, it is largely unclear how this effect is mediated.

Methods: In 60 women with BPD of whom 23 had a comorbid current PTSD we investigated whether dysfunctional explicit and implicit emotions were associated with a comorbid PTSD. Shame- and guilt-proneness, anxiety, anger-hostility, and general psychopathology were assessed by self-report measures. Implicit anxiety-related self-concept was measured using the Implicit Association Test.

Findings: Self-reported guilt-proneness and general psychopathology, but not shame-proneness or trait anxiety, were significantly higher in women with BPD and PTSD than in women with BPD alone. A comorbid PTSD was associated with a more anxiety-prone (relative to shame-prone) implicit self-concept as assessed by the Implicit Association Test.

Conclusions: Self-reported guilt-proneness and implicit anxiety may mediate the negative impact of comorbid PTSD on women with BPD.

The Prevention of Trauma in Transitional Societies
(Abstract #179499)

Symposium (culture) **Grand Ballroom VII and VIII, 3rd Floor**

Higson-Smith, Craig, MA[1]; Subramaney, Ugash, MBBCH, FCPSych(SA), MMED(Psychiatry)[2]; Mogapi, Nomfundo, MA[3]

[1]*South African Institute for Traumatic Stress, Johannesburg, Gauteng, South Africa*
[2]*University of the Witwatersrand, Johannesburg, Gauteng, South Africa*
[3]*Centre for the Study of Violence and Reconciliation, Johannesburg, Gauteng, South Africa*

Rapid transition in society is about hope as well as insecurity. This symposium focuses on prevention of psychosocial sequelae in police, ex-combatants, exiles, victims of crime and service providers. Challenges involve economic, political, cultural and social change; fragmentation of systems, high levels of crime and violence, and migration.

Preventing Secondary Trauma in Transitional Societies

The high prevalence of different kinds of traumatic stress in transitional societies demands a powerful and healthy body of mental health service providers. Unfortunately, in the majority of societies in transition there is very limited specialist training for trauma service providers and almost no professional and institutional support. This paper reports on a tracer study conducted with past students at the South African Institute for Traumatic Stress. Specific findings refer to awareness of traumatic stress as a specialist knowledge area; theoretical knowledge and practical skills as a buffer against secondary traumatic stress; opportunities for informed acknowledgement of difficult work; and the role of supervision in service provision. In general the findings support investment in training and support systems for trauma practitioners and have important implications for international and local funding policies.

Biological Correlates and Traumatic Stress

In this research study, new cadets at the Johannesburg and Tshwane Metro police academy were asked to volunteer for a study assessing whether exposure to traumatic stress show alterations of HPA activity as measured by cortisol secretion, whether aberrations of the immune system as measured by cytokines exist and to assess whether correlations exist between cortisol secretion, the inflammatory response and depressive and traumatic stress symptoms. Demographic information was obtained by means of a questionnaire. For the assessment of cortisol, a 24-hour urine sample for cortisol, as well as blood and saliva specimens were obtained every

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three months for a year. Subjects were assessed for Posttraumatic Stress Disorder (PTSD) using the clinician administered scale for PTSD (CAPS), as well as the Impact of events scale -revised version (IES-R). For depressive symptoms the 17-item Hamilton Rating scale (HAM -D) was administered. The results will be discussed in the context of resilience factors in the prevention of trauma, with some interesting biological correlates of the stress response.

Trauma Interventions with Ex-Combatants in Transitional Societies

Countries in transition are often faced with the task of strengthening their fragile democracies. This period is pregnant with hope, economic growth and opportunities, but also brings major challenges that threatens durable peace. One of these challenges is the ever-present possibility of conflict related to ex-combatants. Ex-combatants experience major struggles including social marginalization, lack of recognition, stigmatization, poverty, unemployment, and extreme anger and disappointment. These challenges combined with unresolved war trauma result in complex traumatic stress sequelae. Trauma practitioners in South Africa have in the past seven years developed diverse psychosocial programmes to treat these complex responses within a context of limited resources. This presentation reports on an exploratory study of these interventions and the impact that they are having in preventing the reoccurrence of the trauma-related psychosocial problems amongst ex-combatants in South Africa. The study draws on in-depth interviews with twenty ex-combatants who have participated in ten different psychosocial programmes. The results identify core principles and themes who distinguish those progammes that are most beneficial to ex-combatants. These findings have important implications for policy and programme design for assisting ex-combatants in societies in transition.

Child Neglect is Trauma: Implications for Research and Prevention (Abstract #179321)

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

Boyce, Cheryl, PhD[1]; Widom, Cathy Spatz, PhD[2]; Czaja, Sally, PhD[3]; Lynch, Michael, PhD[4]; Manly, Jody, PhD[5]; De Bellis, Michael, MD[6]; Hooper, Stephen, PhD[6]; MacFall, James, PhD[7]; *Maholmes, Valerie, PhD[8]*

[1]NIMH/NIH/DHHS, Bethesda, Maryland, USA
[2]John Jay College, CUNY, New York, New York, USA
[3]John Jay, New York, New York, USA
[4]Psychology, SUNY-Geneseo, Geneseo, New York, USA
[5]University of Rochester, Mt. Hope Family Center, Rochester, New York, USA
[6]Duke University, Durham, North Carolina, USA
[7]Department of Biomedical Engineering, Duke University, Durham, North Carolina, USA
[8]NICHD/NIH/DHHS, Bethesda, Maryland, USA

Child neglect is the most common type of child maltreatment compromising the health of our children. This symposium will examine multifaceted risk factors, consequences, and implications for prevention and treatment of trauma from child neglect among diverse populations with research findings from the Federal Child Neglect Research Consortium.

Child Neglect as a Risk Factor for PTSD and Victimization Experiences

Objective: This presentation is designed to illustrate why clinicians, researchers and policy makers need to pay increased attention to childhood neglect as a risk factor for subsequent trauma and PTSD and design prevention strategies for neglected children. Methods: Data from a prospective cohort design study in which abused and/or neglected children were matched with non-victimized children and followed into adulthood including records of county juvenile and adult criminal courts in a metropolitan area in the Midwest during the years 1967 through 1971. A critical element of the design involved the selection of a comparison group, matched with the maltreated sample on the basis of age, sex, race/ethnicity, and approximate family social class. Subsequent follow-up interviews were conducted in 2000 - 2002 (N=896) during which complete lifetime trauma and victimization histories were obtained. Results: Neglected children had increased risk for PTSD at approximate age 29, compared to controls, and were at increased risk for subsequent lifetime traumas and victimization experiences in middle adulthood (mean age = 39.5). Conclusions: These findings suggest that more attention needs to be paid to the recognition of traumas and prevention of PTSD associated with childhood neglect.

Poly-Victimization of Neglected Children: Exposure to Violence and Risk for Traumatic Stress Reactions

Objective: The current study examined the co-occurrence of child neglect with violence in the home and community. The impact of these multiple adversities on children´s development and risk for traumatic stress reactions were noted, as were the processes leading to increased risk. Participants consisted of 162 urban children (102 who had been neglected). Method: Data were collected at age 4 assessing children´s environment and preschool development. Children were followed in Kindergarten and 1st grade to monitor ongoing development and to assess academic performance. Finally children were re-assessed at age 9. Results: The data indicate that neglected and non-neglected children manifest differences by 4 years of age and these differences persist through 1st grade. The data also reveal that many neglected children experience additional ecological adversity in the form of exposure to violence in the community and domestic violence. As children were followed at age 9, signs of functional impairment and traumatic stress reactions were evident. Conclusions: Data suggest that early experiences of child neglect may increase children´s exposure to additional - and sometimes traumatic - ecological adversity. This poly-victimization interferes with healthy development, and can set in motion processes that continue to impair functioning and increase risk for traumatic stress reactions.

Cognitive Function, Brain Development and Trauma Among Neglected Children

Objective: We hypothesized that neglected children would witness high rates of domestic violence and have high rates of PTSD. We examined cognitive function and brian development by examining corpus callosum (CC) water-diffusion characteristics in our sample. **Methods:** We recruited neglected children and non-maltreated controls, who underwent a comprehensive psychiatric and cognitive assessment battery and MRI brain scan using the 3- Tesla Siemens Trio MRI system. Apparent diffusion coefficient (ADC) values were calculated in CC regions. Results: Neglected children preformed poorer on cognitive measures and had high rates of PTSD due to witnessing violence. CC measures showed a different developmental pathway with age compared to controls. Neglected kids who were adopted at later ages (during preschool years) showed IQ and language function similar to controls. **Conclusions:** These preliminary findings suggest that prefrontal differences (possible accelerated neuro-maturity) is associated with neglect and possibly with neglect and PTSD. Adoption may be considered as an intervention with positive effects on cognitive function. The clinical implications of these findings will be discussed.

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

Trauma and the Traumagenic Effects of Homophobia: Research and Policy Perspectives (Abstract #179420)

Symposium (culture) **Laurel C/D, 4th Floor**

Triffleman, Elisa, MD[1]; Gold, Sari, MA[2]; Lexington, Jennifer, PhD[3]; Marx, Brian, PhD[4]; Rosario, Margaret, PhD[5]; Russell, Glenda, PhD[6]; *Brown, Laura, PhD*[7]

[1]ISTSS Diversity and Cultural Competence Special Interest Group, Port Washington, New York, USA
[2]National Center for PTSD, Seattle, Washington, USA
[3]Mental Health Service, University of Massachusetts, Amherst, Massachusetts, USA
[4]National Center for PTSD Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA
[5]Psychology, The City University of New York, City College and Graduate Center, New York, New York, USA
[6]Institute for Gay and Lesbian Strategic Studies, Amherst, Massachusetts, Louisville, Colorado, USA
[7]Fremont Community Therapy Project, Seattle, Washington, USA

Homophobia is defined as fear of or aversion to homosexuality. High rates of sexual and physical assault are present in large-scale samples of gay men, lesbians, bisexuals and the transgendered (Balsam et al, 2005). This symposium will examine research and policy aspects of homophobia as direct and indirect trauma, and potential interventions.

Internalized Homophobia and Sexual Assault

At least 30 percent of lesbians and gay men report childhood, adolescent, or adult sexual assault (SA) histories (Heidt, Marx, & Gold, 2004). Internalized homophobia (IH) has been defined as "a set of negative attitudes and affects toward homosexuality in other persons and toward homosexual features in oneself" (Shidlo, 1994, p. 178). This study tested whether IH is associated with depression and PTSD severity among gay and lesbian sexual assault survivors and compared IH against other predictors of SA recovery. Participants were seventy-two lesbian and seventy-five gay male SA survivors. They completed measures of IH, depression, PTSD, and experiential avoidance. Experiential avoidance is defined as avoiding thoughts, emotions, bodily sensations, memories, images, and behaviors. Results indicated that, for gay male survivors, IH was significantly correlated with PTSD symptom severity and depressive symptom severity. For the lesbian survivors, IH was significantly correlated with depression only. Multiple regression analyses indicated IH was a better predictor of PTSD and depression than assault severity but a poorer predictor than experiential avoidance for gay male survivors. IH was an insignificant predictor of both PTSD and depression for the lesbian survivors. These findings suggest that IH may be an important factor to consider when treating gay male survivors.

Trauma and Stressors of Lesbian, Gay and Bisexual Individuals

Representative samples of the population have found that lesbian, gay, and bisexual (LGB) adults and youths report higher rates of psychological distress, eating disorders, substance use, and sexual risk behaviors than heterosexual peers. We propose that this health disparity is attributed to traumatic events and other stressors that begin early in life and continue to occur throughout development. Although some of the trauma and stressors are not unique to LGB individuals, more LGB than heterosexual individuals experience them (e.g., childhood sexual abuse). Further, there are stressors unique to LGB individuals (e.g., internalized homophobia). This presentation will provide a framework that identifies and links the traumas and stressors experienced by LGB individuals. It also will provide longitudinal data supporting the theoretical framework. As hypothesized, internalized homophobia and more substance abuse symptoms were directly associated with a greater likelihood of unprotected anal sex over the following year among gay and bisexual male youths from New York City, even after controlling for alternative explanations. Further, lower self-esteem, more anxious symptoms, and childhood sexual abuse were related to more unprotected anal sex indirectly through more sexual partners, sexual encounters, and substance abuse symptoms.

The Psychological Consequences of Stigma in Policy

Since the late 1970s and especially in the last decade, lesbian, gay, and bisexual (LGB) people have been the focus of social and political debate. A significant forum in which this debate has been enacted has been through electoral politics. LGB people´s rights have been subject to referenda at state and local levels. In the majority of cases, voters have decided against the interests of LGB people. While these referenda are political events, they also represent a psychological challenge to LGB people who bear the burdens of being scrutinized, of being the focus of discussion and debate, and of having their fellow citizens - sometimes including family members and friends - vote against their interests. In many cases, the elections are explicitly traumatizing to LGB individuals. This paper, based on over a decade of research, will describe the stressors associated with antigay politics. It will discuss the sources of resilience that can be used to help buffer LGB people from these stressors. The paper will conclude with descriptions of interventions at the individual, institutional, and community levels that have been used to take advantage of what we know about resilience in the face of the stressors that accompany antigay political actions.

Insidious Heterosexist and Homophobic Trauma in the Lives of LGBT People

Root's construct of insidious traumatization, in which persons in target groups experience continuous exposure to micro-aggression, was developed to apply to persons of color, but equally applies to the experiences of LGBT individuals. As a result of this recurring exposure to disruptions of safety and sense of personal value, trauma is a constant risk factor in the lives of LGB and transgendered (LGBT) people. The discussant will consider how insidious trauma manifests clinically in LGBT individuals. Strategies for increasing awareness about the nature and presence of insidious trauma and microaggressions, and for conceptualizing internalized homophobia as evidence of exposure to insidious trauma will be discussed.

Treating Male Survivors of Military Sexual Trauma (Abstract #179908)

Workshop (practice) **Waterview A/B, Lobby Level**

Pivar, Ilona, PhD[1]; Chard, Kathleen, PhD[2]; Price, Jennifer, PhD[3]

[1]National Center for PTSD, VA Palo Alto Health Care System, Palo Alto, California, USA
[2]Cincinnati VAMC, Cincinnati, Ohio, USA
[3]Psychology, Georgetown College, Georgetown, Kentucky, USA

The goals of this workshop are to heighten clinical sensitivity, increase knowledge of Cognitive Processing Therapy (CPT) as a treatment option for male MST, and identify barriers and successes in treatment. Since 1994, Public Law 103-452 has mandated that health services be provided to men, as well as women survivors of MST. The Dept. of Veterans Affairs estimates that 54 percent of all VA patients who screen positive for MST are men (2004). During this workshop, presenters will discuss experiences in providing CPT for patients, providing case histories and objective results including CAPS, PTSD Checklist (PCL) and the Beck Depression Inventory. Kate Chard will describe the Cincinnati VAMC residential PTSD program and how the treatment of veterans with MST is both integrated and separated from combat veterans. Efficacy data on this approach using CPT for veterans with MST will be reviewed; Ilona Pivar will address group formation, treatment barriers and successes utilizing data from the Rosenberg Self-Esteem Scale, TSI Belief Scale-R, Life Events Questionnaire and the Trauma-Related Guilt Inventory; Jennifer Price will discuss individual treatment responses of Vietnam veterans utilizing additional data from the Affect Control Scale, the Trauma-related Guilt Inventory, and the Multidimensional Anger Inventory.

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

Media Presentation | **Grand Ballroom III and IV, 3rd Floor**

Reyes, Gil, PhD[1]
[1]*Fielding Graduate University, Santa Barbara, California, USA*

In Baltimore, 61 percent of African-American boys don´t graduate from high school and 50 percent of them go to jail. The Boys of Baraka is an independent documentary that follows the journey of four young boys from inner-city Baltimore as they travel to the experimental Baraka boarding school in rural Kenya where they are given a more disciplined structure and the kind of educational attention normally reserved for affluent private schools. By the time the boys return to Baltimore for summer vacation, they exhibit a new enthusiasm for education and a greater confidence in their abilities. "The Boys of Baraka" won an NAACP Image Award for Outstanding Independent or Foreign Film, as well as Best Documentary Awards at the Chicago and Newport film festivals. The boys featured in this film participated in a program that was designed to prevent them from becoming statistics in the vicious cycle of violence, drugs, and incarceration. Thus, the film provides an inspiring description of an innovative preventive intervention with links to trauma, social justice, intercultural collaboration, and a window into Baltimore neighborhoods that participants in this year´s meeting are unlikely to otherwise see.

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

Concurrent Session 10

Saturday, November 17
8:00 a.m. - 9:15 a.m.

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

Plenary (practice) | **Grand Ballroom VI, 3rd Floor**

Foa, Edna B., PhD[1]; Keane, Terence, PhD[2]; Friedman, Matthew, MD, PhD[3]; Cohen, Judith, MD[4]; *Newman, Elana, PhD*[5]
[1]*Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*
[2]*National Center for PTSD and Boston University School of Medicine, Boston, Massachusetts, USA*
[3]*National Center for PTSD and Dartmouth Medical School, White River Junction, Vermont, USA*
[4]*Allegheny General Hospital, Drexel University School of Medicine, Pittsburgh, Pennsylvania, USA*
[5]*President of ISTSS, University of Tulsa, Tulsa, Oklahoma, USA*

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

Stress, Sleep, and Metabolic Syndrome (Abstract #180019)

Symposium (biomed) | **Laurel C/D, 4th Floor**

Hall, Martica, PhD[1]; Neylan, Thomas, MD[2]; Woodward, Steve, PhD[3]; Arsenault, Ned, BA[3]; Loraine, Leskin, MA[4]; Nguyen, Tram, BA[5]; Lynch, Janel, BA[5]; Karin, Voelker, BA[5]; Mozer, Erika, MA[6]; Leskin, Gregory, PhD[3]; Sheikh, Javaid, MD[6]; Henn-Haase, Clare, PsyD[2]; Metzler, Thomas, MA[2]; Marmar, Charles, MD[2]
[1]*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*
[2]*University of California, San Francisco, San Francisco, California, USA*
[3]*VA Palo Alto HCS, Menlo Park, California, USA*
[4]*University of Oregon, Oregon, USA*
[5]*Stanford University, Menlo Park, California, USA*
[6]*Stanford University, California, USA*

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

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

Sleep HR in PTSD and Panic

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

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

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

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

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

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

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

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

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

Disturbed Sleep as a Risk Factor for the Metabolic Syndrome

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

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

Symposium (practice) — **Waterview A/B, Lobby Level**

Dutton, Mary Ann, PhD[1]; Kaltman, Stacey, PhD[1]; Krause, Elizabeth, PhD[1]; Alter, Carol, MD[2]; Borelli, Marianne, NP[3]; Kingshott, Elesha, BA[4]; Goodman, Lisa, PhD[5]

[1]Georgetown University, Washington, District of Columbia, USA
[2]Psychiatry, Georgetown University, Washington, District of Columbia, USA
[3]Primary Care Coalition of Montgomery County, MD, Silver Spring, Maryland, USA
[4]Georgetown University, Washington, District of Columbia, USA
[5]Boston College, Chestnut Hill, Massachusetts, USA

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

Posttraumatic Trajectories Predicting Health Outcomes

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

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

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

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

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

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

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

Optimizing Prevention in Trauma-Focused Research: Social and Clinical Epidemiologic Approaches
(Abstract #179673)

Symposium (prev) **Kent A/B/C, 4th Floor**

Zatzick, Douglas, MD[1]; Galea, Sandro, MD, DrPH[2]; Meredith, Lisa, PhD[3]; *Norris, Fran, PhD[4];* Ruggiero, Kenneth, PhD[5]
[1]University of Washington, Seattle, Washington, USA
[2]School of Public Health, University of Michigan, Ann Arbor, Michigan, USA
[3]RAND Corporation, Santa Monica, California, USA
[4]Department of Psychiatry, Dartmouth Medical School, White River Junction, Vermont, USA
[5]National Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, South Carolina, USA

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

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

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

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

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

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

Posttraumatic stress disorder (PTSD) is common among patients in primary care practices. Little is known about how primary care clinicians (PCCs) manage PTSD. In this presentation, we examine the impact of system-level factors on PCC management of PTSD. We systematically sampled providers and practices from 58 Community/Migrant Health Centers within a practice-based research network in New York and New Jersey. Potential participants were invited by mail to complete either a mail or Web-based survey. We received surveys from 46 (of 58) Center medical directors (80 percent response rate) and at least 2-3 linked PCCs in each Center. PCCs working in Centers with better community linkages were less likely to report barriers to treating patients with PTSD ($p<0.05$), reported greater confidence in their ability to recognize and provide counseling/education about PTSD ($p<.05$). PCCs in Centers with better mental health integration reported greater confidence in ability to screen/diagnose PTSD, to identify the need for legal service referrals ($p<.05$); had higher reported proclivities to assess for substance abuse ($p<.05$) and refer for legal services. System factors play an important role in managing PTSD. Interventions are needed that restructure primary care practices by making mental health services more integrated and community linkages stronger.

Assessment of Posttraumatic Stress Disorder Among Soldiers Returning From Combat Duty in Iraq
(Abstract #179792)

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

Hoge, Charles, MD[1]; Bliese, Paul, PhD[2]; Adler, Amy, PhD[2]; Castro, Carl, PhD[1]; Wright, Kathleen, PhD[3]; Thomas, Jeffrey, PhD[1]; McGurk, Dennis, PhD[1]; Prayner, Rachel, BA[4]; Milliken, Charles, MD[1]; Cox, Anthony, MSW[1]
[1]Walter Reed Army Institute of Research, Silver Spring, Maryland, USA
[2]US Army Research Unit-Europe, Heidelberg, Germany
[3]US Army Medical Research Unit-Europe, Heidelberg, Germany
[4]US Army Research Unit-Europe, Heidelberg, Armed Forces Europe, Germany

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

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

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

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

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

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

A2 Diagnostic Criterion for Combat-Related Posttraumatic Stress Disorder

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

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

Symposium (disaster) **Harborside D, 4th Floor**

Kilic, Cengiz, MD[1]; Ulug, Ozlem, BA[2]; Arisoy, Ozden, MD[3]
[1]*Hacettepe University, Ankara, Turkey*
[2]*Abant Izzet Baysal University, Bolu, Turkey*
[3]*Department of Psychiatry, Abant Izzet Baysal University, Bolu, Turkey*

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

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

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

Probable PTSD rate, determined using a cutoff score, was 12.2 percent. Presence of PTSD correlated with female gender and lower education. Probable PTSD rates found in the current study were lower than those found in a study done in Bolu 2 years after the earthquake (Kilic & Ulusoy 2003). Still, the fact that PTSD rates were over percent10, five years after the earthquake points to the severity and the chronic nature of the problem. Our results suggest that although the psychological effects of earthquakes decrease in time, they do not totally disappear and may continue for many years.

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

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

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

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

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

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

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

Papers

Special Populations: Maltreated, Asylum Seekers, and First Responders

Harborside E, 4th Floor

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

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

Paper Presentation (prev)

***Holmes, William C., MD, MSCE*[1]; Abigail, Cohen, PhD[2]; Foa, Edna B., PhD[3]**
[1]*Departments of Medicine and Epidemiology, University of Pennsylvania School of Medicine; and Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA*
[2]*Department of Epidemiology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*
[3]*Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*

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

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

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

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

Relationship Between Prenatal Risk and Early Parenting: Implications for Maltreatment Prevention (Abstract #179863)

Paper Presentation (prev)

Rosanbalm, Katie, PhD[1]; Williams, Jan, MSW[2]; Shaw, Leslie, MA[2]; Pope, Karen, BA[1]; O'Donnell, Karen, PhD[2]
[1]*Duke University, Durham, North Carolina, USA*
[2]*Center for Child & Family Health, Durham, North Carolina, USA*

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

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

Paper Presentation (prev)

Gray, Lori K., PhD Candidate[1]; Jackson, Dennis L., PhD[1]
[1]*Psychology Department, University of Windsor, Windsor, Ontario, Canada*

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

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

Paper Presentation (prev)

Herlihy, Jane, DClinPsych[1]; Bogner, Diana, DClinPsych[1]; Brewin, Chris, PhD[2]
[1]*Trauma Clinic, London, United Kingdom*
[2]*University College London, London, United Kingdom*

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

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

Papers

Child Trauma Issues: Medical and Biological Factors and Poverty

Grand Ballroom I and II, 3rd Floor

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

Patterns of Posttraumatic Stress in Child-Parent Pairs After Pediatric Intensive Care Treatment (Abstract #177382)

Paper Presentation (child)

Colville, Gillian, MPhil[1]; Pierce, Christine, MD[2]
[1]Pediatric Psychology Service, St George's Hospital, London,United Kingdom
[2]Great Ormond St. Children's Hospital, United Kingdom

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

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

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

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

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

Paper Presentation (child)

Schechter, Daniel, MD[1]; Peterson, Bradley, MD[1]
[1]Psychiatry, Columbia University, New York, New York, USA

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

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

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

Paper Presentation (child)

Kiser, Laurel, PhD, MBA[1]; Nurse, Winona, MSW[2]; Medoff, Deborah, PhD[2]; Black, Maureen, PhD[3]
[1]Psychiatry, University of Maryland Baltimore School of Medicine, Baltimore, Maryland, USA
[2]University of Maryland, Baltimore School of Medicine, Baltimore, Maryland, USA
[3]Department of Pediatrics, University of Maryland at Baltimore, Baltimore, Maryland, USA

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

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

Papers

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

Grand Ballroom III and IV, 3rd Floor

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

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

Paper Presentation (commun)

Sullivan, Tami, PhD[1]; Holt, Laura, PhD[1]
[1]Psychiatry, Yale University, New Haven, Connecticut, USA

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

Immediate and Long-Term Effects of Experiences Reporting Sexual Harassment in the Military (Abstract #179786)

Paper Presentation (commun)

Bell, Margret E., PhD[1]; Street, Amy, PhD[2]; Stafford, Jane, PhD[3]
[1]VA Office of Mental Health Services, Boston, Massachusetts, USA
[2]National Center for PTSD, Boston, Massachusetts, USA
[3]University of South Carolina Aiken, Aiken, South Carolina, USA

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

Resolution of Prior Trauma Predicts Adaptive Coping and Adjustment in Young Cancer Survivors (Abstract #179950)

Paper Presentation (prev)

Fenster, Juliane, MPH[1]; Park, Crystal, PhD[1]; Jimenez, Sherlyn, MA[1]; Edmondson, Donald, MA[2]; Blank, Thomas, PhD[3]
[1]Psychology, University of Connecticut, Storrs, Connecticut, USA
[2]University of Connecticut, Storrs,Connecticut, USA
[3]Human Development and Family Studies, University of Connecticut, Storrs, Connecticut, USA

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

Papers

Child Trauma and Its Effect

Grand Ballroom IX and X, 3rd Floor

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

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

Paper Presentation (child)

Heltne, Unni Marie, PsyD[1]
[1]Center for Crisis Psychology, Bergen, Hordaland, Norway

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

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

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

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

Paper Presentation (child)

Jensen, Tine K., PhD[1]; Dyb, Grete, PhD[1]; Hafstad, Gertrud, PsyD[1]; Lindgaard, Camilla, MA[1]
[1]Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

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

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

Paper Presentation (child)

Williams, Mary Beth, PhD, LCSW[1]; *Garrick, Jacqueline, MSW*[2]
[1]Trauma Recovery Educaiton and Counseling Center, Warrenton, Virginia, USA
[2]Veterans Disability Benefits Commission, Silver Spring, Maryland, USA

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

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

Paper Presentation (child)

Allen, Brian, MS[1]
[1]Department of Psychology, Indiana University of Pennsylvania, Indiana, Pennsylvania, USA

Numerous studies have found a relationship between the experience of psychological maltreatment in childhood and an increased use of dysfunctional tension reducing activities in adulthood, such as aggression, substance use, and suicidal behavior or ideology; however, relatively little is known about mechanisms underlying this observed relationship. This study examines a theory postulating that psychological maltreatment alters the normal development of self and interpersonal functioning (interpersonal relatedness, identity, affect regulation) thereby increasing the risk for using these dysfunctional tension reducing behaviors in adulthood. This study employed 245 young adult participants who completed the Comprehensive Child Maltreatment Scale, Inventory of Altered Self Capacities, and Personality Assessment Inventory. A series of hierarchical regression analyses showed that an index of childhood psychological maltreatment experiences significantly predicted impairment in interpersonal relatedness, identity, and affect regulation even after controlling for the effects of participant gender, and histories of physical maltreatment, sexual molestation, and physical neglect. Furthermore, analyses revealed that self and interpersonal functioning fully mediated the relationship between childhood psychological maltreatment and aggression and suicidality in adulthood.

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

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

Unger, William, PhD[1]; Niles, Barbara, PhD[2]; Wattenberg, Melissa, PhD[3]; Glynn, Shirley, PhD[4]
[1]Providence VA Medical Center, Providence, Rhode Island, USA
[2]VA Boston Healthcare System, Boston, Massachusetts, USA
[3]Outpatient Clinic, VA Boston Helath Care System, Boston, Massachusetts, USA
[4]VA Greater Los Angeles Health Care System at West LA, Los Angeles, California, USA

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

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

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

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

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

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

Friedlander, Joshua, PsyD[1]; Benham, Todd, PsyD[2]; Gates, Christopher, PhD[3]
[1]*Department of Psychiatry, Walter Reed Army Medical Center, Washington, District of Columbia, USA*
[2]*Fort Drum Behavioral Health Department, Watertown, New York, USA*
[3]*Fort Drum Behavioral Health Department, Sackets Harbor, New York, USA*

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

Participant Alert: Disguised traumatic case material may be presented.

Concurrent Session 11

Saturday, November 17
9:30 a.m. - 10:45 a.m.

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

Panel (disaster) **Grand Ballroom VI, 3rd Floor**

Monseu, Barbara, MS[1]; Jones, Russell, PhD[2]; Schonfeld, David, MD, FAAP[3]; Ellis, Carroll Ann[4]
[1]*National Center for Critical Incident Analysis, Denver, Colorado, USA*
[2]*Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*
[3]*National Center for School Crisis and Bereavement Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA*
[4]*Victims' Services Division, Fairfax County Police Department, Fairfax County, Virginia*

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

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

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

Benight, Charles, PhD[1]; Ruzek, Josef, PhD[2]; Kuhn, Eric, PhD[3]; ***Watson, Patricia, PhD***[4]
[1]*Psychology, University of Colorado, Colorado Springs, Colorado, USA*
[2]*VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California, USA*
[3]*Palo Alto Heath Care System, Menlo Park, California, USA*
[4]*Dartmouth College, White River Junction, Vermont, USA*

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

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

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

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

Peterson, Alan, PhD[1]; Riggs, David, PhD[2]; Cigrang, Jeffrey, PhD[3]; ***Foa, Edna, PhD[4]***

[1]*Psychiatry, University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*
[2]*Medical and Clinical Psychology, Uniformed Services University, Bethesda, Maryland, USA*
[3]*Psychology, Wilford Hall Medical Center, San Antonio, Texas, USA*
[4]*Psychology, University of Pennsylvania, Philadelphia, Pennsylvania, USA*

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

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

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

Bryant, Richard, PhD[1]; Inslicht, Sabra S., PhD[2]; McCaslin, Shannon E., PhD[2]; Maguen, Shira, PhD[2]; ***Marmar, Charles, MD[2];*** **Metzler, Thomas, MA[3]; Henn-Haase, Clare, PsyD[3]; Neylan, Thomas, MD[2]**

[1]*University of New South Wales, Sydney, New South Wales, Australia*
[2]*San Francisco VAMC/ University of California, San Francisco, California, USA*
[3]*San Francisco VA Medical Center, San Francisco, California, USA*

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

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

The present study prospectively examines familial mental and substance disorders, recruits´ peritraumatic reactivity, and PTSD in police. Healthy police recruits (N = 180) were interviewed on familial and personal mental disorders, prior trauma exposure, and completed self-report questionnaires on distress and alcohol use while in police academy training. Twelve months after commencement of active duty, participants completed self-report assessments on critical incident exposure, peritraumatic dissociation and distress, alcohol use,and PTSD symptoms. Familial substance-related disorders were associated with greater 12-month PTSD symptoms, even after controlling for prior trauma exposure, general psychiatric distress during academy training, and critical incident exposure. Peritraumatic distress and dissociation did not mediate this relationship. We also found a relationship between familial mood and anxiety disorders and PTSD, but this finding was no longer significant when we 1controlled for psychiatric distress during academy training. Family history of mental disorders and substance abuse may be pre-existing vulnerability factors for PTSD.

Trait Dissociation and PTSD Symptoms in Urban Police Officers

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

Routine Work Environment Stress and PTSD Symptoms in Police Officers

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

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

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

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

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

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

Taft, Casey, PhD[1]; Monson, Candice, PhD[1]; Vogt, Dawne, PhD[1]; Sautter, Frederic, PhD[2]; *Glynn, Shirley, PhD[3]*
[1]*VA National Center for PTSD and Boston University School of Medicine, Boston, Massachusetts, USA*
[2]*New Orleans VA Medical Center, New Orleans, Louisiana, USA*
[3]*University of California, Los Angeles, California, USA*

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

PTSD and Relationship Functioning: A Meta-Analysis

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

Can Trauma Enhance an Intimate Relationship?

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

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

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

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

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

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

Symposium (biomed) **Laurel C/D, 4th Floor**

Aikins, Deane E., PhD[1]; Morrissey, Paul M., MD, MAJ, MC[2]; Southwick, Steven M., MD[3]; Johnson, D. Christian, PhD[3]
[1]*Psychiatry, Yale University, Glastonbury, Connecticut, USA*
[2]*USA MEDDAC, Fort Drum, Copenhagen, New York, USA*
[3]*Psychiatry, Yale University, West Haven, Connecticut, USA*

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

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

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

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

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

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

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

Symposium (prev) **Harborside E, 4th Floor**

Carlson, Eve, PhD[1]; Ruzek, Josef, PhD[1]; Field, Nigel, PhD[2]; Spain, David, MD[3]; Shalev, Arieh, MD[4]; Israeli-Shalev, Yossi, BSc[5]; Adessky, Rhonda, PhD[5]; Freedman, Sara, PhD[5]; Members of Jerusalem PTSD Prevention Project[5]; Bisson, Jonathan, MD[6]

[1]VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California, USA
[2]Pacific Graduate School of Psychology, Palo Alto, California, USA
[3]Surgery & Critical Care, Stanford University School of Medicine, Stanford, California, USA
[4]Department of Psychiatry, Center for Traumatic Stress, Jerusalem, Israel
[5]Hadassah University Hospital, Jerusalem, Israel
[6]Department of Psychological Medicine, Cardiff University, Cardiff Wales, United Kingdom

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

Predicting PTSD from Short Telephone and Long Clinical Interviews

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

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

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

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

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

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

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

(Abstract #179933)

Symposium (clin res) **Kent A/B/C, 4th Floor**

Sijbrandij, Marit, PhD[1]; Wittmann, Lutz, MA[2]; Delahanty, Doug, PhD[3]; *Brunet, Alain, PhD[4];* Olff, Miranda, PhD[1]; Opmeer, Brent, PhD[5]; Carlier, Ingrid, PhD[6]; Gersons, Berthold, PhD, MD[1]; Moergeli, Hanspeter, PhD[7]; Schnyder, Ulrich, PhD, MD[8]

[1]Psychiatry, Academic Medical Center, Amsterdam, Netherlands
[2]Psychiatric Department, University Hospital Zurich, Zurich, Switzerland
[3]Kent State University, Kent, Ohio, USA
[4]McGill University, Verdun, Quebec, Canada
[5]Clinical Epidemiology and Biostatistics, Academisch Medisch Centrum Amsterdam, Netherlands
[6]Center of Work Related Mental Disorders, Altrecht Mental Health Care, Netherlands
[7]Psychiatric Department, University Hospital, Zurich, Switzerland
[8]University Hospital Zurich, Zurich, Switzerland

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

Low Predictive Power of Peritraumatic Dissociation for PTSD in Accident Survivors

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

Hormonal Correlates and Predictive Ability of Peritraumatic Dissociation

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

Are There Two Types of Peritraumatic Dissociation?

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

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

(Abstract #179869)

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

***Engdahl, Brian, PhD[1];* Harris, Jeanette Irene, PhD[2]; Westermeyer, Joseph, MD, MPH, PhD, MA[2]; Erbes, Christopher, PhD[3]; Ogden, Henry, PsyD[2]; Eberly, Raina, PhD[4]; Winskowski, Ann Marie, BA[2]; Olson, Ray, MPH[2]; Freerks, Melesa, BA[2]; Sutherland, R. John, MA[2]; Brinker, Michael, MA[2]; Thuras, Paul, PhD[2]; Canive, Jose M., MD[5]**

[1]Psychology Section (116B), U.S. Department of Veterans Affairs Medical Center, Minneapolis, Minnesota, USA
[2]Minneapolis VA Medical Center, Minneapolis, Minnesota, USA
[3]Minneapolis VA Medical Center, Burnsville, Minnesota, USA
[4]University of Minnesota, Saint Paul, Minnesota, USA
[5]Albuquerque VAMC, University of New Mexico, Albuquerque, New Mexico, USA

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

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

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

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

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

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

Religious Practices Relationships with Trauma Symptoms in Combat Veterans

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

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

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

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

Family Functioning and Posttraumatic Outcomes in Iraq War Returnees Over Time

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

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

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

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

PTSD and Insomnia: Actigraphic Findings

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

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

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

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

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

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

Smucker, Mervin, PhD[1]; Weis, Jo, PhD[1]
Psychiatry, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

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

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

Workshop (culture) **Waterview A/B, Lobby Level**

Greene, Carolyn J., PhD[1]; Morland, Leslie A., PsyD[2]; Strom, Thad, PhD[1]
[1]*VA National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA*
[2]*Research and Education, VA, National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA*

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

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

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

Concurrent Session 12

Saturday, November 17
11:00 a.m. - 12:15 p.m.

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

Panel (culture) — **Grand Ballroom VI, 3rd Floor**

Shapiro, Bruce, AB[1]; Doyle, Thomas P., JCD, CADC[2]; Lombardi, Kristin[3]; Zwerdling, Daniel[4]
[1]*Dart Center for Journalism and Trauma, University of Washington, Seattle, Washington, USA*
[2]*Private Practice, Vienna, Virginia, USA*
[3]*Center for Public Integrity, Washington, District of Columbia, USA*
[4]*National Public Radio, Washington, District of Columbia, USA*

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

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

Panel (prev) — **Harborside E, 4th Floor**

Street, Amy, PhD[1]; McCutcheon, Susan, RN, EdD[2]; Scalzo, Teresa, JD[3]; Whitley, Kaye, EdD[3]
[1]*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*
[2]*Office of Mental Health Services, Department of Veterans Affairs, Washington, District of Columbia, USA*
[3]*Sexual Assault Prevention and Response Office, Department of Defense, Arlington, Virginia, USA*

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

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

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

Dutton, Mary Ann, PhD[1]; Walser, Robyn, PhD[2]; Luterek, Jane A., PhD[3]; Magyari, Trish, MS[4]
[1]*Georgetown University, Washington, District of Columbia, USA*
[2]*National Center for PTSD, Menlo Park, California, USA*
[3]*United States Department of Veterans Affairs, Seattle, Washington, USA*
[4]*John Hopkins University - Bloomberg School of Public Health, Baltimore, Maryland, USA*

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

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

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

Daly, Oscar, MB, FRCPsych[1]; Gersons, Berthold, MD, PhD[2]; McFarlane, Alexander C., MB, BS. (Hons), MD, Dip. Psychother., FRANZCP[3]; Van der Kolk, Bessel, MD[4]
[1]*Dept of Psychiatry, Lisburn, Northern Ireland, United Kingdom*
[2]*AMC UVA Dept of Psychiatry, Amsterdam, Netherlands*
[3]*The Centre of Military and Veterans' Health, Adelaide, South Australia, Australia*
[4]*Boston University School of Medicine, Brookline, Massachusetts, USA*

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

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

Prevention Efforts for Personnel Returning from Iraq and Afghanistan with Combat Stress Reactions (Abstract #179687)

Symposium (prev) **Dover A/B/C, 3rd Floor**

Wahlberg, Lawrence, PhD[1]; *Ireland, Robert, MD[2]*; Lehmann, Larry, MD[3]; Watson, Patricia, PhD[4]; Dausch, Barbara, PhD[1]

[1]*Department of Veterans Affairs, Denver, Colorado, USA*
[2]*Office of the Assistant Secretary of Defense, Falls Church, Virginia, USA*
[3]*Department of Veterans Affairs, Washington, District of Columbia, USA*
[4]*National Center for PTSD, Waikoloa, Hawaii, USA*

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

VA Initiatives Meeting Mental Health Needs of Returning Veterans

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

Developing New Guidelines for Marine Corps Combat Stress Control

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

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

Family-Focused Therapy (FFT; Miklowitz & Goldstein, 1997) was adapted as part of a larger secondary and tertiary prevention program to address combat-related stress reactions among personnel returning from Iraq and Afghanistan. Acknowledging the vital supportive role of families following traumatic exposure, FFT is a family-based approach that includes psychoeducation about trauma responses and PTSD, communication skills training, anger management, and problem-solving strategies for individual and relational problems. This structured family treatment addresses the more concrete and specific issues associated with life disruption after trauma. This presentation will describe the adaptation of FFT for use with returning veterans and active duty soldiers. A case illustration will be provided. Preliminary pre and post treatment assessments will be presented regarding symptoms, quality of life, individual and marital functioning, drug and alcohol use and other recovery measures in veterans and family members. Directions for future research will be discussed.

