<table>
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<tr>
<th>Pre-Meeting Institutes – Full Day</th>
<th>Level</th>
<th>Keywords</th>
<th>Room/Floor</th>
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<td>Wednesday, November 2, 2011</td>
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<td>8:30 a.m. – 5:00 p.m.</td>
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<td>PMI #1</td>
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<td>Practice, Adult/Cmplx</td>
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<tr>
<td>The Trauma Recovery Group: A Guide for Practitioners</td>
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<tr>
<td>(Herman, Mandelsohn, Schatzow, Coco,</td>
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<td>Kallivayalil, Levitan)</td>
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<td>PMI #2</td>
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<td>Cultivating the Strength of Collective</td>
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<td>Survival: Social Support and Survivor to Survivor</td>
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<td>Support as Elements of Staff Care in Complex</td>
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<td>Humanitarian Emergencies</td>
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<td>(Gray, Fawcett)</td>
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<td>PMI #3</td>
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<tr>
<td>Strengthening Family Coping Resources: Multi-Family</td>
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<td>Group for Families Coping with Multiple Trauma</td>
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<td>(Kiser, Beck)</td>
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<td>PMI #4</td>
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<td>Research-Derived Practical Skills for Treating</td>
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<td>Couples After War Zone Deployment</td>
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<td>(O’Brien, Wills)</td>
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<td>PMI #5</td>
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<tr>
<td>Complex PTSD: Complex Diagnosis, Complex Treatment</td>
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<td>(Courtois, Ades, Marotta, Hensler, Doyle,</td>
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<td>Sanness, Bauman)</td>
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<td>PMI #6</td>
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<td>An Introduction to Cognitive Processing Therapy</td>
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<td>(Resick, Collie, Copland, Morris)</td>
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<td>PMI #7</td>
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<td>Using the Core Curriculum on Childhood Trauma to</td>
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<td>Create “Gold Standard” Training for Evidence-Based</td>
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<td>Students and New Practitioners (Layne)</td>
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<td>Building Attachment Across States: Healing Dissocia-</td>
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<td>tive Symptoms in Children and Adolescents</td>
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<td>Psychological First Aid for Schools</td>
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<td>(Brymer, Watson, Walker, Reyes, Taylor)</td>
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<td>Innovative Approaches to the Treatment of Developmental Trauma Disorder in Children and Adolescents</td>
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<td>(Zelechoski, Warner, Emerson, van der Kolk)</td>
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<td>PMI #11</td>
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<td>Rapid Evidence-Based Guidance for Post-Impact</td>
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<td>Disaster Mental Health Response: Trauma Signature</td>
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<td>(TSIG) Analysis (Shultz, Kelly, Espinel, Neria)</td>
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<td>Parent-Child Interaction Therapy: Evidence-Based Treatment for Improving Family Bonds and Social Relationships (Gurwitch, Pearl)</td>
<td>We Couldn’t Have Done It Without Them: Four Pioneers Discuss the Social Bonds that Shaped the Field of Traumatic Stress (Bloom, Courtois, Figley, Friedman)</td>
<td>Thursday, November 3&lt;br&gt;8:00 a.m. – 9:15 a.m.</td>
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<td>Psychological Effects of the Atomic Power Plants Accident in Fukushima (Kim, Konishi)</td>
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<td>The Great Eastern Japan Earthquake: Challenging Roles of Disaster Workers (Shigemura, Osawa)</td>
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<td>Symposium</td>
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<td>From Research to Clinical Innovations and Applications: Implications from Betrayal Trauma Theory (Freyd)</td>
<td>Why and How to Make Hidden Trauma Visible in Developmental Traumatology Research (Becker-Blease)</td>
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<td>Why and How to Make Hidden Trauma Visible in Developmental Traumatology Research (Becker-Blease)</td>
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<td>Is All Trauma Equal? The Role of Betrayal in Understanding Trauma Symptomatology (Gamache Martin, DeMarni Cromer, DePrince, Freyd)</td>
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<td>The Influence of Dependency on Reporting Intimate Partner Abuse to the Police (Mitchell, DePrince, Gover)</td>
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<td>Betrayal Trauma as a Traumatic Experience of Love (Kahn)</td>
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<td>The Conceptualization of Interpersonal Violence Related Trauma in a Forensic Context (Hughes)</td>
<td>The Conceptualization of Interpersonal Violence Related Trauma in a Forensic Context (Hughes)</td>
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<td>The Conceptualization of Complex Trauma and PTSD in Forensic Matters (Hughes)</td>
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<td>Conceptualization and Assessment of Sexual Harassment in Civil Litigation (Rocchio)</td>
<td>Conceptualization and Assessment of Sexual Harassment in Civil Litigation (Rocchio)</td>
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<td>Conceptualization of Battered Women’s Response to Intimate Partner Violence (Dutton)</td>
<td>Conceptualization of Battered Women’s Response to Intimate Partner Violence (Dutton)</td>
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<td>Conceptualization of Battered Women’s Response to Intimate Partner Violence (Dutton)</td>
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<tr>
<td>Symposium</td>
<td>Military Sexual Trauma: Complex Outcomes and Prevention of Multiple Layers of Betrayal (Allard)</td>
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<tr>
<td>Posttraumatic Sequelae Associated with Military Sexual Assault in Female Veterans Enrolled in VA Outpatient Mental Health Clinics (Luterek, Bittinger, Simpson)</td>
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<td>Clin Res, Mil/Vets</td>
<td>Kent 4</td>
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<td>Posttraumatic Stress Symptomatology as a Mediator of the Association Between Military Sexual Trauma and Post-Deployment Physical Health in Women (Smith, Shiperd, Schuster, Vogt, King, King)</td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
<td>Kent 4</td>
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<td>Association Between Trading Sex and Military Sexual Trauma Among Women Veterans (Strauss, Weitlauf, Calhoun)</td>
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<td>Clin Res, Mil/Vets</td>
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<tr>
<td>Reengineering Gender Relations in Modern Militaries: An Evolutionary Perspective (Hannagan, Arrow)</td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
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<tr>
<td>Panel Treating Posttraumatic Stress Disorder in First Responders (Weiss, Haugen, Evces, Difede, Best, Nijdam, Gersons)</td>
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<td>Clin Res, Emerg Wrkrs</td>
<td>Grand VII &amp; Grand VIII 3</td>
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<tr>
<td>Panel History, Healing, and Storytelling: Media Representations of Intergenerational Trauma (Spratt, Sullivan, McMahon, Rees)</td>
<td>I</td>
<td>Media, Surv/Hist</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Workshop Doing the Benzodiazepine Dance: Challenges for PTSD Prescribers (Friedman, Bernardy, Jeffrey, Gibson)</td>
<td>A</td>
<td>Practice, Civil/Ref</td>
<td>Grand III &amp; IV 3</td>
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<tr>
<td>Paper Session Trauma and Violence (Green)</td>
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<tr>
<td>PTSD Symptomatology and Reactivity to the Pelvic Exam Among Women with a History of Sexual Violence (Greene, Khan, Weitlauf)</td>
<td>M</td>
<td>Practice, Violence</td>
<td>Dover 3</td>
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<tr>
<td>The Relationship of Disclosure to PTSD Status in a Sample of Adult Sexual Assault Survivors (Mills, Marino-Carper, Steenkamp, Salters-Pedneault, Litz)</td>
<td>M</td>
<td>Clin Res, Violence</td>
<td>Dover 3</td>
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<tr>
<td>First Protect Your Own - Military Sexual Trauma: A National Crisis (Karuvannur)</td>
<td>M</td>
<td>Social, Mil/Vets</td>
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<td>Paper Session Refugees and Survivors of Torture (Silove)</td>
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<td>Does Justice Heal? A Longitudinal Study of the Psychosocial Effects of the Khmer Rouge Trials in Cambodia (Sonis, Gibson, de Jong, Hearn, Eng)</td>
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<td>Global, Surv/Hist</td>
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<td>Thursday, November 3</td>
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<td><strong>Keynote</strong></td>
<td>The Interrupters: A Conversation on the Cycle of Urban Violence and the Potential for Social Connections to Stop It (Kotlowitz, Bocanegra)</td>
<td>M Social, Violence Harborside Ballroom 4</td>
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<tr>
<td><strong>Symposium</strong></td>
<td>Update on Neuroimaging and PTSD: Evolving Methods and New Directions (Engdahl, Neumeister, Bremner, Offringa)</td>
<td>M Bio Med, Violence Dover 3</td>
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<td>Neural Correlates of Fear Learning in PTSD (Bremner, Dent, Fani)</td>
<td>M Bio Med, Violence Dover 3</td>
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<td>Brain Miscommunication Patterns in PTSD as Revealed By Magnetoencephalography (MEG) (Georgopoulos, James, Van Kempen, Leuthold, Engdahl, Shub)</td>
<td>Bio Med, Violence Dover 3</td>
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<td><strong>Paper Session</strong></td>
<td>Treating Veterans (Neylan)</td>
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<td>Measuring Impacts of Volunteering on Returning Post 9/11 Disabled Veterans (Matthieu, Smith, Pereria, Yonkman, Greitens)</td>
<td>I Commun, Mil/Vets Grand IX &amp; X 4</td>
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<td>Psychological Injury, Treatment Utilization, and Barriers to Care: Results from a National Survey of Iraq and Afghanistan Veterans (Elbogen, Wagner, Johnson, Beckham)</td>
<td>M Assess Dx, Mil/Vets Grand IX &amp; X 4</td>
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<td>Gender Differences in Post-Deployment Psychological Health: The Impact of Combat Exposure and Predeployment Risk and Protective Factors (Poulsny, Kumpula, Meis, Johnson, Erbes)</td>
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<td>Differences in Cortical Volume Between Chronic and Remitted PTSD in Gulf War Veterans</td>
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<td>(Apfel, Chao, Ross, Schuff, Neylan)</td>
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<td>Psychophysiology</td>
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<td>Differential Effects of Clinical Diagnoses on Cortisol Outcomes in Victims of Intimate Partner Violence (IPV)</td>
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<td>(Basu, Levendosky, Lonstein, Stansbury)</td>
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<td>Predictors of Salivary Cortisol Levels in Children and Adolescents Exposed to Traumatic Events</td>
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<td>(Goldbeck, Maaßen, Kirsch, Kirschbaum)</td>
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<td>Experiential Avoidance and the Relationship Between Child Maltreatment and PTSD Symptoms: Preliminary Evidence</td>
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<td>(Shenk, Putnam, Noll)</td>
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<td>(Woodward, Schulz-Heik, Schaer, Hallmayer, Kaloupek)</td>
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<td>Effects of Conflicts on Noncombatants</td>
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<td>Saving Not Taking Lives: Measuring Combat Medic Mettle</td>
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<td>(Figley, Cabrera, Pitts, Chapman)</td>
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<td>Is PTSD in Asylum Seekers Being Interpreted as Lying?</td>
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<td>(Herlihy, Rogers, Fox)</td>
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<td>Children of War - Investigating the Influence of World War II Trauma, Related to Zone of Occupation, Social Support and Resilience on Health and Well-Being in a Sample of Austrian Elderly Adults</td>
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<td>Managing, Understanding and Communicating Psychological Issues Among Refugee Applicants</td>
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<td>Preventing Psychological and Moral Injury in Military Service: Summing Up</td>
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<td>Symposium</td>
<td>Racism, Psychological Distress, and Treatment Seeking in Racially and Ethnically Diverse Trauma Survivors (Ghafoori)</td>
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<td></td>
<td>Perceptions of Racist Environment and Race-Related PTSD (Waelde, Pan, Delorefice, Gruen, Harrison)</td>
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<td>Racial and Ethnic Differences in PTSD, GAD and Depression in Trauma Survivors (Ghafoori, Barragan, Palinkas)</td>
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<td>Factors Influencing Help-Seeking and Treatment Preferences Among Trauma-Exposed Latina Immigrants: A Qualitative Study (Kaltman, Hurtado de Mendoza, Serrano, Gonzales)</td>
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<td>Ethnoracial Differences in Traumatic Stress: The Next Horizons (Triffleman)</td>
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<td>Military Motion-Based Memory Desensitization and Reprocessing (3MDR): A Novel Treatment for PTSD? (Vermetten, Mert)</td>
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<td>Clin Res, Mil/Vets</td>
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<td>Default Network Abnormalities in PTSD: A fMRI Investigation (Lanius, Daniels, Frewen)</td>
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<td>Using Epigenetic and Molecular Changes in PTSD as Therapeutic Targets (Yehuda)</td>
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<td>Trauma Exposure and Working Memory Abnormalities (McFarlane)</td>
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<td>Symposium</td>
<td>The Effect of Social Bonds on Immediate and Long-Term Response to Collective Trauma Among Different Cohorts: Adolescents, Adults and Elderly (Tuval-Mashiach)</td>
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<td>Social, Violence</td>
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<td>Multiple Losses of Social Resources Following Collective Trauma: The Case of the Forced Relocation from Gush Katif (Dekel, Tuval-Mashiach)</td>
<td>I</td>
<td>Social, Violence</td>
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<td>Social Bonds, Stress Inducing Situations and Varying Degrees of Religious Commitment Among Adolescents Before and Following Forced Relocation (Galily, Sagy)</td>
<td>I</td>
<td>Social, Violence</td>
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<td>The Long-Term Impact of a Collective Trauma on Sense of Belonging to Social Resources (Tuval-Mashiach, Nuttman-Shwartz)</td>
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<td>Social, Violence</td>
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<td>The Psychosocial Effects of Exposure to Collective Trauma on Elderly Persons: Differences in Sense of Belonging and Type of Community</td>
<td>I</td>
<td>Social, Violence</td>
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<td>Symposium</td>
<td>Treatment Outcomes in Victims and Perpetrators of Intimate Partner Violence (Johnson)</td>
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<td>Treatment of PTSD in Residents of Battered Women's Shelters (Johnson, Zlotnick, Perez)</td>
<td>M</td>
<td>Clin Res, Violence</td>
<td>Kent 4</td>
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<td>The Effects of MBSR on PTSD Among Low-Income African American Women (Dutton)</td>
<td>I</td>
<td>Clin Res, Violence</td>
<td>Kent 4</td>
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<tr>
<td>Strength at Home Abuser Intervention for Military Veterans: Pilot Findings (Taft, Monson, MacDonald, Murphy, Maguire, Resick)</td>
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<td>Clin Res, Violence</td>
<td>Kent 4</td>
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<td>Trauma Exposure, PTSD Symptoms, and Treatment Response Among Perpetrators of Intimate Partner Violence (Murphy, Semiatin, Meis, Poole)</td>
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<td>Clin Res, Violence</td>
<td>Kent 4</td>
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<tr>
<td>Workshop</td>
<td>Real Life Heroes: A Developmental, Attachment-Centered Intervention for Children with Complex Trauma (Kagan)</td>
<td>M</td>
<td>Practice, Child/Adol</td>
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<tr>
<td>Panel</td>
<td>The Developmental Trauma Disorder Field Trial Study and the DSM-5: Overview, Clinician Survey Results, and Structured Interview Methodology (Ford, van der Kolk, Spinazzola, Stolbach)</td>
<td>M</td>
<td>Assess Dx, Child/Adol</td>
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<tr>
<td>Panel</td>
<td>A Longitudinal Study of Stress and Mental Health in Humanitarian Aid Workers; Risk and Resilience Factors and Guidelines for Humanitarian Organizations (Lopes Cardozo, Eriksson, Olf, Snider, Simon)</td>
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<td>Paper Session</td>
<td>Examining Complex PTSD as a Mediator of the Relationship Between Trauma and Substance Abuse Among Youth (Rosenkranz, Henderson, Muller)</td>
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<tr>
<td>Paper Session</td>
<td>Lack of Future Orientation as a Mediator in the Relationship Between Adverse Life Events and Delinquent Behaviors in Early Adolescents (Allwood, Baetz, Carly, DeMarco, Bell)</td>
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<td>Social, Child/Adol</td>
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<tr>
<td>Paper Session</td>
<td>Cognition, Attention &amp; Memory (Ehring)</td>
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<td>N400 in PTSD (Kimble, Batterink, Marks, Ross, Fleming)</td>
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<td>Attention Biases to Threat, Fear Acquisition and Extinction: Associations Among Attentional and Conditioned Fear Processes in Posttraumatic Stress Disorder (Fani, McClure Tone, Bradley, Ressler, Jovanovic)</td>
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<td>Attentional Control, Attentional Threat Bias, and Posttraumatic Stress Symptomatology (Bardeen)</td>
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<td>Why Is Trauma-Related Rumination Dysfunctional? (Ehring)</td>
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<tr>
<td>Invited Featured Panel</td>
<td>Mental Health Implications of the Gulf Oil Spill (Osofsky, Osofsky, Speier, Goldstein, Lurie)</td>
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<td>Prevent, Disaster</td>
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<tr>
<td>Master Clinician</td>
<td>Treating Trauma: Helping the Entire Human Organism Feel Safe and Live in the Present (van der Kolk)</td>
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<td>Practice, Child/Adol</td>
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<td>Symposium</td>
<td>Social Bonds Noir: The Role of Trauma in the Origins and Outcomes of Interpersonal Aggression (Warren)</td>
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<td>Killing in Combat, Mental Health Symptoms, and Suicidal Ideation in Iraq War Veterans (Maguen, Luxton, Skopp, Gahm, Reger, Metzler, Marmar)</td>
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<td>Assess Dx, Violence</td>
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<td>The Role of Seeing Violence and Being Hurt Violently as a Child in the Association Between Personality Disorder Diagnoses and Violence in Adulthood (Warren)</td>
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<td>Assess Dx, Violence</td>
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<td>Relationships Among Anger, Aggression, and PTSD in First Responders Following Hurricane Katrina (Brown, Komarovskaya, Antonius, Henn-Haase, Marmar, Chemtob)</td>
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<td>The Impact of Killing and Injuring Others on Mental Health Symptoms Among Police Officers (Komarovskaya, Maguen, McCaslin, Metzler, Madan, Brown, Galatzer-Levy, Henn-Haase, Marmar)</td>
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<tr>
<td>Symposium</td>
<td>Enhancing Innovation &amp; Impact in Trauma Focused Intervention Development &amp; Implementation (Zatzick, Wagner, Ruzek, Jaycox)</td>
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<td>Enhancing Engagement, Reach and Population Impact of Early Trauma Focused Interventions (Zatzick, Koepsell)</td>
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<td>Behavioral Activation as an Accessible and Acceptable Early Intervention for Trauma-Related Problems (Wagner, Jakupcak)</td>
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<td>Dissemination Infrastructures and Continuous Dissemination of Best Practices in PTSD Care (Ruzek)</td>
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<td>Reaching Children Exposed to Trauma Through Schools (Jaycox, Stein, Kataoka, Wong, Langley)</td>
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<tr>
<td>Symposium</td>
<td>Understanding Complex Patterns of Trauma Exposure and Clinical Needs Among Children and Adolescents: Evidence from the Large-Scale Core Dataset of the National Child Traumatic Stress Network (Kisiel)</td>
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<td>The UCLA Trauma History Profile (Steinberg, Pynoos)</td>
<td>M</td>
<td>Assess Dx, Child/Adol</td>
<td>Laurel C/D 4</td>
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<td>The Complexity of Clinical Profiles Among Children and Adolescents Exposed to Multiple and Chronic Caregiver-Related Traumas (Kisiel, Spinazzola, Liang, Belin, Stolbach)</td>
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<td>Laurel C/D 4</td>
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<td>The Contribution of Psychological Maltreatment to Child and Adolescent Outcomes (Spinazzola, Hodgdon, Liang, Suvak, Kisiel, Ford, Layne, Stolbach, van der Kolk)</td>
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<td>Assess Dx, Child/Adol</td>
<td>Laurel C/D 4</td>
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<td>Symposium</td>
<td>Genes, Gender and Communities: Building a Multi-Level, Bio-Psycho-Social Model of Trauma-Related Risk and Resilience (Bradley)</td>
<td>M</td>
<td>Bio Med, Adult/Cmplx</td>
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<td>Gender and Genetic Risk Markers for PTSD (Ressler, Gillespie, Mercer, Jovanovic, Conneely, Almli, Smith, Smith, Bradley)</td>
<td>M</td>
<td>Bio Med, Adult/Cmplx</td>
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<td>Chronic Stress, Sleep Related Biomarkers, and Resilience and Vulnerability to PTSD (Mellman, Hall Brown, Lavela, Huntley, Kobayashi)</td>
<td>M</td>
<td>Bio Med, Adult/Cmplx</td>
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<td>Integrating Positive Developmental Experiences into Developmental Models of Vulnerability and Resilience (Bradley, Smith, Cross, Jovanovic, Ressler)</td>
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<tr>
<td>Child Maltreatment Increases Vulnerability to Problematic Drinking in Adverse Social Contexts: Neighborhood Disorganization and Incident Binge Drinking in Detroit (Keyes)</td>
<td>M</td>
<td>Bio Med, Adult/Cmplx</td>
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<tr>
<td>Workshop</td>
<td>When a Service Member Is Wounded, a Family Is Wounded: New DOD/VA Policy and Practice in Engaging and Supporting the Families of Veterans (Kudler, Dekle, McCutcheon, Glynn, Sherman, Straits-Troster)</td>
<td>M</td>
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<td>Workshop</td>
<td>The Role of Social Bonding in the Development and Healing of Combat Posttraumatic Stress Disorder: A Decade of Practice-Based Evidence (Keenan)</td>
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<td>Practice, Mil/Vets</td>
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<td>Panel</td>
<td>Future Directions for Targeting Traumatic Memories in PTSD Treatment: Mechanisms and Implications Across Diverse Intervention Approaches (Rothbaum, Zoellner, Aikins, Bomyea, Lang, Litz)</td>
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<td>Paper Session</td>
<td>Social Support and Healing (Tol)</td>
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<td>Perception of Social Support Among Sexually Abused Adolescents (Regnault)</td>
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<td>Grand VII &amp; VIII 3</td>
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<td>Trauma Exposure Predicts Social Support Independent of Posttraumatic Stress Disorder and Depression: Data from the Heart and Soul Study (Cohen, McCaslin, Au, Whooley)</td>
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<td>Grand VII &amp; VIII 3</td>
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<td>Paper Session</td>
<td>Parents and Teachers (Howard)</td>
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<td>The Effects of PTSD on the Parenting Process (Howard, Suvak, Taft)</td>
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<td>School Bullying, PTSD Symptoms and Teacher Support: A Mediation Model (Idsoe)</td>
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<td>Teachers’ Struggle in Supporting Children after Traumatic Exposure (Alisic, Bus, Dulack, Penning, Splinter)</td>
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<td>Symposium</td>
<td>Trauma, Self, and Identity (Brewin)</td>
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<tr>
<td>A Double-Edged Sword: Construing a Traumatic Event as Central to Identity and PTSD and Posttraumatic Growth (Boals)</td>
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<td>Practice, Diverse Pop</td>
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<td>Influence of Cultural Differences in Self on Processes Involved in Posttraumatic Stress Disorder (Jobson, Moradi, Dalgleish, Conway)</td>
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<td>Maintaining Self Identity When the World Suddenly Changes (Shalev, Ankri)</td>
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<td>The Place of Identity in Autobiographical Memory of Trauma (Brewin)</td>
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<td>Workshop</td>
<td>The REACH Program: Family Psychoeducation for Veterans Living with PTSD and Their Families</td>
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<td>Panel</td>
<td>Disasters, Media and Public Resiliency in the Asia Pacific Region: Perspectives from Current Crises (Shapiro)</td>
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<td>Panel</td>
<td>Moving from Competition to Collaboration: Research-Based Approaches in Developing More Effective PTSD Psychotherapies (Kudler, Gilboa-Schechtman, Haugen, Evces, Adler Nevo, Weiss)</td>
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<td>Panel</td>
<td>Broken Bonds: the Impact of Intergenerational Trauma on Safe Parenting (Chemtob, Urquiza, Tullberg)</td>
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<td>Panel</td>
<td>Theoretical Approaches for Trauma Adaptation: Clinical Research Applications (Benight, Hobfoll, Kaniasty, Pyszczynski)</td>
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<td>Res Meth, Disaster</td>
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<td>Panel</td>
<td>Psychological First Aid: Lessons from Low and Middle Income Countries (Snider, Bisson, Schafer, Baron, van Ommeren)</td>
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<td>Global, Disaster</td>
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<tr>
<td>Case Study Presentation</td>
<td>A Twenty Year Follow-Up of the Hostage Victims of Altaview Hospital (Panos, Ochberg, Dulle)</td>
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<td>Clin Res, Violence</td>
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<tr>
<td>Case Study Presentation</td>
<td>Trauma Narratives: Functions, Memory Processes, and Reconstruction in Therapy and Video Testimonies (Peri, Dor, Tuval-Mashiach)</td>
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<td>Paper Session</td>
<td>Intergenerational/Historical Trauma (Yellow Horse Brave Heart)</td>
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<td>Ethnic Identity, Intergenerational Conflict and Mental Health Outcomes of Somali Refugee Adolescents Resettled in the United States (Miller, Abdi, Ellis)</td>
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<td>Wicasa Was’a’ka: Addressing Historical Trauma with American Indian and Alaska Native Men and Boys (Yellow Horse Brave Heart, Elkins, Tafoya, Bird, Salvador)</td>
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<td>Practice, Diverse Pop</td>
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<td>Epigenetics and Intergenerational Complex Trauma (Doughty)</td>
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<td>Healing Through Community: A Grounded Theory Model for the Protection of Children from Abuse in Rwanda (Costillo, Williams, Bustrum, Chege, Reimer)</td>
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<td>Concurrent 6</td>
<td>The September 11th 2001 Terrorist Attacks: Ten Years After (Cloitre, Neria, Holman, Silver, Chemtob)</td>
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<td>9/11 Mental Health: What Have We Learned in the Last Decade</td>
<td>M Clin Res, Disaster</td>
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<td>Social Constraints, Genetic Vulnerability, and Mental Health Following Collective Stress</td>
<td>M Bio Med, Disaster</td>
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<td>The Aftermath of Terror: A Nationwide Longitudinal Study of Posttraumatic Stress Across the 9/11 Decade</td>
<td>M Social, Disaster</td>
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<td>Intervening with children and Adolescents Exposed to the World Trade Center Attacks</td>
<td>M Clin Res, Child/Adol</td>
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<tr>
<td>Symposium</td>
<td>Adherence in Psychotherapy and Pharmacotherapy for PTSD</td>
<td>M Clin Res, Diverse Pop</td>
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<td>Early Intervention in the Immediate Aftermath of Trauma</td>
<td>M Clin Res, Diverse Pop</td>
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<td>Behavioral Activation as an Alternative Treatment for PTSD Among Returning Veterans</td>
<td>M Clin Res, Diverse Pop</td>
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<td>Understanding Treatment Dropout and Adherence from the Perspective of Patient Preferences</td>
<td>M Clin Res, Diverse Pop</td>
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<td>Symposium</td>
<td>Attachment and Oxytocin: Protective for Recovery from Trauma?</td>
<td>M Bio Med, Adult/Cmplx</td>
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<td>Exogenous and Endogenous Stimulation of the Oxytocin System in Recently Traumatized Humans: Lessons from the Prairie Vole Model</td>
<td>M Bio Med, Adult/Cmplx</td>
<td>Dover 3</td>
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<td>Oxytocin Administration in the Prairie Vole: Feed-Forward Effects in the Context of Stress</td>
<td>A Bio Med, Adult/Cmplx</td>
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<td>Effect of Primed Attachment Security and Oxytocin on Processing of Trauma-Related Stress</td>
<td>M Bio Med, Adult/Cmplx</td>
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<td>Childhood Traumatic Experiences, The Role of Attachment Representations and of Different Types of Traumatic Events</td>
<td>M Bio Med, Adult/Cmplx</td>
<td>Dover 3</td>
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<td>Symposium</td>
<td>Enhancing Medical, Forensic, Psychiatric, and Social Support for Victims of Drug-Facilitated Sexual Assault: Unique Symptom Patterns, Treatment Needs, and an Integrated Care Model</td>
<td>M Commun, Violence</td>
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<td>An Urban Drug-Facilitated Sexual Assault Epidemic? Incidence, Characteristics, and an Integrated Care Model (Richer, Fields, Heppner, Bell, Boccellari, Shumway)</td>
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<td>Commun, Violence</td>
<td>Laurel C/D 4</td>
</tr>
<tr>
<td>Formal and Informal Help-Seeking after Drug-Facilitated Sexual Assault: Medical, Forensic, Psychiatric, and Social Support (Richer, Fields, Bell, Heppner, Boccellari, Shumway)</td>
<td>M</td>
<td>Commun, Violence</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Drug-Facilitated Sexual Assault and PTSD: Drug-Induced Amnesia and Differential Symptom Development (Fields, Richer, Heppner, Bell, Boccellari, Shumway)</td>
<td>M</td>
<td>Commun, Violence</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Developing a Brief Manualized Therapy for Victims of Drug-Facilitated Sexual Assault (Fields, Stein, Smith, Richer, Shumway)</td>
<td>M</td>
<td>Commun, Violence</td>
<td>Laurel C/D 4</td>
</tr>
<tr>
<td>Symposium Evidence for a New, Distinct Construct Within PTSD’s Symptom Criteria: Support for “Dysphoric Arousal” Across Trauma-Exposed Samples (Elhai)</td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Grand III &amp; IV 3</td>
</tr>
<tr>
<td>Assessing the Five-Factor Model of PTSD with Medical Patients and Military Veterans: Is Dysphoric Arousal Differentially Related to Anxiety and Depression? (Elhai)</td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Grand III &amp; IV 3</td>
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<tr>
<td>Assessing PTSD’s Latent Structure in European Trauma Victims: Evidence for a Five Factor Dysphoric and Anxious Arousal Model (Armour)</td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Grand III &amp; IV 3</td>
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<tr>
<td>Evidence for a Unique PTSD Construct Represented by PTSD’s D1-D3 Symptoms (Biehn)</td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Grand III &amp; IV 3</td>
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<tr>
<td>Posttraumatic Stress Disorder Symptom Structure in Chinese Adolescents Exposed to a Deadly Earthquake (Wang)</td>
<td>M</td>
<td>Assess Dx/Violence</td>
<td>Grand III &amp; IV 3</td>
</tr>
<tr>
<td>Workshop Design, Implementation and Evaluation of Psychosocial Interventions for Violence-Affected Children in Low- and Middle-Income Countries: Introductory Workshop on Integrating Research and Practice (Jordans, Kohrt, Murray, Tol)</td>
<td>M</td>
<td>Commun, Disaster</td>
<td>Grand VII &amp; VIII 3</td>
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<tr>
<td>Panel What I Wish I Knew Before: Seasoned Advice on Networking, Developing Mentoring Relationships, and Career Planning in Psychology (La Bash, Keane, Monson, Batten)</td>
<td>I</td>
<td>Train/Ed/Dis, Diverse Pop</td>
<td>Grand IX &amp; X 3</td>
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<tr>
<td>Paper Session Secondary Trauma (Basedau)</td>
<td>I</td>
<td>Self-Care, Caregvs</td>
<td>Essex 4</td>
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<tr>
<td>Social Connectedness and Therapist Wellness: A Case Study in Trauma Treatment (Comeau, Genovese)</td>
<td>M</td>
<td>Self-Care, Caregvs</td>
<td>Essex 4</td>
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<tr>
<td>Paper</td>
<td>Primary and Secondary Trauma Exposure in Clinicians: Lessons Learned from Hurricane Katrina and 9/11 (Tosone)</td>
<td>M</td>
<td>Clin Res, Caregvr</td>
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<td>The Nature and Emotional Impact of Traumatic Exposure Among South African Emergency Care Practitioners (Basedau)</td>
<td>I</td>
<td>Self-Care, Emerg Wrkrs</td>
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<td></td>
<td>Training for Community Based Mental Health Workers (Lloyd)</td>
<td>I</td>
<td>Train/Ed/Dis, Caregvr</td>
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<td>Creative Interventions (Keats)</td>
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<td>Soldiers' Poetry and the Undoing of Language During War (Ben-Tovim)</td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
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<td>Masks in Group Work with Female Trauma Survivors (Keats)</td>
<td>M</td>
<td>Clin Res, Adult/Cmplx</td>
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<td></td>
<td>Project HEAL: An Internet-Based Self-Management Intervention for Preventing Prolonged Grief (Delaney, Litz, Au, Prigerson, Block)</td>
<td>M</td>
<td>Prevent, Caregvr</td>
</tr>
<tr>
<td>Concurrent</td>
<td>Throwing Off the Burden of Shame: Social Bonds and Recovery from the Traumas of Gender-Based Violence (Herman)</td>
<td>M</td>
<td>Practice, Adult/Cmplx</td>
</tr>
<tr>
<td>Keynote</td>
<td>Traumatic Brain Injury Among Veterans: Identification, Symptoms, and Treatment Response (Iverson)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
</tr>
<tr>
<td>Symposium</td>
<td>Concordance Rates of Established TBI Diagnostic Criteria with Department of Veterans Affairs Clinical Judgment (Pogoda, Iverson, Baker, Krengel, Meterko, Stolzmann, Lew, Hendricks)</td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
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<td></td>
<td>Do OEF/OIF Veterans Who Experience Both MST and Deployment-Related TBI Face More Mental Health Problems Than Those with Deployment-Related TBI Only? (Iverson, Kimerling, Pogoda, Stolzmann, Meterko, Baker, Krengel, Hendricks)</td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
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<td>Affective Attention Shifts with Worsening PTSD Symptom Severity in OEF/OIF</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
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<tr>
<td>Concurrent 8</td>
<td>Friday, November 4</td>
<td>11:00 a.m. – 12:15 p.m.</td>
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<td><strong>Master Clinician</strong></td>
<td><strong>Restoring the Protective Shield: Core Concepts from Child-Parent Psychotherapy</strong> (Ghosh Ippen)</td>
<td>M</td>
<td>Practice, Child/Adol</td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td><strong>Beyond Simple Risk and Resilience: Methodological and Theoretical Advances in the Study of Outcome Heterogeneity in Response to Potentially Traumatic Events.</strong> (Galatzer-Levy)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
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<td></td>
<td><strong>Predicting Trajectories of PTSD Symptomatology Following Exposure to Critical Incidents Among a Large Cohort of Police Officers</strong> (Henn-Haase, Galatzer-Levy, Madan, Neylan, Marmar)</td>
<td>A</td>
<td>Clin Res, Mil/Vets</td>
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<td><strong>Acoustic Startle Eyeblink Reflex Under Low, but Not High, Threat Differentiates Longitudinal Profiles of Resilient and Symptomatic Police Officers</strong> (Madan, Galatzer-Levy, Pole, Metzler, Marmar)</td>
<td>A</td>
<td>Clin Res, Mil/Vets</td>
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<td><strong>Heterogeneous PTSD Symptom Profiles Predict PTSD Related Functioning Better Than Aggregated PTSD Symptoms.</strong> (Galatzer-Levy, Brown, Henn-Haase, Marmar, Chemtob)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
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<td><strong>Trajectories of Sleep Disturbances and Its Relation to Stress Related Symptomatology</strong> (Neylan)</td>
<td>A</td>
<td>Clin Res, Mil/Vets</td>
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<tr>
<td><strong>Symposium</strong></td>
<td><strong>Intergenerational Legacies of Trauma: Recent Multidimensional Findings Across Species and Among Differing Traumatic Experiences</strong> (Danieli)</td>
<td>M</td>
<td>Assess Dx, Surv/Hist</td>
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<td><strong>Risk, Resilience, and Gene-Environment Interplay in Primates</strong> (Suomi)</td>
<td>M</td>
<td>Assess Dx, Surv/Hist</td>
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<td><strong>Evidence of Epigenetic Alterations in Holocaust Offspring</strong> (Yehuda, Bierer, Flory)</td>
<td>M</td>
<td>Assess Dx, Surv/Hist</td>
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<tr>
<td>Symposium</td>
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<td>Clin Res, Violence</td>
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<tr>
<td>Parental Exposure to Trauma and Child Mental Health: Preliminary Findings on Highly Exposed Families in NYC and the Tel Aviv Area (Duarte, Teichman, Teichman, Wu, Haven)</td>
<td>M</td>
<td>Assess Dx, Surv/Hist</td>
<td>Grand IX &amp; X 3</td>
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<tr>
<td>Symposium Cognitive Processing Therapy Out of the Box (Elwood)</td>
<td>M</td>
<td>Clin Res, Violence</td>
<td>Dover 3</td>
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<tr>
<td>Additive Benefits of a Brief Sleep Treatment Prior to Cognitive Processing Therapy in Interpersonal Violence Survivors with PTSD (Elwood, Mott, Galovski)</td>
<td>M</td>
<td>Clin Res, Violence</td>
<td>Dover 3</td>
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<tr>
<td>Gender Similarities and Differences in Outcomes Following a Course of Cognitive Processing Therapy in Survivors of Interpersonal Trauma (Galovski, Blain)</td>
<td>M</td>
<td>Clin Res, Violence</td>
<td>Dover 3</td>
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<tr>
<td>A Multisite Randomized Controlled Effectiveness Trial of CPT for Australian Veterans with PTSD (Forbes, Lloyd, Nixon, Bryant, Varker, Creamer)</td>
<td>I</td>
<td>Clin Res, Violence</td>
<td>Dover 3</td>
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<tr>
<td>Symposium Dissemination of Evidence-Based Psychotherapies for Use with Military Personnel (Riggs)</td>
<td>M</td>
<td>Practice, Mil/Vets</td>
<td>Essex 4</td>
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<tr>
<td>Dissemination Efforts at the Center for Deployment Psychology (Riggs)</td>
<td>I</td>
<td>Practice, Mil/Vets</td>
<td>Essex 4</td>
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<tr>
<td>Dissemination of Prolonged Exposure Therapy to Military Behavioral Health Providers (Domenici, Brim)</td>
<td>M</td>
<td>Practice, Mil/Vets</td>
<td>Essex 4</td>
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<tr>
<td>Dissemination of Cognitive Processing Therapy for PTSD with Military Personnel (Schulz, Copland)</td>
<td>M</td>
<td>Practice, Mil/Vets</td>
<td>Essex 4</td>
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<tr>
<td>Trauma and Sleep Disturbance: Epidemiology and Treatment Approaches for Military Veterans (Brim)</td>
<td>M</td>
<td>Practice, Mil/Vets</td>
<td>Essex 4</td>
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<tr>
<td>Workshop Beyond Baron and Kenny and Macarthur: A Modern Mediation Analysis Workshop (Hayes, Lunney)</td>
<td>M</td>
<td>Res Meth, Mil/Vets</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Panel Trauma-Informed Approaches to Public Health Problems: Lessons from City of Brotherly Love (Purtle, Bloom, Corbin, Chilton)</td>
<td>M</td>
<td>Prevent, Adult/Cmplx</td>
<td>Grand III &amp; IV 3</td>
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<tr>
<td>Panel Individual Placement and Support Supported Employment for Veterans with PTSD (Davis, Drebing, Leon, Toscano, Drake)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
<td>Laurel A/B 4</td>
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<tr>
<td>Paper Session</td>
<td>Trauma and Relationships (Meehan)</td>
<td>Reflective Function in Psychotherapy Patients with Chronic PTSD (Meehan, Markowitz, Palicova, Neria)</td>
<td>Kent 4</td>
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<td>Attachment Trauma and Interpersonal Relationships of Child and Adolescent Inpatients (Szymanski, Springer, Goldstein)</td>
<td>Adult Attachment: The Role of Intimate Social Bonds in Predicting Long-Term Outcome Following Childhood Trauma (Petretic, Chaisson, Karlsson)</td>
<td>Kent 4</td>
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<td></td>
<td>School Bullying: A Cross-Cultural Study of Prevalence and Psychological Consequences (Eklit)</td>
<td>ISTSS Early Career Panel (Brown, Elkin, Maguen, Neylan, Nickerson)</td>
<td>Laurel A/B 4</td>
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<td>Interim Friday, November 4 1:00 p.m. – 2:00 p.m.</td>
<td>Student Internship and Postdoctoral Program Networking Fair</td>
<td>Harborside D/E 4</td>
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<td>Concurrent 9 Friday, November 4 2:00 p.m. – 3:15 p.m.</td>
<td>Prisoner of Her Past Part I: Introduction and Screening (Kudler, Reich, Quinn, Albeck, Danieli, Osofsky)</td>
<td>Grand VI 3</td>
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<td>Featured Presentation (Media)</td>
<td>The Nature, Mechanisms, and Treatment of Grief (Bryant)</td>
<td>Grand IX &amp; X 3</td>
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<td>Symposium</td>
<td>Information Processing of Emotional Information in Complicated Grief (Maccallum)</td>
<td>Grand IX &amp; X 3</td>
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<td>Complicated Grief and Deficits in Expressive Flexibility (Bonanno)</td>
<td>Grand IX &amp; X 3</td>
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<td>The Extent and Impact of Traumatic Loss Among Deployed Marines (Marino-Carper, Litz, Nash, Baker, Goldsmith)</td>
<td>Grand IX &amp; X 3</td>
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<td>Is Exposure Necessary for Treating Complicated Grief? (Bryant)</td>
<td>Grand IX &amp; X 3</td>
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<td>Symposium</td>
<td>Relational Trauma and the Impact on Children: Assessing Beyond Behavior (Richardson)</td>
<td>Dover 3</td>
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<td>Psychosocial Consequences of Relational Trauma: Preliminary Findings from the NCTSN Core Data Set</td>
<td>Dover 3</td>
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<td>Relational Trauma and Children: The Co-Occurrence of Trauma Within the Caregiving Relationship and Neurodevelopmental Delays in Children (Richardson, Black-Pond)</td>
<td>M Clin Res, Child/Adol</td>
<td>Dover 3</td>
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<tr>
<td>Relational Trauma and Resilience: Child, Parent, and Family Relationship Factors Promoting Positive Outcomes Among a Sample of Physically Abused Children (Carmody, Haskett, Loehman)</td>
<td>M Clin Res, Child/Adol</td>
<td>Dover 3</td>
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<tr>
<td>Workshop Treating Military Related PTSD and Comorbidity in Veterans Across the Lifespan (Richardson, Smith)</td>
<td>M Practice, Mil/Vets</td>
<td>Grand I &amp; II 3</td>
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<tr>
<td>Panel Individual, Family and Social Challenges to the Implementation of Early Interventions to Promote Mental Health After Trauma and Disaster (O'Donnell, Zatzick, Kannam-Adams, Brewin, Bisson)</td>
<td>M Prevent, Disaster</td>
<td>Grand III &amp; IV 3</td>
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<tr>
<td>Panel The Use of Peer Consultation and Support for Trauma Clinicians Working with Military Service Members and Veterans (Collie, Roberts, Aosved, Holohan, Bates)</td>
<td>M Self-Care, Mil/Vets</td>
<td>Grand VII &amp; VIII 3</td>
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<tr>
<td>Panel Moral Injury: Theory, Evidence and Intervention (Nickerson, Stein, Steenkamp, Joscelyne, Litz)</td>
<td>M Practice, Mil/Vets</td>
<td>Laurel A/B 4</td>
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<tr>
<td>Case Study Presentation The RAP Club: A Trauma-Focused Group Delivered by Adolescent and Young Adult Peer Leaders (Tandon, Tucker, Gbalazeh, Nole, Habib)</td>
<td>M Clin Res, Child/Adol</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Paper Session Psychotherapy Outcomes (Jensen)</td>
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<td>Essex 4</td>
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<td>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) vs Treatment as Usual (TAU) in Routine Clinical Care: Results from an RCT Study in Norway (Jensen, Egeland, Hult, Hukkelberg, Ormhaug)</td>
<td>I Clin Res, Caregvr</td>
<td>Essex 4</td>
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<tr>
<td>A Meta-Analysis of Psychotherapy for PTSD in Adult Survivors of Childhood Interpersonal Trauma (Ehring)</td>
<td>A Clin Res, Adult/Cmplx</td>
<td>Essex 4</td>
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<tr>
<td>Yoga as a Complimentary Treatment for Chronic PTSD (Stone, Spinazzola, Sharma, Suvak, van der Kolk)</td>
<td>I Clin Res, Adult/Cmplx</td>
<td>Essex 4</td>
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<td>The Relationship Between Treatment Fidelity and Clinical Outcomes in the Implementation of CPT in VA Settings (Wiltsey Stirman, Calloway, Monson, Resick, McDonald)</td>
<td>M Train/Ed/Dis, Caregvr</td>
<td>Essex 4</td>
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<td>Paper Session Predictors of Impairment (Flory)</td>
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<tr>
<td>Joint Effect of Childhood Abuse and Family History of Depression on Risk for PTSD (Flory, Yehuda, Passarelli, Siever)</td>
<td>I Clin Res, Adult/Cmplx</td>
<td>Kent 4</td>
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| Concurrent 10  
Friday, November 4  
3:30 p.m. – 4:45 p.m. |  
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**Featured Presentation (Media)**  
Prisoner of Her Past Part II: Panel and Audience Discussion  
(Kudler, Osofsky, Osofsky, Albeck, Danieli) | M | Media, Surv/Hist | Grand VI  
3  
**Symposium**  
Response to Trauma Across the Lifespan:  
The Role of Peritraumatic Reactions  
(Kerig) | I | Assess Dx, Diverse Pop | Grand III & IV  
3  
Peritraumatic Distress and Peritraumatic Dissociation Across Lifespan  
(Rodgers, Bui, Arbus, Birmes) | M | Assess Dx, Diverse Pop | Grand III & IV  
3  
The Relationship of Child and Parental Peritraumatic Reactions and Posttraumatic Stress Disorder  
(Bui, Brunet, Birmes) | M | Assess Dx, Diverse Pop | Grand III & IV  
3  
Trauma Exposure, Peritraumatic Reactions, and PTSD Symptoms Among Juvenile Justice-Involved Youth  
(Kerig, Bennett) | I | Assess Dx, Diverse Pop | Grand III & IV  
3  
Response to Trauma Across the Lifespan:  
The Role of Peritraumatic Reactions  
(Brunet) | M | Assess Dx, Diverse Pop | Grand III & IV  
3  
**Symposium**  
Challenges and Successes in Evaluating Community-Based Interventions to Improve Outcomes for Children Exposed to Violence and Trauma  
(Jaycox) | M | Res Meth, Child/Adol | Grand VII & Grand VIII  
3  
National Evaluation of the Safe Start: Promising Approaches to Children Exposed to Violence Initiative  
(Jaycox, Schultz, Hickman, Barnes-Proby, Kracke) | M | Res Meth, Child/Adol | Grand VII & Grand VIII  
3  
Role of Evaluation in State-Wide, Community-Based Implementation of Trauma-Focused Therapy for Children  
(Gewirtz, Reckinger) | M | Res Meth, Child/Adol | Grand VII & Grand VIII  
3  
Evaluation in the Support of Training and Consultation to Improve Therapists’ Effective Use of CBT  
(Berliner, Dorsey, Lyon) | M | Res Meth, Child/Adol | Grand VII & Grand VIII  
3  
**Symposium**  
Developmental Perspectives on Proposed DSM-V Bereavement Criteria: Three Longitudinal Studies of Bereaved Children | M | Assess Dx, Child/Adol | Dover  
3
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<th>and Adolescents (Layne)</th>
<th>Developmental Considerations for DSM-V Bereavement-Related Disorders (Kaplow, Layne, Pynoos)</th>
<th>I</th>
<th>Assess Dx, Child/Adol</th>
<th>Dover 3</th>
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<tr>
<td>Do Traumatic Circumstances of the Death Matter? Predicting the Longitudinal Course of Grief in Adolescents (Layne, Olsen, Kaplow, Pynoos)</td>
<td>M</td>
<td>Assess Dx, Child/Adol</td>
<td>Dover 3</td>
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<tr>
<td>Loss in the Context of Social Ties: Mental Health Trajectories of War-Affected Youth in Sierra Leone (Betancourt, Newnham)</td>
<td>I</td>
<td>Assess Dx, Child/Adol</td>
<td>Dover 3</td>
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<td>Neurobiology of Implicit Emotion Regulation: Avenues for Understanding Psychopathology and Its Treatment (Etkin)</td>
<td>M</td>
<td>Bio Med, Diverse Pop</td>
<td>Essex 4</td>
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<tr>
<td>Functional and Structural Abnormalities in Childhood Sexual Abuse-Related PTSD: Implications for Characterization and Treatment (Brown, Root, Perez, Teuscher, Pan, Cloitre, LeDoux, Silbersweig, Stern)</td>
<td>M</td>
<td>Bio Med, Diverse Pop</td>
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<tr>
<td>Neural Mechanisms and Treatment Predictors in Posttraumatic Stress Disorder (Felmingham, Bryant, Malhi)</td>
<td>I</td>
<td>Bio Med, Diverse Pop</td>
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<tr>
<td>Workshop</td>
<td>The Harm and Healing of Betrayal Trauma: A Researcher/Clinician Dialogue (Freyd, Kahn, Cromer, Platt)</td>
<td>M</td>
<td>Clin Res, Adult/Cmplx</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Panel</td>
<td>Looking Through the Lens of Local Culture: Implications for the Assessment and Treatment of Post-Conflict Populations (La Bash, De Jong, Silove, Friedman)</td>
<td>M</td>
<td>Cul Div, Civil/Ref</td>
<td>Laurel A/B 4</td>
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<tr>
<td>Paper Session</td>
<td>Veterans and Their Families (Wade)</td>
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<td>Grand I &amp; II 3</td>
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<tr>
<td>Impact of an Online Posttraumatic Stress Disorder Training Game on Families of Returning Veterans (Albright)</td>
<td>I</td>
<td>Train/Ed/Dis, Mil/Vets</td>
<td>Grand I &amp; II 3</td>
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<tr>
<td>A Learning Collaborative to Improve Mental Health and Family Supports to Medically Discharging Australian Defense Force Members (Wade, Pead)</td>
<td>M</td>
<td>Train/Ed/Dis, Mil/Vets</td>
<td>Grand I &amp; II 3</td>
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<tr>
<td>Paper Session</td>
<td>Civilian Survivors of Conflicts (Meyerowitz)</td>
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<td>Grand IX &amp; X 3</td>
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<td>Resilience and Social Ties: The Missing Pieces of Post-Conflict Interventions?</td>
<td>M</td>
<td>Cul Div, Civil/Ref</td>
<td>Grand IX &amp; X</td>
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<tr>
<td>Do Measures of Distress Need to Be Culturally Specific? The Example of Sri Lanka (Jayawickreme, Jayawickreme, Atanasov, Goonasekera, Foa)</td>
<td>M</td>
<td>Global, Civil/Ref</td>
<td>Grand IX &amp; X 3</td>
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<tr>
<td>Social Support, Religiosity, and Trauma Among Survivors of the 1994 Rwandan Tutsi Genocide (Ng, Miller, Meyerowitz)</td>
<td>I</td>
<td>Global, Civil/Ref</td>
<td>Grand IX &amp; X 3</td>
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<tr>
<td>Traumatic Stress and Comfort as Responses to Reminders of the 1994 Rwandan Tutsi Genocide Among Orphaned Survivors (Meyerowitz, Ng, Taylor-Ford, Miller)</td>
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<td>Grand IX &amp; X 3</td>
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<tr>
<td>Paper Session</td>
<td>Disaster Response (Shultz)</td>
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<tr>
<td>A Cross-Cultural Investigation of Protective Factors That Fostered Resilience in Chinese Youth After the Sichuan Earthquake in the People’s Republic of China (Fu)</td>
<td>M</td>
<td>Cul Div, Disaster</td>
<td>Kent 4</td>
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<tr>
<td>The Development of Pathology in Children Following a Natural Disaster: A Prospective Study of the 2010 Middle Tennessee Flood (Felton, Cole, Martin)</td>
<td>M</td>
<td>Clin Res, Child/Adol</td>
<td>Kent 4</td>
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<tr>
<td>Peer-Provided Mental Health Services in Post-Earthquake Haiti: Theory, Implementation, and Preliminary Results (James, Noel, Solon)</td>
<td>I</td>
<td>Global, Disaster</td>
<td>Kent 4</td>
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<tr>
<td>Examining the Trauma Signature of the Japan Tsunami/Nuclear Crisis (Shultz, Espinel, Kelly, Neria)</td>
<td>I</td>
<td>Prevent, Disaster</td>
<td>Kent 4</td>
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<tr>
<td>Friday, November 4 6:15 p.m. – 7:30 p.m.</td>
<td>Awards Ceremony and Business Meeting</td>
<td>Grand VI</td>
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<tr>
<td>Friday, November 4 7:30 p.m. – 9:00 p.m.</td>
<td>Kathak Dance Performance</td>
<td>Harborside A/B/C</td>
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<tr>
<td>Concurrent 11 Saturday, November 5 8:00 a.m. – 9:15 a.m.</td>
<td>Featured Presentation ISTSS Treatment Guidelines for Complex Trauma (Cloitre, Courtois, Turner, Lanius, Ford)</td>
<td>I</td>
<td>Practice, Caregvr</td>
<td>Grand VI 3</td>
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<tr>
<td>Featured Presentation ISTSS Treatment Guidelines for Complex Trauma (Cloitre, Courtois, Turner, Lanius, Ford)</td>
<td>I</td>
<td>Practice, Caregvr</td>
<td>Grand VI 3</td>
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<tr>
<td>Symposium Neuropsychological Functioning in PTSD (Ollf)</td>
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<td>Assess Dx, Diverse Pop</td>
<td>Grand VII &amp; VIII 3</td>
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<tr>
<td>Symposium Neuropsychological Functioning in Children with PTSD (Samuelson, Krueger, Wilson)</td>
<td>M</td>
<td>Assess Dx, Diverse Pop</td>
<td>Grand VII &amp; VIII 3</td>
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<tr>
<td>Executive Function in PTSD: Relationship to Neural Responses During Affective Anticipation (Aupperle, Allard, Grimes, Simmons, Flagan,</td>
<td>M</td>
<td>Assess Dx, Diverse Pop</td>
<td>Grand VII &amp; VIII 3</td>
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<tr>
<td>Symposium</td>
<td>Augmentation of Prolonged Exposure with Cortisol Treatment (Yehuda, Bierer, Pratchett, Malowney)</td>
<td>M</td>
<td>Clin Res, Violence</td>
<td>Grand IX &amp; X 3</td>
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<tr>
<td>Symposium</td>
<td>A Pilot Study of Mifepristone in Veterans with PTSD (Golier, Yehuda)</td>
<td>A</td>
<td>Clin Res, Violence</td>
<td>Grand IX &amp; X 3</td>
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<td>Symposium</td>
<td>PTSD and Relationship Functioning in Military Couples: Mediators, Moderators, and Treatment (Renshaw)</td>
<td>M</td>
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<td>Dover 3</td>
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<tr>
<td>Symposium</td>
<td>Disclosure of Emotions and Combat Events Following Deployment: Effects Among OEF/OIF Veterans (Hoyt, Renshaw, Pasupathi)</td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
<td>Dover 3</td>
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<tr>
<td>Symposium</td>
<td>PTSD Symptom Clusters and Relationship Adjustment Over Time in National Guard Veterans from Operation Iraqi Freedom (Erbes, Laura, Melissa, Arbisi)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
<td>Dover 3</td>
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<tr>
<td>Symposium</td>
<td>Perceptions of Service Members’ Deployment Experiences Moderate Associations Between Service Members’ PTSD-Related Avoidance and Spouses’ General Distress (Renshaw, Campbell)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
<td>Dover 3</td>
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<tr>
<td>Symposium</td>
<td>Cognitive-Behavioral Conjoint Therapy for PTSD Among US Military Veterans (Schumm, Fredman, Monson)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
<td>Dover 3</td>
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<tr>
<td>Symposium</td>
<td>Do Attachment and Parenting Buffer the Effects of Trauma in Young Children? (Muzik)</td>
<td>M</td>
<td>Clin Res, Child/Adol</td>
<td>Essex 4</td>
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<tr>
<td>Symposium</td>
<td>Parent-Child Communication and Psychological Symptoms in Parentally Bereaved Children (Shapiro, Kaplow, Wardecker)</td>
<td>M</td>
<td>Clin Res, Child/Adol</td>
<td>Essex 4</td>
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<tr>
<td>Symposium</td>
<td>The Role of Maternal-Infant Bonding on Infant Trauma Exposure (Waxler, Richardson, Thelen, Muzik)</td>
<td>I</td>
<td>Clin Res, Child/Adol</td>
<td>Essex 4</td>
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<tr>
<td>Session Type</td>
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<tr>
<td>Symposium</td>
<td>Early Interventions for Trauma-Exposed Children (Nugent)</td>
<td>M</td>
<td>Prevent, Child/Adol</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Symposium</td>
<td>The Child and Family Traumatic Stress Intervention: Secondary Prevention for Youth At Risk of PTSD (Berkowitz)</td>
<td>M</td>
<td>Prevent, Child/Adol</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Symposium</td>
<td>Trauma-Focused CBT for Child PTSD Following Accidental Injury: An Early Intervention Model (McDermott, Kenardy, March, Cobham, Nixon)</td>
<td>M</td>
<td>Prevent, Child/Adol</td>
<td>Laurel C/D 4</td>
</tr>
<tr>
<td>Workshop</td>
<td>Development and Evaluation of an Age-Appropriate Early Intervention for Children Aged 2-16 Years After Road Traffic Accidents or Burns (Landolt, Kramer)</td>
<td>I</td>
<td>Prevent, Child/Adol</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Workshop</td>
<td>Acute Pharmacologic Prevention for PTSD in Pediatric Injury (Nugent, Christopher, Ostrowski, Delahanty)</td>
<td>M</td>
<td>Prevent, Child/Adol</td>
<td>Laurel C/D 4</td>
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<tr>
<td>Workshop</td>
<td>Troubleshooting Tips for Implementing Exposure Therapy for PTSD (Zaylert, DeViva)</td>
<td>A</td>
<td>Practice, Adult/Cmplx</td>
<td>Grand III &amp; IV 3</td>
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<tr>
<td>Workshop</td>
<td>FamilyLive: Addressing Intergenerational Trauma Effects on Parenting Capacities (Gardner, Loya, Hyman)</td>
<td>M</td>
<td>Clin Res, Adult/Cmplx</td>
<td>Laurel A/B 4</td>
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<tr>
<td>Panel</td>
<td>Cultural Diversity in Disasters: Lessons Learned (Alexander, Aker, Klein, YILMAZ, Sezgin)</td>
<td>I</td>
<td>Commun, Disaster</td>
<td>Grand I &amp; II 3</td>
</tr>
<tr>
<td>Case Study Presentation</td>
<td>Posttraumatic Stress Symptoms &amp; Trauma-Focused CBT in a Minority Pediatric Sexual Abuse Client - Challenges, Response, and Considerations (King, Jones)</td>
<td>M</td>
<td>Assess Dx, Diverse Pop</td>
<td>Kent 4</td>
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</tbody>
</table>

**Concurrent 12**

Saturday, November 5
9:30 a.m. – 10:45 a.m.