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

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

Litz, Brett, PhD[1]; Marmar, Charles, MD[2]; Shalev, Arieh, MD[3]; Bryant, Richard, PhD[4]; *Friedman, Matthew, MD[5]*

[1]*Boston University School of Medicine, National Center for PTSD - Boston VAMC, Jamaica Plain, Massachusetts, USA*
[2]*University of California, San Francisco, California, USA*
[3]*Department of Psychiatry, Hadassah University Hospital, Jerusalem, Israel*
[4]*University of New South Wales, Sydney, New South Wales, Australia*
[5]*National Center for PTSD, White River Junction, Vermont, USA*

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

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

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

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

PTSD is a pervasive disorder. Survivors who express PTSD symptoms for more than six months show little subsequent recovery. The efficacy of several psychological interventions has been evaluated by previous studies, but that of SSRIs has not, and there is currently no comparative study of early interventions. We will present the results of a randomized controlled study comparing between 12 weekly sessions of prolonged exposure (PE) and cognitive therapy (CT) and 1two weeks of treatment with SSRI (SSRI), placebo pills and waitlist control (WL). Preliminary results have shown that PE anc CT are better than WL control in preventing PTSD at four, seven and fourteen months. This presentation will report the study´s final four and seven months results. The length of treatment required to achieve full remission (i.e., meeting no PTSD symptom criterion) will be discussed, as well as various symptom trajectories of survivors in the WL, and among those who declined early treatment.

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

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

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

Prolonged Exposure versus Cognitive Therapy in Treating ASD

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

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

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

Annan, Jeannie, BA[1]; Betancourt, Theresa, PhD[2]; Rasmussen, Andrew, PhD[1]; Leanh, Nguyen, PhD[3]; Wilkenson, John, MA[3]; Borisova, Ivelina, MA[4]; *Akinsulure-Smith, Adeyinka, PhD[3]*

[1]New York University, New York, New York, USA
[2]Department of Population and International Health/ François-Xavier Bagnoud Center for Health and Human Rights Harv, Harvard School of Public Health, Boston, Massachusetts, USA
[3]Bellevue/NYU Program for Survivors of Torture, New York University, New York, New York, USA
[4]Harvard University, Watertown, Massachusetts, USA

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

Trauma History and Daily Stress among Darfuri Women in Refugee Camps

Aid workers in refugee camps often note that trauma history is only one source of psychological distress for refugees, and that women face the double burden of caretaking in a resource-poor environment and sequelae of sexual violence. The humanitarian crisis in Darfur has produced over 230,000 refugees now living in neighboring Chad, and many of the approximately 125,000 women in these camps are survivors of sexual assault. In 2006, many camps were themselves threatened by the widening crisis, and refugees experienced periods in which foreign aid resources, already limited, became scarce. We will present preliminary findings from a 2007 random sample survey of approximately 2000 camp residents, including rates of specific trauma types and daily stressors by gender, and the moderating effect of daily stressors on trauma history as a predictor or psychological distress and functional impairment. Demographic and historical covariates particular to women in the region - e.g., the death of a husband, the number of husbands' other spouses - will be examined as potential moderating factors as well.

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

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

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

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

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

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

Miller, Mark, PhD[1]; Forbes, David, PhD[2]; Flood, Amanda, PhD[3]; Koenen, Karestan, PhD[4]; Resick, Patricia, PhD[1]

[1]National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
[2]Australian Centre for Posttraumatic Mental Health, University of Melbourne, Melbourne, Victoria, Australia
[3]Duke University/Durham VAMC, Durham, North Carolina, USA
[4]Harvard School of Public Health, Boston, Massachusetts, USA

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

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

Introduction to the Internalizing/Externalizing Model of Posttraumatic Psychopathology

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

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

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

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

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

Serotonin Transporter Genotype and Social Support Moderate

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

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

Symposium (child) — **Laurel C/D, 4th Floor**

Langley, Audra K., PhD[1]; Van Den Brandt, James, MSSW[2]; Stephan, Sharon, PhD[3]; Green, Michael, MSW[4]; Rosen-McGill, Ellen, MSW[4]; Sullivan, Kathleen, MSW[4]; Pitchford, Jennifer, BA[4]; Stolle, Darrell, EdD[5]; Schuldberg, David, PhD[5]; van den Pol, Richard, PhD[5]; Morsette, Aaron, MA[5]; Jaycox, Lisa, PhD[6]; Wong, Marleen, PhD[7]

[1]Dept. of Psychiatry and Biobehavioral Sciences, UCLA, Los Angeles, California, USA
[2]The Mental Health Center of Dane County, Inc., Madison, Wisconsin, USA
[3]University of Maryland at Baltimore, Baltimore, Maryland, USA
[4]University of Maryland School Mental Health Program, Baltimore, Maryland, USA
[5]University of Montana, Missoula, Montana, USA
[6]RAND Corporation, Arlington, Virginia, USA
[7]Los Angeles Unified School District, Los Angeles, California, USA

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

School-Based Trauma Treatment: CBITS in Wisconsin

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

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

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

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

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

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

Adapting CBT Techniques for Use with School Teachers and Counselors

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

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

Symposium (disaster) **Harborside D, 4th Floor**

Kaniasty, Krys, PhD[1]; Benight, Charles C., PhD[2]; Luszczynska, Aleksandra, PhD[3]; Boehmer, Sonja, PhD[4]; Schwarzer, Ralf, PhD[5]; Cieslak, Roman, PhD[6]

[1]Department of Psychology, Indiana University of Pennsylvania & Opole University (Poland), Indiana, Pennsylvania, USA
[2]Department of Psychology & Trauma, Health, and Hazards Center, University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA
[3]Department of Psychology, University of Sussex, Brighton, United Kingdom
[4]Department of Psychology, University of Erlangen-Nuremberg, Erlangen, Germany
[5]Department of Psychology, Freie Universität Berlin, Berlin, Germany
[6]Trauma, Health, and Hazards Center, University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

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

Enabling and Cultivating Functions of Social Support and Self-Efficacy

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

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

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

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

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

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

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

Enhancing Our Response to Child Maltreatment: Helping Child Welfare Practice be More Trauma-Informed

(Abstract #180064)

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

Conradi, Lisa, PsyD[1]; Igelman, Robyn, PhD[1]
[1]*Chadwick Center for Children and Families, Rady Children's Hospital, San Diego, California, USA*

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

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

Workshop (disaster) **Kent A/B/C, 4th Floor**

Waelde, Lynn, PhD[1]; Uddo, Madeline, PhD[2]; *Gordon, James, MD[3]*
[1]*Pacific Graduate School of Psychology, Palo Alto, California, USA*
[2]*New Orleans VA Medical Center, New Orleans, Louisiana, USA*
[3]*The Center for Mind-Body Medicine, Washington, District of Columbia, USA*

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

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Concurrent Session 13

Saturday, November 17
2:00 p.m. - 3:15 p.m.

Recovery and Prevention Models for Polytraumatized Children: Reducing Risk, Enhancing Resilience
(Abstract #179991)

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

Ford, Julian, PhD[1]; Brom, Daniel, PhD[2]; Pat-Horenczyk, Ruth, PhD[2]
[1]University of Connecticut, Farmington, Connecticut, USA
[2]Israel Center for the Treatment of Psychotrauma, Jerusalem, Israel

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

ISTSS Clinician-Researcher Dialogue Task Force
(Abstract #179611)

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

Bisson, Jonathan, DM, FRCPsych[1]; Berliner, Lucy, MSW[2]; *Daly, Oscar, MB, FRCPsych*[3]; Dyb, Grete, MD, PhD[4]; Watson, Patricia, PhD[5]
[1]Cardiff Univesrity and University Hospital of Wales, Cardiff Wales, United Kingdom
[2]Harborview Center for Sexual Assault and Traumatic Stress, Seattle, Washington, USA
[3]Lagan Valley Hospital, Lisburn, Ireland
[4]University of Oslo, Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway
[5]Dartmouth College, White River Junction, Vermont, USA

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

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

The issues and perceptions that have been characterised include:

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

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

Building the Evidence-Base for Effective Trauma-Informed Services through Practitioner Innovation
(Abstract #180071)

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

Saxe, Glenn, MD[1]; Gordon, Malcolm, PhD[2]; Abramovitz, Robert H., MD[3]
[1]Psychiatry, Children's Hospital of Boston, Boston, Massachusetts, USA
[2]Center for Mental Health Services, Substance Abuse and Mental Health services Administration, Rockville, Maryland, USA
[3]Jewish Board of Family & Children's Services, Inc., New York, New York, USA

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

Maternal Parenting and Posttraumatic Stress Symptoms: Implications for Interventions (Abstract #179624)

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

Bogat, G. Anne, PhD[1]; Levendosky, Alytia, PhD[1]; Seng, Julia, PhD[2]; Muzik, Maria, MD[3]; Rosenblum, Katherine, PhD[4]; King, Anthony, PhD[5]; Harden, Yvette, BA[5]; Gholami, Bardia, MD[3]; Liberzon, Israel, MD[3]; Abelson, James, MD, PhD[3]
[1]Psychology, Michigan State University, East Lansing, Michigan, USA
[2]Institute for Research on Women and Gender, University of Michigan, Ann Arbor, Michigan, USA
[3]Department of Psychiatry, University of Michigan, Ann Arbor, Michigan, USA
[4]Center for Human Growth and Development, University of Michigan, Ann Arbor, Michigan, USA
[5]Ann Arbor VA Medical Center, University of Michigan, Ann Arbor, Michigan, USA

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

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

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

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

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

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

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

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

International Trauma: An Innovative Mixed-Methods Process to Implementation in Low-Resource Countries

(Abstract #179844)

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

Murray, Laura, PhD[1]; Bass, Judith, PhD[1]; *Bolton, Paul, MBBS[2]; de Jong, Joop T.V.M., MD[3];* Betancourt, Theresa, ScD[4]; Thea, Donald, MD[1]; Semrau, Katherine, MPH[2]; Haworth, Alan, MD[5]; Ndogoni, Lincoln, MD[6]; Onyango, Grace, MA[7]; Chomba, Elwyn, MD[8]; Verdeli, Helena, PhD[9]; Clougherty, Kathleen, LCSW[10]; Speelman, Lisebeth, SW[11]

[1]School of Public Health, Boston University, Boston, Massachusetts, USA
[2]Boston University, Boston, Massachusetts, USA
[3]Vrije Universiteit Amsterdam, Boston University School of Medicine, Amsterdam, Netherlands
[4]Harvard University, Boston, Massachusetts, USA
[5]University of Zambia, Lusaka, Zambia
[6]World Vision, Kenya
[7]World Vision, Uganda
[8]University Teaching Hospital, Zambia
[9]Teachers College, Psychology, Columbia University, New York, New York, USA
[10]Psychology, Columbia University, New York, New York, USA
[11]War Child Holland, Uganda

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

A Qualitative Look at International Trauma

In investigating and addressing the major problems facing populations affected by trauma in the developing world, rarely do the voices of the people affected inform the research process. Research has generally been conducted with the researcher hypothesizing what problems may exist and then going out and measuring those problems using Western tools. This approach is ill equipped to elucidate the perspectives, priorities and needs of the populations. Alternatively, qualitative methods are designed to generate information from the respondent´s perspective, to generate hypotheses, and obtain practical information that is more likely to lead to successful and sustainable uptake of programs within local populations. This qualitative step, which is critical in international trauma work, will be highlighted through various studies. In Zambia, problems of HIV-affected women and children revealed two major traumatic stresses: domestic violence for women and child sexual abuse. A study in Eastern DRC will highlight the effects of severe sexual violence. Research shows that DV or SA may lead to serious mental health problems that put individuals at increased risk for ongoing problems. Qualitative research results will be discussed as an integral part of a process towards developing appropriate programs that can prevent some of these mental health problems.

Instrument Development and Validation

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

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

It Can be Done: RCTs in Low-Resource Countries

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

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

Symposium (ethics) **Harborside D, 4th Floor**

Allen, Brian, MS[1]; Kassam-Adams, Nancy, PhD[2]; Chu, Ann, MA[3]; DePrince, Anne, PhD[3]; Weinzierl, Kristin, MA[3]; Cohen, Judith, MD[4]; *Newman, Elana, PhD[5]*

[1]Indiana University of Pennsylvania, Indiana, Pennsylvania, USA
[2]Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
[3]University of Denver, Denver, Colorado, USA
[4]Allegheny General Hospital, Pittsburgh, Pennsylvania, USA
[5]University of Tulsa, Tulsa, Oklahoma, USA

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

An Empirical Approach to Assessing The Impact of Child Trauma Research

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

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

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

Ethical Issues in Designing Treatment Studies for Traumatized Children

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

Researchers as Mandated Reporters? An Ethical Analysis

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

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New Models for the Primary and Secondary Prevention of Combat Trauma and Loss in U.S. Marines (Abstract #179689)

Symposium (prev) **Grand Ballroom VI, 3rd Floor**

Nash, William, MD[1]; Hammer, Paul, MD[2]; Litz, Brett, PhD[3]; Bryant, Richard, PhD[4]; Lang, Ariel, PhD[5]

[1]Headquarters, Marine Corps, Quantico, Virginia, USA
[2]1st Marine Division, Camp Pendleton, California, USA
[3]Boston University School of Medicine, Boston, Massachusetts, USA
[4]University of New South Wales, Sydney, New South Wales, Australia
[5]University of California, San Diego, San Diego, California, USA

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

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

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

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

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

Necessary Modifications to CBT for the Marine Corps

To their credit, the Marine Corps is supporting the first randomized controlled trial (RCT) of a modified cognitive-behavioral therapy (CBT) to target deployment-related PTSD within months of Marines´ return from Iraq. The modified CBT will be compared to stress management, both provided individually. We will discuss how we intend to modify CBT to take into account the special Marine culture and their unique identity and role in combat. We will also discuss how we intend to use CBT strategies to target the full spectrum of combat traumas (e.g., life threat, traumatic loss, and moral conflict). We will also discuss how we intend to frame the intervention so that it is palatable, if not attractive to Marines who put a premium on being able to do their jobs well (e.g., staying mentally tough / fit, being a good role model).

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

Symposium (clin res) **Kent A/B/C, 4th Floor**

***Chard, Kathleen, PhD[1];* Kattar, Karen, PsyD[2]; Smith, Tracey L., PhD[3]; Graca, Joseph, PhD[4]; Willits, Angela, MSW[5]; Krahn, Dean, MD[3]; Black, Leon, MSW[5]; Wakely, David, PhD[5]**

[1]Cincinnati VA Medical Center, Cincinnati, Ohio, USA
[2]Posttraumatic Stress Recovery Team, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA
[3]Mental Health Service Line / Psychiatry, Veterans Affairs / University of Wisconsin-Madison, Madison, Wisconsin, USA
[4]Veterans Administration, St Cloud, Minnesota, USA
[5]Mental Health Service Line, Veterans Affairs, Madison, Wisconsin, USA

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

Using CPT in a Residential Treatment Program

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

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

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

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

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

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

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

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

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

Shipherd, Jillian, PhD[1]; Sloan, Denise, PhD[1]; Marx, Brian, PhD[1]; Pineles, Suzanne, PhD[1]; ***Constans, Joseph, PhD[2]***

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

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

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

Strategies of Thought Control and Thought Suppression Performance in PTSD

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

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

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

The Moderating Effects of Stimulus Valence and Arousal on Memory Suppression

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

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

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

Although attentional biases have been demonstrated in individuals with posttraumatic stress disorder (PTSD), the cognitive methodologies used haven´t allowed for disambiguation of two types of attentional biases. It remains unclear if PTSD involves difficulty disengaging attention from threatening stimuli (interference) or facilitated detection. To differentiate between attentional interference and facilitation, 57 male Vietnam-era veterans (30 High PTSD and 27 Low PTSD) completed a visual search task with a lexical decision component. High PTSD veterans who engaged in the interference task first showed increased interference to threat words relative to Low PTSD veterans. However, no evidence was found for facilitated detection of threatening stimuli in PTSD.

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

Symposium (practice) **Harborside E, 4th Floor**

Nash, William, MD[1]; Koffman, Robert, MD, MPH[2]; Doran, Anthony, PsyD[3]; *Stoltz, Richard, PhD[2]*; Hoyt, Gary, PhD[4]
[1]Headquarters United States Marine Corps, Quantico, Virginia, USA
[2]Bureau of Medicine and Surgery, Washington, District of Columbia, USA
[3]US Navy, Bartlett, Tennessee, USA
[4]US Marines, San Diego, California, USA

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

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

Combat Stress Injury Model

COSC Program in the Navy and Marines

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

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

Treating Marines and Sailors in Theatre

Dr Hoyt, Navy Clinical Psychologist

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

Summary of Research in the Area of Severe Stress

Dr Doran, Navy Clinical Psychologist

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

Summary and Future Directions

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

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

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

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

Weaver, Christopher, PhD[1]; Alvarez, Jennifer, PhD[1]
[1]VA Palo Alto Health Care System, Menlo Park, California, USA

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

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

Concurrent Session 14

Saturday, November 14
3:30 p.m. - 4:45 p.m.

Theoretical and Practical Issues in Early Intervention (Abstract #179970)

Plenary (practice) **Grand Ballroom VI, 3rd Floor**

McFarlane, Alexander C., MB, BS. (Hons), MD, Dip. Psychother., FRANZCP[1]; Shalev, Arieh, MD[2]; Bryant, Richard, PhD[4]; ***Pynoos, Robert, MD, MPH***[3]
[1]Center for Military and Veterans Health, Adelaide University, Adelaide, South Australia, Australia
[2]Hebrew University and Hadassah School of Medicine. Jerusalem, Israel
[3]University of California, Los Angeles, Los Angeles, California, USA
[4]University of New South Wales,Sydney, Australia

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

Do the Facts Confirm the Theory about Early Intervention?

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

Early Treatment for Trauma Survivors: Mandatory or Recommended?

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

Early Treatments Versus Debriefing

The symptoms of PTSD should be considered part of the normal reaction to trauma, as they occur almost universally following severe enough traumas. Those who suffer from chronic PTSD show steadily decreasing PTSD symptoms in the first month following trauma, then remain fairly steady across time. They do not worsen; they just don't extinguish their original fear reactions. Therefore, PTSD can be viewed as a failure of recovery caused in part by a failure of fear extinction following trauma. Based on the evidence that 1) the debriefing literature is equivocal at best with some studies indicating it can cause harm, 2) there are no good candidates for immediate intervention, 3) the animal evidence suggests that some immediate extinction training can result in decreases in spontaneous recovery and renewal and reinstatement, 4) the animal evidence suggests that incomplete extinction training may cause sensitization, and finally, 5) the timing of extinction training after exposure/conditioning is crucial, we hypothesize that an immediate intervention following exposure to trauma in humans in the emergency department (ED) may be able to help prevent the development of PTSD. The long term goals are to establish pharmacological and psychotherapeutic interventions in the immediate aftermath of trauma to reduce the likelihood of developing a durable fear response such as PTSD.

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

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

Niles, Barbara, PhD[1]; Klunk Gillis, Julie, PhD[1]; Ryngala, Donna, PhD[1]; Luterek, Jane A., PhD[2]; Simpson, Tracy L., PhD[2]; Jakupcak, Matthew, PhD[2]; Tarver, David, PhD[2]; Varra, Alethea, MA[2]; Chartier, Maggie, MPH[4]; Walser, Robyn, PhD[4]; Woodward, Steve, PhD[5]; Westrup, Darrah, PhD[6]; Drescher, Kent, PhD[7]; ***Waelde, Lynn C., PhD***[8]
[1]National Center for PTSD, Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA
[2]Veterans Affairs Puget Sound Health Care System, Seattle Division, Seattle, Washington, USA
[3]National Center for PTSD VAPAHCS, Redwood City, California, USA
[4]National Center for PTSD VAPAHCS, Menlo Park, California, USA
[5]Stanford University, Palo Alto, California, USA
[6]National Center for PTSD, Education and Clinical Laboratory Division, Menlo Park, California, USA
[7]NCPTSD-VAMC Palo Alto, San Jose, California, USA
[8]Pacific Graduate School of Psychology, Palo Alto, California, USA

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

A Telehealth Approach to Mindfulness Treatment for PTSD in Veterans

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

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

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

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

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

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

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

Symposium (clin res) **Grand Ballroom III and IV, 3rd Floor**

Courtois, Christine, PhD[1]; Gold, Steve, PhD[2]; Ford, Julian, PhD[3]; ***Alpert, Judith, PhD[4]***

[1]Private Practice, Washington, District of Columbia, USA
[2]Nova Southeastern University, Fort Lauderdale, Florida, USA
[3]University of Connecticut Health Center, Farmington, Connecticut, USA
[4]Department of Applied Psychology, New York University, New York, New York, USA

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

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

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

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

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

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

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

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

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

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

Johnson, Dawn, PhD[1]; Perez, Sara, MA[2]; Pinna, Keri, MA[2]; Delahanty, Doug, PhD[2]; Walter, Kristen, MA[2]; Hobfoll, Stevan, PhD[2]
[1]Summa Health System, Akron, Ohio, USA
[2]Kent State University, Kent, Ohio, USA

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

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

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

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

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

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

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

Predictors of Sheltered Battered Women's Returning to Their Abuser

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

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

Symposium (prev) **Harborside E, 4th Floor**

Figley, Charles, PhD[1]; Lyons, Judith, PhD[2]; Boscarino, Joseph, PhD, MPH[3]; Donnelly, Elizabeth, MSW, MPH[4]; *Scurfield, Raymond, DSW*[5]
[1]Florida State University, Tallahassee, Florida, USA
[2]Psychology, VAMC Jackson Mississippi, Jackson, Mississippi, USA
[3]Geisinger Clinic, Danville, Pennsylvania, USA
[4]Traumatology Institute, Florida State University, Tallahassee, Florida, USA
[5]University of Southern Mississippi, Long Beach, Mississippi, USA

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

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

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

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

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

The Returning Warrior: Relationship Issues and Interventions

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

The Mortality Impact of Combat Stress Injuries 30 Years After Exposure

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

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

Symposium (ethics) **Kent A/B/C, 4th Floor**

DePrince, Anne, PhD[1]; Chu, Ann, MA[1]; Becker-Blease, Kathyrn, PhD[2]; Cromer, Lisa Demarni, PhD[3]; Freyd, Jennifer, PhD[4]; Binder, Angela, BA[4]

[1]University of Denver, Denver, Colorado, USA

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

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

[4]University of Oregon, Eugene, Oregon, USA

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

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

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

Undergraduates Endorse Survey Research on Victimization and Perpetration

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

Ethics of Asking Questions about Traumatic Experiences

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

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

Symposium (clin res) **Laurel C/D, 4th Floor**

Butler, Lisa, PhD[1]; Goldsmith, Rachel, PhD[2]; Holland, Rachel, PhD[3]; *Edwards, Valerie, PhD[4];* Koopman, Cheryl, PhD[5]; Giese-Davis, Janine, PhD[1]; Spiegel, David, MD[1]; Valdimarsdottir, Heiddis, PhD[6]; Schwartz, Marc, PhD[7]; Rini, Christine, PhD[2]; O'Neill, Suzanne, PhD[8]; Dorahy, Martin, PhD[9]; Davidson, Robin, PhD[3]

[1]Stanford University, Stanford, California, USA
[2]Cancer Prevention and Control, Mount Sinai School of Medicine, New York, New York, USA
[3]Macmillan Support and Information Centre, Psycho-Oncology Service, Belfast City Hospital, Belfast, Northern Ireland, Ireland
[4]Centers for Disease Control and Prevention, Atlanta, Georgia, USA
[5]Stanford University, Palo Alto, California, USA
[6]Mount Sinai School of Medicine, New York, New York, USA
[7]Lombardi Comprehensive Cancer Center, Georgetown University, Washington, District of Columbia, USA
[8]Social and Behavioral Research Branch, National Institutes of Health, Bethesda, Maryland, USA
[9]School of Psychology, Queens University of Belfast, Belfast, Northern Ireland, United Kingdom

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

Predictors and Course of Trauma Symptoms in Metastatic Cancer

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

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

The current study assesses predictors of short-term distress following positive BRCA1/2 genetic testing results among women affected by breast cancer and among unaffected women. Women with BRCA1/2 mutations have a 30-65 percent lifetime risk for ovarian cancer and up to an 85 percent lifetime risk for breast cancer. It is unclear whether positive BRCA1/2 results provoke less distress in affected women than unaffected women. Both have to cope with aversive consequences. Affected women may experience distress related to risk for second cancers and implications for their female relatives. Unaffected women must face both their high cancer risk and decisions about how to manage it. Participants were 195 women, 42 percent affected with breast cancer, who completed the Impact of Events Scale before receiving positive results and a measure of genetic testing distress one month later. Affected women reported less genetic testing distress than unaffected women. Among unaffected women, but not affected women, baseline anxiety and intrusion predicted greater distress. For affected women, only baseline avoidance approached predictive significance. These results indicate that women with and without cancer respond differently to positive BRCA1/2 results. Understanding women´s experiences after receiving positive test results may assist counselors and physicians in providing appropriate referrals and interventions.

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

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

Papers

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

Harborside D, 4th Floor

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

Differences in PTSD Prevalence and Risk Factors Among WTC Disaster Rescue/Recovery Workers
(Abstract #180021)

Paper Presentation (disaster)

Perrin, Megan, MPH[1]; Digrande, Laura, MPH[2]; Wheeler, Katherine, MPH[2]; Thorpe, Lorna E., PhD, MPH[2]; Farfel, Mark, ScD[2]; Brackbill, Robert, PhD, MPH[3]

[1]Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York, USA
[2]New York City Department of Health and Mental Hygiene, New York, New York, USA
[3]ATSDR/NYC Department of Health and Mental Hygiene, New York, New York, USA

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

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

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

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

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

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

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

Paper Presentation (disaster)

Kenardy, Justin, PhD[1]
[1]CONROD, University of Queensland, Brisbane, Queensland, Australia

The aim of this study was to develop and evaluate the efficacy of an early intervention for children and their parents following paediatric accidental injury. Information brochures detailed common responses to trauma, the common time course of symptoms, and suggestions for minimizing any post-trauma distress. A total of 103 children (aged 7 to 15) and their parents were evaluated at two weeks, four-to-six weeks and six months post-trauma. The intervention was delivered at one of two hospitals, with the second acting as a control. Results indicated that the intervention was perceived as `helpful´ by both parents (90 percent) and children (89 percent). Outcome analyses also indicated that the intervention was effective in reducing parental intrusive symptoms, stress, and general distress in the month following the trauma. At six-month follow-up the intervention had reduced child anxiety, whereas the controls exhibited an increase in anxiety over this time period. The effect of the intervention on parents´ adjustment had, however, diminished by the six-month follow-up. Overall, it is concluded that the information-based early intervention is simple, cost-effective method of reducing parental distress in the early post-trauma period.

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

Paper Presentation (disaster)

Thoresen, Siri, PhD[1]; Mehlum, Lars, MD, PhD[2]
[1]Norwegian Centre for Violence and Traumatic Stress Studies, University of Oslo, Oslo, Norway
[2]Suicide Research and Prevention Unit, University of Oslo, Oslo, Norway

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

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

Paper Presentation (disaster)

Mills, Mary Alice, MA[1]; Park, Crystal, PhD[1]; Edmondson, Donald, MA[1]
[1]Psychology, University of Connecticut, Storrs, Connecticut, USA

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

Papers

Psychological and Neurobiological Assessment Issues

Laurel A/B, 4th Floor

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

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

Paper Presentation (assess)

Norris, Anne, PhD, RN, FAAN[1]; Aroian, Karen, PhD, RN, FAAN[2]
[1]Community and Psych/Mental Health Nursing, Boston College, Chestnut Hill, Massachusetts, USA
[2]College of Nursing and Department of Anthropology, Wayne State University, Detroit, Michigan, USA

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

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

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

Paper Presentation (assess)

King, Shirley Linda, RN, PhD[1]; Hegadoren, Kathy M., RN, PhD[2]; Allen, Marion, RN, PhD[2]; Coupland, Nick, MD[2]
[1]Mount Royal College, Calgary, Alberta, Canada
[2]University of Alberta, Edmonton, Alberta, Canada

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

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

Paper Presentation (assess)

Wolf, Erika, MA[1]; Miller, Mark, PhD[2]; Orazem, Robert, MA[1]; Castillo, Diane, PhD[3]; Milford, Jaime, PhD[3]
[1]National Center for PTSD, VA Boston Healthcare System & Boston University, Dpt. of Psychology, Boston, Massachusetts, USA
[2]National Center for PTSD, VA Boston Healthcare System & Boston University, Dpts. of Psychology & Psychiatry, Boston, Massachusetts, USA
[3]VA New Mexico Healthcare System, Albuquerque, New Mexico, USA

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

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

Paper Presentation (assess)

Delille, Sophie, MD[1]; Maron, Michel, MD[2]; Ducrocq, Francois, MD[2]; Vaiva, Guillaume, PhD[2]
[1]EPSM Lille-métropole, Lille, France
[2]University of Lille, Lille, France

Posttraumatic Stress Disorder (PTSD) following childbirth, regardless of the mode of delivery, is reported to be 3 percent.
Purpose: Compare PTSD incidence in normal vaginal births to emergency C-section six weeks and six months post-partum.
Methods: Prospective case-control incidence study. Psychopathological assessment using the MINI, IES, PDI, PDEQ and PCLS. Patients were assessed in the maternity ward in early post partum, then by telephone six weeks and six months later.
Findings: 198 patients were included, 98 emergency C-sections, 100 normal delivery. PTSD incidence (complete and partial diagnosis) after six weeks is significantly higher in the C-section group (21.4 percent) compared to normal birth (9.7 percent), p=0.03. PTSD risk factors (multivariate logistic regression analysis) after six weeks are: history of suicide attempt (OR 13.68), discomfort with healthcarers (OR 12.40), Acute Stress Disorder in early post-partum (OR 8.64), primiparity (OR 3.68). PTSD incidence after six months is significantly higher in the C-Section group (13.75 percent) compared to normal birth (2.60 percent), p=0.0112.
Conclusions: Psychotraumatic disorders are frequent during post-partum; emergency C-section increases the risk of PTSD occurrence. Psychiatrists and obstetricians should be aware of these findings to provide adequate follow-up to women at risk.

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

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

Mavissakalian, Matig, MD[1]; Hirsel, Holly, MSSA[2]; Orticari, Michael, BA[2]
[1]Case Western Reserve University, Brecksville, Ohio, USA
[2]Center for Stress Recovery, Louis Stokes VAMC, Brecksville, Ohio, USA

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

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

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

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

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

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

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

Kiser, Laurel, PhD, MBA[1]; Connors, Kay, MSW[2]; Beck, Vickie, APRN[2]
[1]*Psychiatry, University of Maryland Baltimore School of Medicine, Baltimore, Maryland, USA*
[2]*Psychiatry, University of Maryland at Baltimore, Baltimore, Maryland, USA*

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

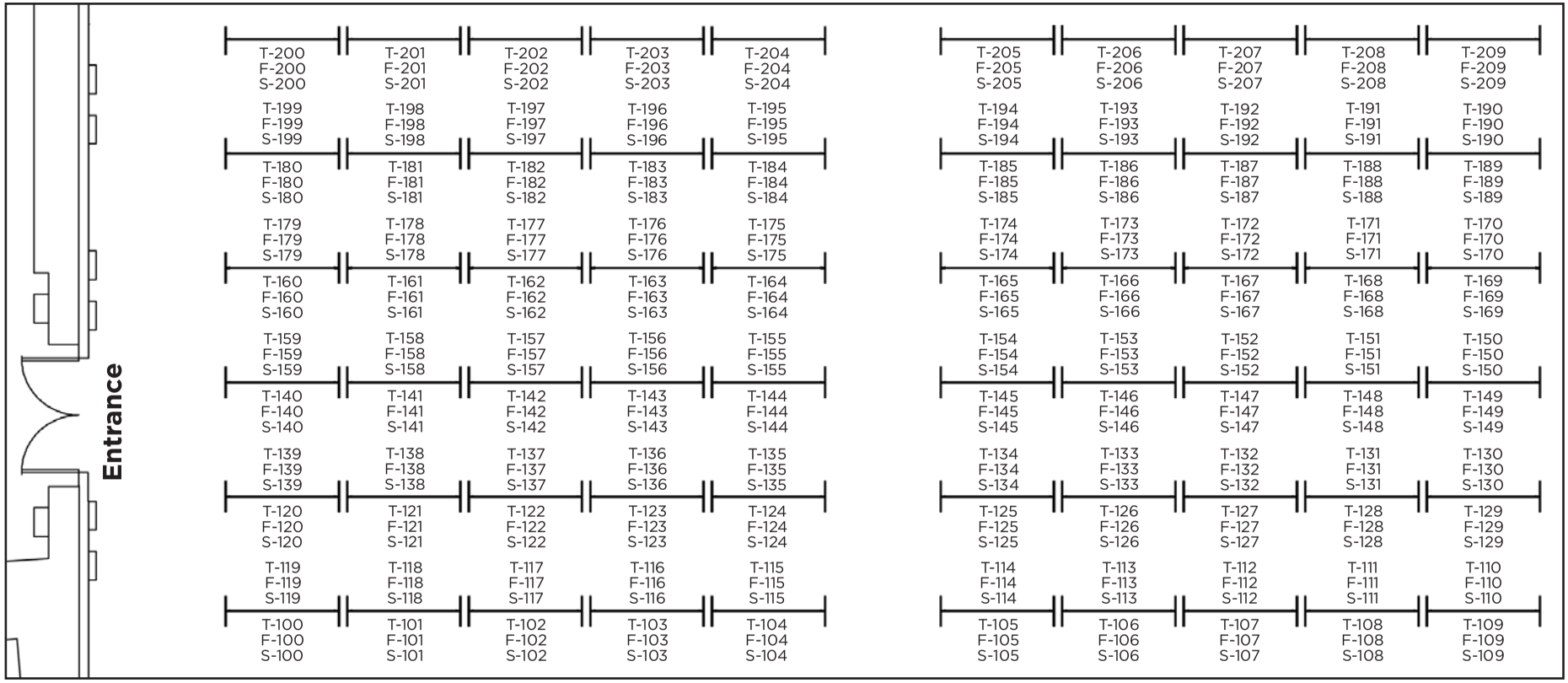
Preventing Trauma and its Effects:

A Collaborative Agenda for Scientists, Practitioners, Advocates and Policy Makers

23rd ISTSS Annual Meeting

November 15–17, 2007
(with Pre-Meeting Institutes Nov. 14)

Baltimore Marriott Waterfront Hotel
Grand Ballroom V, 3rd Floor



Session 1: Thursday, November 15

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

Session 2: Friday, November 16

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

Session 3: Saturday, November 17

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

Tracks

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)

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 displosed of and are not the responsibility of ISTSS.

The presenting author is underlined.

Session 1: Thursday, November 15

Grand Ballroom V, 3rd Floor

Poster Organization

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

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

Session 1: Thursday, November 15

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

POSTER DISMANTLE

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

Tracks

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

1. Assessment, Diagnosis, Psychometrics and Research Methods (assess)
2. Biological and Medical Research (biomed)
3. Children and Adolescents (child)
4. Clinical and Interventions Research (clin res)
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9. Ethics (ethics)
10. International Issues (intl)
11. Media, Training and Education (train)
12. Theme: Prevention (prev)

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

Poster #T-100 **(assess)**

Long, Mary, MS, MA[1]; Gray, Matt, PhD[2]; Elhai, Jon, PhD[1]
[1]Department of Psychology, Disaster Mental Health Institute, Vermillion, South Dakota, USA
[2]Department of Psychology, University of Wyoming, Laramie, Wyoming, USA

This study addresses the ongoing controversy regarding the definition of the DSM´s traumatic stressor criterion. A sample of 155 college students completed the Modified PTSD Symptom Scale in relation to both a trauma and life stress measure, separately. A 2 (Stressor Type) X 2 (Order) mixed ANCOVA, with number of traumatic events as a covariate, was conducted. Analyses revealed a significant stressor by order interaction. Although the main effect for Stressor Type was significant, it was moderated by an order effect, with higher PTSD scores obtained on the first trial for each condition. A chi-square analysis was conducted to analyze if non-Criterion A1 events are associated with a different number of probable PTSD diagnoses than Criterion A1 events. PTSD diagnoses were more prevalent based on ratings from the life-events measure than the trauma measure.

Confirmatory Factor Analysis of the Impact of Event Scale — Revised

Poster #T-101 **(assess)**

Orazem, Robert, MA[1]; Hebenstreit, Claire, AB[2]; King, Daniel, PhD[1]; King, Lynda, PhD[1]; Shalev, Arieh, MD[3]; Lauterbach, Dean, PhD[4]
[1]Boston University and the National Center for PTSD, Boston, Massachusetts, USA
[2]National Center for PTSD, Boston, Massachusetts, USA
[3]Psychiatry, Hadassah University Hospital, Jerusalem, Israel
[4]Eastern Michigan University, Ypsilanti, Michigan, USA

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

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

Poster #T-102 **(assess)**

Rocha, Leila, MD[1]; Meyers, Barnett, MD[2]; Bruce, Martha, PhD, MPH[2]
[1]Geriatric Psychiatry, Cornell University, Cliffside Park, New Jersey, USA
[2]Geriatric Psychiatry, Cornell University, White Plains, New York, USA

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

The presenting author is underlined.

PTSD Among American Indian Veterans: Externalizing Versus Internalizing Comorbidity

Poster #T-103 **(assess)**

Brown, Eric, MD[1]; Westermeyer, Joseph, MD, MPH, PhD[1]; Erbes, Christopher, PhD[1]; Thuras, Paul, PhD[1]; Canive, Jose, MD[2]; Thompson, James, MD, MPH[3]
[1]VA Medical Center/University of Minnesota, Minneapolis, Minnesota, USA
[2]University of New Mexico, Albuquerque, New Mexico, USA
[3]University of Maryland, Baltimore, Maryland, USA

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

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

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

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

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

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

Poster #T-104 **(assess)**

Calhoun, Patrick, PhD[1]; McDonald, Scott, PhD[1]; Beckham, Jean C., PhD[1]; Straits-Troster, Kristy, PhD[1]; Marx, Christine, MD[1]; OIF/OEF Registry Workgroup, VISN-6 MIRECC[1]
[1]VA VISN-6 Mental Illness Research Education and Clinical Center (MIRECC) and Duke University Medical Center, Durham, North Carolina, USA

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

Preliminary Psychometric Properties of a Regressive Coping Scale

Poster #T-105 **(assess)**

Chandler, Megan, BA[1]; Benight, Charles, PhD[1]; Waldrep, Edward, BA[1]
[1]University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

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

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

Poster #T-106 **(assess)**

Chiu, Chui-De, BA[1]; Lee, Keng-Lin, BA[1]; Yeh, Yei-Yu, PhD[1]; Wu, Yin-Chang, PhD[1]
[1]Department of Psychology, National Taiwan University, Taipei, Taiwan

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

Functional Relationships Between PTSD and Substance Abuse

Poster #T-107 **(assess)**

Cusack, Karen, PhD[1]; Morrissey, Joseph, PhD[1]
[1]Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

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

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

Sexual Abuse as Predictor of Sexual Behavior Problems

Poster #T-108 **(assess)**

Falki, Marielle, Doctoral Student[1]; Kliethermes, Matt, PhD[1]; Schacht, Megan, PhD[1]; Yoshida, Mari, Undergraduate[1]

[1]University of Missouri-St. Louis, St Louis, Missouri, USA

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

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

Poster #T-109 **(assess)**

Foster, Alyce, BA[1]; Franklin, C. Laurel, PhD[2]; Thompson, Karin, PhD[3]; Walton, Jessica, MA[4]; Corrigan, Sheila, PhD[5]; Repasky, Stephanie, PsyD[6]; Elhai, Jon, PhD[7]

[1]Psychology, The New School for Social Research, New York, New York, USA
[2]Southeast Louisiana VA Health Care System, New Orleans, Louisiana, USA
[3]Memphis VA MC, Memphis, Tennessee, USA
[4]Illinois Institute of Technology, Chicago, Illinois, USA
[5]Southeast Louisiana Veterans Health Care System, Louisiana, USA
[6]Southeast Louisiana VA Health Care System, New Orleans, Louisiana, USA
[7]Disaster Mental Health Institute, The University of South Dakota, Vermillion, South Dakota, USA

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

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

Poster #T-110 **(assess)**

Franklin, C. Laurel, PhD[1]; Elhai, Jon, PhD[2]; Gray, Matt, PhD[3]

[1]Southeast Louisiana VA Health Care System, New Orleans, Louisiana, USA
[2]Disaster Mental Health Institute, Vermillion, South Dakota, USA
[3]University of Wyoming, Laramie, Wyoming, USA

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

Trauma Prevalence in a Prospective Study of Traumatic Life Events

Poster #T-111 **(assess)**

Frazier, Patricia, PhD[1]; Gavian, Margaret, MA[2]; Anders, Samantha, BA[2]; Perera, Sulani, BA[2]

[1]University of Minnesota, Minneapolis, Minnesota, USA
[2]Psychology, University of Minnesota, Minneapolis, Minnesota, USA

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

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

Poster #T-112 **(assess)**

Gil, Sharon, PhD[1]

[1]School of Social Work, University of Hiafa, Israel

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

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

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

Poster #T-113 **(biomed)**

Ahearn, Eileen, MD, PhD[1]; Mussey, Mary, RN[2]; Johnson, Catherine, PharmD[3]; Krohn, Amy, MD[4]; Juergens, Timothy, MD[5]; Smith, Tracey, PhD[6]
[1]University of Wisconsin/VA Medical Center, Madison, Wisconsin, USA
[2]VA Medical Center, Madison, Wisconsin, USA
[3]Psychiatry, University of Wisconsin, Madison, Wisconsin, USA
[4]University of Wisconsin, VA Hospital, Madison, Wisconsin, USA
[5]Veterans Administration Hospital, Madison, WI, USA
[6]University of Wisconsin, Madison, Wisconsin, USA

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

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

Preliminary results of this study will be presented.