<table>
<thead>
<tr>
<th>Session Type</th>
<th>Title</th>
<th>Room/Level</th>
<th>Location</th>
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<tbody>
<tr>
<td>Keynote</td>
<td>Epigenetic Consequences of Adverse Early Social Experiences in Primates (Suomi)</td>
<td>M</td>
<td>Bio Med, Child/Adol</td>
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<tr>
<td>Symposium</td>
<td>Traumatic Stress, Coping, and Health Outcomes in Children Facing Medical Events (Kassam-Adams)</td>
<td>M</td>
<td>Clin Res, Child/Adol</td>
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<tr>
<td>Symposium</td>
<td>Posttraumatic Stress Reactions in Children Following Pediatric Intensive Care Unit Admission: Examination of Prevalence and Risk Factors Following Critical Care (Le brocque)</td>
<td>M</td>
<td>Clin Res, Child/Adol</td>
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<tr>
<td>Predictors of Posttrauma Reactions in Preschool Children with Burns <em>(De Young, Kenardy, Cobham, Kimble)</em></td>
<td>I</td>
<td>Clin Res, Child/Adol</td>
<td>Grand IX &amp; X 3</td>
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<tr>
<td><strong>Symposium</strong></td>
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<tr>
<td>Strategies to improve the Assessment and Management of Trauma, PTSD and Comorbid Conditions in Primary Care <em>(Seal, Engel)</em></td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
<td>Laurel A &amp;B 4</td>
</tr>
<tr>
<td>Clinicians’ Perspectives on Integrating Mental Health Within Primary Care: A Qualitative Study <em>(Koenig, Cohen, Daley, Maguen, Seal, Koenig)</em></td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
<td>Laurel A &amp;B 4</td>
</tr>
<tr>
<td><strong>Online PTSD Training for Primary Care Providers</strong> <em>(Samuelson, Choucroun, Medina, Seal)</em></td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
<td>Laurel A &amp;B 4</td>
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<tr>
<td>A Posttraumatic Stress Intervention to Improve Care in an Integrated VA Primary Mental Health Clinic <em>(Goldstein, Harmon, Shiner, Bernardy)</em></td>
<td>I</td>
<td>Mil/Vets</td>
<td>Laurel A &amp;B 4</td>
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<td><strong>Concurrent 13</strong></td>
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<tr>
<td><strong>Saturday, November 5</strong>&lt;br&gt;11:00 a.m. – 12:15 p.m.</td>
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<tr>
<td><strong>Symposium</strong></td>
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<tr>
<td>Exposure to Media Coverage of the Japan Earthquake in France and Canada: A Prospective Study <em>(Brunet, Rodgers, Herbert, Franko, Simon, Birmes, Bui)</em></td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Dover 3</td>
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<tr>
<td>Exposure to Media Coverage of the Japan Earthquake in France and Canada: Rationale and Methods <em>(Herbert, Bui, Rodgers, Brunet)</em></td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Dover 3</td>
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<tr>
<td>Media Coverage of the Japan Earthquake, Peritraumatic Reactions and Sleep Disturbance <em>(Bui, Rodgers, Herbert, Simon, Brunet)</em></td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Dover 3</td>
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<tr>
<td>An Exploration of Exposure to Media Coverage of the Japan Earthquake as a Predictor of PTSD Symptoms and Disordered Eating <em>(Rodgers, Bui, Herbert, Franko, Brunet)</em></td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Dover 3</td>
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<tr>
<td><strong>Symposium</strong></td>
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<tr>
<td>Internet Surveys on Proposed DSM-5 Criteria for PTSD <em>(Friedman, Kilpatrick, Resnick, Miller)</em></td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Grand VI 3</td>
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<tr>
<td>Update on Proposed DSM-V Criteria for PTSD <em>(Friedman)</em></td>
<td>M</td>
<td>Assess Dx, Violence</td>
<td>Grand VI 3</td>
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<tr>
<td>Pilot Study</td>
<td>Pilot Study of a DSM-V Internet Survey Instrument in a U Department of Veterans Affairs PTSD Sample (Kilpatrick, Gates, Rosen, Guey, Keane, Friedman)</td>
<td>A</td>
<td>Grand VI 3</td>
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<tr>
<td>Symposium</td>
<td>An Examination of Proposed DSM-V Criteria for PTSD in a Civilian Sample Exposed to Assault and Other Potentially Traumatic Events. (Kilpatrick, Resnick, Guille)</td>
<td>M</td>
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<tr>
<td>Symposium</td>
<td>The Interface Between PTSD and Borderline Personality Disorder – Psychopathology and Treatment (Schmahl)</td>
<td>M</td>
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<tr>
<td>Symposium</td>
<td>Borderline Personality Disorder in US Military Veterans At High Risk for Suicide: A Preliminary Study of Dialectical Behavioral Therapy (Mazza, New, Goodman, Sasso, Boussi)</td>
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<tr>
<td>Symposium</td>
<td>Neuroimaging Social Emotional Processing in PTSD: FMRI Study (Frewen, Lanius)</td>
<td>M</td>
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<tr>
<td>Symposium</td>
<td>Influence of Emotional Distraction on Working Memory in PTSD and Borderline Personality Disorder (Elzinga, Krause, Veer, Oei, Rombouts, Schmahl, Bohus, Spinhooven)</td>
<td>M</td>
<td>Essex 4</td>
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<tr>
<td>Workshop</td>
<td>Dialectical-Behavior-Therapy for Severe Posttraumatic Stress Disorder After Childhood Sexual Abuse: A Randomized Controlled Trial (Bohus, Schmahl)</td>
<td>A</td>
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<tr>
<td>Workshop</td>
<td>Ethical Decisions Within an Empirical Frame in the Treatment of PTSD (Schulz, Williams, Galovski)</td>
<td>M</td>
<td>Grand III &amp; IV 3</td>
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<td>Workshop</td>
<td>Concurrent Treatment for Posttraumatic Stress Disorder and Alcohol Dependence (Yusko, McLean)</td>
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<td>Laurel A/B 4</td>
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<tr>
<td>Workshop</td>
<td>Cross-Cultural Assessment and Intervention: Lessons from the United States and Rwanda (Fabri, Piwowarczyk, Hastings, Bolton)</td>
<td>M</td>
<td>Laurel C/D</td>
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<tr>
<td>Panel</td>
<td>The Impact of Sexual Abuse on Female Development: Lessons from a Multigenerational, Longitudinal Research Study (Trickett, Noll, Putnam, Haralson)</td>
<td>M</td>
<td>Harborside Ballroom 4</td>
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<tr>
<td>Panel</td>
<td>Children, Parents and Community: Circles of Building Resilience in Different Cultural Contexts (Vogel, Pat-Horenczyk, Brom, Baum, Pfefferbaum)</td>
<td>M</td>
<td>Grand I &amp; II 3</td>
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<tr>
<td>Panel</td>
<td>The Things They Carry: The Bonds of 9/11 First Responders</td>
<td>M</td>
<td>Grand IX &amp; X 3</td>
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<tr>
<td>Case Study</td>
<td>Acceptance &amp; Commitment Therapy with a Veteran with Military Related PTSD: The Value of Valuing</td>
<td>M</td>
<td>Kent 4</td>
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<tr>
<td>Paper Session</td>
<td>Military and Social Support (Vinson)</td>
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<td>Clin Res, Civil/Ref</td>
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<tr>
<td>The Role of Social Support in PTSD Diagnosis and Course in National Guard Troops Following Return from Iraq or Afghanistan. (Shea, Johnson, Reddy)</td>
<td>M</td>
<td>Clin Res, Mil/Vets</td>
<td>Grand VII &amp; VIII 3</td>
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<tr>
<td>Attachment Styles, Social Functioning, Guilt, and PTSD in War Veterans (Malta, Huber, Courtney, Kennedy)</td>
<td>I</td>
<td>Clin Res, Mil/Vets</td>
<td>Grand VII &amp; VIII 3</td>
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<td>SIG Complex Trauma</td>
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<td>SIG Early Intervention</td>
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<td>SIG Human Rights and Social Policy</td>
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<td>SIG Intergenerational Transmission of Trauma and Resilience</td>
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<td>SIG Trauma and Substance Use Disorders</td>
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<td>Concurrent 14 Saturday, November 5 2:00 p.m. – 3:15 p.m.</td>
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<tr>
<td>Master Clinician Using Compassion-Focused Therapy to Work with Shame-Based Flashbacks in PTSD (Lee)</td>
<td>M</td>
<td>Clin Res, Child/Adol</td>
<td>Grand VI 3</td>
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<tr>
<td>Symposium Helping to Heal Torture Survivors with Evidence-Based Mental Health Programming: Processes and Results from Controlled Trials in Iraq (Murray)</td>
<td>M</td>
<td>Clin Res, Surv/Hist</td>
<td>Grand VII &amp; VIII 3</td>
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<tr>
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<tr>
<td>Results from a Randomized Controlled Trial of</td>
<td>Two Specific Mental Health Interventions for Torture and Chemical</td>
<td>Bolton</td>
<td>Clin Res, Surv/Hist</td>
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<td>Two Specific Mental Health Interventions for</td>
<td>Attack Survivors in Erbil and Suleimaniya, Northern Iraq</td>
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<td>Torture and Chemical Attack Survivors in</td>
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<td>Dohuk, Northern Iraq</td>
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<tr>
<td>Results from a Randomized Trial of a Non-</td>
<td>Specific Counseling Intervention for Torture Survivors in Dohuk,</td>
<td>Mohammad, Sabir, Bolton, Bass, Murray</td>
<td>Clin Res, Surv/Hist</td>
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<td>Specific Counseling Intervention for Torture</td>
<td>Northern Iraq</td>
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<td>Survivors in Dohuk, Northern Iraq</td>
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<td>A Components-Based Therapy Approach with</td>
<td>Torture Survivors in Southern Iraq</td>
<td>Murray, Dorsey</td>
<td>Clin Res, Surv/Hist</td>
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<tr>
<td>Symposia</td>
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<tr>
<td>Couples Issues and Interventions in Trauma</td>
<td>Populations</td>
<td>Kachadourian</td>
<td>Clin Res, Mil/Vets</td>
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<tr>
<td>Cognitive-Behavioral Conjoint Therapy for</td>
<td>PTSD: Results from a Randomized Controlled Trial</td>
<td>Monson, Fredman, Macdonald, Schnurr, Resick, MacDonald, Adair, Vorstenbosch, Wagner</td>
<td>Clin Res, Mil/Vets</td>
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<tr>
<td>Couples-Based Treatments for PTSD in OEF/OIF</td>
<td>Veterans</td>
<td>Glynn, Sautter, Armelie, Wielt, Casselli, Diaz</td>
<td>Clin Res, Mil/Vets</td>
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<td>Strength at Home Couples Program to Prevent</td>
<td>Partner Aggression: Pilot Findings</td>
<td>Taft, Monson, Howard, Macdonald, Krill, Murphy, Resick</td>
<td>Clin Res, Mil/Vets</td>
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<tr>
<td>Associations Between Infidelity and Post-</td>
<td>Deployment Mental Health Functioning in a Sample of OEF/OIF Veterans</td>
<td>Kachadourian, Smith, Vaughn, Vogt</td>
<td>Clin Res, Mil/Vets</td>
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<tr>
<td>Symposium</td>
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<tr>
<td>Trauma Among Child Soldiers Across Nations:</td>
<td>Risks, Protective Factors, and Interventions</td>
<td>Kerig</td>
<td>Clin Res, Diverse Pop</td>
</tr>
<tr>
<td>Symposium</td>
<td>A Unique Study of Posttraumatic Mental Health: An Epidemiological Study of Serving Australian Defense Force Personnel (McFarlane)</td>
<td>I</td>
<td>Commun, Mil/Vets</td>
</tr>
<tr>
<td>Symposium</td>
<td>The Challenges of Surveying Military Personnel Across a Land Larger Than Europe: The Australian Defense Force Mental Health Prevalence Study (Hodson, Verhagen, van Hooff, McFarlane)</td>
<td>I</td>
<td>Commun, Mil/Vets</td>
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<tr>
<td>Symposium</td>
<td>The Challenge of Making Accurate Epidemiological Estimates in Defense Populations (Verhagen, McFarlane)</td>
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<td>Commun, Mil/Vets</td>
</tr>
<tr>
<td>Workshop</td>
<td>Enhancing Social Connections in Integrated Trauma and Addiction Treatment (Litt)</td>
<td>M</td>
<td>Practice, Adult/Cmplx</td>
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<tr>
<td>Workshop</td>
<td>Social Support and School-Based Mental Health Care Post-Hurricane Katrina: A Five Year Synopsis (Walker, Danna)</td>
<td>M</td>
<td>Commun, Caregvs</td>
</tr>
<tr>
<td>Workshop</td>
<td>Using Gay Affirmative Psychotherapy to Treat Lesbian, Gay, and Bisexual Trauma Survivors (Alessi, Johnson, Glenn)</td>
<td>M</td>
<td>Commun, Caregvs</td>
</tr>
<tr>
<td>Panel</td>
<td>Behavioral Health, Social Connectedness, and Community Resilience: Relations Between Science, Practice, and National Health Security Policy (Dodgen, Donato, Goodie, Kaul)</td>
<td>M</td>
<td>Social, Disaster</td>
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<tr>
<td>Panel</td>
<td>Grief and DSM-5 (Bryant, Cozza, Pynoos, Bonanno)</td>
<td>M</td>
<td>Aesses, DX, Older</td>
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<tr>
<td>Case Study Presentation</td>
<td>Coercive Control in the Context of Imprisonment and Torture: The Experience of Four Refugees (Evans)</td>
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<td>Assess Dx, Civil/Ref</td>
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<td>Concurrent 15</td>
<td>Saturday, November 5</td>
<td>3:30 p.m. – 4:45 p.m.</td>
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<tr>
<td><strong>Symposium</strong></td>
<td>Clinical and Neurobiological Aspects of Complex Trauma Disorders (Courtois)</td>
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<td>Clin Res, Adult/Cmplx</td>
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<td></td>
<td>How Understanding the Neurobiology of Complex PTSD Can Inform Practice (Lanius, Frewen)</td>
<td>M</td>
<td>Clin Res, Adult/Cmplx</td>
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<td></td>
<td>Results of a Longitudinal Naturalistic Study of Treatment Outcome for Patients with Dissociative Disorders (TOP DD Study) (Brand, McNary, Myrick, Classen, Lanius, Loewenstein, Pain, Putnam)</td>
<td>M</td>
<td>Clin Res, Adult/Cmplx</td>
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<td></td>
<td>Daily Monitoring Outcomes of Affect Regulation Therapy for Women with Complex PTSD (Ford, Tennen)</td>
<td>M</td>
<td>Clin Res, Adult/Cmplx</td>
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<td></td>
<td>FMRI Study of Altered Self-Referential Processing in PTSD Related to Childhood Trauma (Frewen, Lanius)</td>
<td>M</td>
<td>Clin Res, Adult/Cmplx</td>
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<tr>
<td><strong>Symposium</strong></td>
<td>Child Sexual Abuse in Switzerland – Epidemiologic Data and Insights from the Optimus Study (Maier)</td>
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<td>Clin Res, Child/Adol</td>
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<td></td>
<td>Child Sexual Abuse in Switzerland - A Multimodal Data Gathering Approach (Schnyder, Landolt, Maier, Meidert, Mueller-Pfeiffer, Mohler-Kuo)</td>
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<td>Clin Res, Child/Adol</td>
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<td></td>
<td>Annual Incidence of Disclosed Cases of Child Sexual Abuse in Switzerland: The Optimus Agency Study (Maier, Schnyder, Jud, Mohler-Kuo, Landolt)</td>
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<td>Clin Res, Child/Adol</td>
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<td></td>
<td>Perpetrators of Child Sexual Abuse in Switzerland: Results from a Nation-Wide Survey (Mueller-Pfeiffer, Maier, Mohler-Kuo, Schnyder, Landolt)</td>
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<td>Clin Res, Child/Adol</td>
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<tr>
<td><strong>Symposium</strong></td>
<td>Dissociation in PTSD: Assessment and Treatment Implications (Wolf)</td>
<td>M</td>
<td>Assess Dx, Mili/Vets</td>
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<td></td>
<td>Dissociation in PTSD: Syndrome or Subtype? (Wolf, Miller, Reardon, Ryabchenko, Freund, Castillo)</td>
<td>M</td>
<td>Assess Dx, Mili/Vets</td>
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<td></td>
<td>Validation Studies of the Traumatic Dissociation Scale: A Measure of Dissociation Associated with Traumatic Stress (Carlson, Palmieri, Waelde, Smith, McDade, Gauthier)</td>
<td>M</td>
<td>Assess Dx, Mili/Vets</td>
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<tr>
<td>Symposium</td>
<td>Rwanda: Lessons from the Field to Improve Social Environments (Fabri)</td>
<td>M</td>
<td>Assess Dx, Mil/Vets</td>
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<tr>
<td>Symposium</td>
<td>The Impact of Exposure to Domestic Violence on Children in Rwanda (Rutembesa)</td>
<td>M</td>
<td>Commun, Civil/Ref</td>
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<tr>
<td>Symposium</td>
<td>Promoting Healthy Parent-Child Relationships and Parenting in the Face of Genocide and HIV (Betancourt)</td>
<td>I</td>
<td>Commun, Civil/Ref</td>
</tr>
<tr>
<td>Symposium</td>
<td>Addressing Long-Term Trauma Consequences Through Integrative Care in Rwanda (Fabri, Bamukunde, Mukanonya, Cohen)</td>
<td>M</td>
<td>Commun, Civil/Ref</td>
</tr>
<tr>
<td>Symposium</td>
<td>Intimate Partner Abuse: Appraisals, Decision-Making, and Responses to Intervention (Matlow)</td>
<td>I</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Symposium</td>
<td>The Impact of Appraisal Processes on Readiness to Leave An Abusive Relationship (Matlow, DePrince)</td>
<td>I</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Symposium</td>
<td>A Qualitative Analysis of College Women’s Leaving Processes in Abusive Relationships (Edwards, Murphy, Tansill, Myrick, Probst, Corsa, Gidycz)</td>
<td>I</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Symposium</td>
<td>Outcomes and Correlates of a Specialized Cognitive Trauma Therapy for IPV Victims (Allard, Norman, Thorp, Stein)</td>
<td>I</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Symposium</td>
<td>Community-Coordinated Response Following Intimate Partner Abuse: A Randomized Clinical Trial (DePrince, Labus, Belknap, Buckingham, Gover)</td>
<td>M</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Symposium</td>
<td>Insights from Neuroimaging Research: Probing Emotional Circuitry and Identifying Longitudinal Neural Changes (Tuma)</td>
<td>M</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Symposium</td>
<td>Resting State and Activity - Induced fMRI Differences with Behavioral Measures (Sheline, Bruce, Fales, Buchholz, Brown, Durbin, Yan)</td>
<td>M</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Symposium</td>
<td>Developments in Identifying PTSD-Specific Biomarkers and Understanding Treatment Interventions Through the Imaging and Causal Manipulation of Neural Circuitry (Etkin)</td>
<td>M</td>
<td>Clin Res, Violence</td>
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<tr>
<td>Workshop</td>
<td>Disturbances of Regulation in Young Children: Frequencies of Co-Occurring Symptomology (Black-Pond, Atchison)</td>
<td>M</td>
<td>Assess Dx, Child/Adol</td>
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<tr>
<td>Workshop</td>
<td>Cognitive-Behavioral Conjoint Therapy (CBCT) for Posttraumatic Stress Disorder (PTSD) in Military Couples (Hernandez, Malach, Monson, Donahue)</td>
<td>M Train/Ed/Dis, Mil/Vets</td>
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<tr>
<td>Panel</td>
<td>Torture and Maltreatment in the War on Terror: Rupturing Professional and Clinical Bonds (Keller, Porterfield, Xenakis)</td>
<td>M Social, Diverse Pop</td>
<td>Grand VI 3</td>
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<tr>
<td>Paper Session</td>
<td>Women and Relationships (Widera Wysoczanska)</td>
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<td>Grand I &amp; II 3</td>
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<tr>
<td>Session</td>
<td>Becoming Resolute as a Recovery Process for Women Surviving Childhood Maltreatment: A Narrative Study (Hall)</td>
<td>M Prevent, Adult/Cmplx</td>
<td>Grand I &amp; II 3</td>
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<td></td>
<td>The Positive Effects of Relationships and Encounters in the Lives of Women Thriving Despite Childhood Maltreatment (Roman, Diebold, Hall)</td>
<td>M Res Meth, Adult/Cmplx</td>
<td>Grand I &amp; II 3</td>
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<td></td>
<td>Partner Relationships By Women Victimized as Children (Widera Wysoczanska)</td>
<td>M Clin Res, Adult/Cmplx</td>
<td>Grand I &amp; II 3</td>
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<td></td>
<td>Complex Trauma, Intimate Partner Relationship and Support Networks in Female Victims and Non-Victims of Intimate Partner Violence (Cáceres-Ortiz)</td>
<td>I Soc/Pol, Violence</td>
<td>Grand I &amp; II 3</td>
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Pre-Meeting Institute
This workshop presents a unique approach to group treatment for survivors of interpersonal trauma. Based on a stage model of recovery, the Trauma Recovery Group (TRG) is explicitly designed to enlist the healing power of relational connection. Members are helped to develop skills in safe self-disclosure and empathic feedback, so that the processing of trauma memories can take place in a context of restored community.

The workshop offers a detailed description of the implementation of the TRG. In-vivo role-play demonstrations of group process will be included to illustrate technical challenges of group leadership.
Pre-Meeting Institute  
Wednesday, November 2  
8:30 a.m. - 5:00 p.m.  
Grand I

PMI #2 – Full Day  
Cultivating the Strength of Collective Survival: Social Support and Survivor to Survivor Support as Elements of Staff Care in Complex Humanitarian Emergencies  
(Cul Div, Disaster)

Gray, Amber Elizabeth, MA, LPC¹; Fawcett, John, LMSW²

¹Restorative Resources, Santa Fe, New Mexico, USA  
²John Fawcett Consulting, Auckland, New Zealand

Staff Support is an essential component of humanitarian operations in complex humanitarian emergencies. A federally funded mission to the Darfur region of Sudan and Chad to investigate stress levels of humanitarian workers, which were found to be high, catalyzed a train the trainers program designed to be globally adaptable, based on the principles of social support as a protective factor for humanitarian worker well-being and health. In Haiti, an NGO funded staff support program built on survivor to survivor support as a foundation of sustainable, culture-centric programming became an inter-INGO model for staff support. The presenters describe two staff support programs responding to major disasters/complex humanitarian emergencies (Haiti 2010; Darfur Region of Chad and Sudan, 2007, 2010, 2011) and provide program participants with tools to effectively develop staff support programs in similar organizations and contexts. Both programs were developed to build on local resources and to be informed by local culture, and at the same time, to be flexible enough to serve as templates for similar programs in other countries, cultures or complex emergencies. Concepts, research, and rationale for social support as a core program component; goals, principles, teaching activities, and training program modules are presented and shared to demonstrate didactic, experiential, process-focused ways to train in culturally diverse, complex emergency settings. Ongoing participant feedback and creative approaches to social support are described as pillars of program success, and to demonstrate impact in the field. A trainers manual, sample handouts and other materials from the modules of both program curricula are shared so that participants have tools to apply the principles, learning, tools and practices of these unique, cross-culturally adaptable, context-centric programs in their own professional settings. An overview of multi-INGO staff support initiatives in Haiti, based on survivor to survivor support and social support, is presented as a model for other countries. The Sudan/Chad Darfur Train The Trainers program demonstrates how multiple NGO’s/INGO’s can benefit from a 4 day process oriented training program with objectives to: Increase understanding of stress, and its effects on humanitarian workers; develop staff support programs based on principles of psychosocial care, management, and strategic planning; cultivate social support and survivor-to-survivor support as an actual training outcome. This is a participatory workshop with ample opportunity for participants to discuss their own needs for staff support in their specific professional settings, and to design staff support trainings and programs.
This institute presents a comprehensive overview of Strengthening Family Coping Resources (SFCR). SFCR is a trauma-focused, skill-building intervention designed for families living in chronically traumatic circumstances with the goal of building constructive and collaborative family coping skills to reduce traumatic distress, support positive adaptation and protective functioning. SFCR consists of a 15-week multi-family group divided into three modules. Module I introduces families to the concepts of family mealtimes, ritual, routine, and storytelling as a foundation for supporting basic family processes. Module II builds constructive family coping resources. Sessions help families increase their sense of safety, incorporate anxiety management strategies into their daily routine, improve planning and follow through, and build spiritual and support resources. Module III, through co-construction of a family trauma narrative, helps families deal with their trauma history, reconnect, and move beyond their traumas. Sessions include segments involving individual families working together, age-related break-out segments focused on developmentally appropriate skill-building, and segments focused on network building inclusive of the entire multifamily group. Between sessions, families are assigned activities that extend the concepts to their daily life. Open trials demonstrate the feasibility of SFCR and its effectiveness at reducing child symptoms of traumatic stress. Working with the family necessitates a life span perspective with promises of change across generations.
Pre-Meeting Institute  
Wednesday, November 2  
8:30 a.m. - 5:00 p.m.  
Grand IV  

PMI #4 – Full Day  
Research-Derived Practical Skills for Treating Couples after War Zone Deployment  
(Practice, Mil/Vets)  

O’Brien, Robert, PhD; Wills, Sharon, PhD  
VA Central Texas Health Care, Austin, Texas, USA  

This workshop will describe a research-derived model of therapy for working with couples in which one or both partners have been exposed to combat trauma, teaching an assessment methodology to assess the impact of combat trauma on the relationship, and teaching key interventions necessary to work with this population. The workshop will include didactic instruction, case presentation and discussion, video review and role-playing exercises.

Over a million men and women have served in Iraq and Afghanistan. They range in age, vary in ethnicity, and live throughout the United States. Most are either involved in long term intimate relationships or are hoping to establish such a relationship, and many have found their wartime experiences to have a profound impact on these relationships. Divorce rates, separations, substance abuse, domestic violence and suicide are all too common in this population. While many of these men and women are reticent to seek mental health care, many can and do seek help with their intimate relationships. This workshop will be practical and skill-based and will teach clinicians strategies for assessing these couples and intervening in their negative conflict cycles and enhancing their marital friendships (i.e., the emotional glue that holds the relationship together. The workshop will present both research-derived assessment strategies and research-derived intervention strategies. We will work to integrate key findings from John Gottman’s work, Susan Johnson’s Emotionally Focused Couples Therapy, and Jaak Panksepp’s work in Affective Neuroscience. In addition to practical skills in couple’s assessment, the workshop will teach key interventions designed to down-regulate negative affect during conflict, and up-regulate positive affect both during conflict and non-conflict interactions. The finding that simply down regulating negative affect during conflict is not sufficient in and of itself to increase positive affect is a key research finding that is often neglected by clinicians working with couples. These interventions will be illustrated with case material, and role play, and the attendees will be given the opportunity to role play the interventions to further assist learning.

The workshop will conclude with a summary of the material, address a variety of ethical concerns (such as the decision to implement this model of treatment when you know that the soldier will re-deploy to a war zone within a few months) and provide a final opportunity for participants to ask questions.
Pre-Meeting Institute
Wednesday, November 2
8:30 a.m. - 5:00 p.m.
Grand/Salon VI

PMI #5 – Full Day
Complex PTSD: Complex Diagnosis, Complex Treatment
(Practice, Adult/Cmplx)

Courtois, Christine, PhD, ABPP; Ades, Lisa, PhD; Marotta, Sylvia, PhD, ABPP; Hensler, Nancy, PhD; Doyle, Glenn, PsyD; Sanness, Kelli, MA, LPC; Bauman, Emily, PhD

Christine Courtois, PhD, ABPP, author of multiple works on the diagnosis and treatment of complex traumatic stress disorders including: Complex Traumatic Stress Disorders: A Practical Guide for Clinicians, co-authored with Julian Ford, PhD (in press), Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide co-edited with Julian Ford, PhD, Recollections of Sexual Abuse: Treatment Principles and Guidelines and Healing the Incest Wound: Adult Survivors in Therapy, presents this full day workshop with clinical associates from her private practice. Associates have trained with Dr. Courtois and have experience working with traumatic stress disorders and dissociative disorders in inpatient and outpatient settings. Presenters utilize empirical research, recent clinical writings and case studies to describe the diagnosis and treatment of complex post traumatic conditions that develop as a result of chronic and cumulative interpersonal trauma. The curriculum includes: common characteristics and symptoms; assessment strategies and instruments; a sequenced and hierarchical approach to treatment; and the function of the therapeutic relationship in treatment. Issues related to therapist self care, compassion fatigue, and vicarious trauma are also highlighted.

A constellation of symptoms is presented and discussed including: emotional dysregulation; dysfunctional self-soothing methods (such as self-injury, risk-taking, substance abuse); suicidality; excessive negative self-concept; profound despair and fear; chaotic relationships; physical/medical concerns; and dissociation. Dissociation is considered a mechanism adopted by children to contend with abusive situations, which results in structural changes in the brain. The relationship between complex traumatic stress disorders and dissociation is examined in this workshop, and recommendations for identifying, assessing, and treating dissociative disorders are presented.

The treatment focus will be on sequenced or staged models of treatment. The three-stage model, first proposed by Herman in her book Trauma and Recovery, is presented. This model describes the importance of pacing, titration and containment in trauma treatment and stresses safety and stabilization as primary treatment objectives. Trauma processing techniques are used after the client has been stabilized and has developed skills for emotion regulation and safety. Trauma treatment is presented from a relational/attachment perspective. Issues of transference and countertransference are addressed and interwoven throughout the workshop presentation. An overview of major areas of risk in treating cases of complex trauma is presented. Case examples are used to illustrate various treatment approaches, dilemmas and suggested risk management.

It is common for clinicians who specialize in trauma treatment to be impacted personally as a direct result of this specialty. Therefore, this workshop presents the issues of compassion fatigue, secondary trauma, vicarious trauma, and burnout. Resources for coping and therapist self care are discussed and the importance of collaboration and consultation with other professionals is stressed.

Participant Alert: Case material will be presented that may include some disturbing details, however, details will be kept to a minimum.
Pre-Meeting Institute  
Wednesday, November 2  
8:30 a.m. - 5:00 p.m.  
Grand VIII

PMI #6 – Full Day  
An Introduction to Cognitive Processing Therapy  
(Practice, Diverse Pop)

Resick, Patricia, PhD, ABPP\textsuperscript{1}; Collie, Claire, PhD\textsuperscript{2}; Copland, Laura, MS, LMHC\textsuperscript{3}; Morris, Kris, PhD\textsuperscript{4}  
\textsuperscript{1}National Center for PTSD, Boston, Massachusetts, USA  
\textsuperscript{2}Durham VA Medical Center, Durham, North Carolina, USA  
\textsuperscript{3}Center for Deployment Study, Washington, Dist. of Columbia, USA  
\textsuperscript{4}Washington DC VA Medical Center, Washington, Dist. of Columbia, USA

The purpose of this pre-meeting institute is to provide attendees the basics of cognitive processing therapy (CPT). CPT is an evidence-based cognitive therapy for PTSD and comorbid symptoms that can be implemented with or without a written narrative and can be implemented as either an individual or group therapy. It has been demonstrated to be effective across a range of traumas as well as very complex trauma histories and symptom presentations. Because it is very difficult to teach CPT in less than two or three days, this year we would like to conduct the workshop somewhat differently than usual and take into account the participants’ readiness to learn the protocol for implementation. Even when announcing advanced workshops, some individuals sign up for a workshop without the requisite skills and both the prepared members of the audience and the workshop presenters must try to balance basic explanations with more advanced concepts.

This year we are proposing to do a basic one-day workshop but also recognize that some attendees will have more advanced training and different goals than other participants. Therefore, we are proposing to divide participants into two groups based on their pre-conference preparations. One group will be for those participants who intend to implement the protocol and have already read the manual and bring it with them (requests can be made to Patricia.Resick@va.gov for a PDF copy) and/or have completed the on-line CPT course (http://cpt.musc.edu) and can provide their completion certificate. The participants in this group will be taught at a more specific and advanced level how to implement the therapy protocol, including role plays of Socratic dialogue with feedback and the opportunity to practice therapist skills needed for implementation.

The second group, targeting those who are attending just to learn more about CPT, who sign up at the last minute, or who are not sure whether they want to implement the therapy, will be provided a rationale for the therapy, information about effectiveness, an overview of the protocol, will be shown videotaped examples of the therapy, and will be walked through the sessions with case examples as well as information about how the different formats are conducted. There will be no expectation that this latter group of attendees will have the skills by the end of the workshop to implement the therapy.
A recent national survey in graduate schools of clinical psychology and social work revealed a widespread need for formal training in evidence-based treatment (EBT) (Weissman et al., 2006). The National Child Traumatic Stress Network is developing a “gold standard” curriculum that integrates both didactic training and clinical supervision in implementing trauma-focused EBT. The Core Curriculum on Childhood Trauma (CCCT) lays a foundation for training in specific EBT's. The primary aim of the CCCT is to promote the acquisition of expert clinical judgment through training in foundational trauma-related concepts, information gathering skills, case conceptualization skills, and clinical reasoning skills. The CCCT uses richly detailed clinical cases and cutting-edge learning methods to simulate evidence-based practice in “real world” settings. We will present: (1) the conceptual framework that undergirds the CCCT, consisting of Core Concepts, Intervention Objectives, Practice Elements, and Skills; (2) “hands on” experiential training in problem-based/team-based learning methods and their use in developing trauma-informed, culturally competent, and developmentally appropriate clinical reasoning skills; and (3) the format and outcomes of the CCCT as implemented in seven major pre-professional graduate training programs. (4) We will then conduct a “how to” discussion of how to integrate didactic classroom training in trauma-informed evidence-based practice with field placements in the implementation of specific trauma-informed EBT’s. This will include a facilitated discussion of how to build faculty and field instructor capacity to implement the integrated training model. In the last part of the session, we will describe our ongoing efforts to develop (5) competency-based training standards for graduate training programs, (6) methods for assessing and remediating foundational competencies, and (7) methods for enhancing the sustainability of “gold standard” training in ways that promote the development of a trauma-informed national work force.
Pre-Meeting Institute
Wednesday, November 2
8:30 a.m. - 12:00 p.m.
Grand X

**PMI #8 – Half Day**
**Building Attachment Across States: Healing Dissociative Symptoms in Children and Adolescents**
(Practice, Child/Adol)

**Silberg, Joyanna, PhD**
*Sheppard Pratt Health System, Baltimore, Maryland, USA*

This workshop will teach effective techniques to reverse dissociative symptoms in traumatized children. Children with dissociative symptoms may demonstrate radical behavior and affective shifts, have amnestic episodes, and show shifting patterns of relating to their primary caregivers. These pathological patterns may stem from early relationship deficits, compounded by experienced traumatic events in the absence of soothing. The techniques reviewed build internal awareness, decrease the child’s phobic avoidance of affect states, and help caregivers approach the ‘whole child’ with acceptance. These theories and techniques are grounded in current neuroscientific findings about attachment, trauma and dissociation and based on years of experience working with this population.
Pre-Meeting Institute  
Wednesday, November 2  
8:30 a.m. - 12:00 p.m.  
Kent

PMI #9 – Half Day  
Psychological First Aid for Schools  
(Prev El,Child/Adol)

Brymer, Melissa, PhD, PsyD¹; Watson, Patricia, PhD¹; Walker, Doug, PhD²; Reyes, Gilbert, PhD³; Taylor, Matthew, MA⁴

¹National Center for Child Traumatic Stress - UCLA, Los Angeles, California, USA  
²Project Fleur-de-lis, Metairie, Louisiana, USA  
³Fielding Graduate University, Santa Barbara, California, USA  
⁴The Institute for Educational Research and Service - University of Montana, Missoula, Montana, USA

Following disasters, mass violence, and local community crises, interventions for school settings are amongst the most frequent requests of the National Child Traumatic Stress Network. Psychological First Aid for Schools (PFA-S) is an evidence-informed intervention model for assisting students, families, and school personnel in the immediate aftermath of a traumatic event. Core elements of PFA-S focus on facilitating survivor to survivor support, strengthening protective factors, linking survivors to social support networks, and decreasing chances for secondary traumatization - including of school and disaster relief personnel.

The presenters will highlight how schools play a critical role in times of crisis, whether the emergency occurs on school campus (e.g., school shootings) or after a community disaster (e.g., earthquakes, floods) where schools will be a place of recovery. Presenters will describe the eight core actions of PFA-S and how to adapt the intervention for different groups, cultures, and age groups. All members of a school community play important roles in delivering PFA-S. Presenters will review the roles and responsibility of disaster mental health providers, administrators, teachers, and other school personnel, as well as integration into the Incident Command System. This PMI is designed around a scenario where participants will actively practice provision of support to students and staff at a school that was recently exposed to a critical incident. At the end of the exercise, participants and presenters will conduct an after-action review and address lessons learned.
Pre-Meeting Institute
Wednesday, November 2
1:30 p.m. - 5:00 p.m.
Harborside B

PMI #10 – Half Day
Innovative Approaches to the Treatment of Developmental Trauma Disorder in Children and Adolescents
(Practice,Child/Adol)

Zelechoski, Amanda, PhD; Warner, Elizabeth, PsyD; Emerson, David, Other; van der Kolk, Bessel, MD
Trauma Center at JRI, Brookline, Massachusetts, USA

Children and adolescents in residential treatment settings have high rates of exposure to interpersonal, caregiver-related trauma (Levin, 2009), or what has been proposed as Developmental Trauma Disorder (van der Kolk, 2005). The lack of understanding about this complex symptom presentation can lead to ineffective or inappropriate psychological or psychopharmacological treatment interventions. Using a clinical case format, this half-day workshop will present three innovative, body-based approaches to treating youth with Developmental Trauma Disorder in residential treatment settings. First, Sensory Motor Arousal Regulation Treatment (SMART) engages children in sensory motor activity as a way to regulate their arousal systems, their bodies, and their feelings. Using segments of videotaped sessions, participants will examine dysregulation, caregiver co-regulation, and trauma processing. Next, the use of neurofeedback as an alternative to psychopharmacological intervention, and to address hyperarousal in traumatized adolescents, will be described. Neurofeedback combines technology from multiple disciplines to teach the brain how to prolong healthy brain wave patterns, leading to improvements in self-regulation and concentration. Finally, a trauma-informed yoga intervention will be presented. Through yoga, many traumatized youth are discovering new ways to feel safe in their bodies and to self-regulate. This experiential and didactic workshop will engage participants in an interactive discussion about the application of these interventions to complexly traumatized youth.
Pre-Meeting Institute
Wednesday, November 2
1:30 p.m. - 5:00 p.m.
Kent

PMI #11 – Half Day
Rapid Evidence-Based Guidance for Post-Impact Disaster Mental Health Response: Trauma Signature (TSIG) Analysis
(Prev El,Disaster)

Shultz, James, MS, PhD¹; Kelly, Fiona, PhD²; Espinel, Zelde, MD, MPH¹; Neria, Yuval, PhD³
¹DEEP Center, University of Miami, Miami, Florida, USA
²Mater Misericordiae University Hospital, Dublin, Ireland
³Department of Psychiatry, Columbia University, New York, New York, USA

This PMI presents an applied workshop on Trauma Signature (TSIG) Analysis. TSIG is a systematic framework for generating and providing rapid post-impact/pre-deployment disaster mental health response guidance based on risk factor assessment. The workshop will be presented by the TSIG development team.

Introduction. Each disaster leaves an imprint on the affected population, a singular signature. A critical unmet need in the field of disaster mental health (DMH) is the capability to tailor mental health and psychosocial support (MHPSS) to the unique constellation of psychological risk factors operating within each disaster event.

Problem Statement. MHPSS response to disasters is frequently unguided, uncoordinated, and unscientific. Prevailing challenges include 1) mass convergence of responders to the disaster scene, 2) provision of a multitude of non-evidence-based "psychosocial" programs, 3) failure to target programs to event-specific psychological risks, 4) failure to conduct on-scene DMH needs assessments, 5) failure to identify persons at high-risk for psychopathology, 6) lack of DMH services maintained throughout the recovery period, 7) absence of ongoing monitoring of survivor mental health status, and 8) failure to evaluate MHPSS intervention efficacy.

Approach. Trauma Signature (TSIG) Analysis has been developed to address these challenges sequentially. TSIG begins by formalizing tools to perform rapid post-impact analysis to jump-start an empirically-based DMH response. TSIG is premised on the fact that risk factors for disaster-related psychological distress and impairment have been documented empirically and can be identified from early disaster situation reports. This facilitates guidance to tailor MHPSS response to the defining features of each disaster.

Workshop. The interactive, participatory TSIG workshop will use real-world disaster case examples to present the steps involved in TSIG analysis:

First, create a database of evidence-based risk factors for psychological distress and psychopathology in disasters. Second, develop a system to capture real-time disaster information and convert these data into a unique hazard profile for the event, with a corresponding stressor matrix. Third, define algorithms to generate actionable, evidence-based guidance for early MHPSS response matched to the spectrum of identified psychological risk factors summarized in the TSIG analysis. THE TSIG TEAM HAS CREATED TOOLS AND RESOURCES FOR EACH OF THESE ACTION STEPS.

The PMI will also discuss subsequent steps for onsite MHPSS response: adaptation of mental health assessment templates to facilitate a validated needs assessment, identification and referral of high-risk survivors to evidence-based MHPSS support and DMH interventions, monitoring survivor mental health, and evaluation of intervention efficacy.
Parent-Child Interaction Therapy (PCIT) is an evidenced based treatment for young children with significant behavior problems. The Kauffman Best Practices Report cited PCIT as one of the three best treatments in the field of child abuse/neglect. Although originally developed to address externalizing problems in young children, PCIT is now being successfully used with children in foster care and co-occurring problems like children from homes characterized by child maltreatment, domestic violence and/or substance abuse. Improving the bonds in the family and the child’s abilities to be successful in other settings (e.g., school, social settings) are important factors in helping children meet their full potential, especially after exposure to traumatic events. PCIT is a short-term intervention involving the caregivers and the child with a strong focus on treatment success through improving the parent-child relationship. Empirical research consistently finds significant improvements in child behaviors, parenting stress, and maternal depression, with improved relationships and generalization to school settings and untreated siblings. This workshop will provide an overview of PCIT and its use with children with trauma history. Through didactics, video-clips, and brief experiential exercises, participants will learn how PCIT can be effectively implemented to improve outcomes in the lives of children.
From Research to Clinical Innovations and Applications: Implications from Betrayal Trauma Theory
(Clin Res,Adult/Cmplx)

Freyd, Jennifer, PhD
University of Oregon, Eugene, Oregon, USA

Mainstream diagnosis and treatment of trauma has emphasized psychological responses to the fear-inducing aspects of traumas (such as gruesome accidents, war, and violent rape). Yet research suggests that betrayal is just as important in predicting response to atrocities. Betrayal traumas (such as emotional or sexual abuse by a parent, marital rape, or government mistreatment of citizens) are events and patterns of events that involve profound social betrayal. Betrayal trauma theory is an approach to conceptualizing trauma that points to the importance of social relationships in understanding post traumatic outcomes, including reduced recall. Betrayal trauma theory emphasizes the importance of human relationships in both the harm of trauma and the potential for healing. Building on a related symposium (From Shame and Posttraumatic Distress to Physiology: New Insights from Betrayal Trauma Theory Research, Part 1), in the current symposium presenters will explore implications of betrayal trauma theory on methodology, assessment, crime reporting, and treatment. Presenters will discuss the importance of identifying hidden trauma in developmental traumatology research, the power of considering betrayal in understanding trauma symptomatology, the role of betrayal in domestic violence reporting rates, and the implications of betrayal trauma theory on clinical intervention.

Concurrent 01
Symposium
Thursday, November 3, 2011
8:00 AM - 9:15 AM
Grand/Salon IX & X

From Research to Clinical Innovations and Applications: Implications from Betrayal Trauma Theory
(Clin Res,Adult/Cmplx)

Why and How to Make Hidden Trauma Visible in Developmental Traumatology Research

Becker-Blease, Kathryn, PhD
Oregon State University, Corvallis, Oregon, USA

Unreported abuse is hidden not only to society, but to science. Developmental traumatologists have made important strides to understand how trauma affects brain development by studying abused children, giving us new information on how early trauma leads to mental health disorders, substance abuse, child abuse perpetration, and other serious problems in adulthood. However, for a variety of reasons, most studies of children include only children who have been identified by authorities. This research has
important applied and clinical implications, but misses equally important aspects of child abuse that is never reported. In this talk, I review neurobiological, cognitive, social, and behavioral adaptations that differ between those whose abuse is recognized and those whose abuse is not, with an emphasis on social relationships and betrayal. To better understand if, and how, the developmental trajectories differ between reported and hidden abuse samples, we need better ways to recruit participants who experience unreported (hidden) abuse. We also need to assess the relevant factors associated with later outcomes. I review methods of ethically recruiting samples of participants who have experienced hidden abuse, and assessing the betrayal, secrecy, response to disclosure that are likely be affect adult outcomes.

Concurrent 01
Symposium
Thursday, November 3, 2011
8:00 AM - 9:15 AM
Grand/Salon IX & X

From Research to Clinical Innovations and Applications: Implications from Betrayal Trauma Theory (Clin Res,Adult/Cmplx)

Is All Trauma Equal? The Role of Betrayal in Understanding Trauma Symptomatology

Gamache Martin, Christina, MS (PhD, Student)¹; DeMarni Cromer, Lisa, PhD²; DePrince, Anne, PhD²; Freyd, Jennifer, PhD¹
¹University of Oregon, Eugene, Oregon, USA
²University of Tulsa, Tulsa, Oklahoma, USA
³University of Denver, Denver, Colorado, USA

Recent trends in trauma research have led to a focus on 1) cumulative trauma—the number of unique types of traumas experienced—and 2) trauma appraisals—survivor’s cognitive evaluations of the traumas experienced—in predicting trauma-related symptomatology. Both lines of research suggest that it is not the type of trauma experienced, but 1) the number of trauma types experienced or 2) the way in which people think about their experiences that matter. However, betrayal trauma theory proposes that trauma that is perpetrated by a trusted or depended upon other is more psychologically damaging than trauma perpetrated by a nonclose other, or noninterpersonal traumas. The current study examined cumulative trauma exposure as a function of the level of betrayal (low, moderate, and high betrayal traumas), trauma appraisals, and trauma symptoms. Participants were 273 college students (69% female; 80% Caucasian; M = 20.36 years, SD = 3.99 years) who reported experiencing at least one traumatic event. Results indicate that more high betrayal traumas were associated with more depression, dissociation, and PTSD symptoms than were moderate or low betrayal traumas. Trauma appraisals were independently associated with symptoms. The differential impact of trauma by betrayal will be discussed.
The Influence of Dependency on Reporting Intimate Partner Abuse to the Police

Mitchell, Courtney, MA, PhD, Student¹; DePrince, Anne, PhD¹; Gover, Angela, PHD²
¹University of Denver, Denver, Colorado, USA
²University of Colorado Denver, Denver, Colorado, USA

Women’s decisions to report intimate partner violence to the police can affect access to justice and victim services, including mental health services. While previous research examined predictors of women’s reporting decisions, limited research considered indicators of dependence. We examined subjective and objective indicators of dependence in a diverse community sample of 102 women experiencing intimate partner abuse who did not report at least some incidents to the police. Case characteristics (e.g., severity of abuse), demographic variables (e.g., age, minority status), and subjective indicators of dependence (e.g., self-reported financial and physical dependence) did not predict reporting behavior. However, objective indicators of dependence (e.g., SES) did predict reporting behavior, such that women with lower SES (i.e., more dependence), were less likely to report incidents. Results suggest greater objective dependence on the perpetrator is linked to decrease likelihood of engaging in help-seeking behavior. Poverty (e.g., low income, limited education, and poor job opportunities) may have a pervasive impact on women survivors because of associated dependence. Consistent with betrayal trauma theory, subjective indicators of dependence were largely unrelated to objective indicators, suggesting some degree of unawareness of dependence.

Betrayal Trauma as a Traumatic Experience of Love

Kahn, Laurie, LCSW
WomenCare Counseling Center, Evanston, Illinois, USA

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. Trauma therapists are challenged to decipher through the therapeutic relationship our clients’ understanding of the complex human experience of love.

This presentation will highlight how a relational model of treatment can move clients from the ravages of “betrayal blindness” to help clients develop the capacity to perceive the absence of mutuality in abusive relationships and to recognize a model of love where relationships are predicated on mutuality and respect.

Concurrent 01
Symposium
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Laurel A-B

The Conceptualization of Interpersonal Violence Related Trauma in a Forensic Context
(Assess Dx, Violence)

Hughes, Dawn, PhD, ABPP
Independent Practice, New York, New York, USA

Mental health professionals are often consulted upon to evaluate and opine upon the psychological impact of interpersonal violence in a civil lawsuit or criminal matter. In this Symposium, three clinical and forensic psychologists provide a forensic conceptualization of trauma in three distinct populations: childhood abuse and maltreatment, sexual harassment, and domestic violence. Presenters will address that the diagnosis of PTSD may not be the only relevant issue in a civil or criminal case, but rather a thorough exploration of both the dynamics of an abusive experience and the psychological sequelae is essential. The presenters will describe this conceptualization through the lens of a standard forensic methodology which includes an integration of multiple sources of data, including clinical interview, psychological testing, collateral interviews, and record review. Specific attention will be given to making the psycho-legal link between the specific traumatic event and the civil or criminal context in which they arise. Presenters will address whether the alleged event was traumatic, the relevance of the frequency, severity and duration of the trauma, and how the abusive experience may be related to a criminal act. Actual legal case material and vignettes will be utilized.

Concurrent 01
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Thursday, November 3
8:00 a.m. - 9:15 a.m.
Laurel A-B

The Conceptualization of Interpersonal Violence Related Trauma in a Forensic Context
(Assess Dx, Violence)

Conceptualization of Complex Trauma and PTSD in Forensic Matters

Hughes, Dawn, PhD, ABPP
Independent Practice, New York, New York, USA

Exposure to prolonged childhood maltreatment, abuse, and lack of positive attachment to caregivers has been well established to result in a host of negative sequelae, including complex PTSD. Sometimes these adverse childhood experiences become pivotal issues in courts of law. Mental health experts in trauma are often called upon to conduct assessments and opine on the damages of childhood maltreatment and to dispel myths and misconceptions that may prevail. This presentation by a board certified forensic psychologist will describe the conceptualization of complex trauma and PTSD in forensic matters. This presentation will elaborate on the specific demands of a forensic assessment of a trauma survivor, such as determining the scale of the trauma and assessing the impact of an abusive experience that occurred
10, 20 or 30 years earlier. The challenge of assessing for subsequent victimization and determining the relative weight of cumulative traumatic experiences will be described. In addition, the forensic assessment of the psychological sequelae of a traumatic event requires examination of baseline functioning prior to the event, pre-existing vulnerabilities, immediate coping responses, current psychological impairment, malingering, as well as strengths, resilience, and therapeutic interventions. Actual legal case material and vignettes will be utilized.

**Concurrent 01 Symposium**

**Thursday, November 3**

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

**Laurel A-B**

**The Conceptualization of Interpersonal Violence Related Trauma in a Forensic Context**

(Assess Dx, Violence)

**Conceptualization and Assessment of Sexual Harassment in Civil Litigation**

**Rocchio, Lisa, PhD**

*Lisa M. Rocchio, Ph.D. & Associates, Inc, Johnston, Rhode Island, USA*

A clinical and forensic psychologist with specialized expertise in abuse and trauma will describe the forensic psychological evaluation of a survivor of sexual harassment involved in civil litigation. This paper delineates the core components of a forensic evaluation involving sexual harassment, such as the empirically based conceptualization of sexual harassment and its effects, evaluation of pre-existing vulnerabilities and baseline functioning prior to the event, assessment of malingering, an understanding of the psychological consequences of sexual harassment, and determination of current degree of psychological impairment. Key areas of concern such as management of the initial attorney contact, psycho-legal case conceptualization, use of evidence-based psychological assessment tools, conducting a comprehensive clinical interview, analysis of documents and records, interviews with collateral sources and effective communication to attorneys, judges and juries will be outlined. Professional and ethical considerations in the forensic psychological evaluation of a survivor of sexual harassment include informed consent, maintaining objectivity, and arriving at conclusions based on the totality of the information will also be highlighted. Actual legal case material and vignettes will be utilized.

**Concurrent 01 Symposium**

**Thursday, November 3**

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

**Laurel A-B**

**The Conceptualization of Interpersonal Violence Related Trauma in a Forensic Context**

(Assess Dx, Violence)

**Conceptualization of Battered Women's Response to Intimate Partner Violence**
Dutton, Mary Ann, PhD  
Georgetown University Medical Center, Washington, Dist. of Columbia, USA

The behavior and state of mind of victims of intimate partner violence are key issues in most forensic cases involving intimate partner violence. Expert testimony can be used to address common misconceptions about victim’s response to intimate partner violence and to assist the trier of fact in their determination. A clinical and forensic psychologist and researcher with expertise and experience in intimate partner violence will provide a model describing the core components of a forensic psychological evaluation involving intimate partner violence victimization. The presentation will discuss how to shape an evaluation to the specific issues of the case and to the questions being asked of the expert. Empirically supported methods used to evaluate relevant issues in forensic cases involving intimate partner violence will be described. The presenter will discuss specific professional considerations in conducting a forensic psychological evaluation of a survivor of intimate partner violence, including managing the relationship with the retaining attorney, distinguishing general testimony vs. case specific evaluation, the nature of the relationship with the individual being evaluated and considerations for report writing and testimony.

Concurrent 01  
Symposium  
Thursday, November 3  
8:00 a.m. - 9:15 a.m.  
Kent

Military Sexual Trauma: Complex Outcomes and Prevention of  
Multiple Layers of Betrayal  
(Clin Res,Mil/Vets)

Allard, Carolyn, PhD  
VASDHS/UCSD, San Diego, California, USA

Military Sexual Trauma (MST) is associated with greater posttraumatic difficulties compared to other potentially traumatic experiences including combat experiences, and adult and civilian sexual abuse. MST involves the unique stressors associated with a warzone environment and those associated with interpersonal betrayal. Like combat trauma, MST often strips victims of their sense of safety and competence. However, unlike the MST victim, the victim of combat trauma may rely on the support of unit members and a sense of shared experience in order to cope. MST is frequently accompanied by expectations of silence and negative response to disclosure. Empirical work presented in this symposium demonstrates that MST is not only linked with symptoms of posttraumatic stress disorder (PTSD) but also with more complex posttraumatic reactions, including difficulties with interpersonal relationships, emotion regulation, dissociation, somatization, self-perception, pain-related physical health problems, and risky sexual behavior. Treatment implications of these findings are discussed. Despite the considerable multifaceted costs of MST, prevention research is sparse. The final presentation in this Symposium introduces a framework, based on theory and research in evolutionary principles, group and war psychology and MST case studies, for understanding some forms of sexual assault in the military and informing cultural-level prevention efforts.

Participant Alert: Last presentation may include direct quotes from MST survivors with descriptions of their trauma
Military Sexual Trauma: Complex Outcomes and Prevention of Multiple Layers of Betrayal
(Clin Res, Mil/Vets)

Posttraumatic Sequelae Associated with Military Sexual Assault in Female Veterans Enrolled in VA Outpatient Mental Health Clinics

Luterek, Jane, PhD¹; Bittinger, Joyce, PhD Candidate²; Simpson, Tracy, PhD³
¹VA Puget Sound Health Care System, Seattle, Washington, USA
²University of Washington, Seattle, Washington, USA

Military sexual assault (MSA) has been associated with detrimental psychiatric symptoms, most notably PTSD, depression and alcohol abuse (Surís & Lind, 2008) as well as a lifetime history of interpersonal trauma (Sadler, Booth, Mengeling, & Doebbeling, 2004). While repeated trauma exposure has been related to increased risk for developing PTSD, repeated, chronic interpersonal trauma may also lead to adaptations associated with complex posttraumatic difficulties termed Disorders of Extreme Stress Not Otherwise Specified (DESNOS) or complex PTSD. The purpose of this study was to explore the relationship between military sexual assault (MSA) and posttraumatic stress disorder (PTSD) and DESNOS symptoms within a VA Medical Center female outpatient mental health treatment seeking sample. Compared with those who did not endorse MSA, those who did, reported greater frequency of other potentially traumatic events, PTSD symptoms, and symptoms characteristic of DESNOS, such as difficulties with interpersonal relationships, emotion regulation, dissociation, somatization and self-perception. When childhood and other adulthood interpersonal trauma were both taken into account, MSA continued to contribute unique variance in predicting PTSD and DESNOS symptoms. Female VA patients reporting MSA may represent notably heterogeneous groups that include more complex posttraumatic reactions.

Posttraumatic Stress Symptomatology as a Mediator of the Association Between Military Sexual Trauma and Post-Deployment Physical Health in Women
This study examined posttraumatic stress symptomatology (PTSS) as a mediator of the association between military sexual trauma (MST) and post-deployment physical health. Relationships were examined in a sample of 83 female Veterans of the first Gulf War (1990-1991) approximately ten years following return from deployment. Participants reported on the frequency of sexual harassment and sexual assault experienced during deployment. Physical health was measured using participants’ self-reports of pre-deployment and post-deployment symptoms within seven body systems. Sexual harassment exposure was not found to be associated with PTSS-mediated associations with physical health symptoms. Sexual assault during deployment, however, was found to be associated with PTSS and four of the seven health symptom clusters assessed: gastrointestinal, genitourinary, musculoskeletal, and neurological symptoms. Further, PTSS was found to be a significant mediator of the sexual assault-physical health relationship in each of these domains, with the indirect path accounting for 74 to 100% of the relationship. The findings from the current study indicate that sexual assault has detrimental associations with physical health, and that PTSS plays a primary role in that relationship.

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Symposium
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Kent

Military Sexual Trauma: Complex Outcomes and Prevention of Multiple Layers of Betrayal
(Clin Res, Mil/Vets)

Association Between Trading Sex and Military Sexual Trauma Among Women Veterans

An association between sexual trauma and trading sex has been noted in civilian samples, but has not been examined in veterans. Women veterans experience high rates of sexual victimization across the lifespan, including during military service (military sexual trauma, MST). Associations between MST and trading sex were examined in 200 women veterans receiving outpatient mental health care. Each completed an assessment interview that queried childhood sexual trauma, substance use, and risk behaviors, including trading sex for money, drugs, shelter, food, or other things. Overall, 19.7% reported a history of trading sex. Those who reported trading sex had a higher rate of MST than those who did not report trading sex (87.2% vs. 62.9%). A multivariable logistic regression model examined the relationship between trading sex and MST, controlling a priori for substance abuse and childhood sexual trauma (both associated with trading sex in civilian samples). In this adjusted model, MST was associated with trading sex, OR = 3.26, p = 0.025, 95% CI [1.16, 9.18]. To our knowledge, this is the first report of an association between MST and trading sex. Results extend those reported in civilian cohorts, and underscore the pernicious influence of sexual victimization across the lifespan.
Concurrent 01 Symposium
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Kent

Military Sexual Trauma: Complex Outcomes and Prevention of Multiple Layers of Betrayal
(Clin Res, Mil/Vets)

Reengineering Gender Relations in Modern Militaries: An Evolutionary Perspective

Hannagan, Rebecca, PhD¹; Arrow, Holly, PhD²
¹ Northern Illinois University, DeKalb, Illinois, USA
² University of Oregon, Eugene, Oregon, USA

This paper presents an evolutionary framework for understanding the sexual assault of women in the military. We specify the evolutionary underpinnings of tensions among heterosexual males, among heterosexual females, and between males and females, and discuss how these tensions have played out in the strongly gendered context of warrior culture. In the absence of cultural interventions that take account of deep-seated conceptions of women in the military as unwelcome intruders, sexual resources for military men, or both, military women operate in an environment in which sexual assault may be deployed to enact and defend traditional military structures. We discuss how unit norms are likely to affect the choice of strategies by men and by women, and how the resulting behaviors— including celibacy, consensual sex, and sexual assault—should affect horizontal and vertical unit cohesion. The framework is intended to guide future data collection in theoretically coherent ways and to inform the framing and enforcement of policies regarding both consensual and non-consensual sex among military personnel.

Concurrent 01 Workshop
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Grand/Salon III & IV

Doing the Benzodiazepine Dance: Challenges for PTSD Prescribers
(Practice, Civil/Ref)

Friedman, Matthew, MD¹; Bernardy, Nancy, PhD¹; Jeffreys, Matthew, MD²; Gibson, Carri-Ann, MD³
¹ NCPTSD, White River Junction, Vermont, USA
² Department of Veterans Affairs, San Antonio, Texas, USA
³ Department of Veterans Affairs, Tampa, Florida, USA

This workshop brings together four presenters with differing roles and differing settings within the Department of Veterans Affairs to discuss the challenges faced in the use of benzodiazepines in treating posttraumatic stress disorder. The first presentation will provide an overview of the treatment recommendations from the new VA/DoD Clinical Practice Guideline for PTSD and focus on prescribing practices that are not recommended as current best practices. The second presentation will examine VA
data on benzodiazepine prescribing among veterans with PTSD over the past decade, from 1999 through 2009, along with prescribing trends of other medications to treat PTSD. The third presentation will focus on clinical challenges, social implications and strategies to address benzodiazepine use including motivational interviewing techniques, setting a tapering schedule with patients, and using benzodiazepines with mid- to longer half-lives as a transition off these medications. The final presentation will share strategies to address challenges that prescribers face to treat the specific symptoms of insomnia and chronic pain in patients with PTSD. Matthew Friedman will reflect on what the presentations tell us about the implications for VA policy and practice.

Concurrent 01
Panel
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Grand/Salon I & II

ISTSS at the United Nations in 2010-2011
(Social, Violence)

Danieli, Yael, PhD⁴; Carll, Elizabeth, PhD²; de Jong, Joop, MD, PhD³; Turner, Stuart, MD, MA, FRCP, FRCPsych⁷
¹Group Project for Holocaust Survivors and their Children, New York, New York, USA
²Private Practice, New York, New York, USA
³Professor of Cultural and International Psychiatry, VU University Medical Center, Amsterdam, Netherlands
⁴Chair of Trustees, Centre for the Study of Emotion and Law, London, United Kingdom

This panel will provide a forum for ISTSS' UN representatives to present their activities in the last year and to discuss plans to extend their role. Currently, Danieli and Carll are representatives to the United Nations in New York; Turner, de Jong and Danieli in Geneva; and Danieli in Vienna. The initiatives to be covered by the panel relate to work with victims of crime and abuse of power; victims of other violations of human rights: reparative justice; the creation of UN Women and the 2011 Commission on the Status of Women; the United Nations Conference on the Least Developed Countries; exploring the possibility of developing relationships with the World Health Organization and the UN Development Program; and the development of student relationships with the UN. There will be opportunities to engage in discussion concerning these issues.

Concurrent 01
Panel
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Grand/Salon VI

The Great Eastern Japan Earthquake: Responses of Japanese Mental Health Professionals and JSTSS
(Disaster, Mass Trauma)

Kato, Hiroshi, MD, PhD¹; Maeda, Masaharu, MD, PhD²; Kamo, Toshiko, MD, PhD³; Kim, Yoshiharu, MD, PhD⁴; Konishi, Takako, MD, PhD⁵; Shigemura, Jun, MD, PhD⁶; Ursano, Robert, MD⁷
Japan’s March 11, 2011 disaster became the worst natural disaster the country had faced in centuries. While the emergency is still evolving, the relief efforts have been challenging. The impact has been massive and wide-range, with more than 23,000 killed or missing. The local governments were literally swept away, and the majority of the local disaster workers were also disaster victims. More than 100,000 uniformed troops were deployed to the affected area, as well as 15,000 medical professionals within the first month post-disaster. Police, fire, and coast guard personnel were also deployed from all over the country to support the local disaster workers. However, their work roles have been unprecedented; they had to deal with enormous number of bodies and subsequent grief, along with short- and long-term safety concerns to irradiation.

In Japan, mental health studies of disaster workers have been revealing especially after the 1995 Hanshin-Awaji (Kobe) Earthquake. In a study of firefighters \((n = 1096)\), prior experience of Kobe Earthquake and line of duty death associated with traumatic outcomes (Osawa, 2007). In a study of Kobe nurses \((n = 825)\), one out of seven subjects represented traumatic symptoms ten years after the earthquake (Kawamura, 2006). Workers of this disaster are likely to face similar challenges; comprehensive, long-term support system will be needed to provide care to these people.

**Participant Alert:** This presentation may include graphics and movies of disaster sites.
Besides tremendous earthquake and tsunami disaster, causing death of over 23,000 residents, the atomic power plants accident in Fukushima generated widespread anxiety that even reached areas several hundred kilometers away from the accident site. As yet it brought no death due to acute health harm, and the distress stems from worry for long term health effects, whose exact degree of probability and severity can be discussed only in terms of probabilistic manner without demonstrating clear picture. Individual response varies from immediate spontaneous evacuation to the decision of staying in the risky zone outside official evacuation area. The people who chose to remain tend to be characterized by indifference and resignation associated with attachment to the local culture and fear for life after evacuation. Most part of people’s anxiety is a normal response to the perception of impending hazard, and the mental health care should not be simply directed to reduce the level of anxiety but take into account whether the anxiety is an adequate alertness and promotes sound counteraction, or exceeds to the level of loss of self-control. The judgment and action in hazardous situation is always important and it is also crucial to provide necessary information and monitor the way of people’s appraisal especially among those who need mental or social support.

**Participant Alert**: We may demonstrate photos of disaster site, ruined power plants and cities, not including corpse.

**Concurrent 01 Panel**
**Thursday, November 3**
**8:00 a.m. - 9:15 a.m.**
**Grand/Salon VI**

**The Great Eastern Japan Earthquake: Responses of Japanese Mental Health Professionals and JSTSS**
(Disaster, Mass Trauma)

**The Great Eastern Japan Earthquake: Challenging Roles of Disaster Workers**

**Shigemura, Jun, MD, PhD**¹; **Osawa, Tomoko, PhD**²
¹National Defense Medical College, Tokorozawa, Japan
²Hyogo Institute of Traumatic Stress, Kobe, Japan

Japan’s March 11, 2011 disaster became the worst natural disaster the country had faced in centuries. While the emergency is still evolving, the relief efforts have been challenging. The impact has been massive and wide-range, with more than 23,000 killed or missing. The local governments were literally
swept away, and the majority of the local disaster workers were also disaster victims. More than 100,000 uniformed troops were deployed to the affected area, as well as 15,000 medical professionals within the first month post-disaster. Police, fire, and coast guard personnel were also deployed from all over the country to support the local disaster workers. However, their work roles have been unprecedented; they had to deal with enormous number of bodies and subsequent grief, along with short- and long-term safety concerns to irradiation.

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**Participant Alert:** This presentation will include graphics and movies of disaster sites.
Treating Posttraumatic Stress Disorder in First Responders
(Clin Res, Emerg Wrkrs)

**Weiss, Daniel, PhD**\(^1\); **Haugen, Peter, PhD**\(^2\); **Evces, Mark, PhD**\(^2\); **Difede, Joann, PhD**\(^3\); **Best, Suzanne, PhD**\(^4\); **Nijdam, Mirjam, PhD Candidate**\(^5\); **Gersons, Berthold, MD**\(^5\)

\(^1\)University of California San Francisco, San Francisco, California, USA
\(^2\)New York University/Bellevue Hospital Center, New York, New York, USA
\(^3\)New York Presbyterian Hospital/Weill Medical College of Cornell University, New York, New York, USA
\(^4\)Lewis and Clark College, Graduate School of Education and Counseling, Portland, Oregon, USA
\(^5\)Academic Medical Center at the University of Amsterdam, Amsterdam, Netherlands

First responders are at risk for PTSD because of their chosen occupation. Despite the large number of first responders (the estimate in the USA is 1.5 million), and the large number of studies of first responders, the literature on treatment of this group is surprisingly sparse. To what extent treatment guidelines apply to first responders is not clear. This panel will focus on treatment of first responders with PTSD. The panel will begin with a presentation of the only systematic review of the literature of treatment studies of first responders. The second presentation will discuss findings from an ongoing clinical trial of the effects of D-cycloserine combined with Virtual Reality exposure therapy in a sample of patients including those who developed PTSD following the events of September 11, 2001. The third presentation will present new findings from a trial of BEPP in police officers focused on success rates and residual symptoms after treatment. The fourth presentation will focus on key components of effective treatments from these studies along with clinical insights regarding best practices in community-based treatment of law enforcement officers, some of whom are seen in a departmental-mandated setting. Discussions will include recommendations for future research and best practice.
By comparing and contrasting media treatment of three international tragedies, this panel explores how clinicians, journalists, and survivors of trauma can work together to witness, explain, and nurture social bonds that aid in community healings and more informed public understanding of trauma in historical context.

Participants will review three distinct examples of historical trauma: In Australia, the dispossession and the removal of children from indigenous families, later known as the 'stolen generations'; in Europe and Japan, the wartime bombing of civilians and the complications that attended its commemoration; and in North America, the epidemic of rape on Native American reservations by non-Native men. Panelists will consider intergenerational trauma, how experiences have filtered through to present day expressions of trauma, and the importance of both oral and written histories. What were affected generations prepared to tell their children and grandchildren and what did they feel was better left unsaid? And how does the distance of time change those considerations?