Relationship Between Physical Trauma and Substance Misuse

Poster #T-114 **(biomed)**

Ahmadi, Jamshid, MD[1]
[1]Shiraz Univ of Medical Sciences, Shiraz, Iran

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

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

Poster #T-115 **(biomed)**

Blanding, Nineequa, BA[1]; Norrholm, Seth, PhD[1]; Schwartz, Ann, MD[1]; Bradley, Rebekah, PhD[2]; Duncan, Erica, MD[1]; Ressler, Kerry, MD, PhD[1]
[1]Department of Psychiatry & Behavioral Sciences, Emory University, Atlanta, Georgia, USA
[2]Department of Psychology, Emory University, Atlanta, Georgia, USA

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

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

Poster #T-116 **(biomed)**

Palesh, Oxana, PhD[1]; Mustian, Karen, PhD[1]; Morrow, Gary, PhD[1]; Classen, Catherine, PhD[2]; Spiegel, David, MD[3]; Flynn, Patrick, MD[4]
[1]University of Rochester, Rochester, New York, USA
[2]University of Toronto, Toronto, Ontario, Canada
[3]Stanford University, Stanford, California, USA
4Metro Minnesota CCOP, Minnesota, USA

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

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

Poster #T-117 **(biomed)**

Calnaido, Rohana, MD[1]; Payne, Victoria, MD[1]; Morey, Rajendra, MD[1]; Larry, Tupler, PhD[1]; Keefe, Francis, PhD[2]; Marx, Christine, MD[1]
[1]*VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) and Duke University Medical Center, Durham, North Carolina, USA*
[2]*Duke University, Durham, North Carolina, USA*

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

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

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

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

Effect of Mirtazapine on Memory Function Patients with Posttraumatic Stress Disorder

Poster #T-118 **(biomed)**

Chung, Moon, MD[1]
[1]*Dept. of Neuropsychiatry, Seoul Veterans Hospital, Seoul, South Korea*

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

The Relationship Between Stress, Fatigue, Psychological Trauma and Learning

Poster #T-119 **(biomed)**

Cruz, Daniel, MA[1]; Palmer, Laura, PhD[1]; Fiorito, Melissa, MA[1]; Tagliareni, Laura, MA[1]; Economou, Peter, MA[2]; Mclennon, Sharon, MA[1]
[1]*Counseling Psychology, Seton Hall University, South Orange, New Jersey, USA*
[2]*Counseling and Psychological Studies, Seton Hall University, South Orange, New Jersey, USA*

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

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

Poster #T-120 **(biomed)**

Gabert, Crystal A., BS[1]; Buckley-Fischer, Beth, MA[1]; Delahanty, Doug, PhD[1]; Fallon, William, MD[2]; Spoonster, Eileen, RN[2]
[1]*Kent State University, Kent, Ohio, USA*
[2]*Summa Health System, Akron, OH, USA*

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

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Trauma, Depression, and Binge Eating Among "Strong Black Women"

Poster #T-121 **(biomed)**

Harrington, Ellen, PhD[1]; Crowther, Janis, PhD[2]
[1]National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA
[2]Department of Psychology, Kent State University, Kent, Ohio, USA

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

Psychological Distress and Metabolic Syndrome Among Police Officers

Poster #T-122 **(biomed)**

Hartley, Tara, MPA, MPH[1]; Violanti, John, PhD[2]; Fekedulegn, Desta, PhD[1]; Andrew, Michael, PhD[1]; Burchfiel, Cecil, PhD, MPH[1]
[1]Health Effects Laboratory Division, National Institute for Occupational Safety and Health, Morgantown, West Virginia, USA
[2]Department of Social and Preventive Medicine, School of Public Health and Health Professions, State University of New York at Buffalo, Buffalo, New York, USA

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

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

Poster #T-123 **(child)**

Halsall, Elaine, PhD (Candidate)[1]
[1]Education: Human Rights, Roehampton University, London, United Kingdom

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

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

Poster #T-124 **(child)**

Knepp, Michael, BS[1]; Hadder, James, BS[1]; Immel, Christopher, BA[1]; Jones, Russell, PhD[1]; Ollendick, Thomas, PhD[1]
[1]Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

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

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

Poster #T-125 **(child)**

Ostrowski, Sarah, MA[1]; Christopher, Norman, MD[2]; Delahanty, Doug, PhD[1]
[1]Kent State University, Kent, Ohio, USA
[2]Akron Children's Hospital, Akron, Ohio, USA

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

or cortisol (all ps> .14). Hierarchical linear regression analyses revealed that memory loss significantly predicted 6-week PTSS after controlling for age and concurrent depression (ΔR2 = .12, p<.05). Further, memory loss significantly predicted 6-week child PTSS over maternal 6-week PTSS (ΔR2= .15, p<.01). In-hospital catecholamines levels were found to moderate the relationship between memory loss and 6-week child PTSS (norepinephrine: Δ2= .17, p<.01; epinephrine: ΔR2= .27, p<.001). Those children with lower levels of in-hospital catecholamines and memory loss were more likely to report higher rates of 6-week PTSS. These findings suggest that amnesic patients may physiologically differ from non-amnesics following a traumatic event and maybe at greater risk for developing subsequent PTSS.

Prolonged Exposure (PE) Therapy for Pediatric Single Incident Trauma

Poster #T-126 **(child)**

Adler Nevo, Gili, MD[1]; Chrestman, Kelly R., PhD[2]; Foa, Edna B., PhD[2]
[1]HSC, Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada
[2]Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Purpose: In 1991 Lenore Terr differentiated between children suffering from type 1 and type II trauma; The former being the result of one sudden blow, and the latter, the result of repeated ordeals. Most evidence-based therapies for Posttraumatic Stress Disorder in children target type II trauma. In this presentation we illustrate a proposed therapy for children suffering from single incident trauma with a case series.

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

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

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

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

Poster #T-127 **(child)**

Rork, Kristine, MS[1]; Hanson, Rochelle, PhD[1]
[1]Medical University of South Carolina, Charleston, South Carolina, USA

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

Non-Classical Posttraumatic Reactions in Primary School Children

Poster #T-128 **(child)**

Alisic, Eva, MA, MSc[1]; van der Schoot, Tom A. W., PhD[2]; Kleber, Rolf J., PhD[3]
[1]Psychotrauma Center for Children and Youth, University Medical Center Utrecht, Utrecht, Netherlands
[2]Psychotrauma Center for Children and Youth, University Medical Center, Utrecht, Netherlands
[3]Department of Clinical Psychology, Utrecht University, Utrecht, Netherlands

There is a debate on the validity of the classical PTSD symptoms of intrusion, avoidance and hyperarousal in children. Young children appear to show predominantly behavioral disturbance while the diagnostic criteria in DSM-IV accentuate verbal and cognitive symptoms. Non-classical reactions to trauma that are frequently observed in children concern feelings of guilt, physical complaints, regressive behavior, risk taking behavior and separation anxiety. In order to study the prevalence of these reactions a sample of 246 primary school children in the normal Dutch population (age range 7.4-13.7, mean age 10.5, 52,4 percent boys) who experienced events that fulfilled the A1 criterion for PTSD according to DSM-IV completed the Dutch Childrens Responses to Trauma Inventory (Alisic, Eland, & Kleber, 2006). High levels of the respectively mentioned non-classical symptoms were reported by 7.3 percent, 14.6 percent, 10.6 percent, 7.7 percent and 17.5 percent of the children. Younger children reported significantly higher levels of feelings of guilt, regressive behavior and separation anxiety than older children (p <= .01). There were no age differences for levels of physical complaints and risk taking behavior. No gender differences were apparent. The findings will be compared to data on classical symptoms and the implications for diagnostic activities will be discussed.

Associations Between PTSD Symptoms and Delinquency in Girls

Poster #T-129 **(child)**

Allwood, Maureen, PhD[1]; Bell, Debora, PhD[2]
[1]Department of Psychiatry and Human Behavior, Brown Medical School, Providence, Rhode Island, USA
[2]Psychological Sciences, University of Missouri-Columbia, Columbia, Missouri, USA

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

The presenting author is underlined.

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

Poster #T-130 **(child)**

Arcus, Doreen, PhD[1]; Deyermond, Kelly, BA[1]; Furbush, Lindsey, undergraduate[1]; Maceachern, Joseph, BA[1]
[1]Psychology, University of Massachusetts Lowell, Lowell, Massachusetts, USA

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

The Relationship Between Neuroendocrine Regulation and Behavior Problems in Maltreated Children

Poster #T-131 **(child)**

Burleson, Karin, BA[1]; Ossi, Cheryl, BS[2]; Crozier, Joseph, MA, MPM[1]; De Bellis, Michael, MD[1]
[1]Duke University, Durham, North Carolina, USA
[2]Psychiatry, Duke University, Durham, North Carolina, USA

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

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

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

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

Poster #T-132 **(child)**

Craig, Carlton, PhD[1]; Sprang, Ginny, PhD[2]
[1]College of Social Work, University of Kentucky, Lexington, Kentucky, USA
[2]College of Social Work and Department of Psychiatry, University of Kentucky, Lexington, Kentucky, USA

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

Promoting Resilience in Traumatized Children

Poster #T-133 **(child)**

Crumb, Edith, CMSW, MSW[1]
[1]Emergency Department/Grief Center, Vanderbilt University/Alive Hospice Inc, Nashville, Tennessee, USA

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

Therapeutic Alliance in Child and Adolescent CBT Trauma Treatment

Poster #T-134 **(child)**

D'Amico, Peter, PhD[1]; Levitt, Jessica, PhD[2]; Vogel, Juliet, PhD[3]; Greene, Lindsay, BS[2]
[1]Schneider Children's Hospital Division of Child and Adoelscent Psychiatry/Alliance for School Mental Health, North Shore-Long Island Jewish Health System, New Hyde Park, New York, USA
[2]Columbia University, New York, New York, USA
[3]North Shore University Hospital/Zucker Hillside Hospital/Long Island Jewish Medical Center, Manhasset, New York, USA

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

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

Early Sexual Experience and Dissociation Among College Students

Poster #T-135 **(child)**

Davidson, Angie, BA[1]; Beatty, Julaine, BA[2]
[1]University of Montana, Kalispell, Montana, USA
[2]University of Montana, Montana, USA

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

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

Poster #T-136 **(child)**

Dayton, Carolyn Joy, MSW, MA[1]; Malone, Johanna, MA[2]; Levendosky, Alytia A., PhD[2]
[1]Michigan State University, Howell, Michigan, USA
[2]Michigan State University, East Lansing, Michigan, USA

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

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

Poster #T-137 **(child)**

Dixon, Laura, Undergraduate[1]; Barreto, Carolina, Undergraduate[1]; Farrell, Hillary, BA[2]; Leen-Feldner, Ellen, PhD[1]; Lewis, Sarah, PhD[3]
[1]University of Arkansas, Fayetteville, Arkansas, USA
[2]Appalacian State University, North Carolina, USA
[3]Center for Research, Assessment, and Treatment Efficacy, Pisgah Forest, North Carolina, USA

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

Nightmares and Sleep Disturbance in Children and Adolescents by Trauma Status

Poster #T-138 **(child)**

Langston, Tera, PhD[1]; Davis, Joanne, PhD[2]; Ensor, Kristi, BA[3]
[1]Developmental Assessment Program, Children's Hospital, Westerville, Ohio, USA
[2]University of Tulsa, Tulsa, Oklahoma, USA
[3]Psychology, University of Tulsa, Tulsa, Oklahoma, USA

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

The presenting author is underlined.

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

Poster #T-139 **(child)**

Fisher, Percival, BA[1]; Kassam-Adams, Nancy, PhD[1]; Koplin Winston, Flaura, MD, PhD[2]
[1]Center for Injury Research & Prevention, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
[2]Center for Injury Research & Prevention, Children´s Hospital of Philadelphia & University of Pennsylvania-School of Medicine, Philadelphia, Pennsylvania, USA

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

Anger and Sexual Risk Taking Behaviors

Poster #T-140 **(clin res)**

Byrd, Patricia, BA[1]; Ensor, Kristi, BA[1]; Davis, Joanne, PhD[1]
[1]University of Tulsa, Tulsa, Oklahoma, USA

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

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

Poster #T-141 **(clin res)**

Godbout, Natacha, MPS[1]; Runtz, Marsha, PhD[2]; Sabourin, Stephane, PhD[1]
[1]École de psychologie, Université Laval, Quebec, Quebec, Canada
[2]Department of Psychology, University of Victoria, Victoria, British Columbia, Canada

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

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

Poster #T-142 **(clin res)**

Martinez-Torteya, Cecilia, BA[1]; Bogat, G. Anne, PhD[2]
[1]Michigan State University, Lansing, Michigan, USA
[2]Psychology, Michigan State University, East Lansing, Michigan, USA

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

Trauma Attributions and Attributional Style as Predictors of PTSD Symptoms

Poster #T-143 **(clin res)**

Reiland, Sarah, BS[1]; Lauterbach, Dean, PhD[1]; Scott, David, MS[1]
[1]Clinical Psychology, Eastern Michigan University, Ypsilanti, Michigan, USA

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

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

Trauma Attributions as Predictors of PTSD Symptom Cluster Scores

Poster #T-144 **(clin res)**

Reiland, Sarah, BS[1]; Lauterbach, Dean, PhD[1]; Scott, David, MS[1]
[1]Clinical Psychology, Eastern Michigan University, Ypsilanti, Michigan, USA

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

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

Poster #T-145 **(clin res)**

Smith, Anne-Lise, MA[1]; Park, Crystal, PhD[1]; Fenster, Juliane, MPH[1]
[1]Department of Psychology, University of Connecticut, Storrs, Connecticut, USA

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

Outcome Evaluation of PTSD Skills Acquisition Groups Within the VA

Poster #T-146 **(clin res)**

Suniga, Sarah, MA[1]; Wagner, Amy, PhD[1]; Van Male, Lynn, PhD[1]; Sardo, Jim, PhD[1]
[1]Portland VA Medical Center, Portland, Oregon, USA

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

Correlates of Postraumatic Growth

Poster #T-147 **(clin res)**

Vishnevsky, Tanya, BA[1]; Lindstrom, Cassie M., BA[1]; Cann, Arnie, PhD[1]; Calhoun, Lawrence, PhD[1]; Tedeschi, Richard G., PhD[1]
[1]University of North Carolina, Charlotte, North Carolina, USA

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

The presenting author is underlined.

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

Poster #T-148 **(clin res)**

Alvarez, Jennifer, PhD[1]; Drescher, Kent, PhD[2]; Rosen, Craig, PhD[3]; Loew, Dorene, PhD[4]; Ruzek, Josef, PhD[4]; Kimerling, Rachel, PhD[4]

[1]Center for Health Care Evaluation, VA Palo Alto Health Care System & Stanford University School of Medicine, Menlo Park, California, USA
[2]VA Palo Alto Health Care System, Menlo Park, California, USA
[3]VA Palo Alto Health Care System & Stanford University, Menlo Park, California, USA
[4]National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

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

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

Poster #T-149 **(clin res)**

Ashbaugh, Lauren, MEd[1]

[1]University of Virginia, Charlottesville, Virginia, USA

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

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

Poster #T-150 **(clin res)**

Asukai, Nozomu, MD[1]; Tsuruta, Nobuko, MA[2]; Saito, Azusa, MA[2]; Yamagami, Akira, MD[3]

[1]Tokyo Institute of Psychiatry, Tokyo, Japan
[2]Psychological Trauma Care Unit, Tokyo Medical & Dental University, Tokyo, Japan
[3]Medical Research Institute, Tokyo Medical & Dental University, Tokyo, Japan

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

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

Poster #T-151 **(clin res)**

Vrana, Scott R., PhD[1]; Ochsner Margolies, Skye, MA[1]; Dennis, Michelle F., BA[2]; Beckham, Jean, PhD[3]

[1]Psychology, Virginia Commonwealth University, Richmond, VA, USA
[2]Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA
[3]Duke University Medical Center and Durham VA Medical Center, Durham, North Carolina, USA

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

Sleep Vigilance and PTSD in Young African-Americans

Poster #T-152 **(clin res)**

Brown, Denver, BA[1]; Hipolito, Maria, MD[1]; Jenifer, Ericka, MA[1]; Mellman, Thomas, MD[1]
[1]Psychiatry, Howard University, Washington, District of Columbia, USA

Sleep is in part defined by a marked reduction in awareness of the external environment. Trauma results in increased vigilance towards the external environment and sleep problems are common features of Posttraumatic Stress Disorder (PTSD). The purpose of our study was to evaluate relationships between vigilance in relation to sleep and features of PTSD. We administered questionnaires to 92 healthy, young, pre-dominantly African-American adult volunteers (65 female) which assessed trauma, PTSD severity of PTSD and nightmare and insomnia symptoms from the PTSD Check List (PCL), and sleep-related vigilance (defined as feelings of concern for the safety of self and others, and feeling on guard when falling to sleep). There was a trend for the endorsement of concern for safety to be greater among the participants who indicated that they had been assaulted or threatened in the sleep environment (4/10 versus 13/80, x2 = 3.3, p<.07). Concern for safety correlated significantly with total PCL score (r =.42, p<.01) and the insomnia item (r =.26, p<.05) while "feeling on guard" correlated significantly with PCL total (r =.44, p<.01), and the insomnia (r=.32, p<.01) and nightmare (r =.27, p<.05) items. Vigilance may contribute to, and be affected by, sleep problems accompanying PTSD.

Poster #T-153 **WITHDRAWN**

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

Poster #T-154 **(clin res)**

Cook, Joan, PhD[1]; Biyanova, Tatyana, PhD[2]; Marshall, Randall, MD[2]; Coyne, James, PhD[3]
[1]Department of Psychiatry, Columbia University, New York, New York, USA
[2]Department of Psychiatry, Columbia University/NYSPI, New York, New York, USA
[3]Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania, USA

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

Impact of Personality Disorders on Cognitive Processing Therapy for PTSD

Poster #T-155 **(clin res)**

Cox, Teri Ann, MS[1]; Chard, Kathleen, PhD[2]; Beimesch, Barbara, JD, MA[3]
[1]University of Kentucky, Covington, Kentucky, USA
[2]Cincinnati Veterans Affairs Medical Center, Cincinnati, Ohio, USA
[3]Xavier University, Cincinnati, Ohio, USA

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

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

Poster #T-156 **(clin res)**

Damm, Nadia, MA[1]; Foy, David, PhD[2]; Drescher, Kent, PhD[3]; Mitchell, Cary, PhD[4]
[1]Pepperdine University, Redondo Beach, California, USA
[2]Psychology, Pepperdine University, Encino, California, USA
[3]NCPTSD-VAMC Palo Alto, San Jose, California, USA
[4]Psychology, Pepperdine University, Malibu, California, USA

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

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

Poster #T-157 **(clin res)**

Danielson, Carla, PhD[1]; Silcott, Lauren, BS[2]; Mccart, Michael, PhD[1]; Bridges, Ana, PhD[1]; Strachan, Martha, PhD[1]; Resnick, Heidi, PhD[1]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]Department of Psychiatry & Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA

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

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

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

Poster #T-158 **(clin res)**

DeCarvalho, Lorie, PhD[1]
[1]*Behavioral Health Services, Central Valley General Hospital, Hanford, California, USA*

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

Pain Severity as a Predictor of PTSD: Applications to Treatment

Poster #T-159 **(clin res)**

DeCarvalho, Lorie, PhD[1]
[1]*Behavioral Health Services, Central Valley General Hospital, Hanford, California, USA*

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

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

Poster #T-160 **(clin res)**

DeCarvalho, Lorie, PhD[1]
[1]*Behavioral Health Services, Central Valley General Hospital, Hanford, California, USA*

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

Posttraumatic Growth´s Unique Contribution to Predicting Life Satisfaction

Poster #T-161 **(clin res)**

Lindstrom, Cassie, BA[1]; Vishnevsky, Tanya, BA[2]; Cann, Arnie, PhD[2]; Calhoun, Lawrence, PhD[2]; Tedeschi, Richard, PhD[2]; Kelly, Caroline M., MA[2]
[1]*Psychology, University of North Carolina at Charlotte, Charlotte, North Carolina, USA*
[2]*University of North Carolina at Charlotte, Charlotte, North Carolina, USA*

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

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

Poster #T-162 **(clin res)**

Ensor, Kristi, BA[1]; Davis, Joanne, PhD[2]; Pennington, Hannah, BA[2]; Byrd, Patricia, BA[2]; Elder, Marcy, BA[2]; Wright, David, MA[2]
[1]*Clinical Psychology, University of Tulsa, Tulsa, Oklahoma, USA*
[2]*University of Tulsa, Tulsa, Oklahoma, USA*

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

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

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

Poster #T-163 **(clin res)**

Fernandez, Shantel, MA[1]; Ensor, Kristi, BA[1]; Davis, Joanne, PhD[1]; Byrd, Patricia, BA[1]; Rhudy, Jamie, PhD[1]
[1]University of Tulsa, Tulsa, Oklahoma, USA

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

Complex PTSD in an Adult Sample of CSA Survivors

Poster #T-164 **(clin res)**

Fineran, Virginia, MA[1]; Galietta, Michele, PhD[2]
[1]Forensic Psychology, John Jay College of Criminal Justice, New York, New York, USA
[2]John Jay College of Criminal Justice, New York, New York, USA

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

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

Poster #T-165 **(clin res)**

Saito, Azusa, MA[1]; Tsuruta, Nobuko, MA[1]; Asukai, Nozomu, MD[2]; Yamagami, Akira, MD[3]
[1]Psychological Trauma Care Unit, Tokyo Medical & Dental University, Tokyo, Japan
[2]Tokyo Institute of Psychiatry, Tokyo, Japan
[3]Medical Research Institute, Tokyo Medical & Dental University, Tokyo, Japan

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

Intimate Partner Violence: Reasons Survivors Provide for Not Reporting

Poster #T-166 **(commun)**

Doane, Nancy-Jane, BA[1]; Dolan, Jacob, AA[1]; Shultz, Connie, AA[1]; Shuck, Katy, AA[1]; Legerski, Joanna, BA[1]; Fiore, Christine, PhD[2]
[1]University of Montana, Missoula, Montana, USA
[2]Department of Psychology, University of Montana, Missoula, Montana, USA

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

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Patients' Perceptions of Care and Safety Within Psychiatric Settings

Poster #T-167 **(commun)**

Grubaugh, Anouk, PhD[1]; Frueh, B. Christopher, PhD[2]; Zinzow, Heidi, PhD[3]; Cusack, Karen, PhD[4]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]University of Hawaii at Hilo, Hawaii, USA
[3]University of Georgia, Athens, Georgia, USA
[4]University of North Carolina at Chapel Hill, North Carolina, USA

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

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

Poster #T-168 **(commun)**

Horsey, Katie, BS[1]; Hobfoll, Stevan, PhD[1]
[1]Kent State University, Kent, Ohio, USA

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

Evaluating Secondary Trauma in Law Students

Poster #T-169 **(commun)**

Levin, Andrew, MD[1]; Moot-Levin, Anna, BA[2]; Rosencranz, Stacey, PhD[3]
[1]Westchester Jewish Community Services, Hartsdale, New York, USA
[2]Vassar College, New York, USA
[3]New York Presbyterian Hospital, New York, USA

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

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

Poster #T-170 **(culture)**

Copping, Alicia, BA (HONS)[1]; Shakespeare-Finch, Jane, PhD[2]
[1]School of Psychology, University of Tasmania, Launceston, Tasmania, Australia
[2]School of Psychology and Counselling, Queensland, Australia

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

The Contribution of Community and Neighborhood Disorder to PTSD

Poster #T-171 **(culture)**

Gapen, Mark, MA[1]; Ortigo, Kile, BA[1]; Ortigo, Dorthie, BA[1]; Evces, Mark, MA[1]; Ressler, Kerry, MD, PhD[1]; Bradley, Rebekah, PhD[1]
[1]Emory University, Atlanta, Georgia, USA

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

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

Gender Differences in PTSD: An Exploration of Peritraumatic Factors

Poster #T-172 **(culture)**

Irish, Leah, BS[1]; Buckley-Fischer, Beth, MA[1]; Fallon, William, MD[2]; Spoonster, Eileen, RN[2]; Delahanty, Douglas, PhD[1]
[1]Kent State University, Kent, Ohio, USA
[2]Summa Health System, Akron, Ohio, USA

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

Violencia: Family Conflict and Peer Aggression Among Latino Youth

Poster #T-173 **(culture)**

Roche, Cathy, MA[1]; Ngai, Irene, MA[1]; Kuperminc, Gabriel, PhD[1]
[1]Georgia State University, Atlanta, Georgia, USA

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

Gender Differences in the Association Between Victimization and Violence Perpetration

Poster #T-174 **(culture)**

Burnette, Mandi, PhD[1]; Lucas, Emma, MSW, MPH[2]; Ilgen, Mark, PhD[3]; Frayne, Susan, MD, MPH[1]; Mayo, Julia, BA[4]; Weitlauf, Julie, PhD[1]
[1]Stanford University, VA Palo Alto Health Care System, Menlo Park, California, USA
[2]VA Palo Alto Health Care System, Menlo Park, California, USA
[3]HSR&D, VA Medical Center, Ann Arbor, Michigan, USA
[4]Research PAIRE, VA Palo Alto Health Care System, Palo Alto, California, USA

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

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

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

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

The Psychological and Psychosocial Challenges Faced by HIV-Positive Refugees

Poster #T-175 **(culture)**

Charney, Meredith, MA[1]; Keane, Terry, PhD[2]; Otto, Michael, PhD[3]; Ellis, B., Heidi, PhD[4]
[1]Boston University, Cambridge, Massachusetts, USA
[2]Boston VA Healthcare System, Jamaica Plain, Massachusetts, USA
[3]Boston University, Massachusetts, USA
[4]Childrens' Hospital, Boston, Boston, Massachusetts, USA

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

The presenting author is underlined.

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

Poster #T-176 **(culture)**

Evces, Mark, MEd[1]; Castleberry, Josh, BA[2]; Graham, Allen, BA[2]; Ressler, Kerry, MD, PhD[1]; Bradley, Rebekah, PhD[3]
[1]Emory University, Atlanta, Georgia, USA
[2]Psychiatry and Behavioral Sciences, Emory University, Atlanta, Georgia, USA
[3]Emory University, Decatur, Georgia, USA

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

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

Poster #T-177 **(culture)**

Armstead, Ron, MA[1]; Alim, Tanya, MD[2]; Williams, Carolyn, BA[3]; Gibson, Muriel, BA[4]
[1]Congressional Black Caucus Veterans Braintrust, Washington, District of Columbia, USA
[2]Department of Psychiatry, Howard University, Washington, District of Columbia, USA
[3]Congressional Black Caucus Veterans Braintrust, El Dorado, Arkansas, USA
[4]Office of Senator Patty Murray, U.S. Senate, Seattle, Washington, USA

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

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

Poster #T-178 **(practice)**

Decker, Melissa, MA[1]; Seth, Puja, PhD[2]; Flood, Amanda, PhD[3]; Batten, Sonja, PhD[1]
[1]VA Maryland Health Care System, Baltimore, Maryland, USA
[2]Clinical Psychology, University of Georgia Athens, Georgia, USA
[3]Durham VA Medical Center, Durham, North Carolina, USA

The relationship between sexual trauma, substance abuse and risky health behaviors has been well documented yet the causal mechanism is less well understood. The current study investigated this relationship in dually-diagnosed female veterans, who were recruited from mental health treatment programs at the VA Maryland Health Care System. They completed self-report questionnaires, requesting information about symptoms of PTSD, substance abuse and health behaviors. The results of the current study represent a subset of this larger study. The current study examined the relationship between number of self-reported traumatic events, severity of PTSD symptoms and alcohol use in a treatment-seeking sample. The relationship between symptom clusters of PTSD and substance use was of particular interest. Results suggest a significant relationship between self-reported alcohol use and symptoms of hyperarousal, but not total severity of PTSD symptoms. Greater frequency of self-reported traumatic events was related to alcohol use. Implications will be discussed.

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

Poster #T-179 **(practice)**

Altman, Melissa, PhD[1]; Tramontin, Mary, PsyD[2]; Bell, Amanda, BA[2]; Yehuda, Rachel, PhD[3]
[1]James J. Peters VA Medical Center, Bronx, New York, USA
[2]James J. Peters VA Medical Center, New York, New York, USA
[3]James J. Peters VA Medical Center, Mt. Sinai School of Medicine, New York, New York, USA

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

Veterans' Interest in Having Family Members Involved in PTSD Treatment

Poster #T-180 **(practice)**

Batten, Sonja, PhD[1]; Drapalski, Amy, PhD[2]; Decker, Melissa, PsyD[1]; Dixon, Lisa, MD[3]
[1]Trauma Recovery Programs, VA Maryland Health Care System, Baltimore, Maryland, USA
[2]MIRECC, VA Maryland Health Care System, Baltimore, Maryland, USA
[3]University of Maryland at Baltimore, Baltimore, Maryland, USA

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

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

Coping as a Mediator Between Childhood Trauma and Dissociation

Poster #T-181 **(practice)**

Bratton, Katrina L., MA[1]; Fromuth, Mary Ellen, PhD[2]; Fuller, Dana K., PhD[2]
[1]*Psychology Department, University of Montana, Missoula, Montana, USA*
[2]*Psychology Department, Middle Tennessee State University, Murfreesboro, Tennessee, USA*

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

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

Poster #T-182 **(practice)**

Byrd, Patricia, BA[1]; Davis, Joanne, PhD[1]
[1]*University of Tulsa, Tulsa, Oklahoma, USA*

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

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

Poster #T-183 **(practice)**

Calhoun, Patrick, PhD[1]; Eggleston, Meade, MS[2]; Collie, Claire, PhD[2]; Beckham, Jean, PhD[1]; Yeatts, Beth, MS[2]; Watkins, Susan, MSW[2]
[1]*VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) and Duke University Medical Center, Durham, North Carolina, USA*
[2]*Durham VA Medical Center, Durham, North Carolina, USA*

Background: Substance abuse is highly comorbid with posttraumatic stress disorder (PTSD). This study examined the relationship between PTSD and alcohol problems, drug use and cigarette smoking in veterans who served in Iraq or Afghanistan (OIF/OEF). **Methods:** Data were abstracted from OIF/OEF veterans diagnosed with PTSD at a VA specialty PTSD clinic (n=69). Diagnosis was based on the Clinician Administered PTSD Scale. Patients completed the Alcohol Use Disorder Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST) as part of their standard clinical evaluation. **Results:** Alcohol problems (AUDIT scores >= 8) were prevalent among 38 percent of patients. PTSD symptom severity ($r=.28$, $p < .05$) and depressive symptoms ($r=.33$, $p<.01$) were associated with total AUDIT scores. Only 9 percent of patients reported regular marijuana use and none reported use of cocaine or other stimulants. Nine percent were taking prescription narcotic pain killers. Eight percent screened positive for drug abuse/dependence on the DAST (scores >=6). Thirty percent of patients were current smokers. **Conclusions:** Comorbid substance abuse including hazardous drinking and cigarette smoking are highly prevalent among help-seeking OIF/OEF veterans with PTSD. Early interventions are needed to prevent the medical morbidity associated with smoking and alcohol abuse in these veterans.

PTSD Improvement with Group Exposure Therapy in Women Veterans

Poster #T-184 **(practice)**

Castillo, Diane, PhD[1]; Bornovalova, Marina, MA[2]; Lebow, Sabine, MSW[3]
[1]*University of New Mexico, New Mexico VA Health Care System, Albuquerque, New Mexico, USA*
[2]*Psychology Department, University of Maryland, College Park, College Park, Maryland, USA*
[3]*Behavioral Health Care Line, New Mexico VA Health Care System, Albuquerque, New Mexico, USA*

Exposure therapy is one of two therapies consistently shown to be the most effective in the treatment of posttraumatic stress disorder (PTSD) in a variety of populations (Rothbaum, et al., 2000). As recent as 2007, Schnurr, et al., found prolonged exposure more effective than present-centered therapy in female veterans with PTSD. The examination of exposure therapy has been primarily conducted in an individual format and the one study with exposure imbedded in a milieu group investigating male combat veterans (Schnurr, et al., 2003) surprisingly did not show differential improvement over a present-centered approach. The present study offered structured, time-limited (6 weeks) exposure therapy in small groups (n = 3) for a total of 22 groups within a larger, outpatient structured program for women veterans. The PCL was administered in each session and preliminary analyses indicate improvement in total PTSD scores and within the avoidance/numbing symptom category. The finding is especially relevant, as exposure therapy was offered after other powerful therapeutic interventions were conducted, such as structured cognitive and behavioral therapies. Data on the course of symptoms across sessions and group characteristics based on entry assessment (CAPS) and psychological testing (MMPI2, MCMI2, and BDI) will be presented.

The presenting author is underlined.

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

Poster #T-185 **(practice)**

Davis, Lori, MD[1]; Davidson, Jonathan, MD[2]; Ward, L. Charles, PhD[1]; Bartolucci, Al, PhD[3]; Petty, Frederick, MD[4]

[1]VA Medical Center, Tuscaloosa, Alabama, USA
[2]Duke University, Durham, North Carolina, USA
[3]Biostatistics, University of Alabama at Birmingham, Alabama, USA
[4]Creighten University, Omaha, Nebraska, USA

Objective: This randomized trial assessed divalproex for the treatment of hyperarousal associated with PTSD. **Method:** Eighty-five U.S. military veterans with PTSD were randomized to 8 weeks of treatment with divalproex or placebo. All patients who received at least 1 dose of study medication and returned for at least one post-baseline assessment (n=82) were included in the efficacy population. The primary outcome measure was the hyperarousal subscale of the Clinician Administered PTSD Scale (CAPS-D). **Results:** There were no significant intergroup differences in primary or secondary endpoints. The final mean (SD) divalproex dose and serum valproic acid level were 2309 3 507 mg/d and 82 3 30 mg/L, respectively. Conclusion: Divalproex monotherapy was not effective in the treatment of chronic PTSD in predominantly older male combat veterans. Further study is needed to determine whether divalproex has a role in the management of PTSD in females or civilians or in combination with antidepressants.

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

Poster #T-186 **(disaster)**

Culhane, Melissa A., MPH[1]; Hovelson, Daniel H., BA[2]; Sarajilic, Narcisa, MD, PhD[3]; Sarajilic-Vukovic, Iris, MD, PhD[3]; Lavelle, James, LICSW[2]; Mollica, Richard F., MD[2]

[1]Massachusetts General Hospital & University Professors Program, Boston University, Boston, Massachusetts, USA
[2]Psychiatry, Massachusetts General Hospital, Boston, Massachusetts, USA
[3]University of Zagreb, Croatia

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

Primary, Secondary, and Tertiary Prevention in Disaster Mental Health

Poster #T-187 **(disaster)**

Armsworth, Mary, EdD[1]; Nash, Susan, PhD[2]; Sutherland, R. John, MA[1]; Pierrel, Stephen, PhD[2]

[1]University of Houston, Houston, Texas, USA
[2]Family and Community Medicine, Baylor College of Medicine, Houston, Texas, USA

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

After The Tsunami: Traumatic Grief Among Bereaved Relatives

Poster #T-188 **(disaster)**

Bergh Johannesson, Kerstin, PsyD[1]; Michel, Per-Olof, MD, PhD[1]; Lundin, Tom, MD, PhD[2]; Hultman, Christina, PsyD, PhD[3]; Wahlström, Lars, MD[4]; Arnberg, Filip, MA[5]

[1]Department of Neuroscience, University of Uppsala, National Center for Disaster Psychiatry, Uppsala, Sweden
[2]Department of Neuroscience, Uppsala University, National Center for Disaster Psychiatry, Uppsala, Sweden
[3]Dep Medical Epidemiology and Biostatistics, Karolinska Institutet, Sweden
[4]Center for Community Medicine, Karolinska Institute, Stockholm County, Sweden
[5]Department of Neuroscience, Uppsala University, National Center for Disaster Psychiatry, Sweden

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

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

Poster #T-189 **(disaster)**

Borja, Susan, MS[1]; Callahan, Jennifer, PhD[1]
[1]Oklahoma State University, Stillwater, Oklahoma, USA

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

Cognitive Appraisals and Emotional Reactions Toward Future Disasters and Traumas

Poster #T-190 **(disaster)**

Chen, Sue-Huei, PhD[1]; Su, Yi-Jen, MS[1]
[1]Department of Psychology, National Taiwan University, Taipei, Taiwan

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

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

Poster #T-191 **(disaster)**

Cieslak, Roman, PhD[1]; Benight, Charles, PhD[2]
[1]Trauma, Health, and Hazards Center, University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA
[2]Department of Psychology; Trauma, Health, and Hazards Center, University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

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

Development of a Brief Group Intervention for Acute Stress in Firefighters

Poster #T-192 **(disaster)**

Daly, Erin, PhD[1]; Zimering, Rose, PhD[1]; Gulliver, Suzy, PhD[1]; Gillis, Christine, BA[1]
[1]VA Boston Healthcare System/Boston University, Jamaica Plain, Massachusetts, USA

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

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

Poster #T-193 **(disaster)**

Degaglia, J., PhD[1]; Schweinler, Paul, MA[2]; Seaton, Jessica, PhD[3]; Miller, Ashley, PsyD[4]
[1]Miccosukee Tribe of Indians of Florida, Coral Springs, Florida, USA
[2]Therapist, Private Practice, Coral Springs, Florida, USA
[3]Federal Correctional Institution, Augusta, Georgia, USA
[4]Illinois Department of Corrections, Davie, Florida, USA

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

The presenting author is underlined.

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

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

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

Poster #T-194 **(disaster)**

DiGrande, Laura, MPH[1]

[1]*Mailman School of Public Health - Dept of Sociomedical Sciences, Columbia University, New York, New York, USA*

Purpose: Determine the prevalence of PTSD among 9/11 WTC tower survivors and unveil risk factors for PTSD. **Methods:** 3,271 tower survivors were recruited through purposive sampling two-three years after 9/11. Probable PTSD was measured with the PCL-CV. Logistic regression identified the independent effects of SES and direct exposure on PTSD. A direct exposure severity score was created to examine the cumulative effect of several 9/11 stressors on PTSD. **Findings:** Current probable PTSD ranged from 15.0 percent (PCL) to 22.3 percent (DSM-IV criteria). Women and minorities were most likely to screen positive for PTSD. A strong inverse relationship was observed between income and PTSD in adjusted models. Five direct exposure stressors predicted PTSD: late evacuation from the towers, being caught in the dust cloud, witnessing horror, injury, and working for a company with 9/11 fatalities. There was a cumulative effect of direct exposures in which an increase in 9/11 stressors resulted in an increase of posttraumatic stress symptoms and PTSD. **Conclusions:** While WTC tower survivors shared a collective experience, individuals of lower SES and those exposed to several 9/11 stressors were at greatest risk for posttraumatic stress symptoms and PTSD. These findings suggest the effects of 9/11 were long-lasting, and researchers should define what it means to be directly exposed in disaster studies.