The discussion will also compare media representations of trauma in mainstream and community news outlets, and the potential implications for how the wider community views trauma among stigmatized, invisible, or vulnerable populations.

Concurrent 01
Paper Session
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Dover

Trauma and Violence
(Practice, Violence)

PTSD Symptomatology and Reactivity to the Pelvic Exam Among Women with a History of Sexual Violence

Greene, Carolyn, PhD¹; Khan, Christina, MD, PhD²; Weitlauf, Julie, PhD³
¹VA National Center for PTSD, Palo Alto, California, USA
²Stanford University Hospital, Stanford, California, USA
³VA Sierra Pacific MIRECC & Center for Health Care Evaluation, Palo Alto, California, USA

Background: PTSD in victims of sexual violence is linked with severe distress during the pelvic examination. This procedure may be a potent trauma cue for these women, however, the association between examination related distress and re-experiencing symptoms has not been specifically explored.

Objectives: Evaluate if cluster B (re-experiencing) PTSD symptoms are more strongly linked with examination related distress than total symptom severity or elevations on other symptom clusters.

Methods: Forty female veterans with prior sexual violence completed: a) the Clinician Administered PTSD scale; b) a pelvic examination; and c) immediate retrospective measures of distress during the examination.

Results: Women with PTSD (N = 15) had significantly higher severity scores on all PTSD symptom clusters than their non-PTSD peers (N = 25), P < .05. PTSD symptom severity (P = .23), Cluster B symptoms (P=.91 ), and Cluster C symptoms (P=.67 ) were unrelated to ratings of distress. However, Cluster D symptoms (hyperarousal) were related to examination related distress in all women regardless of PTSD status or total symptom severity (P = .007, adj R² = 17). Conclusion: Women with higher arousal and reactivity symptoms may warrant special care and consideration (e.g., use of low stress alternate environments, targeted pharmacotherapy and coping skills) during the pelvic examination.
Patterns of Violence Against Women in the United States: Associations with Poor Family Support During Childhood and Posttraumatic Stress Disorder

Cavanaugh, Courtenay, PhD; Martins, Silvia, MD, PhD; Petras, Hanno, PhD; Campbell, Jacquelyn, PhD, RN

1Rutgers University, Camden, New Jersey, USA
2Johns Hopkins University, Baltimore, Maryland, USA
3JBS International, Inc., North Bethesda, Maryland, USA
4Johns Hopkins University, Camden, New Jersey, USA

This study examined (1) patterns of violence against women (VAW) and (2) associations between distinct patterns of VAW with poor family support during childhood and posttraumatic stress disorder (PTSD). Participants were 19,816 women from the National Epidemiologic Study on Alcohol and Related Conditions without missing data on variables of interest. Latent class analysis was used to identify homogenous patterns or “classes” of seven types of VAW including childhood physical abuse, childhood neglect, witnessing a serious domestic fight before age 18 (CWDV), physical intimate partner violence, other physical assault, sexual assault, and stalking. The best model consisted of 4-classes characterized by the following probabilities: low violence (class 1: 74.1%); moderate CWDV (class 2: 8.7%); moderate physical intimate partner violence and sexual assault (class 3: 14.2%), and high childhood physical abuse, CWDV, and sexual assault (class 4: 3.0%). When compared to class 1 (low all), membership in classes 2-4 was associated with significantly greater odds of having poor family support during childhood. After controlling for participant age, race, marital status, child status, and poor family support during childhood, higher rates of PTSD were found among members in classes 2-4 than the low class (class 1); class 4 than classes 2-3; and class 3 than class 2. Findings document distinct patterns of VAW and associated problems, which may inform prevention and intervention efforts for reducing PTSD among U.S. women.

The Relationship of Disclosure to PTSD Status in a Sample of Adult Sexual Assault Survivors
It is estimated that up to 25% of women have been victims of sexual assault (Tjaden & Thoennes, 2000), and research suggests that sexual assault confers a greater risk of PTSD relative to other traumas (e.g., Breslau et al., 1998). Despite the high rates of exposure, sexual assault is viewed as a particularly stigmatizing form of victimization, and survivors are often hesitant to disclose their experiences. Research has examined the impact of assault disclosure on post-assault outcome (e.g., Ullman, 1996), but prospective examinations of relationships between sexual assault disclosure and PTSD are lacking. We examined the impact of sexual assault disclosure on PTSD in a sample of 54 adult women who had been sexually assaulted within the previous month. Participants were assessed at one, two, three, and four months post-assault. 35 women endorsed having disclosed the assault to at least one person; 19 reported that they had told no one. Results yielded no significant difference in PTSD diagnostic status between disclosure and non-disclosure groups at the first three timepoints. At four months post-assault, however, the non-disclosure group was significantly more likely to meet DSM-IV criteria for PTSD ($\chi^2[1] = 3.91, p <.05$). Further analyses are planned with a larger sample to examine the impact of disclosure experience on PTSD symptomatology.

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Paper Session
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Dover

Trauma and Violence
(Practice, Violence)

First Protect Your Own - Military Sexual Trauma: A National Crisis

Karuuvannur, Shyamala, MD
Department of Veterans Affairs, San Diego, California, USA

It is a sad fact that in the US a woman who signs up to protect her country is more likely to be sexually assaulted by a colleague than killed by the enemy. In 2009 alone 3230 cases of Military Sexual Trauma were reported. This is a 11% increase over the previous year. By the Department of Defense's (DOD) own reports, of these only 181 were referred for court martial. Even in the civilian world 40% of people arrested for rape would be charged and prosecuted. This is not a problem confined to women in the military. Many men are sexually assaulted too.

Sexual trauma is associated with lifelong physical and psychological health consequences. We conducted a study from 12/17/2004 to 7/28/2006 in the primary care clinics at the Northport VAMedical Center, NY to look at these medical problems as a result of military sexual trauma. One hundred and eighty four patients participated.

We found a significantly higher incidence of substance abuse ($p<0.001$), chronic pain ($p<0.001$), irritable bowel syndrome ($p<0.001$), migraine ($p<0.00$), panic attacks ($p<0.001$), PTSD ($p<0.001$), psychiatric disorders ($p<0.001$), suicidality ($p<0.001$) and unemployment / disability ($p<0.001$) among patients reporting sexual trauma in the military. 100% of patients sexually assaulted in the military reported they did not receive justice.
In this study majority of the patients with MST were assaulted by direct superiors; many by colleagues. Gang rape by fellow soldiers was commoner than stranger rape. Patients with military sexual trauma were unanimous in voicing disapproval of how their case was handled by the military.

Concurrent 01
Paper Session
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Essex

Refugees and Survivors of Torture
(Global, Surv/Hist)

Does Justice Heal? A Longitudinal Study of the Psychosocial Effects of the Khmer Rouge Trials in Cambodia

Sonis, Jeffrey, MD, MPH¹; Gibson, James, PhD²; de Jong, Joop, MD, PhD³; Hean, Sokhom, PhD⁴; Eng, Sothy, PhD⁵
¹UNC-Chapel Hill, Chapel Hill, North Carolina, USA
²Washington University in St. Louis, St. Louis, Missouri, USA
³Vrije Universiteit, Amsterdam, Netherlands
⁴Center for Advanced Study, Phnom Penh, Cambodia
⁵UCLA, Los Angeles, California, USA

The effect of human rights tribunals on post-conflict societies is unclear. Do trials fulfill survivors’ quest for justice or do they exacerbate trauma-related mental health problems (or both or neither)? The goal of this longitudinal study was to assess changes in Cambodians’ mental health and attitudes over the course of the first joint U.N.-Cambodian trial of Khmer Rouge leaders. In January 2009, prior to the start of the first trial (of Kaing Guek Eav, “Duch”, Director of the notorious Tuol Sleng prison), we conducted a national study in Cambodia (N = 1,800), using a complex, multi-stage sampling scheme. We conducted a second wave of data collection with the same respondents (response rate = 94%) starting in October 2010, three months after the verdict was announced in Duch’s trial. In this presentation, we will report findings on changes, over the course of the trial, in mental health (PTSD and depression), attitudes (desire for revenge, perceived justice for Khmer Rouge atrocities, fairness of the first trial), and associations among them. To our knowledge, this is the first national longitudinal study of any human rights tribunal or truth commission.

Concurrent 01
Paper Session
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Essex

Refugees and Survivors of Torture
(Global, Surv/Hist)

Is Complex Posttraumatic Stress Disorder a Valid Construct in Refugees?
Evans, Justine, PhD Candidate
Griffith University, Brisbane, Australia

The majority of research on Disorders of Extreme Stress Not Otherwise Specified (DESNOS) has been conducted in Western countries with individuals exposed to repeated, inescapable and intentional harm early in life. Research assessing the cross cultural validity of DESNOS has found lower prevalence rates in adult survivors of genocide and war trauma. However, alterations in systems of meaning, alterations in self-perceptions, alterations in relationships with others and somatisation are elevated in these groups.

This study assessed the validity of DESNOS in a community sample (n=40) of refugees resettled in Australia. A series of semi-structured interviews were conducted to assess trauma history, symptoms of somatisation, loss of pre-trauma identity (defined as loss of core beliefs and values, distrust and alienation from others, shame and guilt, and a sense of being permanently damaged), Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). Analyses will assess whether DESNOS can be distinguished from PTSD and MDD and whether the loss of a person’s pre-trauma identity differentiates groups who have - and have not - been exposed to repeated, inescapable and intentional harm.

Participant Alert: This presentation describes the context and nature of traumatic experiences that people from a refugee background have endured. Some people may find this information distressing.

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Paper Session
Thursday, November 3
8:00 a.m. - 9:15 a.m.
Essex

Refugees and Survivors of Torture
(Global, Surv Hist)

Defining and Measuring Domains of Social Functioning and Circumstances for Survivors of War and Torture

Vinson, Gregory, PhD
Center for Victims of Torture, Minneapolis, Minnesota, USA

War trauma survivors have interrelated psychological and social issues related to their war experiences and forced migration. Researchers often focus on the psychological aspects; less research examines the social aspects explicitly, possibly due to a lack of consistent definition and measurement of relevant domains. The purpose of this effort was to define these domains and develop a commensurate measure. Providers serving survivors reported 198 specific examples of client social functioning. Twelve raters independently sorted these examples into homogeneous categories of their own choosing. Using the sort data, a correlation matrix was created between all 198 examples. Domains were derived via a hierarchical principle components analysis. This yielded sixteen primary domains nested within six broader domains. The primary domains were: Faith & Spiritual, Cultural Adjustment, Leisure Activities, Social Connections, Family Connections, Volunteer Activities, Diaspora Community Involvement, Broader Community Involvement, Employment, Education, English Proficiency, Assistance, Basic Needs, Medical Access, Transportation, and Legal Status. The six broader categories: Safety and Stabilization, Faith & Spiritual, Accommodation and Adjustment, Social Connections, Contribution to Others, and Education & Employment. A commensurate measure was developed and tested. Preliminary measurement analyses (n = 104) yielded eight subscales with reliable scores. Definitions, domains, and measurement results will be presented.
Refugees and Survivors of Torture
(Global, Surv/His)

Reported Psychotic Symptoms Among Survivors of Torture in Timor Leste: Implications for Understanding Traumatic Stress Responses

Silove, Derrick, MBBS(Hons) MDFRANZCP
University of New South Wales, Sydney, Australia

Studies in western settings have reported a high rate of psychotic-like symptoms in the community. Trauma exposure and the presence of PTSD appear to be risk factors to experiencing psychotic-like symptoms. Although studies amongst concentration camp survivors indicated high rates of psychotic-like symptoms post WWII, no contemporary epidemiological surveys have examined this issue amongst torture survivors in the developing world. This paper draws on a large epidemiological study to examine whether there is an increased prevalence of psychotic-like symptoms amongst torture survivors in post-conflict Timor Leste in comparison to rates reported by other members of the community. The theoretical, nosological and clinical implications of detecting psychotic-like symptoms related to gross human rights abuses are discussed.

The Interrupters: A Conversation on the Cycle of Urban Violence and the Potential for Social Connections to Stop It

Kotlowitz, Alex, ACSW; Bocanegra, Eddie, Illinois, USA

In this presentation, Alex Kotlowitz and Eddie Bocanegra, producer and subject of the acclaimed documentary The Interrupters, will share their thoughts about the ways in which trauma shapes the lives of individuals caught up in urban violence, and how social connections may be key in preventing shootings. Kotlowitz will discuss his experiences over the past twenty years reporting and writing on the stubborn persistence of urban violence in America, where shootings in concentrated areas are so pervasive that gun violence forms its own culture, creating its own language, signage and rituals. He will then be joined by Bocanegra, who works for a Chicago public health program, CeaseFire, and who is a subject of Kotlowitz's new film, The Interrupters. The movie, a collaboration with Director Steve James (Hoop Dreams), spends a year with Eddie and two colleagues as they grapple with the violence in their neighborhoods and in their own lives. Together, Kotlowitz and Bocanegra will talk about the effects of the violence on the spirit of both individuals and communities, our tendency to underestimate those effects,
and the need for solutions that incorporate an understanding and cultivation of the social fabric of affected communities. A screening of The Interrupters for ISTSS conference attendees will be held on the evening of Thursday, November 3, 2011.

Concurrent 02 Symposium
Thursday, November 3
9:30 a.m. - 10:45 a.m.
Dover

Update on Neuroimaging and PTSD: Evolving Methods and New Directions
(Bio Med, Violence)

Engdahl, Brian, PhD\textsuperscript{1}; Neumeister, Alexander, MD\textsuperscript{2}; Bremner, J Douglas, MD\textsuperscript{3}; Offringa, Reid, MS\textsuperscript{4}
\textsuperscript{1}Veterans Health Care System, Minneapolis, Minnesota, USA
\textsuperscript{2}Mount Sinai Medical Center, New York, New York, USA
\textsuperscript{3}Emory University School of Medicine, Atlanta, Georgia, USA
\textsuperscript{4}Tufts University, Medford, Massachusetts, USA

We highlight new neuroimaging findings, their convergence, their implications for the PTSD construct, PTSD pathogenesis, and PTSD treatment. Our subjects have survived many types of trauma including combat, rape and other violent crime, childhood abuse, and motor vehicle accidents. We present data obtained using positron emission tomography (PET), functional magnetic resonance imaging (fMRI), magnetic resonance spectroscopy (MRS), and magnetoencephalography (MEG). We will present new evidence of altered neural plasticity and altered patterns of neuronal communication among those with PTSD. To study the effects of drug treatment upon fear learning, radioligands are used to pinpoint functional abnormalities in brain cell receptors and transporters. FMRI is used to study responses to non-fear related stimuli in subjects with and without PTSD. We will feature new evidence for the roles of the endocannabinoid systems and opioid systems in the etiology of PTSD. MEG studies of brain resting states indicate consistent patterns of neural miscommunication in PTSD. The implications of these neurobiological alterations and neural miscommunication patterns for assessment, treatment, and recovery will be discussed.

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Dover

Update on Neuroimaging and PTSD: Evolving Methods and New Directions
(Bio Med, Violence)

Neural Correlates of Fear Learning in PTSD

Bremner, J Douglas, MD; Dent, Mary, PhD; Fani, Negar, PhD
Emory University School of Medicine, Atlanta, Georgia, USA
Background: Posttraumatic stress disorder (PTSD) is associated with considerable morbidity and loss of function. Current models of the pathophysiology of PTSD include alterations in learning, felt to be mediated by hippocampus, amygdala and medial prefrontal cortex. Methods: Using functional magnetic resonance imaging (fMRI) and magnetic resonance spectroscopy (MRS) we have assessed neural correlates of fear learning using a classical conditioning paradigm as well as the effects of treatment with paroxetine on hippocampal neuronal integrity in patients with and without PTSD. Results: Paroxetine treatment was associated with an increase in hippocampal N-acetyl-aspartate (NAA), a marker of neuronal integrity, in PTSD. FMRI showed a relative failure of amygdala and hippocampal activation during fear learning, and a relative failure of anterior cingulate activation during fear extinction, in PTSD relative to non-PTSD subjects. Conclusions: These findings are consistent with altered altered plasticity of the brain in PTSD.
Update on Neuroimaging and PTSD: Evolving Methods and New Directions
(Bio Med, Violence)

Exploring Novel Pathways in PTSD Using Positron Emission Tomography

Neumeister, Alexander, MD¹; Normandin, Marc, PhD²; Bailey, Christopher, BS³; Saxena, Shireen, BS²; Carson, Richard, PhD²; Huang, Henry, PhD²; Yehuda, Rachel, PhD¹
¹Mount Sinai Medical Center, New York, New York, USA
²Yale University, New Haven, Connecticut, USA
³Mount Sinai School of Medicine, New York, New York, USA

Posttraumatic stress disorder (PTSD) is a disorder that is associated with multisystem impairments in fear neurocircuitry as well as stress hormone dysregulation. From a clinical perspective, PTSD has been described as a condition in which patients behave as if the “fear response” to a traumatic trigger has not been properly extinguished. Recently, endocannabinoid (eCB) systems and opioid systems have been implicated in the etiology of PTSD, and may emerge as systems that can be targeted for evidence-based treatment development. Using novel radioligands and positron emission tomography (PET) imaging on a high resolution PET Scanner (HRRT) we tested novel models of the etiology of PTSD involving these systems and their associated receptors. Patients with PTSD, as well as healthy control subjects with and without a history of trauma exposure were studied. Our studies provide exciting evidence of CB1 upregulation in PTSD patients as compared to matched control subjects with and without trauma history. In addition, we found opioid receptor dysregulation in PTSD. These studies show for the first time that these novel brain systems are directly involved in the etiology of PTSD, and provide a rational for exploring these systems for treatment in PTSD.
Previous research has suggested that individuals with PTSD attend preferentially to trauma-related emotional stimuli and have difficulty completing unrelated concurrent tasks that involve such stimuli. Individuals with PTSD also exhibit relatively reduced rostral anterior cingulate cortex (rACC) activation during such tasks. However, it's not currently clear if rACC hyporesponsivity can be demonstrated in emotional interference tasks involving trauma-unrelated emotional stimuli. We hypothesized that the rACC would be hyporesponsive in patients with PTSD, compared to trauma exposed non-PTSD (TENP) participants, during interference from trauma-unrelated emotional stimuli. To test this we employed the Face Stroop task, which elicits an rACC BOLD response during emotional interference in healthy subjects. In comparing 17 individuals with PTSD to 18 TENP participants we found relatively diminished rACC BOLD responsivity in the PTSD group during the Incongruent (versus Congruent) condition of the Face Stroop. In this same contrast, there were no between-group differences in response times or error rates. Overall, this supports our hypothesis that patients with PTSD exhibit rACC hyporesponsivity during interference from trauma-unrelated emotional stimuli.

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**Thursday, November 3**  
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**Update on Neuroimaging and PTSD: Evolving Methods and New Directions**  
(Bio Med, Violence)

**Brain Miscommunication Patterns in PTSD as Revealed By Magnetoencephalography (MEG)**

**Georgopoulos, Apostolos, MD, PhD**\(^1\); **James, Lisa, PhD**\(^1\); **Van Kempen, Emily, MA**\(^1\); **Leuthold, Arthur, PhD**\(^1\); **Engdahl, Brian, PhD**\(^2\); **Shub, Alina, BS**\(^3\)  
\(^1\) Brain Sciences Center, Minneapolis, Minnesota, USA  
\(^2\) Veterans Health Care System, Minneapolis, Minnesota, USA  
\(^3\) Brain Sciences Center, Minnesota, USA

Magnetoencephalography (MEG) can detect synchronous neural interactions (SNI) in subjects with PTSD that differentiate them from control subjects with > 90% accuracy (Georgopoulos et al, 2010). Here we show that the main differences in cortical communication circuitry between these two groups lie in the miscommunication of temporal and parietal and/or parieto-occipital right hemispheric areas with other brain areas. This pattern was very similar but attenuated in patients with remitted PTSD. This pattern also revealed differential brain representations of PTSD core symptoms, consistent with observations (Penfield, 1958; Gloor, 1990; Fried, 1997) that electrical stimulation of the temporal cortex in humans can elicit re-living of past experiences. Our findings may reflect the re-experiencing component of PTSD and the involuntarily persistent activation of interacting neural networks involved in experiential consolidation. Our findings may also reflect a memory disruption proposed by Brewin, et al (2010). In the dual representation theory of PTSD, intrusive traumatic memories contribute to the onset and maintenance of PTSD when they are primarily represented in the sensation-based memory system and have not been fully integrated with contextual memory. The locus of integration is hypothesized as a connection between temporal and parietal networks.

Conradi, Lisa, PsyD\(^1\); Markiewicz, Jan, MEd\(^2\); Decker, Kelly, MA\(^3\)

\(^1\)Rady Children's Hospital - Chadwick Center, San Diego, California, USA
\(^2\)National Center for Child Traumatic Stress, Durham, North Carolina, USA
\(^3\)National Center for Child Traumatic Stress, University of California, Los Angeles, Los Angeles, California, USA

This workshop will describe a unique Breakthrough Series Collaborative (BSC) sponsored by the National Center for Child Traumatic Stress (NCCTS) on using trauma-informed child welfare practice to improve placement stability. While there has been increased recognition lately on the importance of trauma-informed services, this is one of the first national projects designed to specifically apply trauma-informed practices to improve care for children and families involved in the child welfare system. Nine diverse child welfare jurisdictions across the country are participating in this BSC and tracking their progress using monthly and quarterly metrics. Some of these metrics include: (1) Percentage of children in the target population who receive trauma-focused screening and referral to trauma-focused practices; (2) Percentage of children receiving evidence-based or evidence-supported trauma treatment services; and (3) Percentage of children for whom caregivers request a placement move. The presenters will describe the general structure of a Breakthrough Series Collaborative and how this methodology has been utilized across the country to help support system change. After this overview, information about this specific BSC will be provided, including how metrics have been used to measure system change over time. Results from the metrics and implications of this project will be discussed.
Voluntary service has been extensively studied in youth and elder populations; however veterans returning from their military service are often an overlooked and underutilized group of highly trained and motivated volunteers (Yonkman and Bridgeland, 2009). The Mission Continues, a national non-profit organization, offers civic service opportunities for wounded and disabled post-9/11 veterans to volunteer in community based agencies across the United States. There is a paucity of scientific evidence on veteran focused service engagement programs. The purpose of this study is to describe the preliminary results of an internet-based survey of a cohort of post-9/11 returning veterans. Findings indicate that nearly 90% of the veterans report their lives have been changed as a result of participation in the program. The majority of veterans reported improved self-rated physical and emotional health with increased feelings of social support and intentions for continued service. Volunteering significantly impacts the lives of veterans, their families, and their communities. Innovative programs such as The Mission Continues are issuing a challenge to post 9/11 returning veterans to continue to serve their country beyond their military service. These volunteer programs provide an innovative community resource that enhance the ability of disabled veterans to lead productive and meaningful lives.

Concurrent 02
Paper Session
Thursday, November 3
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Grand/Salon IX & X

Treating Veterans
(Commun,Mil/Vets)

Psychological Injury, Treatment Utilization, and Barriers to Care: Results from a National Survey of Iraq and Afghanistan Veterans

Elbogen, Eric, PhD, ABPP1; Wagner, H. Ryan, PhD2; Johnson, Sally, MD1; Beckham, Jean, PhD3
1University of North Carolina, Chapel Hill, North Carolina, USA
2Duke University, Durham, North Carolina, USA
3Durham VA, Durham, North Carolina, USA

Many Iraq and Afghanistan veterans with traumatic brain injury (TBI), major depressive disorder (MDD), and/or posttraumatic stress disorder (PTSD) do not seek treatment for these conditions. The Dillman Method was used to conduct a national survey in which veterans were randomly drawn from over one million U.S. military service members who served after September 11, 2001. The corrected-response rate for the survey was 56% (n=1388), yielding a sample of Iraq and Afghanistan Veterans from 50 states representing all military branches. 20% of the sample screened positive for PTSD, 24% MDD, and 17% TBI. 35% met criteria for at least one of these. Co-occurrence was common: 77% with PTSD and 51% with TBI also screened positive for MDD. Women were more likely than men to meet criteria for MDD (30% vs. 23%) and less likely to report TBI (12% vs. 18%); rates of PTSD did not differ by gender. 40% currently meeting criteria for PTSD or MDD reported no current mental health treatment. The most frequent perceived barriers to care were not wanting medications and not believing help was needed from others. Women were more likely to seek mental health treatment and to receive services at non-VA facilities. The data imply that war-related trauma interventions should address co-occurring depressive
symptoms and that perceived need for treatment and reluctance to take medications affects veterans’
decisions to utilize, or access, health services.
Treating Veterans
(Commun,Mil/Vets)

Gender Differences in Post-Deployment Psychological Health: The Impact of Combat Exposure and Predeployment Risk and Protective Factors

Poulsny, Melissa, PhD¹; Kumpula, Mandy, PhD Candidate²; Meis, Laura, PhD¹; Johnson, Alexandria, BA³; Erbes, Christopher, PhD¹
¹Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA
²Minneapolis VA Health Care System and Northern Illinois University, Minneapolis, Minnesota, USA
³Minneapolis VA Health Care System, Minneapolis, Minnesota, USA

Although female military service members’ participation in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) is unprecedented, little is known about women’s combat experiences. In a prospective, longitudinal cohort study of 522 US National Guard soldiers (462 men, 60 women) deployed to OIF, we assessed whether associations between risk/protective factors and post-deployment PTSD and depressive symptoms differed by gender. Participants completed baseline measures of PTSD and depressive symptoms and potential risk/protective factors one month before deployment (Time 1). Eighty-one percent (n=424, 372 men and 52 women) completed measures of deployment stressor exposure and post-deployment psychological health outcomes 2-3 months after returning from Iraq. While men were more frequently exposed to traditional combat experiences, men and women did not differ in their exposure to the aftermath of battle. Women reported greater severity of PTSD and depressive symptoms and higher rates of probable PTSD. After accounting for pre-deployment symptoms, multiple regression analyses revealed gender and exposure to combat’s aftermath remained significant independent predictors of post-deployment PTSD and depression symptoms. Associations between combat exposure, aftermath of combat, and psychological health symptoms did not differ by gender; however, gender moderated associations between several pre-deployment risk and protective factors and post-deployment PTSD and depression.
Differences in Cortical Volume Between Chronic and Remitted PTSD in Gulf War Veterans

Neylan, Thomas, MD; Apfel, Brigitte, MD; Chao, Linda, PhD; Ross, Jessica, MD; Schuff, Norbert, PhD
UCSF, San Francisco, California, USA

Smaller cortical volume was described in a recent magnetic resonance imaging (MRI) study of Gulf War veterans with chronic Post-traumatic Stress Disorder (PTSD). We sought to replicate this study and to investigate whether veterans who recovered from PTSD would also recover from cortical volume loss. Clinical and MRI data were collected in a cross sectional sample of n=248 Gulf War veterans. Measures included SCID, current and lifetime CAPS. MRI data were acquired with a 1.5 Tesla scanner and analyzed using FreeSurfer, an automated tool set for brain image analysis and visualization. Global and regional cortical volume were investigated.

We had complete data from 31 veterans with chronic PTSD and of 28 veterans who had recovered from PTSD. After controlling for age and height we found smaller cortical volume in participants with chronic PTSD compared to trauma exposed veterans who never developed PTSD (n=32) replicating previous findings. In addition, cortical volume in veterans who had recovered from PTSD was intermediate between the controls and chronic PTSD subjects.

It is well established that hippocampal volume is smaller in people with chronic PTSD. However, as expected from functional MRI studies, additional cortical brain areas seem to be involved in PTSD. Further studies are needed to determine and understand whether brain structure changes in response to symptom development and recovery.

Concurrent 02
Paper Session
Thursday, November 3
9:30 a.m. - 10:45 a.m.
Essex

Psychophysiology
(Bio Med, Adult/Cmplx)

Differential Effects of Clinical Diagnoses on Cortisol Outcomes in Victims of Intimate Partner Violence (IPV)

Basu, Archana, PhD1; Levendosky, Alytia, PhD2; Lonstein, Joe, PhD2; Stansbury, Kathy, PhD2
1Weill Medical College of Cornell University, New York, New York, USA
2Michigan State University, East Lansing, Michigan, USA

This study examined how hypothalamic adrenal axis functioning, as assessed through salivary cortisol, may differ across disorders that are commonly seen in trauma exposed populations. Using a sample of adult female survivors of IPV (N = 88), this study compared 3 diagnostic groups [e.g., PTSD, PTSD and Major Depressive Disorder (MDD), and subthreshold symptoms of MDD and/or PTSD] with each other, and with a control comparison group (no lifetime dx of PTSD/ MDD or IPV exposure) on cortisol measures. Basal cortisol concentrations, diurnal rhythm of cortisol, and challenged cortisol measures in the context of a cognitive stress task were assessed. The study did not find support for the effects of diagnostic groups on the cortisol measures assessed in the study. However, findings indicated that trauma exposed women had significantly higher levels of dissociative symptoms, which were inversely related to awakening cortisol concentrations. This finding is consistent with the literature (Simeon et al.,
and suggests that trauma sequelae (e.g., PTSD, dissociation) present with different phenomenological and neurobiological correlates. Specifically, low awakening cortisol concentrations may be a marker for dissociation, which frequently co-occurs with PTSD, and in turn could mediate the effects between trauma exposure and later development of PTSD.
Predictors of Salivary Cortisol Levels in Children and Adolescents Exposed to Traumatic Events

Goldbeck, Lutz, PhD; Maaßen, Magdalena, Doctoral, Student; Kirsch, Veronica, Dipl, Psych; Kirschbaum, Clemens, PhD

1 University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany
2 Technical University Dresden, Department of Psychology, Dresden, Germany

There are only few studies of salivary cortisol in pediatric PTSD showing inconsistent results. Within a multi-factorial model, we investigated the impact of mental health, age, gender, trauma type, hospitalization, quality of sleep and daily strains on morning and evening salivary cortisol.

Methods: Sixty-eight children and adolescents (mean age 11.4, range 6-18; 50% female) participated. On 3 consecutive days, saliva samples were collected at expected morning cortisol peak and in the evening. The relative associations of different predictors with cortisol were explored by multiple regression analyses.

Mean morning level was 18.1 nmol/l and mean evening levels was 3.2 nmol/l. Morning cortisol was positively associated with age, female gender, symptoms of re-experiencing, and a history of accidental (vs. interpersonal) trauma. It was negatively associated with PTSD, symptoms of hyperarousal, and acute sleep problems. Evening cortisol was positively associated with age, recent surgical treatment, daily strains, and PTSD, whereas it was negatively correlated with sleep problems.

Minors with PTSD show significantly lower morning salivary cortisol levels and a trend towards higher evening cortisol concentration. This is consistent with the hypothesis of a downregulation of the HPA axis. However, effects of diagnostic status can be masked by developmental effects and acute distress. To further disentangle the complex associations between salivary cortisol, trauma exposure, acute and posttraumatic stress symptoms, and exposure to additional distress, studies with larger samples are necessary.
Experiential Avoidance and the Relationship Between Child Maltreatment and PTSD Symptoms: Preliminary Evidence

Shenk, Chad, PhD; Putnam, Frank, MD; Noll, Jennie, PhD
Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, USA

Not every adolescent exposed to child maltreatment develops symptoms of PTSD, emphasizing the need to identify variables that explain how maltreated children develop these symptoms. This study tested whether a set of variables with prior empirical support, respiratory sinus arrhythmia (RSA) and cortisol reactivity as well as experiential avoidance, explained the relationship between child maltreatment and post-traumatic stress disorder (PTSD) symptoms. Adolescent females (N = 110; n = 51 maltreated) 14-19 years of age completed interviews, questionnaires, and a stressor paradigm. A multiple mediator model was used to assess the total indirect effect for the set of variables while identifying specific indirect effects for individual variables. Results indicated the set of variables mediated the relationship between child maltreatment and PTSD symptoms, Z = 2.07, p < .05. However, only experiential avoidance contributed significantly to this effect when simultaneously estimating all other variables, Z = 2.34, p < .01. The indirect effect for experiential avoidance was significantly stronger when compared to the effects of RSA and cortisol reactivity. Data support the examination of experiential avoidance in understanding how adolescents who have been maltreated may develop PTSD symptoms with implications for prevention and intervention.

Concurrent 02
Paper Session
Thursday, November 3
9:30 a.m. - 10:45 a.m.
Essex

Psychophysiology
(Bio Med, Adult/Cmplx)

PTSD, COMT Val158Met Genotype, and Anterior Cingulate Volume

Woodward, Steven, PhD; Schulz-Heik, Jay, PhD; Schaer, Marie, MD, PhD; Hallmayer, Joachim, MD; Kaloupek, Danny, PhD
1National Center for PTSD, Department of Veterans Affairs, Palo Alto, California, USA
2Service Médico-Pédagogique, Department of Psychiatry, University of Geneva School of Medicine, Geneva, Switzerland
3Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, California, USA
4National Center for PTSD, VA New England Healthcare System, Boston, Massachusetts, USA

The anterior cingulate region of the frontal lobe has been a focus of PTSD research as numerous studies have suggested it is compromised and because it provides inhibitory input to the amygdala. The COMT Val158Met polymorphism is associated with large variation in dopamine neurotransmission in the frontal lobe including ACC; and the Val allele has been associated with poorer cognitive performance and smaller ACC volume in schizophrenics.

We examined associations between PTSD, COMT variant, and ACC volume in 99 combat-exposed military veterans. Exclusion criteria included psychosis, recent substance abuse, and history of diffuse brain injury. Volumetric SPGR images were obtained on one of two 1.5T GE Signa II systems. Preprocessing and manual tracings of ACC were performed blind to diagnosis. DNA was obtained from
saliva samples gathered for measurement of salivary cortisol. COMT genotypes were in Hardy-Weinberg equilibrium and did not differ between diagnostic groups.

We previously published observations that PTSD was associated with smaller ACC volume in this sample. Here we report that the COMT Val158Met polymorphism moderated this relationship: There was a two-way interaction between PTSD and Val158Met such that the effect of PTSD on ACC volume was larger in Val/Val participants than in Met carriers (F(1,95) = 6.51, p = 0.012). Secondly, there was a three-way interaction such that the latter effect was carried principally in the right hemisphere (F(1,95) = 7.71, p = 0.007).

These findings suggest the COMT Val158Met polymorphism moderates an important nexus of structural/functional compromise in PTSD.

**Concurrent 02**  
**Thursday, November 3**  
**9:30 a.m. - 10:45 a.m.**  
**Grand/Salon VII & VIII**

**Effects of Conflicts on Non-Combatants**  
(Prevent, Mil/Vets)

**Saving Not Taking Lives: Measuring Combat Medic Mettle**

*Figley, Charles, PhD*¹; *Cabrera, David, PhD, MSW*²; *Pitts, Barbara, PhD*³; *Chapman, Paula, PhD*⁴

¹Tulane University, New Orleans, Louisiana, USA  
²Uniformed Services University, Bethesda, Maryland, USA  
³American University, Washington, Dist. of Columbia, USA  
⁴James A Haley VA, Tampa, Florida, USA

The medic mettle study, a mixed method design, was funded by the US Army to develop a model of combat stress resilience utilizing results from a survey of 350 US Army Combat Medics stationed in Germany and Ft. Hood. The qualitative research component was composed of 16 intensive, videotaped interviews with combat medics between war deployments. Variable Generating Activity protocol was used to identify, define, and quantify variables among the more than 35 hours of video interview data across five domains. The preliminary results include: (1) 138 variables emerged that appear to provide some missing pieces in our understanding of combat stress injury and its psychosocial markers; (2) confirmed five variable domains within an intrinsic nomothetic network of notions and categories of variables that either operationalize medic resilience or critically important variables affected by medic resilience; (3) confirmed the utility of annual surveys to validate the qualitative findings, and; (4) developed the initial draft of the Medic Mettle Scale based on feedback from the qualitative interviews and further developed during the annual, web-based survey. The results of this research have far-reaching effects for targeting behavioral health programs and for educators and leaders who can better prepare future Combat Medics for service in combat zones.

**Concurrent 02**  
**Thursday, November 3**  
**9:30 a.m. - 10:45 a.m.**  
**Grand/Salon VII & VIII**

**Effects of Conflicts on Non-Combatants**  
(Prevent, Mil/Vets)
Is PTSD in Asylum Seekers Being Interpreted as Lying?

Herlihy, Jane, DPsych(Clin)¹; Rogers, Hannah, DPsych(Clin)²; Fox, Simone, DPsych(Clin)²

¹Centre for the Study of Emotion & Law, London, United Kingdom
²Royal Holloway, University of London, London, United Kingdom

Memory difficulties following traumatic experiences may result in testimonial inconsistencies, which can affect credibility judgements in decisions about asylum seekers (Herlihy, Scragg & Turner, 2002). However, no investigations have looked into how the behavioural sequelae of Post-Traumatic Stress Disorder [PTSD] might affect credibility assessment. This study aimed to investigate the way that PTSD interacts with perceived cues of deception. An actor was recruited to perform four versions of the same interview containing combinations of ‘Deception’ and ‘Trauma’ behaviours (Trauma/Deception/both/neither), chosen on theoretical, empirical and clinical grounds to provide ‘typical’ presentations of each construct. 118 students watched the interviews and gave subjective ratings of credibility, as well as quantitative and qualitative information about the factors and behaviours that influenced their judgements. Significant differences were found between interviews, with the ‘Trauma + Deception’ interview being rated as the least credible and ‘Trauma only’ the most. Emotional congruence was found to be an important factor in influencing assessments. Vulnerable, traumatised asylum seekers are often instructed to lie, or they confabulate when their memories are confused. Further, only ‘typical’ PTSD may be being recognised, in crucial decisions about granting or denying asylum.

Concurrent 02
Thursday, November 3
9:30 a.m. - 10:45 a.m.
Grand/Salon VII & VIII

Effects of Conflicts on Non-Combatants
(Prevent, Mil/Vets)

Children of War - Investigating the Influence of World War II Trauma, Related to Zone of Occupation, Social Support and Resilience on Health and Well-Being in a Sample of Austrian Elderly Adults

Lueger-Schuster, Brigitte, PhD, Cpsych; Glueck, Tobias, Doctoral, Student
University of Vienna, Vienna, Austria

With an interdisciplinary approach - historians and psychologists - probably one of the last large scale epidemiologic investigations was conducted in Austria with people, who grew up during WW2 and its aftermath.

In a sequentially phased study the influence of living conditions in different zones of occupation (Allied/Soviet) in Austria during and after WW2, the role of trauma type and severity on trauma related symptomatology and mental health were compared in a large sample of elderly adults (N = 316; Age M = 81.89). First, based on historical documents of massive traumatic events (air strikes, looting, heavy battles⋯), a “trauma-map” of Austria was created - identifying high and low trauma impact areas for later comparison. Trained psychologists interviewed participants from the identified regions regarding war-related traumatic events, life-span traumatization, posttraumatic stress symptoms, resilience and social support.

Results indicate that (1) zone of occupation influences traumatic stress symptoms and psychological health - the Soviet zone being a predictor of higher levels of traumatic stress, (2) results do not suggest
social support as a buffer to trauma-related symptoms in this sample; (3) volunteerism however seemed to have positive influence on posttraumatic distress. Results promote the planning and targeted distribution of psychosocial support in postwar societies.
Effects of Conflicts on Non-Combatants
( Prevent, Mil/Vets)

Managing, Understanding and Communicating Psychological Issues Among Refugee Applicants

Steel, Zachary, PhD1; Hunter, Jill, PhD2; San Roque, Mehera, Other2; Tay, Kuo Wei, Other1; Pearson, Linda, Other2; Frommer, Naomi, Other1; Derrick, Silove, Other1
1 School of Psychiatry, University of New South Wales, Sydney, Australia
2 Faculty of Law, University of New South Wales, Sydney, Australia

Those who seek to establish refugee status in countries such as Australia must undergo a comprehensive evaluation process to establish whether they have a well-founded fear of persecution that comes within the United Nations Refugee Convention definition. We present an overview of key findings from a prospective study of 73 asylum seekers applying for refugee protection in Australia with a specific focus on the role of expert psychological evidence in the determination of their refugee claims. The results identify significant the challenges facing mental health professionals, decision-makers, applicants and their representatives when mental health professionals seek to communicate the significance of trauma-related psychological sequelae to refugee status decision-makers. From this study our group have prepared a resources manual providing an accessible step-by-step guide to best practice strategies in the preparation and interpretation of mental health evidence in the context of refugee decision making.

The manual focus on the provision of guidelines for:
• psychologists and psychiatrists working in the field of refugee health assessment,
• decision-makers in the refugee status determination process and
• refugee applicants’ supporters and representatives, whether they be migration agents, lawyers or from support organizations

Concurrent 03
Featured Speaker
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Grand/Salon VI

Preventing Psychological and Moral Injury in Military Service: Summing Up
( Prevent, Mil/Vets)

Preventing Psychological and Moral Injury in Military Service: Summing Up

Shay, Jonathan, MD, PhD
MacArthur Fellow, Newton, Massachusetts, USA
This workshop is the presenter’s summing up of 15 years of writing, speaking and working with military organizations on preventing psychological and moral injury in military service. The principles explained here may have broader applications, especially to occupational risks of traumatic stress, such as in journalism, civilian uniformed services, psychological and physical healthcare, disaster relief, but attendees will have to translate for their own settings.

Three things protect the mind and spirit of people who train for and go to war:
• Positive qualities of community in the face-to-face unit ["cohesion" in milspeak]
• Expert, ethical, and properly supported leadership
• Prolonged, cumulative, and highly realistic training for what people have to do and face.

The presenter’s efforts have focused on changing policy, practice, and culture within military organizations in ways that remove obstacles to the above and actively promote their achievement. The workshop will offer concrete examples of the above, putting meat on the bones of abstraction:
• “Train people together, send them into danger together, bring them home together.”
• Sleep
• Careerism as most destructive leadership ethical malpractice
• Interaction of cohesion and training: "Iron law of cumulative training"

Prevention engages the whole human critter: brain, mind, society, culture.

Concurrent 03
Symposium
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Dover

Racism, Psychological Distress, and Treatment Seeking in Racially and Ethnically Diverse Trauma Survivors
(Cul Div, Diverse Pop)

Ghafoori, Bita, PhD
California State University Long Beach, Long Beach, California, USA

In this symposium, organized by the ISTSS Diversity Committee, presenters will discuss important research findings examining the relationship between race, ethnicity, and traumatic stress. The first presentation will investigate the mechanisms by which race related stress may contribute to PTSD. The next presentation will examine racial and ethnic differences in PTSD, GAD, and depression in an urban community sample of trauma-exposed adults and will evaluate the role of socioeconomic status and coping. The third presentation will assess barriers and facilitators to mental health treatment in a primary care setting utilizing qualitative analyses. The discussant will summarize and examine the methodological strengths of each of the studies and will elaborate on the larger context of ethnoracial traumatic stress studies.

Concurrent 03
Symposium
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Dover
Racism, Psychological Distress, and Treatment Seeking in Racially and Ethnically Diverse Trauma Survivors
(Cul Div, Diverse Pop)

Perceptions of Racist Environment and Race-Related PTSD

Waelde, Lynn, PhD; Pan, Ivy, BS; Delorefice, Allison, BA; Gruen, Johanna, BA; Harrison, Leighna, BA
Palo Alto University, Palo Alto, California, USA

Previous research indicates that exposure to race-related stress (RRS) is associated with posttraumatic stress disorder (PTSD), though the mechanisms that develop race-related PTSD are unclear. Appraising traumatic stressors as the result of one's own physical characteristics may produce a sense of pervasive threat and lead to PTSD similarly to other negative posttraumatic cognitions. The current study addressed whether perceptions of racist environment (PRE) would mediate the traumatic impact of exposure to RRS. An ethnically diverse sample of $N = 217$ undergraduates (33% Caucasian) completed measures of RRS, race-related PTSD symptoms, and PRE. PRE was assessed by 4-item scale regarding beliefs that the respondent and others of the respondent's same race/ethnicity are regularly subject to race-based hostility and physical threat. The measure showed good internal consistency ($\alpha = .86$). Zero order correlations indicated that PRE was positively related to the number of RRS and race-related PTSD symptoms. An independent samples t-test showed that ethnic minority respondents reported greater PRE than did Caucasian participants. A set of multiple regressions demonstrated that PRE mediated the relationship of RRS to PTSD symptoms. These results suggest that perception of one's environment as racially biased and threatening may be an important cognitive mechanism in race-related PTSD.

Concurrent 03
Symposium
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Dover

Racism, Psychological Distress, and Treatment Seeking in Racially and Ethnically Diverse Trauma Survivors
(Cul Div, Diverse Pop)

Racial and Ethnic Differences in PTSD, GAD and Depression in Trauma Survivors

Ghafoori, Bita, PhD; Barragan, Belen, BS, BA; Palinkas, Lawrence, PhD
$^1$California State University Long Beach, Long Beach, California, USA
$^2$University of Southern California, Los Angeles, California, USA

This study examined racial and ethnic differences in symptom severity of posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), and depression in an urban community sample of 170 trauma-exposed adults and evaluated whether indices of socioeconomic status or coping style had an additive effect on psychological distress. Results indicated Black participants had significantly higher levels of trauma exposure compared to White participants. Logistic regression analysis indicated Black participants were approximately three times more likely to experience assultive violence ($n = 87.7%; \text{OR} = 3.13, 95\% \text{CI} = 1.23 \text{ to } 7.98$) compared to White participants ($n = 71.7%$), even after controlling for covariates. Hierarchical regression analyses found that racial and ethnic group status was significantly associated with decreased depression severity and accounted for 5% of the variance in the model as a whole ($\beta = -2.83, p < .01$). Higher levels of trauma exposure, increased positive coping and decreased
negative coping were significant predictors in explaining the decreased depression symptom severity in Black relative to White participants. No significant relationship was found between racial and ethnic group status and PTSD or GAD symptom severity. Implications of the results for the research and treatment of culturally diverse individuals in urban settings are discussed.
Racism, Psychological Distress, and Treatment Seeking in Racially and Ethnically Diverse Trauma Survivors

Factors Influencing Help-Seeking and Treatment Preferences Among Trauma-Exposed Latina Immigrants: A Qualitative Study

Kaltman, Stacey, PhD\(^1\); Hurtado de Mendoza, Alejandra, PhD\(^1\); Serrano, Adriana, MA\(^1\); Gonzales, Felisa, MFA\(^2\)

\(^1\)Georgetown University Medical Center, Washington, Dist. of Columbia, USA
\(^2\)George Washington University, Washington, Dist. of Columbia, USA

Understanding treatment needs and preferences of Latina immigrants is imperative given their high prevalence of trauma exposure and trauma-related mental disorders. The goal of the current study was to assess barriers and facilitators to trauma-related mental health treatment in the primary care setting. A subset of participants (n=27) of a larger epidemiological study, who reported trauma exposure and screened positive for PTSD and/or depression, participated in a follow-up qualitative study. Participants completed card sort tasks and explained their choices. Tasks were completed for: factors influencing help-seeking, barriers to help-seeking, preferred type of professional, preferred setting, preferred treatment modality, and preferred treatment strategy. To summarize the data, we created saliency scores (Borgatti, 1999). The average number of trauma exposure types was 6.22 (sd=2.67). 29.6% met criteria for PTSD, 25.9% for depression, and 44.4% for both. Results suggested that cost was the most important factor influencing help-seeking and uncertainty about what happens when one goes to a professional was the most important barrier. Preferred treatment was individual psychotherapy by a psychologist in primary care and preferred strategies included history sharing and cognitive-behavioral approaches. Implications for treatment development and implementation will be detailed.
By 2040, the US will become a “majority-minority” nation. It is therefore vital that studies examine the contributions to traumatization made by ethnoracial differences, and ethnic-specific barriers to mental healthcare. The presentations which are part of this symposium represent a spectrum of current approaches. Ghafoori et al.’s study of ethnic differences in rates of assault and PTSD begins to parse out the means by which those African Americans who have been exposed to greater rates of trauma develop PTSD at a rate comparable to those experiencing less trauma. Waelde et al.’s presentation examines, via a brief measure, a mechanism by which exposure to race-related traumatic stressors results in PTSD, thereby further illuminating the significant impact of race-related traumatization. Kaltman et al.’s study of Latina immigrants illustrates the continuing contribution of qualitative approaches in both hypothesis-generation and in accurately interpreting data related to seeking mental health care. This presentation will examine the methodological strengths of each of these studies, and will elaborate on the larger context of ethnoracial traumatic stress studies to which these studies belong. The importance of including culture-specific and identity-specific constructs in traumatic stress studies will be discussed as a means of further specifying within and between-group heterogeneity.

**Concurrent 03**
**Symposium**
**Thursday, November 3**
**11:00 a.m. - 12:15 p.m.**
**Grand/Salon VII & VIII**

**New Frontiers in PTSD Research: Basic and Applied**
(Clin Res, Mil/Vets)

**Vermetten, Eric, MD, PhD**
*Military Mental Health, Utrecht, Netherlands*

In this symposium four domains of new research will be brought together. All presentations take one step beyond what is currently known and challenge the current concepts with a ‘newness’ approach, both from a basic as well as an applied perspective. The authors will discuss the implications of their research and their challenges for the future understanding and treatment of PTSD. The first approach stems from molecular biology and discusses the importance of alterations in GR cytosine methylation and FKBP5 gene expression in lymphocytes that are observed in association with PTSD symptoms change. The second approach builds on neuroimaging work in healthy subjects that has shown the existence of a “default network” of connected and correlated brain regions active during rest and will track the network in PTSD. The third presentation departs from the finding of abnormalities of working memory function in PTSD and discusses the implications for screening. In the last presentation the concept of dual task processing in EMDR will be extended to a proof of concept in which movement and virtual reality are added. This new approach will be explored in terms of potential value for PTSD as a novel treatment.

**Concurrent 03**
**Symposium**
**Thursday, November 3**
**11:00 a.m. - 12:15 p.m.**
**Grand/Salon VII & VIII**
Military Motion-Based Memory Desensitization and Reprocessing (3MDR): A Novel Treatment for PTSD?

Vermetten, Eric, MD, PhD1; Mert, Agali, MD2

1 Military Mental Health Research, Utrecht, Netherlands
2 Military Rehabilitation Center, Doorn, Netherlands

INTRODUCTION: The dual task processing in eye movement desensitization and reprocessing (EMDR) has proven effective for the treatment of deployment related posttraumatic stress disorder. The procedure is typically performed in sedentary condition with imaginary exposure conditions. Therapeutic adherence is reported a problem in military populations compromising treatment efficacy. We aimed at designing a treatment procedure that preserved dual task processing principle, yet introduced new engagement by performing the desensitization during motion by to walking on a treadmill. Moreover, we aimed at exposure to real high-affect pictures of deployment setting. Our objective was to design a modified EMDR procedure for deployment related PTSD using motion based memory reprocessing with virtual reality.

METHOD: We designed a treatment based on the 6 DoF motion base of the Computer Assisted Rehabilitation Environment (CAREN) facility. This adds to regular therapy physical (walking) elements, virtuality with visual (pictures/words with 180deg field of vision) and auditory (Dolby surround). Subjects walk a repetitive cycle while walking and viewing high affect pictures of deployment scenes. Dual task processing was maintained by an oscillating ball. Aspects of presence are adhered to, to maximize possible positive outcome. RESULTS/CONCLUSIONS: The proof of concept will be presented with preliminary results on efficacy and therapeutic adherence.
Using Epigenetic and Molecular Changes in PTSD as Therapeutic Targets

Yehuda, Rachel, PhD
J. J. Peters Veterans Affairs Medical Center; Mount Sinai School of Medicine, NY, New York, USA

Alterations in several genes and molecular targets associated with glucocorticoid receptor alterations in PTSD have recently been identified. These include changes in gene expression and genotype of FK506 Binding Protein 5 (FKBP5) as well as changes in cytosine methylation of the glucocorticoid receptor gene (NR3C1). Both cytosine methylation and gene expression are influenced by environmental factors that can result in enduring differences in function (e.g., via developmental programming). In this presentation we will examine the extent to which these two molecular measures and other GR-related markers change in association with changes in PTSD symptom severity, based on recent longitudinal studies. In these studies, symptom severity is manipulated using psychotherapy. Pilot data demonstrates that changes in GR cytosine methylation and FKBP5 gene expression in lymphocytes are observed in association with PTSD symptoms change, and the former has now been demonstrated in our laboratory to change from pre-to post-treatment. Although genotype is invariable, changes in genotype may influence the extent to which molecular measures of methylation and gene expression are subject to environmental influence. The implications of these findings for identifying treatment targets will be discussed.

Trauma Exposure and Working Memory Abnormalities

McFarlane, Alexander, MB, BS
The University of Adelaide, Adelaide, Australia

There is now a substantial body of literature demonstrating the abnormalities of working memory function in posttraumatic stress disorder. These abnormalities have been demonstrated using PET, FMRI, and ERP. In general, individuals with posttraumatic stress disorder have a decreased working memory capacity and disruption of activation of the left dorsolateral prefrontal cortex. It has also been shown that combat exposure in the absence of PTSD can lead to a decremental loss of visuospatial and auditory working memory. However, this has only been demonstrated on standard psychometric tests. In this study the impact of trauma exposure on working memory capacity will be examined using event-related potentials. In particular, the impact of trauma exposure on the P3WM
component during working memory updating was investigated as was the amplitude and latency of the P3 component according to cumulative trauma exposure were explored in a population of 40 subjects. The evidence does suggest that independent of PTSD, trauma exposure has the ability to disrupt cortical functioning. Similarly, it has also been previously shown that trauma history rather than dissociative symptoms or PTSD scores has predicted smaller P300 amplitudes to target tones with the oddball task in military cadets. This raises the important challenge as to whether emergency service and military populations should be routinely monitored using event-related potential paradigms to assess the cumulative burden of trauma exposure.

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Symposium
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Essex

The Effect of Social Bonds on Immediate and Long-Term Response to Collective Trauma Among Different Cohorts: Adolescents, Adults and Elderly
(Assess Dx, Diverse Pop)

Tuval-Mashiach, Rivka, PhD
Bar Ilan University, Ramat Gan, Israel

The symposium will review several studies that focused on the interactions between social and environmental factors in predicting stress following exposure to a collective trauma. Ungar's (2008) definition of resilience highlights the importance of the individual's social system, community, and state as factors that explain his ability to cope with exposure to traumatic events. Research has shown that an individual's type and level of sense of belonging to systems in his proximate and distant social environment may protect the individual from the negative consequences of adversity and can have a positive effect on coping (Masten, 2001). In light of the above it is important to determine whether the protective function of social bonds is stable through time and throughout the life span. To that end, in this symposium we will present research findings related to two distinct levels of the ecological system: at the macro national level, as reflected in sense of belonging to the country; and at the meso-system, as reflected in sense of belonging to the social and/or to educational communities. Findings will be presented in relation to three distinct cohorts - youth, adults and elderly, and the role of different kinds of social bonds will be discussed.
Multiple Losses of Social Resources Following Collective Trauma: The Case of the Forced Relocation from Gush Katif

Dekel, Rachel, PhD; Tuval-Mashiach, Rivka, PhD
Bar Ilan University, Ramat Gan, Israel

Collective trauma may lead to a pervasive loss of personal and social resources. The current study used a mixed method design to explore losses of social connections and affiliations following the collective trauma of forced relocation. A sample of 269 relocated residents from Gush Katif completed open-ended questionnaires regarding their ability to cope following the relocation, as well as questionnaires regarding their sense of belonging to the country, their sense of alienation from government institutions, post traumatic symptoms and well-being. Three themes emerged in the qualitative stage of the study as the primary losses experienced by participants: loss of physical place and landscape, loss of a sense of belonging to Israeli society, and loss of trust and alienation from the country's institutions. The quantitative stage revealed a complementary picture, with lower place commitment and higher alienation contributing directly both to post traumatic symptoms and to a reduced sense of well-being. In addition, a sense of alienation from the institutions of the country mediated the associations between the sense of belonging to the country and post traumatic symptoms and well-being. These findings are discussed in relation to the concept of social capital as a key factor in explaining one's ability to cope with collective trauma.

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Symposium
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Essex

The Effect of Social Bonds on Immediate and Long-Term Response to Collective Trauma Among Different Cohorts: Adolescents, Adults and Elderly
(Assess Dx, Diverse Pop)

Social Bonds, Stress Inducing Situations and Varying Degrees of Religious Commitment Among Adolescents Before and Following Forced Relocation

Galily, Rinat, PhD1; Sagy, Shifra, PhD2; Tuval-Mashiach, Rivka, MA3
1 Sapir College, Sderot, Israel
2 Ben Gurion University, Beer Sheva, Israel
3 Bar Ilan University, Ramat Gan, Israel

The present study is based on the Salutogenic approach. It looks at stress and assesses the contribution of mediating and moderating factors dealing with the reduction of stress reactions during the forced relocation of settlers from the Gaza strip. The sample included 340 seventh to twelfth grade adolescents who had lived in the Gaza strip prior to the evacuation. In the period prior to the evacuation 175 adolescents were sampled of which 71 were secular and 104 religious. In the period following the evacuation 165 adolescents were sampled, 88 secular and 77 religious. The study shows a correlation between the nature of stress prior to and following the relocation and between the various stress reactions. Clear distinctions were drawn between the religious and secular sample groups in patterns of moderating factors relating to stress reactions in each period. Prior to the evacuation the sense of community had no moderating impact in both groups. Nevertheless none of these moderators explained the sense of hope. In the period following the relocation the psychological sense of school membership
explained the sense of hope only among the religious group. The sense of community explained the state trait anger only among that same group. Concluding, social bonds served as moderating factors in different stress inducing situations and with regard to varying degrees of religious commitment.

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Symposium
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The Effect of Social Bonds on Immediate and Long-Term Response to Collective Trauma Among Different Cohorts: Adolescents, Adults and Elderly
(Assess Dx, Diverse Pop)

The Long-Term Impact of a Collective Trauma on Sense of Belonging to Social Resources

Tuval-Mashiach, Rivka, PhD¹; Nuttman-Shwartz, Orit, PhD, MSW²
¹Bar Ilan University, Ramat Gan, Israel
²Sapir College, Sderot, Israel

Studies on the impact of collective trauma on wellbeing, found that collective trauma may lead to a pervasive loss of personal and social resources. The current study is a longitudinal follow up of relocated residents from Gush Katif, aiming at examining the role of sense of belonging to community resources, in the process of adjustment. Relocated residents (269 in the first assessment, 194 in the second) participated in the follow up one and four years following the relocation, and filled out questionnaires relating to post traumatic symptoms, and sense of belonging to the community and the country. While participants’ sense of belonging to their community declined through time, their sense of belonging to the country increased. A significant positive correlation was found between sense of belonging to the community at the first assessment, and distress three years later, and a significant negative correlation was found between levels of distress one year after the relocation and the participants’ sense of belonging to the country three years later. Thus, the lower participants’ levels of distress at the first assessment, the stronger their later sense of belonging to the country. Findings highlight the need to further study the role of different levels of social resources in mitigating stress.

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The Effect of Social Bonds on Immediate and Long-Term Response to Collective Trauma Among Different Cohorts: Adolescents, Adults and Elderly
(Assess Dx, Diverse Pop)
The Psychosocial Effects of Exposure to Collective Trauma on Elderly Persons: Differences in Sense of Belonging and Type of Community

Regev, Irit, PhD; Nuttman-Shwartz, Orit, PhD, MSW
Sapir College, Sderot, Israel

This study examined the contribution of different types of sense of belonging to the social system (nation and/or community) to the distress reactions of elderly individuals residing within a conflict zone. The sample consisted of 300 Israeli elderly from the city of Sderot and a nearby rural settlement, both situated adjacent to the Gaza border and subject to recurrent rocket attacks. Participants completed self-report questionnaires assessing level of exposure, PTSD, PTG, and sense of belonging to their community and to the country. Results revealed that elevated levels of distress, as manifested in PTSD symptoms, were associated with level of exposure to Qassam Rockets. In addition, sense of belonging to the nation and to the community contributed to lower stress responses among the Sderot elderly, though not amongst Kibbutz residents. Sense of belonging to the country has a stronger positive relation in comparison to sense of belonging to the community, in terms of moderating level of distress. In contrast, no significant relation was found between sense of belonging to the community and to the country and PTG, among residents of both types of communities. In conclusion, the factor of sense of belonging possesses both unique and interactive effects with regard to coping with collective and continuous threat.

Concurrent 03 Symposium
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Kent

Treatment Outcomes in Victims and Perpetrators of Intimate Partner Violence
(Clin Res, Violence)

Johnson, Dawn, PhD
University of Akron, Akron, Ohio, USA

Intimate Partner Violence (IPV) is a significant public health problem associated with severe physical and mental health problems in victims. In order to appropriately address the wide range of consequences to IPV, interventions are needed for both perpetrators and victims. This unique symposium will present findings from cutting edge research on interventions targeting both victims of IPV, as well as perpetrators of IPV. The first half of the symposium will emphasize interventions for victims of IPV or chronic trauma. First, results from a randomized clinical trial of a cognitive-behavioral and empowerment-based intervention for IPV victims who seek shelter will be presented. Then, findings from a randomized clinical trial of Mindfulness-Based Stress Reduction for Low-income minority women with chronic trauma will be discussed. The second half of the symposium will address treatment outcomes for interventions designed specifically for perpetrators of IPV. First, findings from a cognitive-behavioral intervention designed to end IPV among military veterans will be presented. Then, results from a study of a community-based treatment program for male perpetrators of IPV will be discussed. The symposium will end with an integrative discussion of findings.
Concurrent 03 Symposium  
Thursday, November 3  
11:00 a.m. - 12:15 p.m.  
Kent

Treatment Outcomes in Victims and Perpetrators of Intimate Partner Violence  
(Clin Res, Violence)

Treatment of PTSD in Residents of Battered Women's Shelters

Johnson, Dawn, PhD¹; Zlotnick, Caron, PhD²; Perez, Sara, PhD³
¹University of Akron, Akron, Ohio, USA  
²Brown University School of Medicine, Providence, Rhode Island, USA  
³Cleveland Veteran's Administration Hospital, Brecksville, Ohio, United States Minor Outlying Islands

Intimate Partner Violence (IPV) is a significant social problem associated with significant loss of resources and an increased risk for revictimization. Despite the high rates of PTSD found in IPV victims, virtually no treatments for these women have been developed or tested. To address this gap in services, we developed a shelter based intervention for victims of IPV (i.e., HOPE). Results of a randomized controlled trial of HOPE suggested that although women who received HOPE displayed significant improvements compared to women who did not receive HOPE, most women did not get a significant dose of treatment. Therefore, we have recently expanded HOPE to include sessions after women leave shelter. This presentation will provide results from randomized control trial (N = 60) evaluating the initial efficacy this expanded version of HOPE. Preliminary results support the acceptability and feasibility of continuing treatment after shelter. Further, preliminary analyses find that women randomized to the expanded version of HOPE had significantly less severe PTSD symptoms 1-week and 3-month post-treatment than did women who received standard shelter services alone. Additional outcomes and implications of findings will be discussed.

Concurrent 03 Symposium  
Thursday, November 3  
11:00 a.m. - 12:15 p.m.  
Kent

Treatment Outcomes in Victims and Perpetrators of Intimate Partner Violence  
(Clin Res, Violence)

The Effects of MBSR on PTSD Among Low-Income African American Women

Dutton, Mary Ann, PhD  
Georgetown University Medical Center, Washington, Dist. of Columbia, USA
This paper presents a randomized clinical trial of Mindfulness-Based Stress Reduction (MBSR) for reducing PTSD and depressive symptoms among low-income, minority women exposed to chronic trauma. This population is particularly vulnerable, in part, due to other cumulative and enduring life stressors such as poverty, racial discrimination, and family instability. They are also subject to mental health disparities, such as more prevalent and more serious conditions, low service utilization and low treatment engagement and retention. Eligible participants were recruited from the community, had a lifetime history of intimate partner violence (IPV) and a PCL score above 35. Participants were randomized to MBSR (n=53) or treatment as usual (TaU) control (n=53) groups. Baseline, midpoint, post-test and 3-month follow-up interviews were administered in-person.