Dissociative Experiences Among Combat Soldiers

Poster #T-195 **(disaster)**

Doruk, Ali, MD[1]; Ates, Alpay, MD[2]; Uzun, Ozcan, MD[1]; Gulsun, Murat, MD[3]; Ozsahin, Aytekin, PhD[1]

[1]*Psychiatry, Gulhane Military Medicine Faculty, Ankara, Turkey*
[2]*Psychiatry, GATA Haydarpasa Military Hospital, Istanbul, Turkey*
[3]*Psychiatry, Isparta Military Hospital, Isparta, Turkey*

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

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

Results: The results indicated that traumatic group had elevated scores on Dissociative Experiences Scale (DES) compared to the non-traumatic group (respectively; 34.6314.0, 15.5 3 17.0) (t = 8.037, df = 172, p = 0.000). Logistic regression is used to examine the effects of age, education, severity of combat exposuer, number of combat, and time since recent combat together on dissociative experiences. DES scores were significantly positive correlated with the CES scores (N= 84, r = 0.559, p = 0.000), number of combat trauma (N = 84, r = 0.262, p = 0.016), and were significantly inverse correlated with time since recent combat trauma (N = 84, r = -364, p = 0.001), and age (N = 84, r = -0.309, p = 0.004).

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

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

Poster #T-196 **(ethics)**

Scotti, Joseph R., PhD[1]; Stevens, Sarah, MA[1]; Cavender, Ashley, BA[1]; Morford, Amy, BA[1]; Jacoby, Vanessa, BA[1]

[1]*Department of Psychology, West Virginia University, Morgantown, West Virginia, USA*

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

Traumatic Bereavement and Spiritual Practices in Guatemalan Aid Workers

Poster #T-197 **(intl)**

Lantz, Jeanette, MA[1]; Gallegos, Autumn, MA[1]; Townsend, Cynthia, MA[1]; Roberts, Rebecca, MA[2]; Potts, Amy, MA[2]; Putman, Katharine, PsyD[2]

[1]*Fuller Graduate School of Psychology, Pasadena, California, USA*
[2]*Fuller Graduate School of Psychology, California, USA*

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

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

Poster #T-198 **(intl)**

Ross, Gina, MFCC[1]; Aronson, Eric R., PsyD[2]
[1]International Trauma-Healing Institute, Los Angeles, California, USA
[2]Northeast Asylum & Detention Project; Amnesty International, Cambridge, Massachusetts, USA

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

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

Poster #T-199 **(train)**

Hilleary, Suzanne M., MA[1]; Skidmore, Erica F., MA[1]; Gable, Phillip G., MA[1]; Montgomery, Catherine R., MA[1]; Eriksson, Cynthia B., PhD[1]
[1]School of Psychology, Fuller Theological Seminary, Pasadena, California, USA

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

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

Poster #T-200 **(train)**

Hughes, Anne, MSW[1]
[1]School of Social Work, University of Maryland at Baltimore, Baltimore, Maryland, USA

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

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

Poster #T-201 **(prev)**

Bousquet Des Groseilliers, Isabeau, BSc[1]; Cordova, Matthew, PhD[2]; Ruzek, Josef, PhD[2]; Marchand, Andre, PhD[3]; Brunet, Alain, PhD[1]
[1]Douglas Hospital, Verdun, Quebec, Canada
[2]National Center for PTSD, Palo Alto, VA, Palo Alto, California, USA
[3]Université du Québec à Montréal, Montreal, Quebec, Canada

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

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

Poster #T-202 **(prev)**

Feldner, Matthew, PhD[1]; Smith, Rose, BA[2]; Grooms, Amy, undergraduate[2]; Babson, Kimberly, MS[2]; Trainor, Casey, MS[2]
[1]Department of Psychology, University of Arkansas, Fayetteville, Arkansas, USA
[2]University of Arkansas, Fayetteville, Arkansas, USA

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

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

Traumatic Stress Resiliency (TSR) Training

Poster #T-203 **(prev)**

Fohrman, David, MD[1]; Field, Jan, PhD[2]; Cammack, Michael, PhD[3]
[1]Medical, Larimer Center for Mental Health, Fort Collins, Colorado, USA
[2]RedR/UNICEF, Mount Macedon, Victoria, Australia
[3]Psychology, United States Army, Silver Spring, Maryland, USA

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

Vicarious Trauma: Assessing and Preventing VT in Counseling Trainees

Poster #T-204 **(prev)**

Marotta, Sylvia, PhD[1]; Griner, Karen, MA[2]; Hatchuel, Elizabeth, MA[2]
[1]The George Washington University, Washington, District of Columbia, USA
[2]Department of Counseling / Human and Organizational Studies, The George Washington University, Washington, District of Columbia, USA

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

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

Poster #T-205 **(prev)**

Kimble, Matthew, PhD[1]; Neacsiu, Delia, BA[2]; Flack, William, PhD[3]; Horner, Jessica, BA[4]
[1]Department of Psychology, Middlebury College, Middlebury, Vermont, USA
[2]Department of Psychology, University of Washington, Washington, USA
[3]Department of Psychology, Bucknell University, Pennsylvania, USA
[4]Office of Residential Life, Middlebury College, Middlebury, Vermont, USA

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

Trauma Model of Violence: Identifying Risk Factors in Incarcerated Populations

Poster #T-206 **(prev)**

Komarovskaya, Irina, MEd[1]; Loper, Ann, PhD[1]
[1]Curry Programs in Clinical and School Psychology, University of Virginia, Charlottesville, Virginia, USA

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

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

Poster #T-207 **(prev)**

La Bash, Heidi, BS[1]; Monson, Candice, PhD[1]; Resick, Patricia, PhD[1]
[1]Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

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

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

Poster #T-208 **(prev)**

Mendonça-de-Souza, Ana Carolina, MSc[1]; Souza, Gabriela, BS, MSc[2]; Figueira, Ivan, MD[3]; Mendlowicz, Mauro V., MD[4]; Rumjanek, Vivian, BS, PhD[5]; Volchan, Eliane, MD, PhD[5]
[1]Federal University of Rio de Janeiro, Rio de Janeiro, Brazil
[2]Institute of Biophysics Carlos Chagas Filho, Federal University of Rio de Janeiro, Brazil
[3]Instituto de Psiquiatria (IPUB), Universidade Federal do Rio de Janeiro (UFRJ), Rio de Janeiro, Brazil
[4]Federal Fluminense University, Rio de Janeiro, Brazil
[5]Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

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

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

Poster #T-209 **(practice)**

Swope, Jessica, MA[1]; Arnkoff, Diane, PhD[1]; Glass, Carol, PhD[1]; Fallot, Roger, PhD[2]; Mchugo, Gregory, PhD[3]
[1]Catholic University of America, Washington, District of Columbia, USA
[2]Community Connections, Washington, District of Columbia, USA
[3]Dartmouth Psychiatric Research Center, New Hampshire, USA

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

The presenting author is underlined.

Session 2: Friday, November 16

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 2 Schedule

Poster Set-up:	Friday, November 16 between 7:30 a.m. - 9:30 a.m.
Poster Display:	Friday, November 16 between 9:30 a.m. - 6:00 p.m.
Poster Presentation:	Friday, November 16 from 5:00 p.m. - 6:00 p.m.
Poster Dismantle:	Friday, November 16 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)

Recognition and Treatment of Posttraumatic Stress Disorder in the Primary Care Setting

Poster #F-100 **(assess)**

Graves, Ruth Elaine, PhD[1]; Alim, Tanya, MD[1]; Aigbogun, Notalelomwan, MS[1]; Mellman, Thomas A., MD[1]; Lawson, William B., MD[1]

[1]Psychiatry, Howard University, Washington, District of Columbia, USA

Posttraumatic Stress Disorder (PTSD) is a common and potentially disabling disorder that often goes undiagnosed and undertreated in non-psychiatric settings. Primary care physicians assume a necessary role in the diagnosis, treatment, and referral of African-Americans with PTSD since for various reasons access to mental health providers is limited. The current study is an examination of diagnosis and treatment for PTSD in primary care settings with mainly African-American (96 percent) adult patients. Consenting patients (738) in four academically affiliated primary care offices were screened for trauma exposure with the Life Events Checklist. Diagnoses were later determined using the Clinician Assessed PTSD Scale (CAPS) and the Structured Clinical Interview of the DSM-IV (SCID) in a trauma exposed subgroup of 375 participants. Of the 90 participants diagnosed with current PTSD, 62 (68.9 percent) had not been previously diagnosed, and 73 (81 percent) had never seen a mental health provider. Twenty nine (32.2 percent) were prescribed psychotropic medicines, and about half (53 percent) reported their primary care physician was aware of their having psychiatric symptoms. In this sample of African-Americans attending primary care settings, PTSD was typically undiagnosed although physician recognition of psychiatric symptoms and prescription of psychotropic medication were not uncommon.

Psychometric Properties of the Trauma Assessment for Adults

Poster #F-101 **(assess)**

Gray, Matt, PhD[1]; Elhai, Jon, PhD[2]; Owen, Jodi, PsyD[3]; Cook, Joan, PhD[4]

[1]Psychology, University of Wyoming, Laramie, Wyoming, USA
[2]Psychology, University of South Dakota, Vermillion, South Dakota, USA
[3]Capital Area Counseling Service, Pierre, South Dakota, USA
[4]Columbia University, New York, New York, USA

The Trauma Assessment for Adults (TAA), a measure of exposure to potentially traumatic events, was developed at the National Crime Victims Center to facilitate identification of trauma history and sequelae. Although widely used in clinical and research contexts, the psychometric soundness of the TAA has never been formally evaluated. The proposed presentation will describe the performance of the TAA in two samples: college undergraduates (n = 142), and community mental health center clients (n = 67). Preliminary analyses suggest that the TAA exhibits adequate temporal stability in both samples. Further, it exhibits good convergence with an established measure of trauma history, and is significantly associated with variables known to be correlated with traumatic exposure (e.g., PTSD symptoms). Strengths and weaknesses of the TAA will be presented and implications for research and clinical utilization will be discussed.

Lifetime Trauma Exposure in OIF/OEF Era Veterans: Association with Current Symptomatology

Poster #F-102 **(assess)**

Green, Kimberly, MSHS[1]; Caulhoun, Patrick, PhD[1]; Tupler, Larry, PhD[1]; Morey, Rajendra, MD, MS[1]; Marx, Christine, MD, MA[1]; Beckham, Jean, PhD[1]

[1]VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) and Duke University Medical Center, Durham, North Carolina, USA

This study examined whether trauma exposure before and during the military contributed to measures of current adjustment in veterans who served during Operation Iraqi Freedom or Operation Enduring Freedom (OIF/OEF). Volunteer OIF/OEF era veterans (n=309) completed self-reported measures on trauma history, resilience, intelligence, work status, suicidality, depressive symptoms, PTSD symptoms, alcohol misuse and general psychopathology. Findings indicated that trauma exposure was high in this sample, with 89 percent reporting lifetime trauma exposure and 63 percent reporting at least one exposure as meeting criterion A. Military trauma exposure was the most consistently significant variable related to all current functional measures including work status, resilience, PTSD symptoms, depressive symptoms, alcohol misuse, suicidal ideation, and general psychopathology. Pre-military trauma exposure was related to greater PTSD symptoms, depressive symptoms, suicidal ideation, and general psychopathology. Younger age was related to more severe depressive symptoms, alcohol misuse, general psychopathology and lower resilience. Intelligence was related to resilience, PTSD, depressive symptoms, and general psychopathology. Male gender was associated with greater alcohol misuse. Results underscore the importance of conducting thorough assessment of trauma exposure when evaluating returning veterans.

The presenting author is underlined.

Affects of PTSD and Smoking on Parasympathetic Functioning

Poster #F-103 **(assess)**

Grooms, Amy, Pre-Med Psychology[1]; Smith, Rose C., PhD Student[1]; Cardenas, Tania P., Undergraduate[1]; Feldner, Matthew T., PhD[1]
[1]*University of Arkansas, Fayetteville, Arkansas, USA*

Background: While research has been done investigating the relationship between parasympathetic activity and PTSD, few studies have accounted for the effects of nicotine usage on the parasympathetic system. This study will investigate the relationship between PTSD and nicotine usage and their effects on parasympathetic activity, by analyzing the high frequency component of heart rate variability. We hypothesize that participants with PTSD will have less parasympathetic activity over the course of a guided imagery task relevant to the participant´s traumatic experience. We also hypothesize that current nicotine use will also decrease parasympathetic activity during the guided imagery task.

Methods: Participants will be college students from the University of Arkansas as well as members of the community. All participants will have experienced traumatic event. This study will have a 2 (smoking vs. non smoking) x 2 (traumatized with PTSD vs. traumatized with no PTSD) design. Parasympathetic activity will be measured by measuring the high frequency component of heart rate variability at a resting, as well as during and after a guided imagery task relevant to a participants traumatic event. The difference of HRV across the course of the task will be analyzed in order to determine the parasympathetic activity.

Expected Results: We expect the participants with PTSD will have the least change in HRV across the course of the imagery task and participants with no PTSD will have the most change in HRV across the course of the imagery task. We also expect participants with current nicotine usage to have less change in heart rate variability than the participants with no nicotine use.

Perception of Child Abuse and Effect on Development of Posttraumatic Stress Disorder

Poster #F-104 **(assess)**

Guarnaccia, Clifford, PhD[1]; Crain, Daniel, BA[1]; Castleberry, Josh, BA[1]; Powers, Abigail, BA[1]; Ortigo, Kile, BA[1]
[1]*Emory University, Atlanta, Georgia, USA*

A number of factors such as early childhood trauma in the form of sexual abuse have been linked to the development of PTSD. Rates of childhood sexual abuse and PTSD in low SES communities are particularly high. However, the link between childhood sexual abuse and PTSD isn´t completely understood. Questions still remain as to why some childhood sexual abuse survivors develop PTSD in later life and why some don´t. We examine the role of perception and idiosyncratic meaning of childhood sexual abuse with other environmental and genetic variables in predicting the development of PTSD. This study was part of a larger NIMH-funded study investigating environmental and genetic risk factors for PTSD in a sample of low SES, African-American men and women seeking care in the primary care and ob-gyn clinics of a public urban hospital. We currently have data on 800 participants. Correlation and regression analyses indicated that perception of childhood trauma as measured by the Childhood Trauma Questionnaire contribute to PTSD symptoms (as measured by the Modified PTSD Symptoms Scale) over and above level of lifetime exposure to traumatic experiences (as measured by the Traumatic Events Inventory. Moreover, different clusters predict PTSD symptoms better than full scale scores. Implications for treatment, research and policy are presented.

Examining the Relationship Between Shame, Guilt, Social Cognitions, and PTSD Among Vietnam Veterans

Poster #F-105 **(assess)**

Harrigan, Paul, PhD[1]; Flowers, Blaine J., PhD[2]; Berger, Thomas J., PhD[3]
[1]*Counseling Psychology, University of Miami at Coral Gables, Lewiston, New York, USA*
[2]*University of Miami, Miami, Florida, USA*
[3]*Vietnam Veterans of America, PTSD/SA Committee Chairperson, Silver Spring, Maryland, USA*

The purpose of this study was to examine if shame, guilt, causal attributions, and world assumption beliefs are related to PTSD symptom severity among Vietnam War combat veterans. The research questions that drove this study sought to specifically answer if shame proneness, guilt proneness, and social cognitions are related to PTSD symptom severity. Using moderation and mediation analysis, this study also attempted to identify how these internal affective and cognitive factors work together, contributing to the maintenance of PTSD symptoms. The results of this study found that shame proneness, guilt proneness, and social cognitions were indeed significantly associated with PTSD symptom severity. Furthermore, data from this study also found evidence of shame proneness as a mediating variable for the relationships observed between 1) several social cognitions and PTSD, and 2) level of combat exposure and PTSD.

Factor Structure of the PCL in a Nonclinical Undergraduate Population

Poster #F-106 **(assess)**

Hoyt, Tim, BS[1]
[1]*University of New Mexico, Albuquerque, New Mexico, USA*

The potential symptom structure of PTSD has many implications in both research and clinical work. In this study, confirmatory factor analysis (CFA) was used to analyze the latent factor structure of the Posttrauma Checklist, Civilian version (PCL-C), in an effort to examine whether patterns of symptomatology among groups responding to daily stressors were similar to previous patterns in groups responding to traumatic events. A diverse sample of undergraduates (53 percent white; 51 percent male) at a southwestern university completed the PCL-C as part of a screening questionnaire. This data was used to test five different factor structure models proposed by Simms, Watson, and Doebbeling (2002) using oblique rotation. The least fitting models (from least to best fit) were the current DSM-IV symptom configuration, a two-factor model including intrusion/avoidance and hyperarousal/numbing, and a three-factor model including intrusion/avoidance, numbing, and hyperarousal, and a four-factor models which consisted of intrusions, avoidance, numbing, and hyperarousal. The best fitting model was a four-factor model (X2 = 283.4, df = 113) consistent with previous findings (Simms et al., 2002) in which a combination of numbing and hyperarousal symptoms were combined in a dysphoria factor (CFI = .96, ECVI = 1.26, NFI = .94, RMSEA = .06).

Sleep Problems Among Persons with PTSD and a History of Other Psychiatric Disorders

Poster #F-107 **(assess)**

Lauterbach, Dean, PhD[1]; Behnke, Courtney, BS[2]
[1]*Eastern Michigan University, Ypsilanti, Michigan, USA*
[2]*University of Michigan, Ann Arbor, Michigan, USA*

Sleep problems are included in the diagnostic criteria for a broad array of mood, substance use, and anxiety disorders, including PTSD. Previous research (Leskin et al. 2002) using the National Comorbidity Survey found that persons with PTSD suffer a greater proportion of sleep problems than persons with other, frequently co-occurring disorders (i.e., panic, major depression, generalized anxiety, and alcohol dependence). The current project was designed to replicate Leskin´s findings using the recently released replication

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of the NCS and extend his work in three important ways: 1) expand the range of co-morbid disorders, 2) expand the range of sleep problems, and 3) use weighted values as suggested by Kessler. Preliminary findings indicate that sleep problems were not more severe among those with PTSD than among those with the following disorders: adult separation anxiety, generalized anxiety, dysthymia, major depression, or panic. However, persons with PTSD reported more sleep problems than persons with alcohol dependence. The presence of a second diagnosis (i.e., PTSD plus adult separation anxiety, dysthymia, major depression, or panic) elevated the severity of sleep problems. Additional findings will be presented on specific features of sleep problems among these groups.

Predictors of Emotional Numbing in PTSD: A Replication Across Gender and Traumatic Events

Poster #F-108 **(assess)**

Luterek, Jane A., PhD[1]; Gold, Sari, MA[2]; Simpson, Tracy L., PhD[1]
[1]VA Puget Sound Health Care System, Seattle, Washington, USA
[2]Temple University, Philadelphia, Pennsylvania, USA

Emotional numbing has been posited to result from emotional depletion caused by chronic hyperarousal symptoms in individuals with posttraumatic stress disorder (PTSD; Litz & Gray, 2002). Hyperarousal symptoms have been found to predict emotional numbing more strongly than active avoidance, depression, and re-experiencing symptoms. However, investigations of the relationship between emotional numbing and hyperarousal symptoms have primarily focused on male combat veterans, with some data indicating similar patterns for female sexual assault survivors. The present study examines the relationship between emotional numbing and hyperarousal symptoms in a sample of male and female veterans who experienced a potentially traumatic event. Two hundred and five veterans (102 male, 103 female) completed the Traumatic Life Events Questionnaire, the PTSD Checklist, the PHQ-Depression subscale, and the AUDIT as part of a larger study. Results were consistent with and extended previous findings. Hyperarousal symptoms predicted emotional numbing symptoms over and above demographic variables, other PTSD symptoms, depression, and alcohol use. Gender did not influence the severity of emotional numbing symptoms. Endorsement of combat or sexual trauma (childhood or adulthood) did not impact the severity of emotional numbing symptoms or the relationship between emotional numbing and hyperarousal.

Utility of the Davidson Trauma Scale in OIF/OEF Veterans

Poster #F-109 **(assess)**

McDonald, Scott, PhD[1]; Beckham, Jean C., PhD[2]; Tupler, Larry A., PhD[2]; Morey, Rajendra, MD[2]; Marx, Christine, MD[2]; Calhoun, Patrick, PhD[2]
[1]VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA
[2]VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) and Duke University Medical Center, North Carolina, USA

There is an increasing need for brief valid instruments for PTSD screening and measuring treatment effects for combat veterans. Although the Davidson Trauma Scale (DTS; Davidson, 1996) has demonstrated good psychometric properties, it has not been validated with Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans. This study examined the diagnostic accuracy and factor structure of the DTS with 254 veterans participating in the VISN-6 MIRECC OIF/OEF registry. The DTS demonstrated excellent reliability (alpha =0.98). Receiver operating characteristic (ROC) curves suggested the DTS was good at discriminating individuals with and without a SCID-based diagnosis of PTSD (AUC = .89, SE = .03), and performed adequately in discriminating between those with PTSD and other psychiatric disorders (AUC= .78, SE= .05; z = 1.89, p < .10). Sensitivity, specificity, and predictive power are presented for several DTS cut-points. Veterans with PTSD (M = 85.4; SD = 32.2) had significantly higher DTS scores than others (M = 34.1; SD = 30.4) providing further evidence of construct validity. Confirmatory factor analyses suggested a four-factor model (re-experiencing, avoidance, emotional numbing, and hyperarousal) fit the data better than the three-factor model proposed by Davidson (1996). Results are discussed in terms of their relevance to current challenges in the assessment of PTSD.

The Stalking Behavior Checklist: Reexamination in a Sample of Acutely Battered Women

Poster #F-110 **(assess)**

Mechanic, Mindy, PhD[1]; Resick, Patricia, PhD[2]
[1]California State University, Fullerton, California, USA
[2]National Center for PTSD/Boston VA Healthcare System, Boston, Massachusetts, USA

Stalking has been identified as a core dimension of intimate partner abuse that co-exists with physical violence, emotional abuse and sexual coercion. Thus, it is important to develop psychometrically sound methods to assess for stalking and harassing behaviors and to understand the coexistence of stalking with other forms of intimate partner violence. The Stalking Behavior Checklist was developed in an effort to construct a behaviorally specific measure of stalking that could be easily administered and scored. 29-items assessing harassing and violent stalking behaviors using a six-point frequency scale (never to once a day or more) were developed. Using factor analysis of the SBC, two factors accounting for 45.5 percent of the variance were identified. The original sample was comprised of undergraduate students It is unknown whether the factor structure of the SBC and it's other psychometric qualities will be retained when administered to a sample of battered women. We administered the SBC and other measures of IPV to a sample of 350 battered women recruited from community agencies. To evaluate the factor structure of the SBC, a principal components analysis with oblique rotations will be performed. Results of the factor analysis will be used to assess relationships with other pertinent demographic, relationship, and violence characteristics.

Confirmatory Factor Analysis of the PTSD Symptom Scale Using a Primary Care Sample

Poster #F-111 **(assess)**

Naifeh, James A., MA[1]; Elhai, Jon, PhD[1]; Kashdan, Todd B., PhD[2]; Grubaugh, Anouk, PhD[3]
[1]Department of Psychology, The University of South Dakota, Vermillion, South Dakota, USA
[2]Department of Psychology, George Mason University, Fairfax, Viriginia, USA
[3]Medical University of South Carolina, Charleston, South Carolina, USA

Several studies have employed confirmatory factor analysis (CFA) to evaluate the latent structure of posttraumatic stress disorder (PTSD) among various populations. Findings have generally failed to support the current three-factor DSM-IV (American Psychiatric Association, 2000) conceptualization, demonstrating the need to consider alternative models. This study used CFA to evaluate intercorrelated (first-order factor) and hierarchical (second-order factor) versions of four models that have received the most empirical support. Data were utilized from a heterogeneous sample of primary care patients (n = 252) who completed the PTSD Symptom Scale (Foa, Riggs, Dancu, & Rothbaum, 1993) based on their most upsetting traumatic event. CFAs used robust maximum likelihood estimation because of multivariate non-normality. The current three-factor DSM-IV model demonstrated adequate to excellent fit on several indices, but proved inferior to alternative models. The strongest support was found for an intercorrelated four-factor model that separated avoidance and numbing symptoms into separate factors (i.e., intrusion, avoidance, numbing, and hyperarousal). Validity for this model was supported by the pattern of relations between each factor and external variables such as depressive symptoms and functional impairment. Implications of the findings are discussed.

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Self-Reported Growth Among Trauma Survivors

Poster #F-112 **(assess)**

Park, Crystal, PhD[1]; Tennen, Howard, PhD[2]; Mills, Mary Alice, MA[1]
[1]Psychology, University of Connecticut, Storrs, Connecticut, USA
[2]Community Medicine and Health Care, University of Connecticut, Farmington, Connecticut, USA

One of the primary goals of this study was to assess whether individuals who reported posttraumatic growth (PTG) on a standard measure of PTG (i.e., the Posttraumatic Growth Inventory; PTGI) would also show increased scores on standard measures tapping six typical domains of growth (e.g., gratitude, empathy). Because these measures did not exactly match the PTGI subscales, participants also completed a version of the PTGI on which they indicated their current standing on the PTGI items (e.g., I appreciate each day vs. I have a greater appreciation for each day). Thus, we assessed PTG in three ways: the PTGI completed with regard to a recent traumatic event, change in PTG domain measures from Time 1 to Time 2, and change in the current-standing version of the PTGI from Time 1 to Time 2. On the standard PTGI, trauma survivors indicated that they had grown from the event. However, scores on the domain measures did not increase from Time 1 to Time 2, with the exception of life satisfaction. There also was no significant change from Time 1 to Time 2 on the current standing version of the PTGI. Changes in the domain and current-standing measures generally were uncorrelated with PTGI scores, casting doubt on the validity of self-reports of growth.

The Los Angeles Symptom Checklist for Children

Poster #F-113 **(assess)**

Ross, Leslie, PsyD[1]; Gaba, Rebecca, PhD[2]; Seilicovich, Irma, MFT[3]; Shin, Hana, MA[4]; Foy, Patrick, BA[5]; Foy, David, PhD[6]
[1]Children's Institute, Inc., Los Angeles, California, USA
[2]Center for Multicultural Human Services, Falls Church, Virginia, USA
[3]The Village Family Services, North Hollywood, California, USA
[4]Fuller Graduate School of Psychology, Pasadena, California, USA
[5]Children's Institute, Los Angeles, California, USA
[6]Pepperdine University, Encino, California, USA

Many measures have been constructed to assess posttraumatic distress among adults and children, but few have the capability of assessing across ages and comparing scores among members within families on a similar scale. The Los Angeles Symptom Checklist for adults (LASC; King, King, Leskin, & Foy, 1995) and the LASC for adolescents (Foy, Wood, King, King, & Resnick, 1997) have been psychometrically validated for use with several populations. The current study evaluates and reports the psychometric properties of the LASC for children, a 32-item self-report measure adapted for children ages 5-10 years. The instrument yields a 13-item posttraumatic stress disorder (PTSD) subscale, which provides both a continuous and dichotomous measure for PTSD diagnosis. A sample of children (N = 167) in group treatment for domestic violence against their mothers was assessed at intake and four follow-up assessments. Multilevel modeling analysis found that exposure to parental violence, but not direction of the violence, was a significant predictor for posttraumatic distress over time, $t(43) = 2.56$, $p = .01$. From a dose-response framework, construct and convergent validity appeared adequate as posttraumatic symptoms corresponded with exposure level. Implications for assessment of PTSD among children and within families are discussed.

OEF/OIF Veterans, Combat Exposure and Health-Related Quality of Life

Poster #F-114 **(biomed)**

Baker, Dewleen, MD[1]; Heppner, Pia, PhD[2]; Afari, Nilofar, PhD[3]; Thorp, Steven, PhD[3]; Simmons, Alan, PhD[3]
[1]Psychiatry, University of California, Davis, La Jolla, California, USA
[2]Psychiatry, UCSD, California, USA
[3]University of California, San Diego, San Diego, California, USA

Prior research has shown that there is an association between combat trauma, PTSD, and reduced health-related quality of life. Recent reports suggest that veterans returning from the Afghanistan and Iraq conflicts have increased rates of mental disorders, including PTSD. Between March 1 and October 1, 2006, we systematically, sequentially collected demographic data and questionnaires including the Combat Exposure Scale (CES) and the Short-Form 36 (SF-36) a measure of health-related quality of life from veterans registering for service at the main hospital, San Diego VA Healthcare System. Of veterans completing the CES, 19 percent reported moderately heavy, or heavy combat (CES scores < 25), in contrast to 81 percent who reported light to moderate combat (CES scores > 24). In addition to having significantly decreased social, role-emotional, and mental health functioning on the SF-36, the 19 percent of veterans reporting moderately heavy to heavy combat when compared to those reporting light to moderate combat, showed diminished role-physical [$t (df = 374) = 2.1$, $p < .035$) and vitality [$t (df = 374) = 3.7$, $p < .0001$] on this measure. These findings have implications for treatment and preventive interventions for combat exposed individuals.

Sexual Dysfunction in OIF/OEF Veterans Treated with SSRIs for Trauma-Related Disorders

Poster #F-115 **(biomed)**

Anand, Vishal, MD[1]; Wolber, Kerry, PharmD[2]; Holohan, Dana, PhD[1]; Hawley, Joanne, PharmD[2]; Babbar, Jatinder, MD[3]
[1]Center for Traumatic Stress, Salem VA Medical Center, Salem, Virginia, USA
[2]Pharmacy, Salem VA Medical Center, Salem, Virginia, USA
[3]Salem VA Medical Center, Salem, Virginia, USA

Serotonergic antidepressants are first line pharmacological treatments for posttraumatic stress disorder and are being increasingly prescribed for veterans returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). These medications have a high incidence of sexual adverse effects, which may affect a patient´s quality of life, compliance with treatment, and ultimately, clinical outcomes. Systematic data on the incidence and management of such adverse effects is lacking. We propose a pilot study intended to measure the incidence of selective serotonin reuptake inhibitor (SSRI) -induced sexual dysfunction in OIF and OEF veterans, to document the strategies commonly used to manage such dysfunction, and to evaluate the effectiveness of such strategies. Charts of 100-200 OIF and OEF veterans prescribed SSRI medications at a Veterans Affairs Medical Center will be retrospectively reviewed. Data collected will include demographics, primary diagnoses, SSRI prescribed, type of sexual dysfunction noted (if any), primary and secondary treatment strategies for managing such dysfunction, and effectiveness of such strategies. We expect that this pilot study will provide the first systematic database on SSRI induced sexual dysfunction in this important population, and will serve to guide future research in this vital area.

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5-HT2A Receptor Blockade Prevents Stress-Induced Enhanced Startle Response

Poster #F-116 **(biomed)**

Jiang, Xiaolong, PhD[1]; Xing, Guoqiang, PhD[1]; Zhang, Lei, MD[1]; Ursano, Robert, MD[1]; Li, He, MD, PhD[1]
[1]Department of Psychiatry, Uniformed Services University of the Health Science, Bethesda, Maryland, USA

The occurrence of stress and anxiety disorders has been closely associated with alterations of amygdala GABAergic system. Administration of 5-HT or Methyl-5-HT, a 5-HT2 receptor agonist, to basolateral amygdala (BLA) slices dramatically enhanced frequency and amplitude of spontaneous inhibitory postsynaptic currents (sIPSCs) in control rats. This effect was blocked by the selective 5-HT2A receptor antagonists. Double immunofluorescence labeling demonstrated that the 5-HT2A receptor is primarily localized to parvalbumin-containing BLA interneurons. These observations indicated that 5-HT2A receptors mediated serotonergic facilitation of BLA GABA release. In stressed rats, 5-HT2A receptor-mediated facilitory effects on sIPSCs were severely impaired. Quantitative RT-PCR and western blot analysis showed that stress downregulated BLA 5-HT2A receptors. Treatment with the selective 5-HT2A antagonist, MDL 11,939 during stress prevented the occurrence of stress-enhanced acoustic startle response (ASR), a behavioral manifestation that depends on the amygdala. These findings suggest that 5-HT2A receptor is closely associated with stress-enhanced ASR, and 5-HT2A receptor antagonists appear to be effective prophylactic and therapeutic agents for stress-associated psychiatric disorders, such as posttraumatic stress disorder.

Abnormal Lipid Metabolism in Patients with PTSD Identified in A General Medical Clinic

Poster #F-117 **(biomed)**

Jones, Heather, MD[1]; Ressler, Kerry, MD, PhD[1]; Gillespie, Charles, MD[1]; Umpierrez, Guillermo, MD[1]; Bradley, Rebekah, PhD[1]; Schwartz, Ann, MD[1]
[1]Psychiatry & Behavioral Sciences, Emory University, Atlanta, Georgia, USA

This study examines serum cholesterol, low density lipoprotein (LDL), high density lipoprotein (HDL), and triglycerides in patients with and without posttraumatic stress disorder (PTSD). Screenings were completed on >600 civilian low-income African-American patients from a general medical clinic in an inner-city hospital in Atlanta. Serum cholesterol, LDL, HDL and triglyceride levels were obtained by reviewing past hospital records for the full sample (N>600 assessed with the Posttraumatic Symptom Scale (PSS)). We also performed assessments of fasting lipids in a subset (N>100) who received extensive interviews including the SCID-DSMIV and Clinician Administered PTSD scale (CAPS). Patients with PTSD had significant increases in triglycerides and total cholesterol. There was a trend toward increased LDL and decreased HDL levels in PTSD patients. This is the largest sample to date examining alterations in lipid profiles with PTSD. PTSD may lead to diminished health-related behaviors as well as alterations in endogenous stress-related metabolic systems, resulting in altered lipid profiles. These data support the hypothesis that stress-related disorders significantly impact baseline metabolic health which may contribute to increased medical morbidity and mortality in patients with untreated PTSD.

Psychophysiological Concomitants of Chronic Posttraumatic Stress Disorder and Acute Stress Disorder

Poster #F-118 **(biomed)**

Jovanovic, Tanja, PhD[1]; Jambrosic-Sakoman, Andrea, MD[2]; Kozaric-Kovacic, Dragica, MD, PhD[2]
[1]Psychiatry and Behavioral Sciences, Emory University, Decatur, Georgia, USA
[2]Psychiatry, University Hospital Dubrava, Zagreb, Croatia

Posttraumatic stress disorder (PTSD) and acute stress disorder (ASD) can develop after exposure to traumatic events, and are differentiated by the time after trauma in which the symptoms emerge. In some cases ASD develops into PTSD, while in others it does not; therefore multimodal longitudinal studies are needed to clarify the factors that lead to the resolution of ASD or to its prolongation into PTSD. Using psychophysiological measurements in diagnostic procedures can elucidate some risk factors for PTSD. The purpose of the current study was to compare basal psychophysiology and startle reflexes in a sample of Croatian war veterans with PTSD (>10 years since trauma), victims of motor vehicle accidents with ASD (<60 days since trauma), and non-trauma controls. We measured heart-rate, respiratory sinus arrhythmia, skin conductance, and eyeblink EMG startle response during an acclimation period and during the presentation of startle stimuli in 30 PTSD patients, 28 controls, and a preliminary sample of six ASD patients. We found that PTSD and ASD patients had impaired habituation of startle and skin conductance responses. PTSD patients had higher basal heart-rate and decreased respiratory sinus arrhythmia than the controls; the ASD patients had intermediate levels and did not differ from either group.

Role of Nightmares in the Early Development of Sleep Disturbances in MVA Victims

Poster #F-119 **(biomed)**

Kobayashi, Ihori, MS[1]; Spoonster, Eileen, RN[2]; Fallon, William, MD[2]; Delahanty, Douglas, PhD[1]
[1]Psychology, Kent State University, Kent, Ohio, USA
[2]Summa Health System, Akron, Ohio, USA

Researchers have suggested that nightmares after a traumatic experience may contribute to the development of insomnia in PTSD. The present study prospectively examined the extent to which post-MVA nightmares and subsequent PTSD diagnostic status moderate the development of insomnia symptoms. 406 MVA patients completed the Impact of Event Scale-Revised (IES-R) in hospital and 3 months later. The Clinician Administered PTSD Scale was administered 6-month post-MVA. Items 2 (I had trouble staying asleep) and 15 (I had trouble falling asleep) of the IES-R were used as measures of insomnia and Item 20 (I had dreams about it) was used as a measure of nightmares. Sleep problems have often been measured with one questionnaire item in PTSD research. We tested hierarchical linear models (HLM). Results showed that when IES-R Item 2 was the outcome variable, β_{00} ($p<.001$), β_{02} ($p<.001$), β_{10} ($p<.001$), and β_{11} ($p<.05$) were significant. For Item 15, β_{00} ($p<.001$), β_{01} ($p<.05$), β_{02} ($p<.01$), and β_{10} ($p<.001$) were significant. Contrary to the researchers' suggestion, our findings indicate that nightmares were associated with only in-hospital insomnia symptoms, but not change in these symptoms over time. In addition, subsequent PTSD diagnosis was associated with sleep initiation problems in hospital and deterioration of sleep maintenance over time.

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Trauma Exposure Predicts Impaired P50 Suppression During Stress

Poster #F-120 **(biomed)**

Leskin, Lorraine P., MS[1]; White, Patricia M., PhD[1]; Hopkins, Andrea, BS[1]; Jones, Allison, BS[1]; Kelley, Angela, BS[1]
[1]Psychology Department, University of Oregon, Eugene, Oregon, USA

Recent research (e.g., Neylan et al.,1999) demonstrates that P50 suppression is impaired in at least some PTSD populations, but this may arise from symptoms of PTSD or may represent an outcome of trauma exposure. To examine the relationship of traumatic exposure and PTSD symptoms to sensory filtering, P50 suppression was assessed during baseline and stressor conditions in a non-medicated, mixed-gender university student sample. Participants included 25 psychometric PTSD participants, 22 high trauma history/no PTSD participants and 26 low-trauma controls. A comparison of the three groups during baseline and stressor conditions revealed main effects for condition (stressor impaired P50 suppression) and group (high trauma group most impaired, PTSD group intermediate), qualified by a condition by gender by group interaction. Stress impaired suppression for both genders of PTSD subjects, but only male high trauma subjects showed impaired stressor suppression, while low trauma subjects failed to show stress effects. Covariance of depressive symptoms (BDI) did not alter these effects. Although increased trauma exposure correlated with reduced suppression during the stressor, PTSD scores failed to correlate with P50 measures. Taken together, these preliminary results suggest that impaired filtering associates with trauma exposure more than specific symptom patterns arising in PTSD.

Distressing Nocturnal Arousals are Associated with Reduced Sleep Satisfaction

Poster #F-121 **(biomed)**

Lynch, Janel, BA[1]; Nguyen, Tram, BA[1]; Voelker, Karin, BA[1]; Mozer, Erika, PhD[1]; Arsenault, Ned, BA[2]; Skultety, Karyn, PhD[1]
[1]Stanford University, Menlo Park, California, USA
[2]VA Palo Alto HCS, Menlo Park, California, USA

Objective: Distressing nocturnal arousals (nightmares and panic attacks) are commonly reported in PTSD and Panic Disorder but have not been conclusively linked to impaired subjective quality of sleep upon awakening. We addressed this question using a methodology that minimized nocturnal reporting effort, retrospective bias, and contamination of morning reports.

Methods: A sample of 20 non-apneic adults was drawn from a larger sample of individuals with PTSD, PD, and comorbid PTSD and PD (PTSD/PD) based upon reports of distressing nocturnal arousals. Subjects´ sleep was recorded actigraphically in their homes for multiple nights. Subjects reported the subjective characteristics of any nocturnal arousals using a continuous digital audio recording system. In the morning, subjects reported how often they had awoken during the night and how well they had slept.

Results: In the morning, perceived number of nocturnal arousals was elevated and subjective sleep quality reduced on nights containing reports of nightmares and/or panic attacks as compared to nights free of such reports. A summary sleep quality measure was significantly reduced ($t(14)=2.51$, $p<.025$).

Conclusions: In this study, after minimizing report cross-contamination and retrospective bias, distressing nocturnal arousals were still associated with decreased satisfaction with sleep on awakening in the morning.

Neural Correlates of Emotion and Attention Processing in Posttraumatic Stress Disorder

Poster #F-122 **(biomed)**

Pannu-Hayes, Jasmeet, PhD[1]; Petty, Chris, BA[1]; Cooper, Debra, BA[1]; Labar, Kevin, PhD[2]; McCarthy, Gregory, PhD[3]; Morey, Rajendra, MD[1]
[1]Mental Illness Research Education and Clinical Center, Durham VA Medical Center, Durham, North Carolina, USA
[2]Center for Cognitive Neuroscience, Duke University, Durham, North Carolina, USA
[3]Yale University, New Haven, Connecticut, USA

While it has been well established that patients with PTSD preferentially allocate attentional resources to threatening stimuli, the neural pattern reflecting the influence of negative emotion on attention in PTSD has yet to be demonstrated. In the present study, subjects with PTSD symptomatology engaged in an emotional oddball task while undergoing fMRI. Subjects discriminated infrequent target stimuli (circles) from frequent standards (squares) while emotional and neutral distracters were presented infrequently and irregularly. Twenty-six subjects were classified into a high PTSD symptom group (patients) or low symptom group (control) based on Davidson Trauma Scale (DTS) scores. Results showed that the patient group had greater neural activity than the control group for emotional stimuli in ventromedial prefrontal regions, while the control group showed greater activation in the ventrolateral prefrontal cortex. Additionally, the patient group showed attenuation relative to controls in the dorsolateral prefrontal cortex for the attention task. Regression analyses revealed that medial and lateral PFC regions covaried by PTSD symptomatology. These results provide evidence for the neural systems involved in emotional interference of attention in PTSD and may help to explain the mechanism of attention difficulties that patients with PTSD report in everyday life.