Participants did not differ on PCL or CES-D scores at baseline. Controlling for shelter status and baseline scores, post-test PCL scores showed statistically significant differences between groups (MBSR=36.8, SD=15.8; TaU=43.9, SD=16.3) (F=10.03, df=3,91, p<.04). Further, the MBSR group’s CES-D scores significantly improved at post-test (MBSR=17.7, SD=11.8; TaU=24.6, SD=14.1) (F=19.46, df=3,91, p<.004) compared to the control group. Additional findings related to self-efficacy, sleep and anger will also be included. Implications for findings will be discussed.

Concurrent 03
Symposium
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Kent

Treatment Outcomes in Victims and Perpetrators of Intimate Partner Violence
(Clin Res, Violence)

Strength at Home Abuser Intervention for Military Veterans: Pilot Findings

Taft, Casey, PhD¹; Monson, Candice, PhD²; MacDonald, Alexandra, PhD³; Murphy, Christopher, PhD⁴; Maguire, Emily, BA⁵; Resick, Patricia, PhD⁵
¹National Center for PTSD, VA Boston Healthcare System, and Boston University, Boston, Massachusetts, USA
²Ryerson University, Toronto, Ontario, Canada
³VA Boston Healthcare System, Boston, Massachusetts, USA
⁴University of Maryland Baltimore County, Baltimore, Maryland, USA
⁵National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

The Strength at Home Veterans program is a 12-week CBT group designed to end partner violence among military veterans. The program is intended for veterans who have engaged in recent aggression and targets social information processing deficits that are associated with partner aggression and that may be particularly elevated in this population. The group is conducted in a motivational atmosphere, led by two co-leaders. It follows a closed-group format involving weekly 2-hour sessions. Each session contains brief instructional material, group activities to discuss, learn, and practice new behaviors, and flexible time to explore change efforts and build group cohesion. Group members proceed through phases covering psychoeducational material on aggression and trauma, conflict management skills and assertiveness training, coping strategies for managing anger and stress, and communication skills. In this presentation, we will provide background information for the intervention and an outline of intervention components. We will then present preliminary outcome data obtained from treatment development grants funded through the Department of Defense and Department of Veterans Affairs. Initial data from 5 participants indicates significant reductions following program completion for mild physical aggression (paired t(4) = 3.07, p = .04) and total physical aggression (paired t(4) = 2.93, p = .04).
Treatment Outcomes in Victims and Perpetrators of Intimate Partner Violence

(Clin Res, Violence)

Trauma Exposure, PTSD Symptoms, and Treatment Response Among Perpetrators of Intimate Partner Violence

Murphy, Christopher, PhD¹; Semiatin, Joshua, PhD Candidate¹; Meis, Laura, PhD²; Poole, Gina, MA, PhD, Student¹

¹University of Maryland, Baltimore County, Baltimore, Maryland, USA
²Minneapolis Veterans Affairs Health Center, Minneapolis, Minnesota, USA

Although studies have documented high rates of witnessed and experienced childhood abuse among male perpetrators of intimate partner violence (IPV), little research has examined the influence of traumatic stress and PTSD symptoms on treatment response for this population. Standard IPV treatments do not focus on traumatic stress. Therefore, we hypothesized that individuals with histories of traumatic stress and posttraumatic reactions including hyperarousal symptoms, emotional reactivity, and emotional avoidance, may display poorer engagement and outcome in IPV treatment. We will present data from a set of 375 consecutive male intake cases seeking group CBT for IPV perpetration at a community-based program. We will examine exposure to traumatic stressors (using the Traumatic Experiences Questionnaire), PTSD symptom levels (using the PTSD symptom checklist), and their associations with indicators of treatment engagement, including CBT session attendance, CBT homework compliance, participant reports of group cohesion, and participant and therapist reports of the therapeutic alliance. We will also examine whether trauma exposure and PTSD symptoms predict self-reported psychological and physical abuse at posttreatment. Findings will be discussed in light of current trends in IPV treatment, specifically the need to develop and investigate trauma-informed and trauma-focused therapies for this population.
This workshop will illustrate how the metaphor of heroes, creative arts activities (drawing, rhythm, music, and movement), and storytelling can be utilized to engage children with high-risk behaviors, strengthen emotionally supportive relationships and reduce traumatic stress reactions. *Real Life Heroes* provides an engaging format to help practitioners implement core components of treatment for complex trauma with children who have experienced abuse, neglect, family violence, losses, and/or placements into foster family and group care. Activities link children to strengths in their families and cultural heritage and promote development of affect modulation skills. *Real Life Heroes* is listed by the Substance Abuse and Mental Health Services Administration in the National Registry of Evidence Based programs and by the National Child Traumatic Stress Network as an empirically supported treatment model and promising practice. Participants will have an opportunity to try out use of the *Real Life Heroes* session structure and to discuss application of the model in both home-based and placement programs as part of an integrated trauma-informed and resiliency-centered intervention.

Concurrent 03
Panel
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Harborside Ballroom

The Developmental Trauma Disorder Field Trial Study and the DSM-5: Overview, Clinician Survey Results, and Structured Interview Methodology

Ford, Julian, PhD\(^1\); van der Kolk, Bessel, MD\(^2\); Spinazzola, Joseph, PhD\(^2\); Stolbach, Bradley, PhD\(^3\)

\(^1\)University of Connecticut, Farmington, Connecticut, USA
\(^2\)Justice Resource Institute, Boston, Massachusetts, USA
\(^3\)University of Chicago, Chicago, Illinois, USA

Developmental Trauma Disorder (DTD) is presented as a framework for empirically-based assessment, diagnosis, treatment, and research with children exposed to complex trauma who have self-regulatory impairments in the affective, somatic, cognitive, behavioral, relational, and identity domains. The panel members, who have led the development of the proposed diagnostic syndrome, first will describe the DTD diagnostic criteria and structured interview and how they were incrementally developed by an expert group based on a comprehensive scientific and clinical literature review over several years. Sample questions from the most recent version of the DTD structured interview will be presented. Next, panelists will describe an ongoing 2-phase field trial addressing criteria required by the DSM-5 review process, including how the DTD field trial was initiated outside the DSM-5 official field trials by sites within the National Child Traumatic Stress Network with private funding. Results of the Phase 1 clinician survey will be presented demonstrating the clinical utility of DTD. Next, the methodology and number and characteristics of participants enrolled to date in the Phase 2 multi-site structured interview study initiated in April 2011 (scheduled to be concluded in early 2012) will be described. The presentation concludes with a discussion of implications for practicing clinicians, researchers, administrators, and policymakers working with complexly traumatized children and adolescents.
A Longitudinal Study of Stress and Mental Health in Humanitarian Aid Workers; Risk and Resilience Factors and Guidelines for Humanitarian Organizations

(Lopes Cardozo, Barbara, MD, MPH1; Eriksson, Cynthia, PhD2; Olff, Miranda, PhD3; Snider, Leslie, MD, MPH4; Simon, Winnifred, PhD5)

1Centers for Disease Control and Prevention, Atlanta, Georgia, USA
2Graduate School of Psychology, Fuller Theological Seminary, Pasadena, California, USA
3Academic Medical Center, Amsterdam, Netherlands
4War Trauma Foundation/Tulane University, New Orleans, Louisiana, USA
5Antares Foundation, Amsterdam, Netherlands

Humanitarian aid workers increasingly provide care in situations at high risk for violence or job related stressors. This study examines the consequences of these experiences on the mental health and functioning of aid workers, and how the impact of these stressors may be influenced by moderating variables such as prior trauma experience, organizational variables, or social support.

We recruited 19 Nongovernmental Organizations fitting inclusion criteria from a master list of humanitarian organizations. Study participants were assessed at three time intervals: 212 participated at pre-deployment, 80% returned the questionnaires post-deployment, and 73% within 3-6 months following the end of deployment. Study outcomes included mental health measures, burnout scales, as well as life satisfaction and job satisfaction. We also determined Cortisol levels from participant’s saliva samples to measure the physical stress response.

Panelists will describe (1) the study methodology and characteristics of deploying aid workers, (2) results of longitudinal analyses indicating risk and resilience factors for staff mental health, (3) the physiological impact of deployment as assessed in Cortisol testing, (4) implications of organizational policy in the recruitment, selection, and preparation of workers, and (5) guidelines for humanitarian agencies for best practice for the staff support programs.

Managing Collateral Damage: Expert Perspectives on the Reality of Trauma Work and Maintaining Professional and Personal Well-Being

(Averill, Lynnette, PhD Candidate1; Hembree, Elizabeth, PhD2; Keane, Terence, PhD3; Resick, Patricia, PhD, ABPP2; Turner, Stuart, MD, MA, FRCP, FRCPsych4)

1 University of Utah/VA Salt Lake City Healthcare System, Salt Lake City, Utah, USA
2 University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA
3 National Center for PTSD; VA Boston Healthcare System, Boston, Massachusetts, USA
4 Trauma Clinic, London, United Kingdom

Providing direct clinical care and conducting research with trauma survivors is very rewarding and honorable work; however, it is also quite challenging and can feel overwhelming and discouraging at times. Many students and young professionals specializing in traumatic stress receive little, if any, formalized didactics, training, or supervision focused on the potential emotional and psychological risks
associated with trauma work including secondary and vicarious trauma, compassion fatigue, and burn out. Additionally, few receive sufficient education or guidance about how to effectively cope with and respond to a client's death. This panel will provide a mentoring discussion from a distinguished group of expert trauma clinicians and researchers as they share their experiences with the challenging consequences of providing mental health services to traumatized populations in their own lives as well as their observations of colleagues, and those they have supervised and mentored. Panelists will discuss how to identify and manage symptoms of secondary and vicarious trauma, compassion fatigue, and burn out; how to cope with client death; and how they are able to maintain professional and personal well-being while working on a daily basis with trauma.

**Participant Alert:** This presentation may raise attendees awareness of their own traumatic stress reactions subsequent to providing direct clinical care to traumatized populations.

**Concurrent 03**
**Paper Session**
**Thursday, November 3**
**11:00 a.m. - 12:15 p.m.**
**Grand/Salon VII & VIII**

**Functional Impairment**
(Clin Res, Child/Adol)

**Examining Complex PTSD as a Mediator of the Relationship Between Trauma and Substance Abuse Among Youth**

**Rosenkranz, Susan, MA, PhD, Student**¹; **Henderson, Joanna, PhD, Cpsych**²; **Muller, Robert, PhD, Cpsych**³

¹York University, Toronto, Ontario, Canada
²Centre for Addiction and Mental Health, Toronto, Ontario, Canada

Youth with trauma histories who abuse substances are at increased risk of impaired functioning across numerous domains (Giaconcia et al., 2000). Enhancing understanding of the underlying difficulties of these youth is important for the development of treatment approaches that address their difficulties and encourage movement toward an adaptive developmental trajectory. The current study aimed to address this issue by examining the extent to which complex PTSD mediated the relationship between trauma exposure and youth substance abuse. As investigations of youth who abuse substances have reported associations with factors similar to complex PTSD symptoms (e.g., Wills et al., 2006), we hypothesized that complex PTSD would mediate the association between trauma and substance abuse. Data were collected from 217 youth entering outpatient substance abuse treatment. Structural equation modelling results indicated the mediation model was an adequate fit to the data, $\chi^2(50, N=216) = 99.37$, $p<.001$, CFI=.952, RMSEA=.068. Consistent with the hypothesized effect, complex PTSD symptoms mediated the relationship between trauma and substance abuse, indicated by a significant indirect path from trauma to substance abuse through complex PTSD ($\beta=.29$, $p<.001$) and a non-significant direct path ($\beta=.11$, ns). Implications of these results for the development of treatment approaches for youth will be discussed.

**Concurrent 03**
**Paper Session**
**Thursday, November 3**
**11:00 a.m. - 12:15 p.m.**
**Grand/Salon VII & VIII**
Functional Impairment
(Clin Res,Child/Adol)

Behavioral Problems in Sexually Abused Boys: The Moderating Influence of Family and Peer Context

Elkins, Jennifer, PhD Candidate
Columbia University, New York, New York, USA

Despite being common, sexual abuse in males remains largely under-reported, under-treated, and under-recognized (Banyard et al., 2004; Holmes & Slap, 1998). As prevention and intervention efforts for sexually abused males are developed, it is critical to consider risk and resilience processes across individual, family, and community levels. Once we understand what factors promote and inhibit resilience, we can focus multisystemic interventions to lower overall risk and strengthen protective mechanisms. The current study examines the influence of cumulative family risk, social skills and peer rejection on long term behavioral problems using a nationally representative, longitudinal sample of boys involved in the child welfare system (N=171). Hierarchical regression analyses indicated that cumulative family risk confers greater risk for internalizing and externalizing problems over time while social skills had a buffering effect. Peer rejection had a more prominent role in influencing internalizing outcomes; however this did not extend to externalizing problems. Family and peer context moderators played a more central role at the most proximal and distal time points from the index report. The variation (or lack thereof) in the range of outcomes at the 3 follow-up time points begins to paint an intriguing picture about the experience of sexual abuse for boys. These findings seem to lend some support to the growing body of research underscoring the complex longitudinal relations between internalizing and externalizing problems across development. Implications for the research and treatment are discussed.

Concurrent 03
Paper Session
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Grand/Salon VII & VIII

Functional Impairment
(Clin Res,Child/Adol)

Functional Impairment in Young Children with Maltreatment

Adewuya, Edore, MD
Kennedy Krieger Institute, Baltimore, Maryland, USA

BACKGROUND: Child maltreatment exposure (CME) is associated with multiple negative outcomes. Few studies have investigated the impact of CME on young childrens functioning.

METHODS: Baseline data from 91 mainly African American (70.3%) children, ages 4 to 7 years, with approximately equal gender distribution (48.4% male) treated in an urban mental health center were analyzed to examine the association between number and type of CME (physical, sexual, emotional abuse, neglect, abandonment) & child functional impairment measured by the PECFAS (Preschool & Early Childhood Functional Assessment Scale). Data was analyzed using descriptive statistics & regression models.

RESULTS: Mean PECFAS score was in the clinically significant range (68.4 points, SD = 34.5). With each additional CME count, PECFAS score increased (mean 7 pts, p=0.045). In children with physical
abuse history, for each additional year, PECFAS score decreased (mean 25 pts, p=0.007). Boys with a
history of sexual abuse had higher PECFAS score compared to same aged girls with sexual abuse
history (mean 21 pts, p=0.040). Participants living with biological parents had less impairment (mean 20
pts, p<0.005) with same CME count.

CONCLUSION: CME is directly associated with functional impairment. CME is directly associated with
functional impairment. Young boys may have increased vulnerability associated with sexual abuse
history. Clinicians and society should be aware of the need to identify, address, & protect young boys
from victimization. Children living with safe biological parents may have stronger social bonds that
promote better functioning.

Concurrent 03
Paper Session
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Grand/Salon VII & VIII

Functional Impairment
(Clin Res,Child/Adol)

Lack of Future Orientation as a Mediator in the Relationship Between Adverse Life Events and Delinquent Behaviors in Early Adolescents

Allwood, Maureen, PhD1; Baetz, Carly, MA, PhD, Student1; DeMarco, Sarah, MA2; Bell, Debora, PhD3

1John Jay College, New York, New York, USA
2Philadelphia, Philadelphia College of Osteopathic Medicine, Pennsylvania, USA
3University of Missouri-Columbia, Columbia, Missouri, USA

Individuals with a negative or pessimistic cognitive style, in which adverse events are attributed to global and stable negative factors, may be vulnerable to “hopelessness depression.” In adolescents, hopelessness may result in diminished concern regarding social norms and one’s future within society (see Lorian & Saltzman, 1993), which may in turn lead to involvement in delinquent behaviors. The present study provides a cross-sectional examination of associations among specific adverse life events, specific types of depressive symptoms, and delinquent behaviors in a community sample of 123 early adolescent boys and girls. We also examined whether depressive cognitions, including hopelessness, were more likely than other symptoms of depression to mediate the established relationship between exposure to adverse events (e.g., community violence, sudden loss of a loved one) and delinquent behaviors. Results indicate that depressive cognitions, especially lack of future orientation, were most strongly associated with delinquent behaviors and partially mediated the relationship between adverse life events and delinquent behaviors. Findings highlight the importance of future orientation among adversity-exposed youth, and suggest that in the aftermath of trauma and adversity, interventions should focus on instilling optimism and hope as a means of reducing risk for a variety of negative outcomes, including delinquent behaviors.
Cognition, Attention, & Memory
(Bio Med, Violence)

N400 in PTSD

Kimble, Matthew, PhD¹; Batterink, Laura, PhD Candidate²; Marks, Elizabeth, BA¹; Ross, Cordelia, BA¹; Fleming, Kevin, PhD³
¹Middlebury College, Middlebury, Vermont, USA
²University of Oregon, Eugene, Oregon, USA
³Norwich University, Northfield, Vermont, USA

This study used the N400 event-related potential (ERP) to investigate expectancies for threatening endings to ambiguous sentence stems. The N400 ERP is thought to reflect the amount of effort required to integrate a stimulus into a given context. In sentence reading tasks, the N400 is reliably larger when a word is semantically unexpected given the preceding context. Method: In this study, fifty-seven trauma survivors read ambiguous sentence stems on a computer screen that were completed with either an expected (“The unfortunate man lost his⋯wallet”), unexpected (“The unfortunate man lost his⋯artist”), or threatening word endings (“The unfortunate man lost his⋯leg”). Results: Participants with PTSD, as compared to those without, showed significantly smaller N400s to threatening sentence endings suggesting enhanced expectancies for threat. Behavioral responses supported this conclusion.

Conclusions: These findings are consistent with the clinical presentation of hypervigilance and theoretical models that emphasize increased attention and expectancies for threatening and trauma relevant stimuli. Further, this study suggests that this expectancy bias occurs automatically and at the earliest stages of information processing. The discussion focuses on the potential impact of a negative expectancy bias in PTSD and the value of the ambiguous sentence paradigm for studying PTSD as well as other disorders.

Concurrent 03
Paper Session
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Laurel C-D

Cognition, Attention, & Memory
(Bio Med, Violence)

Attention Biases to Threat, Fear Acquisition and Extinction: Associations Among Attentional and Conditioned Fear Processes in Posttraumatic Stress Disorder

Fani, Negar, PhD¹; McClure Tone, Erin, PhD²; Bradley, Bekh, PhD¹; Ressler, Kerry, MD, PhD¹; Jovanovic, Tanja, PhD¹
¹Emory University, Atlanta, Georgia, USA
²Georgia State University, Atlanta, Georgia, USA

Attention biases to threat and abnormalities in fear learning and extinction are likely to play a critical role in the creation and/or maintenance of Posttraumatic Stress Disorder (PTSD) symptoms. However, the relationship among these processes has not been established; understanding their interaction can help inform neural network models and treatments for PTSD.

Attention bias was measured using a dot probe task; stimuli included photographs of threatening facial
expressions. A fear-potentiated startle paradigm was employed to measure atypical physiological response during acquisition and extinction phases of fear learning. These measures were administered to a sample of 64 minority (largely African-American), highly-traumatized individuals with and without PTSD. Participants with PTSD demonstrated attention biases toward threat; this vigilant attentional style was associated with exaggerated startle response during fear learning and early and middle phases of extinction. These associations were not observed in participants without PTSD.

Our findings indicate that an attentional vigilance for threat is associated with abnormalities in “fear loading” in PTSD, providing seminal evidence for an interaction between these two processes. Future research combining these behavioral and psychophysiological techniques with neuroimaging will be useful to clarify whether these phenomena are manifestations of dysfunction within a shared neural network. This may serve to inform PTSD treatments specifically designed to correct these atypical processes.

Concurrent 03
Paper Session
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Laurel C-D

Cognition, Attention, & Memory
(Bio Med, Violence)

Attentional Control, Attentional Threat Bias, and Posttraumatic Stress Symptomatology

Bardeen, Joseph, MA; Orcutt, Holly, PhD
Northern Illinois University, DeKalb, Illinois, USA

Attentional threat bias (ATB) has been suggested as one factor leading to the maintenance and exacerbation of posttraumatic stress symptoms (PTSS). Historically, there has been a consensus among researchers that individuals with PTSD exhibit ATB. However, the robustness of this phenomenon was recently called into question. In the present study, PTSS were examined as a predictor of ATB using an experimental paradigm that helped to shed light on the specific attentional processes associated with ATB (i.e., facilitated engagement, disengagement difficulty). Attentional control (AC) was examined as a moderator of this relationship. Participants (N = 97) completed a dot-probe task with two levels of stimulus-onset asynchrony (SOA: 150 and 500ms). Higher PTSS were associated with ATB when SOA was longer (i.e., 500ms), suggesting difficulty disengaging from threat stimuli. AC moderated the relationship between PTSS and ATB when SOA was shorter (i.e., 150ms), with participants high in PTSS and high in AC having disengaged and shifted attention from threat stimuli using top-down AC when the emotional valence of threat stimuli was less salient (i.e., shorter presentation duration). Findings implicate AC as a buffering mechanism against prolonged attentional engagement with threat-related stimuli among those with high PTSS.

Concurrent 03
Paper Session
Thursday, November 3
11:00 a.m. - 12:15 p.m.
Laurel C-D
Why Is Trauma-Related Rumination Dysfunctional?

Ehring, Thomas, PhD
University of Amsterdam, Amsterdam, Netherlands

Trauma survivors who ruminate excessively about their trauma are at higher risk of chronic PTSD. However, repeated thinking about a traumatic experience can also be beneficial. This raises the question how functional and dysfunctional forms of trauma-related thinking can be distinguished. It has been suggested that the dysfunctional effects of rumination are partly due to its abstract nature. Two experiments testing this hypothesis are presented. In Study 1, 57 participants were randomly assigned to either abstract or concrete writing about a traumatic experience. Results showed that abstract processing led to significantly more intrusive memories than concrete processing. Study 2 tested whether the negative effects of rumination can be reduced by training individuals to use a more concrete type of thinking. Sixty-eight participants underwent a training in either abstract or concrete processing before being exposed to an analogue stressor. Results showed that in the concrete processing condition the effect of rumination on intrusive memories was reduced. Results from both studies support the abstractness hypothesis of trauma-related rumination and suggest that functional ways of processing can be fostered by training individuals to think in a more concrete way. Theoretical and clinical implications of these findings will be discussed.

Concurrent 04
Master Clinician
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Harborside Ballroom

Treating Trauma: Helping the Entire Human Organism Feel Safe and Live in the Present
(Practice, Child/Adol)

van der Kolk, Bessel, MD
Medical Director, the Trauma Center, Boston University School of Medicine, Brookline, Massachusetts, USA

Trauma affects the entire human organism, which gets stuck in neurobiological, immunological and relational survival modes. Neuroscience research shows that the brain regions most affected by trauma are involved in attention and perception, biasing the organism into perceiving threat and annihilation. These subcortical processes are independent from conscious appraisal or conscious control. This presentation will focus on evidence based treatments that address basic issues or safety, threat appraisal and embodied awareness, illustrated by EMDR, meditation, yoga, theater, martial arts and sensory integration.

Participant Alert: "mildly"

Concurrent 04
Invited Featured Panel
Thursday, November 3
Mental Health Implications of the Gulf Oil Spill
(Prevent, Disaster)

Ososky, Joy, PhD¹; Ososky, Howard, MD, PhD¹; Speier, Anthony, PhD²; Goldstein, Bernard D, MD³; Lurie, Nicole, MD⁴

¹Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA
²Office of Behavioral Health, Baton Rouge, Louisiana, USA
³University of Pittsburgh, Pittsburgh, Pennsylvania, USA
⁴U. S. Department of Health and Human Services, Washington, Dist. of Columbia, USA

This presentation will focus on the Deepwater Horizon Oil Spill, mental health symptoms soon after the disaster, potential future sequelae, and efforts to address symptoms and build individual and community resilience. Louisiana State University Health Sciences Center Department of Psychiatry has been conducting mental health needs assessments in heavily impacted areas for the State Department of Social Services and Office of Behavioral Health. Results show the greatest effects on mental health relate to disruption on lives, work, and relationships, including family and social engagement, with increased symptoms of anxiety, depression, and posttraumatic stress. For communities impacted by Hurricane Katrina, previous losses, including relationships with family, friends, and community, were associated with negative mental health outcomes. Conversely, the ability to rebound after adversity was associated with better mental health outcomes. Current efforts in Louisiana, together with other Gulf States, and the Department of Health and Human Services (HHS), including NIH, CDC, and SAMHSA are addressing questions related to mental health, medical, ecological and toxicological concerns. Enhanced understanding of mental health effects following the Gulf Oil Spill will help determine directions for mental health services, contribute to knowledge of complex traumatization during the lifespan, and factors, such as social support, that contribute to resilience and the ability to rebound following adversity.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon III & IV

Social Bonds Noir: The Role of Trauma in the Origins and Outcomes of Interpersonal Aggression
(Assess Dx, Violence)

Warren, Janet, DSW¹; Brown Adam, PhD²; Maquen, Shira, PhD³; Komarovskykaya, PhD; Chemtob, Claude, PhD²

¹Institute of Law, Psychiatry, and Public Policy, Charlottesville, Virginia, USA
²New York University School of Medicine, New York, New York, USA
³San Francisco VA Medical Center and University of California, San Francisco, San Francisco, California, USA

Both interpersonal violence and trauma exposure are elevated in incarcerated individual. This study examines the relationship between early exposure to violence, personality disorder diagnoses, and violent behavior in adulthood. A sample of male (n=288) and female (n=182) inmates completed the Structured Interview for DSM-IV Personality Disorders, and self-report measures of early physical and sexual victimization and witnessing parental violence (ACE), and threatened and physical violence in
prison (PVI). Information about type of criminal offense was also collected. The results showed that violent behavior in prison was associated with Cluster B/C diagnoses and a history of sexual abuse in men, and with Cluster B diagnoses in women. Threatened violence in prison was related to Cluster B diagnoses, physical abuse, and father’s violence in men, and Cluster A/B/C diagnoses and father’s violence in women. These results suggest gender-specific associations between early exposure to violence, PD diagnoses, and violent behavior in adulthood.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon III & IV

Social Bonds Noir: The Role of Trauma in the Origins and Outcomes of Interpersonal Aggression
(Assess Dx, Violence)

Killing in Combat, Mental Health Symptoms, and Suicidal Ideation in Iraq War Veterans

Maguen, Shira, PhD¹; Luxton, David, PhD²; Skopp, Nancy, PhD²; Gahm, Gregory, PhD²; Reger, Mark, PhD²; Metzler, Thomas, MA³; Marmar, Charles, MD⁴
¹San Francisco VA Medical Center and University of California, San Francisco, San Francisco, California, USA
²National Center for Telehealth & Technology, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Tacoma, Washington, USA
³San Francisco VA Medical Center, San Francisco, California, USA
⁴New York University Langone Medical Center, New York, New York, USA

This study examined combat and mental health as risk factors of suicidal ideation among 2,854 U.S. soldiers returning from deployment in support of Operation Iraqi Freedom. Data were collected as part of a postdeployment screening program at a large Army medical facility. Overall, 2.8% of soldiers reported suicidal ideation. Postdeployment depression symptoms were associated with suicidal thoughts (Wald = 77.06, OR = 1.23, p < .01), while postdeployment PTSD symptoms were associated with current desire for self harm (Wald = 6.73, OR = 1.73, p < .01). Postdeployment depression and PTSD symptoms mediated the association between killing in combat and suicidal thinking, while postdeployment PTSD symptoms mediated the association between killing in combat and the desire for self harm. These results provide preliminary evidence that suicidal thinking and the desire for self-harm are associated with different mental health predictors, and that the impact of killing on suicidal ideation may be important to consider in the evaluation and care of our newly returning veterans.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon III & IV
Social Bonds Noir: The Role of Trauma in the Origins and Outcomes of Interpersonal Aggression
(Assess Dx, Violence)

The Role of Seeing Violence and Being Hurt Violently as a Child in the Association Between Personality Disorder Diagnoses and Violence in Adulthood

Warren, Janet, DSW
Institute of Law, Psychiatry, and Public Policy, Virginia, USA

Social bonds are often discussed as protective factors in the context of traumatic stress research. Unfortunately, however, interpersonal violence is common in trauma exposed populations. Building upon recent advances, researchers on this panel will explore the relation between trauma and violence in a diverse range of trauma exposed individuals including incarcerated populations, police personnel, combat veterans, and Hurricane Katrina first responders. Specifically, presenters will present findings on pathways and mechanisms underlying trauma exposure in the origins of violent behavior, violence as a potentially traumatic experience, and the cycle of trauma and violence. Results indicate that the relationship between traumatic exposure and violent behavior is complex and robust across different samples. Interpersonal violence is a great public health concern, and in the context of these results, speakers will discuss opportunities for interventions with these populations.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon III & IV

Social Bonds Noir: The Role of Trauma in the Origins and Outcomes of Interpersonal Aggression
(Assess Dx, Violence)

Relationships Among Anger, Aggression, and PTSD in First Responders Following Hurricane Katrina

Brown, Adam, PhD; Komarovskaya, Irina, PhD; Antonius, Daniel, PhD; Henn-Haase, Clare, PsyD; Marmar, Charles, MD; Chemtob, Claude, PhD
New York University School of Medicine, New York, New York, USA

Despite extensive evidence demonstrating the negative social, physical, and psychological consequences for victims of intimate partner aggression less is known about mechanisms underlying the relation between Posttraumatic Stress Disorder (PTSD) and perpetrators of intimate partner aggression. We assessed PTSD symptoms (PCL), anger (STAXI-2), and aggressive behavior towards partners (CTS) in police and firefighter personnel (N = 428) involved in the first response to Hurricane Katrina two years after the floods. Rates of aggression were high among first responders. A large percentage of individuals endorsed having been psychologically aggressive (46.0%) or physically aggressive and/or physically and psychologically aggressive towards their partners (15%). In contrast, only 18.4% of individuals denied any aggression. ANOVA analyses indicated that individuals using physical and psychological aggression differed in their exposure to Hurricane Katrina-related stressors and psychiatric functioning. Regression models showed that level of education and trait anger predicted psychological aggression, whereas PTSD symptoms alone predicted physical aggression. Follow-up analyses further demonstrated that
anger mediated the link between PTSD and psychological, but not physical aggression. Attempts to reduce violence will benefit from ongoing efforts to elucidate specific pathways between PTSD and the expression of multiple forms of aggression.
Social Bonds Noir: The Role of Trauma in the Origins and Outcomes of Interpersonal Aggression
(Assess Dx, Violence)

The Impact of Killing and Injuring Others on Mental Health Symptoms Among Police Officers

Komarovskaya, Irina, PhD; Maguen, Shira, PhD; McCaslin, Shannon, PhD; Metzler, Thomas, MA; Madan, Anita, PhD; Brown, Adam, PhD; Galatz-Levy, Isaac, PhD; Henn-Haase, Clare, PsyD; Marmar, Charles, MD

1New York University School of Medicine, New York, New York, USA
2San Francisco VA Medical Center, San Francisco, California, USA
3VAMC/NCIRE PTSD Research, San Francisco, California, USA

Aggression in the context of occupational duty can be potentially traumatizing and result in subsequent mental health problems. This study examined the relationship between killing or seriously injuring someone in the line of duty and PTSD (MCS), depression (BDI-II), social adjustment (SASSR) and alcohol problems (MAST) in a sample of police officers (baseline N = 400) who were first assessed during academy training and at five additional time-points over three years. We found that nearly 10% of police officers reported having to kill or seriously injure someone in the line of duty in the first three years of police service. After controlling for demographics and exposure to life threat, killing or seriously injuring someone in the line of duty was significantly associated with PTSD symptoms (β = .15, p = .03) and marginally associated with depression symptoms (β = .13, p = .06). These results highlight the potential mental health impact of killing or seriously injuring someone in the line of duty. Greater attention to mental health services following these types of exposures can serve as a preventative measure for police officers who have been negatively impacted.

Enhancing Innovation & Impact in Trauma Focused Intervention Development & Implementation
(Train/Ed/Dis, Caregvr)

Zatzick, Douglas, MD; Wagner, Amy, PhD; Ruzek, Joseph, PhD; Jaycox, Lisa, PhD

1University of Washington, Seattle, Washington, USA
Recent commentary has encouraged expansion of the reach and population impact of effective trauma focused interventions. Social connectedness in the form of initial treatment engagement, the development of lasting therapeutic alliances, and provider and organizational commitment to sustained service delivery can all play key roles in the enhancements of treatment effects, the expansion of intervention reach, and ultimately the implementation of interventions with greater overall population impact. This symposium focuses on enhancing innovation and impact in trauma focused intervention development and implementation. The first presentation will introduce a clinical epidemiologic framework that serves to define and quantify key constructs such as population impact and intervention reach. The second presentation will highlight how a novel behavioral activation intervention may expand the reach of treatment for trauma-related problems by being more accessible, acceptable, and easier to disseminate than other trauma-focused treatments. The third presentation will introduce an innovative cognitive behavioral intervention for trauma, CBITS, which may enhance engagement of children and families in the school context beyond traditional CBT. The final presentation will focus in on issues related to widespread dissemination of innovative treatments. Following the presentations, ample time will be allotted for a chair led discussion that emphasizes audience participation.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Dover

Enhancing Innovation & Impact in Trauma Focused Intervention Development & Implementation
(Train/Ed/Dis, Caregvrs)

Enhancing Engagement, Reach and Population Impact of Early Trauma Focused Interventions

Zatzick, Douglas, MD; Koepsell, Tom, MD, MPH
University of Washington, Seattle, Washington, USA

The first presentation will introduce a clinical epidemiologic conceptual framework that serves to define and quantify key constructs such as population impact and intervention reach. The epidemiologic framework will then be applied to the comparison of population impact, reach, and treatment effect indices for PTSD efficacy, effectiveness, and implementation spectrum randomized clinical trials. Findings suggest a reciprocal relationship between treatment effects and reach across studies. Comparisons across randomized clinical trials suggest that real world intervention programs that employ innovative care management strategies in conjunction with the delivery of evidence-based CBT and medication treatments may enhance early engagement/therapeutic alliance leading to greater overall intervention population impact.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Dover

Enhancing Innovation & Impact in Trauma Focused Intervention Development & Implementation
(Train/Ed/Dis, Caregvrs)

Behavioral Activation as an Accessible and Acceptable Early Intervention for Trauma-Related Problems

Wagner, Amy, PhD; Jakupcak, Matthew, PhD
University of Washington, Seattle, Washington, USA

In this presentation we will present a modification of Behavioral Activation (BA) therapy as an alternative treatment for PTSD that may expand the reach of treatment beyond existing approaches. BA is a behavioral therapy with strong empirical support as a treatment for depression in civilian populations and accumulating support as a treatment for PTSD among both civilians and military veterans. We will first overview key components of BA and recent data from our research group across several studies which support the efficacy of this approach. We will conclude with a discussion of the ways in which BA may expand the reach of treatment for PTSD and related problems by highlighting the following: 1) the emphasis of this intervention, on engaging in goal-directed activity to prevent chronic patterns of avoidance, may be more consistent with the culture and preferences of many populations (e.g., current military service members, adolescents and young adults) than that of other common psychotherapies (increasing acceptability); 2) the simple and straight-forward nature of the interventions allow for easy-dissemination and delivery by providers with a range of training backgrounds; and 3) the short-term and structured nature of recent adaptations of BA allow for easy-delivery in a range of settings.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Dover

Enhancing Innovation & Impact in Trauma Focused Intervention Development & Implementation
(Train/Ed/Dis, Caregvrs)

Dissemination Infrastructures and Continuous Dissemination of Best Practices in PTSD Care

Ruzek, Josef, PhD
National Center for PTSD, Menlo Park, California, USA

Efforts to change mental health practices have often focused on immediate or short-term changes in practitioner attitudes or behaviors. To be effective in disseminating evidence-based interventions and emerging best practices, health care organizations require a longer term organizational commitment and must develop multi-faceted approaches to ensure continuous uptake of evolving treatment practices that reflect the continued accumulation of research findings, a changing evidence base, and policy changes. To help disseminate an ongoing stream of innovations across time, health care organizations should develop coordinated dissemination networks. Key components of such organizational networks might
include procedures for identification of dissemination priorities; organization or site preparation; training and supervision; systems-level intervention to support a given practice change at the individual level; measurement of practitioner behaviors and monitoring of implementation and adherence; evaluation of dissemination effectiveness; and dialogue with practitioners and patients. This presentation will briefly describe efforts to create three key elements of an infrastructure to accomplish more effective dissemination and better serve Veterans with PTSD. These projects include development of online “toolkits” for busy professionals, a National PTSD Mentor Program to reach clinic managers, and the COMMEND clinician “dashboard” that encourages outcomes monitoring.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Dover

Enhancing Innovation & Impact in Trauma Focused Intervention Development & Implementation
(Train/Ed/Dis, Caregvs)

Reaching Children Exposed to Trauma Through Schools

Jaycox, Lisa, PhD¹; Stein, Bradley, PhD²; Kataoka, Sheryl, MD³; Wong, Marleen, PhD⁴; Langley, Audra, PhD⁵
¹Rand Corporation, Arlington, Virginia, USA
²Rand Corporation, Pittsburgh, Pennsylvania, USA
³UCLA, Los Angeles, California, USA
⁴University of Southern California, Los Angeles, California, USA

The third presentation will briefly introduce the CBITS program, developed in and for schools to address the needs of traumatized students. The original goal of CBITS was to bring cognitive-behavioral trauma treatment techniques to disadvantaged students, with or without participation of their parents. After more than a decade of field work, the intervention has been demonstrated to engage students and to reduce PTSD and depressive symptoms, as well as to improve behavior. Recent field work in New Orleans post Hurricane Katrina will be presented, demonstrating that access to care is clearly enhanced through use of a school program, as compared to clinic-based therapy, with similar outcomes. But dissemination of the program nationally is difficult, as schools have limited resources and competing priorities. Current efforts in implementation and dissemination will be presented, including novel ways of enhancing them through on-line training implementation support and learning collaborative methods that include school-wide implementation teams.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Laurel C-D
Understanding Complex Patterns of Trauma Exposure and Clinical Needs among Children and Adolescents: Evidence from the Large-Scale Core Dataset of the National Child Traumatic Stress Network (Assess Dx, Child/Adol)

Kisiel, Cassandra, PhD
Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

Further assessing complex patterns of trauma exposure in relation to a range of clinical needs within the large-scale Core Dataset of the NCTSN provides needed empirical support to greatly enhance our understanding of the critical issues related to complex trauma and better identify and target appropriate treatment and services for children and adolescents with complex trauma needs. This symposium overviews the background and scope of the UCLA Trauma History Profile (THP) as a primary tool for gathering information on trauma exposures and related circumstances through a developmentally-informed clinical assessment and its utility in visually representing different complex patterns of trauma exposure. The application of the THP will be addressed in relation to studies with over 14,000 children and adolescents within the Core Dataset, emphasizing how different types and constellations of interpersonal, caregiver-related traumas -- psychological maltreatment alone, and combinations of neglect, psychological maltreatment, sexual abuse, sexual assault, physical abuse, and domestic violence - relate to clinical needs, including mental health symptoms, risk behaviors, and functional difficulties. These findings will be discussed in terms of the significant clinical and policy implications associated with more carefully identifying and addressing the often devastating consequences associated with complex trauma.

Concurrent 04 Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Laurel C-D

Understanding Complex Patterns of Trauma Exposure and Clinical Needs among Children and Adolescents: Evidence from the Large-Scale Core Dataset of the National Child Traumatic Stress Network (Assess Dx, Child/Adol)

The UCLA Trauma History Profile

Steinberg, Alan, PhD; Pynoos, Robert, MD, MPH
UCLA/National Center for Child Traumatic Stress, Los Angeles, California, USA

The UCLA Trauma History Profile (THP) was designed for collection of systematic detailed trauma history information to promote developmentally informed clinical assessment, intervention planning, and research. It has been used to evaluate over 14,000 children and adolescents seen through the National Child Traumatic Stress Network. The THP is designed to help users: 1) assess a full range of trauma and loss exposures; 2) specify additional exposure-related risk factors; 3) identify single, serial, sequential, and multiple exposures; 4) delineate age of onset, duration, and number of episodes; 5) identify patterns of co-occurrence among types of exposure within and across age groups; 6) promote a developmental psychopathology framework to promote consideration of exposure prevalence within developmental periods and impact on developmental competencies; and 7) explore the relationship among various patterns of exposure, distress, behavioral disturbances, and functioning. The utility of the THP for visually
representing different and complex patterns of exposure will be illustrated. The THP introduces a new approach to developmental research in the area of child and adolescent traumatic stress studies.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Laurel C-D

Understanding Complex Patterns of Trauma Exposure and Clinical Needs among Children and Adolescents: Evidence from the Large-Scale Core Dataset of the National Child Traumatic Stress Network
(Assess Dx, Child/Adol)

The Complexity of Clinical Profiles Among Children and Adolescents Exposed to Multiple and Chronic Caregiver-Related Traumas

Kisiel, Cassandra, PhD1; Spinazzola, Joseph, PhD2; Liang, Li-Jung, PhD3; Belin, Tom, PhD4; Stolbach, Brad, PhD5
1Northwestern University Feinberg School of Medicine, Los Angeles, California, USA
2The Trauma Center at JRI, Brookline, Massachusetts, USA
3Department of Medicine, David Geffen School of Medicine at UCLA, Los Angeles, California, USA
4Department of Biostatistics, UCLA School of Public, Los Angeles, California, USA
5La Rabida Children’s Hospital, Chicago, Illinois

Exposure to chronic, interpersonal/caregiver-related traumas are often associated with a range of symptoms, more significant clinical needs, and functional impairment compared to children exposed to single incident or non-caregiver traumas (e.g., accidents, natural disasters). The current study is based on analysis of the NCTSN Core Dataset of over 14,000 youth and designed to clarify complex patterns of trauma exposure (e.g., early onset, duration, number of traumas, violent/non-violent exposures) associated with more severe clinical problems. A subset of youth (approximately 8000) exposed to sexual abuse, physical abuse, sexual assault, domestic violence, emotional abuse, neglect, and/or impaired caregiver, either separately or in combination, will be assessed in comparison to youth with other trauma types (e.g., medical trauma, natural disaster). Initial findings suggest that children exposed to caregiver-related traumas, particularly those with two or more, have significantly higher levels of Internalizing and Externalizing Behaviors on the CBCL; more severe problems across subscales of the Trauma Symptom Checklist for Children (e.g. anger, dissociation, posttraumatic stress); and significantly higher levels of risk behaviors and functional difficulties overall. Understanding complex patterns of trauma exposure and clinical needs in this large-scale sample has important implications for targeting appropriate treatment/services to best address the needs of these youth.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Laurel C-D
Understanding Complex Patterns of Trauma Exposure and Clinical Needs among Children and Adolescents: Evidence from the Large-Scale Core Dataset of the National Child Traumatic Stress Network

(Assess Dx, Child/Adol)

The Contribution of Psychological Maltreatment to Child and Adolescent Outcomes

Spinazzola, Joseph, PhD1; Hodgdon, Hilary, PhD1; Liang, Li-Jung, PhD2; Suvak, Michael, PhD3; Kisiel, Cassie, PhD4; Ford, Julian, PhD5; Layne, Christopher, PhD6; Stolbach, Bradley, PhD7; van der Kolk, Bessel, MD1

1 The Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA
2 UCLA, Department of Medicine Statistics Core, Los Angeles, California, USA
3 National Center for PTSD, Boston VA, Boston, Massachusetts, USA
4 Northwestern University, Chicago, Illinois, USA
5 University of Connecticut Health Center, Farmington, Connecticut, USA
6 UCLA, National Center for Child Traumatic Stress, Los Angeles, California, USA
7 LaRabida Children's Hospital, Chicago, Illinois, USA

Whereas great strides have been made in treatment of two forms of childhood maltreatment: physical (PA) and sexual (SA) abuse, more limited attention has been devoted to "unpacking" the relative contributions of psychological maltreatment (PM) to child and adolescent outcomes, and to development of treatment strategies to address PM. The present study bridges this knowledge gap through analysis of the Core Dataset (CDS) of the NCTSN. Findings indicate PM to be highly prevalent (37% lifetime); enduring (M = 5-7 years); and yet rarely the primary target of clinical intervention. We isolated cases of "pure" (i.e., absence of any other form of trauma exposure) PM (n=175), PA (n=241), SA (n=568) and a non-interpersonal (IP) trauma exposure reference group, and compared presence of clinical severity/diagnostic indicators and posttraumatic stress symptom (PTS) and behavioral problems. Preliminary analyses revealed the PM group to exhibit similar levels of PTS, statistically greater levels of externalizing and internalizing behavior problems, and equal or greater presence of clinical severity/diagnostic indicators than trauma comparison groups. Final results will test potential outcome moderators (gender, ethnicity, current age, age of trauma onset) and mediators (exposure duration), and will utilize factor analytic models to isolate clinical outcome profiles associated with pure versus blended PM, PA, SA, and non-IP trauma. Policy implications will address current under-estimates of the consequences of PM and the need for interventions targeting this insidious form of childhood maltreatment.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Kent

Genes, Gender and Communities: Building a Multi-Level, Bio-Psycho-Social Model of Trauma-Related Risk and Resilience
(Bio Med, Adult/Cmplx)

Bradley, Bekh, PhD
Atlanta VAMC/Emory University, Decatur, Georgia, USA
Trauma-related risk and resilience is determined by developmental, social and biological factors. However, research on social risk factors often does not incorporate biological perspectives, and vice versa. These four papers represent a cross-section of research integrating biological, developmental and social perspectives on trauma related risk/resilience. The first paper focuses on sleep-related biomarkers and resilience, and presents data demonstrating that living in stressful, urban neighborhood environments is associated with increased duration of stage 1 (shallow”) sleep, which is also elevated in men with PTSD. The second paper presents data demonstrating that genetic effects on risk/resilience differ by gender, and that sex hormone-dependent effects may mediate gender differences in PTSD. The third paper presents data demonstrating that childhood maltreatment interacts with level of community disorganization in predicting binge drinking such that high levels of community disorganization increase risk for substance misuse among adults with a history of child maltreatment. The fourth paper, from a sample of traumatized adults, demonstrates that nurturing familial and community social relationships during childhood mitigate risk for PTSD even among adults with exposure to childhood maltreatment. We will discuss the implication of these findings for research on developmental biology of risk/resilience and for development/ implementation of preventive interventions.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Kent

Genes, Gender and Communities: Building a Multi-Level, Bio-Psycho-Social Model of Trauma-Related Risk and Resilience
(Bio Med, Adult/Cmplx)

Gender and Genetic Risk Markers for PTSD

Ressler, Kerry, MD, PhD1; Gillespie, Charles, MD, PhD1; Mercer, Kristina, MSc1; Jovanovic, Tanja, PhD1; Conneely, Karen, PhD1; Almli, Lynn, PhD1; Smith, Alicia, PhD1; Smith, Ami, PhD1; Bradley, Bekh, PhD2
1 Emory University, Atlanta, Georgia, USA
2 Atlanta VA/Emory University, Atlanta, Georgia, USA

Risk for trauma related symptoms are, in part, determined by gender. However, few genetic and neurobiological models of PTSD have focused on gender. We present two datasets in which genetic markers are separately associated with PTSD in females and males, within genes that differentially associate with estrogen and testosterone. First, we found a sex-specific association of pituitary adenylate cyclase-activating polypeptide (PACAP) blood levels with fear physiology, PTSD diagnosis and symptoms in females (N=64, replication N=74, p<0.005). Using a tag-SNP genetic approach PACAP 1 receptor (ADCYAP1R1) gene, we also found a sex-specific association. rs2267735, a SNP in a putative estrogen response element within ADCYAP1R1, predicts PTSD symptoms in females only. Second, we examined a SNP in the gene coding for steroid 5-α-reductase type 2 (SRD5A2), which is associated with reduced conversion of testosterone to dihydrotestosterone (DHT). We examined whether the V89L variant (rs523349) influences risk for post-traumatic stress disorder (PTSD). In traumatized civilian subjects (n=1574), we found a significant sex-dependent effect of genotype in male, but not females on symptoms (n=842; sex x genotype interaction; p=0.0001) and PTSD diagnosis (p<0.001). Associations with PTSD symptoms were confirmed using a separate internal replication sample. Together, these data support the hypothesis that a number of genetic effects on risk and resilience in response to trauma may be different across sexes, and that sex hormone dependent effects may be important mediators in gender-dependent differences in PTSD.
Genes, Gender and Communities: Building a Multi-Level, Bio-Psycho-Social Model of Trauma-Related Risk and Resilience

(Bio Med, Adult/Cmplx)

Chronic Stress, Sleep Related Biomarkers, and Resilience and Vulnerability to PTSD

Mellman, Thomas, MD; Hall Brown, Tyish, MD; Lavela, Joseph, BA; Huntley, Ed, MA, PhD, Student; Kobayashi, Ihori, PhD
Howard University, Washington, Dist. of Columbia, USA

Sleep contributes to the development and maintenance of posttraumatic stress disorder (PTSD) as well as to resilience. A meta-analysis identified shallow sleep as a feature of PTSD and recent work has implicated fragmentation and increased arousal during REM sleep in developing PTSD. Trauma is common in stressful urban environments and there is a need to identify factors that affect sleep and contribute to resilience and vulnerability in such environments.

We are recruiting young adult African American volunteers residing in urban Washington DC for a study of trauma, sleep and blood pressure. The sample has high rates of trauma exposure, 20% meet current criteria for full or subthreshold PTSD, and 25% meet lifetime criteria. 210 participants have filled out surveys and 96 have received 2 consecutive overnight sleep recordings. Survey data reveal that insomnia and short habitual sleep durations are common and that “fear of sleep” is a strong correlate of these outcomes. Endorsement of living in threatening neighborhood environments is correlated with the duration of stage 1 (light or “shallow”) sleep, which is elevated in men with PTSD. Consistent with the author’s previous findings, shorter continuous REM sleep segments are associated with PTSD in both sexes.
Adverse childhood experiences (ACEs), particularly childhood maltreatment, significantly increase risk for adult mental and physical health problems. GXE studies indicate that ACEs interact with genetic factors to predict risk. However, little research has focused on childhood experiences that might promote resilience. Given that research indicating positive social support mitigates against PTSD, the potential protective role of positive family and community relationships during childhood merits further investigation. Data were collected as part of a larger study on risk/resilience to PTSD in a highly traumatized population of adults recruited in the primary care clinics of an urban, public hospital. In a subsample of 200 trauma exposed adults, we found a significant, negative relationship between both positive/nurturing childhood family environment \( r = -0.54, p < 0.001 \) and childhood engagement in positive school/community activities \( r = -0.33 p < .01 \) and adult PTSD symptoms. Notably, hierarchical regression analyses indicated that even after controlling for total lifetime trauma exposure and childhood maltreatment, these two factors significantly predicted decreased risk for adult PTSD \( \Delta R^2 \) for family environment =.13, p<.001 and \( \Delta R^2 \) for community/school activities =.10, p<.001). We will discuss the implication of these findings for research developmental biology of risk/resilience and for development/implementation of preventive interventions.

Concurrent 04
Symposium
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Kent

Genes, Gender and Communities: Building a Multi-Level, Bio-Psycho-Social Model of Trauma-Related Risk and Resilience
(Bio Med, Adult/Cmplx)

Child Maltreatment Increases Vulnerability to Problematic Drinking in Adverse Social Contexts: Neighborhood Disorganization and Incident Binge Drinking in Detroit

Keyes, Katherine, PhD
Columbia University, New York, New York, USA

Background: Exposure to child maltreatment is associated with elevated risk for mental disorders in adulthood. One explanation for this life-course association is that child maltreatment increases vulnerability to the effects of subsequent stressors; however, the extent to which maltreatment increases sensitivity to social context has never been examined. We evaluated whether the association between neighborhood disorganization and binge drinking was modified by child maltreatment exposure. Methods: Data were drawn from the Detroit Neighborhood Health Study, a prospective representative sample of the Detroit population. Neighborhood disorganization was measured via systematic neighborhood assessment. Child maltreatment indicators included self-reported physical, sexual, and emotional abuse. Incident binge drinking was defined as at least one episode of ≥5 drinks (men) or ≥4 drinks (women) in the past 30-day period among those with no binge drinking at baseline (N=1,013). Results: Child maltreatment and neighborhood disorganization interacted to predict incident binge drinking (B=0.16, p=0.02) and maximum number of past 30-day drinks (B=0.15, p=0.04), such that neighborhood disorganization predicted problematic alcohol use only among individuals with high exposure to child maltreatment.
Conclusion: This study provides the first evidence that the negative health effects of poor social contexts, particularly for binge drinking, may be heightened among individuals exposed to childhood maltreatment.

Concurrent 04
Workshop
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon I & II

When a Service Member is Wounded, A Family is Wounded: New DoD/VA Policy and Practice in Engaging and Supporting the Families of Veterans
(Train/Ed/Dis, Mil/Vets)

Kudler, Harold, MD\(^1\); Dekle, Judith, LCSW\(^2\); McCutcheon, Susan, EdD\(^3\); Glynn, Shirley, PhD\(^4\); Sherman, Michelle, PhD\(^5\); Straits-Troster, Kristy, PhD\(^6\)
\(^1\)VISN 6 MIRECC/Duke University, Chapel Hill, North Carolina, USA
\(^2\)Office of the Assistant Secretary of Defense for Health Affairs, Washington, Dist. of Columbia, USA
\(^3\)Office of Mental Health Services, Department of Veterans Affairs, Washington, Dist. of Columbia, USA
\(^4\)Office of Mental Health Services, Department of Veterans Affairs, Los Angeles, California, USA
\(^5\)Family Mental Health Center, Oklahoma City, Oklahoma, USA
\(^6\)VISN 6 MIRECC/Duke University, Durham, North Carolina, USA

Research evidence (Kulka et al., 1990; Riggs et al., 2008) and clinical experience indicate that family support is among the strongest factors in developing or continuing to suffer from PTSD yet DoD and VA have only recently developed policies to engage families in care. Family members may also have their own mental health issues and these can impact the health of the Service Member/Veteran. This workshop features DoD and VA leaders in family approaches including Judith Dekle who coordinates family policy and practice for the Office of the Assistant Secretary of Defense; Susan McCutcheon, Director of Family Services for the VA Office of Mental Health Services; Shirley Glynn, national VA Family Services Training Program Director who oversees family intervention programs being disseminated across VA; Michelle Sherman whose work with Veteran families informs DoD/VA policy and practice, and; Kristy Straits-Troster who co-led development and implementation of VA's Families at Ease national health coaching call center. After brief introductory statements, this session will focus on responses to a series of clinical vignettes that will engage experts and audience in application of new policy and practice as well as identification of remaining gaps and need for new research and new clinical programs.

Concurrent 04
Workshop
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Laurel A-B

The Role of Social Bonding in the Development and Healing of Combat Posttraumatic Stress Disorder: A Decade of Practice-Based Evidence
(Practice, Mil/Vets)
Keenan, Melinda, PhD
Citrus Heights Vet Center, Citrus Heights, California, USA

Social bonding (attachment) is an innate, automatic process that allows us to survive and thrive as human beings (Bowlby, 1988). Moments of human connection are unavoidable in the combat zone, even with the enemy. These moments typically involve a moment of connection which can be physical, visual, auditory or psychological. Combat trauma involves a breach of the interpersonal connection between human beings. It is our contention that since the development of combat PTSD stems from a breach in the interconnection between people that the treatment must focus on the reconnection between people. A three phased group treatment program designed to address the core issues of Combat Post Traumatic Stress Disorder (unresolved grief, guilt and shame) will be presented and the role of social bonding in the development and healing of combat PTSD will be elaborated. Discussion of group process and specific interventions for healing the breach of interpersonal connections inherent in combat trauma will be demonstrated through clinical case examples.

Participant Alert: Detailed descriptions of typical combat experiences will be used to illustrate the emotional conflicts of combat trauma and how these issues are resolved through group therapy.

Concurrent 04
Panel
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon IX & X

Future Directions for Targeting Traumatic Memories in PTSD Treatment: Mechanisms and Implications Across Diverse Intervention Approaches (Clin Res, Diverse Pop)

Rothbaum, Barbara, PhD1; Zoellner, Lori, PhD2; Aikins, Deane, PhD3; Bomyea, Jessica, MS4; Lang, Ariel, PhD, MPH5; Litz, Brett, PhD6

1Emory University School of Medicine, Atlanta, Georgia, USA
2University of Washington, Seattle, Washington, USA
3Yale University School of Medicine, New Haven, Connecticut, USA
4SDSU/UCSD Joint Doctoral Program, La Jolla, California, USA
5University of California, San Diego, La Jolla, California, USA
6Massachusetts Veterans Epidemiological Research and Information Center, VA Boston Healthcare System, Boston University, Boston, Massachusetts, USA

Aversive, persistent emotional memories are a core feature of PTSD. Current treatment approaches vary substantially with regard to the theoretical framework guiding attempts to modulate the processes implicated in recall of such memories. Interventions may emphasize the alteration of associations in memory through extinction learning (e.g., behavioral approaches such as prolonged exposure and pharmacotherapy using D-cycloserine to facilitate extinction), weakening emotional reactivity to traumatic memories directly during memory re-consolidation (e.g., the use of propranolol after trauma), or increased control over cognitive processes that regulate the experience of intrusive memories (e.g., executive functioning training). The present panel will gather experts these domains to discuss the current status of empirical research and future directions in each area. Panelists will discuss theorized processes and mechanisms of change across approaches including implications of findings from each area for our theoretical models of the disorder. The panel will discuss distinguishing features of the respective approaches and the potential for reconciling or integrating treatments that encourage emotional
processing of trauma-related memories and fear compared to those that encourage direct modulation of these experiences. Implications for post-traumatic reactivity with emotional reactions not constrained to fear (e.g., guilt) will also be discussed by panelists.

Concurrent 04
Paper Session
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon VII & VIII

Social Support and Healing
(Clin Res, Disaster)

Mental Health and Psychosocial Support Interventions in Humanitarian Settings: A Systematic Review and Meta-Analysis

Tol, Wietse, PhD1; Barbui, Corrado, PhD2; Galappatti, Ananda, MSc3; Silove, Derrick, MD4; Van Ommeren, Mark, PhD5
1 Yale University, New Haven, Connecticut, USA
2 University of Verona, Verona, Italy
3 Good Practice Group, Colombo, Colombo, Sri Lanka
4 University of New South Wales, Sydney, Australia
5 World Health Organization, Geneva, Switzerland

Mental health and psychosocial wellbeing are a crucial concern in humanitarian settings, i.e. settings affected by disasters and armed conflict. Humanitarian settings continue to predominantly affect low- and middle-income countries. Despite increased consensus on interventions in these settings, few studies have rigorously evaluated interventions. To provide empirically informed recommendations for ways further in this field, we: (a) examined currently popular practices through a systematic review of the grey literature (internet and database searches, contacting key stakeholders and experts), and mapping of interventions in three recent humanitarian crises (Haiti, Jordan, Nepal); (b) examined funding through financial tracking of two databases (the Creditor Reporting System and Financial Tracking Database); (c) performed a systematic review and meta-analysis of quantitative intervention evaluations in the academic literature that used at least a controlled design. We followed the PRISMA2 and GRADE3 approaches to systematic review and meta-analysis. Altogether, we identified >30 controlled studies that evaluated interventions, a minority of which met criteria for formal meta-analysis. In general, there is a large gap between how mental health and psychosocial support are implemented and funded and the current evidence base. Based on our results, we discuss policy, practice, and implementation implications.

Concurrent 04
Paper Session
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon VII & VIII

Social Support and Healing
(Clin Res, Disaster)

Perception of Social Support Among Sexually Abused Adolescents
Regnault, Olivia, BSc; Daigneault, Isabelle, PhD
University of Montreal, Montreal, Quebec, Canada

The current project investigates the role of social support as a protective factor in the post-traumatic adjustment of sexually abused victims. Numerous studies underline the protective role of social support but several suggest that its beneficial impact is not uniform (Ullman, 1996; Feiring, Taska and Lewis, 1998). A qualitative approach allows us to study the complex process by which support influences post-traumatic adjustment which then helps us better comprehend and qualify the characteristics of support that play a role in victims' adjustment. Our study's goal was to describe in depth and better understand how sexually abused female teenagers (n=8) perceive the social support they received. The Multidimensional Trauma Resiliency and Recovery interview (MTRR, Harvey & al. 1994) was used to document the adolescents' perspectives regarding social support and verbatim accounts were analyzed qualitatively using thematic analysis (Paillé and Mucchielli, 2008) and QDA miner software. The central social support themes which emerged will be presented, illustrated by representative extracts from participants' interviews. Such better understanding of the helpful and harmful characteristics of social support may help us better equip victims' family and friends and enhance their appropriate social reactions.

Concurrent 04
Paper Session
Thursday, November 3
2:00 p.m. - 3:15 p.m.
Grand/Salon VII & VIII

Social Support and Healing
(Clin Res, Disaster)

Trauma Exposure Predicts Social Support Independent of Posttraumatic Stress Disorder and Depression: Data from the Heart and Soul Study

Cohen, Beth, MD, MAS; McCaslin, Shannon, PhD; Au, Selwyn, MS; Whooley, Mary, MD
San Francisco VA Medical Center, San Francisco, California, USA

Poor social support is an important predictor of increased morbidity and mortality. We investigated the role of childhood and cumulative lifetime trauma as predictors of social support in a cohort of 663 adults (mean age at baseline 66 years old). Participants completed the Diagnostic Interview Schedule at baseline to assess traumatic events, PTSD, and depression. Social support was measured at Year 5 with Berkman’s Social Network Index and the Interpersonal Support Evaluation List (ISEL). All analyses were adjusted for demographics, PTSD, and depression. Greater number of lifetime traumatic events (highest vs. lower quartiles) was significantly associated with lower social network index (OR 1.50 p=.03). Specific types of trauma, such as sexual assault, were also independently associated with poor social support. For participants that reported the age at which their most traumatic event occurred (n=383), childhood trauma was associated with lower social network index (OR= 1.67 p=.02) and lower ISEL score (β= -1.8 p=.03) compared to non-childhood trauma. These results indicate that cumulative lifetime trauma, particularly trauma exposure during childhood, is associated with poor social support later in life and that the decrease in social support occurs through mechanisms other than PTSD and depression.

Concurrent 04
Paper Session
Many children have experienced a potentially traumatizing event (PTE), however only a small percentage develops PTSD, necessitating the need to indentify at risk-individuals. Research on predictors of post traumatic stress disorder symptoms (PTSS) in children have yielded mixed results, resulting in a shift to focusing on contextual factors. One contextual factor that has received attention is the relationship between parent functioning and the development of PTSS in children, which has also yielded mixed results. Therefore, the current study served as a meta-analysis of relationship between child PTSS and parent PTSS, depression, and global psychopathology. In order to provide some clarification regarding the mixed findings in the literature, multiple moderating factors were also included to explain heterogeneity of effect sizes. The results suggest significant weighted mean effect sizes for the association between child PTSS and all of the parent variables, with effect sizes ranging from .32-.26. The strongest weighted mean effect size was found for the relationship between child and parent PTSS. Moderators of these effects were also found, and the implications for future research will be discussed in detail. The current findings further the understanding of the contextual role of parents in the development of child PTSS.