Neurosteroids and Psychiatric Symptoms in Veterans who Served During OEF/OIF

Poster #F-123 **(biomed)**

Payne, Victoria, MD, MS[1]; Morey, Rajendra, MD, MS[1]; Calhoun, Patrick, PhD[1]; Beckham, Jean C., PhD[1]; Davidson, Jonathan, MD[2]; Marx, Christine, MD, MA[1]
[1]VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) and Duke University Medical Center, Durham, North Carolina, USA
[2]Psychiatry and Behavioral Sciences, Duke University, Durham, North Carolina, USA

Background: Neurosteroids (NS) modulate the stress response, increase following SSRIs, and play a potential role in depression and PTSD. We determined if NS are related to psychiatric symptoms in veterans who served in OEF/OIF.

Methods: NS serum levels in 90 male OEF/OIF veterans were determined by GC/MS or RIA. Psychiatric assessments included the Beck Depression Inventory-II (BDI-II), Davidson Trauma Scale (DTS), and Symptom Checklist-90-R (SCL-90R). Stepwise regression analyses were conducted to investigate the relationship between psychiatric assessments and NS with the inclusion of smoking, alcohol use, age and h/o TBI as covariates.

Results: Allopregnanolone (ALLO) levels are inversely associated with BDI-II scores ($p=0.046$) and SCL-90R depression ($p=0.018$) and anxiety ($p=0.048$) subscales. Pregnenolone (PREG) levels are inversely associated with the SCL-90R Global Severity Index (GSI), [$p=0.049$]. DHEA is inversely associated with DTS re-experiencing symptoms ($p=0.028$). TBI is positively associated with DTS avoidance/numbing symptoms ($p=0.042$) and smoking is positively associated with the BDI-II, DTS total and SCL-90R GSI ($p\leq0.010$).

Conclusions: ALLO findings are potentially consistent with antidepressant and anxiolytic actions of this NS. PREG and DHEA may also represent candidate modulators of psychiatric symptoms. TBI and smoking may have relevance to symptom severity.

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Predictng PTSD Expression From Multiple Traumas: A 30-Year Vietnam Veteran Cohort Follow-Up

Poster #F-124 **(biomed)**

Price, Rumi, PhD[1]; Risk, Nathan, MA[2]; Virgo, Katherine, PhD[3]
[1]Department of Psychiatry, Washington University in St. Louis, St. Louis, Missouri, USA
[2]Department of Psychiatry, Washington University School of Medicine, St. Louis, Missouri, USA
[3]Department of Surgery, Saint Louis University Health Sciences Center/St. Louis VAMC, St. Louis, Missouri, USA

The expression of posttraumatic stress disorder (PTSD) is a function of cumulative psychological traumas as well as their severity and timing, given individual differences in vulnerability/resiliency and evolving psychosocial environments. Using the data from a Vietnam veteran and comparison group cohort (VES, 1972 baseline total N=1,227) prospectively followed up over 30 years to date, we estimate differential pathways to PTSD development and their predictors, utilizing the information including lifetime multiple traumas occurring at different points up to middle age. Using a logistic regression, childhood antisocial behavior was the only significant (negative) predictor for reporting no qualifying trauma assessed at the 25-year follow-up (7.4 percent, n=839) thus far. Among veterans who reported multiple traumas at the 30-year follow-up (n=292), the latent growth models (LGM) differentiated two groups: about 80 percent started with a low level of PTS symptoms that increased over time, while about 20 percent started with a high level of PTS symptoms which persisted over time. The preliminary results support the notion of multiple pathways leading to PTSD and the need for early intervention for those who experience multiple traumas early in their lives. Knowledge gained from further trauma-exposure-to-disorder-expression modeling will be valuable for screening and early intervention of PTSD.

Relationship of Prior Trauma Exposure and Posttraumatic Stress Symptoms in Pediatric Burn Patients

Poster #F-125 **(child)**

Stolbach, Bradley, PhD[1]; Fleisher, Courtney Landau, PhD[2]; Gazibara, Tanja, BA[2]; Gottlieb, Lawrence, MD[3]; Mintzer, Lisa Libman, PhD[2]; West, Myra, PsyD[2]
[1]Behavioral Sciences, La Rabida Children's Hospital / University of Chicago, Chicago, Illinois, USA
[2]Behavioral Sciences, La Rabida Children's Hospital, Chicago, Illinois, USA
[3]University of Chicago Hospitals Burn Center, Chicago, Illinois, USA

A small body of literature suggests that pediatric burn patients exhibit posttraumatic symptoms. Studies have begun to investigate factors associated with development of these symptoms. This study explores relationships between demographic, prior trauma, and burn characteristics variables (i.e., total body surface area, affected areas, facial involvement, intentional nature of burn, and grafting) and pediatric burn patients´ posttraumatic stress symptoms (PTSS) during inpatient acute and rehabilitative treatment. Using self- and caregiver-report measures, 32 children ages 3-16 were assessed for PTSS and prior exposure to traumatic events. Data regarding burn characteristics were collected through chart review. The majority (59.4 percent) of patients experienced clinical levels of PTSS. Although demographic variables and burn characteristics were not associated with PTSS, the number of prior trauma exposures was positively correlated with level of trauma symptoms (r=.385, p<.05). 72 percent of children had histories of prior trauma exposure (M=1.875, range=0-6). 74 percent of children with 2 or more prior trauma exposures exhibited clinical levels of trauma symptoms compared to 33 percent of those who had experienced 1 or 0 (p<.05). Results suggest that prior trauma exposure should be routinely assessed so that reactions to single traumatic events can be understood in the context in which they occur.

The Cumulative Impact of Child Maltreatment on Experiences in Interpersonal Relationships

Poster #F-126 **(child)**

Gaffey, Kathryn, MA[1]; Messman-Moore, Terri, PhD[2]; Coates, Aubrey, MA[3]; Denardi, Kathleen, MA[2]
[1]Psychology, Miami University, Oxford, Ohio, USA
[2]Miami University, Oxford, Ohio, USA
[3]Miami University, Ohio, USA

The purpose of this study was to examine the cumulative impact of multiple forms of child maltreatment (CM) on interpersonal functioning in college women. It was expected that participants who reported any form of CM (sexual abuse, physical abuse, exposure to interparental violence, or emotional maltreatment) would report more general interpersonal conflict and greater amounts of anxiety and avoidance within intimate relationships compared to nonabused individuals. Furthermore, a cumulative effect of abuse type was expected. Participants were 589 college women. Approximately 40 percent of respondents were abused, and there was significant overlap among different types of CM. Those who reported any type of CM reported more interpersonal conflict, avoidance, and anxiety than those with no maltreatment experiences. Furthermore, an increase in the number of abuse types was associated with greater interpersonal conflict, avoidance, and anxiety. Many forms of child maltreatment have been examined independently as risk factors for a variety of long-term problems. The current study suggests that different types of abuse have similar effects. There is also evidence that maltreatment experiences, although harmful in isolation, exert a greater negative impact on interpersonal relationship functioning as the number of abuse types increases.

Caregiver Influence on Children´s Hurricane-Related Trauma Symptoms

Poster #F-127 **(child)**

Gil-Rivas, Virginia, PhD[1]; Kilmer, Ryan, PhD[2]; Williams, Justin, BA[1]; Hypes, Annada, MA[1]; Smith, Melissa, AA[1]
[1]Psychology, University of North Carolina at Charlotte, Charlotte, North Carolina, USA
[2]University of North Carolina at Charlotte, Charlotte, North Carolina, USA

In the aftermath of Hurricane Katrina, many families in the Central Gulf Coast experienced depravation, unsafe living conditions, and violence. Many of them continue to struggle nearly 18 months later. Caregivers´ symptoms, social support, and physical and emotional functioning may play an important role in their children´s adjustment post-disaster. Between June of 2006 and March 2007 we interviewed 60 caregivers of children aged 7-10 years (M = 8.4, SD= 1.1) who were directly impacted by the hurricane. The majority of the families had to evacuate their community (95 percent) and had moved 3 times (SD=2.2) since the hurricane. Higher levels of children´s acute symptoms (beta =.23, p= .01) and caregiver trauma-related symptoms (beta= .40, p< .001) and physical functioning difficulties (beta= .46, p <.01) were associated with higher levels of trauma symptoms. In contrast, children whose parents reported greater levels of social support (beta= -.16, p < .05) and higher levels of emotional functioning (beta = -.31, p < .05) had lower levels of symptoms. Ignoring parental influences on children will leave researchers and clinicians with an inadequate understanding of the mechanisms through which parents play a role in children´s adjustment post-disaster.

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Child Resources and Children´s PTS Symptoms Post-Hurricane Katrina

Poster #F-128 **(child)**

Gil-Rivas, Virginia, PhD[1]; Hypes, Annada, MA[2]; Kilmer, Ryan, PhD[2]; Williams, Justin, BA[1]; Smith, Melissa, AA[2]
[1]University of North Carolina at Charlotte, Charlotte, North Carolina, USA
[2]Psychology, University of North Carolina at Charlotte, Charlotte, North Carolina, USA

Hurricane Katrina displaced approximately 372,000 school-age children in the Gulf Coast (U.S. Department of Education, 2005). Several children´s resources, namely realistic control attributions (i.e., accurate and appropriate control beliefs), competency beliefs (i.e., perceived ability to handle problems), and tendency to use ruminative thinking to cope with stressful events may contribute to their adjustment post-disaster. A total of 53 child-caregiver dyads directly impacted by the Hurricane were interviewed between June 2006 and June 2007. The age of participating children ranged from 7 to 10 years (M = 8.4, SD = 2.2), and 75 percent were Black. Children reported an average of 6.28 acute trauma symptoms (SD = 3.0) and mild levels of hurricane-related trauma symptoms (M = 1.5, SD = .81). Regression analyses revealed that after controlling for age, acute trauma symptoms, and a history of a mental health diagnosis, greater frequency of rumination was associated with higher levels of trauma symptoms (Beta = .39, p =.001). In contrast, children´s competency beliefs were associated with lower levels of symptomatology (Beta = .20, p < .05). Helping children achieve realistic control attributions and enhancing their competency beliefs in the context of adversity may promote positive adaptation post-disaster. Research and clinical implications are discussed.

Adverse Childhood Experiences, Parent Burnout, and Current Functioning in Foster/Adoptive Children

Poster #F-129 **(child)**

Gorton, Deborah E., MA[1]; Reeder, Christy, MA[1]; Meese Putman, Kathy, PsyD[1]; Foy, David W., PhD[2]
[1]Fuller Graduate School of Psychology, Pasadena, California, USA
[2]Pepperdine Graduate School of Psychology, Encino, California, USA

Traumatic factors faced by children in foster care often result in persistent emotional and behavioral problems stemming from their experience of multiple forms of neglect, abuse, parental substance abuse and abandonment. This unique study examined the impact foster/adoptive parents´ reported knowledge of their child´s prior exposure to abuse and neglect could have on their perception of the child´s present distress levels. Further, we sought to identify how parent´s symptoms of burnout, as measured by levels of emotional exhaustion and depersonalization, influenced children´s current distress symptoms. Participants (N=40) completed the Adverse Childhood Experiences survey (ACEs) and Los Angeles Symptom Checklist (LASC) to measure pre-placement trauma exposure and current distress levels in their foster/adoptive child, as well as the Maslach Burnout Inventory (MBI). A significant relationship was found between levels of ACEs and severity of distress symptoms, as well as levels of emotional exhaustion and depersonalization and severity of distress symptoms. Results indicate that parents who identified their child as having high levels of pre-placement adversity tended to report the child currently exhibiting greater levels of distress. In addition, it appears that parent burnout is related to parental reports of traumatic stress symptoms in their child.

Longitudinal Analysis of Children´s Avoidant Coping Behavior Following Residential Fire

Poster #F-130 **(child)**

Hadder, James, BS[1]; Immel, Christopher, BA[1]; Knepp, Michael, BS[2]; Jones, Russell, PhD[1]; Ollendick, Thomas, PhD[1]
[1]Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA
[2]Virginia Polytechnic Institute and State University, Virginia, USA

Results of a longitudinal study examining change in children´s coping strategies following residential fire are described. Strategies examined were: active, distraction, avoidant, and social support seeking. Additionally, we examined the degree to which the use of avoidant coping longitudinally could be predicted by the use of one or more of the remaining three strategies at times 1 and 2. At times 1 through 3, the use of avoidant coping was significantly correlated with the three other coping methods measured by the scale longitudinally. Results indicate 44.9 percent of the variance in the extent to which children employed avoidant coping at time three could be accounted for by examining how often these children implemented the other three methods at times 1 and 2. Additionally, 15.3 percent of the variance could be explained by examining the degree to which the other three methods were employed at time 1. Finally, 75.3 percent of the variance in avoidant coping was explained by examining the extent to which the other three methods were employed at all times. We conclude that children involved in residential fire engage in consistent styles of coping across time. Additionally, the mechanisms involved in each of the four strategies may be largely similar.

Posttraumatic Growth and Posttraumatic Reactions in Children Following a Natural Disaster

Poster #F-131 **(child)**

Hafstad, Gertrud, Cand. Psychol., MA[1]
[1]Psychology, University of Oslo, Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

For some people an encounter with trauma, which may contain elements of great suffering and loss, can lead to positive changes. The process where difficult life struggles lead to positive change has been labelled posttraumatic growth (PTG). Though a considerate amount of research has explored PTG in adults, there is limited knowledge about this process in children. Furthermore, the relationship between posttraumatic symptoms and posttraumatic growth is still unclear within the non-adult population. The objective of the present study was to explore whether the duration of PTSD is influenced by the presence or absence of PTG. 145 Norwegian children exposed to the Southeast Asian Tsunami were interviewed 10 months and 2 1/2 years post disaster. PTSD reactions were assessed at both times utilizing the PTSD-RI. Posttraumatic growth was assessed at the second wave, using the PTGI for children. The relationship between posttraumatic growth and the development of posttraumatic symptoms were analysed using regression analyses. It was hypothesised that PTG would be associated with a larger decrease in PTSD reactions over time. Preliminary results will be presented. The results may give valuable insight into mechanisms that can facilitate children´s coping and recovery following disasters and may be of clinical interest in treating children after trauma.

Smoking and Reactivity to a Panic Provocation: Findings From a Sample of Trauma-Exposed

Poster #F-132 **(child)**

Hawks, Erin, Undergraduate[1]; Reardon, Laura, MA[1]; Leslie, Dodd, MA[1]; Jones, Rachel, Undergraduate[1]; Leen-Feldner, Ellen, PhD[2]
[1]Psychology, University of Arkansas, Fayetteville, Arkansas, USA
[2]University of Arkansas, Fayetteville, Arkansas, USA

A signification association between trauma exposure and panic has been documented (Nixon et al., 2004), potentially due to fear-relevant conditioning of bodily sensations that occur during trauma. However, the mechanisms underlying this association are empirically unclear. Of increasing interest is the role of cigarette smoking, which

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is common among trauma-exposed youth (Acierno et al., 2000), and may enhance fear-relevant conditioning via nicotine withdrawal. To examine the association between smoking and panic-relevant responding, 100 trauma-exposed (assessed using the Anxiety Disorders Interview Schedule; Silverman & Albano, 1996) youth (ages 10 to 17 yrs) were administered a voluntary hyperventilation procedure validated to elicit a panic-relevant state (Leen-Feldner et al., 2005). Data collection is 60 percent completed and findings are in the expected direction; trauma exposed current smokers respond more fearfully to the challenge than non-smokers, after controlling for a number of relevant variables (e.g., age; ?R2 = .14, p <.05). Findings will be discussed in terms of the role of substance use in enhancing the negative consequences of trauma exposure among youth.

Reporter Reliability of Somatization and Effects of Parental Symptoms on Reporting of Child Symptoms

Poster #F-133 **(child)**

Immel, Christopher, BA[1]; Knepp, Michael, BS[2]; Hadder, James, BS[2]; Jones, Russell, PhD[2]; Ollendick, Thomas, PhD[2]

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

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

The reliability of parent and teacher report forms for childhood disorders has long been studied. A data set of residential fire survivors was utilized to further explore these issues one month post-trauma. This poster explains the predictive relationship of parents´ reports of children's somatic symptoms on the Child Behavior Checklist and teachers' reports of students' somatic symptoms as reported by the Teachers Report form for children's reporting of their own somatic complaints on the Youth Self Report. Additionally, the poster examines parents' own symptoms as reported by the Brief Symptom Inventory-II as they relate to the children's own reporting of symptoms. Statistical analysis found that parental endorsement of their child's somatic symptoms was a strong predictor of children's reported somatic symptoms (F=4.227, p<.05). Teachers reports of somatic symptoms were not found to be predictive of children's self-reports (F=.923, p=362). Finally, parental reports of their own somatic symptoms were also found to be a predictor of reporting of their child's somatic symptoms (F=11.024, p<.01). Results indicate parents' reports of children's somatic symptoms are reliable, but that teachers' reports may not be dependable. Further, it appears that children whom exhibit somatic symptomatology have parents who demonstrate similar characteristics.

The Relation Between Pubertal Timing and Internalizing Problems Among Trauma-Exposed Females

Poster #F-134 **(child)**

Jones, Rachel, Undergraduate[1]; Reardon, Laura, MA[2]; O'Dell, Amanda, BA[3]; Hawks, Erin, Undergraduate[1]; Leen-Feldner, Ellen, PhD[1]

[1]University of Arkansas, Fayetteville, Arkansas, USA

[2]Department of Psychology, University of Arkansas, Fayettville, Arkansas, USA

[3]Psychology, University of Arkansas, Fayetteville, Arkansas, USA

Puberty is a period of profound biopsychosocial change, the timing of which, particularly among females, appears to mark an increase in risk for internalizing problems (Graber et al., 1997; 2004). Specifically, youth who are "off-time" relative to peers may face developmental challenges during adolescence that increase risk for psychopathology. Some theorists have argued that the effects of early/late puberty may be particularly likely among trauma-exposed females (Hayward & Sanborn, 2002), although this has not been empirically tested. The current study examines the association between self-reported pubertal timing (Petersen et al., 1988) and internalizing problems (Youth Self Report; Achenbach & Rescorla, 2001) among 60 trauma exposed females (assessed using the Anxiety Disorders Interview Schedule; Silverman & Albano, 1996). Data collection is underway; 28 participants (Mage = 14.1; range 10 - 17 yrs) have been recruited so far. Findings indicate robust associations between late maturation and internalizing problems (e.g., anxious/depressed subscale [r = .57]) but no associations with externalizing problems. Data from the entire sample will be presented and the role of other variables (e.g., age; trauma type) will be explored. Findings will be discussed in terms of the potential role of pubertal development on the effects of trauma exposure among females.

Childhood Traumatic Grief and Psychological Functioning in Parentally Bereaved Children

Poster #F-135 **(child)**

Kaplow, Julie, PhD[1]; Saunders, Jessica, PhD[2]; Angold, Adrian, MRCPsych[3]; Costello, E. Jane, PhD[3]

[1]Department of Psychology, John Jay College of Criminal Justice, New York, New York, USA

[2]John Jay College of Criminal Justice, New York, USA

[3]Duke University Medical Center, North Carolina, USA

Although knowledge about childhood bereavement and traumatic stress has increased dramatically over the past 20 years, very few studies to date have examined childhood traumatic grief (CTG) - the loss of a loved one in traumatic circumstances resulting in traumatic stress symptoms which are thought to inhibit the child´s ability to grieve. The goal of the current study was to examine the prevalence of CTG in a large, epidemiological sample of children as well as the ways in which CTG may be related to various measures of psychological functioning.

The current study utilized the NIMH-funded Great Smoky Mountains Study (GSMS), to examine a subsample of 172 children and adolescents from 11 counties in western North Carolina who had lost a parent or parental figure. Analyses indicated that approximately 13 percent of the sample demonstrated one or more symptoms of CTG. The likelihood of developing any symptoms of CTG was associated with being older at the time of the loss and experiencing previous symptoms of generalized anxiety. Decreases in CTG over time were associated with increases in global functioning scores. This study has important implications for prevention and intervention efforts aimed at children who have experienced the traumatic death of a parent.

A Meta-Analysis of Risk Factors That Predict Posttraumatic Stress Following Pediatric Trauma

Poster #F-136 **(child)**

Eccelston, Catherine, BSc[1]; Kenardy, Justin, PhD[1]

[1]University of Queensland, Brisbane, Queensland, Australia

The search for factors that places children "at risk" of psychopathology post-accidental trauma has been researched widely within the literature, yet conflicting results emerge. This meta-analysis aimed to explore the risk factors which may potentially lead to the screening and identification of 'at-risk' children. The predictive power of eight factors was examined via transforming and combining the effect sizes to yield a weighted average effect size for each factor. The results indicated that the majority of effect sizes although significant, were inconsistent across the studies yielding little conclusive evidence of their predictive power. However, pretrauma psychopathology and threat to life were strong and the most consistent predictors of psychopathology post-accidental injury.

Shifting From "The Blamable" to "The Surviving" Mothers: Mothers of Sexually Abused Children

Poster #F-137 **(child)**

Kim, Kihyun, MA[1]; Bryson, Tina, MSW[2]; Trickett, Penelope, PhD[1]

[1]University of Southern California, Los Angeles, California, USA

[2]University of Southern California, California, USA

The purpose of the current study is to examine trauma history, attachment style, and its relationship with their daughter´s attachment among mothers of sexually abused girls. Using the sample from an ongoing multigenerational, longitudinal study of child sexual abuse (Putnam & Trickett, 1987), in which mothers of sexually

abused and a demographically-matched comparison girls (n=166) participated, information on mothers' trauma and attachment was obtained. More mothers in abused group reported their own childhood sexual abuse experiences (chi-square=11.4, p<.01) and emotional abuse by their own mothers (chi-square=6.09, p<.05), which were significantly associated with mother´s current attachment style (chi-squareemotional abuse =7.2, p<.01. chi-squarephysical abuse=5.6, p<.05). Significant interaction effect of mother´s and daughter´s childhood sexual abuse was found in mother´s autobiographical memory of their own father (Fpositive structure=3.5, p<.08; Fpunitive control=8.6, p<.01). In comparison-girl group, sexually abused mothers reported their father more negatively than non-abused mothers; but in abused-daughter group, abused and non-abused mothers showed comparable level in the recollections of their own father. The findings was discussed in the context of intervention programs for families of sexually abused girls.

Parenting Functioning of Mothers with Childhood Sexual Abuse Trauma

Poster #F-138 **(child)**

Kim, Kihyun, MA[1]; Trickett, Penelope, PhD[1]
[1]University of Southern California, Los Angeles, California, USA

The purpose of the current study is to learn about parenting functioning among mothers with childhood sexual abuse trauma. This study utilized a prospective, multigenerational data on childhood sexual abuse (Trickett & Putnam, 1987). The sample included sexually abused and their demographically-matched comparison girls (total n=166). Non-offending mothers of both groups of girls also participated. Using interviews and standardized measures, information on the mother´s childhood sexual abuse history, current social support, psychological functioning, and parenting style was obtained. Mothers´ childhood sexual abuse history was a significant predictor of level of providing firm discipline (b = -.29, p< .05). The significant relationship between mother´s childhood sexual abuse and firm discipline was maintained even after mother´s other childhood variables were introduced to the model (e.g., separation from their own mothers, and other trauma history). Other significant predictors of firm discipline included current level of dissociation (b= -.26, p<.05) and social support (b= .27, p< .05). Lastly, we found a significant moderating effect of mother´s childhood sexual abuse on these structural relationships. The findings was discussed in the context of intergenerational transmission of child sexual abuse and intervention strategies for parenting of abuse survivors.

Children's Alexithymia Measure: Part Two of a Pilot Study

Poster #F-139 **(child)**

Kimball Franck, Leslie, PhD[1]; Way, Ineke, PhD[2]; Yelsma, Paul, PhD[3]; Applegate, Brooks, PhD[4]; Black-Pond, Connie, MA[5]; Muliett, Mary, BA[2]
[1]Psychiatry, Virginia Treatment Center for Children, Richmond, Virginia, USA
[2]Western Michigan University, Kalamazoo, Michigan, USA
[3]Communication, Western Michigan University, Kalamazoo, Michigan, USA
[4]Educational Studies, Western Michigan University, Kalamazoo, Michigan, USA
[5]Southwest Michigan Children's Trauma Assessment Center, Kalamazoo, Michigan, USA

Alexithymia is a cognitive and affective disturbance that affects how individuals process and express their feelings. To date, two measures have been developed for use with children (Alexithymia Scale for Children [ASC], Fukunishi et al., 1998; Alexithymia Questionnaire for Children [AQC], Rieffe, Oosterveld, & Terwogt, 2006). The English version of the ASC has not been validated and there are no established norms. The AQC is a self-report measure. The current study represents the second stage of piloting on a new caregiver-observer measure, the Children's Alexithymia Measure [CAM], for identifying children who have alexithymic characteristics. The CAM was developed by conducting focus groups of foster, biological, and adoptive parents of traumatized children, and receiving input from therapists, caseworkers, teachers, and researchers who work with traumatized children. The CAM was administered to approximately 250 caregivers of traumatized children (ages 6 to 17). Some caregivers were also asked to complete the Child Behavior Checklist for Children (Achenbach, 1991), the Alexithymia Scale for Children (Fukunishi, 1998), and the Trauma Symptom Checklist for Children (Briere, 1996). This poster will present reliability and validity information on the CAM, including statistical analyses comparing the CAM data with data from other measures.

Earlier Anticipated Future Coping Efficacy Predicts Present Coping Efficacy at a 1-Year Follow-Up

Poster #F-140 **(child)**

Knepp, Michael, BS[1]; Immel, Christopher, BA[1]; Moore, Rachel, BS[1]; Jones, Russell, PhD[1]; Ollendick, Thomas, PhD[1]
[1]Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

This study aimed to determine the importance of early coping efficacy, hypothesizing that if coping efficacy was cogent immediately post-trauma, it will be strong at six-months and 12-months post-trauma. Equal predictions were made about meager coping efficacy. This study employed the Coping Efficacy Scale which measures children's present and future coping efficacy. Regarding present coping efficacy, this study found that 24 percent of the variance in present coping efficacy 12-months post-trauma could be predicted by the child´s anticipated future coping efficacy at the one-month post-trauma interview (F(1,40)=10.917, p<.005). A model using future coping efficacy at 1-month and 6-months post-trauma predicted 31 percent of the variance for present coping efficacy 12-months post-trauma (F(1,40)=8.772, p<.005). Effects of future coping efficacy at one-month and six-months post-trauma on present coping efficacy were found to be mediated by future coping efficacy at the 12-month follow-up. This significant final model (F(1,40)=11.29, p<.001) predicted 47 percent of the variance in present coping efficacy 12-months post-trauma with the individual effects of 1-month efficacy (t(40)=1.364, p=.181) and 6-months (t(40)=1.651,p=.107) being non-significant while the 12-month post-trauma efficacy (t(40)=3.402,p<.005) was significant.

The Pain of Domestic Traumatic Stress: Adolescent Somaticization and Parental Marital Distress

Poster #F-141 **(child)**

Larsen, Debra, PhD[1]; Dehle, Crystal, PhD[2]
[1]Idaho State University, Pocatello, Idaho, USA
[2]University of Oregon, Oregon, USA

Purpose: This project examines associations between parental marital functioning (including marital violence) and mother/adolescent reports of teen somatic complaints.

Methods: Fifty-six teens (22 male and 34 female adolescents) and biological (N = 49) or step-mothers (N = 7) participated. Mothers reported marital functioning using the Marital Satisfaction Inventory-Revised (MSI-R) and adolescent somatic complaints on the Child Behavior Checklist (CBCL; Achenbach, 1991). Adolescent reports of somatic difficulties were measured using the Symptom Checklist 90 (SCL-90) scores.

Results: Pearson r correlations indicate that males' somatic symptoms are positively correlated with marital aggression (p = .36) and parental conflict over childrearing (p = .31). Female adolescents somatic symptoms are correlated with mothers´ reports of global marital distress (p = .31), difficulties with marital problem solving communication (p = .37), marital disagreements over finances (p = .36), marital sexual dissatisfaction (p = .31), and parental conflict over child-rearing (p = .42).

Conclusions: Targeting somatic symtpoms shows promise in addressing traumatic stress exposure. It may be especially helpful for males exposed to domestic violence.

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The Effects of Childhood Abuse on Parenting

Poster #F-142 **(child)**

Lauterbach, Dean, PhD[1]; Vasconcelos, Flavia, BS[2]
[1]Eastern Michigan University, Ypsilanti, Michigan, USA
[2]Psychology, Eastern Michigan University, Ypsilanti, Michigan, USA

Childhood abuse has been associated with a broad range of problems in adulthood, including disruptions in parent-child relationships. The majority of the research has focused on the effects of childhood sexual abuse on mothers. It is important to better understand the effect of childhood abuse on fathers. The current study examined the effect of various forms of childhood abuse on parent-child conflict and relationship quality using the recent replication of the National Comorbidity Survey (NCS-R). The NCS-R is a nationwide household survey of 9,282 participants that included an assessment of the presence/absence of four forms of childhood abuse: severe physical abuse, rape, molestation, and witnessing physical violence at home. In addition, it asked these victims of childhood abuse to rate the level of conflict and the quality of relationships they have with their children. A series of 2(sex) X 2(exposure) MANOVAs were conducted with relationship conflict and relationship quality as dependent variables. A similar pattern of findings emerged across abuse type. Fathers with a history of childhood abuse reported less conflict with their own children than mothers but a worse overall relationship. Additional findings on the effect of various forms of abuse on parent-child relationships will be presented.

The Impact of Family Factors on the Psychological Adjustment of Youth Who Witness Domestic Violence

Poster #F-143 **(child)**

Ngai, Irene, MA[1]; Roche, Cathy, MA[1]; Perilla, Julia, PhD[1]; Garcia, Yeni, BA[1]
[1]Georgia State University, Atlanta, Georgia, USA

Youth who witness domestic violence demonstrate resilience, yet also experience psychological distress. The purpose of this study is to explore the relationship between family factors and the psychological well-being of youth in Latino families affected by domestic violence. The focus on Latino families is based on the rapid growth of the Latino population which has afforded new opportunities for research that may, in turn, facilitate the development of culturally appropriate intervention programs. Data for this study was provided by 50 Latino youth (8-17 year-olds) who participate in a community-based program for families experiencing domestic violence. Family factors of interest include the family structure and family dynamics such as problem solving abilities, support, connectedness, and distribution of caretaking responsibilities. Indicators of psychological health will include depressive and anxious symptomatology and social isolation. It is anticipated that youth reporting unstable family structure, low support, connectness, and problem solving ability and unequal distribution of responsibilities will demonstrate high levels of psychological distress. At the same time it is hoped that other findings may emerge from this study that provide an opportunity to develop new ideas regarding the relationship between family-based variables and youth adjustment.

Peritraumatic Tonic Immobility Predicts A Poor Response to Pharmacological Treatment of PTSD

Poster #F-144 **(clin res)**

Fiszman, Adriana, MD[1]; Mendlowicz, Mauro V., MD[2]; Marques-Portella, Carla, MD[3]; Rocha, Vanessa, MSc[4]; Mari, Jair J., MD[5]; Figueira, Ivan, MD[1]
[1]Institute of Psichiatry - Universidade Federal do Rio de Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil
[2]Department of Psychiatry and Mental Health - Universidade Federal Fluminense, Rio de Janeiro, Brazil
[3]Institute of Psichiatry - Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil
[4]Institute of Biophysics Carlos Chagas Filho - Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil
[5]Department of Psychiatry and Medical Psychology of the São Paulo Medical School - Universidade Federal de São Paulo, São Paulo, Brazil

Tonic immobility is the last defense against predation in animals and is characterized by paralysis/rigidity and analgesia. In humans, it has only been reported in women victims of sexual abuse. This study evaluated the prevalence of peritraumatic tonic immobility (PTI) in patients with PTSD and investigated its association with response to treatment. Victims of urban violence with PTSD diagnosed through the SCID-IV (n=23) underwent a naturalistic pharmacological treatment according to the recommended guidelines for PTSD. The Posttraumatic Stress Disorder Checklist - Civilian Version (PCL-C) and the Clinical Global Impressions (CGI) Severity scores were applied at baseline and endpoint. PTI, assessed using the Tonic Immobility Scale, was reported by both genders in 43 percent of the sample. Patients with PTI responded significantly poorly to treatment than those without it, either considering the PCL-C ($p<.05$) or the CGI ($p<.001$) scores. We have expanded the scope of the two previous investigations on PTI by showing its occurrence also in men and during non-sexual violence. In addition, the finding of a significant relationship between PTI and poor response to treatment of PTSD indicates that PTI may carry a prognostic value in this disorder and suggests that PTI should be routinely assessed in traumatized patients.

The Prevention of Post Sexual Assault Stress Web site: A Dissemination Project

Poster #F-145 **(clin res)**

Fitzgerald, Monica, PhD[1]; Resnick, Heidi, PhD[1]; Saunders, Benjamin, PhD[1]
[1]Department of Psychiatry, Medical University of South Carolina, Charleston, South Carolina, USA

The dissemination of evidence-based interventions for professionals working with crime victims is greatly needed. The National Crime Victims Research & Treatment Center (NCVC) recently developed the Prevention of Post Sexual Assault Stress Web site (www.musc.edu/saprevention) to disseminate an evidence-based video intervention and accompanying brochure information designed to help adolescents and young adults undergoing a post-sexual assault (SA) medical examination. This 17-minute video provides information about the SA exam, common reactions to SA, and ways of coping with stress after SA. The Web site provides information to professionals working with SA victims about the recommended uses of the video and empirical findings from treatment outcome research on this intervention. Research at the NCVC, funded by NIDA, has found promising findings for this intervention, especially for SA victims with a prior rape history. Research on this intervention is ongoing. In the first two months since the Web site launched, over 330 professionals requested the video materials. Descriptive information is being collected about the professionals using this video, the intended uses of the video (e.g., research, training purposes, showing video to victims), the settings in which it is used, and the demographics of the populations being served. This information on dissemination will be presented.

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Differences in Help-Seeking Behaviors among Women in "Intimate Terrorism" or "Situational Couple Violence" Relationships

Poster #F-146 **(clin res)**

Flicker, Sharon, PhD[1]; Talbot, Nancy, PhD[2]; Cerulli, Catherine, PhD[2]; Zhao, Xi, PhD[2]; Caine, Eric, MD[1]; Tang, Wan, PhD[1]
[1]University of Rochester Medical Center, Rochester, New York, USA
[2]University of Rochester Medical Center, New York, USA

M.P. Johnson (1995) has proposed the existence of two qualitatively distinct forms of intimate partner violence, intimate terrorism (IT) and situational couple violence (SCV), the defining feature of which is the intent (or lack of intent, respectively) to exert general control over one's partner. Johnson & Leone (2005) validated these constructs using the National Violence Against Women Survey (n=8000), in which women subjected to IT were found to experience more violence from their partners and were more likely to be injured, experience PTSD, miss work, as well as leave their partners, compared to women who experience SCV. This poster extends Johnson and Leone's study by examining if there are differences in the amount of help and where women seek help between these two groups of women. It is hypothesized that, compared to women experiencing SCV, women experiencing IT seek more help and are more likely to seek the help of formal services, such as law enforcement, domestic violence services, and medical professionals.

Disclosure-in-Action: Responses to First Disclosures

Poster #F-147 **(clin res)**

Foynes, Melissa, MS[1]; Freyd, Jennifer, PhD[1]
[1]Psychology, University of Oregon, Eugene, Oregon, USA

Disclosure of traumatic experience impacts prevention and recovery (Rime, 1995; Chin & Kroesen, 1999; Resick et al., 2002; Riggs et al., 2006). The present laboratory study captures the processes underlying disclosing life events for the first time as they occur. Pairs of friends were randomly assigned to either a "discloser" or "listener" condition; disclosure of a life event not previously disclosed to the other participant was videotaped. Participants also completed self-report questionnaires regarding trauma, disclosure history, and relationship quality. After trained coders of the videotapes achieved high reliability, they rated posture, nonverbal and verbal interruptions, and types of responses to disclosure. A history of high betrayal trauma was related to more negative changes in mood following the disclosure activity as well as receipt of more negative responses to previous disclosure of high betrayal traumas. Stronger relationships between participants were associated with more negative changes in mood following the disclosure, suggesting that even close others may not be responding supportively to first disclosures. Since responses received following disclosure have a profound impact on later adjustment (Major et al., 1990; Lepore, 2000), gaining insight into characteristics of supportive responses is crucial to learning appropriate responses to traumatic disclosure.

Coping Style Use Predicts Posttraumatic Stress and Complicated Grief

Poster #F-148 **(clin res)**

Gray, Matt, PhD[1]; Schnider, Kimberly, BS[2]; Elhai, Jon, PhD[2]
[1]University of Wyoming, Laramie, Wyoming, USA
[2]University of South Dakota, Vermillion, South Dakota, USA

Problem-focused coping, and active and avoidant emotional coping were examined as correlates of grief and posttraumatic stress disorder (PTSD) severity among 123 college students reporting the unexpected death of an immediate family member, romantic partner or very close friend. Participants were electronically administered (via the internet) five survey instruments that measured demographic characteristics, traumatic event exposure (Stressful Life Events Screening Questionnaire), complicated grief severity (Inventory of Complicated Grief-Revised Short Form), PTSD severity (PTSD Checklist), and coping style use (Brief COPE). Results demonstrated that complicated grief and PTSD severity were both significantly positively correlated with problem-focused, and active and avoidant emotional coping styles. When controlling for time since the loss and trauma frequency in a path analysis, we found that only avoidant emotional coping remained significant in predicting complicated grief and PTSD severity. Clinical implications in treating individuals with traumatic losses are discussed.

An Evaluation of Trauma Professional´s Attitudes Towards and Utilization of Evidence-Based Practices

Poster #F-149 **(clin res)**

Hassija, Christina, MA[1]; Gray, Matt, PhD[2]; Elhai, Jon, PhD[3]; Schmidt, Lawrence, MA[2]
[1]University of Wyoming, Laramie, Wyoming, USA
[2]University of Wyoming, Wyoming, USA
[3]University of South Dakota, Vermillion, South Dakota, USA

The use of evidence-based practices (EBPs) in psychological treatment has become a contentious issue among mental health professionals. The present study was designed to evaluate attitudes towards and utilization of EBPs among mental health professionals specializing in trauma. An internet survey was completed by 461 trauma professionals who were recruited via International Society for Traumatic Stress Studies membership rolls and electronic mailing lists of trauma special interest groups. The majority of participants were psychologists; however, social workers, psychiatrists, and other mental health professionals/counselors were well-represented. In terms of theoretical orientation, the highest endorsed orientation was Cognitive-Behavioral (n = 178; 38.7 percent), followed by eclectic 29.3 percent (n = 135) and psychodynamic 14.8 percent (n = 68), with client-centered (3.7 percent; n = 17) and Other (13.3 percent; 61) orientations less prominently represented. Although a minority of participants held negative views of EBPs, the overwhelming majority of respondents were supportive of the EBP movement. Urban-rural status, the amount of client contact, and age were related to EBP utilization. Theoretical orientation, training model and age were associated with EBP attitudes. Favorable EBP attitudes were not as strongly related to reported clinical behaviors as might reasonably be expected.

Vicarious Resilience: A New Concept in Work with Those Who Survive Trauma

Poster #F-150 **(clin res)**

Hernandez-Wolfe, Pilar, PhD[1]
[1]San Diego State University, San Diego, California, USA

This study explores the formulation of a new concept: vicarious resilience. It addresses the question of how psychotherapists who work with survivors of political violence or kidnapping are affected by their clients´ stories of resilience. It focuses on the psychotherapists´ interpretations of their clients´ stories, and how they make sense of the impact these stories have had on their lives. In semi-structured interviews, 12 psychotherapists who work with victims of political violence and kidnapping were interviewed about their perceptions of their clients´ overcoming of adversity. A phenomenological analysis of the transcripts was used to describe the themes that speak about the effects of witnessing how clients cope constructively with adversity. These themes are discussed to advance the concept of vicarious resilience and how it can contribute to sustaining and empowering trauma therapists.

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Examining Resiliency: The Effect of Hardiness on PTSD and Quality of Life Following Deployment

Poster #F-151 **(clin res)**

Holohan, Dana, PhD[1]; Aaen, Tanya, PhD[1]; Wright, Theodore, PhD[1]; Cox, Robert, MA[2]; McDaniel, Laura[2]
[1]*Center for Traumatic Stress, Salem VA Medical Center, Salem, Virginia, USA*
[2]*Inpatient PTSD Program, Salem VA Medical Center, Salem, Virginia, USA*

Past research has examined factors that predict negative outcomes following trauma exposure. Some examples of predictors of PTSD include the magnitude and type of stressor, prior trauma, and gender. In addition to understanding risk factors associated with PTSD, it is important to examine factors which predict well-being and quality of life following trauma. Past research suggests that pre-trauma personality characteristics, such as hardiness, may impact one´s response to trauma and promote resiliency. Hardy individuals can be defined as those who view themselves as having control over their lives, approach change positively, and evaluate stress as a challenge that can be overcome and mastered. This study examines the role hardiness plays in protecting one from the negative sequelae of trauma exposure soon after deployment, as well as its role in promoting quality of life. Ninety reservists deployed to Iraq and/ or Afghanistan were surveyed following their return home. Participants were administered the Hardiness Scale, the PTSD Checklist, the Combat Experiences Scale, and the Quality of Life, Enjoyment, and Satisfaction Questionnaire - Short Form. Parallel multiple regression analyses will be used to examine hardiness and combat exposure as predictors of PTSD symptoms and quality of life.