Veterans with PTSD are three times more likely to report significant parenting problems than veterans without PTSD (Jordan et al., 1992). Ruscio, Weathers, King & King (2002) found that the emotional numbing cluster of PTSD had a particularly strong negative effect on the parent-children relationship. Anger and irritability, key components of the hyperarousal cluster of PTSD symptoms, also have been linked to parenting problems (Chemtob & Carlson, 2004; Shay & Knutson, 2008). This study investigated the relationship between PTSD and ineffective parenting practices in a sample of 82 civilian men. Data was analyzed using Hierarchical Linear Modeling to account for multiple sources of variation in the dataset, i.e., multiple children per parent. Results indicated that PTSD (pr = .247, p = .027), and the
A few studies have linked PTSD symptoms to school bullying (e.g. McKenney et al., 2004; Mynard, Joseph, & Alexander, 2000). Even though social support may lessen PTSD symptoms in general (Cluver, Fincham & Seedat, 2009) there is still little empirical information available on the relation between support and PTSD symptoms for the bullied ones. Preliminary evidence shows that PTSD symptoms caused by bullying is negatively related to teacher support (Idsoe, Jonassen, & Cosmovici, 2010), teacher monitoring and parent monitoring (Idsoe, Jonassen, & Idsoe, 2011). We added to this line of research by investigating a mediation model of the relationships among PTSD-symptoms, bullying exposure, and teacher emotional and academic support in a representative sample of Norwegian pupils in grades 8 and 9 (n = 963). Exposure was measured with the Being Bullied Scale (Roland & Idsoe, 2001), while PTSD-symptoms were assessed with The Children's Impact of Event Scale (CRIES-13) (Smith, Perrin, Dyregrov and Yule, 2002). Multiple group SEM-models with latent variables showed that gender did not moderate the effects. Bullying exposure was positively related to PTSD symptoms (beta = .41, p < .01), that again completely mediated the effect of teacher academic support (beta = -.32, p < -.01)
Many children are exposed to extreme stressors such as disaster, sudden loss, and violence. Despite the known influence of educators on children’s psychosocial development, research regarding the role of teachers in helping children after trauma is scant. This mixed-methods study explored the perspectives of teachers on supporting children after traumatic exposure. The design consisted of a qualitative exploration (semi-structured interviews; N = 21) and a quantitative follow-up (a questionnaire in a national random sample; N = 765). Many teachers in elementary schools struggled with their role. They were searching for guidance on how to balance the needs of the children who have been exposed against the needs of the other children in the classroom, as well as taking into account their own needs, while wishing for better knowledge and skills about helping children after trauma. Better assistance for teachers is needed in the form of policies, training, and informative materials. In the presentation we will elaborate on the results as well as on their implications.

Concurrent 05
Symposium
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Dover

Trauma, Self, and Identity
(Practice, Diverse Pop)

Brewin, Chris, PhD
University College London, London, United Kingdom

The symposium includes a number of diverse contributions illustrating the importance of identity to the study and treatment of PTSD. The first presentation by Adriel Boals is concerned with the centrality of the traumatic event to the person’s identity and its association both with PTSD symptoms and posttraumatic growth. Measures of centrality have been shown to among the strongest predictors of PTSD symptoms. The second presentation by Laura Jobson is concerned with cultural variation in the sense of self, contrasting independence with interdependence. Research findings to be presented will show that differing conceptions of self affect memory for trauma, the meaning of the trauma, and the impact of the trauma on identity. The third presentation by Arieh Shalev is concerned with the contribution of religious belief to identity. A study of the responses of Ultra-Orthodox survivors of deadly terrorist attacks in Israel illustrates the process of reconciling dreadful experiences with deeply embedded beliefs that define the self. The fourth presentation by Chris Brewin provides a theoretical account of autobiographical memory and demonstrates the impact of PTSD and trauma on different levels of representation including the self. Identity disturbance is related to clinical phenomena including voice-hearing and recovered memory.
A Double-Edged Sword: Construing a Traumatic Event as Central to Identity and PTSD and Posttraumatic Growth

Boals, Adriel, PhD
University of North Texas, Denton, Texas, USA

Recently, researchers have begun investigating the extent to which individuals who have experienced a traumatic event construe that event as central to their identity (e.g. "I am a rape victim"). When an event becomes central to identity, that event becomes a reference point in the way the individual understands themself and the world. Our research shows that event centrality is the strongest predictor of PTSD symptoms, even when demographics, coping strategies, dissociation, depression, anxiety, social support, emotional intensity of the event, and cognitive abilities were also included as predictors. In the current study, we replicated an association between event centrality and PTSD symptoms. However, we also found that event centrality similarly predicted posttraumatic growth (PTG), even after controlling for PTSD symptoms, depression, DSM-IV A1 and A2 status of the event, coping styles, and cognitive processing of the event. Because predictive relationships between event centrality and PTSD symptoms, as well as event centrality and PTG were positive, construing an event as central to one’s identity can indeed become a double-edged sword, allowing for both debilitation and growth.

Concurrent 05
Symposium
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Dover

Trauma, Self, and Identity
(Practice, Diverse Pop)

Influence of Cultural Differences in Self on Processes Involved in Posttraumatic Stress Disorder

Jobson, Laura, PhD, Cpsych1; Moradi, AliReza, PhD2; Dalgleish, Tim, PhD3; Conway, Martin, PhD4
1University of East Anglia, Norwich, United Kingdom
2Tarbiat Moallem University, Tehran, Iran, Islamic Republic of
3MRC Cognition and Brain Sciences Unit, Cambridge, United Kingdom
4University of Leeds, Leeds, United Kingdom

Current models of posttraumatic stress disorder (PTSD) represent impressive advances in the understanding of the etiology, maintenance and treatment of PTSD. However, these models have been developed independently of recent findings indicating cultural differences in self-understanding impact on, and in numerous cases govern, many of the processes believed to be involved in PTSD. That is, research has demonstrated that the cultural distinction between an independent (generally emphasised in western, individualistic cultures) or interdependent (generally emphasised in non-western, collectivistic cultures) self has an impact on the processes involved in the development and maintenance, and focused on in the treatment, of PTSD. This presentation will discuss some of our current research which has investigated the influence of culture on the processes involved in PTSD and the implications of these differences for posttraumatic psychological adjustment. Our findings demonstrate that cultural differences in self-understanding has a marked influence on (a) aspects of the trauma autobiographical memory; (b) the relationship between autobiographical remembering and PTSD; (c) the impact of trauma on self-definition and identity; (d) the relationship between trauma-related appraisals and PTSD; and (e) the meanings attached to the trauma. The presentation will consider the theoretical and clinical implications of these findings.
Maintaining Self Identity When the World Suddenly Changes

Shalev, Arieh, MD; Ankri, Yael, MA
Hadassah University Hospital, Jerusalem, Israel

As trauma unfolds, and the world around becomes chaotic, one is left to oneself, without the mirroring reassurance of the known and the usual - and often with having done or committed acts of extreme urgency without clear sense of voluntary control. Containing and elaborating the encounter with the incongruous and the unspeakable - and with one's own reaction - can be as painful as the event itself. This presentation will discuss the dual role of self-identity under atrocious trauma: sustaining and, at the same time, breakable skeleton. I will use examples from the very minutes of traumatic events, as recalled by survivors, to illustrate attempts to preserve self identity during chaos, and examples from survivors who belong to ultra orthodox communities to illustrate the painful elaboration of novelty about self and the world that comes from the encounter with catastrophic trauma and is utterly irreconcilable with previous beliefs.

The Place of Identity in Autobiographical Memory of Trauma

Brewin, Chris, PhD
University College, London, United Kingdom

According to a cognitive model of autobiographical memory, a hierarchy can be described with, at the base, involuntary sensation-based information relating to individual events in the form of detailed images, voluntary memory for specific autobiographical periods and episodes at the next level, and conceptual knowledge about the self at the apex. This higher-level content about the self provides a set of organizing frameworks to guide the way an individual searches for and retrieves specific facts and incidents. A purely cognitive account, however, does not capture the experiential aspect of identity. The effects of trauma exposure alone on these three levels of memory are limited, and recall of trauma appears to be more persistent only to the extent that the event is significant for identity. All levels of memory are strongly affected by the presence of disorders such as PTSD, with fractured or compartmentalized identity being...
typical of complex PTSD. Both of these identity disturbances will be discussed with reference to voice-hearing and recovered memories of trauma.

**Concurrent 05**  
**Workshop**  
**Thursday, November 3**  
**3:30 p.m. - 4:45 p.m.**  
**Grand/Salon I & II**

**The REACH Program: Family Psychoeducation for Veterans Living with PTSD and their Families**  
*(Practice, Mil/Vets)*

*Sherman, Michelle, PhD¹; Doerman, Alan, PsyD²; Fischer, Ellen, PhD³*

¹Oklahoma City VA Medical Center; South Central Mental Illness Research, Education and Clinical Center (MIRECC), Oklahoma City, Oklahoma, USA  
²Oklahoma City VA Medical Center, Oklahoma City, Oklahoma, USA  
³Center for Mental Healthcare and Outcomes Research, Central Arkansas Veterans Healthcare System; South Central Mental Illness Research, Education and Clinical Center, Little Rock, Arkansas, USA

The Oklahoma City VA Medical Center modified McFarlane’s multifamily group model, an evidence-based model of family psychoeducation, for a VA setting and for veterans living with PTSD and their family members. Phase I of the three-phase REACH Program (Reaching out to Educate and Assist Caring, Healthy Families) includes four single-family sessions focused on rapport building and goal setting. Phase II consists of six weekly sessions for cohorts of 4-6 veterans and their families focused on problem-solving, psychoeducation about symptom management, communication, stress management, and anger/conflict resolution. In Phase III, veterans/families attend six monthly multi-family groups to support maintenance of gains. Since 2006, over 30 cohorts of largely Vietnam-era veterans with PTSD and their families have participated in REACH; program retention rates and satisfaction are high. Veterans/families who choose to participate in the voluntary REACH evaluation study complete self-report measures at four intervals across the nine-month intervention. Statistically significant improvements (p<0.05) were seen in interpersonal relationships, problem-solving and communication, family coping, Brief Symptom Inventory General Severity Index, empowerment and PTSD knowledge for both veterans (n=100) and family. Improvements in perceived social support approached significance (p=0.05-0.07). Improvements in REACH-targeted-skills predicted improvements in functional outcomes (p<0.05). Implications for clinical practice will be discussed.

**Concurrent 05**  
**Panel**  
**Thursday, November 3**  
**3:30 p.m. - 4:45 p.m.**  
**Grand/Salon VI**

**Disasters, Media and Public Resiliency in the Asia Pacific Region: Perspectives from Current Crises**  
*(Media, Disaster)*

*Shapiro, Bruce, Not Applicable¹; McMahon, Cait, PhD Candidate²; Inoue, Kako, PhD³; Iskandar, Livia, PhD Candidate⁴; McCleod, Brett, BA⁵*
This year, the Asia Pacific region has suffered from diverse large scale public catastrophes: the Christchurch earthquake in New Zealand, the tsunami, earthquake and nuclear reactor disaster in Japan, and floods from Cyclone Yasi in Australia. Journalists and news organizations play a critical role in depicting these events, communicating vital public health and safety information and in framing public understanding in ways that can impact public resilience and recovery. In the aftermath of disaster journalists balance numerous concerns such as verifying information claims, ethical treatment of survivors, long-range public policy concerns and communication among survivors and dispersed communities, as well as cultural appropriateness and understanding when reporting for audiences outside an affected region. This panel will provide an opportunity to reflect on the role of journalism and media in framing these Asia Pacific disasters and the relationship of news choices to public mental health aftermath in the region. In particular, we will explore multiple perspectives (journalism and mental health) about these events. The portrayals and effects of these disasters are rapidly evolving and shifting as this abstract is submitted, thus the speakers are yet not identified. This panel is endorsed by the Media SIG.  

Participant Alert: Images from recent Asia Pacific disasters may be presented.

Concurrent 05  
Panel  
Thursday, November 3  
3:30 p.m. - 4:45 p.m.  
Grand/Salon VII & VIII  

Moving From Competition to Collaboration: Research-Based Approaches in Developing More Effective PTSD Psychotherapies  
(Res Meth, Caregvrs)  

Kudler, Harold, MD¹; Gilboa-Schechtman, Eva, PhD²; Haugen, Peter, PhD³; Evces, Mark, PhD⁴; Adler Nevo, Gili, MD⁵; Weiss, Daniel, PhD⁶;  
¹VISN 6 MIRECC/Duke University, Chapel Hill, North Carolina, USA  
²Bar-Ilan University, Tel Aviv, Israel  
³NYU/Bellevue WTC Medical Monitoring & Treatment Program, New York, New York, USA  
⁴Bellevue/NYU Occupational and Environmental Medicine Clinic World, New York, New York, USA  
⁵Youth Anxiety Clinic, Toronto, Ontario, Canada  
⁶Department of Psychiatry, University of California, San Francisco, San Francisco, California, USA  

Social bonds within the community of trauma workers (and our Society) often generate competition which either spurs progress or drives us into respective corners. Our very language betrays this tendency when we speak of “head to head” randomized controlled trials yet one such study (Gilboa-Schechtman et al., 2010) leads us towards common ground when it demonstrates that prolonged exposure and psychodynamic psychotherapy may both be effective in treating PTSD even if they produce different patterns of symptom outcome at different points in treatment. A better understanding of treatment components and processes, similar and dissimilar, may enable researchers to develop still more effective psychotherapies. This presentation of the ISTSS Psychodynamic Special Interest Group, opens with Dr. Gilboa-Schechtman’s description of her research followed by discussion by a diverse panel of psychotherapists and researchers with experience in prolonged exposure, cognitive processing, psychodynamic and other psychotherapies for PTSD who will engage the audience and each other in elucidating effective elements across a broad range of treatments. The aim of this session is to generate new collaborative research strategies and initiatives within ISTSS that reach beyond our sometimes
sectarian boundaries to renew and strengthen our social bonds, our scientific progress and our therapeutic effectiveness.

Concurrent 05
Panel
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Essex

Broken Bonds: The Impact of Intergenerational Trauma on Safe Parenting
(Clin Res,Adult/Cmplx)

Chemtob, Claude, PhD¹; Urquiza, Anthony, PhD²; Tullberg, Erika, MPH¹

¹NYU Langone Medical Center, New York, New York, USA
²UC Davis Children’s Hospital, Sacramento, California, USA

Exposure to early childhood maltreatment has been associated with a range of adverse outcomes (Adverse Childhood Experiences study, Anda and Felitti, 2003), and a recent study specifically linked childhood maltreatment with socioeconomic well-being in adulthood (Zielinski, 2009). Likewise, maternal trauma exposure is associated with greater levels of neglect and use of punishment (Banyard et al, 2003) and is predictive of child abuse potential, more punitive behavior, and psychological aggression (Cohen et al, 2008). These risks are more likely to be seen with child welfare-involved families, which by definition have children already exposed to abuse, neglect and/or maltreatment. Lieberman and her colleagues have demonstrated that mothers with domestic violence-related PTSD can be effectively treated using a dyadic treatment model (Lieberman et al, 2005). In this panel, we will review adaptations of two evidence-based treatments (PCIT and STAIR) that are being undertaken to address the impact of child and parent trauma on safe and effective parenting practices. We will also review how these interventions - which use dyadic approaches to target parent-child stress, positive parent-child interactions, and the development of effective parenting skills - are of particular relevance to the child welfare system.

Concurrent 05
Panel
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Laurel A-B

Theoretical Approaches for Trauma Adaptation: Clinical Research Applications
(Res Meth,Disaster)

Benight, Chip, PhD¹; Hobfoll, Stevan, PhD²; Kaniasty, Krys, PhD³; Pyszczynski, Tom, PhD¹

¹UCCS, Colorado Springs, Colorado, USA
²Rush University Medical Center, Chicago, Illinois, USA
³Indiana University of Pennsylvania, Indiana, Pennsylvania, USA

The field of trauma psychology needs clinically relevant theoretically derived studies that focus on the impact of traumatic life events on social relationships, individual coping mechanisms, and subsequent posttraumatic adaptation. This interactive PMI is designed based on this years’ meeting focus and will
teach participants about four social-psychological theoretical approaches to trauma adaptation. Four leading experts in traumatic stress studies who have advanced strong theory driven research will cover the main theoretical propositions, provide evidence of empirical support for the application of the theory to trauma adaptation, analyze the crucial scientific “next steps” for the theory, and work with participants in a grant brainstorming session to design the next generation of theoretically relevant clinical research. Dr. Hobfoll will focus on Conservation of Resources (COR) theory and the rapid cascading of resource loss that not only occurs following trauma exposure, but is the principle cause of its impact. Dr. Benight will cover social cognitive theory with particular emphasis on the interaction between coping self-efficacy and interpersonal resource utilization. Dr. Kaniasty will discuss social support theory targeting the influence of familial coping on trauma adaptation. Finally, Dr. Pyszczynski will focus on terror management theory and a newly developed extension anxiety buffer disruption theory. This PMI is designed at the introductory level to foster creative engagement and future theoretical research to help advance the field.

Concurrent 05
Panel
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Laurel C-D

Psychological First Aid: Lessons from Low and Middle Income Countries
(Globa, Disaster)

Snider, Leslie, MD, MPh1; Bisson, Jonathan, MD, MA, FRCP, FRCPsych2; Schafer, Alison, BSc, Hons, Psychology3; Baron, Nancy, PhD4; van Ommeren, Mark, PhD5

1War Trauma Foundation, Diemen, Netherlands
2Cardiff University School of Medicine & Cardiff and Vale University Health Board, Cardiff, United Kingdom
3World Vision Australia/International, Melbourne, Australia
4Global Psychosocial Initiatives, Cairo, Egypt
5World Health Organization, Geneva, Switzerland

Critical events in low and middle income countries have caused unprecedented suffering. Psychological First Aid involves humane, supportive and practical assistance for people who have experienced an extremely distressing event. It is recommended by the consensus of many international groups, including WHO mhGAP Development Group, IASC and Sphere Project, as the preferred front-line intervention following critical events.

Until recently, there were no widely agreed upon PFA materials suitable for low and middle income countries. Over a two-year process, WHO, World Vision International and War Trauma Foundation developed a model PFA guide with input from a wide variety of international stakeholders. The guide is informed by lessons learned from crisis events in various global contexts and was pilot tested after the earthquake in Haiti in 2010. PFA was further applied in the Middle East crises of 2011.

The panelists will describe a) a systematic review of PFA, b) the development of the model PFA guide for different world contexts, c) the piloting of the model guide in Haiti, and d) provision of PFA during and following the political upheaval in Egypt with various cultural groups. Lessons from the practical application of PFA in different cultural contexts will be highlighted.

Concurrent 05
Case Study Presentation
A Twenty Year Follow-up of the Hostage Victims of Altaview Hospital
(Clin Res, Violence)

Panos, Angelea, PhD\(^1\); Ochberg, Frank, MD\(^2\); Dulle, Patty, APRN\(^1\)
\(^1\)Intermountain Health Care, Sandy, Utah, USA
\(^2\)Michigan State University, Lansing, Maine, USA

The siege of Altaview Hospital occurred in September, 1991 in which a gunman murdered a nurse and planted bombs around the hospital. About 70 people were able to escape within the first 4-6 hours, but 9 people were held for eighteen hours during which time a mother in labor gave birth. The gunman eventually surrendered. Several types of interventions were given over the first year and outcome evaluations were accomplished on each. The hostages were followed and evaluated at regular intervals over the twenty years since the event. This case will present both qualitative and quantitative data regarding the healing process, developmental issues and lessons learned. Long-term outcomes will be discussed.

Concurrent 05
Case Study Presentation
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Kent

Trauma Narratives: Functions, Memory Processes, and Reconstruction in Therapy and Video Testimonies
(Clin Res, Diverse Pop)

Peri, Tuvia, PhD\(^1\); Dor, Judith, MSW\(^2\); Tuval-Mashiach, Rivka, PhD\(^1\)
\(^1\)Bar Ilan University, Ramat Gan, Israel
\(^2\)Natal, Israel Trauma Center for Victims of Terror and War, Tel-Aviv, Israel

Trauma is conceived as a break in the person’s life story and its continuity, challenging survivors’ sense of identity and personal beliefs, and requiring a new adaptation (Wigren, 2004). It has been suggested that narratives of traumatized survivors reflect the core experience of the trauma, and coping processes. Research has documented that writing about personal trauma, and the telling of trauma, may bear beneficial consequences for narrator’s wellbeing. In this presentation we will illustrate and discuss the use of the trauma narrative in therapy and research. Dr. Peri will present the Narrative reconstruction therapy (NR), a brief and focused intervention aiming at creating a systematic, cohesive, and chronological narrative of the trauma while simultaneously addressing and integrating personal meanings of the trauma. Preliminary results of the treatment of 6 PTSD patients will be presented and discussed. Ms. Judith Dor will present and demonstrate a video trauma testimony process, and the complex psychological positions and roles of narrator and listener of the testimony, demonstrating. Dr. Tuval-Mashiach will present on the use of the trauma narrative as a research tool for identifying personal strategies for coping with trauma, based on a qualitative analysis of 15 veterans’ trauma narratives. Limitations ans implications for clinical work will be discussed.

Concurrent 05
Intergenerational/Historical Trauma
(Cul Div, Child/Adol)

Ethnic Identity, Intergenerational Conflict and Mental Health Outcomes of Somali Refugee Adolescents Resettled in the United States

Miller, Alisa, Doctoral, Student1; Abdi, Saida, LCSW2; Ellis, B. Heidi, PhD2
1Boston University/Children’s Hospital Center for Refugee Trauma & Resilience/Children’s Hospital Boston, Boston, Massachusetts, USA
2Children’s Hospital Center for Refugee Trauma & Resilience/Children’s Hospital Boston, Boston, Massachusetts, USA

Increasing numbers of refugee youth are resettled in the United States (U.S.). Understanding risk and protective factors in resettlement that play a role in the mental health of these youth is paramount to informing meaningful and effective mental health interventions. Little is known about how ethnic identity and intergenerational conflict in adolescence affect mental health of refugee youth. The current study examines cultural identification (ethnic identity and biculturalism) and intergenerational conflict as predictors of mental health outcomes of posttraumatic stress symptoms (PTSS) and depression, and ethnic identity as a moderator of the relationship between intergenerational conflict and mental health outcomes. The participants were 78 Somali adolescents resettled in the U.S., aged 12-19 years. Results revealed high levels of both Somali ethnic identity and Somali-American identity. Overall, relatively low rates of intergenerational conflict were reported. Hierarchical multiple regressions revealed higher levels of intergenerational conflict to be related to higher levels of PTSS and depression. Longer time resettled in the U.S. and higher levels of ethnic identity were predictive of lower levels of depression symptoms. Ethnic identity did not moderate the relationship of intergenerational conflict to mental health outcomes. Clinical implications of the findings for the development of interventions will be discussed.

Concurrent 05
Paper Session
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Grand/Salon IX & X

Intergenerational/Historical Trauma
(Cul Div, Child/Adol)

Wicasa Was’aka: Addressing Historical Trauma with American Indian and Alaska Native Men and Boys

Yellow Horse Brave Heart, Maria, PhD, MSW1; Elkins, Jennifer, PhD Candidate2; Tafoya, Greg, MPH1; Bird, Doreen, MPH1; Salvador, Melina, MA1
1University of New Mexico, Albuquerque, New Mexico, USA
2Columbia University, New York, New York, USA
In the development of public health initiatives it is essential to consider the complex interaction between the social determinants of health and the social and historical context of communities. For contemporary American Indian (AI) males this context is complicated and includes generations of historical trauma, changing gender roles, military experience, erosion of traditional male identity development opportunities, and lack of access to health/behavioral health services. Behavioral and physical health disparities for AI males are best examined within the framework of the historical context and collective massive group trauma experienced across generations. Developing culturally appropriate, historically cognizant public health models that integrate behavioral and physical health can be used to eliminate existing health disparities faced by AI males today. Using specific tribal cultural examples, this paper presentation examines the impact of collective traumatic experiences of AI males; traditional prescriptions and values for male roles, values, and behaviors; and concludes with recommendations for improving the behavioral and physical health outcomes. This framework can be utilized to inform interventions aimed at ameliorating the suffering of AI males and improving their behavioral as well as overall health. Specific strategies for use in the planning and implementation of policy, research and program development involving AI males are discussed.

Concurrent 05
Paper Session
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Grand/Salon IX & X

Intergenerational/Historical Trauma
(Cul Div, Child/Adol)

Epigenetics and Intergenerational Complex Trauma

Doughty, Frances, MA
Early Childhood Mental Health Program, Oakland, California, USA

The burgeoning field of epigenetics is rendering the question of nature vs. nurture obsolete. Although developmental trauma disorder is usually seen as the direct result of an adverse environment after birth, recent research in epigenetics is showing that there may be a hereditary component in intergenerational complex trauma. This paper introduces the topic of epigenetics and brings together these new findings with previous research which showed that the effects of biological markers associated with a mothers emotional status during pregnancy may be seen in their infants. In the case of epigenetics, however, transgenerational effects are not necessarily permanent or impossible to treat. An understanding of epigenetic effects will not only cast new light on the treatment of complex trauma, but also brings hope to the clinician, since epigenetic effects may be reversible.
Concurrent 05
Paper Session
Thursday, November 3
3:30 p.m. - 4:45 p.m.
Grand/Salon IX & X

Intergenerational/Historical Trauma
(Cul Div, Child/Adol)

Healing Through Community: A Grounded Theory Model for the Protection of Children from Abuse in Rwanda

Costillo, Jennifer, MA; Williams, Joshua, MA; Bustrum, Joy, PsyD; Chege, Charles, PsyD; Reimer, Kevin, PhD
Azusa Pacific University, Azusa, California, USA

The purpose of the original study was to contribute toward a proposed general international framework for the prevention of child abuse derived from preliminary data collected from a rural Rwandan village and based on current literature. The most salient principles, gleaned from the four main themes identified within the study, Inadequacy, Worldview Paradigm, Various Forms of Abuse, and Change and Protection, were considered in the development of the model while also considering current literature. These principles were embedded into a dynamic, non-linear approach for the purpose of creating and sustaining a community-based child abuse reduction program.

There are six major theoretical components - (1) Education/Theoretical framework, (2) Identification of salient cultural worldviews, (3) Gathering knowledge from the community as to what is seen as abuse, (4) Allowing the community to define solutions, (5) Identification of existing and lacking resources, (6) Implementation of strategies to mobilize and empower community members to carry out program, each undergirded with an established time review and update process. Within each component are ordered unique and specific tasks; however, each impacts and interactively builds upon the other. This presentation will detail each of the components, suggesting that the model functions best when taking all into consideration.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon I & II

Adherence in Psychotherapy and Pharmacotherapy for PTSD
(Clin Res, Diverse Pop)

Feeny, Norah, PhD
Case Western Reserve University, Cleveland, Ohio, USA

Both pharmacotherapy and psychotherapy have been shown to be efficacious treatments for posttraumatic stress disorder (PTSD). While effective overall, patients vary quite a bit in their likelihood to
complete and adhere to psychotherapeutic and pharmacological interventions for PTSD. In order to maximize the utility of PTSD interventions, such adherence difficulties need to be better understood. In this symposium, we will present four talks examining adherence in a variety of PTSD intervention studies. In the first talk, Barbara Rothbaum and colleagues will present adherence data from an innovative early intervention study examining brief exposure therapy vs repeated assessment for emergency department patients. In the second talk, Amy Wagner and colleagues will report adherence data from a study of behavioral activation for PTSD. Next, Lori Davis will discuss drop out and medication adherence findings from a recently completed trial of mirtazepine for the treatment of PTSD. Then, in the final talk, Lori Zoellner and colleagues will present adherence data from a doubly randomized preference study in which participant with PTSD chose or were randomized to pharmacotherapy or psychotherapy. Doug Zatzick will then close the symposium by discussing the implications of the adherence findings from each of these four innovative trials.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon I & II

Adherence in Psychotherapy and Pharmacotherapy for PTSD
(Clin Res, Diverse Pop)

Early Intervention in the Immediate Aftermath of Trauma

Rothbaum, Barbara, PhD; Price, Matthew, MS; Burton, Mark, BA
1Emory University School of Medicine, Atlanta, Georgia, USA
2Georgia State University, Atlanta, Georgia, USA

PTSD can be viewed as a failure of recovery caused in part by a failure of fear extinction. We are conducting a randomized controlled study, based on translational models of the consolidation of fear memories, examining the effects of early intervention extinction training. Emergency department (ED) patients are randomly assigned to receive a 3-session exposure-based intervention beginning in the ED or assessment only. All participants are assessed 4 and 12 weeks post-trauma. Of the 114 patients enrolled, 59% (n=67) completed the 4-week and 37% (n=42) completed the 12-week assessment. Of the 105 patients randomized to intervention (n=54) vs assessment (n=51), 56% (n=30) and 73% (n=37) completed the 4-week and 37% (n=20) and 43% (n=22), respectively, completed the 12-week assessment. Participants who dropped out of treatment reported higher levels of initial depression (p < 0.01) and a more significant prior trauma history (p < 0.05), but no difference in the initial stress reaction (p = ns). There were no significant differences between completers (n = 22) and drop outs (n=14) among victims of rape, the largest sub group within the sample (n = 36), on initial depression, prior trauma history, and initial stress reaction.
Behavioral Activation as an Alternative Treatment for PTSD Among Returning Veterans

Wagner, Amy, PhD; Jakupcak, Matthew, PhD
1 Portland VA, Portland, Oregon, USA
2 Puget Sound VA, Seattle, Washington, USA

Although empirically supported treatments exist for PTSD and depression, many veterans do not seek or remain in these treatments. Perceived stigma and difficulties accessing care are two factors that have been implicated in low treatment adherence among returning veterans. Behavioral Activation is a well-established treatment for depression with accumulating support for the treatment of PTSD. Importantly, the emphasis in BA on engaging in goal-directed activity to prevent chronic patterns of avoidance may be more consistent with the preferences of many veterans and therefore aid treatment engagement and adherence. We will overview the core components of our adaptation of BA for PTSD and present data on a randomized controlled trial of BA compared to treatment as usual (specialty PTSD care) among a cohort of veterans returning from the wars in Iraq and Afghanistan. Preliminary data on a subsample of 16 veterans support BA as an efficacious treatment for PTSD and depression; additional data on approximately 40 participants will be included. We will highlight the impact of BA on treatment adherence, comparing rates of treatment engagement and completion between those receiving BA and those receiving specialty PTSD care.

Concurrent 06 Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon I & II

How Does Medication Nonadherence Impact Clinical Outcomes in Persons with PTSD?

Davis, Lori, MD
Tuscaloosa VA, Tuscaloosa, Alabama, USA

Nonadherence to psychotropic medications is not unique to persons with serious mental illness. In a large managed care pharmacy database studies, 57% of patients with anxiety disorders were nonadherent to antidepressant medication at six months. For persons with depression, PTSD, or social anxiety disorder (n=14,933), approximately 72% discontinued from the prescribed antidepressants, leaving only 25% to persistently refill their antidepressant medications. PTSD also contributes to nonadherence to medical treatments for life-threatening illnesses. PTSD symptoms were significant predictors of nonadherence to cardiac medications and of an increased likelihood of cardiovascular readmission over the year post-myocardial infarction. PTSD symptoms were related to worse adherence to treatment in individuals with human immunodeficiency virus. These findings suggest that patients with PTSD are very likely to be nonadherent to oral antidepressant medications, which might contribute to poor response to treatment and medical outcomes. A recently conducted randomized placebo-controlled trial with mirtazapine for the
treatment of PTSD (n=78) will illustrate the impact of attrition and nonadherence to medication treatment on the PTSD and depression outcomes.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon I & II

**Adherence in Psychotherapy and Pharmacotherapy for PTSD**
(Clin Res, Diverse Pop)

**Understanding Treatment Dropout and Adherence from the Perspective of Patient Preferences**

Zoellner, Lori, PhD; Feeny, Norah, PhD

1 University of Washington, Seattle, Washington, USA
2 Case Western Reserve University, Cleveland, Ohio, USA

Although both sertraline (SER) and prolonged exposure (PE) are empirically supported treatments (e.g., Foa et al., 2008), these treatments are quite different in approach and often clear treatment preferences may exist (e.g., Feeny et al., 2009). Importantly, these preferences may directly affect treatment dropout and adherence. Utilizing a doubly randomized preference design, 200 men and women with chronic PTSD were first randomized to choice or no choice of either PE or SER and then those in the no choice arm were re-randomized to either PE or SER. Prior to randomization, patients view detailed, counterbalanced videotaped treatment rationales of both PE and SER provided by a clinician. After viewing rationales, participants were asked for their treatment preference. Following randomization, participants received either 10 weeks of PE or SER. The majority of patients preferred PE (61%) over SER (39%). Across number of sessions attended, homework completed (for PE), medication adherence (for SER), and final medication dose (for SER), those who received the treatment they preferred showed better adherence than those who did not. Taken together, clear treatment preferences exist, and failure to receive a preferred treatment is linked to worse treatment adherence.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Dover

**Attachment and Oxytocin: Protective for Recovery from Trauma?**
(Bio Med, Adult/Cmplx)

Karl, Anke, PhD
University of Exeter, Exeter, United Kingdom

The ability to form successful social bonds is vital for making use of social support, one of the strongest predictors for successful recovery from trauma. Individual differences in attachment style, i.e. the way people form affectionate ties, and its biological underpinnings (e.g. changes in the oxytocin and HPA systems) are formed by early traumatic experience. However, recent experimental research suggests that
interventions such as the nasal administration of oxytocin or the activation of a state of secure attachment can work as stress buffers. The aim of this symposium is to explore the possible protective psychological and biological effects of the activation of the affiliative system. The talks by Frijling et al. and Yee et al. will present exciting animal research about the effects of oxytocin treatment and/or social context on the stress response in prairie voles. Arikan et al. will explore how the experimental activation of a secure attachment representation and oxytocin mediate individuals’ psychological and physiological responses to a trauma film and subsequent trauma memory. Torrisi et al. will present data describing how early trauma and possibly associated alterations in the stress and attachment system moderate how adult individuals respond to psychosocial stress.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Dover

Attachment and Oxytocin: Protective for Recovery from Trauma?
(Bio Med, Adult/Cmplx)

Exogenous and Endogenous Stimulation of the Oxytocin System in Recently Traumatized Humans: Lessons from the Prairie Vole Model

Frijling, Jessie, PhD Candidate¹; Yee, Jason, PhD²; Witteveen, Anke, PhD¹; Olff, Miranda, PhD¹
¹University of Amsterdam, Amsterdam, Netherlands
²University of Illinois at Chicago, Chicago, Illinois, USA

To date there are no effective interventions that prevent the development of post-traumatic stress disorder (PTSD) in people at risk. The neuropeptide oxytocin (OT) is a potent regulator of the two most important predictors of PTSD, social support and the response to stress. Thus, exploring the mechanism of OT’s anti-stress effects in the acute phase after trauma may lead to novel prevention strategies in at-risk populations.

Most work on OT’s anti-stress effects uses animal models and therefore human studies are needed. However, prairie voles, a socially monogamous rodent species, show important similarities with humans, especially with regard to social behavior, neuropeptides, and autonomic tone. Hence, findings from prairie vole models (e.g. see Yee et al., this symposium) provide useful directions for examining the relationship between OT and stress in humans.

Currently, a fMRI study in recently traumatized human subjects is being conducted to explore the effects of exogenous (intranasal OT) and endogenous (social support) sources of OT on brain activation patterns and stress responses. The goal of this project, which in some ways parallels work in the prairie vole, is to create a deeper understanding of the mechanisms through which OT exerts its anti-stress effects in humans at risk for developing trauma-related psychopathology. Findings from this study may eventually contribute to finding a novel, safe, and easy to use pharmacological intervention that protects against PTSD in the acute phase after trauma.

In this presentation we will discuss how to translate animal research into human research.
Attachment and Oxytocin: Protective for Recovery from Trauma?
(Bio Med, Adult/Cmplx)

Oxytocin Administration in the Prairie Vole: Feed-Forward Effects in the Context of Stress

Yee, Jason, PhD¹; Frijling, Jessie, MS (PhD, Student)²; Porges, Stephen, PhD¹; Carter, C. Sue, PhD¹

¹University of Illinois at Chicago, Chicago, Illinois, USA
²University of Amsterdam, Amsterdam, Netherlands

The neuropeptide oxytocin (OT) is a potent regulator of stress responses and represents a promising target for the development of therapies to combat traumatic stress-related psychopathology. Although it is presumed that exogenous OT treatments act directly on stress response systems, our preliminary data suggest a different mechanism. Using prairie voles, a translational animal model that shares important similarities to humans socially and physiologically, we found that peripheral OT treatment prior to a stressor facilitated an endogenous release of OT in plasma. Positive feedback effects of OT have been previously reported in the context of birth and lactation, where a stimulus (e.g. suckling or cervical stimulation) elicits the synchronous firing of OT-secreting neurons and subsequent pulsatile release of OT into the peripheral circulation and nervous system. Our data suggest that exposure to a stressor may also serve as a stimulus to induce positive feedback regulation of OT. OT-treated prairie voles experienced a dissociation of neural activity in the paraventricular nucleus of the hypothalamus (PVN) from glucocorticoid levels, and a concomitant association of activity in the PVN to activity in brain regions that stimulate parasympathetic function. In addition, OT treatments decreased anxiety-related behaviors and increased the amount of time spent in close physical contact after exposure to a stressor. Given the translational nature of the prairie vole model, these findings are guiding an ongoing study on the effects of OT in recently traumatized humans (see Frijling et al., this symposium).

Attachment and Oxytocin: Protective for Recovery from Trauma?
(Bio Med, Adult/Cmplx)

Effect of Primed Attachment Security and Oxytocin on Processing of Trauma-Related Stress

Arikan, Gizem, PhD¹; Carnelley, Kathy, PhD¹; Stopa, Lusia, PhD, Cpsych¹; Baldwin, David, MB, BS²; Karl, Anke, PhD, Cpsych³

¹University of Southampton, School of Psychology, Southampton, United Kingdom
The activation of a state of secure attachment in individuals who experienced traumatic events has been found to be a stress-buffer. However, in individuals with insecure attachment style, it may be difficult to activate this state. Nasal administration of oxytocin could contribute to a more effective activation of a secure attachment state because it has been shown to reduce anxiety and physiological stress responses and to increase interpersonal trust. To test the combined effect of secure attachment priming (SAP) and oxytocin (OT) on psychological (mood, arousal, intrusions) and physiological responses (skin conductance, heart rate variability) to a trauma-related stressor (i.e., the trauma film paradigm), a double-blind experimental study was conducted in 96 university students. SAP successfully induced higher affiliative positive affect and a stronger parasympathetic activation. It led to reduced avoidant processing of the trauma film. No effects were found for number of intrusions. OT did not enhance the effects of SAP. The results add to the growing body of evidence that successful recovery from trauma is associated with affiliative functioning and have important therapeutic implications.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Dover

Attachment and Oxytocin: Protective for Recovery from Trauma?
(Bio Med, Adult/Cmplx)

Childhood Traumatic Experiences, and Oxytocin Response to a Psychosocial Challenge in Adulthood: The Role of Attachment Representations and of Different Types of Traumatic Events

Torrisi, Raffaella, Doctoral, Student; Halfon, Olivier, MD
SUPEA - CHUV, Lausanne, Switzerland

Precocious and prolonged exposure of brain structures to glucocorticoids may cause persistent hypothalamic-pituitary-adrenal (HPA) dysregulation, and altered stress reactivity to mild stressors in later life. Furthermore, dysfunctions regarding adequate social engagement behaviors can be expected in adults having been exposed to potentially traumatic experiences during childhood. Both HPA axis responses and attachment may then be influenced by early life conditions, and it is likely that attachment represents a mediating variable in the later regulation of the HPA axis. Oxytocin (OT) may play a key function in this regard. Our previous results, based on eighty adult subjects submitted to a psychosocial challenge (Trier Social Stress Test, TSST; with plasma collected before, during and after the stress test for OT assays), showed that there was a clear OT response to the stress test, and that childhood trauma affected that response. These subjects also responded to the Adult Attachment Interview, providing attachment classifications. Independent of child trauma (sexual abuse or childhood cancer), OT response also differed according to attachment classifications. New data is being collected on a sample of sixty adult subjects having experienced a traumatic premature birth, and controls.

These subjects are submitted to the same protocol. The presentation will compare groups (total n= 140) with specific types of early traumatic events (sexual abuse, cancer, or premature birth), and controls, according to stress responses (cortisol, OT) and to attachment representations.

Concurrent 06
Enhancing Medical, Forensic, Psychiatric, and Social Support for Victims of Drug-Facilitated Sexual Assault: Unique Symptom Patterns, Treatment Needs, and an Integrated Care Model

Shumway, Martha, PhD
University of California, San Francisco, San Francisco, California, USA

Lifetime prevalence estimates of drug-facilitated sexual assault (DFSA) as high as 14% among American women constitute a true public health epidemic (DuMont et al., 2009; Hurley et al., 2006; McGregor et al., 2004), yet few studies have empirically examined special treatment needs for this population. Additionally, research in this area has been confounded by the lack of a good working definition of DFSA. Five clinician-researchers will present study findings from a recent two-year cohort of 322 urban, ethnically diverse sexual-assault (SA) victims comparing an involuntary drugging (DFSA) group, a SISA (substance-involved SA: incapacitated after voluntary substance ingestion) group, and a non-DF SA group. Pertinent study findings will be presented including issues in treatment engagement, social support, symptom patterns, and treatment themes unique to DFSA/SISA victims. An innovative rape treatment care model developed to enhance medical, forensic, and mental health service delivery for this population will be described. A brief manualized psychotherapy approach informed by study data and incorporating DFSA/SISA-specific psychoeducation, cognitive processing, empowerment, and social reconnection elements will be presented.

An Urban Drug-Facilitated Sexual Assault Epidemic? Incidence, Characteristics, and an Integrated Care Model

Richer, Laurie, DO; Fields, Laurie, PhD; Heppner, Jennifer, MD; Bell, Shannon, MD; Boccellari, Alicia, PhD; Shumway, Martha, PhD
University of California, San Francisco, San Francisco, California, USA

This presentation will report findings from an in-depth retrospective record review study on DFSA incidence and baseline characteristics in a recent two-year cohort of 322 urban, ethnically diverse sexual-assault victims presenting for acute rape treatment services. Study goals included identifying unique
sequelae of DFSA and characterizing the patient population toward providing relevant, comprehensive care. Twenty-nine percent of the sample were DFSA, 18% SISA (incapacitated after voluntary ingestion), and 53% non-DF SA, suggesting an alarming rate of DFSA in recent years. Considerations in defining DFSA and definitional algorithms utilized in the present study will be described. This multi-ethnic sample was comprised of 13% Asian-Americans, 16% African-Americans, 18% Hispanics, and 41% Caucasians. Chi-square analyses indicated the groups differed in terms of race/ethnicity as well as gender and sexual orientation, with the DFSA group including fewer African-Americans (p<.01), more males (p<.01), and more gay/lesbian individuals (p=.02). Subjects ranged in age from 18 to 66: SA groups did not differ in mean age (30, SD=11). Assault characteristics including common drugs used by perpetrators, victim injury rates, and perpetrator use of weapons will be discussed. An innovative rape treatment model developed to enhance engagement of victims into medical and psychiatric services will be described.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Laurel C-D

Enhancing Medical, Forensic, Psychiatric, and Social Support for Victims of Drug-Facilitated Sexual Assault: Unique Symptom Patterns, Treatment Needs, and an Integrated Care Model
(Commun, Violence)

Formal and Informal Help-Seeking after Drug-Facilitated Sexual Assault: Medical, Forensic, Psychiatric, and Social Support

Richer, Laurie, DO; Fields, Laurie, PhD; Bell, Shannon, MD; Heppner, Jennifer, MD; Boccellari, Alicia, PhD; Shumway, Martha, PhD
University of California, San Francisco, San Francisco, California, USA

DFSA victims tend to delay or avoid seeking help from law enforcement and emergency medical providers following an assault (DuMont et al., 2009) but engagement rates for follow-up medical and psychiatric treatment were not known. Regarding personal social support, greater negative reactions to disclosure of assault for problem drinkers have been reported (Ullman et al., 2008), and negative reactions have been associated with negative psychological outcomes (Ullman, 2003). It is not clear how drug-facilitation impacts informal help seeking and social reactions. Logistic regression analyses were conducted examining group differences in treatment engagement. Rates for medical and psychiatric services were equal across groups, supporting efficacy of the enhanced care model described earlier. Rates of law enforcement reporting were quite different however. Logistic regression analyses revealed much lower rates among SISA victims (OR=.4, p=.04). Group comparisons were conducted on assault disclosure in personal social relationships and quality of the responses received. Twenty-six percent of non-DF SA victims disclosed to a parent compared to 0% of SISA victims and 12% of DFSA victims. The tremendous emotional charge around this issue, and factors involved in disclosure decisions from additional qualitative findings will be discussed along with treatment implications toward increasing positive social support.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Laurel C-D

Enhancing Medical, Forensic, Psychiatric, and Social Support for Victims of Drug-Facilitated Sexual Assault: Unique Symptom Patterns, Treatment Needs, and an Integrated Care Model
(Commun, Violence)

Drug-Facilitated Sexual Assault and PTSD: Drug-Induced Amnesia and Differential Symptom Development

Fields, Laurie, PhD; Richer, Laurie, DO; Heppner, Jennifer, MD; Bell, Shannon, MD; Boccellari, Alicia, PhD; Shumway, Martha, PhD
University of California, San Francisco, San Francisco, California, USA

With high rates of reported DFSA (which typically involves impairment of traumatic memories), identification of unique psychiatric symptom patterns is vital to informing treatment. The neuropsychiatric literature has been mixed, but has generally shown that traumatic amnesia in TBI cases is associated with fewer intrusive PTSD symptoms (Turnbull et al, 2002). Alternatively, one small DFSA study found that even with extensive impaired explicit memory, victims had distressing intrusive memories (Russell & Curran, 2002). This presentation describes findings from an analysis of study data on the 70 victims who received mental health treatment subsequent to acute rape treatment, comparing post-trauma psychiatric symptoms between DFSA, SISA, and non-DF SA groups. Chi square tests indicated that DFSA and SISA victims were less likely to receive a diagnosis of PTSD (p=.05), and somewhat more likely to receive a diagnosis of Anxiety Disorder NOS (p=.06) and Adjustment Disorder with Depression (p=.06). General estimating equation analyses indicated that SISA victims had fewer re-experiencing symptoms of PTSD (p=.03) and fewer symptoms of major depression (p=.05) than non-DF SA victims. Additional findings will be discussed in light of the impact of loss of memory for the assault and sensory or emotional re-experiencing which occur without conscious memory.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Laurel C-D

Enhancing Medical, Forensic, Psychiatric, and Social Support for Victims of Drug-Facilitated Sexual Assault: Unique Symptom Patterns, Treatment Needs, and an Integrated Care Model
(Commun, Violence)

Developing a Brief Manualized Therapy for Victims of Drug-Facilitated Sexual Assault

Fields, Laurie, PhD; Stein, Rebecca, PsyD Candidate; Smith, Gwynneth, PhD; Richer, Laurie, DO; Shumway, Martha, PhD
University of California, San Francisco, San Francisco, California, USA
Sustained increases in the incidence of DFSA along with data identifying unique symptom patterns suggest a specialized therapy approach could be beneficial. Qualitative data from a sample of 70 sexual assault victims revealed group differences in treatment issues and needs, and informed development of a DFSA-specific brief therapy. Findings identified unique themes for DFSA victims including preoccupation with inability to remember, feelings of unsafety due to inability to recognize the perpetrator, and distress over the added victimization of being drugged. SISA (incapacitated due to voluntary ingestion) themes included greater self-blame due to voluntary drinking which suggests treaters have an additional responsibility to address safety without increasing self-blame. Amnesia for the assault poses a challenge to therapists who typically utilize exposure or narrative techniques. This brief 10-session group approach therefore utilized DFSA-specific cognitive processing tools not requiring assault memory, along with education components to empower clients (e.g. about DFSA, legal processes, assault drugs), self-care practices, and wise safety practices including addressing substance use. Because previously reported findings indicated DFSA/SISA victims' had limited disclosure and social support, group process was weighted toward facilitation of therapeutic group member communication and mutual support within a semi-structured framework.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon III & IV

Evidence for a New, Distinct Construct Within PTSD’s Symptom Criteria: Support for “Dysphoric Arousal” Across Trauma-Exposed Samples
(Assess Dx, Violence)

Elhai, Jon, PhD
University of Toledo, Toledo, Ohio, USA

Research demonstrates that one of two four-factor models best represents the underlying dimensions of PTSD - King et al.’s emotional numbing model, comprising reexperiencing, avoidance, numbing and arousal; and Simms et al.’s dysphoria model, comprising reexperiencing, avoidance, dysphoria and arousal. These models differ only in the placement of three symptoms - sleep problems (Criterion D1), irritability (D2) and concentration problems (D3). In King et al.’s numbing model these symptoms are placed in the hyperarousal factor; in Simms et al.’s dysphoria model, they are placed in the dysphoria factor. This symposium addresses theoretical and previous indirect empirical support for why PTSD’s D1-D3 symptoms (labeled “dysphoric arousal”) may represent a distinct construct from emotional numbing, dysphoria, and hyperarousal. Initial data using confirmatory factor analysis are presented supporting dysphoric arousal as a statistically unique PTSD construct, using domestic violence victims. Additional data presented using trauma-exposed samples of bereaved patients, military veterans, medical patients, and disaster victims demonstrate additional support for dysphoric arousal as a distinct construct within PTSD, representing a fifth PTSD factor. Further results presented demonstrate that dysphoric arousal’s unique pattern of correlations with anxiety and depression, when compared to other PTSD factors’ patterns of correlations.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon III & IV

Evidence for a New, Distinct Construct Within PTSD’s Symptom Criteria: Support for “Dysphoric Arousal” Across Trauma-Exposed Samples
(Assess Dx, Violence)

Assessing the Five-Factor Model of PTSD with Medical Patients and Military Veterans: Is Dysphoric Arousal Differentially Related to Anxiety and Depression?

Elhai, Jon, PhD¹; Armour, Cherie, PhD²; Ractliffe, Kendra, MA³; Richardson, Don, MD⁴

¹University of Toledo, Toledo, Ohio, USA
²University of Southern Denmark, Odense, Denmark
³University of South Dakota, Vermillion, South Dakota, USA
⁴St. Joseph’s Healthcare London, London, Ontario, Canada

Recently, Elhai et al. (in press) proposed a revised model of PTSD, including five factors: reexperiencing, avoidance, emotional numbing, dysphoric arousal, and anxious arousal factors. This model is based on theoretical and some empirical evidence that PTSD’s D1-D3 symptoms (labeled as dysphoric arousal) represent a unique construct that is distinct from numbing and anxious arousal. Those authors found that the five-factor model fit significantly better than current four-factor PTSD models, revealing the distinctiveness of dysphoric arousal. The current presentation reports on a further test of this model using trauma-exposed samples of 406 Canadian military veterans and 310 American primary care medical patients. The five-factor provided significantly better fit (based on chi-square difference testing) than the King et al. emotional numbing model and the Simms et al. dysphoria model across both samples (ps < .001). We extended Elhai et al.’s (in press) findings by testing whether dysphoric arousal yielded a different pattern of correlations with external measures of anxiety and distress when compared to numbing’s and arousal’s correlations with these external measures. Results demonstrate some evidence that dysphoric arousal is more related to anxiety than is numbing, and more related to depression than is arousal.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon III & IV

Evidence for a New, Distinct Construct Within PTSD’s Symptom Criteria: Support for “Dysphoric Arousal” Across Trauma-Exposed Samples
(Assess Dx, Violence)

Assessing PTSD’s Latent Structure in European Trauma Victims: Evidence for a Five Factor Dysphoric and Anxious Arousal Model

Armour, Cherie, PhD¹; O’Conner, Maja, PhD²; Elklit, Ask, PhD¹; Elhai, Jon, PhD³

¹University of Southern Denmark, Odense, Denmark
²Aarhus University, Aarhus, Denmark
³University of Toledo, Toledo, Ohio, USA
The latent structure of PTSD has been debated over the past two decades. Currently, the three-factor structure specified by the DSM-IV is not supported. Two alternative four-factor models have received a wealth of empirical support. However, despite many efforts to elucidate model superiority, a clear consensus has not been reached. A recent five-factor alternative has shown superior fit over the four-factor models. The present study investigated the fit of the five-factor model against the four-factor models and assessed the resultant factors’ association with depression in an elderly bereaved European trauma sample (N=325). Participants were assessed for PTSD via the Harvard Trauma Questionnaire and depression via the Beck Depression Inventory. Confirmatory Factor Analysis was employed to assess the fit of the factor models. Results concluded that the five-factor model provided superior fit to the data. In the five-factor model, depression was equally related to both dysphoric arousal (r = .80) and emotional numbing (r = .74), (Wald χ²(1, 305) = 1.14, p = .28), whereas depression was more related to dysphoric arousal (r = .80) than to arousal (r = .56), (Wald χ²(1, 305) = 11.82, p < .001). Results are discussed in relation to the upcoming DSM-5.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon III & IV

Evidence for a New, Distinct Construct Within PTSD’s Symptom Criteria: Support for “Dysphoric Arousal” Across Trauma-Exposed Samples
(Assess Dx, Violence)

Evidence for a Unique PTSD Construct Represented by PTSD’s D1-D3 Symptoms

Biehn, Tracey, BA¹; Elhai, Jon, PhD¹; Armour, Cherie, PhD²; Klopper, Jessica, PhD³; Frueh, Christopher, PhD⁴; Palmieri, Patrick, PhD⁵
¹ University of Toledo, Toledo, Ohio, USA
² University of Ulster, Magee, United Kingdom
³ The University of South Dakota, Vermillion, South Dakota, USA
⁴ University of Hawaii at Hilo, Hilo, Hawaii, USA
⁵ Summa Health System – St. Thomas Hospital, Akron, Ohio, USA

Two models of posttraumatic stress disorder (PTSD) have received the most empirical support in confirmatory factor analytic studies: King, Leskin, King and Weathers’ (1998) Emotional Numbing model of reexperiencing, avoidance, emotional numbing and hyperarousal; and Simms, Watson and Doebbeling’s (2002) Dysphoria model of reexperiencing, avoidance, dysphoria and hyperarousal. These models only differ in the placement of three PTSD symptoms in the models’ factors: sleep problems (D1), irritability (D2), and concentration problems (D3). Data that were collected from 252 women victims of domestic violence were analyzed to test whether there is empirical support to separate these three PTSD symptoms into a fifth factor, while retaining the Emotional Numbing and Dysphoria models’ remaining four factors. The Posttraumatic Stress Disorder Symptom Scale (PSS) was used to assess PTSD symptoms. Due to the ordinal nature of the PSS, weighted least squares estimation with a mean- and variance-adjusted chi-square was used for model estimation. Results of the confirmatory factor analysis demonstrated that separating the D1-D3 symptoms into a separate factor significantly enhanced model fit for the Emotional Numbing model and Dysphoria models. Specifically, the chi-square difference test which compared the model fit of the Emotional Numbing model and Dysphoria model to the five-factor
Dysphoric Arousal model (separately) indicated that the five-factor model fit significantly better than the Emotional numbing model ($p < .001$) and Dysphoria model ($p < .001$).

**Concurrent 06**
**Symposium**
**Friday, November 4**
**8:00 a.m. - 9:15 a.m.**
**Grand/Salon III & IV**

**Evidence for a New, Distinct Construct Within PTSD’s Symptom Criteria: Support for “Dysphoric Arousal” Across Trauma-Exposed Samples**
*(Assess Dx, Violence)*

**Posttraumatic Stress Disorder Symptom Structure in Chinese Adolescents Exposed to a Deadly Earthquake**

**Wang, Li, PhD**$^1$; **Elhai, Jon, PhD**$^2$

$^1$Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing, China
$^2$Department of Psychology, University of Toledo, Toledo, Ohio, USA

This present study examined the structure of a new five-factor posttraumatic stress disorder model in a large sample of adolescents from China who personally experienced a deadly earthquake. A total of 2800 (1473 females, 1327 males) middle school students aged 12 to 18 years participated in the study 6 months after the “Wenchuan Earthquake”. The results of confirmatory factor analysis indicated that a five-factor intercorrelated model composed of intrusion, avoidance, numbing, dysphoric arousal, and anxious arousal, fit data significantly better than both the four-factor numbing model (King, Leskin, King, & Weathers, 1998) and the four-factor dysphoria model (Simms, Watson, & Doebbeling, 2002). Further examination of the external convergent and discriminant validity revealed that all but the dysphoric arousal factor yielded significantly different correlations with external measures of anxiety vs. depression. The findings add to the limited literature base on the factor structure of PTSD in youths, and in the emerging literature on this five-factor PTSD model. In addition, the findings provide more detail into the latent psychopathological processes of PTSD, thus informing the forthcoming *DSM-5*.

**Concurrent 06**
**Workshop**
**Friday, November 4**
**8:00 a.m. - 9:15 a.m.**
**Grand/Salon VII & VIII**

**Design, Implementation and Evaluation of Psychosocial Interventions for Violence-Affected Children in Low- and Middle-Income Countries: Introductory Workshop on Integrating Research and Practice**
*(Commun, Disaster)*

**Jordans, Mark, PhD**$^1$; **Kohrt, Brandon, MD, PhD**$^2$; **Murray, Laura, PhD**$^3$; **Tol, Wietse, PhD**$^4$

$^1$HealthNet TPO, Amsterdam, Netherlands
Four presenters with diverse backgrounds (child psychology, psychiatry, public health, and anthropology) will discuss— in interaction with the audience— hands-on approaches to (a) designing or adapting interventions that blend best-practices with local context and resources, based on pre-intervention assessments, (b) training and implementing interventions in a participatory, culturally appropriate and ethical manner, and (c) strategies to evaluating outcomes, including mixed-method approaches within randomized control trials. The presenters will focus on research strategies as part of diverse phases of the program cycle (i.e., assessment, design, screening, implementation, monitoring and evaluation), and will build on their experiences in designing, implementing and evaluating programs for children exposed to trauma in Burundi, Cambodia, Indonesia, Nepal, Sri Lanka, Sudan, and Zambia. The rationale for the workshop is to stimulate involvement of practitioners and researchers in strengthening the evidence base. Despite an emerging consensus on mental health and psychosocial support interventions in violence-affected settings, practitioners and researchers remain divided on a number of issues, such as emphasis on structural stressors versus trauma-related reactions, and socio-cultural influences on symptomatology. These differences in opinion are likely to remain until advancement of rigorously evaluated mental health and psychosocial support interventions in this field.

**Concurrent 06 Symposium**
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon VI

**The September 11th 2001 Terrorist Attacks: Ten Years After**
(Clin Res, Disaster)

Cloitre, Marylene, PhD; Neria, Yuval, PhD; Holman, E. Alison, PhD; Silver, Roxanne, PhD; Chemtob, Claude, PhD

NCPTSD-Dissemination & Education Div, Palo Alto Healthcare System, Menlo Park, California, USA
Columbia University Department of Psychiatry and New York State, New York, New York, USA
University of California, Irvine, Irvine, California, USA
New York University School of Medicine, New York, New York, USA

In recognition of the 10th anniversary of the the 9/11 terrorists attacks on the World Trade Center and the Pentagon, this panel provides clinical, epidemiological and social-genetic perspectives on risk, resiliency and recovery across the 9/11 decade. The panel will report on the results of a nationwide longitudinal study of posttraumatic stress across the past ten years. A detailed analysis of the effects of exposure among adolescents, children and families regarding suicidality and PTSD will be presented. In addition, both clinical and research perspectives and experiences regarding the treatment of PTSD, depression and bereavement will be discussed. Lastly, an analysis of 9/11 as an experience of collective stress will be proposed with a specific focus on the interaction of social constraints and genetic vulnerability on mental health.

**Concurrent 06 Symposium**
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon VI
The September 11th 2001 Terrorist Attacks: Ten Years After (Clin Res, Disaster)

Mental Health: What Have We Learned in the Last Decade

Neria, Yuval, PhD  
Columbia University, New York, New York, USA

The September 11, 2001 (9/11) terrorist attacks were unprecedented in their magnitude and aftermath. In the wake of the attacks, researchers reported a wide range of mental and physical health outcomes, with posttraumatic stress disorder (PTSD) the most commonly studied. While the association between disaster related trauma, PTSD and depression has gained considerable empirical support, much less is known about the other psychiatric disorders in the wake of 9/11. Moreover, since most 9/11 studies were cross sectional or short term little is known about the long-term course of the attacks. Data from a number of studies conducted among directly exposed adults will be presented. Findings regarding course of illness, relationships between type of trauma and a range of psychiatric disorders (e.g., PTSD, depression, generalized anxiety disorder, functional impairment and complicated grief) will be described. The presentation will discuss the need to extend our understanding of the expected course of illness post disaster, including recovery and persistence of symptoms, to expand the framework of trauma related disorders beyond PTSD, and to develop and test a range of trauma related interventions that will appropriately address trauma and loss related mental health problems in the aftermath of disasters.

Concurrent 06  
Symposium  
Friday, November 4  
8:00 a.m. - 9:15 a.m.  
Grand/Salon VI

The September 11th 2001 Terrorist Attacks: Ten Years After (Clin Res, Disaster)

Social Constraints, Genetic Vulnerability, and Mental Health Following Collective Stress

Holman, E. Alison, PhD  
University of California, Irvine, Irvine, California, USA

A repeat-length polymorphism of the serotonin promoter gene (5-HTTLPR) has been associated with depression and posttraumatic stress disorder (PTSD) in trauma-exposed individuals reporting unsupportive social environments. We examine the contributions of the 5-HTTLPR genotype and social constraints to posttraumatic stress (PTS) symptoms following collective stress in a national sample following the September 11, 2001 (9/11) terrorist attacks. Saliva was collected by mail from 711 respondents (European-American subsample N = 463) of a large national probability sample of 2,592 adults. Respondents completed web-based assessments of pre-9/11 mental/physical health, acute stress 9 to 23 days post-9/11, PTS symptoms, and social constraints on disclosure regarding fears of future terrorist attacks 2-3 years post-9/11. Social constraints were positively associated with PTS symptoms 2-3 years post-9/11. The triallelic 5-HTTLPR genotype was not directly associated with PTS symptoms but it interacted with social constraints to predict PTS symptoms 2-3 years post-9/11: social constraints were more strongly associated with PTS symptoms for individuals with any ‘s/lg’ allele than for homozygous la/la individuals. Constraints on disclosing fears about future terrorism moderate the 5-HTTLPR genotype-PTS symptom association even when indirectly exposed to collective stress.
The September 11th 2001 Terrorist Attacks: Ten Years After (Clin Res, Disaster)

The Aftermath of Terror: A Nationwide Longitudinal Study of Posttraumatic Stress Across the 9/11 Decade

Cohen Silver, Roxane, PhD¹; Garfin, Dana, MA¹; Poulin, Michael, PhD²; Blum, Scott, PhD¹
¹University of California, Irvine, Irvine, California, USA
²University at Buffalo, SUNY, Buffalo, New York, USA

Existing research on consequences of the September 11, 2001 (9/11) terrorist attacks indicates that both directly and indirectly-exposed Americans experienced adverse psychological outcomes in the short-term. Little is known about the potential long-term psychological impact of this collective trauma. In December, 2006, we began a 3-wave longitudinal study of a nationally representative sample of Americans (N=1613) to examine long-term effects of 9/11. We compared findings to data collected from a representative national sample in the 3 years following the attacks (N=2054). Results indicate a relatively stable pattern of 9/11-related posttraumatic stress (PTS) symptoms for 6 years following the attacks. Long-term 9/11-related PTS was associated with both direct and indirect (live television) exposure to the attacks. Fear and worry regarding future terrorism 7 years post-9/11 was predicted by 9/11-related PTS symptoms 5 years after the attacks (controlling for demographics, global distress, prior negative life events, and exposure to 9/11). Finally, individuals who reported elevated levels of 9/11-related PTS symptoms 5 years after the attacks were the most likely to report PTS following a subsequent collective stressor (the 2009-10 economic meltdown), controlling for prior distress levels, economic stressors, and economic hardship. The psychological legacy of September 11, 2001 was apparent among many Americans throughout the decade that followed.

Concurrent 06
Symposium
Friday, November 4
8:00 a.m. - 9:15 a.m.
Grand/Salon VI

The September 11th 2001 Terrorist Attacks: Ten Years After (Clin Res, Disaster)

Intervening with Children and Adolescents Exposed to the World Trade Center Attacks

Chemtob, Claude, PhD
ACS-NYU Children's Trauma Institute, New York, New York, USA
This presentation will report on studies of adolescents and preschool children conducted 2 to 3 years following the WTC Attacks in New York City. Our studies of adolescents highlighted the importance of focusing on functional impairment in addition to symptoms, the significant mismatch between adolescent level of need for services and services received, and suicidal ideation. With respect to service mismatch, we found that directly exposed adolescents reporting increased substance abuse and functional impairment were less likely to receive services than adolescents without symptoms and impairment. With respect to suicidal ideation in adolescents, we found that exposure to attack-related traumatic events increased risk for both suicidal ideation and PTSD. Findings indicated that probable PTSD was associated with increased risk for suicidal ideation. However, specific types of trauma exposure differentially predicted suicidal ideation and PTSD. Similar data obtained from a large sample of adolescents exposed to terrorism in Israel will be presented. We will also present data regarding the impact of WTC attack direct exposure on preschool children and their mothers. Preschool children with prior trauma exposure showed substantial clinical impairment compared to those similarly exposed to the attacks without a prior history of trauma exposure. Using SEM, we also compared the relative impact on clinical impairment of direct exposure versus exposure to WTC related depression or PTSD in their mothers on preschool children exposed to the attacks, as well as the relative impact of maternal depression versus PTSD on child functioning. Maternal psychopathology had a greater impact on child functioning than direct exposure. Maternal PTSD was associated with greater child behavior problems across more domains than maternal depression. Finally, drawing on parallel Israeli research, we show that the arousal cluster of PTSD accounts for the association of maternal PTSD with child behavior problems.

**Concurrent 06**

**Panel**

**Friday, November 4**

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

**Grand/Salon IX & X**

**What I Wish I Knew Before: Seasoned Advice on Networking, Developing Mentoring Relationships, and Career Planning in Psychology**

(Train/Ed/Dis, Diverse Pop)

La Bash, Heidi, MA, PhD, Student¹; Keane, Terence, PhD²; Monson, Candice, PhD³; Batten, Sonja, PhD⁴

¹University of Nevada, Reno, Reno, Nevada, USA
²National Center for PTSD, Boston, Massachusetts, USA
³Ryerson University, Toronto, Ontario, Canada
⁴Office of Mental Health Services, VA Central Office, Washington, Dist. of Columbia, USA

Students and young psychologists make decisions everyday that will influence their career trajectory. Research has highlighted the importance of networking with more seasoned professionals (De Vos et al., 2009), as well as demonstrated that mentoring relationships facilitate productivity, career promotion and mobility, and career satisfaction in both academically and professionally focused trainees (e.g., Chao, 1997). Individuals further along in their career have the advantage of hindsight and a developed network that can be used to steer a protégé in the right direction. Learning how to network, develop mentoring relationships, and determine career objectives can be challenging, given that these topics are rarely included in graduate training curriculum. In this Student Section sponsored panel, seasoned professionals in various stages of their career discuss lessons learned and things they wish they had known earlier in their career regarding networking, developing mentoring relationships, and planning their career trajectory. The panel will include interactive discussion and skills education on networking, the varying roles of mentors, how to initiate and nurture mentoring relationships, characteristics of a successful
protégé (i.e., what makes mentoring you worthwhile), handling potential problems in the relationship, and lessons learned in navigating career development.

**Concurrent 06**  
**Paper Session**  
**Friday, November 4**  
**8:00 a.m. - 9:15 a.m.**  
**Essex**

**Secondary Trauma**  
(Self-Care, Caregivers)

**Social Connectedness and Therapist Wellness: A Case Study in Trauma Treatment**

**Comeau, Thea, MEd; Genovese, Maddie, MEd**  
*Sexual Assault Centre of Edmonton/University of Alberta, Edmonton, Alberta, Canada*

It is well accepted that therapists can be changed by participating in the therapeutic endeavor. These changes can be to the therapist’s betterment or detriment. Negative changes which can arise from practicing psychotherapy can include compassion fatigue and burnout, which are particularly significant risks to therapists who work with traumatized clientele. Positive outcomes which have been shown to arise from participating in psychotherapy include personal growth and increase in subjective level of well-being. These positive changes have been associated with compassion satisfaction. Research has also shown that social connectedness can play a significant role in decreasing the risk of practicing psychotherapy as well as facilitating positive growth for therapists, thereby enhancing compassion satisfaction. The current paper will explore a program at the Sexual Assault Centre of Edmonton which strives to facilitate social connectedness and therapist wellness, and to offset the impacts of trauma treatment therapy, thereby increasing the likelihood of personal growth. It will analyze case studies of trauma therapists working to treat survivors of sexualized trauma through a feminist lens. These case studies will illustrate the role social connectedness plays in a work environment in which therapists exclusively treat acute sexual trauma.
Secondary Trauma
(Self-Care, Caregivers)

Primary and Secondary Trauma Exposure in Clinicians: Lessons Learned from Hurricane Katrina and 9/11

Tosone, Carole, PhD, LCSW, CTS
New York University, New York, New York, USA

This paper compares the results of the Post Hurricane Katrina Quality of Professional Practice Survey (PKQPPS) and the Post 9/11 Quality of Professional Practice Survey (PQPPS) which explored the long-term impact of Hurricane Katrina and 9/11 on clinicians practicing and residing in New Orleans and Manhattan respectively. The PKQPPS and the PQPPS studied potential predictors of posttraumatic stress and compassion fatigue/secondary traumatic stress in helping professionals exposed primarily and secondarily to trauma. A total of 481 Manhattan clinicians and 195 New Orleans clinicians completed the surveys. The PKQPPS and the PQPPS consisted of several established research measures for PTSD, compassion fatigue/secondary traumatic stress and attachment style, compassion satisfaction, resilience, and traumatic life events. Findings included that New Orleans clinicians had significantly higher scores on insecure attachment (ambivalence and avoidance), traumatic life event history, posttraumatic stress, compassion fatigue, and resilience (p<.0001). Comparison of regression models predicting PTSD and secondary trauma indicates that both groups evince a significant history of traumatic life events and insecure attachment, but that the New Orleans clinicians are significantly more resilient (p<.0001). These findings further our understanding of clinicians' responses to different types of disasters, and lays the groundwork for an empirical understanding of dual trauma exposure.

Secondary Trauma
(Self-Care, Caregivers)

The Nature and Emotional Impact of Traumatic Exposure Among South African Emergency Care Practitioners

Basedau, Natascha, MA
University of the Witwatersrand, Johannesburg, South Africa

With road accident rates and levels of crime and violence substantially higher in South Africa than in developed countries such as the USA (Norman, Matzopoulou, Groenwald & Bradshaw, 2007), there is a need to better understand the nature and impact of what members of critical occupations are
exposed to in their work. This study aimed to examine the levels and type of potentially traumatic events South African Emergency Care Practitioners (ECPs) are exposed to. In addition, it served to identify the events rated as having the most negative emotional impact. The procedure involved the anonymous completion of a revised version of the Paramedic Work Exposure Checklist (PWEC) by a sample of 107 ECPs. The results showed that levels of exposure were substantially higher than those reported in international studies. Events rated as having had the most negative emotional impact included tending to injured/abused children, rendering aid at a pediatric drowning, witnessing the death or serious injury of a coworker, assisting victims of sexual assault, receiving inadequate/incorrect information when dispatched on a call, and dealing with equipment failure or the incompetence of others. In view of the findings, recommendations for training and targeted interventions among South African ECPs are discussed.

Concurrent 06
Paper Session
Friday, November 4
8:00 a.m. - 9:15 a.m.
Essex

Secondary Trauma
(Self-Care, Caregivers)

Training for Community Based Mental Health Workers

Lloyd, Delyth, MA
Australian Centre for Posttraumatic Mental Health, University of Melbourne, Melbourne, Australia

As a part of a process to enhance the quality of community based psychological interventions for veterans, in collaboration with the Australian VA, we embarked on competency development program for contracted private mental health practitioners. An initial competency assessment identified three key needs including: knowledge and skills in delivery of evidence based care; an absence of systematic approaches to case formulation in the management of complex cases, and practitioner isolation. In line with the principles of knowledge transfer, we implemented a national training initiative involving 14 regionally-based workshops to ensure training was accessible, with each workshop identifying 5-6 small learning collaborative peer support groups. Ongoing facilitation and support (peer and expert) was provided by teleconferences (n=66 groups) to enhance translation to practice over 9-months. The training ran from 2007-2010 with 9- and 18-month follow-up time points. The training content focussed on a model for case formulation for complex cases. At 18-months, nine months after the conclusion of the supported part of the training, peer networks were maintained, implementation of case formulation had resulted in lasting clinical practice changes, and practitioners gained insight into remaining skills gaps and personal training needs. Learning’s and outcomes from this training program will be discussed.

Concurrent 06
Paper Session
Friday, November 4
8:00 a.m. - 9:15 a.m.
Laurel A-B

Creative Interventions
(Clin Res,Mil/Vets)
Soldiers’ Poetry and the Undoing of Language During War

Ben-Tovim, Ron, PhD Candidate
Tel Aviv University, Tel Aviv, Israel

One troubling dimension of PTSD is the difficulty talking about traumatic experiences. This study takes a literary approach to this issue by analyzing the ways in which poems posted online by contemporary English and U.S. soldiers can be seen as attempts to resist a lingual isolation brought upon by the difficulty to describe wartime events. As a former soldier and current literary scholar, I will discuss what I believe to be the ways in which war may cause a lingual confusion in soldiers, as a result of the unique mix of extreme wartime events with everyday, socially accepted concepts and words. I will also briefly discuss a tentative division into three main components of the poetic attempts to break free from this painful skeptical impasse - dogmatic, pragmatic, and transformational - representing different ways in which soldier use poetry to reconnect with both language and society. I believe that a greater clinical understanding of the lingual aspect of traumatic stress could be achieved through the analysis of these poems, as these poems represent an effort to regain a soldier's trust in words and, ultimately, his community and society as a whole.

Concurrent 06
Paper Session
Friday, November 4
8:00 a.m. - 9:15 a.m.
Laurel A-B

Creative Interventions
(Clin Res, Mil/Vets)

Masks in Group Work with Female Trauma Survivors

Keats, Patrice, PhD
Simon Fraser University, Burnaby, British Columbia, Canada

This paper reports how women expressed their trauma experiences through constructing masks and using them in action-based mask work during a ten-week group program. The program was designed to offer traumatized women the opportunity to make and use a variety of masks, and allow researchers to observe how women used the different masks to express trauma-related effects, and what blocked or encouraged their expression during supportive group processes. Sessions were audio and videotaped, then explored through video and textual thematic analysis. Results show expressions of repair through the complexity of mask construction, insights gained through re-enactment, peer support as a healing factor, and reported changes in more positive self-expression in family and workplace settings.

Concurrent 06
Paper Session
Friday, November 4
8:00 a.m. - 9:15 a.m.
Laurel A-B

Creative Interventions
(Clin Res, Mil/Vets)

Fu, Christine, Doctoral, Student
Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

In 2008, a magnitude 8.0 earthquake struck Sichuan, China, resulting in over 69,000 deaths. Natural disasters can have devastating effects on children and in some cases result in post-traumatic stress disorder (PTSD). Mercy Corps, a humanitarian aid agency, implemented a psychosocial intervention for affected children and youth. The program utilized a guided workbook titled, “My Earthquake Story” aimed at helping children process their experience and express themselves through writing, drawing and coloring exercises. A sports-based program was conducted to improve self-esteem, tenacity, teamwork, trust and constructive communication skills. A total of 33,000 children and youth participated from September 2008 to July 2009. The intervention was implemented primarily in temporary schools. A total of 189 local teachers and community volunteers became master trainers and returned to their communities to train 3,000 caregivers to conduct program with children. Evaluation of the intervention’s effects on participants’ psychosocial health showed positive increase in sense of self-efficacy (p<0.00). Resilience using the Connor-Davidson Resilience Scale showed a statistically significant negative relationship with post-traumatic stress symptoms in a sample of 1,500 participants when compared to a control group of 2,500 students (p<0.000). Structural equation modeling preliminarily showed covariates of posttraumatic stress symptoms to differ between groups.

Concurrent 06
Paper Session
Friday, November 4
8:00 a.m. - 9:15 a.m.
Laurel A-B

Creative Interventions
(Clin Res,Mil/Vets)

Project HEAL: An Internet-Based Self-Management Intervention for Preventing Prolonged Grief

Delaney, Eileen, PhD; Litz, Brett, PhD; Au, Teresa, MA, Student; Prigerson, Holly, PhD; Block, Susan, MD
1VA Boston Healthcare System, Boston, Massachusetts, USA
2Boston University, Boston, Massachusetts, USA
3Dana-Farber Cancer Institute, Boston, Massachusetts, USA

Prolonged Grief Disorder (PGD) entails chronic mourning, intense yearning for the deceased, loneliness, emptiness, and difficulty coping with daily demands. PGD is also associated with functional impairment, physical and mental health morbidity, lost productivity, suicide, and fewer quality years of life; and is distinct from Post-Traumatic Stress Disorder. Although current evidence for the treatment of PGD suggests that an exposure-based intervention is effective, these treatments are resource-intensive, making it less attractive as an early intervention. Also, it is unclear whether exposure is a necessary ingredient to healing from loss. We argue that in an early intervention framework, it is more defensible to target functional impairment and social withdrawal by promoting reengagement and reattachment in-vivo.
rather than focusing treatment on resolving anxiety about the moment of death. We will describe HEAL (Healthy Experiences after Loss), a therapist-assisted internet-based self-management intervention we have developed to prevent PGD. HEAL requires patients to logon three times per week for a period of 6 weeks. It targets self-monitoring, self-care, and social reengagement / reattachment. We will also report the early results from an NIMH funded randomized controlled trial of HEAL. Participants consist of bereaved family members of patients who received care from Dana-Farber Cancer Institute.

Concurrent 07
Keynote
Friday, November 4
9:30 a.m. - 10:45 a.m.
Harborside Ballroom

Throwing Off the Burden of Shame: Social Bonds and Recovery from the Traumas of Gender-Based Violence
(Social Issues/Clinical Practice Issues)

Herman, Judith, ACSW
Harvard Medical School, Cambridge, Massachusetts, USA

The Fourth World Conference on Women, in Beijing, 1995, denounced violence against women as a world-wide obstacle to equality and peace, stating that “in all societies…women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture,” and calling on all member states to put an end to this, the most common form of human rights violation. The fact that such a conference could take place was itself a testament to the development of a world-wide movement for women’s liberation. In the US, since the 1970’s feminist mental health professionals have been active in the movement to raise awareness of both the scope of gender-based violence and its profound psychological effects. This lecture will review the epidemiology of this violence and the social context of shame, isolation, and secrecy in which it occurs. The concept of complex PTSD, which grew out of clinical work with survivors, will be discussed. Finally, the lecture will focus on pathways to recovery, with special attention to the role of groups in alleviating shame and creating a bridge to new community.

Concurrent 07
Symposium
Friday, November 4
9:30 a.m. - 10:45 a.m.
Dover

Traumatic Brain Injury Among Veterans: Identification, Symptoms, and Treatment Response
(Clin Res,Mil/Vets)

Iverson, Katherine, PhD
National Center for PTSD, VA Boston, Boston, Massachusetts, USA

In recent years, concerns about the high rates of traumatic brain injury (TBI) experienced by Veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have led researchers, policy makers, and the media to pay considerable attention to the identification and
treatment of TBI and its comorbidities. Four speakers will present data pertaining to identification of TBI among Veterans, mental health symptoms and cognitive/behavioral processes associated with TBI, and treatment outcomes. The first paper examined the concordance between TBI diagnostic criteria outlined by the American College of Rehabilitation Medicine and the determination of TBI from a comprehensive TBI evaluation conducted within the Department of Veterans Affairs. The second study compared the likelihood of psychiatric diagnoses and neurobehavioral symptom severity among OEF/OIF women Veterans with confirmed deployment-related TBI to women with both military sexual trauma and deployment-related TBI. The third paper evaluated the impact of PTSD and TBI upon affective attentional processes in OEF/OIF service members. The final study investigated psychophysiological disinhibition in patients with comorbid PTSD and mild TBI pre and post-intervention. Jennifer Vasterling, Ph.D., will serve as a discussant to the symposium and discuss clinical and research implications of this work.

Concurrent 07
Symposium
Friday, November 4
9:30 a.m. - 10:45 a.m.
Dover

Traumatic Brain Injury Among Veterans: Identification, Symptoms, and Treatment Response
(Clin Res, Mil/Vets)

Concordance Rates of Established TBI Diagnostic Criteria with Department of Veterans Affairs Clinical Judgment

Pogoda, Terri, PhD¹; Iverson, Katherine, PhD¹; Baker, Errol, PhD¹; Krenkel, Maxine, PhD¹; Meterko, Mark, PhD¹; Stolzmann, Kelly, MSc¹; Lew, Henry, MD, PhD²; Hendricks, Ann, PhD¹
¹VA Boston Healthcare System, Boston, Massachusetts, USA
²Defense and Veterans Brain Injury Center, Richmond, Virginia, USA

American College of Rehabilitation Medicine (ACRM, 1993) criteria for determining history of traumatic brain injury (TBI) include alteration or loss of consciousness or memory disturbance around time of injury. We examined the concordance rates of ACRM criteria and VA clinician judgment for 16,645 Veterans diagnosed with deployment-related TBI and 5,169 Veterans judged to not have any TBI history. Among those diagnosed with TBI, 94.5% met ACRM criteria, whereas 51.4% who met ACRM criteria were not diagnosed with TBI. Patients with VA TBI diagnoses concordant with ACRM criteria were more likely to be younger; male; had experienced falls, vehicular accidents, blasts; had a PTSD diagnosis; and had lower affective complaints while reporting more somatosensory, cognitive, and vestibular problems. Patients with a missed TBI diagnosis tended to be older, had sustained injury by fall and other blunt trauma; were less likely to have a depression or PTSD diagnosis; and reported more affective problems, while having lower complaints of somatosensory, cognitive, and vestibular disturbance. Clinicians appear to be going beyond ACRM criteria and using information related to PTSD and neurobehavioral symptoms when determining TBI diagnoses, which may misestimate TBI diagnosis and recovery rates and could affect the course of treatment.

Concurrent 07
Symposium
Friday, November 4
9:30 a.m. - 10:45 a.m.
Do OEF/OIF Veterans Who Experience Both MST and Deployment-Related TBI Face More Mental Health Problems Than Those with Deployment-Related TBI Only?

Iverson, Katherine, PhD¹; Kimerling, Rachel, PhD²; Pogoda, Terri, PhD³; Stolzmann, Kelly, MS³; Meterko, Mark, PhD³; Baker, Errol, PhD³; Krengel, Maxine, PhD³; Hendricks, Ann, PhD³

¹National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
²National Center for PTSD, Palo Alto VA, Palo Alto, California, USA
³VA Boston Healthcare System, Boston, Massachusetts, USA

Of women OEF/OIF VA patients, 15.1% screen positive for military sexual trauma (MST; Kimerling et al., 2010) and 10.5% screen positive for traumatic brain injury (TBI; Hendricks et al., 2010). Women who experience both traumas may face particularly deleterious mental health effects. VA administrative data was analyzed for women Veterans who received an MST screen and had confirmed deployment-related TBI based on a VA Comprehensive TBI Evaluation. We compared OEF/OIF women Veterans with deployment-related TBI only (TBI only group; n=203) to those with MST and deployment-related TBI (TBI+MST group; n=66) on likelihood of psychiatric diagnoses and severity on Neurobehavioral Symptom Inventory-22 scales from the Comprehensive TBI Evaluation. The TBI+MST group (74.2%) was significantly more likely than the TBI only group (59.6%) to be diagnosed with multiple psychiatric conditions. Additionally, the TBI+MST group (68.2%) was more likely than the TBI only group (49.8%) to have depression diagnoses, as well as more severe cognitive and vestibular neurobehavioral symptoms than the TBI only group. Clinicians should be aware that mental health problems are elevated among women with both TBI and MST compared to women with TBI only and should consider the need for additional therapy or referrals to comprehensively treat this population.

Concurrent 07
Symposium
Friday, November 4
9:30 a.m. - 10:45 a.m.
Dover

Affective Attention Shifts with Worsening PTSD Symptom Severity in OEF/OIF Veterans with Mild Traumatic Brain Injury

Amick, Melissa, PhD; Rasmusson, Ann, MD; Fortier, Cate, PhD; Milberg, William, PhD; McGlinchey, Regina, PhD, ABPP
VA Boston Healthcare System, Boston, Massachusetts, USA
Individuals with posttraumatic stress disorder (PTSD) show attentional bias towards threatening information, previously attributed to inhibitory dysregulation. Additional brain injury-related inhibitory deficits may exacerbate this bias. The current study evaluated the impact of PTSD and TBI upon affective attentional processes in 52 OEF/OIF service members. An affective Go/No-Go task was used to measure reaction time and omission and commission errors to stimuli with positive or negative valence. PTSD severity was measured with the Clinician-Administered PTSD Scale (CAPS). Deployment-related TBI was measured with the Boston Assessment of Traumatic Brain Injury-Lifetime Version (BAT-L), a semi-structured clinical interview. As CAPS score severity increased, participants showed increasing omissions for positive relative to negative stimuli ($r=.45$, $p<0.005$). There was a significant correlation between CAPS D criterion hyperarousal symptom severity and negative affective response bias ($r = 0.63$, $p<0.005$) in veterans with a deployment-related mild TBI ($n=18$), which was not observed in participants without a history of deployment-related TBI. In summary, among OEF/OIF service members, attention bias shifts away from positive towards negative valence stimuli as PTSD symptoms worsen. Furthermore, in this sample, the association between negative attentional bias and PTSD hyperarousal symptoms appeared to be driven by a history of deployment-related TBI.

Concurrent 07
Symposium
Friday, November 4
9:30 a.m. - 10:45 a.m.
Dover

Traumatic Brain Injury Among Veterans: Identification, Symptoms, and Treatment Response
(Clin Res, Mil/Vets)

Psychophysiological Reactivity in Combat Veterans with PTSD and with or Without mTBI

Spira, James, PhD, MPH
National Center for PTSD, Department of Veteran Affairs, Honolulu, Hawaii, USA

There is debate about whether combat veterans who have experienced concussion have persistent postconcussive symptoms (PPCSx) lasting longer than several months. One theory holds that such persistent symptoms are in fact associated with PTSD, depression, or other combat stress related effects. The other theory maintains that concussion can have lasting physiological alterations in the brain for some persons that can affect their functioning. This latter theory suggests that those suffering from PPCSx have reduced affective regulation, possibly lowering the threshold for developing psychological problems such as PTSD and depression. A series of original research studies conducted by our laboratory will be presented lending support to the theory that there is indeed at least some combat veterans whose PTSD cannot be explained by psychological factors alone, that those with PTSD plus concussion (compared to those with PTSD alone) have increased affective dysregulation as shown by heightened psychophysiological arousal during stress recall, and that this dysregulation can be controlled following stress inoculation therapy incorporating Zen Meditation. Implications for treatment of PTSD and those who have PPCSx will be discussed.

Concurrent 07
Workshop
Friday, November 4
9:15:00 AM - 10:45:00 AM
Laurel C-D

NIH Funding Opportunities and Priorities
(Train/Ed/Dis, Violence)

Borja, Susan, PhD; Boyce, Cheryl, PhD; Kahana, Shoshana, PhD; Maholmes, Valerie, PhD

1 National Institute of Mental Health, Bethesda, Maryland, USA
2 National Institute of Drug Abuse, Bethesda, Maryland, USA
3 National Institute of Child Health and Human Development, Bethesda, Maryland, USA

Several NIH Institutes have undergone priority setting activities to sharpen the focus of their extramural research programs. The National Institute of Mental Health (NIMH) has an updated Strategic Plan and a recently released report providing guidance about intervention research (From Discovery to Cure: Accelerating the Development of New and Personalized Interventions). The National Institute on Drug Abuse (NIDA) has exciting research and career development grant opportunities highlighting innovations in discovery and reflecting new programmatic priorities. The Eunice Kennedy Shriver National Institute on Child Health and Human Development (NICHD) has expanded grant opportunities in traumatic stress, particularly the role of violence and trauma on children. When combined with significant advances in the traumatic stress field, investigators may be uncertain of NIH priorities going forward. The goal of this workshop is to emphasize high priority areas and issues of grantsmanship that may benefit investigators, both early and experienced, looking to NIH for potential funding.

Concurrent 07
Panel
Friday, November 4
9:30 a.m. - 10:45 a.m.
Essex

Creating a New Matrix for First Responder Early Intervention
(Prevent, Emerg Wrkrs)

Gist, Richard, PhD; Taylor, Vickie, LCSW; Watson, Patricia, PhD; Saunders, Ben, PhD; Slawinski, Tonya, PhD

1 Kansas City (Missouri) Fire Department, Kansas City, Missouri, USA
2 National Fallen Firefighters Foundation, Emmitsburg, Maryland, USA
3 NCPTSD, White River Junction, Vermont, USA
4 National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA
5 Supportive Solutions, Inc, Murraysville, Pennsylvania, USA

First responder organizations are strongly invested in effective early intervention. Accumulating research findings have led many organizations to seek evidence informed alternatives to approaches once dominant in the industry. The National Fallen Firefighters Foundation sponsored a series of knowledge translation and consensus meetings to facilitate development of protocols consistent with current evidence and best practices, and to create mechanisms to support and promote their implementation at personal, organizational, and professional levels. Leading researchers and practitioners in areas critical to occupational behavioral health were identified to meet with representatives of key first responder constituency groups; the charge in each session was to review current research and best practices, examine methods to operationalize and disseminate evidence supported approaches, and develop mechanisms to bring them to first response organizations, their personnel, and the clinical professionals serving them. Outcomes include recommended organizational protocols for addressing potentially traumatic events, empirically supported instruments for simple and effective screening, web based training in evidence based interventions for clinicians serving the industry, and adaptations of best
practice models for psychological first aid and peer support. This panel will present an overview of the processes utilized to establish protocols and recommendations, approaches and interventions recommended, and products now emerging to facilitate their cost efficient and effective implementation.

Concurrent 07
Case Study Presentation
Friday, November 4
9:30 a.m. - 10:45 a.m.
Laurel A-B

Prolonged Exposure for PTSD Resulting from Multiple and Severe Traumatic Experiences over the Lifespan
(Practice, Adult/Complx)

Brinen, Aaron, PsyD1; Sposato, Rosanna, PsyD2; Hembree, Elizabeth, PhD2
1University of Pennsylvania, Philadelphia, Pennsylvania, USA
2University of Pennsylvania, Philadelphia, Pennsylvania, USA

The trauma treatment field has struggled with whether or not established, evidence-based treatments for PTSD are effective and sufficient for the sequelae of early repetitive trauma, or whether the nature of such trauma warrants additional components, phased or sequential interventions, or even entirely different treatment approaches. Pertinent literature will be reviewed, followed by a detailed case description of a woman with severe PTSD resulting from multiple and severe traumatic experiences throughout her lifetime, treated with prolonged exposure (PE) in a university setting. Axis I diagnoses included recurrent major depressive disorder, and alcohol dependence and polysubstance abuse in early remission. In addition, the client reported history of significant relationship problems and a strong mistrust of mental health professionals. The case presentation will include her progress through treatment and review of outcomes through long-term follow-up. We will discuss the case as an illustration of PE implementation that is faithful to the principles, spirit, and protocol of treatment, with flexibility, sensitivity, and great attention to therapeutic alliance.

Participant Alert: Description of graphically violent interpersonal trauma

Concurrent 08
Master Clinician
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon VI

Restoring the Protective Shield: Core Concepts from Child-Parent Psychotherapy
(Practice, Child/Adol)

Ghosh Ippen, Chandra, PhD
University of California, San Francisco, California, USA

Children aged birth-five are highly vulnerable to exposure to interpersonal traumas, and trauma exposure at an early age can have long term consequences for development and functioning. Both research and
clinical theory highlight the importance of developing and empirically validating trauma-informed relationship-based practices, particularly for young children. Moreover, there is an urgent need to disseminate not only evidence-based practices but the core concepts that underlie these practices to other service systems, including schools, daycare settings, and child welfare. This presentation describes core concepts that are critical to working with young children who have experienced traumatic life events. The concepts are derived both from child-parent psychotherapy, a relationship-based treatment with empirical support from five randomized trials, and the National Child Traumatic Stress Network Core Curriculum for Childhood Trauma. The presentation clearly outlines key core concepts, illustrating them with rich clinical material including vignettes and video, and describes ways to integrate these concepts into clinical practice and into other service systems.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon I & II

Beyond Simple Risk and Resilience: Methodological and Theoretical Advances in the Study of Outcome Heterogeneity in Response to Potentially Traumatic Events
(Clin Res, Mil/Vets)

Galatzer-Levy, Isaac, PhD
New York University, Langone Medical Center Department of Psychiatry, New York, New York, USA

This symposium serves to demonstrate the distinct ways of uncovering and studying the diversity of responses to trauma. An understanding of heterogeneous response patterns to potentially traumatic events has important implications for the characterization and development of treatments for PTSD. Though the study of stress responses to potentially traumatic events has grown as a result of the exploration of heterogeneous patterns of risk and resilience, analysis of PTSD and stress-related functioning continues to rely on assumed population homogeneity. This has diluted the field’s ability to recognize the commonplace nature of adaptation and to accurately detect multiple sub-optimal and maladaptive responses. Utilizing Latent Class Analysis (LCA) and Latent Growth Mixture Modeling (LGMM) we present evidence for heterogeneity in both symptoms and functional indicators which has implications for the study and treatment of psychological trauma.

Symposium participants will present three innovative lines of research focused on modeling responses to potentially traumatic events. The discussion of methodology and findings related to heterogeneous stress responses will serve to introduce the audience to the theoretical underpinnings and elucidate the strengths and weaknesses of these approaches. This symposium serves to demonstrate the diverse ways of uncovering and studying heterogeneous responses to trauma.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon I & II
Beyond Simple Risk and Resilience: Methodological and Theoretical Advances in the Study of Outcome Heterogeneity in Response to Potentially Traumatic Events

Predicating Trajectories of PTSD Symptomatology Following Exposure to Critical Incidents Among a Large Cohort of Police Officers

Galatzer-Levy, Isaac, PhD¹; Neylan, Thomas, MD²; Marmar, Charles, MD¹
¹NYU Langone Medical Center, New York, New York, USA
²NYU Medical Center, New York, New York, USA

Research has consistently demonstrated that stress reactions to potentially traumatic events do not represent a unified phenomenon. Individuals tend to cluster into prototypical response patterns over time including chronic symptoms, recovery, and resilience. We examined heterogeneity in PTSD symptom course in a sample of 178 active-duty police officers following exposure to an on-duty life-threatening event using Latent Growth Mixture Modeling (LGMM). Data were collected using self-reported history of exposure to critical incidents (CIHQ), PTSD (PCL), trait dissociation (DES), and peritraumatic dissociation (PDEQ). This analysis revealed three discrete PTSD symptom trajectories: resilient (88%); distressed-improving (10%); distressed-worsening (2%). We further examined whether trait and peritraumatic dissociation distinguished symptom trajectories. Results from the multinomial logistic regression indicate both peritraumatic dissociation distinguished the resilient from the distressed-decreasing group and distressed-worsening group (EST=2.07, SE=0.46, p<.001) (EST=0.06, SE=0.03, p<.05) respectively, and trait dissociation distinguished the resilient from the distressed-worsening group (EST=2.27, SE=0.52, p<.001) This is the first study to explore heterogeneity in symptom course and it’s predictors among active duty police officers, a repeatedly exposed group. Findings suggest that police officers are a highly resilient group overall. Furthermore, this paper demonstrates that dissociation can distinguish between resilient and symptomatic groups.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon I & II

Beyond Simple Risk and Resilience: Methodological and Theoretical Advances in the Study of Outcome Heterogeneity in Response to Potentially Traumatic Events

Acoustic Startle Eyeblink Reflex Under Low, but Not High, Threat Differentiates Longitudinal Profiles of Resilient and Symptomatic Police Officers

Madan, Anita, PhD¹; Galatzer-Levy, Isaac, PhD¹; Pole, Nnamdi, PhD²; Metzler, Thomas, MA³; Marmar, Charles, MD¹
¹New York University Medical Center, New York City, New York, USA
²Smith College, Northampton, Massachusetts, USA
³San Francisco VA Medical Center, San Francisco, California, USA
Research suggests that abnormally heightened startle responding in the context of threat may represent a pre-existing vulnerability for the development of stress-related symptomatology. We examined whether the acoustic startle eyeblink reflex, presented under varying levels of threat (low, medium, high), predicted resilient vs. symptomatic response in trauma exposed police officers (N=178) followed from academy training to 3 years into active duty service. Startle eyeblink magnitude was assessed using EMG sensors below the eye, and self-reported fear was collected after each condition. Latent growth mixture modeling (LGMM) was used to identify resilient and symptomatic patterns of stress response on two symptom outcomes over time: (1) PTSD symptoms (PCL) and (2) general psychiatric distress (GSI). In both models, compared to the resilient class, the symptomatic classes had larger startle eyeblinks and greater self-reported fear under low and medium threat [PCL: (Wald$_{low}$ = 30.92; p< .05; Wald$_{medium}$ = 32.26; p< .05) GSI: (Wald$_{low}$ = 44.49; p< .001; Wald$_{medium}$ = 36.94; p< .05)]. Startle eyeblink responses under high threat did not differentiate the groups. Findings support the idea that the startle reflex is augmented in individuals who are vulnerable to stress-related symptomatology, but this augmentation is only apparent under conditions of subtle threat.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon I & II

Beyond Simple Risk and Resilience: Methodological and Theoretical Advances in the Study of Outcome Heterogeneity in Response to Potentially Traumatic Events
(Clin Res, Mil/Vets)

Heterogeneous PTSD Symptom Profiles Predict PTSD Related Functioning Better Than Aggregated PTSD Symptoms.

Galatzer-Levy, Isaac, PhD; Brown, Adam, PhD; Henn-Haase, Clare, PsyD; Marmar, Charles, MD; Chemtob, Claud, PhD
New York University Langone Medical Center, Department of Psychiatry, New York, New York, USA

Using Latent Class Analysis (LCA) we identified distinct PTSD symptom profiles and associated predictors and outcomes in firefighter and police personnel (N = 398) involved in the first response to Hurricane Katrina. Our analysis revealed 4 distinct classes of response associated with predictors and functioning. 73% showed few or no PTSD symptoms, while approximately 5% reported heightened levels on all symptoms. Predictably, this class reported significantly higher levels of anger (Est=0.17, SE=.04, p<.001) greater exposure to life threatening events(Est=1.25, SE=.39, p<.001), and more functional impairment (Est=4.26, SE=.90, p<.001). We also observed two distinct moderately symptomatic classes.

Although these groups did not differ in aggregate PTSD symptom scores (μ reexperiencing = 15.87, μ hyperaroused/avoidant = 14.48; t = 1.36, p = .18), one class was characterized by hyperarousal and avoidant symptoms while the other by predominantly re-experiencing symptoms. Our analyses revealed that the hyperarousal/avoidant class was younger (est = -0.08; SE = 0.04; p = .05), and demonstrated greater functional impairment (est = 1.26; SE = 0.61; p <.05). Further, the hyperarousal/avoidant class demonstrated statistically equivalent levels of symptom related functional impairment to the high-symptomatic class. Implications for the examination of symptom profiles in the study of PTSD will be discussed.
Beyond Simple Risk and Resilience: Methodological and Theoretical Advances in the Study of Outcome Heterogeneity in Response to Potentially Traumatic Events
(Clin Res, Mil/Vets)

Trajectories of Sleep Disturbances and Its Relation to Stress Related Symptomatology

Neylan, Thomas, MD\textsuperscript{1}; Galetzer-Levy, L, PhD\textsuperscript{2}; Marmar, Charles, PhD\textsuperscript{3}
\textsuperscript{1}University of California, San Francisco, San Francisco, California, USA
\textsuperscript{2}New York University Langone Medical Center, New York, Nebraska, USA
\textsuperscript{3}New York University Langone Medical Center, New York, New York, USA

This study examines heterogeneous patterns of sleep disturbances among a large sample of police officers (N=283) followed from Academy Training to 36-months into active duty. By modeling prospective patterns, we observe three heterogeneous trajectories of disturbed sleep patterns. Consistent with previous findings in the risk and resilience literature, the modal response in this sample is no observable disruption in sleep from before active duty through 36-months (Resilient: 58.3%). The second largest class (Worsening: 35.6%) displayed significant worsening in subjective sleep disturbances from subsyndromal levels to pathological levels after beginning active duty. The final class (Persistent Chronic Insomnia: 6.1%) displayed sleep dysfunction across the entire trajectory. We examined if peritraumatic distress (PDI) predicted intercepts set at 1-year into active duty and found that PDI significantly predicted sleep dysfunction in the Worsening class (Est=2.44, SE=.056, p<.001) but was non-significant for the two classes who showed no change in sleep disturbances from Academy Training. This indicates that heterogeneous functional outcomes among police can be modeled and predicted in meaningful ways related to distress following potentially traumatic events.
Intergenerational Legacies of Trauma: Recent Multidimensional Findings Across Species and Among Differing Traumatic Experiences
(Assess Dx, Surv/His)

Danieli, Yael, PhD
Group Project for Holocaust Survivors and their Children, New York, New York, USA

This multidimensional, multidisciplinary symposium will report some of the newest data and initiatives in the area of multigenerational legacies/transmission of trauma. The various presentations will review -- across species, among different populations, and along different timeframes -- a complex array of mechanisms of transmission examined from the biological, physiological, neuroendocrine, genetic, epigenetic, behavioral and psychosocial perspectives in animals, primarily primates, adult children and grandchildren of survivors of the Nazi Holocaust, and children of 9/11 first responders and WTC Evacuees (one massive violent event) as compared with Israeli children whose parents are exposed to terror on a daily basis. In addition to reporting on the development of a comprehensive new standardized measure, the discussion will contextualize the findings within the history of the field, and recommend future directions.

Concurrent 08 Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon IX & X

Intergenerational Legacies of Trauma: Recent Multidimensional Findings Across Species and Among Differing Traumatic Experiences
(Assess Dx, Surv/His)

Risk, Resilience, and Gene-Environment Interplay in Primates

Suomi, Stephen, PhD
NICHD/NIH, Bethesda, Maryland, USA

Recent research with both humans and rhesus monkeys has provided compelling evidence of gene-environment (G x E) interactions throughout development. For example, a specific polymorphism of the serotonin transporter (5-HTT) gene is associated with deficits in infant neurobehavioral functioning, extreme responsiveness to social stressors, poor control of aggression, and low serotonin metabolism during juvenile and adolescent development, and excessive alcohol consumption in early adulthood in monkeys reared with peers but not in monkeys reared by their mother. One interpretation of these findings is that secure attachment relationships somehow confer resiliency to individuals who carry alleles that may otherwise increase their risk for adverse developmental outcomes (“maternal buffering”). Similar patterns of apparent “buffering” have been demonstrated for G x E interactions involving several other genes with functionally equivalent polymorphisms in both humans and rhesus monkeys. Recent research has suggested that much of this “buffering” may be taking place in the context of early face-to-face interactions between rhesus monkey infants and their mothers. Moreover, because the attachment style of a monkey mother is typically “copied” by her daughters when they grow up and become mothers themselves, similar buffering is likely to occur for the next generation of infants carrying that specific polymorphism.
Intergenerational Legacies of Trauma: Recent Multidimensional Findings Across Species and Among Differing Traumatic Experiences
(Assess Dx, Surv/Hist)

Evidence of Epigenetic Alterations in Holocaust Offspring

Yehuda, Rachel, PhD; Bierer, Linda, MD; Flory, Janine, PhD
1 Mount Sinai School of Medicine; J.J. Peters Veterans Affairs Medical Center, NY, New York, USA
2 J. J. Peters Veterans Affairs Medical Center, Bronx, New York, USA

Most children of Holocaust survivors believe that they have, in some way, been affected by the trauma experienced by their parents. We previously reported that adult children of Holocaust survivors appear to be more susceptible to depression and anxiety but may also have more finely tuned mechanisms for detecting and coping with danger. In reviewing the contributors to this effect, maternal PTSD was determined to be an important risk factor for the development of PTSD in adult offspring, as well as a correlate of low cortisol. In this presentation we will review biological data supportive of epigenetic mechanisms for these effects. In the first study, we examined alterations in the enzyme 11-beta-hydroxysteroid dehydrogenase Type II, that converts active cortisol to its inactive metabolite cortisol. Alterations in this enzyme contribute to risk for hypertension and metabolic syndrome, and have been previously linked to in utero developmental programming and are altered in offspring whose mothers were exposed to stress during pregnancy, and are also altered in offspring with maternal Holocaust exposure. We are currently examining changes in cytosine methylation of the glucocorticoid receptor gene in lymphocytes, in association with maternal and paternal PTSD, and will present preliminary findings.

Concurrent 08 Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon IX & X

Intergenerational Legacies of Trauma: Recent Multidimensional Findings Across Species and Among Differing Traumatic Experiences
(Assess Dx, Surv/Hist)

Parental Exposure to Trauma and Child Mental Health: Preliminary Findings on Highly Exposed Families in NYC and the Tel Aviv Area

Duarte, Cristiane, PhD, MPH; Teichman, Meir, PhD; Teichman, Yona, PhD; Wu, Ping, PhD
Hoven, Christina, PhD
1 Columbia University, New York, New York, USA
2 Tel Aviv University, Tel Aviv, Israel
Parental exposure to trauma may affect child mental health, even when children have not been directly exposed to the traumatic situation. The “Children of First Responder and WTC Evacuee Study” is a two-site longitudinal study (New York City, US, and Tel Aviv area, Israel) which permits us to examine the impact on children of parental exposure to a rare instance of mass violence (WTC attack), as well as to repeated exposure to mass violence brought about by acts of terrorism (Tel Aviv area). Parental and child exposure to other potentially traumatic events (work-related and other kinds) are also assessed in detail, together with disaster preparedness strategies available in each site. Type of parental and child exposures, child awareness of parental exposure, disaster preparedness and child mental health are described. Preliminary findings (baseline) are presented on the association between parental exposure to different types of traumatic situations, participation in disaster preparedness strategies and child psychiatric disorders. Analyses of specific subgroups inform knowledge on parental exposure to trauma and child psychopathology among children whose parents are subjected to a rare or infrequent potentially traumatic event as well as among children whose parents’ exposure to such events is recurrent.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Dover

Cognitive Processing Therapy Out of the Box
(Clin Res, Violence)

Elwood, Lisa, PhD
University of Missouri St. Louis, St. Louis, Missouri, USA

Movements towards the provision of empirically supported treatments (ESTs) have resulted in increased dissemination of Cognitive Processing Therapy (CPT). Opponents of ESTs have argued that research is not representative of real-world experiences. In particular, skeptics have argued that participants differ from real-world clients. The proposed symposium presents projects that examine the implementation of CPT with novel samples or components. The first talk presents a study targeting sleep quality, a frequently treatment resistant symptom, by examining the addition of a sleep treatment prior to CPT. Second, data will be presented examining gender differences in primary and secondary outcomes in interpersonal violence survivors following CPT. The study provides information about an understudied sample, male interpersonal violence survivors. The third project examines community administered CPT with veterans. The use of local clinicians and comparison to treatment as usual allow for the examination of CPT in natural settings. Finally, the use of CPT in a sample of veterans with postconcussive symptoms following traumatic brain injuries will be presented. Together, this series of talks will highlight the robustness of the CPT protocol along with strengths and challenges of implementing CPT using novel samples and/or settings. Findings and implications will be discussed.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Dover

Cognitive Processing Therapy Out of the Box
Additive Benefits of a Brief Sleep Treatment Prior to Cognitive Processing Therapy in Interpersonal Violence Survivors with PTSD

Elwood, Lisa, PhD1; Mott, Juliette, PhD2; Galovski, Tara, PhD1

1University of Missouri St. Louis, St. Louis, Missouri, USA
2Michael E. DeBakey VA Medical Center, Houston, Texas, USA

When interventions targeting PTSD are examined, insomnia may not remit despite PTSD improvement. Research has demonstrated improvements in sleep quality following hypnotic relaxation. Cognitive Processing Therapy (CPT) is an effective treatment for PTSD. The current study examines a three session hypnosis treatment (HYP) as a complement to CPT. Hypotheses predict that HYP will lead to greater improvement in sleep compared to waitlist (WL). Additionally, it is proposed that the HYP + CPT group will endorse greater improvement in sleep following treatment than the CPT only group (CPT). The current project examines HYP + CPT and CPT only in female interpersonal violence survivors.

Participants are assessed at four points: pre-treatment, mid-treatment (following HYP or WL), post-treatment, and 3 months following treatment. PTSD is assessed with the Clinician Administered PTSD Scale, and sleep is assessed with the Pittsburgh Sleep Quality Index and the Trauma Related Nightmare Scale. Preliminary intent-to-treat (n = 44) repeated measures ANOVAs indicate that HYP participants report greater improvements in overall sleep quality and sleep latency at mid-treatment compared to WL. However, the HYP + CPT and CPT only groups do not differ in sleep improvement following treatment. Full analyses and implications for treatment will be presented.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Dover

Cognitive Processing Therapy Out of the Box
(Clin Res, Violence)

Gender Similarities and Differences in Outcomes Following a Course of Cognitive Processing Therapy in Survivors of Interpersonal Trauma

Galovski, Tara, PhD; Blain, Leah, MA
University of Missouri - St. Louis, St. Louis, Missouri, USA

A recent review of the literature revealed a paucity of research regarding gender differences in responsivity to trauma-focused psychological interventions for PTSD despite demonstrated gender differences in the development of this disorder (Blain, Galovski, Robinson, 2010). Further, there is little available empirical literature whatsoever on the generalizability of trauma-focused psychological interventionsto male survivors of interpersonal trauma, particularly sexual trauma. This study seeks to investigate gender differences in survivors of interpersonal trauma suffering from PTSD across both primary outcomes (PTSD and depression) and secondary outcomes (quality of life, anger, dissociation, health-related factors such as pain, sexual functioning, and perceived physical health). Preliminary analyses showed no differences in overall change over a course of Cognitive Processing Therapy on PTSD and depression in the intent to treat sample (n = 71), suggesting the therapy was equally effective for both genders. However, within the completer sample, a trend for an interaction did emerge on
depression, p=.06 with females realizing more change over time. Differences also emerged on a number of secondary outcomes (n = 51 completers) including quality of life, dissociation, and anger. Specific outcomes and implications for treatment will be discussed with specific attention to differences covarying trauma type (sexual versus physical).

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Dover

Cognitive Processing Therapy Out of the Box
(Clin Res, Violence)

A Multisite Randomized Controlled Effectiveness Trial of CPT for Australian Veterans with PTSD

Forbes, David, PhD1; Lloyd, Delyth, BA (Hons)1; Nixon, Reg, PhD2; Bryant, Richard, PhD3; Varker, Tracey, PhD1; Creamer, Mark, PhD1

1ACPMH University of Melbourne, Melbourne, Australia
2Flinders University, Adelaide, Australia
3University of New South Wales, Sydney, Australia

CPT is currently applied in military veteran mental health services in many countries. Although CPT appears efficacious for posttraumatic stress disorder (PTSD), its effectiveness when delivered in real world clinical settings conducted by local clinicians drawn non-selectively has not been tested under fully controlled conditions. This study tests the effectiveness of community-administered CPT for military-related PTSD under randomized controlled conditions. Fifty nine treatment-seeking veterans with military-related PTSD were randomly allocated to receive 12 twice-weekly 60 minute sessions of CPT or an equivalent period of usual treatment at veterans’ community based counseling services. PTSD symptoms were measured by clinical interview and self report scales at post-treatment and at 3 month follow-up. Secondary measures included scales of depression, anxiety and related co-morbidities. Intent to treat analyses found significantly greater improvement for participants receiving CPT over usual treatment at post-treatment and 3 month follow-up. More participants receiving CPT demonstrated clinically reliable improvement in PTSD symptoms (67% vs 30%, p<0.01) and met remission criteria (29% vs 4%, p<.03) than those receiving treatment as usual. CPT also produced greater improvements in anxiety, depression, social and dyadic relationships than usual treatment. No CPT related adverse events occurred during the trial.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Dover

Cognitive Processing Therapy Out of the Box
(Clin Res, Violence)
Reductions in PTSD and Postconcussive Symptoms Following Treatment in a PTSD/TBI Residential Program Based on CPT-C

Walter, Kristen, PhD; Kiefer, Sarah, Other; Chard, Kathleen, PhD
Cincinnati VA Medical Center, Cincinnati, Ohio, USA

Veterans with a history of traumatic brain injury (TBI) may experience persistent psychological, cognitive, and physical symptoms following injury, which are commonly referred to as postconcussive symptoms. Previous studies have demonstrated that persistent symptoms may be maintained or exacerbated by psychiatric symptoms, including posttraumatic stress disorder (PTSD; Hoge et al., 2008; Pietrzak, Johnson, Goldstein, Mally, & Southwick, 2009). Research suggests that decreasing PTSD symptoms may also reduce postconcussive symptoms (Vanderploeg et al., 2009). This study investigated whether PTSD and postconcussive symptoms decreased over the course of treatment for 28 Veterans in a PTSD/TBI residential program, which included cognitive processing therapy-cognitive only (CPT-C). The study also examined the change among somatic/sensory, cognitive, and affective factors of the NSI from pre- to post-treatment. Furthermore, analyses were conducted to determine if a reduction in PTSD symptoms was associated with a reduction in postconcussive symptoms. Results indicated that PTSD and postconcussive symptoms significantly decreased over the course of treatment and that the decreases in symptoms were positively related. Also, all three NSI factors significantly decreased from pre- to post-treatment. The findings suggest that PTSD and postconcussive symptoms may be interdependent and that symptom reduction in one condition may influence the other.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Essex

Dissemination of Evidence-Based Psychotherapies for use with Military Personnel
(Practice, Mil/Vets)

Riggs, David, PhD
Center for Deployment Psychology/USUHS, Bethesda, Maryland, USA

The Department of Defense has undertaken an effort to disseminate evidence-based treatments for combat-related psychological health issues. Over the last several years, the Center for Deployment Psychology has delivered training in the use of Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT) for PTSD and Cognitive-Behavioral Therapy for Insomnia (CBT-I) to military and civilian clinicians caring for military personnel and their families. This symposium will present a series of papers examining these dissemination attempts with a focus on identifying factors that contribute to successful adoption of the treatments, lessons learned as the treatments are put into action and limitations to dissemination efforts. The unique characteristics of the military practice environment (e.g., treatment in deployed settings, transient patient and provider populations, trauma among providers) will also be discussed.

Concurrent 08
Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Dissemination of Evidence-Based Psychotherapies for use with Military Personnel
(Practice, Mil/Vets)

Dissemination Efforts at the Center for Deployment Psychology

Riggs, David, PhD
Center for Deployment Psychology/USUHS, Bethesda, Maryland, USA

The Center for Deployment Psychology (CDP) is an innovative Department of Defense psychology training consortium established at the Uniformed Services University of the Health Sciences (USU) in 2006. The CDP is a tri-service center training psychologists, psychiatrists, social workers, mental health interns/residents, and other behavioral health professionals from the Army, Navy and Air Force, as well as civilian professionals to provide high quality deployment-related behavioral health services to military personnel and their families. A primary focus of the CDP efforts has been the dissemination of evidence-based psychotherapies to address combat-related psychological health issues. This paper will describe those efforts and the general model of dissemination adopted by the CDP. This model builds on the work of many who have worked to disseminate evidence-based treatments among civilian providers with modifications to address the unique characteristics of the military environment.

Concurrent 08 Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Essex

Dissemination of Evidence-Based Psychotherapies for use with Military Personnel
(Practice, Mil/Vets)

Dissemination of Prolonged Exposure Therapy to Military Behavioral Health Providers

Domenici, Paula, PhD; Brim, William, PsyD
Center for Deployment Psychology, Rockville, Maryland, USA

Since 2007 the Center for Deployment Psychology (CDP) has been disseminating to hundreds of military behavioral health providers who work with Service members across the deployment cycle an intensive 2-day training in Prolonged Exposure Therapy (PE), an evidence-based treatment for Acute Stress Disorder (ASD) or Posttraumatic Stress Disorder (PTSD). For the first time ever in a systematic, consistent way, the CDP is training these providers to use this evidence-based psychotherapy with Service members suffering from these traumatic stress reactions not only in garrison, but also while they are deployed to combat zones like Iraq and Afghanistan so they can complete their assignments rather than being sent home early, which often has lasting deleterious effects on their mental well being and military career. In this symposium, we will provide a progress report on these unique dissemination efforts including lessons learned. We will discuss how access to the CDP phone consultation service assists newly trained PE providers in practicing PE with greater fidelity and enables Iraq/Afghanistan-deployed providers to seek guidance when making modifications to the protocol, and to share positive in-theater outcomes. The
symposium will also review online surveys results from newly trained PE military providers that indicate when the protocol is used, the majority find it effective. We will also share how important it appears to be to have at least one dedicated PE trained provider on site who takes the initiative to develop an evidence-based PTSD treatment clinic in order for PE be strongly adopted in certain military settings.

Concurrent 08 Symposium
Friday, November 4
11:00 a.m. - 12:15 p.m.
Essex

Dissemination of Evidence-Based Psychotherapies for use with Military Personnel
(Practice, Mil/Vets)

Dissemination of Cognitive Processing Therapy for PTSD with Military Personnel

Schulz, Priscilla, LCSW; Copland, Laura, MA, LPC
Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

The Center for Deployment Psychology (CDP) was stood-up in 2006 to prepare clinicians to address the psychological needs of warfighters. Key to this effort is training clinicians in empirically-supported treatments (EST) for PTSD. Cognitive Processing Therapy (CPT) is an EST for PTSD endorsed by the US Departments of Veterans Affairs and Defense (VA/DoD) Clinical Practice Guidelines.

Based in social-cognitive theory of PTSD, CPT focuses on the impact of trauma on patients’ beliefs and consequent emotions. A manualized 12-session protocol, CPT helps patients evaluate the veracity of trauma-related thoughts and beliefs through Socratic conversations and/or a written narrative about the trauma. Throughout treatment, patients are encouraged to be in touch with and process the natural emotions associated with the trauma experience.

Presenters for this symposium will share successes and lessons-learned in CDP’s 4 years of training clinicians in CPT. Methods of improving the initial 2-day basic CPT training, outlines and examples of advanced training to improve therapists’ effectiveness using CPT with an active-duty military patient population, and methods of phone consultation will be shared. Some preliminary data on CPT’s effectiveness at various DoD clinics will also be presented.
Trauma and Sleep Disturbance: Epidemiology and Treatment Approaches for Military Veterans

Brim, William, PsyD
Center for Deployment Psychology, Bethesda, Maryland, USA

Subjective reports of sleep disturbance indicate that 70-91% of patients with Posttraumatic Stress Disorder (PTSD) in a civilian population have difficulty falling or staying asleep. Additionally, nightmares are reported by 19-71% of patients. Posttraumatic Stress Disorder is both prevalent and debilitating in combat veterans and the symptoms of sleep disturbance and nightmares, hallmarks of PTSD, are common complaints among military members and veterans. Insomnia has consistently been the most commonly reported non-wound or injury related medical concern of members returning from deployment and is the most common PTSD symptom reported by service members following deployment. Insomnia may in fact be a predictor of PTSD in service members post deployment. In a study of Vietnam veterans, sleep disturbance was reported by up to 91% of Vietnam veterans with PTSD and nightmares in 52% of veterans with PTSD. This presentation will look at the epidemiology of sleep disturbance in military and veteran populations and provide an overview of treatment approaches shown to be effective with service members and veterans.

Concurrent 08 Workshop
Friday, November 4
11:00 a.m. - 12:15 p.m.
Grand/Salon VII & VIII

Are You Brave Enough? Managing Institutional Secondary Traumatic Stress
(Self-Care/Diverse Pop)

Naturale, April, PhD1; Pulido, Mary, PhD, MSW2
1Disater MH Mgmt & Training, Orleans, Massachusetts, USA
2The New York Society for the Prevention of Cruelty to Children, New York, New York, USA

The workplace is often where we develop some of our strongest social bonds. In this setting, we also seek ways to recover from trauma. Mental Health provider agencies will inevitably encounter secondary traumatic stress (STS). This workshop teaches organizational managers about secondary traumatic stress that impacts their clinical, medical, legal and investigatory staff. All agencies that deal with a traumatized client base or who have suffered through traumatic incidents and are experiencing STS will find that it will take its toll on the workforce unless management implements effective steps to prevent and mitigate its effects. This workshop focuses on recognizing, responding and preventing STS targeting intervention strategies at the organizational level. Participants will receive an overview of stress, STS and burn-out; a ‘how to’ conduct a “stress audit” of their agency; hiring considerations to reduce attrition due to STS; and exercises to use in supervision to alleviate STS. One case example of a city-wide crisis debriefing program for NYC Child Protective Services will be presented. Another example of mitigating the development of STS in an agency that sustained loss of staff in a terrorist attack will be reviewed. Participants will be able to readily implement useful measures in their workplace.

Participant Alert: This workshop will include some descriptions and activities that may be distressing for some participants including: verbal descriptions of violence against humanitarian aid workers; exercises asking attendees to self-disclose personal information; and exercises asking attendees to focus on their own distress or past upsetting events
Beyond Baron and Kenny and MacArthur: A Modern Mediation Analysis Workshop
(Res Meth, Mil/Vets)

Hayes, Andrew, PhD¹; Lunney, Carole, MA²
¹School of Communication, The Ohio State University, Columbus, Ohio, USA
²National Center for PTSD, White River Junction, Vermont, USA

Questions addressing the causal mechanism by which two variables are related are common in the traumatic stress field. For instance, we might ask whether social support explains or mediates the relationship between traumatic exposure and PTSD, or whether PTSD mediates the relationship between trauma exposure and substance use. Over the years, methods used to test such process or mediation models have changed, yet many still rely on methods such as Baron and Kenny’s causal steps approach or modifications to it proposed by the MacArthur Foundation Network to establish evidence of mediation. These approaches condition the hunt for indirect effects on evidence of an effect to be mediated, rarely involve an estimate of the indirect effect itself, and rely on problematic methods for making statistical inferences that are lower in power compared to alternatives. We will describe a modern approach to mediation analysis, which emphasizes the direct estimation of indirect effects, uses inferential methods that don’t make unrealistic assumptions, and acknowledges that indirect effects can exist in the absence of evidence of an effect to be mediated. We will demonstrate the use of freely-available computational tools ease the implementation of this approach using examples relevant to traumatic stress researchers.

Trauma-Informed Approaches to Public Health Problems: Lessons from City of Brotherly Love
(Prevent, Adult/Cmplx)

Purtle, MPH, MSc, DrPH (candidate), Jonathan, Other¹; Bloom, Sandra L., MD¹; Corbin, Theodore J., Other²; Rabinowich, Jenny, PhD, MPH¹
¹Drexel University School of Public Health, Philadelphia, Pennsylvania, USA
²Drexel University College of Medicine/Drexel University School of Public Health, Philadelphia, Pennsylvania, USA

Prevalence studies reveal disproportionately high rates of adverse childhood experiences and PTSD among populations served by public health interventions. Despite this, there exists a limited practice base of strategies to draw from when integrating knowledge about psychological trauma into public health practice.
This diverse panel of public health professionals will provide an overview of successes, barriers, and outcomes related to the provision of trauma-informed public health services. An emergency physician will discuss a trauma-informed hospital-based intervention designed to prevent re-injury and retaliation among youth who are victims of interpersonal violence; an epidemiologist/anthropologist will discuss how principles related to emotional safety and psychoeducation have been integrated into a program serving low-income women and children experiencing food insecurity; a clinical psychiatrist and former ISTSS President will discuss the development/implementation of a city-wide initiative to bring trauma-informed approaches to public mental health services, child welfare, and homeless shelters; and a DrPH candidate will discuss parallels between trauma theory and public health practice as well as strategies to integrate information on trauma into public health education.

Following brief presentations by each panelist, attendees will be invited to engage in a dialogue on strategies to enhance collaboration between public health professionals and traumatologists.

Concurrent 08
Panel
Friday, November 4
11:00 a.m. - 12:15 p.m.
Laurel A-B

Individual Placement and Support Supported Employment for Veterans with PTSD
(Clin Res, Mil/Vets)

Davis, Lori, MD; Drebing, Charles, PhD; Leon, Andrew, PhD; Toscano, Rich, MA; Drake, Robert, MD

1 VA Medical Center, Tuscaloosa, Alabama, USA
2 VA Medical Center, Bedford, Massachusetts, USA
3 Weill Cornell Medical College, New York, New York, USA
4 Dartmouth, Hanover, New Hampshire, USA

Gainful employment provides one of the most important social bonds conceivable and has profound influence on one’s psychological, social and emotional well being. Persons with PTSD struggle with maintaining employment due to the complex interplay between their symptoms, the environment, and relationships. We will present the results of a randomized controlled study of Individual Placement and Supported Employment (IPS-SE) for unemployed veterans with PTSD (Davis) and the impact of gainful employment on recovery outcomes (Drebing). In a study of 85 veterans with PTSD, 76% of subjects randomized to IPS-SE gained competitive employment compared to 28% of the subjects randomized to vocational rehabilitation treatment-as-usual VRP-PU (Chi square = 19.84, df =1, p<.001). Veterans assigned to IPS-SE worked substantially more weeks and had substantially higher annual income than those assigned to VRP-PU. Relative to VRP-PU, IPS-SE had additional benefit in those subjects with inadequate housing (Leon). We will discuss the rewards and challenges of implementation of IPS-SE in a PTSD Clinical Treatment setting (R. Toscano). Our discussant (Drake) will remark on the clinical implications of these results and the directions for future research.

Concurrent 08
Panel
Friday, November 4
1:00:00 PM - 2:00:00 PM
The transition from graduate training and postdoctoral fellowships to a career in the field of traumatic stress brings with it a sense of accomplishment, along with many new challenges and opportunities. This is especially true at a time when mental health professions in general, and the field of traumatic stress in particular, are rapidly changing, and at a time when balancing personal and professional goals can be quite complex. This panel serves as an opportunity to hear speakers from various career paths and stages discuss their personal experiences and offer advice on navigating the many choices faced by those entering this phase of their career. Panelists will discuss how changes in the conceptual framework of PTSD are impacting professional goals and opportunities, obtaining early career funding, living and working internationally, creating work-life balance, mentorship and supervision, and the expectations of principal investigators, departments, and institutions. This panel will also serve as an opportunity for early career professionals, as well as students and trainees, to network and discuss their own experiences.

Concurrent 08
Paper Session
Friday, November 4
11:00 a.m. - 12:15 p.m.
Kent

Trauma and Relationships
(Clin Res,Adult/Cmplx)

Reflective Function in Psychotherapy Patients with Chronic PTSD

Meehan, Kevin, PhD; Markowitz, John, MD; Palicova, Martina, PhD; Neria, Yuval, PhD
1Long Island University, Brooklyn, New York, USA
2New York State Psychiatric Institute, New York, New York, USA

Reflective Function (RF), an attachment-based measure of emotional insight, assesses understanding of one’s emotional states and those of others. Posttraumatic stress disorder (PTSD), characterized by emotional detachment, numbing, and interpersonal mistrust, may lower RF. Our psychotherapy trial for chronic PTSD is the first to examine whether RF predicts treatment outcome.

Individuals with DSM-IV chronic PTSD and CAPS score >50 are randomized to 14 weeks of Prolonged Exposure, Relaxation, or Interpersonal Psychotherapy (IPT). At weeks 0, 4, and 14, blinded raters assess RF for attachment relationships and PTSD-specific RF (understanding of PTSD symptoms and their impact). We hypothesize baseline RF will moderate treatment outcome and RF will mediate IPT efficacy.

To date, study patients (N=62) are 74% women; 45% white, 15% black, 6% Asian, and 32% Hispanic, with significant PTSD (CAPS M=71.1, SD=18.5) and depression (Ham-D M=20.9, SD=6.9), and low RF for relationships (M=3.70, SD=1.65) and symptoms (M=3.85, SD=1.53). RF will be correlated with
demographics, clinical variables, and trauma (52% acute vs. 47% chronic; 91% interpersonal trauma, 33% sexual assault, 53% physical assault). RF levels appear lower in PTSD than in panic patients and non-patients. RF, previously unstudied in PTSD, may provide a new window into understanding the disorder.