Blogging About Trauma: Linguistic Markers of Recovery

Poster #F-152 **(clin res)**

Hoyt, Tim, BS[1]
[1]*University of New Mexico, Albuquerque, New Mexico, USA*

The content of traumatic event-focused blogs was analyzed for linguistic content associated with recovery from trauma. The Linguistic Inquiry and Word Count (LIWC) program was used to identify changes in cognitive mechanics, affective word use, and self-focused word use over the course of blog entries in 30 public access blogs. Hierarchal Linear Modeling (HLM6) was used to analyze changes in word use at both the individual and blog entry level. Results suggest that blogging about traumatic events does not elicit changes in word use associated with recovery following a traumatic event on average, but for individual blogs which show these patterns of word use, blogging may be therapeutic. In addition, more frequent blog entries were associated with therapeutic word change. Taken together, these results suggest that the inclusion of Web-based writing as a therapeutic technique could be more helpful if tailored to the individual´s needs, and should include structure components, such as how often and how long a person should engage in therapeutic internet journaling.

Sleep Patterns in Battered Women with PTSD

Poster #F-153 **(clin res)**

Huber, Lori, MSN[1]; Hall, Rosalie, PhD[2]; Angott, Danielle, BA[3]; Woods, Stephanie, PhD[4]
[1]*College of Nursing, University of Akron, Stow, Ohio, USA*
[2]*Psychology, University of Akron, Ohio, USA*
[3]*University of Akron, Ohio, USA*
[4]*College of Nursing, University of Akron, Tallmadge, Ohio, USA*

Purpose: The purpose of this study is to describe sleep quality and disturbances in battered women with posttraumatic stress disorder (PTSD) symptomology.

Methods: A convenience sample of 43 ethnically diverse intimately abused women, average age 33 years, was recruited. The mean length of abusive relationship was almost five years. A descriptive correlational design was used. PTSD is measured by the Posttraumatic Stress Symptoms (PSS) Scale. Sleep patterns is assessed by the Pittsburgh Sleep Quality Index with the trauma addendum.

Findings: There were significant relationships between intimate physical and sexual violence and sleep quality. Significant relationships were also found between intimate physical and emotional abuse, threats of violence, and risk of homicide within the relationship and sleep disturbances. Severity of PTSD symptomology and each of the PTSD symptom clusters of re-experiencing, avoidance, and increased arousal were significantly correlated with global sleep quality (Pearson r´s ranged from .37 to .51, p <.05 to .001).

Conclusions: Women experiencing intimate partner violence and PTSD symptomology have significant changes in sleep quality and disturbances. These alterations in sleep patterns may have long term consequences for the women´s physical and mental health.

Dream Trajectories in the Acute Aftermath of Trauma

Poster #F-154 **(clin res)**

Jenifer, Ericka, MS[1]; Martinez, Julia, BA[2]; Mellman, Thomas, MD[1]
[1]*Psychiatry, Howard University, Washington, District of Columbia, USA*
[2]*Psychology, University of Missouri, Columbia, Missouri, USA*

There is evidence that dreaming contributes to emotional memory processing. We hypothesized that sequential dreams following injury would become less similar to trauma and that this effect would be mitigated with PTSD. Twenty six participants of a larger study of PTSD following traumatic injury provided at least 2 dream report diaries within a month of traumatic injury. Self ratings of the dream´s similarity to the trauma were reduced from the first to the second dream, while ratings for how “disturbing” the dream was were similar. The degree of similarity for the second, but not the first, dream was significantly correlated with PTSD severity. These findings support an emotional processing function for dreaming that is compromised with early PTSD symptoms.

Intelligence and Child Physical or Sexual Abuse in Adult Schizophrenia

Poster #F-155 **(clin res)**

Kim, Daeho, MD, PhD[1]; Park, Seon-Cheol, MD[1]; Kim, Jin Hun, MD[2]; Jung, Seung-Ah, PhD3
[1]*Psychiatry, Hanyang University & Guri Hospital, Guri, Gyeonggi, South Korea*
[2]*Psychiatry, Seoul National Hospital, Seoul, South Korea*
[3]*Hanyang University, Seoul, South Korea*

Objective: This study investigated the difference in test findings from a standardized instrument for intelligence between adult schizophrenic patients with and without the history of childhood physical or sexual abuse.

Methods: From the ongoing study project for physical and sexual abuse in inpatients with schizophrenia, the authors identified forty six patients who completed Korean Wechsler Adult Intelligence Scale (K-WAIS) as a part of routine assessment. All the patients were confirmed of their schizophrenic diagnosis with SCID-I. Test scores from K-WAIS and Symptom Checklist-90-Revised were compared.

Results: Twenty one patients (46 percent) reported having been abused physically or sexually as children and 25 (54 percent) without such history. The abused patients had significantly lower score of verbal IQ ($p < .05$) and level of education ($p < .001$). After controlling effect of educational level by ANCOVA, however, the differences between two groups disappeared.

Conclusions: These findings suggest that schizophrenic patients abused as children have less educational attainment and in turn, presenting lower verbal IQ. Further neurocognitive studies on schizophrenia and trauma have to consider this relationship.

Posttraumatic Growth and Posttrauma Psychopathology in Two Samples of Assault Survivors

Poster #F-156 **(clin res)**

Kleim, Birgit, PhD[1]; Ehlers, Anke, PhD[1]
[1]King's College London, London, England, United Kingdom

Authors have recently raised the question whether "finding something good in the bad is always good?" (Tomich & Helgeson, 2004). Although most studies link posttraumatic growth (PTG) to positive outcomes, not all research supports the idea that growth is solely beneficial. The present project assessed growth, as well as PTSD and depressive symptoms in two samples of assault survivors (Ns = 180 and 70). The majority of participants (almost 60 percent) reported some degree of PTG. Post-trauma symptoms (PTSD and depression) were generally positively associated with posttraumatic growth in both samples. In study 1, assault survivors´ symptom severities were assessed at two weeks, and at six months post-assault. Perceived growth at six months related to both outcome measures in a nonlinear way, such that survivors with no or high growth levels reported fewer symptoms. These relationships were confirmed in the second, cross-sectional sample (study 2). Additionally, nonwhite ethnicity, religiousness, pain severity, peritraumatic fear, anger, helplessness and mental defeat, as well as posttraumatic cognitions and rumination, all assessed at two weeks in the prospective sample, predicted subgroups of low, moderate and high growth at six months. We conclude that PTG may be less adaptive in particular subgroups than one would assume, and discuss possible explanations for our findings.

Reduced Autobiographical Memory Specificity Predicts Depression and PTSD After Recent Trauma

Poster #F-157 **(clin res)**

Kleim, Birgit, PhD[1]
[1]Institute of Psychiatry, King's College London, London, United Kingdom

Processing traumatic material at a specific level (i.e., by activating specific emotion-relevant information) arouses more intense emotion than processing it at a general level. Trauma survivors may thus attempt to regulate their emotion by avoiding activation of specific information and by remaining at an overgeneral level. This prospective longitudinal study examined the relationship between reduced specificity in autobiographical memory retrieval and the development of depression, posttraumatic stress disorder, and specific phobia after trauma. Assault survivors (N = 203) completed the Autobiographical Memory Test (J.M.G. Williams & K. Broadbent, 1986) at two weeks after the trauma, and structured clinical interviews and standardised self-reports at two weeks and six months. Participants with acute stress disorder or major depression at two weeks, but not those with phobia, retrieved fewer specific autobiographical memories than those without the respective disorder. Reduced memory specificity at two weeks also predicted subsequent PTSD and depression at six months over and above what could be predicted from initial symptom severity. Reduced memory specificity correlated with lower verbal intelligence, rumination about the assault and perceived permanent change. The results support the role of overgeneral memory in trauma-related psychopathology.

Posttraumatic Symptoms and Quality of Life Among Child Survivors of World War II - Jewish and Polish

Poster #F-158 **(clin res)**

Lis-Turlejska, Maja, PhD[1]; Luszczynska, Aleksandra, PhD[2]
[1]Psychology, Warsaw University, Warsaw, Poland
[2]Department of Psychology, University of Sussex, Brighton, United Kingdom

The study investigated differences between three groups of child WWII survivors in PTSD symptoms, other symptoms of mental disorders, and quality of life. Participants were 68 Jewish Holocaust survivors, 32 Polish who were exposed to war trauma, and 31 Polish who survived war but reported no war-related trauma. Participants´ age ranged from 62 to 81 years (M = 72, SD = 4.29); 23 percent were men. The groups were equal in terms of age, gender, and education. PTSD was measured with Posttraumatic Stress Diagnostic Scale and Impact of Events Scale. Six dimensions of Quality of Life were assessed with Nottingham Health Profile and other symptoms of mental disorders were evaluated with General Health Questionnaire. The ANOVA revealed differences between Jewish Holocaust survivors and Polish who survived war but reported no war-related trauma in terms of severity of PTSD symptoms, (B and C). The groups did not differ in quality of life aspects or other symptoms of mental disorders. Perceived negative impact of the Holocaust/war experience on one´s whole life predicted severity of PTSD symptoms (B, C, and D) among both Holocaust survivors and Polish war trauma survivors. These perceptions explained 16 percent to 42 percent of variance of PTSD severity.

Does Not Acknowledging Rape Protect Victims From Developing PTSD? Evaluation in a College Sample

Poster #F-159 **(clin res)**

Littleton, Heather, PhD[1]; Henderson, Craig, PhD[1]
[1]Psychology, Sam Houston State University, Huntsville, Texas, USA

Purpose: Unacknowledged rape victims, defined as victims who do not label their experience as a victimization, report less PTS symptoms than acknowledged victims. This presents the possibility that not labeling the assault as a rape may protect victims from the development of PTSD. Alternatively, the types of rapes experienced by unacknowledged victims may be less likely to lead to the development of PTSD. The goal of the current study was to evaluate these two possibilities through structural equation modeling. **Methods:** College women were screened for rape experiences. Victims completed a number of self-report measures including ones assessing the characteristics of the assault, label for the rape, and PTS symptoms. Two models predicting PTS symptomatology were evaluated, one including acknowledgment status as a predictor of PTS symptomatology, the other omitting this path. Findings: While the overall model fit was good, X2 (113) = 106.2, ns, the path from acknowledgment status to PTS symptoms was non-significant (B = -.20), and removal of this path did not change the overall model fit, X2 1) = 0.02, ns. **Conclusions:** Unacknowledged rapes are associated with factors that may result in reduced risk of developing PTSD, such as experiencing a less violent assault. However, not acknowledging rape per se does not appear to be protective against developing PTSD.

Posttraumatic Stress Symptoms as Predictors of Substance Use

Poster #F-160 **(clin res)**

Mattachione, Elizabeth M., BS[1]; Davis, Joanne L., PhD[1]; Burch, Julie A., BA[1]; Metcalf, Miranda A., BA[1]
[1]University of Tulsa, Tulsa, Oklahoma, USA

Research has indicated that experiencing a traumatic event and reporting posttraumatic stress symptoms are associated with various risky behaviors, including drug use. This study was designed to determine to what extent experiencing a trauma and specific posttraumatic stress symptoms predicted specific substance use via logistic regression. Participants include 290 male and female college students who completed the Modified PTSD Symptoms Scale (MPSS; Falsetti, Resnick, Resick, & Kilpatrick, 1993), the Trauma Assessment for Adults (TAA; Resnick, Best, Freddy, Kilpatrick, & Falsetti, 1993), and a measure of drug use to include illicit drugs, marijuana, and abuse of prescription drugs. Results indicate that trauma and posttraumatic stress symptoms were not associated with abuse of prescription medication. However, reexperiencing and hyperarousal symptoms were significant unique predictors of marijuana use, and experiencing any trauma and avoidance symptoms were significant unique predictors of illicit drug use. These results

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have implications for research and the clinical setting. Research should determine why specific posttraumatic symptoms predict specific substance use. Clinicians should keep in mind these predictive relationships between specific substances and specific posttraumatic stress symptoms regarding clients who have experienced a trauma.

Aggression and Gun Ownership in Male Veterans with Chronic Combat Posttraumatic Stress Disorder

Poster #F-161 **(clin res)**

Metz, Sarah, MS[1]; Didion, Lea, MA[2]; Jakle, Katherine, MA[3]; Drescher, Kent, PhD[4]; Foy, David, PhD[5]

[1]Pepperdine University, Culver City, California, USA
[2]Pepperdine University, California, USA
[3]Pepperdine University, Los Angeles, California, USA
[4]NCPTSD-VAMC Palo Alto, San Jose, California, USA
[5]Pepperdine University, Encino, California, USA

Miller, Azrael, Hemenway, and Vriniotis (2005) found 22 percent of people in the US keep loaded firearms in their home. Among 418 veterans in the present study, 28 percent own at least one gun. Freeman and Roca (2001) suggested PTSD veterans exhibit high levels of aggression and increased gun ownership. However, the relationship between gun ownership and aggression was not assessed. Thus, assessing this relationship will help clinicians evaluate the risk of gun violence in a population that has exhibited high rates of impulsive aggression (McFall, Fontana, Raskind, & Rosenheck, 1999). A health-risk behavior questionnaire was completed upon admission to a PTSD residential treatment program. Participants included 430 male chronic combat PTSD veterans; 57 percent were Caucasian, average age was 53 (SD=8). Aggression was measured by three questions assessing verbal threats, assault, and property damage. Within the four months before treatment, 24 percent made verbal threats, 6 percent assaulted others, and 10 percent damaged property. Chi-square shows that a significantly greater percentage of veterans who own a handgun endorsed an item assessing verbal threats versus those veterans who do not own a handgun (34 percent vs. 21 percent respectively). Additional results and their implications will be discussed.

Poster #F-162 **WITHDRAWN**

A Brief Motivation Enhancement Intervention Increases Combat Veterans´ PTSD Treatment Attendance

Poster #F-163 **(clin res)**

Murphy, Ronald, PhD[1]; Thompson, Karin, PhD[2]; Uddo, Madeline, PhD[3]; Rainey, Quaneecia, BS[4]; Murray, Marsheena, BS[5]

[1]Francis Marion University, Florence, South Carolina, USA
[2]Memphis VA Medical Center, Tennessee, USA
[3]New Orleans VA Medical Center, Louisiana, USA
[4]Washington State University, Pullman, Washington, USA
[5]Kent State University, Ohio, USA

The PTSD Motivation Enhancement (PME) Group, based on Motivational Interviewing, is a brief intervention designed to increase combat veterans' awareness of the need to change PTSD-related problems. The intervention rationale is that increased problem recognition leads to increased perceived treatment relevance, thereby enhancing treatment engagement and post-treatment functioning. This presentation describes early results from a randomized control trial (RCT) of the PME Group. The tested hypothesis was that relative to controls, patients given the PME Group early in a 12-month VA outpatient PTSD program would have higher treatment program attendance. Participants were randomly assigned to either four sessions of the PME Group (n=48) or psychoeducation (PE Control, n=41) in the second month of treatment. A 2 (Intervention: PME Group vs. PE Control) X 10 (Time: 1 - 10 months post-intervention) ANOVA with Repeated Measures yielded a significant interaction indicating that PME participants attended a higher percentage of program sessions later in treatment. Other significant results showed that a greater percentage of PME participants completed 11 months of the program (86 percent vs. 57 percent of controls), and their time before dropout was higher (10.7 vs. 9.1 months). Limitations, implications for motivation interventions for PTSD, and planned analyses are discussed.

PTSD Veterans In Primary Care: Specialty Mental (MH) and Integrated Behavioral Health Care (IBH) Use

Poster #F-164 **(clin res)**

Coolhart, Deborah, PhD[1]; Ouimette, Paige, PhD[2]; Strutynski, Kate, BA[1]; Swezey, Allison, BA[1]; Schohn, Mary, PhD[3]; Lantinga, Larry, PhD[1]; Prins, Annabel, PhD[4]

[1]Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, NY, USA
[2]VA Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA
[3]Buffalo VAMC, Center for Integrated Healthcare, Buffalo, New York, USA
[4]San Jose State University, San Jose, California, USA

To inform program development for the PTSD treatment in primary care (PC), this study describes the predisposing, illness/need, and enabling factors of PTSD patients, who use specialty MH and/or IBH-PC services. Using VISN 2´s database (FY05), 6,637 PTSD patients were identified who: 1) used IBH but no MH services (19 percent); 2) who used specialty MH care (68 percent) and 3) did not use IBH/MH services (12 percent). A random sample of those in IBH (N = 150) were selected for chart review to describe the interventions delivered in PC. As compared to patients seen only in PC, those receiving MH care were more often single, Vietnam veterans, taking anti-depressants and diagnosed with depression, substance use, and pain. PTSD patients seen only in PC were more often World War II veterans and hypertensive than those in MH settings. As compared to PTSD patients not receiving IBH services, those receiving IBH were more often post-Vietnam veterans/active duty personnel, diagnosed with depression or alcohol abuse, and prescribed psychotropic medications. The initial chart review indicated that the most common IBH interventions were: medication management (58 percent), supportive therapy and assessment (both 35 percent), patient education (32 percent), and referral to specialty care/relaxation (23-25 percent).

Primary Care (PC) and Behavioral Health (BH) Providers' Perceptions of Evidence-Based PTSD Practices

Poster #F-165 **(clin res)**

Ouimette, Paige, PhD[1]; Coolhart, Deborah, PhD[2]; Funderburk, Jennifer, PhD[2]; Maisto, Stephen, PhD[1]; Sugarman, Dawn, PhD[2]; Strutynski, Kate, BA[1]

[1]Syracuse VA, Syracuse, New York, USA
[2]Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, NY, USA

Across VA Healthcare Network Upstate New York, behavioral health (BH) providers have been integrated into PC; patients with traumatic stress often seek help in PC settings. This study asked 47 PC and 14 BH providers working within PC, about their familiarity with VA/DoD PTSD practice guidelines for PC, and use of the 4-item VA PTSD screen and evidence-based practices in PC. Results indicated that on average, PC providers were "somewhat" familiar with and "sometimes" use the guideline. When using the guideline, the most common practices reported were PTSD education and referrals to specialty mental health. When aware of the screen, PC providers found it useful. BH providers rated their familiarity of guidelines as slightly higher than "somewhat" as well as use of guidelines as slightly higher than "sometimes." BH providers reported on average, that the guideline "sometimes" improves care and that the PTSD screen is "somewhat" effective and "sometimes" increases referrals to them. Qualitative responses indicated that BH providers do not uniformly view the PTSD screen as useful and report offering medication management, education, and coping skills interventions. Implications for PTSD care improvement within PC, such as increased education on screening and the guideline, will be discussed.

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Relationship of Anger and Coping Strategies to Veterans' PTSD and Depression Severity

Poster #F-166 **(clin res)**

Owens, Gina P., PhD[1]; Chard, Kathleen M., PhD[2]; Cox, Teri A., MS[3]; Beimesch, Barbara, MA[2]; Bhaskar, Tripti, MBA[1]
[1]Psychology, University of Tennessee, Knoxville, Tennessee, USA
[2]Cincinnati VA Medical Center, Cincinnati, Ohio, USA
[3]University of Kentucky, Kentucky, USA

The relationship among PTSD and anger among combat veterans has been established. Limited research has examined relationships between anger, coping strategies, and PTSD among this population. The current study examines relationships between anger, coping, PTSD, and depression for veterans attending a residential PTSD program. One hundred and twenty-five veterans completed the State-Trait Anger Expression Inventory-2, Coping Strategies Inventory, PTSD Checklist-Military version, and Beck Depression Inventory-II. The majority of participants were male (76 percent) and served in either the Vietnam War (60 percent), post-Vietnam War era (25 percent), or Persian Gulf War (11 percent). At pre-treatment, only depression predicted PTSD severity ($F(5,85) = 7.52$, $p<.001$). When predicting pre-treatment levels of depression, PTSD severity, anger expression, disengagement, and engagement were all significant ($F(5, 82) = 10.904$, $p<.001$). Post-treatment depression was predicted by PTSD severity and engagement coping strategies ($F(6, 68)=30.73$, $p<.001$). Post-treatment PTSD severity was predicted by depression severity, engagement strategies, and the interaction between gender and anger expression ($F(9,65)=24.53$, $p<.001$). Initial findings suggest that anger expression and engagement coping skills are particularly important to address in PTSD treatment.

The Role of Experiential Avoidance in Posttraumatic Stress and Physical Pain Symptoms

Poster #F-167 **(clin res)**

Pasillas, Rebecca M., MA[1]; Stalnaker, Mark, PhD[2]; Deviva, Jason, PhD[3]; Santanello, Andrew, PsyD[3]; Decker, Melissa, MA[3]; Batten, Sonja, PhD[3]
[1]University of Nevada, Reno, Nevada, USA
[2]VAMHCS, Baltimore, Maryland, USA
[3]VAMHCS, Maryland, USA

Experiential avoidance (EA) described by Hayes and colleagues (1996) is "the phenomenon that occurs when a person is unwilling to remain in contact with particular private experiences and takes steps to alter the form or frequency of these events." EA is considered to play a role in the development of psychopathology (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996), and provides a useful way of understanding the long-term correlates of a trauma history (Follette, Palm, & Hall, 2004). EA might explain the presence of posttraumatic stress and physical pain symptoms in individuals with a trauma history. Experimental data demonstrated that EA of pain leads to less pain tolerance (e.g., Hayes, Bisset, Korn, & Zettle, 1999). There is limited research examining the role of EA in co-occurring symptoms of posttraumatic stress and physical pain. Participants were veterans seeking treatment in a comorbid PTSD/substance abuse residential program. Participants completed measures at pre- and post-treatment. The relationship between EA, trauma-severity symptoms, trauma-avoidance symptoms, and reported physical pain were analyzed. Hierarchical regressions were employed to determine EA as a predictor of reported physical pain. Additionally, a repeated-measures t-test was employed to test differences between EA scores before and after participating in treatment. Implications are discussed.

Predictors of Replicative Nightmares

Poster #F-168 **(clin res)**

Pennington, Hannah, BA[1]; Davis, Joanne, PhD[1]; Ensor, Kristi, BA[1]; Byrd, Patricia, MA[1]; Wright, David, PhD[2]
[1]University of Tulsa, Tulsa, Oklahoma, USA
[2]United States Air Force, Tulsa, Oklahoma, USA

Chronic nightmares have long been recorded as one of a range of symptoms experienced by some after exposure to a traumatic event. For some, these nightmares closely portray or actually replicate the traumatic event experienced. Replicative nightmares are associated with an increase in distress compared to nightmares that are similar or unrelated to the trauma (Davis, Byrd, Rhudy, & Wright, under review). Despite the distress caused by these nightmares and the frequency with which they occur, no studies have explored factors that may contribute to the development of replicative nightmares. The purpose of this study is to identify significant predictors of experiencing replicative trauma nightmares. Based on a review of the broader posttraumatic stress disorder literature, the following were hypothesized to be significant predictors of trauma nightmares: type of trauma, number of traumas, age when traumatic event first occurred, physical injury related to the trauma, perceived life threat during trauma, gender, and scores on an index of mental imagery vividness. Results indicated vividness of imagery and gender were significantly related to type of nightmare.

Victimization History: Learning and Memory Performance

Poster #F-169 **(clin res)**

Pineda, Annarheen, BS[1]; Deprince, Anne, PhD[2]
[1]University of Denver, Denver, Colorado, USA
[2]Psychology, University of Denver, Denver, Colorado, USA

Posttraumatic symptoms and victimization have been associated with hyper- and hypo-memory for trauma-related information. The current study examined trauma-related learning in the context of 1) hippocampal function; 2) psychiatric symptoms of anxiety and dissociation. Using paired-word associate learning and word stem completion tasks, explicit and implicit memory for neutral-neutral (N-N) and trauma-neutral (T-N) words was assessed. Seventy college participants were assigned to three groups: no victimization (NV), single victimization (SV), and multiple victimization (MV). Three hypotheses were evaluated. H1: If alterations in memory are due to hippocampal changes associated with prolonged stress exposure, MV group should show worse memory than SV and NV groups. H2: If alterations in memory are due to heightened processing of threat stimuli, greater PTSD severity should relate to better memory performance for T-N word pairs relative to N-N pairs. H3: If alterations in memory are due to symptoms of dissociation, higher levels of dissociation should relate to better memory performance for N-N word pairs. Partial support for H2 and H3 were observed, though victimization status was unrelated to overall differences in explicit and implicit memory. Implications of this research for understanding the complex relationship between violence exposure and memory are considered.

Effects of Long-Term Community-Based Care: A 38-Year Follow-Up Study of Ehime Maru Accident

Poster #F-170 **(commun)**

Maeda, Masaharu, PhD, MD[1]; Maruoka, Takayuki, PhD, MD[2]
[1]Department of Psychiatry, Kurume University, School of Medicine, Kurume, Fukuoka, Japan
[2]Department of Neuropsychiatry, Kurume University, Kurume, Fukuoka, Japan

On the 10th of January in 2001, The Ehime Maru, the Japanese fisheries training vessel, rammed and sunk by the nuclear submarine USS Greenbill off Honolulu, Hawaii. Four students, two teachers and three crew members drowned. A psychiatric assistant team which consisted of staff of Uwajima Health Center and Kurume University Hospital began the psychiatric examination and psychiatric intervention for the nine surviving students since two months after the acci-

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dent. Three self-rating scales, Impact of Event Scales Revised version (IESR), General Health Questionnaire 28-items(GHQ) and Self-rating Depression Scale (SDS) were completed by students and Clinician Administered PTSD Scales (CAPS) the psychiatric structured interview, were performed to diagnose and assess PTSD. Seven students were diagnosed as PTSD and six students were major depression, and all three self-rating scales showed very high score at first and second examination (wwo months after the accident) .In addition to serious PTSD symptoms, they were blaming themselves for helping their classmates and teachers at the accident. We will present the result of a 38-month follow-up study for the surviving students, and show effects of long-term community-based care.

The Interaction Between Experiential Avoidance and Stress to the Development of Depression

Poster #F-171 **(commun)**

Prager, Eric, BA[1]; Sherry, Patrick, PhD[2]
[1]University of Denver, Denver, Colorado, USA
[2]University of Denver, Aurora, Colorado, USA

Literature has demonstrated that measures of episodic life events has found higher levels of significant stress prior to the onset of major depressive episodes in community samples. Literature has also demonstrated that the avoidance of unpleasant internal experiences (e.g., thoughts, feelings, sensations) is a common method of regulating affect for most people. However, little research has investigated how experiential avoidance and stress interact in the development of one of the most prominent mental disorders, depression. This study attempted to determine how experiential avoidance and the stressfulness of life events affected the occurrence of depression in a community sample of women. It was hypothesized that women who report greater experiential avoidance and greater stress would report higher symptoms of depression. Results indicate that the effect of the interaction between experiential avoidance and stressfulness of the event on depression was, as predicted, significant ($F(1,55)=4.43$, $p=.04$). Additionally, results indicate that there was a trend suggesting that the interaction between experiential avoidance and stressfulness of life events would increase the chance of developing depression when individuals had no prior history of depression ($F(1,43)=3.57$, $p=.066$), which has been consistent with the literature.

Increasing Access to and Use of Services for Sexually Abused Children

Poster #F-172 **(commun)**

Rheingold, Alyssa, PhD[1]; De Arellano, Michael, PhD[1]; Silcott, Lauren, BA[2]; Cunningham, Angela, BA[1]; Rives, Sydney, BA[1]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]Department of Psychiatry & Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA

The negative impact childhood sexual abuse (CSA) has been well documented. This problem is compounded by the fact that only a small percentage of victims actually obtain appropriate services that can help victims and families cope with the aftermath that often ensues. Difficulties that interfere with accessing services include acute psychological reactions, confusion in understanding the system and negotiating the agencies involved, and logistic barriers, such as transportation, child care, and lack of health insurance. This paper will describe a novel program whose goal is to ensure CSA victims do not "slip through the cracks" in accessing services. This has been accomplished through the following objectives: 1) to provide crisis intervention and psychoeducation to CSA victims and their families during the post-assault medical examination and/or interview, 2) to coordinate services among the various agencies and providers serving victims following the forensic evaluation, 3) to address the needs of traditionally underserved and multi-problem families by overcoming the barriers that prevent their access to services. Preliminary findings on the impact of the program on service utilization (e.g., medical follow-up appointments, mental health counseling) and rating of satisfaction (e.g., psychoeducational intervention, the program as a whole) will be presented.

Contexts of Intimacy and Unwanted Sex in a U.S. University Sample

Poster #F-173 **(culture)**

Flack, William, PhD[1]; Brian, Lauren, BA[1]
[1]Department of Psychology, Bucknell University, Lewisburg, Pennsylvania, USA

Recent studies suggest that "hooking up" (sexual encounters without expectations of further relational commitment) has largely replaced exclusive committed relationships on U.S. college campuses (e.g., Paul & Hayes, 2002). However, little is known about hooking up, including its heterogeneity, and its relationship with unwanted sexual experiences. A representative sample of 321 randomly selected undergraduates at a small university in the northeastern U.S. were surveyed about their frequencies of participation in different intimacy contexts (four types of hooking up, exclusive relationships, both, and neither). Women in the sample were also asked about the frequencies of their unwanted sexual experiences (unwanted touching, attempted and completed unwanted intercourse) in each intimacy context. Thirty-one percent of women who had engaged in exclusive relationships reported one or more experiences of unwanted sex, as compared with 20-52 percent of women who had engaged in one or more of the four types of hooking up. The results of this survey will be discussed in the contact of feminist routine activities theory (e.g., Schwartz, Dekeseredy, Tait, & Alvi, 2001).

Unwanted Sex, Alcohol Use, and Hooking Up at Two U.S. Colleges

Poster #F-174 **(culture)**

Flack, William, PhD[1]; Kimble, Matthew, PhD[2]; Minacapelli, Lauren, BA[3]; Neacsiu, Delia, BA[4]
[1]Bucknell University, Lewisburg, Pennsylvania, USA
[2]Department of Psychology, Middlebury College, Middlebury, Vermont, USA
[3]Department of Psychology, Villanova University, Pennsylvania, USA
[4]Department of Psychology, University of Washington, Washington, USA

Although much is known about unwanted sex among college students in the context of the monogamous dating culture, little is known about this problem in the more recent, "hooking up" (i.e., sexual interactions with no future commitment between partners) collegiate culture. Standard measures were used to assess the incidence rates of unwanted sex (ranging from unwanted touching to completed unwanted intercourse) and alcohol consumption, along with new measures of hooking up, in representative samples from two campuses in the northeastern U.S. ($N1 = 116$, $N2 = 192$). Multiple regression analyses in both samples indicated that hooking up and alcohol consumption predicated unwanted sexual experiences (Sample 1 $F(3,115)=5.25$, $p<.01$; Sample 2 $F(3,181)=8.67$, $p<.01$), but only hooking up contributed significantly to the model (Sample 1 $p<.01$; Sample 2 $p<.01$). In Sample 2, the interaction term was nearly significant ($p=.05$). The interaction indicated that the lowest rates of unwanted sex occurred in those who did not hook up or consume alcohol, whereas the highest rates of unwanted sex were reported by those who did hook up but did not consume alcohol. These and related findings will be reported and discussed in the context of feminist routine activities theory (e.g., Schwartz, DeKeseredy, Tait, & Alvi, 2001).

The presenting author is underlined.

Effects of the 2002 Sniper Attacks on the Homeless in Washington, DC

Poster #F-175 **(culture)**

Fullerton, Carol, PhD[1]; Ursano, Robert, MD[1]
[1]Psychiatry, Uniformed Services University School of Medicine, Bethesda, Maryland, USA

Despite the prevalence of homelessness, the homeless population has rarely been included in planning for disasters and terrorism. To better understand the mental health needs of the homeless in planning for, and responding to, traumatic events, our study group examined psychological and behavioral responses of homeless individuals to the 2002 Washington, DC sniper attacks. We interviewed 151 homeless individuals in shelters one year post-event and examined extreme fright/terror, perceived threat, change in activities, perceived safety, substance use and identification with victims at the time of the event. Interview excerpts illustrate findings. 61 percent reported extreme fright/terror and 58 percent reported high perceived threat. Participants reporting high perceived threat were more likely to report extreme fright/terror, increased substance use, lower safety, and decrease in activities (e.g., participation at shelters). 41 percent increased substance use with females being more likely to increase substance use. 44 percent reported identification with victims ("it could have been me"), with females and non-Whites more likely to report identification. Distress was mediated by social supports, news media, and confidence in the police. Better understanding of the impact of terrorism and disasters on the homeless is critical to public health planning for future events in vulnerable populations.

Prevalence of Trauma Exposure and Help-Seeking Behaviors in Japan: A Pilot Study

Poster #F-176 **(culture)**

Goto, Toyomi, MA[1]
[1]Hyogo Institute for Traumatic Stress, Kobe, Japan

Many epidemiological studies have indicated that the majority of general population in the United States experiences trauma. However, very little is known about the prevalence of trauma exposure in non-western countries. The author conducted a pilot study to identify what is the prevalence of trauma exposure in Japan, and how many victims sought professional help for trauma related problems. Residents (age 20-70 years old) were randomly selected from the resident registries of three rural cities in the eastern Japan. A total of 732 people received a questionnaire on trauma exposure [natural disaster, accident or fatal illness, personal loss, crime victimization, child abuse or domestic violence (DV)], and consequent help-seeking behaviors. Of the 732 residents, 197 completed the questionnaire. Results indicated that 68.82 percent of respondents reported one or more trauma experiences or the witnessing of above trauma experiences. Very few in this group sought professional help for problems related to the identified trauma(s). More women reported witnessing any trauma, accident and/or fatal illness, and child abuse and/or DV. However, no gender difference was found in reported direct experience of any trauma type except child abuse and/or DV. The result was compared with other epidemiological findings from other cities in Japan.

Comparing Symptoms, World View, and Coping in Old and Young Burn Survivors

Poster #F-177 **(culture)**

Jayasinghe, Nimali, PhD[1]; Difede, Joann, PhD[1]; Cancellare, Mary, PhD[1]
[1]Cornell University, New York, New York, USA

This study compared posttraumatic stress, depression, world view, and coping in older survivors (ages 55-81) and younger survivors (ages 18-54) of burn injury. There is a paucity of information on trauma in late life. Older adults could have increased vulnerability (e.g., due to physical frailty, cognitive deterioration, and other associates of aging) or decreased vulnerability (e.g., due to benefits of life experience). In this study, adult burn survivors (n=130) a research assistant screened burn survivors about two weeks post-admission to a burn center with clinical interview and self-report measures. Older respondents (n=30) did not differ significantly from younger respondents (n=100) in posttraumatic stress, measured by the Impact of Events Scale, or depression, measured by the Brief Symptom Inventory (p's > .05). However, older respondents reported significantly more belief in meaningfulness of the world (X=3.85) than younger respondents (X = -1.56), $t = -2.29$, $p = .05$, on the World Assumptions Scale. They also reported more use of religious coping (X=12.86) than younger respondents (X=12.88), $t = -2.67$, $p < .01$ on the STRESS-B. This finding points to the potential fruitfulness of further research to elucidate whether older adults consistently respond to trauma in ways that set them apart from younger trauma survivors and the psychiatric consequences.

Experience of Trauma is Related to Comfort with Seeking Help in Former Vietnamese Refugees

Poster #F-178 **(culture)**

Jayawickreme, Nuwan, MA[1]; Rozin, Paul, PhD[2]; Eidelson, Roy, PhD[3]; Garcia Del Soto, Arancha, PhD[4]
[1]University of Pennsylvania, Philadelphia, Pennsylvania, USA
[2]Psychology, University of Pennsylvania, Philadelphia, Pennsylvania, USA
[3]Solomon Asch Center for Study of Ethnopolitical Conflict, University of Pennsylvania, Philadelphia, Pennsylvania, USA
[4]Institute for International Humanitarian Affairs, Fordham University, New York, New York, USA

Forty- seven former refugees from Vietnam (mean age = 44.38, SD = 16.36) currently living in North-East United States answered a checklist of traumatic events commonly experienced by Vietnamese refugees. They also responded to a number of behavioral scenarios that measured their level of comfort with asking for help from a Vietnamese they knew, a Vietnamese they did not know, a non-Vietnamese they knew, and a non-Vietnamese they did not know. Correlational analyses revealed that number of trauma experiences was negatively correlated with comfort with asking for help from a non-Vietnamese, $r(33) = -.46$, $p = .007$, comfort with asking for help from an unknown person, $r(33) = -.37$, $p = .03$ and was marginally negatively correlated with total comfort with asking for help, $r(34) = -.30$, $p = .08$. These results indicate that the more traumatic experiences one has suffered, the less comfortable one is at asking for help from unknown individuals and individuals not of one´s own race.

Experiences of Discrimination Among Somali Adolescent Refugees in the United States

Poster #F-179 **(culture)**

MacDonald, Helen, MA[1]; Ellis, B., Heidi, PhD[2]; Klunk Gillis, Julie, PhD[3]
[1]Department of Psychology, Boston University, Brookline, Massachusetts, USA
[2]Department of Psychiatry, Children´s Hospital Boston/Harvard Medical School, Boston, Massachusetts, USA
[3]National Center for PTSD, Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA

While recent data suggests that the United States is becoming increasingly ethnically and racially diverse, due in part to an influx in immigrant and refugee populations, there has also been a corresponding increase in the levels of xenophobia and islamophobia following 9/11. While extant research find an association between discrimination and mental health problems, including symptoms of posttraumatic stress disorder, few empirical studies have examined the experience and impact of discrimination on refugees resettled in the United States. This mixed method study aims to investigate experiences of discrimination in a sample of 144 Somali adolescents between the ages of 11 and 20, living in New England. Results show that overall, 27 percent of the adolescents in this study reported experiencing discrimination post-resettlement. The most frequently cited reasons for discrimination were Somali identity and Muslim religion. In qualitative interviews, adolescents described heightened levels of discrimination following 9/11, largely targeting participants´

The presenting author is underlined.

Muslim faith. Understanding the discrimination experienced by refugee and immigrant populations in the United States is critical to developing effective preventative intervention efforts for newly resettled refugee youth.

The Influence of Attachment Style and Coping on PTSD Symptoms Among Persons Living with HIV/AIDS

Poster #F-180 **(practice)**

Gardner, William, MS[1]; Gore-Felton, Cheryl, PhD[2]; Ginzburg, Karni, PhD[3]; Chartier, Maggie, MPH[1]; Looney, Elizabeth, MA, MS[1]; Koopman, Cheryl, PhD[4]
[1]PGSP-Stanford PsyD Consortium, Palo Alto, California, USA
[2]Stanford University, Stanford, California, USA
[3]Bob Shapell School of Social Work, Tel Aviv University, Tel Aviv, Israel
[4]Stanford University, Palo Alto, California, USA

Research indicates that a significant proportion of people living with HIV/AIDS report symptoms of posttraumatic stress disorder (PTSD). Moreover, attachment style has been associated with psychological and behavioral outcomes among persons living with HIV/AIDS. Thus, attachment style may influence the ability to cope with traumatic stress and affect PTSD symptoms. To examine, we assessed 94 HIV-positive adults (18 years and older) on self-report measures of traumatic stress, coping, and attachment style. Multiple regression analysis showed that avoidant attachment and emotion-focused coping were positively and significantly associated with greater PTSD symptomatology. Interestingly, an interaction effect was found between the level (high or low) of attachment style (avoidant or secure) and PTSD symptomatology in the presence of emotion-focused coping, suggesting that interventions that develop coping skills and focus on the underlying construct of attachment style may be particularly effective in reducing morbidity associated with PTSD symptoms in adults living with HIV/AIDS.

The Process of "Getting Better" After Torture From the Perspective of the Survivor

Poster #F-181 **(practice)**

Isakson, Brian, MA[1]; Jurkovic, Gregory, PhD[1]
[1]Georgia State University, Atlanta, Georgia, USA

Western models of the treatment of trauma typically focus on reducing symptoms of PTSD, depression, and anxiety. The goal is to reduce pathology. In addition, the treatments have often been modeled after treatments for Western clients of traditional mental health services regardless of where the survivor is from. In this system, the mental health professionals are the experts, and the clients learn from the professionals. This study seeks to expand the understanding of the treatment of torture survivors by investigating, from the perspective of torture survivors, the process of "getting better" after torture and what aspects of survivors´ lives need to be impacted in order to get better. By understanding the survivor´s perspective, treatments will be able to focus on the most salient issues to the survivor. The poster will present qualitative data as part of a grounded theory study on this subject. Data is being gathered at a torture treatment center and 10-15 adult torture survivors from Africa and Asia will be interviewed. Themes of getting better that have already emerged include being future oriented, rebuilding trust, forgiveness, faith, witnessing the truth of experiences, forgetting the emotional pain and having a deep connection with a mental health professional.

Screening for Trauma Exposure in Afghani Immigrant Women in a Primary Care Clinic

Poster #F-182 **(practice)**

Joyce, Patricia, DSW[1]; Michael, Suzanne, PhD[2]; Schwartz, Natalie, MD[3]; Shetty-Das, Renuka, MD[3]
[1]Adelphi University, Garden City, New York, USA
[2]School of Social Work, Adelphi University, Garden City, New York, USA
[3]New York Hospital Medical Center of Queens, Fresh Meadows, New York, USA

This action research project aimed to strengthen primary care residents' assessment of potential trauma exposure in Afghani women who presented to the primary care clinic at New York Hospital Medical Center of Queens with "medically unexplained symptoms." It attempted to achieve this goal by delivering three training sessions to the primary care residents on the underlying social, cultural and psychological aspects of medically unexplained symptoms in these women, including a trauma screening instrument, the PC-PTSD. Upon completion of the training, the PC-PTSD was piloted in the clinic. The investigators expected, based on their professional and scholarly experience, that medical staff needed education in understanding the role of both migration experiences and potential trauma exposure on these women's lives. Qualitative interviews were conducted with five community leaders, twelve primary care residents, and thirteen patients. Pre and post test surveys measured primary care residents' knowledge and skills. Findings revealed that for some Afghani women trauma exposure is considerable, and that screening should be a regular practice in primary care. Social work services can play an important role in educating medical practitioners in culturally competent practice.

Acceptance as a Moderator in the Relationship Between PTSD Symptomotology and Posttraumatic Growth

Poster #F-183 **(practice)**

Kane, Jennifer, MA[1]; Spasojevic, Jelena, PhD[2]
[1]Clinical Psychology, George Mason University, Arlington, Virginia, USA
[2]Clinical Psychology, George Mason University, Fairfax, Virginia, USA

Our aim was to investigate the relationship of PTSD symptoms to posttraumatic growth. Findings in the literature are mixed, with no clear understanding of whether PTSD symptoms make growth more likely, less likely, or if there is no relationship between the two. Our suggestion is that emotional processing of the trauma may make both growth and distress more likely and therefore emotional processing activities may help explain the relationship between distress and growth. We suggest acceptance as a potential indicator of such processing and define acceptance as the ability to consider the experience as part of one´s autobiographical history and therefore display decreased emotional avoidance of the trauma. We hypothesized that acceptance would moderate the relationship between PTSD symptoms and posttraumatic growth, with those suffering from PTSD symptoms, but also endorsing acceptance, reporting more growth. We administered self report questionnaires to 176 undergraduates. Our hypothesis was confirmed and remained significant when controlling for depression. Acceptance also showed a hypothesized pattern of correlation with another indicator of processing — disclosure. Additionally, acceptance was negatively correlated to more purely negative forms of thinking as measured by reports of rumination and negative cognitions. Treatment and Research implications are discussed.

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Religious Beliefs About Suffering in an Urban U.S. Sample

Poster #F-184 **(practice)**

Linscott, Alexandra C., MA[1]; Lee, Hanna, MA[1]; Gable, Phillip G., MA[1]; Eriksson, Cynthia B., PhD[2]
[1]Fuller Graduate School of Psychology, Pasadena, California, USA
[2]School of Psychology, Fuller Theological Seminary, Pasadena, California, USA

Although religious coping has been found to play a crucial role in the aftermath of traumatic events, the impact of trauma on religious beliefs has not been widely explored. Religious beliefs may play a crucial role in the meaning making process that traumatic events often instigate in an individual. The development of the Religious Beliefs About Suffering Scale (RBASS; Webb, 1995) among a population of seminarians found three primary factors describing perspectives on divine involvement in suffering: Demand/Punish, Loving Will, and Necessity. A brief RBASS was administered to 284 urban workers across five major US cities. A principal component analysis extracted Demand/Punish as a primary factor. Loving Will and Necessity emerged as one combined factor. A third factor representing the direct intervention of the divine in human suffering, Divine Participation, also emerged. A correlation between each factor and positive and negative religious coping scales yielded significant relationships. Results indicate that an individual´s beliefs about suffering are related to their use of religious resources in coping. In addition, perspectives on religious beliefs about suffering also must take into account notions of a higher power either enduring in suffering with humanity or remaining distant. Implications for clinical intervention are discussed.

The VA Military Sexual Assault Screen: Clinical Implications for Health Care Providers

Poster #F-185 **(practice)**

Lucas, Emma, MSW, MPH[1]; Frayne, Susan, MD, MPH[2]; Lee, Tina, MD, MS[3]; Ruzek, Josef, PhD[3]; Weitlauf, Julie, PhD[4]
[1]Research, VA Palo Alto, Menlo Park, California, USA
[2]Internal Medicine, VA Palo Alto, Menlo Park, California, USA
[3]Psychiatry, VA Palo Alto, Menlo Park, California, USA
[4]MIRECC, VA Palo Alto, Menlo Park, California, USA

Purpose: We sought to: 1) characterize exposure to lifetime sexual assault (LSA) among women veterans; and 2) examine whether history of military sexual trauma (MST), assessed by the VA MST clinical reminder (MST-CR), a chart-based mandatory MST screen, predicted higher rates of LSA among women veterans.

Method: Sixty-six female veterans accessing VA primary care services were administered the Sexual Experiences Survey - Short Form (Version V) (SES-SFV) to assess LSA exposure (childhood, military and adult civilian sexual assault). MST-CR information was collected on all participants from their available medical records.

Findings: According to the SES-SFV, 73 percent of the women had LSA exposure, 39 percent reported MSA exposure, and 29 percent had childhood sexual assault (CSA) exposure. Among those MST-CR positive, 68 percent reported MSA and 82 percent reported LSA. Among those MST-CR negative, 64 percent reported LSA.

Conclusions: Sexual assault was an alarmingly common event for women in our sample. Many patients with MST-CR positive reported both MSA and LSA. However, a substantial proportion of women with MST-CR negative reported histories of exposure to LSA (civilian assault or CSA). We encourage VA clinicians to be vigilant in their awareness of the prevalence of all forms of sexual assault (not just MST) in this population.

Effect of Audio CD Use in Sleep Impaired PTSD Veterans

Poster #F-186 **(practice)**

Lynch, John, PhD[1]; Fernandez, Antony, MD[2]; Vieweg, Victor, MD[3]; Satterwhite, Lynn, NP[4]
[1]Psychiatry, Virginia Commonwealth University, Richmond, Virginia, USA
[2]Department of Psychiatry, Virginia Commonwealth University, Richmond, Virginia, USA
[3]Psychiatry and Internal Medicine, Virginia Commonwealth University, Richmond, Virginia, USA
[4]Psychiatry, Virginia Commonwealth University, Richmond, Virginia, USA

Introduction: Insomnia is one of the most common symptoms of posttraumatic stress disorder (PTSD). Healthy sleep patterns are essential to physical and psychological health, and are related to many health related problems. Evidence suggests that insomnia may persist for many PTSD patients after other symptoms have responded to cognitive-behavioral therapy (CBT).

Most interventions for sleep impairment with PTSD veterans involve the use of medications. Sleep hygiene is taught as a necessary prelude to healthy sleep patterns, but this intervention is not sufficient to produce consistent and healthy sleep patterns.

Method: In this study we will evaluate to effectiveness of listening to an audio CD, with a spoken transcript specifically written for PTSD veterans, in the development of healthy sleep patterns with veterans who are experiencing significant sleep impairment for at least 2 years duration. 20 Veterans will PTSD and insomnia will listen to this CD nightly for 30 nights. Pre and post test data will compare hours per night of self reported sleep, corroborated by their spouses' report.

Preliminary Results: 19 Veterans with PTSD and sleep impairment are enrolled in this study to date. Of the 4 who have completed the study, one demonstrated no change in hours of sleep per night, and three veterans report a 50 percent increase in hours of sleep per night.

Counseling for Work and Relationships for People Who Have Been Traumatized

Poster #F-187 **(practice)**

Meade, Patrick, BENG, MBA[1]; Richardson, Mary Sue, PhD[1]
[1]New York University, New York, New York, USA

This poster presentation develops the position that counseling for work and relationship is a perspective that is especially useful in the healing process of people who have been traumatized. Counseling in this context refers to the general domain of counseling and psychotherapy practices with a particular emphasis on the nature of work and relationships in clients' lives. Relationships refer to the significant relationships that people have in both the public and private domains of lives; that is, it includes co-workers, mentors, friends, and family members. Work also is located in both public and private domains of life. It includes the jobs people have, the work they do at home caring for themselves and their families, and personal projects such as volunteer work, hobbies, and church and community involvements. This poster presentation provides definitions of the meaning of counseling for work and relationship in this context, discusses contemporary understandings of trauma, and describes how counseling for work and relationship applies to trauma intervention. Counseling for work and relationship immediately after a traumatic event and for chronic trauma are reviewed and specific examples and suggestions provided.

The presenting author is underlined.

Maternal Psychopathology and Its Impact on the Recognition of Facial Emotion in Very Young Children

Poster #F-188 **(disaster)**

Dugan, Kelly, MA[1]; Schwartz, Kathryn, BA[1]; Abramovitz, Robert H., MD[2]; Jones, Russell, PhD[3]; Chemtob, Claude, PhD[4]

[1]Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA
[2]Jewish Board of Family & Children's Services, Inc., New York, New York, USA
[3]Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA
[4]Psychiatry, Mount Sinai School of Medicine, New York, New York, USA

Research suggests that maternal depression can greatly impact the quality of interaction with children. Moreover, higher levels of symptomatology have been associated with a decreased accuracy for recognition of facial expressions of emotion in children. Studies have also found that impairment in maternal emotional functioning can increase a child's risk for developing problems later in life. The current study attempted to address the impact of maternal depression on their recognition of expressed emotions in infants. It was hypothesized that depressed mothers would rate pictures of infants more negatively than nondepressed mothers. Data was collected as part of a larger study assessing the effects of the September 11, 2001, World Trade Center attacks on families with young children that were directly affected. Current depressive symptoms were obtained via self-report (CES-D), and Robert Emde's Infant Facial Expressions of Emotion from Looking at Pictures (IFEEL) was used to assess emotion recognition. Preliminary analyses suggest that depression is not significantly correlated with a greater likelihood of identifying negative emotions in children. Analyses in progress are examining differences in ratings for intensity of emotional expression for depressed and nondepressed mothers and relating these to level of exposure.

Symptom Prevalence of PTSD, Anxiety Depression, Level of Exposure and Mediating Factors on a Population From Southern Lebanon

Poster #F-189 **(disaster)**

Farhood, Laila, PhD, CS, RN[1]; Dimassi, Hani, MPH, PhD[2]; Rady, Alissar, MD, MPH[3]

[1]American University of Beirut, Beirut, Lebanon
[2]School of Nursing, Faculty of Medicine, American University of Beirut, Beirut, Lebanon
[3]World Health Organization, Beirut, Lebanon

Several areas in the south of Lebanon were under occupation until the year 2000. Events associated with the occupation have affected the psychological and physical health of the population. The purpose of the present study was to investigate the prevalence of Posttraumatic Stress Disorder (PTSD), general psychiatric morbidity and depression among residents in the formerly occupied region. Predictors for PTSD, as well as general psychiatric morbidity were also addressed in the study. The study population consisted of randomly selected participants from six towns in the formerly occupied region. Traumatic events and symptoms of PTSD were measured by the Harvard Trauma Questionnaire. General psychiatric morbidity was assessed by the General Health Questionnaire (GHQ-28), and depression by the Beck Depression Inventory. Results show that the majority of the population in all towns has experienced at least one war related traumatic event. Levels ranged bet 17.6 percent to 33.6 percent for PTSD and 9.2 percent to 19.7 percent for depression. These are considered higher, even five years after the end of the occupation, than found in studies conducted in countries not suffering from recent armed conflict. The extent of exposure to traumatic events was a positive predictor both for PTSD as well as general psychiatric morbidity. Some socio-economic and life-style factors were also able to partly predict PTSD.

Developing and Implementing a Protocol for Workplace Re-Entry

Poster #F-190 **(disaster)**

Flanagan, Leo, PhD[1]; Almoguera Abad, Antonio, MD[2]

[1]Flanagan Social Initiatives, Stamford, Connecticut, USA
[2]Department of Psychiatry, Bellevue Hospital Center, NYC Health & Hospitals Corporation, New York, New York, USA

This presentation will provide participants with:

1. The ability to execute a protocol for post-attack workplace re-entry designed to prevent secondary traumatization
2. Practice in modifying the protocol to address business needs, available resources and the local infrastructure
3. Skills in negotiating business leaders´ commitment to the execution of the protocol and long-term follow-up

The protocol was developed and implemented following the September 11th attacks in NYC. It was originally used to facilitate the reoccupation of the second corporate building to resume operations within Ground Zero. The success of the intervention is supported by:

- Low utilization of onsite intervention and support services after reoccupation
- Qualitative interviews with survivors following reoccupation
- Observation common environments in the workplace (e.g. cafeterias, conference rooms, lobbies)

The session will be highly interactive providing participants with hands on experience in modifying the re-entry protocol as well as role-playing negotiating with business leaders to secure their support.

Participants will be provided with:

- Revised version of the re-entry protocol
- Planning tool to modify the protocol for individual circumstances
- Training agenda for medical, mental health, security and facilities management personnel responsible for implementation of the protocol.

Public/Academic Collaboration in the Care of Displaced Hurricane Katrina Survivors

Poster #F-191 **(disaster)**

Frank, Julia, MD[1]

[1]George Washington University, Washington, District of Columbia, USA

After Hurricane Katrina, three hundred survivors were airlifted to a large shelter in Washington, D.C. To meet their mental health needs, the DC Department of Mental Health and departments of psychiatry from three local medical schools developed an ad hoc plan for continuous professional coverage for shelter residents. Over three weeks, the academic insitutions provided and coordinated the services of twenty psychiatrist and resident volunteers, supporting on site, initial care for residents with severe syndromes including mania, depression and mental retardation, as well as grief reactions, acute stress disorder, and acute psychosomatic syndromes such as uncontrolled hypertension. Factors facilitating this response included prior collaboration between a local psychiatrist, DMH and the mental health service of the Red Cross, local licensure of all volunteers, and an emergency credentialling system set up for the shelter. Barriers to optimal response included erratic follow up due to the lack of transferability of medicaid benefits, divergence of Red Cross and DMH approaches to disaster mental health, and the lack of a system for tracking unsheltered evacuees or for sheltered evacuees after placement in other living situations. The experience provided valuable training for the residents involved and has stimulated several initiatives to improve preparation for future events.

The presenting author is underlined.

Generalized Anxiety Disorder after The 9/11 World Trade Center Attacks

Poster #F-192 **(disaster)**

Ghafoori, Bita, PhD[1]; Neria, Yuval, PhD[2]; Gameroff, Marc, PhD[2]; Olfson, Marc, MD, MPH[2]; Gross, Raz, MPH, MD[2]; Myrna, Weissman, PhD[2]
[1]California State University Long Beach, Long Beach, California, USA
[2]Columbia University, New York, New York, USA

Objective: To examine the relationships of past traumatic events, exposure to the 9/11 terrorist attacks, 9/11-related PTSD, and Generalized Anxiety Disorder (GAD) in a systematic sample of primary care patients interviewed approximately one year after the 9/11 attacks. **Method:** 1,146 adult primary care patients completed the following study instruments: Life Events Checklist, the Primary Care Evaluation of Mental Disorders, Patient Health Questionnaire, the PTSD Checklist-Civilian Version, and the Medical Outcomes Study 12-Item Short Form Health Survey. **Results:** 10.5 percent of the sample screened positive for current GAD. GAD was significantly more common among patients with (vs. without) 9/11-related PTSD (34 percent vs. 9 percent; $p < .0001$). Individuals who were exposed to pre-9/11 traumas were 1.9 times (95 percent CI, 1.3-2.8) as likely to have GAD compared to individuals without pre-9/11 trauma exposure. Degree of past trauma exposure was found to be a significant predictor of GAD independent of PTSD ($F[1,793] = 7.3$, $p = .007$). Among patients without 9/11-related PTSD, patients with GAD reported significantly worse physical ($t[810]= 3.0$, $p = .003$) and mental health-related quality of life ($t[810] = 12.6$, $p < .0001$). Conclusions: The findings suggest that GAD is related to trauma exposure, PTSD and significant functional problems. Clinical and policy implications will be discussed.

Examining Symptom Intensity Longitudinally and the Moderational Role of Life Threat

Poster #F-193 **(disaster)**

Immel, Christopher, BA[1]; Moore, Rachel, BA[1]; Knepp, Michael, BS[2]; Jones, Russell, PhD[1]; Ollendick, Thomas, PhD[1]
[1]Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA
[2]Virginia Polytechnic Institute and State University, Virginia, USA

The purpose of the current poster was to examine the role of overall reported symptom intensity and life threat one month post-trauma and their ability to predict symptom intensity one year post-trauma. Through use of the Brief Symptom Inventory´s Positive Symptom Distress Index, which assessed symptom intensity, and a Fire Questionnaire, which assessed life threat during the traumatic event, the authors examined the ability to predict overall symptom intensity one year post-trauma. Regarding symptom intensity, 65 percent of the variance one year post-trauma was found to be predicted by both symptom intensity and life threat as reported one month post-trauma ($F=18.826$, $p<.001$). Symptom intensity one month post-trauma correlated with symptom intensity one year post-trauma ($t=.439$, $p<.001$). Reported life threat at one month post-trauma failed to correlate with symptom intensity at one month post-trauma ($t=.175$, $p=.118$), however, life threat did correlate with symptom intensity at one year post-trauma ($t=.406$, $p<.05$). A linear regression indicated that the relationship between symptom intensity one month and one year post-trauma is moderated by perceived life threat as reported one month post-trauma ($t=2.955$, $p<.01$). Results indicate that conveyed life threat and symptom intensity reported shortly after traumatic events are valid predictors of symptom intensity longitudinally.

Causes of Postwar Distress and PTSD Symptoms Ten-Plus Years After Yugoslavia's Dissolution

Poster #F-194 **(disaster)**

Iskra, Annette, MA, MSW[1]
[1]Psychology & Comparative Human Development, University of Chicago, Chicago, Illinois, USA

The war between Yugoslavia and Croatia in 1991 devastated the ethnically mixed town of Vukovar, Croatia. When the Yugoslav army and Serb paramilitary captured the town, they ethnically cleansed Vukovar of Croats making it an ethnically pure Serb town. Between March 2002 and April 2003 95 Serbs, Croats and non-Serb minority men and women between ages 40 and 80 years were interviewed about their adjustment to postwar stresses such as returning to live beside former friends who had become enemies during the war. Data on demographics, belief changes, social support, PTSD symptoms and mental distress were collected. Findings: structural equation modeling tested a theoretical model of postwar distress and was significant, accounting for 54 percent of the variance for distress. Factors that increased distress included severer PTSD symptoms, the greater loss of confidence in others, more family members employed, and being male. Conversely, stronger social support decreased distress. PTSD symptoms were amplified by shorter time since return along with the more traumatic a person perceived his/her war experience to be. Stronger social support decreased symptoms of PTSD. Conclusion: to decrease postwar distress we must build survivors' confidence in others, decrease their PTSD symptoms, create a stronger economy and social support networks.

Factors Related to Professional Help-Seeking in WTC Disaster Workers

Poster #F-195 **(disaster)**

Jayasinghe, Nimali, PhD[1]; Difede, Joann, PhD[2]; Choe, Injae, MA[3]; Cancellare, Mary, PhD[1]
[1]Psychiatry, Cornell University, New York, New York, USA
[2]Cornell University, New York, New York, USA
[3]Psychology, New School University, New York, New York, USA

Although psychiatric distress is not uncommon among disaster workers, significant numbers never seek professional help (Jayasinghe et al, 2006a; Jayasinghe et al., 2006b). This study assessed the relation of demographic factors, insurance coverage, stigma concerns, and psychiatric symptoms to help-seeking in WTC disaster workers as well as their reasons for not seeking help. Workers (n=368) who at one time met criteria for full or subthresold posttraumatic stress disorder or depression responded to semi-structured, clinician-administered questions about professional help-seeking during psychiatric screening held approximately four to five years post-disaster. In this predominantly male (97 percent), white (62 percent), married (70 percent) sample with at least high school education (97 percent), 43 percent reported having sought professional help. Workers who sought help had evidenced more severe posttraumatic stress, depression, and overall psychiatric distress in prior years than those who did not (all p´s < .01), but did not differ on other study variables. The majority of those who did not seek professional help (92 percent) reasoned that it was not needed. While rates of help-seeking were not negligible, interventions targeting disaster workers´ recognition of symptoms and understanding of the utility of professional help are likely to further improve service use.

The presenting author is underlined.

Examining the Effects of Hurricane Ivan and Hurricane Katrina on Children

Poster #F-196 **(disaster)**

Joseph, Lisa, MS[1]; Beutler, Larry E., PhD[2]
[1]Clinical Psychology, Pacific Graduate School of Psychology, Franklin, Pennsylvania, USA
[2]Clinical Psychology, Pacific Graduate School of Psychology, Palo Alto, California, USA

The study examined posttraumatic distress and in particular post-traumatic stress disorder symptomolgy in children across developmental stages that were affected by one of two hurricanes, Hurricane Ivan and Hurricane Katrina. Differences in symptom presentation across ages and the effects of loss and time in children affected by the hurricane were examined. Children were assessed for symptoms of PTSD, using two PTSD assessment measures. Additionally children were asked to complete a questionnaire that examined the amount of loss they experienced as a result of the hurricane; and parents were asked to complete an assessment on their children's behavior after the hurricane. Subjects included 135 children between the ages of 6 and 21 (M = 12.29 SD = 3.02), and 75 parents. Results indicated that a child´s cognitive age, as determined by Piaget´s stages of development, was a predicting factor in the presentation of symptoms of PTSD. Additionally, results indicated that the reexperiencing cluster of symptoms was the best predictor of posttraumatic distress in children; and subjects' experience of loss during the hurricane was the best predictor of both reexperiencing symptomolgy and hyperarousal symptomolgy. Time was another factor that affected PTSD symptomolgy, with certain symptoms dissipating and recurring at different time periods.

Outcome of Different Kinds of Support in a National Sample of Swedish Tsunami Victims

Poster #F-197 **(disaster)**

Michel, Per-Olof, MD, PhD[1]; Lundin, Tom, MD, PhD[1]; Bergh Johannesson, Kerstin, PsyD[1]; Schulman, Abbe, MD, PhD[2]; Hultman, Christina, PsyD, PhD[3]; Arnberg, Filip, MA[1]
[1]Department of Neuroscience, Uppsala University, National Center for Disaster Psychiatry, Uppsala, Sweden
[2]Karolinska Institute, Center for Community Medicine, Stockholm, Sweden
[3]Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Sweden

Studies are conducted in the Scandinavian countries in order to learn more about the effects of the tsunami disaster in Southeast Asia in December 2004. A questionnaire was sent out 14 months after the disaster to 10 116 individuals that were returning from Southeast Asia in the weeks following the disaster, and registered by the national Police at Swedish airports. The questionnaire was returned by 4,932 individuals of which 4,910 were included. This presentation will focus on satifacttion and outcome of different kinds of support in the Swedish sample. More than 90 percent were satisfied with the immediate help from local population, close relatives, the help from other victims and local medical personnel. After returning home, 96 percent were satisfied with the support from close relatives, but fewer were contented with community and governmental support. Dissatisfaction with different kinds of support affected mental health negatively, whereas, those reporting that they did not need support were better off. These kinds of studies are important in order to improve the community support systems after disasters.

Violence, Trauma, and Masculinity: Findings from The MSM Community in India

Poster #F-198 **(intl)**

Lary, Heidi, MHS[1]; Duvvury, Nata, PhD[2]; Rahman, P.K. Abdul, PhD[3]
[1]Psychology, State University of New York at Stony Brook, Stony Brook, New York, USA
[2]International Center for Research on Women, Washington, District of Columbia, USA
[3]University of Madras, Chennai, Chennai, India

Prior research has shown early trauma is related to relationship violence in adulthood. Examining connections between victimization and perpetration is vital to inform our understanding of the underpinnings of partner violence. In India, sex between men is seen as an additional sexual outlet to heterosexual sex. Married men often entertain same sex relationships while also engaging in heterosexual sex with their wives. Purposive, random sampling was utilized to recruit heterosexual and MSM men from migrant, urban, and rural groups within Delhi. The MSM category included 3 subcategories of self-identified sexual identities. Both quantitative (n=152) and qualitative (n=25) data collection methods were utilized to explore similarities and differences between concepts of masculinity, gender roles, and violent behaviors in marital and same-sex relationships across sexual categories. Preliminary correlation and regression analyses suggest that men who are traumatized in one relationship are more often the men who aggress in another, concurrent relationship. Though the Intergenerational Cycle of Violence demonstrates that early trauma can lead to aggression in later life and subsequent generations, the current study suggests a relationship between victimization and perpetration can also be demonstrated in concurrent relationships.

*Men who have sex with men (MSM)

Physical and Mental Health After Trauma: A Study of National Aid Workers

Poster #F-199 **(intl)**

Montgomery, Catherine R., MA[1]; Perry, Lee R., MA[2]; Tilahun, Bikat S., MA[2]; Fawcett, Graham, PhD[3]; Eriksson, Cynthia B., PhD[4]
[1]Fuller Theological Seminary, Graduate School of Psychology, South Pasadena, California, USA
[2]Fuller Graduate School of Psychology, California, USA
[3]Independent Consultant, England, United Kingdom
[4]School of Psychology, Fuller Theological Seminary, Pasadena, California, USA

Humanitarian relief and development work is by nature stressful, particularly as aid workers are increasingly losing their privileged status and becoming military targets. Exposure to trauma and life stress is known to be associated with physical and mental health concerns. In consequence, the present study examined the hypothesis that mental health variables mediate the relationship between stressors and physical health in this population. Participants were 436 national aid workers working for an international aid organization in six countries in the Middle East and Eastern Europe. Mild-to-moderate symptomatology was noted on all measures of anxiety, posttraumatic stress (PTS), and physical health. Exposure to a life-threatening event was reported by 34 percent, and the average number of life stress events was 8.78. Analysis showed that PTS symptoms partially mediated the relationship between trauma exposure and physical health symptoms. Both reexperiencing symptoms and hyperarousal symptoms were salient in this equation, but a mutual suppressor effect was noted. PTS symptoms fully mediated the relationship between life stress and physical health. In addition, anxiety symptoms fully mediated the relationship between trauma exposure and physical health and between life stress and physical health. Implications for national aid workers will be discussed.

The presenting author is underlined.

Journalist´s Responses to Trauma Exposure - Both Salutary and Adverse

Poster #F-200 **(train)**

McMahon, Cait, BTh(Psych), BEd(Couns), MAPS[1]
[1]Dart Centre for Journalism and Trauma, Swinburne University of Technology, Melbourne, Victoria, Australia

The preliminary findings of the Australian study focus on quantitatively examining both salutary and adverse responses to traumatic exposure experienced by 105 journalists. Measuring for PTSD, dissociation, depression, anxiety, stress, anger and posttraumatic growth the study suggests that whilst some journalists exposed to trauma experience adverse effects, many of those also experience the positive outcome of Posttraumatic Growth (PTG) as measured by the Posttraumatic Growth Inventory. PTSD was the only correlating factor with PTG in this study. The study proceeded to classify the journalist´s trauma narratives using Singer and Blagov´s classification system for self-defining autobiographical memories to determine integration of meaning for those experiencing both posttraumatic stress and posttraumatic growth outcomes. This qualitative aspect of the study raises questions about the nature of trauma response and its incorporation into the memory narrative post-trauma exposure.

Promoting Preventive Programs and Trauma Therapy in Romania

Poster #F-201 **(train)**

Vasile, Diana, PhD[1]
[1]Psychology, Spiru Haret University, Bucharest, Bucharest, Romania

This paper presents a proposal for a structured plan to implement trauma therapy courses and preventive strategies in Romania. Even though Romania is well known for traumatic experiences - dictatorship, abandoned children, car accidents, natural disasters etc. - there is a strong need for coherent preventive and trauma therapy programs. The proposal is based on some facts: adolescents and young people (aged 20-40) are now the majority of clinical population in private practice, acknowledging the need for trauma education and therapy; only 1300 registered clinicians and psychotherapists for a population of 22 million people, working in medical settings and private practice; few courses that focus on trauma topics. The main objectives of the plan are: to train specialists in trauma therapy and trauma education through courses organized by academic institutions, professional and/or non-profit organizations; to publish educational materials on coping with trauma to normalize effects and psychological help in times of crisis, to organize support groups or crisis intervention teams. Examples are given for each type of objective. This paper is also a call for professional connection and collaboration with international trauma specialists.

Smoking and Its Association with Other Health-Risk Behaviors in Veterans with Combat-Related PTSD

Poster #F-202 **(prev)**

Jakle, Katherine, MA[1]; Metz, Sarah, MS[1]; Didion, Lea, MA[1]; Drescher, Kent, PhD[2]; Foy, David, PhD[3]
[1]GSEP, Pepperdine University, Los Angeles, California, USA
[2]NCPTSD-VAMC Palo Alto, California, USA
[3]GSEP, Pepperdine University, Encino, California, USA

Veterans with PTSD evidence increased health-risk behaviors as compared to the general population (Buckley, Mozley, Bedard, Dewulf, & Greif, 2004). PTSD is established as a non-genetic pathway for smoking (McFall & Cook, 2006), but the relationship between smoking and other health-risk behaviors in the PTSD population is less well understood. This study investigates whether PTSD veterans are more likely to smoke if they exhibit other health-risk behaviors. 430 male veterans provided questionnaire data on certain health-risk behaviors upon entrance to residential PTSD treatment. The sample was 58 percent Caucasian with an average age of 53 years (SD=8). 48 percent were smokers, 40 percent were obese, 60 percent did not exercise, 19 percent reported aggressive driving, 25 percent reported making verbal threats and 13 percent reported discontinuing medications without consulting a doctor. Adjusting for age and ethnicity, odds ratios and 95 percent confidence intervals were obtained from logistic regression (LR) with smoking as the outcome. Results suggest that PTSD veterans who exercise are less likely to smoke, veterans who are obese are less likely to smoke and veterans who are aggressive drivers are more likely to smoke. No other LR models were significant. Implications for health-risk prevention efforts in PTSD veterans are discussed.

Smoking Prevalence and Desire to Quit Among Combat PTSD Veterans

Poster #F-203 **(prev)**

Keener, James Matthew, MA[1]; Rotko, Carol, MA[2]; Foy, David, PhD[3]; Drescher, Kent, PhD[4]
[1]Graduate School of Education and Psychology, Pepperdine University, Rolling Hills, California, USA
[2]Graduate School of Education and Psychology, Pepperdine University, California, USA
[3]Graduate School of Education and Psychology, Pepperdine University, Encino, California, USA
[4]National Center for PTSD, Palo Alto VA Health Care System, Menlo Park, California, USA

Smoking is the leading cause of preventable death with more than 12 million mortalities attributed to cigarette smoking since 1964, with the rate remaining stable for several decades (United States Department of Health and Human Services, 2004). Individuals diagnosed with mental illness have significantly higher incidence of smoking than the general population. Recent research has shown that those diagnosed with a mental illness are twice as likely to smoke compared with individuals without a history of mental illness (Leonard et al., 2001). Clinical and epidemiological studies have indicated that when compared with the national average, higher rates of smoking are associated with Posttraumatic Stress Disorder (PTSD). Population data from a nationally representative sample indicate individuals diagnosed with PTSD are more likely to be current smokers (45 percent versus 22 percent) and have higher rates of lifetime smoking (63 percent versus 39 percent; Lasser et al.). Our sample of 637 veterans in treatment for PTSD, involved in conflicts ranging from Vietnam to Operation Iraqi Freedom, smoked at a rate of 44 percent with over 60 percent indicating a desire to quit. Ethnic differences in smoking rates were significant (54 percent African-American, 43 percent Caucasian, and 34 percent Hispanic). Results suggest the need to integrate smoking cessation within PTSD treatment.

Anger: Risk Factor or Predictor for PTSD

Poster #F-204 **(prev)**

Meffert, Susan, MD, MPH[1]; Henn-Haase, Clare, PsyD[1]; Neylan, Thomas, MD[2]; Metzler, Thomas, MA[3]; Marmar, Charles, MD[1]
[1]University of California, San Francisco, San Francisco, California, USA
[2]University of California, San Francisco, California, USA
[3]San Francisco VA Medical Center, California, USA

The association between anger and PTSD is of interest because anger disrupts social support, and, in the context of PTSD, has been linked to interpersonal violence. One important question concerns whether anger is a predictor or result of PTSD. To date, there have been few studies which assess the role of anger both as a predictor and a consequence of PTSD. This work fills that gap by providing the first large, prospective dataset which addresses the relationships among pre-exposure trait anger, critical incident related PTSD symptoms and post-exposure state anger. The following hypotheses were tested in 180 police academy recruits, who were PTSD negative at baseline: 1) Trait anger during training will be positively associated with symptoms of PTSD at one year of police service; 2) State anger at one year will be positively associated with PTSD symptoms at one year, controlling for trait anger during training. Both hypotheses were confirmed, suggesting that trait anger is a risk factor for PTSD, but that PTSD also causes an increase of state anger beyond that accounted for by pre-exposure trait anger.

The presenting author is underlined.

Predicting the Recurrence of Child Maltreatment: A Classification and Regression Tree Analysis

Poster #F-205 **(prev)**

Sledjeski, Eve, PhD[1]; Dierker, Lisa, PhD[1]; Brigham, Rebecca, BA[2]; Breslin, Eileen, MSW[3]
[1]Psychology, Wesleyan University, Middletown, Connecticut, USA
[2]Psychology, Wesleyan University, Middletown, CT, USA
[3]Department of Children and Families, Middletown, Connecticut, USA

Research has suggested that recurrent child maltreatment may be best predicted by a combination of factors that vary across families. The present study used a pattern-centered analytic approach to examine the presence of subgroups of families at high-risk for recurrent maltreatment based on case characteristics and risk assessment items. Archival data from substantiated investigations during 2003 were collected from a Connecticut Department of Children and Families (DCF) county branch. Families (n=244) with a substantiated index case were followed forward 18 months to identify the presence of additional substantiated cases within the DCF system. Classification and Regression Tree (CART) analyses revealed that prior DCF involvement was the best predictor of future maltreatment. Further, risk items that were associated with recurrence were different for families with and without previous DCF investigations. More specifically, families with only prior unsubstantiated DCF investigations and poor child visibility within the community were at high-risk for recurrence. In contrast, families without prior CPS involvement that were not actively involved in case planning and had a history of domestic violence were at high-risk for recurrence. These findings inform prevention efforts designed to reduce recurrence by delineating subgroups of families at high risk for future maltreatment.

Hardiness and Psychological Distress in a Cohort of Police Officers

Poster #F-206 **(prev)**

Andrew, Michael, PhD[1]; McCanlies, Erin, PhD[2]; Burchfiel, Cecil, PhD[2]; Charles, Luenda, PhD[2]; Fekedulegn, Desta, PhD[2]; Violanti, John, PhD[3]
[1]Biostatistics and Epidemiology Branch, Health Effects Laboratory Division, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Morgantown, West Virginia, USA
[2]Biostatistics and Epidemiology Branch, Health Effects Laboratory Division, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, West Virginia, USA
[3]University at Buffalo, Buffalo, New York, USA

Since police officers are frequently exposed to high stress situations, individual differences in the response to stress and trauma are of interest. We examined the association of hardiness components (commitment, control and challenge) with depression and posttraumatic stress disorder (PTSD) symptoms in police officers. The random sample included 105 officers (40 women and 65 men) from the Buffalo Cardio-Metabolic Police Stress (BCOPS) study baseline visit. Components of hardiness were measured using the Bartone (1999) 15-item hardiness scale. Depressive symptoms were measured using the Center for Epidemiological Studies Depression scale (CESD) and PTSD symptoms were measured using the impact of events scale (IES). Associations were assessed using linear regression analysis. Models were adjusted for age, education and marital status. Because of significant gender interactions, analyses were stratified by gender. The control subscale was significantly and negatively associated with CESD for both genders but was not associated with IES. Commitment was significantly and negatively associated with both CESD and IES in women. Men had negative but non-significant associations for commitment with CESD and IES. Gender differences in these associations show that for depressive and PTSD symptoms, hardiness may be more protective in female police officers than in male officers.

Nicotine Dependence as a Mediator Between Insomnia and PTSD Among a Nationally Representative Sample

Poster #F-207 **(prev)**

Babson, Kimberly, BS[1]; Trainor, Casey, MS[2]; Feldner, Matthew, PhD[3]; Sachs-Ericsson, Natalie, PhD[4]; Schmidt, Norman, PhD[5]; Zvolensky, Michael, PhD[6]
[1]University of Arkansas, Fayetteville, Arkansas, USA
[2]University of Arkansas, Arkansas, USA
[3]Psychology, University of Arkansas, Arkansas, USA
4Florida State University, Florida, USA
[5]Florida State University, Tallahassee, Florida, USA
[6]Psychology, University of Vermont, Vermont, USA

Research has demonstrated elevations in insomnia among persons with PTSD relative to people without psychopathology. Relatively less is known about the processes that may account for this relation. The current study aimed to evaluate the relations between insomnia and PTSD by examining nicotine dependence, as an index of nighttime nicotine withdrawal, as a mediator of this relation among a nationally representative sample of 5692 adults from the National Comorbidity Survey - Replication. Consistent with hypotheses, nicotine dependence partially mediated the relations between insomnia and PTSD after controlling for variance accounted for by diagnoses of major depressive episodes, drug and alcohol dependence, and gender. These findings support theoretical and empirical work suggesting persons with PTSD may be particularly reactive to nicotine withdrawal symptoms. This research also suggests smoking-related processes among these groups, such as nicotine withdrawal, may be accounting for other health problems, such as insomnia.

Can Preparation for a Forensic Medical Exam Prevent Psychosocial Problems Among Abused Youth?

Poster #F-208 **(prev)**

Danielson, Carla, PhD[1]; Rheingold, Alyssa, PhD[1]; Resnick, Heidi, PhD[1]; Self-Brown, Shannon, PhD[2]; Cunningham, Angela, BA[1]; Grier, Julie, BA[1]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]CDC, Georgia, USA

When it is suspected that a youth has experienced child sexual abuse (CSA), the youth is often referred for a comprehensive medical exam. Research among adult SA victims indicates that a brief video intervention that describes the procedures performed in the exam can help reduce acute distress and can help prevent later mental health problems and substance abuse (Aciero et al., 2003; Resnick et al., 1999). Thus, a video intervention has been developed to reduce acute distress at the time of the forensic medical exam and potentially prevent later psychosocial problems for youth who may have experienced CSA. The purpose of this study is to determine if there are differences in the psychosocial functioning in youth six weeks following the exam among those who observed the video at the time of the exam versus those who did not. Participants were youth (4-15 years) and their caretakers randomly assigned to view the video or to receive standard practice. Distress before, during, and after the exam was assessed. Six weeks following the exam, information on the psychosocial functioning of the youth was collected via phone interview and psychometric measures. Results of the six-week follow-up will be presented and discussed in the poster.

The presenting author is underlined.

Health-Risk Behaviors Among Female Veterans with Chronic Posttraumatic Stress Disorder

Poster #F-209 **(prev)**

Didion, Lea, MA[1]; Jakle, Katherine, MA[2]; Metz, Sarah, MS[3]; Drescher, Kent, PhD[4]; Foy, David, PhD[5]

[1]Graduate School of Education and Psychology, Pepperdine University, Los Angeles, California, USA
[2]Pepperdine University, Los Angeles, California, USA
[3]Pepperdine University, Culver City, California, USA
[4]NCPTSD-VAMC Palo Alto, Menlo Park, California, USA
[5]Pepperdine University, Encino, California, USA

Health-risk behaviors among veterans are of great concern; specifically, obesity and smoking, which are both more prevalent among veterans than non-veterans (Das et al., 2005; Davis et al., 2003). However, less is known regarding the occurrence of these behaviors among female veterans. Prevalence data will be presented on multiple health-risk behaviors gathered from 66 female veterans upon entrance into residential treatment for chronic PTSD. Sample was 68 percent Caucasian with a mean age of 46 years (SD=8). Significant effects found between female veterans´ Body Mass Index (BMI) scores (M=30.8) as compared to the female national average BMI scores (M=28.2) obtained from the CDC gathered until 2002 (Ogden, 2007), indicating that the BMI scores of female veterans were significantly higher than those of women in the general population. More recent data indicates that 18 percent of women in the general population were current smokers (NCHS, 2006) versus 47 percent of the female veterans entering residential treatment. This rate is higher than that reported in prior research (Davis et al., 2003), thus indicating the need to address this growing concern among female veterans. Implications for the prevention of health-risk behaviors of female PTSD veterans are discussed.