Concurrent 08
Paper Session
Friday, November 4
11:00 a.m. - 12:15 p.m.
Kent

Trauma and Relationships
(Clin Res,Adult/Cmplx)

Attachment Trauma and Interpersonal Relationships of Child and Adolescent Inpatients

Szymanski, Kate, PhD; Springer, Carolyn, PhD; Goldstein, Chloe
Adelphi University, Garden City, New York, USA

This study addresses the impact of attachment trauma (e.g. abuse) on children's ability to seek social support. Relying on others in the face of stress is adaptive. Interpersonal difficulties increase traumatized children's vulnerability to pathology. This study tested the prediction that children with attachment traumas had impaired object relations. All the data utilized in the study were archival in nature. 87 children and adolescent psychiatric inpatients with the history of trauma were administered the Thematic Apperception Test (TAT) as part of the larger battery. All TATs were analyzed using the Narrative Coherence and Social Cognition and Object Relations Scales (SCORE). Two independent judges rated all TAT stories on narrative coherence and four rated all stories on following SCORE dimensions: 1. Complexity of representation of people, 2. Affective quality of representations, 3. Emotional investment in relationships, 4. Experience and management of aggression. The results were significant for the type of trauma. In comparison to children with environmental trauma (homelessness) inpatients with attachment trauma had significantly more fragmented narratives (p<.02) demonstrating disorganized relating; they experienced others as malevolent (aff. p<.001), had tumultuous relationships (emot. p<.03) and were aggressive (aggr. p<.001). Children with attachment trauma before age ten had egocentric representations of others (com. p<.02). These results suggest that attachment trauma might impair children's psychological functioning by increasing their difficulties with interpersonal relating.

Concurrent 08
Paper Session
Friday, November 4
11:00 a.m. - 12:15 p.m.
Kent

Trauma and Relationships
(Clin Res,Adult/Cmplx)

Adult Attachment: The Role of Intimate Social Bonds in Predicting Long-Term Outcome Following Childhood Trauma
Studies of post-abuse outcome in adults who have experienced child abuse have documented the variability of long-term distress. Subsequently, the impact of moderating variables that may impact outcome, including the construct of attachment, has been investigated. The current study evaluated the predictive value of 11 positive and negative attachment strategies/styles on current symptoms of distress in college students reporting a history of single or multiple forms of child abuse. Responses of participants reporting physical, emotional or multiple forms of abuse were compared to those without this history. Respondents (N=762) completed measures assessing abuse history, attachment styles and strategies (Experiences in Close Relationships- extended research version; ECR-R), and trauma symptoms (Trauma Symptom Inventory; TSI) MANOVAs indicated significant differences between abuse groups compared to the no-abuse control group for interpersonal attachment styles (both positive and negative strategies) as well as symptomatic distress. Multiple regressions indicated that specific attachment strategies predicted unique distress patterns (e.g., trauma, self and dysphoria symptom clusters). Findings suggest that assessing, and potentially targeting, interpersonal functioning, specifically perceptions of other and self in primary intimate relationships, may be of considerable value in the treatment of adults presenting with a history of personal distress following childhood abuse.

Concurrent 08
Paper Session
Friday, November 4
11:00 a.m. - 12:15 p.m.
Kent

Trauma and Relationships
(Clin Res,Adult/Cmplx)

School Bullying: A Cross-Cultural Study of Prevalence and Psychological Consequences

Eklit, Ask, MSc
National Centre for Psychotraumatology, Odense M, Denmark

Bullying has been shown to be a serious problem amongst school children, but few studies have investigated variables associated with bullying, the relationship between these variables and only a few studies have been cross-cultural. The data was collected from three national representative probability samples (Denmark, Lithuania, Iceland) and one total population sample (Faroe Island); in total 1,466 students with a mean age of 14.2 years (SD=1.52). The prevalence of bullying, the relationship between bullying and democratic variables, attachment, basic assumptions, negative affectivity, somatization, and PTSD, and the relationship among these variables were analyzed. The prevalence of victims of bullying in the total sample was 24.6%. Cross-cultural differences in the prevalence of being bullied were found. Adolescents of single parents had increased risks of being bullied. Being bullied correlated significantly with fearful attachment and lower self-worth, and bullied victims had significantly more symptoms of negative affectivity, somatization, and PTSD.

Concurrent 09
Symposium
Prolonged or complicated grief reactions have received unprecedented attention in recent years. This symposium will present empirical studies that investigate mechanisms and recovery processes in people with varying grief experiences. In terms of mechanisms, one study will index the role of attentional bias and information processing in bereaved individuals using eye-tracking paradigms as they view loss-related stimuli. Emotional flexibility is then reported in experimental paradigms that indicate that deficits in emotional flexibility is associated with prolonged grief responses. The trajectory of grief responses is then studied in the context of Marines, which reports on the prolonged nature of recovery from sudden loss and highlights a differential trajectory than PTSD. The final presentation will report on a controlled treatment trial of complicated grief that investigated whether exposure therapy is needed to effectively treat prolonged grief responses. Together, these studies represent strong evidence-based approaches to understanding and treating people affected by persistent grief responses.

Complicated Grief (CG) can be a debilitating consequence of bereavement. Despite the significant health costs, little is known about the mechanisms underlying the disorder. Theoretical models have linked CG with the use of maladaptive emotional regulation strategies such as rumination and avoidance. However, the evidence to date comes largely from cross-sectional, self-report studies. This paper investigated emotional information processing in CG using experimental methodology. Across several studies participants with and without CG (N = 42) viewed happy, sad, neutral and loss-related interpersonal or non-interpersonal stimuli while eye movements were recorded. Fixation and dwell time data were used to examine the extent to which participants approached or avoided positive and negative stimuli. Findings help to shed light on information processing patterns that may contribute to the maintenance of CG and potential factors associated with successful treatments for this chronic condition.
It is widely assumed that emotional expression is important to well-being, while emotional suppression is maladaptive. There is research to suggest however that emotional expression and suppression each come with costs and benefits, and that successful adaptation depends on the flexibility to modify emotional expression in accord with situational constraints.

In this talk, I describe an experimental laboratory task to measure expressive flexibility (EF). Participants viewed evocative pictures on a computer monitor and rated their own affective responses. Participants were also told that another participant would try to guess their emotion from a remote location and that on different trials they should either enhance or suppress their emotional expression, or behavior normally. We then calculated enhancement and suppression ability relative to participant’s own baseline expressiveness, as well as an overall EF score.

In precious studies from our lab, expressive flexibility prospectively predicted better long-term adjustment among New York City college students exposed to the September 11th attack and other stressful life events. In the current study we showed that bereaved individuals with prolonged grief had less EF ability than matched samples of bereaved adults who were no longer symptomatic and married (nonbereaved) adults.

Outside the military, loss of significant others from violence has been shown to create the highest risk for PTSD. Although loss of life is more pervasive during time of war and takes on a different meaning, it is arguably no less potentially uniquely damaging to unit functioning and mental health (Papa, Neria, & Litz,
However, the bulk of research on the psychological aftermath of combat has focused on life-threat events. Consequently, relatively little is known about the unique sequelae of combat loss. We examined the impact and course of loss in active-duty Marines evaluated prospectively. Marines were assessed prior to deployment, one-week post-deployment, and at three and six months post-deployment. The findings reveal that reports of in-theater loss are comparable to rates found in previous studies (e.g., Hoge et al., 2004). 86% of Marines endorsed the death of a fellow service member (74% also reported a debilitating injury of a fellow Marines). Whereas overall PTSD symptoms declined uniformly over time, reports of difficulty accepting the death of a fellow service member increased from the one-week to the three-month post-deployment assessment ($\chi^2[1] = 75.78, p < .001$). This suggests that loss-related sequelae may follow a different course.

Concurrent 09
Symposium
Friday, November 4
2:00 p.m. - 3:15 p.m.
Grand/Salon IX & X

The Nature, Mechanisms, and Treatment of Grief
(Clin Res, Mil/Vets)

Is Exposure Necessary for Treating Complicated Grief?

Bryant, Richard, PhD
University of New South Wales, Sydney, Australia

Several studies now attest to the efficacy of exposure-based cognitive behavior therapy (CBT) in treating complicated grief. Exposure therapy is typically extremely distressing for complicated grief patients. This controlled trial investigated whether exposure therapy is necessary to treat complicated grief by comparing CBT with and without exposure therapy. Patients with complicated grief (N = 72) received 10 weekly sessions of CBT (that focused on cognitive restructuring, goal setting, event scheduling, and communicating outstanding issues with the deceased). In addition, patients were randomly allocated to receive 4 concurrent individual sessions of supportive counseling or exposure therapy. Six-month follow-up analyses indicated that patients who received exposure therapy in addition to CBT enjoyed greater reduction in grief symptoms than those who received other components of CBT without exposure. These findings suggest that exposure therapy is important in treating complicated grief, however the change mechanisms by which exposure therapy may function may be dissimilar to how exposure therapy works with anxiety disorders.

Concurrent 09
Symposium
Friday, November 4
2:00 p.m. - 3:15 p.m.
Dover

Relational Trauma and the Impact on Children: Assessing Beyond Behavior
(Clin Res, Child/Adol)
Richardson, Margaret, PhD, MSW  
Western Michigan University, Kalamazoo, Michigan, USA  

A multidisciplinary team of clinician researchers (representing social work, developmental, school, and clinical psychology) will examine the effects of relational trauma in childhood. Each presentation utilizes a unique dataset. Included are a national sample of children having experienced multiple types of trauma compiled over 10 years by the National Child Traumatic Stress Network (NCTSN), children in child welfare having experienced complex trauma and who received comprehensive trauma assessments by a transdisciplinary team (speech-language, social work, occupational therapy, medical, and psychology), and a short-term longitudinal study of physically abused children and their caregivers followed from preschool through first grade. The presentations will examine relational trauma and its impact on multiple levels of functioning, and will address the critical need for comprehensive, multi-modal, multi-informant assessments and evidence-based treatment to target the particular needs of children exposed to relational trauma.

Concurrent 09  
Symposium  
Friday, November 4  
2:00 p.m. - 3:15 p.m.  
Dover

Relational Trauma and the Impact on Children: Assessing Beyond Behavior  
(Clin Res,Child/Adol)

Psychosocial Consequences of Relational Trauma: Preliminary Findings from the NCTSN Core Data Set  

Briggs-King, Ernestine, PhD  
Duke University Medical Center, Durham, North Carolina, USA  

Growing research evidence indicates that early and repeated relational trauma is associated with heightened risk for a myriad of maladaptive outcomes and psychosocial sequelae. Additional research however is needed to disentangle the complex relationship between these risk factors and psychosocial outcomes to inform clinical assessment and intervention. This presentation will delineate preliminary assessment findings from the National Child Traumatic Stress Network Core Data Set of over 14,000 traumatized youth. Approximately 75% of the children and adolescents within this sample reported exposure to multiple types of trauma. Although 25% of the sample met full diagnostic criteria for PTSD, many more demonstrated functional impairments in multiple domains including academic problems, behavioral problems, and emotional regulation difficulties that increased as the number of types of traumatic experiences also increased. Additional analyses will examine exposure and symptom patterns that may further undermine resilience. Implications for comprehensive assessment, screening, and treatment services to meet the diverse needs of children exposed to relational trauma will be discussed.

Concurrent 09  
Symposium  
Friday, November 4  
2:00 p.m. - 3:15 p.m.  
Dover
Relational Trauma and the Impact on Children: Assessing Beyond Behavior
(Clin Res,Child/Adol)

Relational Trauma and Children: The Co-Occurrence of Trauma Within the Caregiving Relationship and Neurodevelopmental Delays in Children

Richardson, Margaret, PhD, MSW; Black-Pond, Connie, MA
Western Michigan University, Kalamazoo, Michigan, USA

To what extent do indicators of relational trauma (Schore, 2001) co-occur with social/emotional and executive functioning deficits in children? How do impairments with social communication, executive functioning, and language skills reflect the extent of traumatization in maltreated children, and to what extent does this vary according to severity of relational trauma? The Southwest Michigan Children’s Trauma Assessment Center presents findings from their transdisciplinary assessment process of over 270 children in the child welfare system. The impact of trauma on children’s attention, memory, motor, language, and cognitive functioning as well as social communication skills are first delineated. Three proxies of relational trauma are then used to compare the extent to which relational trauma impacts neurodevelopment. The interplay between functionality and behavior concerns will be displayed in a case study example. Tools for the assessment process will be provided and the implications for assessment of children in a more holistic way will be discussed.

Concurrent 09
Symposium
Friday, November 4
2:00 p.m. - 3:15 p.m.
Dover

Relational Trauma and the Impact on Children: Assessing Beyond Behavior
(Clin Res,Child/Adol)

Relational Trauma and Resilience: Child, Parent, and Family Relationship Factors Promoting Positive Outcomes Among a Sample of Physically Abused Children

Carmody, Karen A., PhD, MSW¹; Haskett, Mary E., PhD²; Loehman, Jessica, BA²
¹Duke University, Durham, North Carolina, USA
²North Carolina State University, Raleigh, North Carolina, USA

Early relational trauma, such as physical abuse, predicts emotional, behavioral, social, and cognitive problems for children (Anda et al., 2005; Briggs et al., 2011). Yet factors from multiple levels of influence, such as child self-esteem and parental responsive caregiving, can contribute to positive outcomes (Appleyard, Yang, & Runyan, 2010; Egeland, Carlson, & Sroufe, 1993). Understanding the factors contributing to resilience is critical in order to develop effective interventions (Luthar & Cicchetti, 2000). The current study is drawn from an investigation of 95 physically abused children and their primary caregivers, followed from preschool through first grade. The study examines child (i.e., gender, IQ, self-esteem), parent (i.e., parent mental health), and family relationship (i.e., child reports and observations of positive parenting, parent reports of family emotional expressiveness) factors in early childhood as predictors of emotional/behavioral (i.e., teacher-reported internalizing and externalizing
behaviors), social (i.e., teacher-reported teacher-child relationships, observations of peer relationships), and cognitive (i.e., executive functioning) outcomes in first grade. Multiple regression models examine differential factors promoting child outcomes. The study reveals variability in the predictors of positive outcomes, underscoring the importance of contextual relevance in intervention design and the need for individualized treatment approaches targeting salient protective processes.

Concurrent 09
Workshop
Friday, November 4
2:00 p.m. - 3:15 p.m.
Grand/Salon I & II

Treating Military Related PTSD and Comorbidity in Veterans across the Lifespan
(Practice, Mil/Vets)

Richardson, Don, MD, FRCPC1; Smith, Wanda, PhD2
1Veteran Affairs Canada, Operational Stress Injury Clinic, London, Ontario, Canada
2McMaster University, Hamilton, Ontario, Canada

Canada’s current military involvement in the Afghanistan war, peacekeeping and world wars has resulted in increasing numbers of veterans presenting with military related posttraumatic stress disorder (PTSD) across the life span. Military related PTSD has been documented to present with unique features including pervasive dysfunction and significant co-morbidity such as depression, substance abuse, chronic pain and anger which may present different clinically depending on stage of life. Despite extensive research in the field of PTSD and numerous treatment guidelines, it continues to be extremely challenging to apply current guidelines in clinical practice in such a diverse presentation. Using case examples including video footage, this workshop will review how to incorporate current knowledge on common comorbid psychiatric illnesses to promote recovery in an often treatment resistant population. The presentation will concentrate on the critical stage of treatment, namely engagement and stabilisation highlighting establishing a therapeutic relationship. The workshop will also demonstrate the benefits of collaborative care and building alliance among professionals and the utility of standardised outcome measures to assist in directing both psychotherapy and pharmacotherapy.

Concurrent 09
Panel
Friday, November 4
2:00 p.m. - 3:15 p.m.
Grand/Salon III & IV

Individual, Family and Social Challenges to the Implementation of Early Interventions to Promote Mental Health After Trauma and Disaster
(Prevent, Disaster)

O'Donnell, Meaghan, PhD1; Zatzick, Douglas, MD2; Kassam-Adams, Nancy, PhD3; Brewin, Chris, PhD4; Bisson, Jonathan, MD5
1Australian Centre for Posttraumatic Mental Health, Melbourne, Australia
2University of Washington School of Medicine, Seattle, Washington, USA
Recent years have seen great advancement in the science of early intervention after trauma. Efficacy studies have identified interventions that successfully treat and prevent the development of PTSD, while effectiveness studies are demonstrating how these interventions can be implemented in the field. There are, however, many challenges that still need to be addressed. This panel brings together leading early intervention researchers to discuss the challenges still facing the early intervention field, and to propose potential solutions to these challenges. These experts have experience in delivering early interventions after traumas such as child injury, and adult assault, and disasters such as the London bombings, and Haitian earthquake. Importantly the panel discussion will emphasise the social, community and political context in which trauma and disaster occur, and the implication these contexts have on recovery.

Concurrent 09
Panel
Friday, November 4
2:00 p.m. - 3:15 p.m.
Grand/Salon VII & VIII

The Use of Peer Consultation and Support for Trauma Clinicians Working With Military Service Members and Veterans
(Self-Care, l/Vets)

Collie, Claire, PhD1; Roberts, Sushma, PhD2; Aosved, Allison, PhD3; Holohan, Dana, PhD4; Bates, Mark, PhD5
1Durham VA Medical Center and Duke University Medical Center, Durham, North Carolina, USA
2Department of Defense, Falls Church, Virginia, USA
3VA Pacific Island Health Care System, Honolulu, Hawaii, USA
4Salem VA Medical Center, University of Virginia School of Medicine, Virginia Tech Carilion School of Medicine, Salem, Virginia, USA
5Department of Defense, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Silver Spring, Maryland, USA

With ongoing military operations in Afghanistan and Iraq, trauma clinicians are treating Service Members and Veterans with severe symptoms including aggression and increased suicide risk, multiple trauma exposures, and complicating factors including traumatic brain injury and hazardous drinking behaviors (Fontana & Rosenheck, 2008; McDevitt-Murphy et al, 2010; Seal et al., 2010; Terrio et al, 2009). Peer consultation and support (PC/S) can decrease professional isolation and the impact of vicarious traumatization (Harrison & Westwood, 2009; Trippany et al, 2004; Voss Horrell et al., in press). A panel of clinicians from the Department of Veterans Affairs and Department of Defense will discuss utilization of PC/S to support trauma clinicians within their respective settings. The objectives of this panel discussion are:
• Provide examples of PC/S in different settings and discuss challenges and success factors in implementing and maintaining these programs.
• Highlight how PC/S improves care for trauma survivors.
• Discuss the role of PC/S in prevention of compassion fatigue, burnout, and vicarious traumatization.
• Detail the role of PC/S in promoting quality care while managing increased referrals and case complexity with limited resources.
• Discuss PC/S as an opportunity to model self-care and ongoing consultation for trainees.
Moral Injury: Theory, Evidence and Intervention
(Practice, Mil/Vets)

Nickerson, Angela, PhD¹; Stein, Nathan, PhD¹; Steenkamp, Maria, PhD¹; Joscelyne, Amy, PhD
Candidate²; Litz, Brett, PhD¹
¹VA Boston Healthcare System, Boston, Massachusetts, USA
²University of New South Wales, Sydney, Australia

The concept of moral injury has been developed to explain the impact of war experiences that transgress combatant’s deeply-held moral beliefs, expectations, and values (Litz et al., 2009). In this panel, we will outline the concept of moral injury in the context of contemporary models of traumatic stress. We will present findings from qualitative research conducted with military veterans that has elucidated the range of emotional reactions and behaviors associated with moral injury, including profound guilt, shame, isolation, abandonment of religion and self-handicapping. We will also describe a treatment that has been developed to address the psychological impact of moral injury in military populations (Steenkamp et al., 2010), comparing this intervention to other widely-used treatments and providing data from a pilot trial testing the intervention in returning Marines. We will discuss the application of the concept of moral injury to other groups, focusing on torture survivors and police officers. Case studies will be presented to illustrate the manner in which fundamental moral beliefs are violated in these populations, and the psychological, spiritual and social sequelae associated with this. Discussion will include recommendations for future multi-disciplinary research and clinical practice.

The RAP Club: A Trauma-Focused Group Delivered by Adolescent and Young Adult Peer Leaders
(Clin Res,Child/Adol)

Tandon, Darius, PhD¹; Tucker, Margaret, MA¹; Gbalazeh, Lovetie, Other¹; Nole, Marcus, Other¹; Habib, Mandy, PsyD²
¹Johns Hopkins University, Baltimore, Maryland, USA
²North Shore University Hospital, Manhasset, New York, USA

Peer-led interventions have been demonstrated as effective in improving health outcomes of adolescents and young adults, in part because this age group is more likely to engage in behavioral change when they see credible and influential role models who are similar on key characteristics. Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) is a skills-based curriculum designed for adolescents and young adults living with high levels of stress. This presentation will describe how a team of clinical researchers has trained peer interventionists (ages 19-23) to deliver an adapted version of the
SPARCS curriculum (i.e. the RAP Club) to peers enrolled in an employment training program as part of a National Institute of Mental Health-funded randomized controlled trial. An innovative feature of this presentation is the inclusion of two peer interventionists as presenters. Following an overview of the core skills and concepts of the program, the peer leaders will present a case study to illustrate clinical material, including ways in which group participants have applied adaptive coping strategies in the aftermath of multiple traumatic events. Peer leaders will also provide reflections on the relevance of core SPARCS skills and concepts for the highly traumatized population with which they work.

Concurrent 09
Paper Session
Friday, November 4
2:00 p.m. - 3:15 p.m.
Essex

Psychotherapy Outcomes
(Clin Res, Caregvrs)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) vs Treatment as Usual (TAU) in Routine Clinical Care: Results from an RCT Study in Norway

Jensen, Tine K., PhD; Egeland, Karina, MA; Holt, Tonje, Doctoral, Student; Hukkelberg, Silje S., PhD; Ormhaug, Silje, Doctoral, Student
Norwegian Centre for Traumatic Stress Studies, Oslo, Norway

The evidence for trauma-focused cognitive behavioral therapy (TF-CBT) for children (Cohen, Mannarino, & Deblinger, 2006) is documented in several studies. Studies have shown that TF-CBT is more effective in reducing posttraumatic stress reactions than waitlist, community services, and child centered interventions (Silverman et al. 2008). However, less is known about the effectiveness of these treatments in routine clinical care, and no RCT studies have been conducted outside the US comparing TF-CBT with usual care. Therefore we conducted a randomized clinical trial that compared TF-CBT (n= 79) with treatment as usual (n=77) in 8 ordinary child guidance clinics in Norway. Inclusion criteria were that the children were between the ages 10-18, had experienced severe trauma and presented with posttraumatic stress reactions over clinical cut-off. The child and at least one parent had to speak Norwegian. Exclusion criteria were psychosis, suicidal behavior, or mental retardation. Outcome measures were PTSD symptomatology, depression, anxiety, general mental health and post-trauma cognitions. In addition parental depression, social support and parental emotional reactions were measured. This presentation will review early findings regarding the effectiveness of TF-CBT and possible mediating and moderating effects. We will discuss implications of these findings for clinicians working with traumatized children and their families.

Concurrent 09
Paper Session
Friday, November 4
2:00 p.m. - 3:15 p.m.
Essex

Psychotherapy Outcomes
(Clin Res, Caregvrs)
A Meta-Analysis of Psychotherapy for PTSD in Adult Survivors of Childhood Interpersonal Trauma

Ehring, Thomas, PhD
University of Amsterdam, Amsterdam, Netherlands

Past meta-analyses have shown that psychotherapy for PTSD is highly effective, with the best evidence existing for trauma-focused cognitive behavior therapy (TF-CBT) and EMDR (e.g., Bisson et al., 2007; Bradley et al., 2005). Therefore, these two types of therapies are recommended as first-line treatments in current clinical guidelines (e.g., ISTSS practice guidelines; NICE guidelines). However, the earlier meta-analyses did not distinguish between different types of traumas. The majority of studies evaluating treatments of PTSD has been conducted with survivors of single-event traumas experienced in adulthood who show few comorbidity. It has therefore been questioned whether the conclusions drawn from earlier meta-analyses also hold for more complex cases, especially survivors of sexual or physical abuse in childhood (see Spinazzola et al., 2005). The current paper will present data from a new meta-analysis focusing exclusively on studies investigating the efficacy of PTSD treatments in adult survivors of childhood interpersonal trauma. Results support the efficacy of psychotherapy for PTSD in this group, showing a large overall effect size. Subgroup analyses will be presented comparing (a) trauma-focused versus non trauma-focused treatments, (b) results of studies with versus without rigorous methodology, and (c) high versus low levels of comorbidity.

Concurrent 09
Paper Session
Friday, November 4
2:00 p.m. - 3:15 p.m.
Essex

Psychotherapy Outcomes
(Clin Res, Caregvr

Yoga as a Complimentary Treatment for Chronic PTSD

Stone, Laura, MA, PhD, Student; Spinazzola, Joseph, PhD; Sharma, Ritu, PhD; Suvak, Michael, PhD; van der Kolk, Bessel, MD
The Trauma Center, Brookline, Massachusetts, USA

A recent randomized controlled trial found that yoga compared to an attention control helped reduce PTSD symptoms in a population of women, ages 18-58, with histories of childhood trauma and diagnoses of chronic PTSD. Childhood trauma takes a devastating toll on mental and physical health resulting in a 4-12 times greater risk of depression, suicide attempts, dissociative symptoms and somatic symptoms (Saxe et al, 1994; Felitti et al, 1998). Yoga includes exercises, meditations and breathing techniques, shown to elicit psychological and physiological changes including heart rate changes (Morse, Cohen, Furst & Martin, 1984; Pal, Velkumary & Madanmohan, 2004). Heart Rate Variability (HRV) irregularities have been associated with PTSD symptoms (Cohen et al, 1997). We conducted multilevel regression analyses to examine change over time in PTSD (Clinician Administered PTSD Scale, CAPS, severity scores) from the intake to the 2-month post-treatment assessment. Both treatment conditions exhibited significant drop in total PTSD score, Yoga = 32% (n=33, -24.01, p < .001, d = 1.40) and Control = 18% (n=26, -13.36, p < .001, d = .79) with the difference between the two treatment groups approaching statistical significance (p = .068, d = .43). Examining the PTSD symptom clusters separately revealed a significant difference (p < .05, d = .47) between the treatment conditions in change in Criteria B symptoms with the Yoga condition showing significantly larger decreases. We will present the results
The Relationship Between Treatment Fidelity and Clinical Outcomes in the Implementation of CPT in VA Settings

Wiltsey Stirman, Shannon, PhD; Calloway, Amber, BA; Monson, Candice, PhD; Resick, Patricia, PhD; McDonald, Alexandra, PhD
1 VA National Center for PTSD and Boston University, Boston, Massachusetts, USA
2 Ryerson University, Toronto, Ontario, Canada

While the efficacy of Cognitive Processing Therapy (CPT) for Posttraumatic Stress Disorder (PTSD) has been established, less is known about the level of fidelity necessary to ensure positive treatment outcomes. Understanding the relationship between measures of adherence and competence and clinical outcomes can inform therapist training and treatment implementation. To examine adherence, competence, and alliance ratings as predictors of subsequent symptom change across sessions of CPT, we rated previously recorded sessions of CPT with 30 PTSD patients in a VA setting. Treatment fidelity was assessed with adherence and competence checklists and instruments. We will examine the relationship between fidelity and treatment outcomes. We will also attempt to determine an empirically-derived cut off score (minimum adherence/competence levels) for therapist competence and adherence. Our preliminary analyses revealed that therapist adherence in session 2 predicted subsequent change in PTSD symptoms. This finding suggests that treatment fidelity is related to clinical outcomes, and our subsequent analyses will explore this relationship further. Implications for treatment and for clinical training will be discussed.
Flory, Janine, PhD¹; Yehuda, Rachel, PhD¹; Passarelli, Vincent, PsyD²; Siever, Larry, MD¹

¹Mount Sinai School of Medicine/Bronx VAMC, Bronx, New York, USA
²Bronx VAMC, Bronx, New York, USA

Objective: Childhood maltreatment and familial psychopathology both lead to an increased risk of the development of Post Traumatic Stress Disorder (PTSD) in adulthood. Although family history of psychopathology has traditionally been viewed as a proxy for genetic risk, such pathology can also create and/or contribute to a stress-laden environment for the child.

Method: Analyses were conducted to evaluate the joint effect of childhood abuse and a family history of depression on diagnoses of PTSD and Major Depressive Disorder (MDD) in a sample of 225 adults with DSM-IV Axis II disorders.

Results: Results showed that the risk of developing PTSD in the presence of both childhood abuse and depression family history was almost six-fold (OR=5.89, p=.001), relative to the absence of both risk factors. In contrast, the risk of developing MDD in the presence of both risk factors was associated with a nearly three-fold risk relative to the reference group (OR=2.75, p=.01).

Conclusions: The results contribute to a growing understanding of risk factors for PTSD and suggest that joint effects of family history of depression and childhood abuse on PTSD are greater than either factor alone and are non-additive.

Concurrent 09
Paper Session
Friday, November 4
2:00 p.m. - 3:15 p.m.
Kent

Predictors of Impairment
(Clin Res,Adult/Cmplx)

The Role of Adverse Childhood Experiences in the Factor-Based Dimensions of Psychopathy Among Criminally Involved Men and Women

Komarovskaya, Irina, PhD¹; Warren, Janet, DSW²

¹New York University School of Medicine, New York, New York, USA
²Institute of Law, Psychiatry, and Public Policy, Charlottesville, Virginia, USA

The current study examines the role of early adverse and traumatic life experiences in the factor-based dimensions of psychopathy traits in a large sample of incarcerated men and women (288 males and 182 females). To assess participants' exposure to early adverse events, they were administered the Prison Background Information Survey (PBIS) and Adverse Childhood Experiences Study Questionnaire (ACE SQ). Psychopathy traits were assessed using the Psychopathy Checklist - Revised - 2 (PCL-R-2). Psychopathy dimensions were defined using the Hare two-factor, four-facet model and the Cooke model of the core elements of condition and the antisocial behavior associated with it. The results revealed that the affective and interpersonal dimensions of psychopathy were largely unrelated to adverse childhood experiences, except for a weak but significant association with the indicator of family dysfunction (r = .115, p = .013 for Interpersonal Factor; and r = .113, p = .015 for Affective Factor). Behavioral and antisocial domains of psychopathy showed stronger associations with adverse childhood experiences, including physical and sexual abuse and neglect. Gender-specific patterns of associations are discussed.
Is Childhood Adversity Associated with Homelessness Even After Adjusting for Axis I & II Disorders? Results from a Nationally Representative Sample

Roos, Leslie, BS, BA
University of Manitoba, Winnipeg, Manitoba, Canada

While mental health problems and adverse childhood experiences (ACE) are over-represented in the homeless population, there is little research investigating how these factors relate to future homelessness. This study examined the relationship between ACE and the odds of future homelessness in the National Epidemiological Study of Alcohol and Related Conditions (NESARC). We further investigated if ACE were associated with future homelessness even after adjusting for a range of Axis I & II disorders. ACE were assessed in the NESARC based on questions from the ACE Study. Structured diagnostic questions from the Alcohol Use Disorder and Associated Disabilities Interview Schedule AUDADIS-IV were used to assess lifetime DSM-IV Axis I & II disorders. Using multiple logistic regression analyses, each childhood adversity was highly significantly correlated with future homelessness even after adjusting for Axis I & II disorders (AOR2 range: 1.63-2.26 in men; 1.89-3.04 in women). These were slightly weaker relationships than the model unadjusted for Axis I & II disorders (AOR1 range: 2.28-4.24 in men; 3.51-5.62 in women). The six ACE investigated were emotional sexual, & physical abuse, emotional & physical neglect, and general household dysfunction. In conclusion, while Axis I & II disorders do mediate the link between ACE and future homelessness, childhood adversity remains independently related to future homelessness. We hypothesize that this may result from attachment related problems. These findings have important implications for vulnerable children exposed to ACE, and associated intervention strategies.
Concerns about suicidal behavior among Afghanistan and Iraq war Veterans makes research examining risk factors for suicidal behavior in this cohort of paramount importance. In particular, female Veterans’ warzone and post-deployment experiences are poorly understood. This study examined predictors of post-deployment suicidal ideation (SI) and suicide attempt (SA) in female (n = 1209) and male (n = 1139) Veterans who were deployed to Operation Enduring Freedom (OEF) and Operation Iraq Freedom (OIF) between 2002 and 2010. Six men endorsed SA; therefore we did not examine predictors of SA among males. Among women, the odds ratio (OR) for combat and SI was 2.2 (95% confidence interval [95% CI]: 1.5, 3.2) and 7.8 (95% CI: 1.0, 58) for SA. The OR for deployment sexual harassment and SI was 2.5 (95% CI: 1.9, 3.4) and 4.6 (95% CI: 1.5, 14) for SA. For men, the OR for combat and SI was 2.2 (95% CI: 1.4, 3.5); the OR for deployment sexual harassment and SI was 2.2 (95% CI: 1.4, 3.4). Associations will also be presented within strata of participants who meet criteria for PTSD and depression. These findings add to the understanding of the psychiatric profile of Veterans returning from OEF/OIF deployments.

Concurrent 09
Media Presentation
Friday, November 4
2:00 p.m. - 3:15 p.m.
Grand/Salon VI

Prisoner of Her Past Part I: Introduction and Screening
(Clin Res, Mil/Vets)

Reich, Howard, BA1; Quinn, Gordon, BA2; Kudler, Harold, MD3; Osofsky, Joy, PhD4; Howard, Osofsky, MD, PhD4
1Chicago Tribune, Chicago, Illinois, USA
2Artistic Director, Kartemquin Films, Chicago, Illinois, USA
3VISN 6 MIRECC/Duke University, Chapel Hill, North Carolina, USA
4Department of Pediatrics and Psychiatry, Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA

On a frigid evening in February 2001, a 69 year old woman packed her clothes into two shopping bags, put on her coat, locked the door to her Chicago area home and fled. She told the police officers who found her and the doctors who evaluated her that someone was trying to kill her. In November 2003, her son, Chicago Tribune jazz critic, Howard Reich, who, had been told as a child to keep his Jewishness a secret, published a widely read news article linking his mother’s behavior to her childhood Holocaust experiences and suggesting that she suffers a prevalent but grievously under-recognized disorder: Late Onset PTSD. Reich’s article and follow-up book uncovering his mother’s past and exploring his relationship with her have now been transformed into an award-winning documentary by Kartemquin Films, producers of the acclaimed Hoop Dreams. Part I of this presentation of the ISTSS Special Interest Group on Intergenerational Transmission of Trauma and Resilience begins with an introduction by Howard Reich and the film’s producers followed by a screening of Prisoner of Her Past. Part II will feature a panel discussion of the film.

Participant Alert: Graphic accounts and images of the Holocaust will be included in this presentation.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon III & IV
Response to Trauma Across the Lifespan: The Role of Peritraumatic Reactions
(Assess Dx, Diverse Pop)

Kerig, Patricia, PhD
University of Utah, Salt Lake City, Utah, USA

Peritraumatic reactions are central to the DSM-IV diagnosis of PTSD, with Criterion A2 requiring subjective responses of “fear, helplessness, or horror.” However, the role peritraumatic reactions should play in the revised criteria for DSM-5 has been the subject of considerable debate. On the one hand is the argument that, because many individuals develop PTSD in the absence of A2 responses, the criterion should be abandoned entirely given its lack of predictive power (Brewin et al., 2009). On the other hand are conceptual models of PTSD that consider peritraumatic experiences to be pivotal in defining traumatic stress (Bovin & Marx, 2011). In the middle are proposals to expand DSM’s list of peritraumatic reactions to include others that are predictive of PTSD, such as dissociation or disgust (Weathers & Keane, 2007). A further limitation is that most of this research has focused on adults, whereas important developmental differences may exist in responses to traumatic events (Cohen & Scheeringa, 2009). To address these issues, this international symposium brings together researchers from three laboratories investigating the role of peritraumatic reactions in PTSD, including investigations spanning childhood, adolescence, and adulthood. The discussant, an investigator renowned for his pioneering research in this area, will offer commentary.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon III & IV

Response to Trauma Across the Lifespan: The Role of Peritraumatic Reactions
(Assess Dx, Diverse Pop)

Peritraumatic Distress and Peritraumatic Dissociation Across Lifespan

Rodgers, Rachel, PhD¹; Bui, Eric, MD, PhD²; Arbus, Christophe, MD²; Birmes, Philippe, MD, PhD²
¹Northeastern University, Boston, Massachusetts, USA
²Laboratoire du Stress Traumatique, Universite Toulouse 3 & CHU de Toulouse, Toulouse, France

Although peritraumatic reactions have been studied in a variety of populations, no study has investigated them across lifetime.

The present study examined the factor structure of a measure of peritraumatic distress and of dissociation and their relationship across lifespan.

Using combined data from four datasets of trauma exposed individuals (total n=570, 53.7% females, mean(SD) age=34.7(16.4) three age-groups were created: Youths (aged 7-22 years), adults (23-56 years), and older participants (57-85 years) were derived. Confirmatory factor analyses revealed that the 2-factor structure of the dissociative experiences questionnaire (PDEQ) was invariant across the three-
age groups whereas the 2-factor structure of peritraumatic distress inventory (PDI) was not invariant with a worse fit among the older group.

The strength of the relationship between those two constructs was also examined across age groups. Findings revealed the relationship between peritraumatic distress and dissociation to be stronger among adults compared to children or older participants.

Our results suggest that experiences peritraumatic dissociation and distress may present unique characteristics among older individuals. Further prospective research is needed to explore the specificities of peritraumatic reactions among this age group and could contribute to improving the predicting PTSD after trauma exposure.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon III & IV

Response to Trauma Across the Lifespan: The Role of Peritraumatic Reactions
(Assess Dx, Diverse Pop)

The Relationship of Child and Parental Peritraumatic Reactions and Posttraumatic Stress Disorder

Bui, Eric, MD, PhD1; Brunet, Alain, PhD2; Birmes, Philippe, MD, PhD1
1Laboratoire du Stress Traumatique, Universite Toulouse 3 & CHU de Toulouse, Toulouse, France
2McGill University and Douglas Hospital Mental University Institute, Montreal, Quebec, Canada

Although parental and child peritraumatic reactions and PTSD symptoms might interact within the same family, no study has investigated simultaneously and prospectively both parental and child peritraumatic reactions and PTSD symptoms. The present study aims to examine the relationship between peritraumatic reactions and PTSD symptoms among child victims of a road traffic accident and their parents.

Peritraumatic responses (distress and dissociation) were assessed both in children and their parents (n=157 children, 91 mothers, 45 fathers) within one week of a road traffic accident. At 1- and 12-month, all participants were assessed for PTSD symptoms. Results showed that child and parental peritraumatic reactions were significantly correlated. Furthermore, 1-month child PTSD symptoms were significantly associated with child peritraumatic reactions while 12-months PTSD symptoms were associated with child and paternal peritraumatic reactions. On the other hand, in parents, 1- and 12-month PTSD symptoms were associated with both parental and child peritraumatic reactions. However, multivariate analyses only partially confirmed our results.

Our findings suggest that in a family nucleus, peritraumatic reactions experienced by a member might influence other member PTSD symptoms. Clinicians should be particularly aware of peritraumatic reactions among both children who have suffered a motor-vehicle accident and their parents.
Response to Trauma Across the Lifespan: The Role of Peritraumatic Reactions
(Assess Dx, Diverse Pop)

Trauma Exposure, Peritraumatic Reactions, and PTSD Symptoms Among Juvenile Justice-Involved Youth

Kerig, Patricia, PhD; Bennett, Diana, BA
University of Utah, Salt Lake City, Utah, USA

The role that peritraumatic reactions play in PTSD has been the subject of recent interest and debate. However, limited research has investigated peritrauma among youth. This study investigated the interrelationships among trauma exposure (interpersonal, noninterpersonal), peritraumatic reactions (terror, fear of harm, helplessness, disgust, distress, confusion, dissociation), and PTSD symptoms in a sample of adolescents (380 boys, 185 girls) detained in a juvenile correctional facility. Youth reports were obtained via interview using the UCLA PTSD Reaction Index. Results indicated that increased levels of trauma exposure were associated with more severe peritraumatic reactions, and that these reactions were associated with PTSD in ways that differed by gender. For boys, all peritraumatic reactions predicted PTSD caseness, whereas for girls only fear of harm, helplessness, confusion, and distress were predictive. Multiple regressions using Preacher and Hayes’ non-parametric bootstrapping methodology were performed to test whether peritraumatic reactions mediated the relation between trauma and PTSD symptom clusters. Although distress was a consistent mediator for all youth, other results were moderated by gender. For example, for interpersonal traumas, the relation with reexperiencing was uniquely mediated by confusion and dissociation for boys; dissociation uniquely mediated avoidance for girls; and fear, disgust, and confusion uniquely mediated arousal for boys.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon III & IV

Response to Trauma Across the Lifespan: The Role of Peritraumatic Reactions
(Assess Dx, Diverse Pop)

Brunet, Alain, PhD
McGill University and Douglas Hospital Mental University Institute, Montreal, Quebec, Canada

As a discussant for the symposium, this participant will provide a critique of the papers presented that will highlight their significance to the field and the new information they contribute to our understanding of the role of peritraumatic reactions (distress and dissociation) in post traumatic stress disorder across the lifespan.
Given high rates of trauma exposure among children, and abundant documentation of the deleterious outcomes related to such exposure, effective interventions are clearly needed. Despite recent advances in the development of interventions, evaluation of these programs is still limited. Some interventions still lack rigorous evaluation, and the effectiveness of current dissemination practices for evidence-based interventions is unknown. Thus, evaluation work is clearly needed to establish the effectiveness of trauma-focused interventions for children and to establish ways to roll them out effectively once they are proven to work. The first presentation will focus on the national evaluation of the Safe Start Promising Approaches initiative, focused on child-level outcomes in 15 sites with diverse interventions and populations served. The second presentation will focus the rollout of TF-CBT within the state of Minnesota, and how evaluation was used to affect changes at the system level. Finally, the third presentation will focus on another rollout of evidence-based services and the evaluation focused on therapist level variables. Thus, this symposium focuses on real-world evaluation efforts, highlighting their challenges and successes in moving the field forward in its understanding of the impact of interventions and their dissemination.
This presentation will summarize an ambitious national evaluation of 15 sites implementing programs that sought to improve outcomes for children exposed to violence, the Safe Start Promising Approaches Initiative, funded by the Office of Juvenile Justice and Delinquency Prevention. The evaluation team worked collaboratively to develop experimental or quasi-experimental studies at each of the sites through an innovative and iterative “green-light” process designed to get them ready to launch their services and the study concurrently. We will highlight the successes and innovations used in these studies, as well as challenges faced in enrollment and retention, including reasons for these derived from an extensive process evaluation. Throughout the presentation, we will highlight the special issues related to children’s exposure to violence that make such evaluations so important. We will also highlight the main findings from the outcomes evaluation, which is currently undergoing peer review and will be released in September 2011.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon VII & VIII

Challenges and Successes in Evaluating Community-Based Interventions to Improve Outcomes for Children Exposed to Violence and Trauma
(Res Meth, Child/Adol)

Role of Evaluation in State-Wide, Community-Based Implementation of Trauma-Focused Therapy for Children

Gewirtz, Abigail, PhD¹; Reckinger, Dawn, PhD²
¹University of Minnesota, St. Paul, Minnesota, USA
²Ambit Network, Minneapolis, Minnesota, USA

Gewirtz & Reckinger present evaluation data from a 5-year statewide implementation of trauma-focused cognitive behavioral therapy across Minnesota, funded in part by SAMHSA’s National Child Traumatic Stress Network. The evolution of learning collaborative technology is discussed in the context of increasing success in establishing benchmarks for successful implementation. Over the five years, 120 clinicians from 20 community mental health clinics across the state participated in 12 to 18-month long learning collaboratives conducted in a partnership between the State of Minnesota’s Department of Human Services and the University of Minnesota. Agency, therapist, and child-level outcome data are reported. The evaluation efforts were conducted hand-in-hand with the treatment training and implementation efforts such that each informed the other in an iterative process. For example, as training efforts evolved to include more extensive training in assessment as well as ‘clinician-friendly’ assessment reports, clinician rates of standardized assessment completion with clients increased dramatically. Similar patterns were observed in the reporting of fidelity data as well as actual adherence. The role of evaluators for quality improvement in community-based implementation projects is discussed.

Concurrent 10
Symposium
Friday, November 4
Challenges and Successes in Evaluating Community-Based Interventions to Improve Outcomes for Children Exposed to Violence and Trauma
(Res Meth, Child/Adol)

Evaluation in the Support of Training and Consultation to Improve Therapists' Effective Use of CBT

Berliner, Lucy, MSW1; Dorsey, Shannon, PhD2; Lyon, Aaron, PhD2
1 Harborview Center for Sexual Assault and Traumatic Stress, Seattle, Washington, USA
2 University of Washington, Seattle, Washington, USA

The Washington State Mental Health Division (WSMHD) supports training and consultation in Cognitive-Behavioral Therapy (CBT) and Trauma-Focused CBT (TF-CBT) for delivery by clinicians in public-sector mental health. The Harborview Center for Traumatic Stress and the University of Washington Evidence Based Practice Institute have contracted with the WSMHD to conduct training in CBT and TF-CBT, utilizing a learning collaborative approach. Learning collaboratives provide a framework for ongoing training and case consultation among networks of providers in order to support professionals in the acquisition of new practices. This presentation will describe two evaluation efforts designed to determine the impact of the learning collaboratives and the degree to which clinicians adopted new skills over time. Evaluations include clinician surveys and consultant reports of therapist behavior during case consultation. Variables measured include clinicians’ attitudes toward and use of evidence-based practices (i.e., standardized assessment measures, evidence-based treatment components), as well as access to organizational supports and evidence-based supervision. Discussion will review the findings in the context of public policy evaluation and the growing literature on training and implementation strategies in real world contexts.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Dover

Developmental Perspectives on Proposed DSM-V Bereavement Criteria: Three Longitudinal Studies of Bereaved Children and Adolescents
(Assess Dx, Child/Adol)

Layne, Christopher, PhD
UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA

Debate is currently focused on the level of evidence supporting the inclusion of age-specific manifestations, as well as a traumatic grief specifier, for DSM-V bereavement-related disorders. Whether these specifications are included versus excluded from the DSM-V will influence the next generation of empirical studies, including investigations concerning whether grief reactions differ in important ways as a function of developmental stage or of the circumstances of the death (e.g., shocking vs. peaceful). This
symposium will contribute to this debate by presenting multi-informant, multi-method data gathered from three rare longitudinal studies of bereaved children and adolescents conducted in diverse places around the world. These include samples of (1) parentally bereaved children from the Midwestern US; (2) bereaved Bosnian adolescents, and (3) bereaved war-exposed Sierra Leone Youth, many of whom are former child soldiers. We present evidence that supports the inclusion of both age-specific manifestations and a traumatic grief specifier within DSM-V bereavement criteria. We then discuss the implications of our findings for building clinically useful theories of adaptive and maladaptive grief in childhood and adolescence, improving test construction and clinical assessment, guiding intervention, and informing public policy.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Dover

Developmental Perspectives on Proposed DSM-V Bereavement Criteria: Three Longitudinal Studies of Bereaved Children and Adolescents
(Assess Dx, Child/Adol)

Developmental Considerations for DSM-V Bereavement-Related Disorders

Kaplow, Julie, PhD, ABPP\(^1\); Layne, Christopher, PhD\(^2\); Pynoos, Robert, MD, MPH\(^2\)

\(^1\)University of Michigan Medical School, Ann Arbor, Michigan, USA
\(^2\)National Child Traumatic Stress Network, UCLA, Los Angeles, California, USA

Criteria have been proposed for two bereavement-related disorders for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Currently, these diagnoses do not include developmentally-informed criteria, despite evidence suggesting that developmental processes may have a crucial influence on the particular ways in which children and adolescents grieve. It is important to ensure that sufficient attention is given to age-specific manifestations and related modifications of these proposed diagnostic criteria. The goals of this presentation are to (1) characterize manifestations of adaptive versus maladaptive grief in children; (2) suggest developmentally-informed modifications to diagnostic criteria based upon both existing empirical studies of maladaptive grief in childhood and adolescence, as well as clinical knowledge; and (3) suggest future study designs that will better differentiate between normative versus maladaptive grief responses in bereaved youth. We will integrate and illustrate these recommendations with preliminary findings from a longitudinal study of parentally-bereaved children. These findings suggest that maladaptive grief in childhood must be considered in the context of individual and environmental risk and protective factors, including the child’s coping strategies and the surviving caregiver’s functioning.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Dover
Developmental Perspectives on Proposed DSM-V Bereavement Criteria: Three Longitudinal Studies of Bereaved Children and Adolescents
(Assess Dx, Child/Adol)

Do Traumatic Circumstances of the Death Matter? Predicting the Longitudinal Course of Grief in Adolescents

Layne, Christopher, PhD1; Olsen, Joseph, PhD2; Kaplow, Julie, PhD, ABPP3; Pynoos, Robert, MD, MPH1
1 UCLA/Duke University National Center for Child Traumatic Stress, Los Angeles, California, USA
2 Brigham Young University, Provo, Utah, USA
3 University of Michigan Medical School, Ann Arbor, Michigan, USA

Our success in identifying suitable criteria for DSM-V bereavement disorders depends on our ability to discriminate between adaptive versus maladaptive grief. We measured the longitudinal course of grief in 400 Bosnian adolescents bereaved under unnatural vs. natural circumstances. We found: (1) a 2-factor solution, labeled Normal versus Maladaptive Grief; (2) theorized precursors (trauma vs. loss reminders) differentially related to Normal versus Maladaptive grief across both natural and unnatural circumstances groups; (3) Normal versus Maladaptive grief did not differ in correlations with PTSD symptoms across groups; (4) theorized correlates (depression, anxiety, somatization, hostility) correlated more strongly with Maladaptive than Normal grief across groups; (5) depression, anxiety, somatization, and hostility correlated more strongly with Maladaptive grief in the unnatural circumstances group; and (6) loss and trauma reminders had stronger paths to Maladaptive grief in the unnatural circumstances group. Findings suggest that grief is multidimensional, Maladaptive (traumatic) grief is not a proxy for PTSD, and traumatic loss is a risk factor for Maladaptive grief characterized by intense distress to loss reminders, avoidance of reminders of the person, and traumatic grief.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Dover

Developmental Perspectives on Proposed DSM-V Bereavement Criteria: Three Longitudinal Studies of Bereaved Children and Adolescents
(Assess Dx, Child/Adol)

Loss in the Context of Social Ties: Mental Health Trajectories of War-Affected Youth in Sierra Leone

Betancourt, Theresa, ScD, MA; Newnham, Elizabeth, PhD
Harvard School of Public Health, Boston, Massachusetts, USA

A child’s social ecology shapes and influences their psychosocial development following traumatic loss during war. Using three waves of data from a longitudinal study in Sierra Leone, mental health trajectories were examined for 529 war-affected youth (ages 10-17 at baseline; 25% female). Latent class growth analyses identified four trajectory classes: a large proportion (41.4%) maintained low symptom levels in
the post-war period while 47.6% showed significant improvement over time despite very limited access to care. A small group (4.5%) sustained high levels of internalizing behaviors post-war while 6.4% significantly deteriorated. High symptom and deteriorating trajectories were associated with loss of a caregiver during war, family abuse and neglect post-conflict, and stigma related to being a former child soldier while more resilient trajectories were associated with community acceptance and higher levels of prosocial/adaptive behaviors. To complement these findings, we explore qualitative data (N=10) that highlights the multiple influences which may contribute to complicated grief or resilience following war.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Essex

Advances in the Neurobiology Underlying Symptomatology and Recovery in Posttraumatic Stress Disorder
(Bio Med, Diverse Pop)

Marmar, Charles, MD¹; Castro, Carl, PhD²
¹New York University School of Medicine, New York, New York, USA
²US Army, Frederick, Maryland, USA

Although our understanding of the neurocircuitry influencing posttraumatic stress disorder (PTSD) has grown rapidly over the past decade, clinical researchers in the field of traumatic stress continue to examine and seek to elucidate the underlying neurobiological mechanisms associated with vulnerability and recovery in PTSD. Drawing from different paradigms and analytic techniques, speakers will present emerging functional, morphologic, and genetic data aimed at understanding previously unexamined mechanisms, the extent to which PTSD is neurobiologically distinct from other psychiatric disorders, and the possibility of using biomarkers to predict treatment outcome. These data will highlight the common neural abnormalities associated with emotion dysregulation across three different fMRI paradigms, and in particular, how specific abnormalities in the fronto-limbic circuitry may differentiate PTSD from generalized anxiety, panic disorder, and major depressive disorder. Findings will also shed light on volumetric abnormalities associated with PTSD symptomatology. Finally, these talks will provide emerging findings on neural, volumetric, and genetic predictors of successful outcome following cognitive-behavioral interventions, and highlight how our current understanding of the neurobiology of PTSD can help to more effectively tailor therapeutic interventions.
Neurobiology of Implicit Emotion Regulation: Avenues for Understanding Psychopathology and Its Treatment

Etkin, Amit, MD, PhD
Stanford University, Stanford, California, USA

Clinical data suggest that abnormalities in the regulation of emotional processing contribute to the pathophysiology of post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD) and major depressive disorder (MDD). However, these abnormalities remain poorly understood at the neurobiological level, no comparisons exist between deficits in these disorders, and it is unknown what effect they have on treatment and likewise what effects treatment has on them. We recently reported in healthy volunteers that the pregenual anterior cingulate regulates emotional conflict on a trial-by-trial basis by dampening activity in the amygdala - a non-instructed and implicit (non-conscious) emotion regulatory process. In this talk, I will discuss recent findings from my laboratory in patients with PTSD, GAD and MDD using this task. These data will highlight common and disorder-specific behavioral and neuroimaging deficits, and illustrate how the complex nature of psychopathology arises from the interaction of deficits and compensation, all of which can occur at an implicit level. Moreover, I will discuss how these findings impact our understanding of the structure of anxiety/depression-related psychopathology, of ways to subtype disorders along biological mechanism-determined lines, and inform approaches to novel treatments.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Essex

Advances in the Neurobiology Underlying Symptomatology and Recovery in Posttraumatic Stress Disorder
(Bio Med, Diverse Pop)

Functional and Structural Abnormalities in Childhood Sexual Abuse-Related PTSD: Implications for Characterization and Treatment

Brown, Adam, PhD1; Root, James, PhD2; Perez, David, MD3; Teuscher, Oliver, MD, PhD4; Pan, Hong, PhD5; Cloitre, Marylene, PhD6; LeDoux, Joseph, PhD6; Silbersweig, David, MD3; Stern, Emily, MD3
1 New York University School of Medicine, New York, New York, USA
2 Weill Medical College of Cornell University, New York, New York, USA
3 Brigham and Women's Hospital, Boston, Massachusetts, USA
4 Albert-Ludwigs University, Freiburg, Germany
5 National Center for PTSD, Palo Alto, California, USA
6 New York University, New York, New York, USA

Post-traumatic stress disorder (PTSD) is associated with altered initiation and modulation of the human fear response. Fronto-limbic regions underlying fear processing, including ventromedial prefrontal cortex, anterior cingulate cortex, and the amygdala, display abnormal activation patterns in patients with PTSD. This talk will present findings from a series of studies examining functional and morphologic abnormalities in Childhood Sexual Trauma-related PTSD compared to control populations. Using fMRI to probe fear processing in the context of an instructed fear paradigm, patients with PTSD compared to panic disorder patients (PD) and healthy controls were characterized by their lack of habituation over time under threat
Applying voxel-based morphometry to compare gray matter volumes in subjects with PTSD and healthy controls, preliminary findings suggest group differences in fronto-limbic structures (increased amygdalar volume; rostral anterior cingulate volume loss); insular volumes correlate positively with PTSD symptom severity. Lastly, we present evidence that specific volumetric and functional abnormalities in fronto-limbic regions predict response to the Skill Training in Affect Regulation (STAIR) treatment, an intervention that targets the development of affect regulation and social skills followed by exposure therapy. Neurodevelopmental and clinical implications will be discussed in this context.

Concurrent 10
Symposium
Friday, November 4
3:30 p.m. - 4:45 p.m.
Essex

Advances in the Neurobiology Underlying Symptomatology and Recovery in Posttraumatic Stress Disorder
(Bio Med, Diverse Pop)

Neural Mechanisms and Treatment Predictors in Posttraumatic Stress Disorder

Felmingham, Kim, BA (Hons), PhD; Bryant, Richard, PhD; Malhi, Gin, MBBS(Hons)MDFRANZCP

School of Psychology, University of New South Wales, Sydney, Australia

Department of Psychiatry, University of Sydney, Sydney, Australia

Posttraumatic Stress Disorder is characterized by distressing, intrusive memories of the trauma that the individual has difficulty suppressing. Recent neuroimaging evidence suggests dorsolateral, hippocampal, medial prefrontal and amygdala networks are involved in memory suppression using a Think-No Think (TNT) paradigm (Anderson et al., 2004; Depue et al., 2007). Few studies have examined the neural activity in these networks during memory suppression in PTSD. This paper will present recent findings of neural activity during a TNT paradigm in 14 patients with PTSD, 15 trauma-exposed and 14 non-trauma exposed controls. Secondly, this paper will present preliminary evidence of the role of the low-expression allele of the BDNF genotype in predicting response to exposure therapy in PTSD.

Concurrent 10
Workshop
Friday, November 4
3:30 p.m. - 4:45 p.m.
Laurel C-D

The Harm and Healing of Betrayal Trauma: A Researcher/Clinician Dialogue
(Clin Res,Adult/Cmplx)

Freyd, Jennifer, PhD; Kahn, Laurie, LCSW; Cromer, Lisa, PhD; Platt, Melissa, PhD Candidate

University of Oregon, Eugene, Oregon, USA
WomenCare Counseling Center, Evanston, Illinois, USA
University of Tulsa, Tulsa, Oklahoma, USA
In a lively researcher/clinician dialogue, we will address the key concepts of Betrayal Trauma theory, draw from the corresponding body of research, and highlight the implications for treatment and healing. The workshop will orient participants to the tenets of Betrayal Trauma theory. We will present laboratory evidence including findings from studies in cognitive science (Freyd).

In cases of betrayal trauma, victims of abuse may be unaware of the abuse, or minimize the harm of the abuse, in order to maintain an attachment relationship with a person vital to survival and development. Unlike non-interpersonal traumas, betrayal traumas typically do not activate a fear network. Rather, victims can have difficulties identifying and forming healthy (non-exploitive) relationships, and can have dysfunctional beliefs about their own worth.

The therapeutic implications of the premise are vast. We will discuss how therapy can move clients from the ravages of “betrayal blindness”, developing their capacity to perceive the absence of mutuality in abusive relationships (Kahn). We will describe a clinical conceptualization using the principles of Betrayal Trauma theory (Cromer). We will discuss the range of beliefs and compensatory behaviors that are typical for people who have experienced betrayal trauma. Evidence from studies about changes in cognition following interpersonal trauma will also be presented.

Concurrent 10
Panel
Friday, November 4
3:30 p.m. - 4:45 p.m.
Laurel A-B

Looking Through the Lens of Local Culture: Implications for the Assessment and Treatment of Post-Conflict Populations
(Cul Div, Civil/Ref)

La Bash, Heidi, MA, PhD, Student¹; De Jong, Joop, MD, PhD²; Silove, Derrick, MBBS(Hons)MDFRANZCP³; Friedman, Matthew, MD, PhD⁴
¹University of Nevada, Reno, Reno, Nevada, USA
²VU University Medical Center, Amsterdam, Netherlands
³University of New South Wales, Liverpool, Australia
⁴National Center for PTSD, White River Junction, Vermont, USA

Social roles and social context have been identified as key factors in the adjustment after trauma exposure (e.g., Hobfoll, 2002). These roles and context can only be fully understood through the lens of local culture. Many embrace guidelines that stipulate that psychosocial interventions should be built on culture-specific expertise and be culturally appropriate, as well as focus on people’s strength and resiliency. Yet, it can be a struggle to decode the constellation of symptoms present in cross-cultural populations, especially when working with post-conflict populations who experience a unique range of acute and chronic stressors that can include lack of access to basic needs and destruction of personal property, infrastructure, and means for livelihood. In this Student Section sponsored panel a new concept for understanding extreme stress reactions, collective trauma resolution, will be exemplified with results from ethnographic research in southern Guinea Bissau. Drawing on this and other work with displaced Vietnamese, Timorese, and Papuans, multidimensional approaches to assessment and treatment of post-conflict populations will be outlined, including the use of psychopharmacology. Practical guidelines will be provided to assist in understanding cultural presentations of mental distress and determining appropriate levels of intervention.
Veterans and Their Families
(Clin Res, Mil/Vets)

Impact of an Online Posttraumatic Stress Disorder Training Game on Families of Returning Veterans

Albright, Glenn, PhD
Baruch College, Kognito Interactive, New York, New York, USA

Veteran Administration staff and researchers at a learning technology company conducted a study that compared the pre- and post-assessment outcomes of knowledge, confidence and self-efficacy among family members of returning Veterans who completed an online PTSD training course to enhance social bonding and improve their ability to motivate Veterans who are experiencing psychological distress to seek help at their local VA. The course uses a proprietary interactive online gaming format to teach learners how to identify signs of post-deployment stress and how to effectively communicate with their Veteran. Participants in the study were drawn from the families of over 900,000 Veterans in NY/NJ area who have free access to the training through the Veteran Integrated Service Network (VISN3). In this course, users assume the role of a family member and engage in simulated conversations with emotionally responsive Veteran-avatars exhibiting signs of PTSD, suicidal ideation, and TBI. These avatars are capable of visually and verbally expressing emotions in reaction to users’ conversation decisions, thus replicating the key challenges of real-life interactions. This presentation provides initial study results and the unique challenges of working with a federal agency which has little history in participating in adaptation and dissemination of an online course.

Concurrent 10
Paper Session
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon I & II

Veterans and Their Families
(Clin Res, Mil/Vets)

A Learning Collaborative to Improve Mental Health and Family Supports to Medically Discharging Australian Defense Force Members

Wade, Darryl, PhD; Pead, John, MA
Australian Centre for Posttraumatic Mental Health, University of Melbourne, East Melbourne, Australia

There is a gap between what we know and what we do in healthcare and related settings. A learning collaborative is an improvement method designed to close that gap by creating an opportunity for interested organizations and services to learn from each other and recognized experts in a topic area where they want to make improvements. In 2008, the Department of Veterans’ Affairs (DVA) funded the
Australian Centre for Posttraumatic Mental Health (ACPMH) to undertake the Transition Mental Health and Family Collaborative to improve mental health and family supports provided by Defence and DVA services to medically discharging defence force members based in Townsville, Far North Queensland. This presentation will describe, and present data from, the learning collaborative that was undertaken throughout 2009 by ACPMH in partnership with Defence and DVA. The data is based on monthly reports from participating services on their practice improvements in five mental health change priorities. Overall, the findings demonstrate a five-fold increase in the reported provision of recommended practices by all services within a 9-month time period.

Concurrent 10
Paper Session
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon I & II

Veterans and Their Families
(Clin Res, Mil/Vets)

Familial and Non-Familial Networks, Trauma and Psychiatric Outcomes: A 30-Year Longitudinal Study of Vietnam Veterans

Price, Rumi, PhD; Widner, Gregory, MSW
Washington University School of Medicine, St. Louis, Missouri, USA

Using the data on a Vietnam Veteran and comparison group cohort (data source, Vietnam Era Study, 1972 baseline total N=1,227) who were prospectively followed up over 30 years, we examine longitudinal associations of familial and non-familial network characteristics with proband’s traumatic experience and psychiatric and substance abuse outcomes including depression, post-traumatic stress disorder (PTSD), and suicidality. Detailed network information was collected via self-report over the early to late midlife of Veterans and comparison non-Veterans. Network members inquired about included parents, siblings, current spouse, children, as well as important non-family members. Network characteristics include demographics, relationship, education, service experience, family psychiatric history, origin of relationship (non-family only), length of association, deceased or alive, typical activities and member’s risk behaviors. Network-based data are available for about 840 Veterans and non-Veterans. Using the generalized estimating equation (GEE) which adjusts non-independence of overtime data, early results showed that family psychiatric and substance abuse history in addition to comorbid psychiatric conditions were more important than the number of important people in predicting substance dependence disorders over a 25-year period. The current analysis expands earlier analyses to include trauma patterns, and examine predictors of depression and PTSD. Network-based GEE analysis will be explored to examine the effect of changes in network characteristics on psychiatric conditions.