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 materialsmust 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)**

Porter, Robert, PhD[1]; Abraham, Fred, PhD[2]
[1]University of New Orleans & Patients First Family Medicine, Tampa, Florida, USA
[2]Silliman Unversity and Blueberry Brain Institute, Waterbury Center, Vermont, USA

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)**

Poundja, Joaquin, BSc[1]; Fikretoglu, Deniz, PhD[2]; Brunet, Alain, PhD[3]
[1]Université de Montréal / Douglas Hospital Research Centre, Verdun, Montréal, Quebec, Canada
[2]McGill University, Montreal, Quebec, Canada
[3]McGill University / Douglas Hospital Research Centre, Verdun, Quebec, Canada

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)**

Reinhard, Matthew, PsyD[1]; Wolf, Gregory, PsyD[2]; Caldwell, Alex, PhD[3]; Cozolino, Louis, PhD[4]
[1]Trauma Services, Washington DC VAMC, District of Columbia, District of Columbia, USA
[2]Veterans Affairs Medical Center, Florida, USA
[3]Caldwell Report, California, USA
[4]Pepperdine University, Beverly Hills, California, USA

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 it´s 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)**

Scotti, Joseph R., PhD[1]; Morris, Tracy L., PhD[1]; Cavender, Ashley, BA[1]; Manuel, Laura, BA[1]

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

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)**

Su, Yi-Jen, MS[1]; Chen, Sue-Huei, PhD[2]

[1]Department of Psychology, National Taiwan University, Taipei, Taiwan
[2]National Taiwan University, Taipei, Taiwan

The present study investigated the latent factor structure of posttraumatic 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)**

Tashiro, Ty, PhD[1]; Skjei, Kelsey, BA[1]

[1]Psychology, University of Maryland, College Park, Maryland, USA

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, PhD[1]

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

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)**

Weaver, Terri, PhD[1]; Resick, Patricia, PhD[2]

[1]Saint Louis University, Saint Louis, Missouri, USA
[2]National Center for PTSD, Boston, Massachusetts, USA

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)**

Weisæth, Lars, MD, PhD[1]; Heir, Trond, MD, PhD[2]; Sandvik, Leiv, PhD[1]
[1]University of Oslo, Oslo, Norway
[2]Norwegian Centre for Violence and Traumatic Stress Studies, University of Oslo, Oslo, Norway

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 sytems, 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 indviduals.

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

Poster #S-109 **(assess)**

Yeager, Derik, MA[1]; Freed, Michael, PhD[2]; Liu, Xian, PhD[3]; Gore, Kristie, PhD[2]; Engel, Charles, MD, PhD[2]; Magruder, Kathryn, MPH, PhD[4]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]Walter Reed Army Medical Center, Washington, District of Columbia, USA
[3]Deployment Health Clinical Center, Walter Reed Army Medical Center, Washington, DC, USA
[4]Department of Psychiatry, Ralph H. Johnson VA Medical Center, South Carolina, USA

Preference-weighed 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-weighed 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)**

Yufik, Tom, MA[1]; Simms, Leonard, PhD[2]
[1]University at Buffalo, Buffalo, New York, USA
[2]University at Buffalo, New York, USA

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)**

Rabi, Keren, MA[1]; Nevalta, Carryl, PhD[1]; Flagg McWhorter, Katherine, PhD[1]; Polcari, Ann, RN, PhD[2]; Teicher, Martin, PhD, MD[3]
[1]McLean Hospital, Belmont, Massachusetts, USA
[2]Psychiatry, Harvard Medical School/McLean Hospital, Belmont, Massachusetts, USA
[3]Harvard University, Belmont, Massachusetts, USA

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.

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

Poster #S-112 **(biomed)**

Robert, Sophie, PharmD[1]; Hamner, Mark, MD[2]; Durkalski, Valerie, PhD[3]; Ulmer, Helen G., RN[3]; Lorberbaum, Jeffrey, MD[4]; Brown, Mary, RN[3]

[1]Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA
[2]Medical University of South Carolina, Charleston, South Carolina, USA
[3]Medical University of South Carolina, South Carolina, USA
[4]Penn State University - Hershey Medical Center, Pennsylvania, USA

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)**

Von Känel, Roland, MD[1]; Kraemer, Bernd, MD[2]; Hepp, Urs, MD[3]; Schnyder, Ulrich, MD[4]

[1]Department of General Internal Medicine, University Hospital Bern, Bern, Switzerland
[2]Department of Psychiatry, University Hospital Zurich, Switzerland
[3]Psychiatric Services Aargau, Baden, Switzerland
[4]Department of Psychiatry, University Hospital Zurich, Zurich, Switzerland

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)**

van Liempt, Saskia, MD[1]; Vermetten, Eric, PhD[2]; De Groen, Hans, MD, PhD[3]; Westenberg, Herman, PhD[1]

[1]Psychiatry, University Medical Center Utrecht, Utrecht, Netherlands
[2]Research Center Military Mental Health Care, Utrecht, Netherlands
[3]Center for Sleep and Wake disorders, Kempenhaeghe, Heeze, Netherlands

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)**

Violanti, John, PhD[1]; Fekedulgen, Desta, PhD[2]; Hartley, Tara, MS[2]; Andrew, Michael, PhD[3]; Charles, Luenda, PhD[4]; Burchfiel, Cecil, PhD[4]

[1]Social & Preventive Medicine, State University of NY at Buffalo, Buffalo, New York, USA
[2]Health Effects Laboratory Division, Centers for Disease Control and Prevention, West Virginia, USA
[3]Health Effects Laboratory Division, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH), Morgantown, West Virginia, USA
[4]Biostatistics and Epidemiology Branch, Health Effects Laboratory Division, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, West Virginia, USA

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)**

Visser, Rogier, MSc[1]; Olff, Miranda, PhD[1]
[1]Center for Psychological Trauma, Academic Medical Center/ AMC de Meren/University of Amsterdam, Amsterdam, Netherlands

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)**

Woodward, Steven, PhD[1]; Kaloupek, Danny, PhD[2]; Schaer, Marie, MA[3]; Eliez, Stephan, MD[3]
[1]National Center for PTSD, VA Palo Alto HCS, Menlo Park, California, USA
[2]VA New England HCS, Boston, Massachusetts, USA
[3]University of Geneva, Geneva, Switzerland

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)**

Zhang, Lei, MD[1]; Li, He, MD[1]; Ursano, Robert, MD[2]
[1]Psychiatry, USUHS, Bethesda, Maryland, USA
[2]Psychiatry, USUHS, Kensington, Maryland, USA

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 quantitively 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)**

Legerski, John-Paul, MA[1]; Noland, Brian, BA[2]; Vernberg, Eric, PhD[1]
[1]University of Kansas, Lawrence, Kansas, USA
[2]Clinical 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)**

Miller, Alisa, MA[1]; Saxe, Glenn, MD[2]; Geary, Meaghan, MA[3]; Bedard, Katherine, BA[3]
[1]Clinical Psychology/Psychiatry, Boston University/Children's Hospital Boston, Boston, Massachusetts, USA
[2]Psychiatry, Children's Hospital of Boston, Boston, Massachusetts, USA
[3]Children's Hospital Boston, Boston, Massachusetts, USA

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

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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)**

Moore, Rachel, BA[1]; Knepp, Michael, BS[2]; Immel, Christopher, BA[1]; Jones, Russell, PhD[1]; Ollendick, Thomas, PhD[1]
[1]Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA
[2]Virginia Polytechnic Institute and State University, Virginia, USA

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)**

Radcliffe, Jerilynn, PhD[1]; Fleisher, Courtney, PhD[2]; Kassam-Adams, Nancy, PhD[1]; Hawkins, Linda, MEd[1]; Rudy, Bret, MD[3]
[1]Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
[2]LaRabida Children's Hospital, Chicago, Illinois, USA
[3]Adolescent Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

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)**

Rheingold, Alyssa, PhD[1]; Danielson, Carla, PhD[1]; Resnick, Heidi, PhD[1]; Self-Brown, Shannon, PhD[2]; Cunningham, Angela, BA[1]; Grier, Julie, BA[1]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]Center for Disease Control and Prevention, Norcross, Georgia, USA

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)**

Rheingold, Alyssa, PhD[1]; Resnick, Heidi, PhD[1]; Danielson, Carla, PhD[1]; Cunningham, Angela, BA[1]; Grier, Julie, BA[1]; Rives, Sydney, BA[1]
[1]Medical University of South Carolina, Charleston, South Carolina, USA

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)**

Self-Brown, Shannon, PhD[1]; Danielson, Carla, PhD[2]; Ralston, Elizabeth, PhD[3]; Grier, Julie, BA[2]; Cunningham, Angela, BA[2]; Rives, Sydney, BA[2]
[1]CDC, Atlanta, Georgia, USA
[2]Medical University of South Carolina, Charleston, South Carolina, USA
[3]LCC, South Carolina, USA

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)**

Dorshorst, Johnna, BS[1]; Shirtcliff, Elizabeth, PhD[1]; Coe, Christopher, PhD[1]; Pollak, Seth, PhD[1]
[1]University of Wisconsin-Madison, Madison, Wisconsin, USA

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)**

Stolbach, Bradley C., PhD[1]; Dominguez, Renee Z., PhD[2]; Rompala, Vikki, MSW/PhD Student[1]; Fleisher, Courtney, PhD[3]; Gazibara, Tanja, BA[2]; Lawrence, Gottlieb, MD[4]
[1]Behavioral Sciences, La Rabida Children's Hospital/ University of Chicago, Chicago, Illinois, USA
[2]Behavioral Sciences, La Rabida Children's Hospital, Chicago, Illinois, USA
[3]Behavrioal Sciences, La Rabida Children's Hospital, Chicago Child Trauma Center, Chicago, Illinois, USA
[4]University of Chicago, Illinois, USA

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)**

Taku, Kanako, PhD[1]; Cann, Arnie, PhD[2]; Calhoun, Lawrence, PhD[2]; Tedeschi, Richard, PhD[2]; Lindstrom, Cassie, BA[2]
[1]Department of Psychology, University of North Carolina at Charlotte, Charlotte, North Carolina, USA
[2]University of North Carolina at Charlotte, Charlotte, North Carolina, USA

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**

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

Poster #S-130 **(child)**

Vogel, Juliet, PhD[1]; Levitt, Jessica, PhD[2]; Rodriguez, James, PhD[3]; Foster, Jameson, MS[4]; Radigan, Marleen, DRPH[5]

[1]Department of Psychiatry, North Shore University Hospital/Zucker Hillside Hospital/Long Island Jewish Medical Center, Manhasset, New York, USA

[2]Child Psychiatry, Columbia University, New York, USA

[3]Columbia University and NYS Office of Mental Health, New York, New York, USA

[4]Youth Services Evaluation Research, NYS Office of Mental Health, New York, USA

[5]Bureau of Youth Services Evaluation Research, Center for Information Technology, NYS Office of Mental Health, New York, USA

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)**

Want, Nick, undergraduate[1]; Blanchard, Leslie, MA[1]; Reardon, Laura, MA[1]; Feldman, Natalie, undergraduate[1]; Leen-Feldner, Ellen, PhD[1]

[1]University of Arkansas, Fayetteville, Arkansas, USA

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 signification 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 (Acierno 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 (âinteraction 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)**

Weatherill, Robin, PhD[1]; Malone, Johanna, MA[2]; Levendosky, Alytia A., PhD[2]

[1]Behavioral Sciences Division, National Center for PTSD, Boston VA Medical Center, Boston, Massachusetts, USA

[2]Michigan State University, East Lansing, Michigan, USA

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)**

Wu, Chih-Hsun, MS[1]; Chen, Sue-Huei, PhD[2]; Weng, Li-Jen, PhD[3]; Wu, Yin-Chang, PhD[3]

[1]Psychology, National Taiwan Univerdity, Taipei, Taiwan

[2]National Taiwan University, Taipei, Taiwan

[3]Psychology, National Taiwan University, Taipei, Taiwan

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)**

Elliot, Trent, PhD[1]; Sherry, Patrick, PhD[2]; Prager, Eric, BA[3]
[1]Department of Behavioral Health, Bayne-Jones Army Community Hospital, Fort Polk, Louisiana, USA
[2]University of Denver, Aurora, Colorado, USA
[3]University of Denver, Denver, Colorado, USA

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)**

Sherry, Patrick, PhD[1]; Bahraini, Nazanin, MA[2]; Prager, Eric, BA[2]
[1]University of Denver, Aurora, Colorado, USA
[2]University of Denver, Denver, Colorado, USA

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 that 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 and 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)**

Ranslow, Elizabeth, PhD[1]; Lyon-Pratt, Kim, MS[2]; Ferrier, Amanda, MA[1]; Elliott, Katharine, MA[1]; Macdonald, Alexandra, PhD[3]; Monson, Candice, PhD[4]
[1]White River Junction VAMC, White River Junction, Vermont, USA
[2]MH&BSS, White River Junction VAMC, Vermont, USA
[3]VA National Center for PTSD, Women's Health Sciences Division, Boston, Massachusetts, USA
[4]VABHCS, Boston, Massachusetts, USA

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)**

Resnick, Heidi, PhD[1]; Danielson, Carla, PhD[2]; Rheingold, Alyssa, PhD[1]; Waldrop, Angela, PhD[1]; Acierno, Ronald, PhD[1]; Kilpatrick, Dean, PhD[1]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]Psychiatry & Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA

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.

The presenting author is underlined.

Functional and Behavioral Sexual Outcomes in Women Treated for PTSD

Poster #S-138 **(clin res)**

Schnurr, Paula, PhD[1]; Thurston, Veronica, MBA[1]; Forshay, Elizabeth, MSW[1]; Resick, Patricia, PhD[2]; Foa, Edna, PhD[3]; Chow, Bruce, MS[4]
[1]National Center for PTSD, White River Junction, Vermont, USA
[2]National Center for PTSD/Boston VA Healthcare System, Massachusetts, USA
[3]Center for the Study and Treatment of Anxiety, University of Pennsylvania, Philadelphia, Pennsylvania, USA
[4]VA Cooperative Studies Program, Menlo Park, California, USA

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)**

Shea, M. Tracie, PhD[1]; Lambert, Jennifer, PhD[2]; Howard, Jocelyn, PsyD[2]; Davis, Nancy, PhD[2]; Sevin, Elizabeth, BA[3]
[1]Veterans Affairs Medical Center, Brown University, Providence, Rhode Island, USA
[2]Veterans Affairs Medical Center, Providence, Rhode Island, USA
[3]Brown University, Rhode Island, USA

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)**

Smith, Rose, BA[1]; Babson, Kimberly, MS[2]; Trainor, Casey, MS[2]; Feldner, Matthew, PhD[3]
[1]University of Arkansas, Fayetteville, Arkansas, USA
[2]University of Arkansas, Arkansas, USA
[3]Psychology, University of Arkansas, Arkansas, USA

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)**

Stalnaker, Mark, PhD[1]; Pasillas, Rebecca, MA[1]; Deviva, Jason C., PhD[1]; Santanello, Andrew, PsyD[1]; Decker, Melissa, MA[1]; Batten, Sonja, PhD[1]
[1]VA Maryland Health Care System, Baltimore, Maryland, USA

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)**

Stines, Lisa, PhD[1]; Maskulka, Melissa, BA[1]; Lee, Grace, undergraduate[1]; Feeny, Norah, PhD[1]; Zoellner, Lori, PhD[2]
[1]Department of Psychology, Case Western Reserve University, Cleveland, Ohio, USA
[2]University of Washington, Seattle, Washington, USA

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 chose 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)**

Stines, Lisa, PhD[1]; Feeny, Norah, PhD[1]; Zoellner, Lori, PhD[2]
[1]Department of Psychology, Case Western Reserve University, Cleveland, Ohio, USA
[2]University of Washington, Seattle, Washington, USA

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 chose 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)**

Sutherland, R. John, MA[1]; Armsworth, Mary, EdD[1]
[1]University of Houston, Houston, Texas, USA

Few studies have examined factors that enhance or decrease resilience in men who were sexually abused as children (CSA). Such knowledge could add to efforts in developing risk reduction strategies for this population. The current study consisted of a purposive sample of 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)**

Ullman, Sarah, PhD[1]; Najdowski, Cynthia, BA[2]; Filipas, Henrietta, PhD[3]
[1]Criminal Justice, University of Illinois at Chicago, Chicago, Illinois, USA
[2]University of Illinois at Chicago, Chicago, Illinois, USA
[3]Psychology, University of Illinois at Chicago, Chicago, Illinois, USA

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)**

Vermaes, Ignace P.R., PhD[1]; Gerris, Jan, R.M., PhD[2]; Janssens, Jan, M.A.M., PhD[2]
[1]Psychology & Health: Pediatric Psychology, Tilburg University, Tilburg, Noord-Brabant, Netherlands
[2]Behavioural Science Institute, Radboud University, Nijmegen, Gelderland, Netherlands

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)**

Vermaes, Ignace P.R., PhD[1]; Janssens, Jan, PhD[2]; Gerris, Jan R.M., PhD[2]
[1]*Psychology & Health, Tilburg University, Tilburg, Noord-Brabant, Netherlands*
[2]*Behavioural Science Institute, Radboud University, Nijmegen, Gelderland, Netherlands*

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)**

Waldrep, Edward, Undergraduate[1]; Benight, Charles, PhD[1]; Chandler, Megan, BA[2]
[1]*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

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)**

Wild, Jennifer, DClinPsych[1]; Gur, Ruben, PhD[2]
[1]*Department of Psychiatry, Institution of Psychiatry, London, United Kingdom*
[2]*Department of Psychiatry, Neuropsychiatry Section, Philadelphia, Pennsylvania, USA*

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)**

Wolfgang, Browyn, DIPL-Psych[1]
[1]*The Australian Centre for Posttraumatic Mental Health, West Heidelberg, Victoria, Australia*

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)**

Woods, Stephanie J., PhD, RN[1]; Hall, Rosalie J., PhD[2]; Angott, Danielle M., BA[1]; Alexander, Thomas S., PhD[3]; Define, Linda, BA[3]; Page, Gayle G., DNSC, RN[4]
[1]*Nursing, University of Akron, Akron, Ohio, USA*
[2]*Psychology, University of Akron, Ohio, USA*
[3]*Summa Health System, Akron, Ohio, USA*
[4]*Nursing, The Johns Hopkins University School of Nursing, Baltimore, Maryland, USA*

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)**

Zinzow, Heidi, PhD[1]; Jackson, Joan, PhD[2]
[1]Psychology, University of Georgia, Athens, Georgia, USA
[2]Psychology, University of Georgia, Georgia, USA

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)**

Shibley, Heather, MD[1]; Benedek, David, MD[2]; Shibley, Glenford, MS[3]; Kaiser, Kenneth, BA[4]; Ursano, Robert, MD[5]; Vonderhaar, Lucie, MS[6]
[1]Psychiatry, Medical University of South Carolina, Charleston, South Carolina, USA
[2]Psychiatry/Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Rockville, Maryland, USA
[3]Rhode Island Municipal Police Adacemy, Lincoln, Rhode Island, USA
[4]Federal Bureau of Investigation, Boston, Massachusetts, USA
[5]Psychiatry, Center for the Study of Traumatic Stress, Uniformed Services Univerity of the Health Sciences, Kensington, Maryland, USA
[6]Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

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)**

Taku, Kanako, PhD[1]; Kilmer, Ryan, PhD[2]; Tedeschi, Richard, PhD[2]; Calhoun, Lawrence, PhD[2]
[1]Psychology, University of North Carolina at Charlotte, Charlotte, North Carolina, USA
[2]University of North Carolina at Charlotte, Charlotte, North Carolina, USA

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)**

Walling, Sherry, MA[1]; Tilahun, Bikat, MA[2]; Shin, Hana, MA[1]; Love, Sean, MA[2]; Eriksson, Cynthia, PhD[2]
[1]Graduate School of Psychology, Fuller Theological Seminary, Pasadena, California, USA
[2]Graduate School of Psychology, Fuller Theological Seminary, California, USA

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

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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.

Religous/Spiritual Predictors of Posttraumatic Growth in Heart Failure Patients

Poster #S-156 **(culture)**

Park, Crystal, PhD[1]; Sussman, Jessica, BA[2]; Brooks, Mohamad, BA[2]
[1]University of Connecticut, Storrs, Connecticut, USA
[2]University of Connecticut, Connecticut, USA

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 6months. 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)**

Querci Daniore, Raffaella, MD[1]; Daniore, Vittorio, MD[2]; Holloway, Harry, MD[1]
[1]Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA
[2]OB/GYN, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

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)**

Sanchez Ramos, Jenel, MA[1]; Lin, Elizabeth Y., BA[1]; Clark, Jen, BA[1]; Siswanto, Nadia, BA[1]; Herrera, Sofia, PhD[1]; Rojas-Flores, Lisseth, PhD[1]
[1]Fuller Graduate School of Psychology, Pasadena, California, USA

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)**

Schart, Leslie, BA[1]; Littleton, Heather, PhD[2]; Grills-Taquechel, Amie, PhD[1]
[1]University of Houston, Houston, Texas, USA
[2]Sam Houston State University, Huntsville, Texas, USA

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)**

Strom, Thad Q., PhD[1]; Morland, Leslie A., PhD[2]; Castelda, Bryan, PhD[1]; Frueh, B. Christopher, PhD[3]; Greene, Carolyn J., PhD[4]
[1]VA, National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA
[2]Research and Education, VA, National Center for PTSD, Pacific Islands Division, Hawaii, USA
[3]University of Hawaii at Hilo, Hawaii, USA
[4]Research, VA, National Center for PTSD, Pacific Islands Division, Hawaii, USA

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)**

Strom, Thad Q., PhD[1]; Greene, Carolyn J., PhD[2]; Morland, Leslie A., PhD[3]; Pagano, Ian, PhD[4]
[1]VA, National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA
[2]Research, VA, National Center for PTSD, Pacific Islands Division, Hawaii, USA
[3]Research and Education, VA, National Center for PTSD, Pacific Islands Division, Hawaii, USA
[4]Cancer Research Center of Hawaii, Hawaii, USA

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)**

Yadavalli, Suhrida, MS[1]; Boarts, Jessica, MA[1]; Delahanty, Doug, MA, PhD[1]
[1]Kent State University, Kent, Ohio, USA

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)**

Yutsis, Maya, BA[1]; Chenoweth, Daniel, MA[2]; Keener, James, MA[3]; Rotko, Carol, MA[3]; Drescher, Kent, PhD[2]
[1]NCPTSD-VAMC Palo Alto, Menlo Park, California, USA
[2]NCPTSD-VAMC Palo Alto, California, USA
[3]Pepperdine University, California, USA

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.

The presenting author is underlined.

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

Poster #S-164 **(practice)**

Milford, Jaime, MS[1]; Smith, Jane, PhD[2]
[1]University of New Mexico, Baltimore, Maryland, USA
[2]Psychology, University of New Mexico, Albuquerque, New Mexico, USA

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)**

Murray-Swank, Nichole, PhD[1]; Kohn, Mary-Marguerite, MS, MDIV, MSW[2]; Austin, Mary Liz, MS[3]
[1]Center for the Study of Spirituality, Trauma, Loss, and Violence, Columbia, Maryland, USA
[2]Loyola College in Maryland, Maryland, USA
[3]Healing Voices, Maryland, USA

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)**

Rademaker, Arthur, MSC[1]; Vermetten, Eric, MD, PhD[2]; Geuze, Elbert, PhD[2]; Muilwijk, Anne, MSC[2]; Kleber, Rolf, PhD[3]
[1]Clinical & Health Psychology, Utrecht University, Utrecht, Netherlands
[2]Research Centre - Military Mental Health, Ministry of Defense, Utrecht, Netherlands
[3]Clinical Psychology, Utrecht University, Utrecht, Netherlands

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)**

Reck, Jennifer, MS[1]; Sewell, Kenneth, PhD[1]
[1]University of North Texas, Denton, Texas, USA

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)**

Roberts, Mary, PhD[1]
[1]Department of Veterans Affairs, Salt Lake City, Utah, USA

Sleep disturbances are common complaints of veterans with PTSD. Some authors believe that the hyperarousal aspects of PTSD may be a core cause of sleep disruption (Woodward, 1995). Nightmare activity has been reported in approximately 70 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)**

Rothbaum, Barbara, PhD[1]; Tian, Xiao Wei, MS[2]; Stein, Dan J., MD, MPH[3]; Baldwin, David S., DM, FRCPsych[4]; Ahmed, Saeed, MD[2]; Musgnung, Jeff, MT[2]

[1]Emory University School of Medicine, Atlanta, Georgia, USA
[2]Wyeth Research, Collegeville, Pennsylvania, USA
[3]University of Cape Town, Cape Town, South Africa
[4]University 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≤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 Psychdynamic Group Intervention for Gulf War and OEF & OIF Combat Veterans

Poster #S-170 **(practice)**

Sehbi, Darshan Singh, MD[1]; Wert, Janine, MSW[2]

[1]PTSD, Dayton Veterans Affairs Medical Center, Dayton, Ohio, USA
[2]OEF/OIF, Dayton Veterans Affairs Medical Center, Dayton, Ohio, USA

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)**

Koenen, Karestan, PhD[1]; Amstadter, Ananda, PhD[2]; Acierno, Ronald, PhD[3]; Kilpatrick, Dean, PhD[3]; Ruggiero, Kenneth, PhD[3]; Gelernter, Joel, MD[4]

[1]Society, Human Development, and Health, Harvard School of Public Health, Boston, Massachusetts, USA
[2]Auburn University, Auburn, Alabama, USA
[3]Medical University of South Carolina, Charleston, South Carolina, USA
[4]Yale University, West Haven, Connecticut, USA

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)**

Lindner, Gretchen, PhD[1]; Maguen, Shira, PhD[1]; Neria, Yuval, PhD[2]; Litz, Brett, PhD[3]; Gross, Raz, MD[4]; Marshall, Randall, MD[2]

[1]San Francisco VA Medical Center, San Francisco, California, USA
[2]New York State Psychiatric Institute, New York, New York, USA
[3]Psychiatry, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
[4]Columbia University, New York, New York, USA

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 presenting author is underlined.

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

Poster #S-174 **(disaster)**

Martin, Elaine, BS[1]; Humphreys, Kathryn, EDM[1]; Marx, Brian, PhD[1]; Resick, Patricia, PhD[2]
[1]National Center for PTSD, Boston, Massachusetts, USA
[2]National Center for PTSD/Boston VA Healthcare System, Boston, Massachusetts, USA

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 symtomatology 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)**

Oe, Misari, MD[1]; Takamatsu, Mari, BA[1]; Maruoka, Takayuki, MD[1]; Maeda, Masaharu, MD[1]
[1]Department of Neuropsychiatry, Kurume University, Kurume, Fukuoka, Japan

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)**

Gerber, Brian, PhD[1]; Scotti, Joseph, PhD[2]; Althouse, Ronald, PhD[3]; Ducatman, Alan, MD[4]; Fischer, Mark, PhD[5]
[1]Department of Public Administration, West Virginia University, Morgantown, West Virginia, USA
[2]Department of Psychology, West Virginia University, Morgantown, West Virginia, USA
[3]Department of Sociology and Anthropology, West Virginia University, Morgantown, West Virginia, USA
[4]Community Medicine, West Virginia University, Morgantown, West Virginia, USA
[5]Virtual Medical Campus, West Virginia University, Morgantown, West Virginia, USA

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)**

Sprang, Ginny, PhD[1]; Lajoie, Scott, PhD[2]
[1]University of Kentucky, Lexington, Kentucky, USA
[2]University of Louisville, Louisville, Kentucky, USA

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)**

Terhakopian, Artin, MD[1]; Benedek, David, MD[1]; Engel, Charles, MD, MPH[1]; Ursano, Robert, MD[1]
[1]C/O Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

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)**

Wahlström, Lars, MD[1]; Michelsen, Hans, PsyD, PhD[2]; Schulman, Abbe, MD, PhD[2]; Bergh Johannesson, Kerstin, PsyD[3]; Hultman, Christina, PsyD, PhD[4]
[1]Center for Community Medicine, Department of Neurobiology, Care Sciences and Society, Karolinska Institute, Huddinge, Sweden
[2]Center for Community Medicine, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Huddinge, Sweden
[3]Department of Neuroscience, Uppsala University, National Center for Disaster Psychiatry, Uppsala, Sweden
[4]Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Sweden

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)**

Witteveen, Anke, PhD[1]; Olff, Miranda, PhD[2]
[1]Center for Psychological Trauma, Dept. of Psychiatry, University of Amsterdam, Academic Medical Center, Amsterdam, Netherlands
[2]University of Amsterdam, Academic Medical Center, Amsterdam, Netherlands

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)**

Roberts, Rebecca, MA[1]; Potts, Amy, MA[2]; Lantz, Jeanette, MA[1]; Gallegos, Autumn, MA[1]; Putman, Katharine, PsyD[2]; Foy, David, PhD[3]
[1]Fuller Graduate School of Psychology, Pasadena, California, USA
[2]Fuller Graduate School of Psychology, California, USA
[3]Pepperdine University Graduate School of Psychology, Encino, California, USA

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.

The presenting author is underlined.

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

Poster #S-182 **(intl)**

Shakeri, Jalal, MD[1]
[1]*Kermanshah University of Iran, Vienna, Virginia, USA*

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 questionaire. 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)**

Shakeri, Jalal, MD[1]
[1]*Kermanshah University of Iran, Vienna, Virginia, USA*

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 participitaed in this survey. They examined by Life Incidence Traumatic Evets Scale(Lutes), Child Report of PSTD (CROPS) and Parents Report of PSTD (PROPS).

Results: Results demostrated that 57.5 percent of participants (girls 67 percent and boys 48 percent) have experineced at least one life traumatic events. Physical abuse was the most common events (girls 64.1 percent and boys 69 percent). Sexual abuse were 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 experineced 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 intervenion 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)**

Vineburgh, Nancy, MA[1]; Benedek, David, MD[2]; Hamaoka, Derrick, MD[3]; Cozza, Stephen, MD[4]
[1]*Psychiatry, Uniformed Services University of the Health Sciences, Bedford, Massachusetts, USA*
[2]*Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*
[3]*Psychiatry, Uniformed Services University of the Health Sciences, Maryland, USA*
[4]*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Maryland, USA*

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)**

Nightingale, Vienna, MS[1]; Sher, Tamara, PhD[1]
[1]*Institute of Psychology, Illinois Institute of Technology, Chicago, Illinois, USA*

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)**

Paul, Lisa, MSci[1]; Gray, Matt, PhD[1]; Elhai, Jon, PhD[2]; Davis, Joanne, PhD[3]
[1]University of Wyoming, Laramie, Wyoming, USA
[2]University of South Dakota, Vermillion, South Dakota, USA
[3]University of Tulsa, Tulsa, Oklahoma, USA

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)**

Richards, Anne, MD, MPH[1]; Metzler, Thomas, MA[1]; Henn-Haase, Clare, PsyD[1]; Neylan, Thomas, MD[1]; Marmar, Charles, MD[1]
[1]University of California, San Francisco, San Francisco, California, USA

Exposure to a traumatic stressor is a necessary but insufficient condition for the development of PTSD. Additional factors, including coping styles, are hypothesized to contribute to PTSD. Escape-avoidance coping may 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)**

Scotti, Joseph R., PhD[1]; Del Ben, Kevin, PhD[2]; Burkhart, Steven, BA[1]; Manuel, Laura, BA[1]
[1]Department of Psychology, West Virginia University, Morgantown, West Virginia, USA
[2]University of Mississippi Medical Center, Jackson, Mississippi, USA

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)**

Tiegreen, Sara, MS[1]; Robertson, Lauren, BA[2]; Newman, Elana, PhD[1]
[1]University of Tulsa, Tulsa, Oklahoma, USA
[2]Psychology, University of Tulsa, Tulsa, OK, USA

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)**

Waldrop, Angela, PhD[1]; Resnick, Heidi, PhD[1]; Contini Sisson, Regana, MD[1]; Acierno, Ronald, PhD[1]; King, Daniel, PhD[2]; King, Lynda, PhD[2]
[1]*Medical University of South Carolina, Charleston, South Carolina, USA*
[2]*National Center for Posttraumatic Stress Disorder, Boston, Massachusetts, USA*

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-revictimization was 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)**

Marks, Angela, MS[1]; Kassam-Adams, Nancy, PhD[1]; Koplin Winston, Flaura, MD[1]
[1]*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*

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)**

Halsall, Elaine, PhD (Candidate)[1]
[1]*Human Rights Education, Roehampton University, London, United Kingdom*

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.

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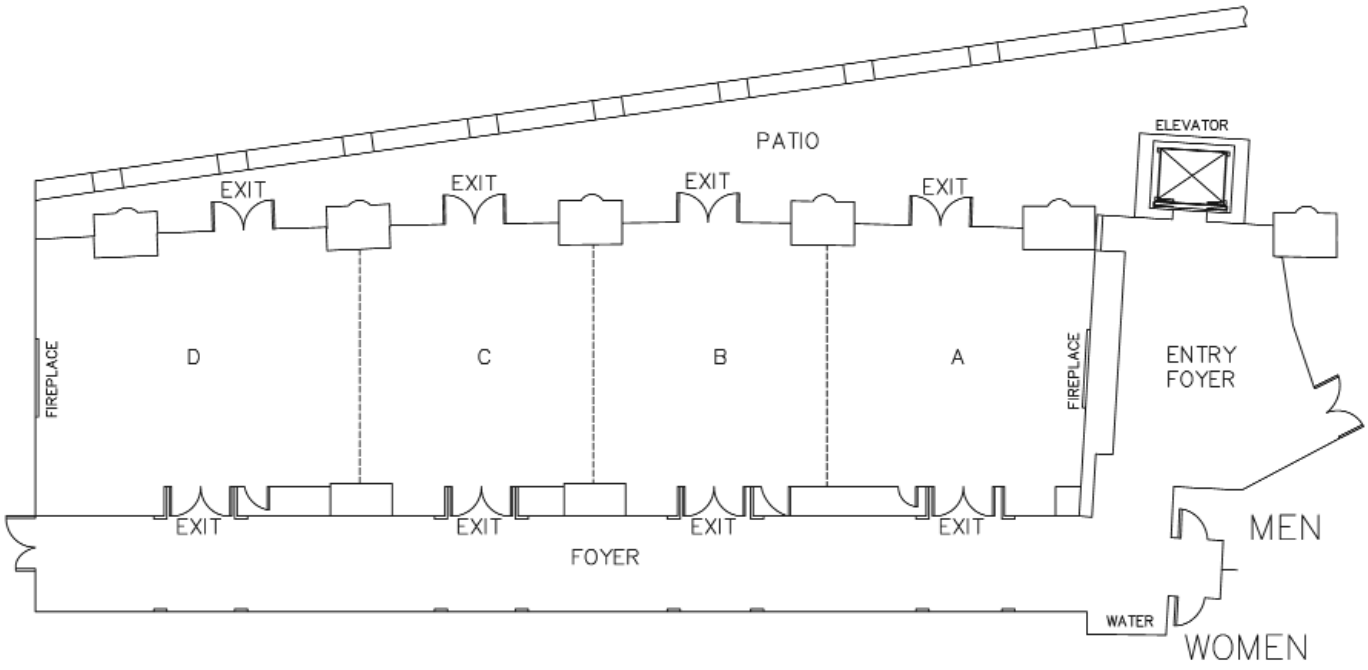

Baltimore Marriott Waterfront
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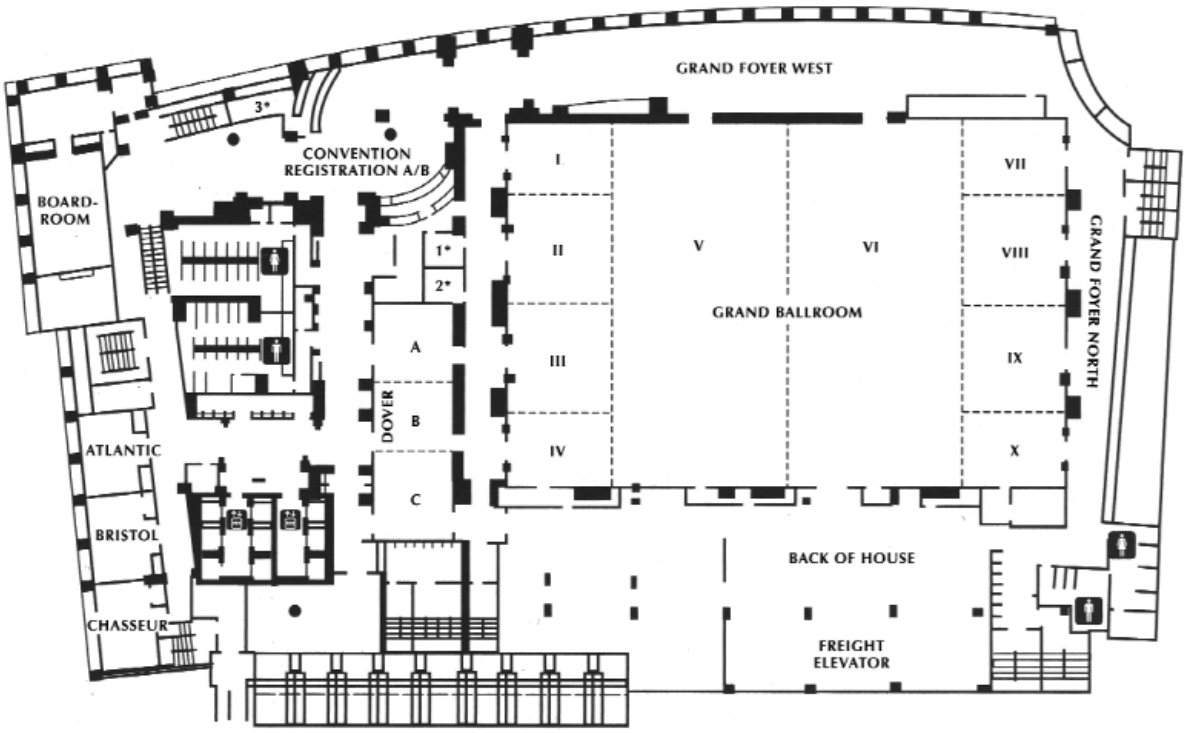

Baltimore Marriott Waterfront
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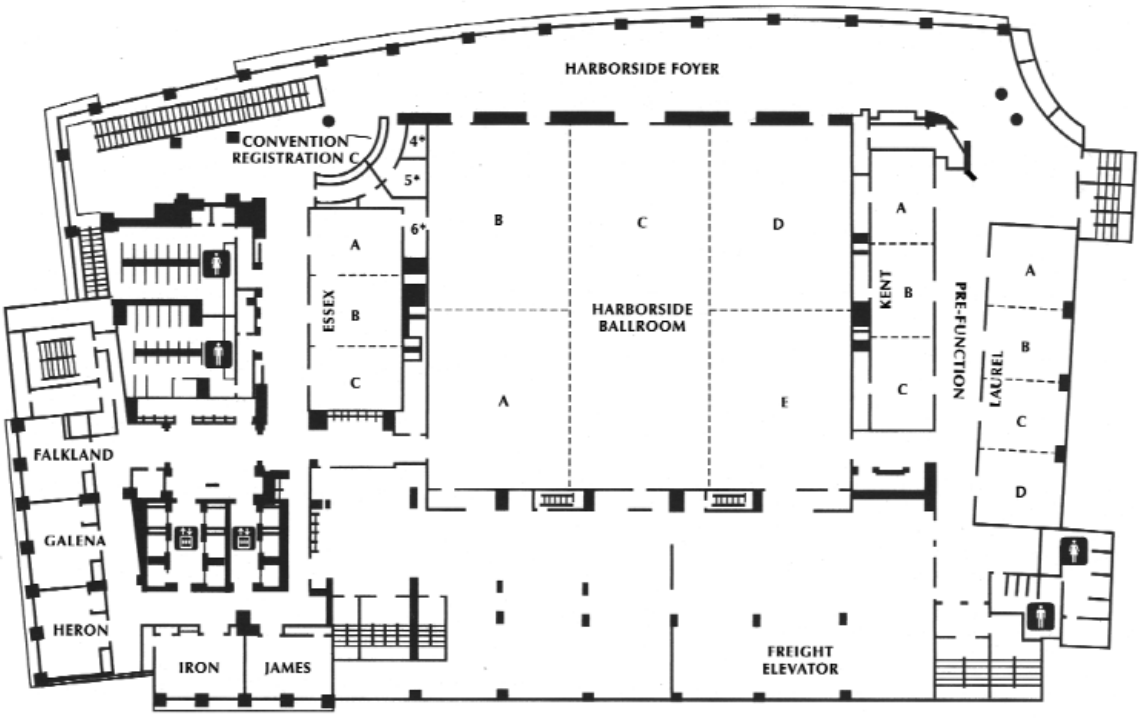

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