Concurrent 10
Paper Session
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon IX & X

Civilian Survivors of Conflicts
(Cul Div, Civil/Ref)
Resilience and Social Ties: The Missing Pieces of Post-Conflict Interventions?

Suarez, Eliana, PhD Candidate
University of Toronto, Toronto, Ontario, Canada

It is recognized among scholars and practitioners that “resilience is more than the absence of PTSD” (Almedon & Glandon, 2007; Bonnano, 2008). Yet, the resilience of individuals and communities in post-conflict zones has not been examined, nor given equal prominence than their suffering (Kienzler, 2009; Tremblay et al, 2010). Consequently, psychosocial interventions in post-conflict often are not responsive to local realities and ill equipped to foster local strengths and participation in the social repair process (Miller, Kulkarni & Kushner, 2006). This study examines the resilience of indigenous Quechua women in the aftermath of the armed conflict in Peru (1980-2000). A total of 151 participants were evaluated for their exposure to war violence, current life stressors, resilience and post-traumatic stress related symptoms using a cross sectional survey design. The moderating factors of resilience in this sample will be discussed. Using case vignettes, it will be also examined the cultural meaning of social ties, the importance of continuous social participation and political engagement for the resilience of participants, as well as cultural relevance of observed resilience outcomes and distress symptoms.

Concurrent 10
Paper Session
Friday, November 4
3:30 p.m. - 4:45 p.m.
Grand/Salon IX & X

Civilian Survivors of Conflicts
(Cul Div, Civil/Ref)

Do Measures of Distress Need to Be Culturally Specific? The Example of Sri Lanka

Jayawickreme, Nuwan, PhD\textsuperscript{1}; Jayawickreme, Eranda, PhD\textsuperscript{2}; Atanasov, Pavel, PhD Candidate\textsuperscript{3}; Goonasekera, Michelle, MBBS, MRCPCH\textsuperscript{4}; Foa, Edna B., PhD\textsuperscript{1}
\textsuperscript{1}University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA
\textsuperscript{2}Wake Forrest University, Winston-Salem, North Carolina, USA
\textsuperscript{3}University of Pennsylvania, Philadelphia, Pennsylvania, USA
\textsuperscript{4}University of Peradeniya, Peradeniya, Sri Lanka

We examined whether measures that incorporate local idioms of distress better assess functional impairment in a war-affected Sri Lankan population than translated versions of established, Western-developed instruments. We first conducted an exploratory factor analysis on a new measure that included local idioms of distress: the Tamil language Penn/RESIST/Peradeniya War Problems Questionnaire (PRPWPQ; Jayawickreme et al., 2009) in a sample of 197 individuals from North-Eastern Sri Lanka. Three subscales - anxiety (15 items), depression (14 items) and negative perception (9 items) - were identified. Regression analyses were then conducted to test whether these PRPWPQ subscales predicted functional impairment over and above Tamil versions of the Posttraumatic Symptom Scale (PSS-SR; Foa et al.1993) and the Beck Depression Inventory (BDI; Beck et al., 1961). Functional impairment was measured using the WHO Disability Assessment Schedule (Janca et al., 1996). The PRPWPQ anxiety and depression subscales were significantly associated with higher rates of functional impairment after controlling for scores on the PSS-SR, the BDI, and demographic variables (age, gender, location). These results suggest that instruments including local idioms of distress improve our ability to
identify individuals functionally impaired due to mental illness compared to established measures. Relative advantages of developing culturally specific measures are discussed.

**Concurrent 10**
**Paper Session**
**Friday, November 4**
**3:30 p.m. - 4:45 p.m.**
**Grand/Salon IX & X**

**Civilian Survivors of Conflicts**
(Cul Div, Civil/Ref)

**Social Support, Religiosity, and Trauma Among Survivors of the 1994 Rwandan Tutsi Genocide**

Ng, Lauren C., MA; Miller, Donald E., PhD; Meyerowitz, Beth E., PhD
University of Southern California, Los Angeles, California, USA

In countries where mental health services are limited, religious communities can be called upon to assist trauma survivors. This may be especially true when large portions of the population have experienced extreme trauma and consider religion central to their lives. To explore the role of these organizations, we obtained questionnaires from members of a Christian ministry founded to meet the needs of survivors of the 1994 Rwandan Tutsi Genocide. 100 congregants described their genocide experiences, current trauma levels, and approaches to coping with traumatic stress. All respondents reported high levels of social support ($M=4.65$, $SD=.64$ on a 1-5 scale). 98% indicated using both prayer and attending religious services as coping mechanisms, and they all found these strategies helpful. Additionally, 93% reported that they had talked openly about their genocide experiences with the majority finding that approach helpful. Even with this access to coping resources, they reported high levels of PTSD symptoms as measured by the Impact of Events Scale-Revised ($M=2.16$, $SD=.83$ on a 0-4 scale), with approximately 2/3 indicating they had substantial difficulty with intrusive thoughts. These findings suggest that despite having high levels of posttraumatic stress, survivors of extreme traumatic events can find involvement in religious communities to be helpful and supportive.

**Concurrent 10**
**Paper Session**
**Friday, November 4**
**3:30 p.m. - 4:45 p.m.**
**Grand/Salon IX & X**

**Civilian Survivors of Conflicts**
(Cul Div, Civil/Ref)

**Traumatic Stress and Comfort as Responses to Reminders of the 1994 Rwandan Tutsi Genocide Among Orphaned Survivors**

Meyerowitz, Beth E., PhD; Ng, Lauren C., MA; Taylor-Ford, Megan, MA; Miller, Donald E., PhD
University of Southern California, Los Angeles, California, USA
A large body of research leads to the conclusion that post-traumatic stress can be eased through controlled exposure to trauma-related cues. However, it is not always possible for individuals to control exposure to past trauma, especially when they continue to live where the trauma occurred. How, then, do they respond to regular reminders of their trauma? In this paper we will present qualitative and quantitative data from interviews and questionnaires completed by 61 orphans who survived the 1994 Rwandan Tutsi genocide. Survivors reported myriad examples of genocide reminders, with 72% of those who still lived in their villages of origin reporting at least moderate levels of trauma associated with village life. In addition to unavoidable exposure, over 90% of respondents chose to be reminded of their experiences by attending commemoration activities and visiting memorial sites. The majority of those survivors reported that these activities were both traumatizing and comforting. The level of trauma reported when participating in these activities was a significant predictor of overall negative affect in regression analysis. However, the level to which activities were described as comforting was not significantly associated with negative affect. The implications of these findings for developing interventions in international contexts will be discussed.

**Concurrent 10**
**Paper Session**
**Friday, November 4**
**3:30 p.m. - 4:45 p.m.**
**Kent**

**Disaster Response**
(Cul Div, Disaster)

**A Cross-Cultural Investigation of Protective Factors That Fostered Resilience in Chinese Youth After the Sichuan Earthquake in the People’s Republic of China**

**Fu, Christine, Doctoral, Student**
*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

In 2008, a magnitude 8.0 earthquake struck Sichuan Province, China, resulting in over 69,000 deaths. Natural disasters can have devastating effects on children and in some cases result in post-traumatic stress disorder (PTSD). Most children are able to recover and sustain normal functioning. This adaptive capacity, termed resilience, has been conducted mainly within Western populations. International perspectives are lacking and it would be beneficial to investigate types of protective factors that appear across dissimilar contexts as well as those specific to certain locales. This study examined the psychometric properties of the Connor-Davidson Resilience Scale (CD-RISC) among a sample of 4,000 Sichuanese children and youth one year after the earthquake. Preliminary results based on exploratory factor analysis found a three factor model for resilience: tenacity and self-efficacy, perceived social support and sense of control. Internal consistency based on the Cronbach alpha’s estimate was 0.91. The CD-RISC was negatively associated with post-traumatic stress and depressive symptoms measured by the PTSD Reaction Index and the Depression Self-Reporting Scale (p<0.05). Preliminary findings suggest the reliability and validity of the CD-RISC in this population. The factor structure provides insight to underlying factors that may have fostered resilience in disaster-affected Sichuanese children and youth.

**Concurrent 10**
**Paper Session**
**Friday, November 4**
**3:30 p.m. - 4:45 p.m.**
**Kent**
Disaster Response
(Cul Div, Disaster)

The Development of Pathology in Children Following a Natural Disaster: A Prospective Study of the 2010 Middle Tennessee Flood

Felton, Julia, PhD Candidate¹; Cole, David, PhD²; Martin, Nina, PhD²
¹Medical University of South Carolina, Charleston, South Carolina, USA
²Vanderbilt University, Nashville, Tennessee, USA

In May, 2010 a major flood hit the middle Tennessee area causing over one billion dollars worth of damage and killing more than 30 people. This study examines reactions to this trauma among a group of children already participating in a longitudinal study of precursors to the development of depression. We hypothesized that co-rumination (the tendency to reflectively perseverate on problems within a friendship dyad), ruminative response style, perceived flood severity, and elevated levels of depression prior to the flood would predict increases in post-flood depressive affect.

Approximately six months before the flood, 157 male 206 female children in grades five through nine were assessed for tendency to co-ruminate within friendships, depressive symptomology and ruminative coping style. Within ten days of returning to school, students were given a follow-up evaluation looking at post-flood depression levels. All measures were self-report. Results suggest that co-rumination, rumination, and flood severity all had significant main effects in predicting post-flood depression (controlling for prior levels of depression). We then tested a model including all three predictors and found that only co-rumination significantly predicted changes in depression.

These results indicate that social interactions play an important role in predicting how children’s pathology following a natural disaster.

Concurrent 10
Paper Session
Friday, November 4
3:30 p.m. - 4:45 p.m.
Kent

Disaster Response
(Cul Div, Disaster)

Peer-Provided Mental Health Services in Post-Earthquake Haiti: Theory, Implementation, and Preliminary Results

James, Leah, MS, MSW, PhD (candidate)¹; Noel, John Roger, Not Applicable²; Solon, Jean Jacques, BA²
¹University of Michigan / VA Healthcare System, Ann Arbor, Michigan, USA
²Soulaje Lespri Moun, Port-au-Prince, Haiti

There is much controversy concerning best practices in cross-cultural post-disaster mental healthcare. We propose that culturally-sensitive intervention can be effectively provided by local lay people using a recovery-informed, train-the-trainer model. This presentation will discuss the role of peer-provided
services in the development and implementation of a lay mental health worker intervention in camps for internally displaced people in Port-au-Prince, Haiti. This intervention, called Soulaje Lespri Moun (SLM; "Relief for the Spirit"), has served nearly a thousand camp residents since April 2010. Eight Haitian young people implement a coping skills-based seminar which culminates in the training of participants to work with other camp residents - allowing for efficient dissemination of information and for an empowering, therapeutically-valuable experience. Seminars entail small-group normalization of distress, relaxation, and problem-solving, designed to promote social cohesion and collective-efficacy. Drawing from data from a pilot evaluation trial and qualitative interviews, we will present effects of these peer-provided services on the lay workers implementing them and their participants, and will demonstrate the extent to which these participants go on to run their own groups. We propose that peer-run intervention is a culturally-sensitive method of presenting evidence-informed material and will discuss guidelines for implementing this model in other cultural contexts.

Concurrent 10
Paper Session
Friday, November 4
3:30 p.m. - 4:45 p.m.
Kent

Disaster Response
(Cul Div, Disaster)

Examining the Trauma Signature of the Japan Tsunami/Nuclear Crisis

Shultz, James, MS, PhD1; Espinel, Zelde, MD, MPH1; Kelly, Fiona, PhD2; Neria, Yuval, PhD3
1DEEP Center, University of Miami, Miami, Florida, USA
2Mater Misericordiae University Hospital, Dublin, Ireland
3Department of Psychiatry, Columbia University, New York, New York, USA

Introduction. We conducted Trauma Signature (TSIG) analyses of the Japan Tsunami/Nuclear Crisis. On March 11, 2011 a Richter 9.0 earthquake occurred 120 km offshore, sending a tsunami of immense power surging toward the Japanese coastline with minimal time to warn/evacuate the population. As the tsunami crashed ashore, several coastal nuclear power plants were damaged, causing explosions that sent quantities of radioactive material drifting over major population centers.

Methods. TSIG analysis examines the unique pattern of exposures to natural and human-generated hazards and stressors in a disaster event. Real-time information gleaned from the earliest disaster situation reports is used to identify the constellation of empirically-derived risk factors for psychopathology to provide actionable guidance for deployment of mental health and psychosocial support (MHPSS) resources.

Results. Salient psychological risk factors included strong earthquake ground-shaking, exposure to tsunami floodwaters, extreme radiation fears leading to disruptive flight behaviors, high rates of mortality and injury, displacement due to tsunami destruction and mandatory evacuation away from radiation threat, and economic losses.

Conclusion. TSIG analysis predicted MHPSS response needs based on disaster-specific risk factors operating in this event. This analysis is one of a series used to calibrate the TSIG process for future real-time, evidence-based guidance for MHPSS response.
Media Presentation  
Friday, November 4  
3:30 p.m. - 4:45 p.m.  
Grand/Salon VI  

Prisoner of Her Past Part II: Panel and Audience Discussion  
(Media, Surv/Hist)  

Kudler, Harold, MD¹; Osofsky, Joy, PhD²; Osofsky, Howard, MD, PhD³; Albeck, Joseph, MD⁴; Danieli, Yael, PhD⁵  
¹VISN 6 MIRECC/Duke University, Chapel Hill, North Carolina, USA  
²Departments of Pediatrics and Psychiatry, Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA  
³Department of Psychiatry, Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA  
⁴McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA  
⁵Chicago School for Professional Psychology, Chicago, Illinois, USA  

Following the screening of the award-winning documentary, Prisoner of Her Past, in Part I of this presentation of the ISTSS Special Interest Group on Intergenerational Transmission of Trauma and Resilience, Part II features an expert panel which will discuss the film and its implications for the field of traumatic stress. Participating will be child psychologist Joy Osofsky and child psychiatrist Howard Osofsky whose work with child survivors of Hurricane Katrina is featured in the film; psychiatrist and poet Joseph Albeck whose medical and creative writing are informed by his experience as the child of Holocaust Survivors; and psychologist Yael Danieli whose seminal work on intergenerational transmission of trauma and resilience and on the “conspiracy of silence” surrounding trauma in many families provides a theoretical frame for this session. Following brief comments from each, panelists will engage the filmmakers and the audience in discussion of intergenerational transmission and the concept of Late Onset PTSD.

**Participant Alert:** This discussion will include graphic descriptions of Holocaust and other traumatic events and of their enduring effects

Concurrent 11  
Symposium  
Saturday, November 5  
8:00 a.m. - 9:15 a.m.  
Grand/Salon VII & VIII  

Neuropsychological Functioning in PTSD  
(Assess Dx, Diverse Pop)  

Olff, Miranda, PhD  
Academic Medical Center, Amsterdam, Netherlands  

Signs of cognitive impairment have been demonstrated in individuals with PTSD, are related to symptom severity and tend to exceed cognitive impairments in trauma-exposed controls (Qureshi et al., 2011). Four researchers present new findings from studies on memory, attention, and executive functioning in acute PTSD, children with PTSD, domestic violence-related PTSD, and treatment-seeking PTSD patients.
They will discuss which cognitive deficits are genuinely related to PTSD, whether they are correlated with neural responses during emotional processing and whether they predict treatment success.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon VII & VIII

Neuropsychological Functioning in PTSD
(Assess Dx, Diverse Pop)

Neuropsychological Functioning in Children with PTSD

Samuelson, Kristin, PhD; Krueger, Casey, PhD; Wilson, Christina, MS (PhD, Student)
Alliant International University, San Francisco, California, USA

Posttraumatic stress disorder (PTSD) has been associated with impaired verbal memory and learning, executive functioning, working memory, and attention in adults. Findings have been less consistent in the few studies examining neuropsychological functioning in childhood PTSD. In addition, these early studies compared children with PTSD to children without trauma histories, making it unclear whether observed neuropsychological deficits were related to trauma exposure or to PTSD symptomatology. We examined verbal memory, executive functioning, working memory and attention, and intellectual ability in an ethnically diverse, primarily low income sample of 62 children between the ages of 7-17 who had witnessed intimate partner violence (n = 27 PTSD+ and 35 PTSD-). Children with PTSD exhibited slower and less effective learning and heightened sensitivity to interference on the California Verbal Learning Test, a word list learning task. There were not significant differences between groups on measures of executive functioning, attention, and intellectual ability, with both groups of trauma-exposed children performing in the below average range.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon VII & VIII

Neuropsychological Functioning in PTSD
(Assess Dx, Diverse Pop)

Executive Function in PTSD: Relationship to Neural Responses During Affective Anticipation

Aupperle, Robin, PhD1; Allard, Carolyn, PhD1; Grimes, Erin, PsyD2; Simmons, Alan, PhD1; Flagan, Taru, BS3; Cissell, Shadha, MSW1; Thorp, Steven, PhD1; Norman, Sonya, PhD1; Paulus, Martin, MD1; Stein, Murray, MD, MPH1
1VA San Diego Healthcare System and the University of California, San Diego, La Jolla, California, USA
2UCSD Pain Clinic & UCSD Center for Treatment of Obesity, San Diego, California, USA
3University of California, San Diego, La Jolla, California, USA
PTSD is associated with subtle executive function deficits which may contribute to difficulties inhibiting emotional responses. Functional magnetic resonance imaging (fMRI) studies suggest PTSD is associated with hypoactivation of anterior cingulate and lateral prefrontal cortex (PFC) during inhibitory tasks. However, it is unknown how level of executive function may modulate PFC responses to emotional stimuli. For the current study, 37 women with domestic violence-related PTSD completed the Clinician-Administered PTSD Scale (CAPS), neuropsychological measures, and an anticipation paradigm during fMRI. The fMRI task consisted of cued anticipation of positive (API) and negative (ANI) affective stimuli. Huber robust regression was used to investigate the relationship between performance on the DKEFS Color-Word Inhibition-Switching (CW-IS) - an executive function task for which the PTSD group showed the most discrepant performance compared to healthy controls - and BOLD response during anticipation (ANI-API), covarying for CAPS severity score. Results indicate that better performance on CW-IS related to greater differential activity (ANI-API) in right dorsolateral PFC (dIPFC; BA 9) and less differential activity in superior PFC (BA 10). Results suggest that for PTSD patients, proficiency in inhibiting automatic cognitive responses involves greater engagement of dIPFC, a region thought to be important for explicit emotion regulation, during affective anticipation.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon VII & VIII

Neuropsychological Functioning in PTSD
(Assess Dx, Diverse Pop)

Verbal Memory as a Predictor for Treatment Success in Trauma-Focused Psychotherapy

Nijdam, Mirjam, PhD Candidate; de Vries, Giel-Jan, MA, MSc; Gersons, Berthold, MD, PhD; Olff, Miranda, PhD
Academic Medical Center at the University of Amsterdam, Amsterdam, Netherlands

One of the most consistent findings in neuropsychological studies in posttraumatic stress disorder (PTSD) is impaired verbal memory. Effective trauma-focused treatment of PTSD relies heavily on memory function, but it is largely unknown whether deficits in verbal memory predict treatment outcome. The purpose of the current study is to examine the relationship between baseline verbal memory performance and treatment response to manualized trauma-focused psychotherapy. PTSD patients were randomly assigned to either Eye Movement Desensitization and Reprocessing therapy (EMDR; N=70) or Brief Eclectic Psychotherapy (BEPP; N=70). Logistic and linear regression analyses were applied to determine if performance on verbal memory tests pre-treatment predicted response to trauma-focused psychotherapy in terms of clinician-rated PTSD diagnosis (yes/no) and decrease in self-reported PTSD (continuous). Results indicated that worse baseline encoding, short-term and long-term retrieval and recognition performance significantly predicted less decrease in self-reported PTSD and increased the likelihood of having a PTSD diagnosis after trauma-focused psychotherapy. In conclusion, verbal memory measures are helpful in determining whether patients will benefit from trauma-focused psychotherapy. Future research should explore how treatment perspectives of PTSD patients with poor verbal memory can be improved.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon VII & VIII

Neuropsychological Functioning in PTSD
(Assess Dx, Diverse Pop)

Traumatic Memory Inconsistency is Associated with a Poor Prognosis in PTSD

Brunet, Alain, PhD¹; David, Annie-Claude, PhD Candidate²; Dickie, Erin W., PhD¹
¹McGill, Montreal, Quebec, Canada
²UQAM, Montreal, Quebec, Canada

It has been proposed that the completeness and consistency of patients’ autobiographical memory for their traumatic event is an important clinical consideration. One quantifiable measure of traumatic memory inconsistency is the amount of change between testing sessions on scales measuring the recalled subjective experience of the traumatic event such as the Peritraumatic Distress Inventory (PDI) and the Peritraumatic Dissociative Experience Scale (PDEQ). This paper will present data suggesting that memory inconsistency on those scales is associated with a poorer prognosis and will explore some of the psychological and neural correlates of such inconsistency across three different samples of patients assessed at differing times.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon IX & X

Novel Therapeutic Approaches in PTSD: Glucocorticoid Alterations and Other New Targets
(Clin Res, Violence)

Golier, Julia, MD
Mount Sinai and the JJP VAMC, Bronx, New York, USA

There is clearly a need to develop more effective pharmacological treatments in PTSD. Whereas SSRIs and other medications that are widely used to treat PTSD were developed for use in other disorders and are prescribed for long-term use, medication strategies that specifically target PTSD symptoms and/or pathophysiology may be more effective. In this symposium we will review the latest advances in the search for improved treatments. The rationale for targeting the hypothalamic-pituitary-adrenal axis and other biological systems that are altered in PTSD will be outlined. Studies that seek to improve our efforts to prevent and/or treat chronic PTSD using novel approaches will be discussed.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Augmentation of Prolonged Exposure with Cortisol Treatment

Yehuda, Rachel, PhD\(^1\); Bierer, Linda, MD\(^1\); Pratchett, Laura, PsyD\(^2\); Malowney, Monica, BA\(^3\); Yehuda, Rachel, PhD\(^4\)
\(^1\)Mount Sinai School of Medicine, J. J. Peters Veterans Affairs Medical Center, New York, New York, USA
\(^2\)J. J. Peters Veterans Affairs Medical Center, Bronx, New York, USA
\(^3\)Mount Sinai School of Medicine, New York, New York, USA
\(^4\)Mount Sinai University University, J. J. Peters Veteran's Affairs Medical Center, New York, New York, USA

Prolonged exposure (PE) therapy has been found to reduce symptoms of posttraumatic stress disorder (PTSD); however, it is difficult for many patients to engage fully in the obligatory retelling of their traumatic experiences. This problem is compounded by the fact that habituation and cognitive restructuring - the main mechanisms through which PE is hypothesized to work - are not instantaneous processes, and often require several weeks before the distress associated with imaginal exposure abates. We will describe the results of a pilot study conducted by the authors illustrating the use of hydrocortisone vs. placebo, in combination with PE, for the treatment of combat-related PTSD. Based on known effects of glucocorticoids on learning and memory performance, we hypothesized that augmentation with hydrocortisone would improve the therapeutic effects of PE by hastening “new” learning and facilitating decreases in the emotional impact of fear memories during the course of treatment. This work builds on numerous treatment and biological studies that have already been performed by the authors and other colleagues demonstrating low cortisol levels in combat veterans with PTSD, beneficial effects of cortisol on cognition in combat veterans, and reduced efficacy of PE in this cohort.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon IX & X

A Pilot Study of Mifepristone in Veterans with PTSD

Golier, Julia, MD; Yehuda, Rachel, PhD
Mount Sinai School of Medicine, J. J. Peters Veterans Affairs Medical Center, Bronx, New York, USA

There is abundant evidence that dysregulation of the HPA axis is an important feature of PTSD pathophysiology. In this paper we will examine whether and how targeting hypothalamic-pituitary-adrenal (HPA) axis dysregulation in PTSD may be of therapeutic value. In particular we will focus on mifepristone, a glucocorticoid receptor antagonist which is hypothesized to recalibrate the HPA axis through peripheral and central mechanisms. Short term administration of mifepristone is associated with acute increases in
cortisol owing to blockade of negative feedback inhibition. Mifepristone also has central effects which lead to increased cortisol levels in the brain; blockade of glucocorticoid receptors and activation of mineralocorticoid receptors by cortisol is hypothesized to shift the balance of these receptors and recalibrate the HPA axis.

The rationale for the potential therapeutic use for mifepristone in PTSD will be outlined. Pilot clinical, neuropsychological, and neuroendocrine data will be presented on eight male combat veterans with military-related PTSD who completed a randomized, double-blind trial of one week of treatment with mifepristone (600 mg/day) or placebo. Mifepristone treatment was associated with acute increases in cortisol and ACTH at one week and significant improvements in total CAPS score as well as clinical response at four week follow-up. Future directions will be discussed.

**Concurrent 11 Symposium**
**Saturday, November 5**
**8:00 a.m. - 9:15 a.m.**
**Grand/Salon IX & X**

**Novel Therapeutic Approaches in PTSD: Glucocorticoid Alterations and Other New Targets**
*(Clin Res, Violence)*

**A Selective Neurokinin-1 Receptor Antagonist in Chronic PTSD: A Randomized, Double-Blind, Placebo-Controlled, Proof-Of-Concept Trial**

**Mathew, Sanjay, MD**
*Baylor College of Medicine, Houston, Texas, USA*

The substance P-neurokinin-1 (SP-NK1) receptor system has been extensively studied in experimental models of stress, fear, and reward. Elevated cerebrospinal fluid SP levels were reported previously in combat-related PTSD. No medication specifically targeting this system has been tested in PTSD. This proof-of-concept randomized, double-blind, placebo-controlled trial evaluated the selective NK1R antagonist GR205171 in predominately civilian PTSD. Following a 2-week placebo lead-in, 39 outpatients with chronic PTSD and a CAPS score ≥ 50 were randomized to a fixed dose of GR205171 (N=20) or placebo (N=19) for 8 weeks. The primary endpoint was mean change from baseline to endpoint in total CAPS score. Response rate (≥ 50% reduction in baseline CAPS) was a secondary endpoint. CSF SP concentrations were measured in a subgroup of patients prior to randomization. There was significant improvement in the mean CAPS total score across all patients over time, but no significant difference was found between GR205171 and placebo. Likewise, there was no significant effect of drug on the proportion of responders [40% GR205171 vs. 21% placebo (p=0.30)]. An exploratory analysis showed that GR205171 treatment was associated with significant improvement compared to placebo on the CAPS hyperarousal symptom cluster. GR205171 was well-tolerated, with no discontinuations due to adverse events. CSF SP concentrations were positively correlated with baseline CAPS severity. The selective NK1R antagonist GR205171 had few adverse effects but was not significantly superior to placebo in the short-term treatment of chronic PTSD.
Grand/Salon IX & X

Novel Therapeutic Approaches in PTSD: Glucocorticoid Alterations and Other New Targets
(Clin Res, Violence)

Are There Golden Hours in PTSD? A Pilot Study with Hydrocortisone

Zohar, Joseph, MD1; Cohen, Hagit, PhD2
1Chaim Sheba Medical Center, Tel Hashomer, Israel
2Ben Gurion University of the Negev, Beer Sheva, Israel

Animal studies and anecdotal human case reports point out the importance of adaptive response of the HPA axis in response to traumatic events. Along these lines, it is possible that the administration of cortisol immediately after exposure (in the “golden hours”) to a trauma might alter the trajectory of trauma exposure by promoting recovery.

A series of studies using a well-validated animal model for PTSD demonstrated a greater susceptibility to experimentally induced PTSD-like behavioral changes in rats with hypoactive/reactive vs. hyperactive/reactive HPA axis, i.e., Lewis strain vs. Fischer strain. Exogenous administration of cortisol to Lewis rats prior to the stressor significantly reduced this difference. Further animal studies examined the effect of a single intervention with high-dose corticosterone immediately after exposure to a stressor. A significant reduction in the incidence of PTSD-like behaviors and improved resilience to subsequent trauma was observed.

We conducted a double blind, placebo-controlled clinical pilot study, in which patients were randomly assigned to one of two treatment groups: placebo or hydrocortisone treatment (100-140 mg iv, injected 1.5-5.5 hours following the traumatic event). Results based on 2-week and 3-month follow-up support a potential therapeutic role for administration of hydrocortisone in the “golden hours”.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Dover

PTSD and Relationship Functioning in Military Couples: Mediators, Moderators, and Treatment
(Clin Res, Mil/Vets)

Renshaw, Keith, PhD
George Mason University, Fairfax, Virginia, USA

This symposium emphasizes the interpersonal aspect of this year’s convention theme, Social Bonds and Trauma. To further our understanding of the well-established bidirectional links between interpersonal functioning and posttraumatic stress disorder (PTSD), the papers in this symposium address potential mechanisms of these associations and their clinical implications. Particular attention is paid to military service members and veterans who have served in the conflicts in Iraq and Afghanistan. Timothy Hoyt presents data from two samples of veterans, addressing specific types of disclosure about traumatic deployment events to specific types of individuals. Disclosures are examined in relation to post-
deployment symptoms of PTSD and as a potential mediator of the benefits of social support. Christopher Erbes presents longitudinal data on the unique associations of specific types of PTSD symptoms with later relationship functioning, including an examination of potential sex differences in these associations. Keith Renshaw presents data on spouses’ understanding of service members’ deployment experiences as a moderator of the associations between specific types of PTSD symptoms in service members and distress in spouses. Finally, Jeremy Schumm presents an overview of Cognitive Behavioral Conjoint Therapy for PTSD, with pilot data on a sample of veterans.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Dover

PTSD and Relationship Functioning in Military Couples: Mediators, Moderators, and Treatment
(Clin Res, Mil/Vets)

Disclosure of Emotions and Combat Events Following Deployment: Effects Among OEF/OIF Veterans

Hoyt, Tim, PhD1; Renshaw, Keith, PhD2; Pasupathi, Monisha, PhD3
1Madigan Army Medical Center, Tacoma, Washington, USA
2George Mason University, Fairfax, Virginia, USA
3University of Utah, Salt Lake City, Utah, USA

Self-disclosure has been hypothesized as a potential mechanism by which social support works to reduce symptoms of PTSD. This presentation will detail findings related to disclosure among two samples of veterans from Operations Enduring Freedom and Iraqi Freedom (N = 71 and N = 85) who completed self-report measures of PTSD, social support, event-specific disclosure, and emotional disclosure after returning home from deployment. Among these samples, the majority of combat events were disclosed to at least one other person. Two critical variables regarding the likelihood of disclosure also emerged: The valence of the disclosure (positive versus negative emotion), and whether or not the target for disclosure also had combat experience. Disclosure of positive emotions related to deployment was more likely than disclosure of negative emotions. Although disclosure to others with combat experience was more likely than disclosure to others without combat experience, greater disclosure to those without combat experience predicted lower symptoms of PTSD. In both samples, the direct effect of social support on PTSD symptoms was mediated by emotional disclosure. Event-specific disclosure interacted with the effect of social support, with greater disclosure predicting lower symptoms of PTSD primarily among veterans who endorsed higher levels of social support.
Evaluating which aspects of posttraumatic stress disorder (PTSD) are related to couple distress aids in treatment and theory development. A sample of 313 partnered National Guard soldiers who had been deployed to Iraq self-reported symptoms of PTSD and relationship adjustment within 6 months of their return from deployment. In addition, 225 provided information on couple adjustment 1 year later. The 4-factor dysphoria model of PTSD symptoms was examined in relation to relationship adjustment. Negative bivariate correlations were significant for relationship adjustment and all PTSD symptom clusters at Time 1 and relationship adjustment and avoidance and dysphoria at Time 2. Cross-sectional structural equation modeling (SEM) found that the non-specific distress symptoms in the dysphoria cluster predicted relationship adjustment independently, beyond other PTSD symptoms. Longitudinal SEM found that dysphoria continued to predict Time 2 relationship adjustment, but indirectly through its relationship with Time 1 relationship adjustment. Exploratory analysis of gender differences ($n = 33$ women; $n = 280$ men) suggested a different pattern of relations between PTSD factors and relationship distress among female soldiers at Time 1, with a trend towards trauma specific avoidance being more highly related to relationship distress for women.
Perceptions of Service Members’ Deployment Experiences Moderate Associations Between Service Members’ PTSD-Related Avoidance and Spouses’ General Distress

Renshaw, Keith, PhD; Campbell, Sarah, BA
George Mason University, Fairfax, Virginia, USA

Spouses’ perceptions of service members’ (SMs) combat experiences have been found to moderate the link of SMs’ PTSD symptoms with spouses’ marital satisfaction, with the association approaching zero as perceptions of combat exposure increase (Renshaw et al., 2008). The authors’ interpretation was that awareness of deployment experiences provided spouses with an external explanation (attribution) for SMs’ symptoms, but the finding has yet to be replicated or expanded. We used structural equation modeling to examine this issue in a larger sample of 206 spouses of SMs deployed during Operations Enduring and Iraqi Freedom, with a focus on specific PTSD symptoms (re-experiencing, avoidance, and hyperarousal) in SMs. The model provided excellent fit (CFI = .99; RMSEA = .05). Spouses’ perceptions of SMs’ post-battle experiences (e.g., handling dead bodies) moderated the associations of SMs’ avoidance (not re-experiencing or hyperarousal) with spouses’ psychological and marital distress. The associations were stronger at low (-1SD) levels of perceived post-battle experiences (lambda = .52, p < .001; lambda = .60, p < .001) and weaker at high (+1SD) levels (lambda = .10, p = .40; lambda = .35, p < .01). Results will be discussed in the context of an attributional model, with clinical implications suggesting possible benefits of psychoeducation and some sharing of trauma experiences with spouses (although optimal level of sharing remains unknown).

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Dover

PTSD and Relationship Functioning in Military Couples: Mediators, Moderators, and Treatment
(Clin Res, Mil/Vets)

Cognitive-Behavioral Conjoint Therapy for PTSD Among US Military Veterans

Schumm, Jeremiah, PhD¹; Fredman, Steffany, PhD²; Monson, Candice, PhD³
¹Cincinnati VA Medical Center and University of Cincinnati, Cincinnati, Ohio, USA
²Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA
³Ryerson University, Toronto, Ontario, Canada

Despite surveys indicating Veterans’ clear preference for involving significant others in PTSD treatment, there has been relatively little work in the development and application of evidence-based, conjoint therapy for PTSD. Moreover, most treatments do not employ an integrative, relational framework for addressing PTSD, despite evidence that social support is a major factor in recovery from traumatic experiences. Cognitive-behavioral conjoint therapy (CBCT) for PTSD seeks to help individuals to utilize significant others’ support in recovering from PTSD while improving relationship functioning. This presentation discusses results from a small study of Veterans and their partners (N = 6) who participated in CBCT for PTSD at a VA PTSD treatment program. Couples were assessed prior to and following CBCT for PTSD. Results from the Clinician-Administered PTSD Scale showed large effect size reductions (d = 2.33) in symptoms. Similarly, large effect size reductions were reported by Veterans (d = 2.14) and their partners (d = 4.45) in rating the Veterans’ PTSD symptoms on the PTSD Checklist. Veterans’
partners showed a non-significant trend toward improved ratings of relationship adjustment. These findings, in conjunction with prior research with Vietnam Veterans and their wives suggest that CBCT for PTSD is a promising intervention for treating Veterans’ PTSD.

**Concurrent 11 Symposium**

**Saturday, November 5**

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

**Essex**

**Do Attachment and Parenting Buffer the Effects of Trauma in Young Children?**

(Clin Res, Child/Adol)

**Muzik, Maria, MD, MS**

*University of Michigan, Ann Arbor, Michigan, USA*

Social connections are important for overcoming trauma-related adversity. If left unresolved, the trajectory of trauma can lead to negative socioemotional and psychological outcomes. In childhood, the most salient social connection is the parent-child relationship and in the face of trauma it becomes even more poignant. The following three presentations examine the role of parent-child relationships from different perspectives in the association between early trauma exposure and subsequent child outcomes. The first presentation (Shapiro et al.) investigates the power of parent-child communication quality in averting later psychological problems in a sample of parentally-bereaved children. Presentation two (Waxler et al.) explores the mother-infant bond as a protective factor in the pathway from infant trauma exposure to toddler behavioral problems. Finally, the last presentation (Levendovsky et al.) investigates parenting sensitivity and attachment classification as protection from the repercussions of child exposure to intimate partner violence. Communication, bonding and sensitivity are all components of a strong parent-child relationship that can prevent poor child outcomes caused by early childhood adversity that affects so many. We discuss the significance of dyadic relational emphasis in interventions for child trauma exposure.

**Concurrent 11 Symposium**

**Saturday, November 5**

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

**Essex**

**Do Attachment and Parenting Buffer the Effects of Trauma in Young Children?**

(Clin Res, Child/Adol)

**Parent-Child Communication and Psychological Symptoms in Parentally Bereaved Children**

*Shapiro, Danielle, PhD Candidate; Kaplow, Julie, PhD; Wardecker, Britney, BA*

*University of Michigan, Ann Arbor, Michigan, USA*
Parental bereavement affects millions of children worldwide and is associated with a wide range of psychological problems, including depression, anxiety and PTSD. While it seems likely that the quality of communication in general, and about the loss specifically, between a child and his or her surviving parent might be associated with child outcomes after a parental loss, very few studies have examined these links in a sample of recently bereaved children and their families. The current study aims to fill this gap in the literature by examining parent-child communication as a correlate of psychological and behavioral symptoms among recently (within 6 months) bereaved children under the age of 12. Parent-child communication was assessed using a child-report measure of the utility of discussing emotions with a parent (Sharing Emotions Measure), a child report measure of parenting quality (Perceived Parenting Index), and a preliminary behavioral measure coded during a taped parent-child interaction. Results indicate that parent-child communication quality is associated with both externalizing and internalizing symptoms. These results highlight the importance of parent-child communication in the development of psychological and behavioral problems among parentally-bereaved children and, therefore, suggest that communication may be a critical point for intervention in this group.

**Concurrent 11 Symposium**

**Saturday, November 5**

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

**Essex**

**Do Attachment and Parenting Buffer the Effects of Trauma in Young Children?**

*(Clin Res, Child/Adol)*

**The Role of Maternal-Infant Bonding on Infant Trauma Exposure**

_**Waxler, Ellen, BS; Richardson, Patricia, BA; Thelen, Kelsie, BA; Muzik, Maria, MD, MS**_

_University of Michigan, Ann Arbor, Michigan, USA_

Trauma exposure early in life has been associated with long-lasting socio-emotional problems for affected individuals. Only few studies to date have explored links between infant trauma and child outcomes or have investigated the role of mother-infant bonding as a potential protective factor. The current study examines the role of maternal bonding as a protective factor to infant trauma exposure in development of toddler problems. Data is taken from a longitudinal study of 240 mothers (overselected for mothers with own childhood maltreatment) and their infants followed from pregnancy until 18 months postpartum. Mother-infant bonding was self-reported using the Postpartum Bonding Questionnaire, toddler behavior problems using the Child Behavior Check List, and infant trauma exposure was reported by mothers on the Trauma History Checklist across the first 6 months postpartum. Results show that infants exposed to trauma are less likely to display behavior problems (attention, aggression etc.) at 18 months if they experienced high quality bonding with their mothers at 6 months of age. By contrast, infants who exposed to trauma and low levels of quality bonding had significantly more behavior problems as toddlers. These results suggest that strong mother-infant bonding is a salient protective factor among infants with early traumatic exposure.
Do Attachment and Parenting Buffer the Effects of Trauma in Young Children?
(Clin Res, Child/Adol)

Attachment and Maternal Sensitivity as Buffers for the Effects of Prenatal IPV on Children's Functioning

Levendosky, Alytia, PhD; Bogat, G. Anne, PhD
Michigan State University, East Lansing, Michigan, USA

Intimate partner violence (IPV) affects 10 million children in the US yearly. It is associated with negative consequences for children, including high levels of externalizing and internalizing problems. In particular, prenatal IPV has been shown to have long-lasting negative effects on children’s functioning. The current study examines aspects of the attachment relationship as potential buffers for the effects of prenatal IPV. Data is drawn from a longitudinal study of 206 women and children which began during pregnancy and followed them until age 10. Women were enrolled based on exposure or not to prenatal IPV. IPV was assessed yearly, beginning during pregnancy, attachment was assessed using the Strange Situation at ages 1 and 4, and observed parenting warmth/sensitivity was assessed at ages 1, 4 and 7. Children’s externalizing and internalizing outcomes at age 10 were assessed using maternal, teacher, and self-report. Data analyses will model attachment, attachment change and stability from ages 1 to 4, and maternal warmth/sensitivity across early childhood as buffers for the effects of prenatal IPV on children’s externalizing and internalizing behaviors. Postnatal IPV will be controlled in the analyses. Results may suggest potential intervention points for amelioration of the effects of prenatal IPV on children’s functioning.

Concurrent 11
Symposium
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Laurel C-D

Early Interventions for Trauma-Exposed Children
(Prevent, Child/Adol)

Nugent, Nicole, PhD
Brown Medical School, Providence, Rhode Island, USA

Although empirically supported interventions are available for the treatment of PTSD in children and adolescents, relatively few interventions have been tested in the context of secondary prevention and early intervention. Four clinical researchers present findings from empirical tests of four novel theoretically-grounded models of early intervention with children and adolescents who have experienced trauma. The four early interventions presented span childhood and adolescence, target response to a range of types of trauma, involve varying levels of intensity, and span psychosocial, behavioral, and psychopharmacologic approaches. More specifically, presentations will include: (1) a two-session age-specific intervention (EPICAP) for youth, (2) a stepped-care model for targeted intervention for pediatric injury, (3) a four-session caregiver-child intervention (CFTSI), and (4) pharmacologic prevention in injured youth. An overview of each treatment will be provided and findings from respective studies will be presented.
Early Interventions for Trauma-Exposed Children
(Prevent, Child/Adol)

The Child and Family Traumatic Stress Intervention: Secondary Prevention for Youth At Risk of PTSD

Berkowitz, Steven, MD
University of Pennsylvania, School of Medicine, Philadelphia, Pennsylvania, USA

The Child and Family Traumatic Stress Intervention (CFTSI) is a 4-6 session, caregiver-child intervention provided within 30 days of exposure to a potentially traumatic event (PTE) that aims to prevent the development of Chronic PTSD. CFTSI is based on the findings that familial support and the capacity to cope are key protective factors after a PTE. It is a structured model that aims to enhance communication about symptoms and distress between the parents and child with the goal of improving perceived parental support. Also, Skills are taught to the family to both provide parents a means to help their child and to improve coping. Method: 112 youth, ages 7 to 17, subject to a range of trauma types, were recruited from an emergency department, forensic abuse clinic and a police department in a poor urban city. Youth were invited into the study if they or their parent reported 1 new distressing symptom based on the Posttraumatic Checklist-Civilian via a telephone screening. They were randomly assigned to the CFTSI or a 4 session individually based. They were assessed after the last session (about 4 weeks) and at a 3 month follow-up. Result: At baseline youth in both groups had similar demographics, past trauma exposures (over 6) and PTSD symptom severity. At follow-up, the CFTSI group was 73% less likely to meet criteria for Full and Partial PTSD than the individually based group as measured by the PTSD-Reaction Index. Conclusion: The results suggest that CFTSI is a promising approach to preventing Chronic PTSD for youth exposed to a PTE.
Accidental injury resulting in hospital admission represents one of the most common traumatic events to which a young person may be exposed, with a significant proportion of these youth going on to experience symptoms of Post-Traumatic Stress Disorder (PTSD). More research is needed to determine whether childhood PTSD resulting from single incident accidents can be treated early following the trauma using similar approaches to the more commonly investigated repetitive traumas, such as sexual abuse. The current multi-site RCT represents one of the first evaluations of an early intervention cognitive-behavioural, trauma-focused intervention for children with PTSD at one month following hospitalization for accidental injury. This paper discusses the rationale for the screen-and-treat approach, particularly with respect to participant recruitment within a hospital context. This paper also presents the results from a single case report of an 8-year old girl demonstrating PTSD symptoms following hospital admission for a burn injury. Results from the proposed study will add to a largely neglected area of research and will assist in informing clinical practice for the treatment of PTSD in children (following accidental injury).

Concurrent 11 Symposium 
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Laurel C-D

Early Interventions for Trauma-Exposed Children
(Prevent, Child/Adol)

Development and Evaluation of an Age-Appropriate Early Intervention for Children Aged 2-16 Years After Road Traffic Accidents or Burns

Landolt, Markus A., PhD; Kramer, Didier N., MSc
University Children's Hospital Zurich, Department of Psychosomatics and Psychiatry, Zurich, Switzerland

In a recently published randomized controlled trial we examined the effectiveness of a single session early intervention with the child and caregiver 10 days after a road traffic accident (Zehnder, Landolt & Meuli, 2010). While this treatment showed no significant benefit overall, we found a significant reduction in depression and behavior problems at 6 months post accident for a subsample of children aged 7-11 years. Based on these findings we developed a new intervention (EPICAP) for children aged 2-16 years that includes 2 sessions with a parent and the child who is screened at 1 week after a road traffic accident or a burn accident. The intervention contains 3 modules: (1) psychoeducation, (2) creation of a trauma narrative with age-appropriate material, and (3) individualized training of coping skills. Specific interventions differ with regard to each of the three following age groups: 2-6 years, 7-11 years, and 12-16 years. The EPICAP-intervention provides a new approach to early interventions in children after single trauma by tailoring the interventions to specific age groups. The randomized controlled trial to examine the effectiveness of this new intervention is yet to be completed.

Concurrent 11 Symposium 
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Laurel C-D
We recently published findings from a pilot study of acute propranolol administration to prevent PTSD in pediatric injury (Nugent et al., 2010). Twenty-nine injury patients (ages 10-18) “at risk” for PTSD were randomized to a double-blind placebo-controlled trial of acute propranolol. 6-week PTSD symptoms were assessed. Intent-to-treat analyses revealed no group differences. Analysis of medication-adherent participants revealed a significant interaction between gender and treatment, ΔR² = .21. Whereas girls receiving propranolol reported more PTSD symptoms relative to girls receiving placebo, R² = .44, boys receiving propranolol showed a trend toward fewer symptoms, R² = .32. To explore alternate pharmacologic agents for PTSD prevention (Pitman & Delahanty, 2005), we also examined PTSD symptoms as related to nonrandomized acute medication in a separate sample of 76 injury patients aged 8-18. Conceptually-identified acute medications included steroids (n = 6) and morphine (n = 41). PTSD symptoms were assessed at 6-weeks and 6-months. Poisson regression controlling for gender revealed that youth receiving steroids reported significantly fewer symptoms of PTSD at 6 weeks and 6 months, z-score = -2.87 & -2.20. Gender did not moderate the effects of steroids. Symptoms of PTSD were not related to morphine administration. Implications for future studies will be discussed.

Concurrent 11
Workshop
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon III & IV

Troubleshooting Tips for Implementing Exposure Therapy for PTSD
(Practice, Adult/Cmplx)

Zayfert, Claudia, PhD¹; DeViva, Jason, PhD²
¹Dartmouth/Hitchcock Medical Center, Lebanon, New Hampshire, USA
²VA Connecticut Health Care System, Newington, Connecticut, USA

Exposure therapy (ET) is recognized as an effective treatment for posttraumatic stress disorder (PTSD) and is currently being widely disseminated. Clinicians often encounter challenges when implementing ET with complicated PTSD patients, which may result in reluctance to use it. The goal of this workshop is to enhance therapists’ comfort and confidence in flexibly applying ET for treatment of PTSD in clinical practice. Participants will learn advanced tips for building a solid therapeutic relationship and preparing patients for exposure. Commonly held beliefs about exposure therapy will be discussed, and misconceptions about exposure will be addressed by examining relevant research. Participants will then learn how to use exposure principles to select appropriate stimuli for exposure, construct useful hierarchies, implement exposure, titrate anxiety, facilitate engagement and habituation, and target hot spots. We also will help therapists examine their own ambivalence about therapy procedures and prepare them to conduct treatment that is both compassionate and effective. Case examples and sample
dialogues will illustrate ways to overcome frequently encountered hurdles in the planning and implementation of exposure therapy for PTSD.

*Participant Alert:* Descriptions or audio accounts of traumatic events.

**Concurrent 11**
**Workshop**
**Saturday, November 5**
8:00 a.m. - 9:15 a.m.
Laurel A-B

**FamilyLive: Addressing Intergenerational Trauma Effects on Parenting Capacities**
(Clin Res,Adult/Cmplx)

**Gardner, Sarah, MSW, LCSW; Loya, Teresa, MSW, LCSW; Hyman, Corine, PhD**
*The Family Center at Kennedy Krieger Institute, Baltimore, Maryland, USA*

This workshop introduces participants to the major elements and theoretical underpinnings of FamilyLive, a promising practice developed in a pediatric trauma setting to address the negative effects of intergenerational trauma exposures on caregiving capacities.

FamilyLive is a caregiver-focused family therapy model which uses trauma-informed engagement strategies to create and maintain productive therapeutic alliances. FamilyLive uses a strengths-based and non-pathologizing developmental framework to cultivate the fundamental skills required for parental reflective function. FamilyLive interventions help caregivers bolster self-awareness, self-care and self-regulation capacities; improve interpersonal relationships and increase capacity for providing emotional safety and predictable routine in family life.

The workshop presents initial study findings which suggest that FamilyLive helps families increase strengths in intrapersonal, interpersonal, affective and family functioning while reducing parental stress and child behavior problems. The workshop includes lecture, videotaped examples and discussion.

**Concurrent 11**
**Panel**
**Saturday, November 5**
8:00 a.m. - 9:15 a.m.
Grand/Salon I & II

**Cultural Diversity in Disasters: Lessons Learned**
(Commun, Disaster)

**Alexander, David A., PhD**¹; **Aker, A. Tamer, MD**²; **Klein, Susan, PhD**³; **Yilmaz, Banu, PhD**³; **Sezgin, A. Ufuk, PhD**⁴

¹Aberdeen Center for Trauma Research, Robert Gordon University, Aberdeen, United Kingdom
²Kocaeli University, Kocaeli, Turkey
³Ankara University, ANKARA, Turkey
⁴Istanbul University, Istanbul, Turkey
The level of traumatic stress after a disaster is a product of “disaster related traumatic experiences” rather than magnitude of the disaster itself. Traumatic stress, in such situations, is usually an outcome of the cumulative impact of multiple stressors and their subsequent effects. Three domains have been identified through which this impact can be understood. Firstly, human capacity is reduced when people become depressed, withdraw from social life or become physically disabled. Secondly, disasters also often lead to a disruption of the social ecology of a community, where relations between families and peers change, or where social institutions and organizations find it difficult to function. Thirdly, the culture and values of communities may also be disrupted when common values are challenged. These domains have the potential to affect the social bonds which have a significant influence in reaction to the traumatic event. In this panel, the disaster experiences of different countries will be overviewed with an emphasis on the role of social support. In line with this aim, the panelists will discuss the psychosocial support efforts after various types of disasters in relation with the international collaborative links among Scotland, Turkey, and Pakistan; thereby, the function of social bonds in three different cultures in case of disasters will be addressed.

Acknowledgement: Aker and Yilmaz have been supported by the Scientific and Technological Research Council of Turkey (TUBITAK) (project code: 107K538).

Concurrent 11
Panel
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Grand/Salon VI

Complex Trauma Guidelines Panel
(Practice, Adult/Cmplx)

Cloitre, Marylene, PhD¹; Courtois, Christine, PhD, ABPP²; Turner, Stuart, MD³; Lanius, Ruth, MD, PhD⁴; Ford, Julian, PhD⁵

¹National Center for PTSD, Palo Alto, California, USA
²Christine A. Courtois, Ph.D. & Associates, Washington, Dist. of Columbia, USA
³Centre for the Study of Emotion & Law / Trauma Clinic, London, United Kingdom
⁴The University of Western Ontario, London, Ontario, Canada
⁵University of Connecticut, Farmington, Massachusetts, USA

The proposed ISTSS treatment guidelines for complex PTSD and related disorders will be presented (Cloitre). The treatment guidelines provide recommendations for the treatment of populations who have been exposed to prolonged and typically multiple forms of interpersonal trauma. Particular attention will be given to the treatment of individuals with early life trauma (Courtois) and to the application of the guidelines to refugees and others who have been exposed to torture, genocide and other forms of organized violence (Turner). Neurobiological evidence for the impact of prolonged trauma on capacity for emotional awareness and modulation as well as social bonds and relational capacities will be presented. (Lanius) The panel will conclude with a summary of future directions in the treatment of and research about complex trauma populations (Ford).

Concurrent 11
Case Study Presentation
Saturday, November 5
8:00 a.m. - 9:15 a.m.
Kent
Posttraumatic Stress Symptoms & Trauma-Focused CBT in a Minority Pediatric Sexual Abuse Client - Challenges, Response, and Considerations
(Assess Dx, Diverse Pop)

King, Kenya, MA, PhD, Student; Jones, Russell, PhD
Virginia Tech, Blacksburg, Virginia, USA

Research suggests an increased risk of developing posttraumatic stress symptoms after a violent trauma in low income African American populations (Alim, Charney, & Mellman, 2006; Gary, 2005; Perilla, Norris, & Lavizzo, 2002). Placement in rural areas is also a barrier to mental health treatment (Fox, Merwin, & Blank, 1995; Gamm, 2004). Although Trauma-Focused CBT has emerged as an appropriate and culturally sensitive intervention in such populations, client compliance and commitment to treatment remains a concern when working with populations who traditionally avoid mental health providers. In this case, the family of a female African American child from a rural area expressed concerns with the client's sleep behavior, nightmares, overeating, and overzealous attachment behavior. During the assessment it was discovered that the client had been sexually assaulted by a male adolescent. Trauma Focused CBT was deemed an appropriate intervention. The case was complicated by the presentation of symptoms mimicking ADHD, lack of adequate resources to attend sessions, and issues with safety in and around the home environment.

This case illustrates the complexities of involving non traditional parental figures, variation in the child’s attachment figures during development, delicate handling of potential Child Protective Services reporting, and increasing the vested interest and coping skills of the family. It will also cover the breath and necessity of cultural competence and special considerations for wrap around services when providing TF-CBT in minority populations.

Concurrent 12
Keynote
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Harborside Ballroom

Epigenetic Consequences of Adverse Early Social Experiences in Primates
(Bio Med, Child/Adol)

Epigenetic Consequences of Adverse Early Social Experiences in Primates
Suomi, Stephen J., PhD
National Institutes of Health, DHHS, Rockville, Maryland, USA

Laboratory of Comparative Ethology, NICHD, NIH Bethesda, MD 20892-7971 Abstract Adverse early social experiences can have lasting effects on primate bio-behavioral development, especial (SHOULD READ especially) in the context of subsequent social stress. For example, rhesus monkeys raised in the absence of their biological mother (but with access to peers) or raised by neglectful mothers show relatively normal bio-behavioral development when subsequently maintained in benign social environments, but under socially stressfully (SHOULD READ stressful) circumstances, e.g., social separation, they typically exhibit excessive fearfulness and/or aggression, heightened HPA activity, and reduced serotonin metabolism into adulthood. Moreover, they differ from monkeys not experiencing such
early social adversity in both brain structure and function. Some of these characteristics appear to be transmitted to their offspring via non-genetic (most likely epigenetic) mechanisms. Recent technological advances in genomics have made it possible to examine genome-wide expression, and preliminary analyses suggest that such adverse early experiences affect approximately one fifth of the entire rhesus monkey genome (more than 4,400 individual genes), both in the brain and in white blood cells. Given that many of the behavioral and biological consequences of adverse early social experience are largely reversible following targeted environmental interventions, the question of whether the patterns of gene expression in these monkeys are also reversible is under intense current investigation.

Concurrent 12
Symposium
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Grand/Salon IX & X

Traumatic Stress, Coping, and Health Outcomes in Children Facing Medical Events
(Clin Res,Child/Adol)

Kassam-Adams, Nancy, PhD
Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Pediatric medical events such as injury or serious illness challenge the coping resources of children and their families. Acute traumatic stress is common among ill and injured children, and PTSD or other persistent psychological distress occurs in a significant minority of children and parents. Current research in this area goes beyond prevalence studies to investigations of the interplay among predictors of PTSD, the role of effective coping in preventing or ameliorating traumatic stress, and the relationship between traumatic stress and health outcomes. This symposium brings together recent research from Australia and the US on children facing a range of potentially traumatic medical events, including cancer, burn injury, traumatic brain injury, and intensive care unit admission. Presentations will address PTSD and health outcomes in children with traumatic brain injury, and predictors of PTSD and other psychosocial outcomes in children admitted to the pediatric intensive care unit (PICU) and in children with burn injuries, and a novel coping intervention for children undergoing cancer treatment.

Concurrent 12
Symposium
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Grand/Salon IX & X

Patterns of Health Outcomes in Children with Traumatic Brain Injury and PTSD

Kenardy, Justin, PhD¹; Le Brocque, Robyne, PhD¹; Anderson, Vicki, PhD²; McKinlay, Lynne, MB, BS³; Charlton, Erin, BSc¹
Prior research has indicated that posttraumatic stress symptoms (PTSS) and traumatic brain injury (TBI) can co-occur. This study aimed to determine if there is a relationship between TBI severity and PTSS and whether pre-existing and/or post-injury factors could explain this relationship. Parents (N=184) completed measures of children’s pre and post-injury behaviour at 2 weeks and 3 months post-injury, respectively. At 3 months post-injury 184 children completed the Clinician Administered PTSD Scale - Children/Adolescents and measures of cognitive functioning. Results indicated a relationship between more severe TBI and higher levels of PTSS. Pre-trauma variables assessed for moderation effects included socioeconomic status, age, gender, presence of prior trauma, pre-injury executive functioning and internalising/externalising behavioural problems. No pre-trauma variables significantly interacted with TBI severity on PTSS. The post-trauma variables assessed for mediation effects included parental distress and three areas of cognitive functioning; attention, working memory and executive function. An indirect effect was found between mild/moderate TBI and PTSS when parental distress was controlled for. None of the cognitive variables had any significant impact on the relationship between TBI severity and PTSS. These results indicate that the relationship between TBI severity and PTSS is independent of any of the pre-existing factors assessed, and independent of the post-injury cognitive variables assessed. However, parental distress has an indirect impact on PTSS regardless of TBI severity.

Concurrent 12
Symposium
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Grand/Salon IX & X

Traumatic Stress, Coping, and Health Outcomes in Children Facing Medical Events
(Clin Res,Child/Adol)

Posttraumatic Stress Reactions in Children Following Pediatric Intensive Care Unit Admission: Examination of Prevalence and Risk Factors Following Critical Care

Le Brocque, Robyne, PhD
University of Queensland, Brisbane, Australia

Advances in modern medicine have increasingly allowed health professionals to improve survival rates for critically ill and injured children. However, there is a very significant risk for psychiatric disorder, such as posttraumatic stress, following admission to the pediatric intensive care unit (PICU) for both children and their parents.

In this study, medical data and self-report/parent-report data for 232 children aged 2 years and over and their parents were collected. Questionnaires relating to mental health and functioning at 3 and 6 months following admission to PICU were completed.

Results showed that both children and parents were at significant risk for poor outcomes with up to one third of children with clinical level symptoms. Risk factors including pre-admission functioning, illness and injury variables, PICU environment, and treatment variables were also examined. We explore the implications for screening and treatment for children at risk following admission to PICU.
Promoting Adjustment to Pediatric Cancer: Initial Development of an Innovative, Developmentally Sensitive Tool

Marsac, Meghan, PhD1; Hildenbrand, Aimee, Undergraduate2; Kohser, Kristen, MSW1; Banerjee, Leela, PhS1; Barakat, Lamia, PhD3; Alderfer, Melissa, PhD3

1 The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
The impact of pediatric cancer extends beyond the physical disease, significantly affecting the child and family’s well-being and quality of life. To promote positive adjustment following a cancer diagnosis and treatment, we developed The Cellie: The Cancer Coping Kit (2011 patent pending, The Children’s Hospital of Philadelphia). In this study, we assessed the Kit’s acceptability and feasibility. Fifteen children (ages 6-12) undergoing cancer treatment and their parents participated in semi-structured interviews to provide feedback on the Kit. Objective 1 (Acceptability): All of the parents interviewed reported that the Kit addressed the types of cancer-related stress that their family experienced and most (93%) reported that they would use this tool. Most children reported that they would use this Kit (87%). Objective 2 (Feasibility): All parents interviewed reported the book was easy to understand and that they could enact the coping tips without guidance. Parents and children provided examples of how they would use the Kit and identified potential barriers. Current results suggest that children with cancer and their parents find the Kit engaging, helpful and easy to use. Planned revisions for this tool include integrating new tips for stressors suggested by participants and investigating its ability to improve coping and decrease cancer-related distress.

Concurrent 12
Workshop
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Dover

Care for the Caregivers: A Program of Retreat and Renewal for Military Chaplains
(Self-Care, Caregivers)

Heber, Alexandra, MD, FRCPC; Mackenzie, Bruce, MA; Sharpe, Andrew, MSN, APRN
Canadian Forces Health Services Centre Ottawa, Ottawa, Ontario, Canada

When deployed to the war zone or disaster relief site, chaplains are at risk for both direct exposure to traumatic events, and indirect exposure through the trauma stories they hear while giving support and comfort to soldiers. The increased operational tempo of the past 20 years intensified the demands on military chaplains. Canadian Forces chaplains are routinely put in harms’ way in the war zone, as they accompany units outside the wire, while they are themselves unarmed. A need was identified to develop an early intervention strategy for our redeployed chaplains.

A multidisciplinary team of clinicians (military chaplain, military psychiatrist and mental health nurse) from the Operational Trauma and Stress Support Centre in Ottawa, will present the key features of the week-long program developed for Canadian Forces chaplains returning from deployment. This highly successful program has run for more than a decade, and was recently piloted for chaplains in Australia by the presenters. This workshop will discuss the rationale and history of the program, and the ongoing evaluation and modification process. It will review the modules and exercises that are used over the week. The unique blend of psychological and therapeutic skill-building, experiential group work, spirituality and community that have become hallmarks of this program, will be described. The role of meaning-making for the participants will be highlighted. Compassion fatigue will be discussed. How to adapt this program for other groups of caregivers who work in a military or non-military setting, will be explored. Audience participation will be encouraged.

Concurrent 12
Panel
Evidence-Based Practices with Refugees: Challenges and Adaptations
(Clin Res, Civil/Ref)

Birman, Dina, PhD1; Rydberg, Thad, MA2; Abigail, Gewirtz, PhD3; Jaycox, Lisa, PhD4; Yaylaci, Fatima, Doctoral, Student5; Mohammed, Johara, MA6; Reckinger, Dawn, PhD3

1University of Illinois at Chicago, Chicago, Illinois, USA
2Heartland Alliance for Human Needs and Human Rights, Chicago, Illinois, USA
3Ambit Network, University of Minnesota, Minneapolis, Minnesota, USA
4RAND Corporation, Chicago, Illinois, USA
5Institute of Child Development, University of Minnesota, Minneapolis, Minnesota, USA
6Department of Family Social Science, University of Minnesota, Minneapolis, Minnesota, USA

In this panel presentation two centers of the National Child Traumatic Stress Network will focus on challenges in implementing evidence-based practices with refugees. Though they are in need of mental health care (Lustig et al., 2004), no evidence-based practices have been developed specifically for refugees (Birman et al., 2005). Presenters will describe implementation and adaptation of two evidence-based practices: The Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Jaycox, 2004), and Parenting through Change (PTC; Forgatch & DeGarmo, 1999). The International Family, Adult and Child Enhancement Services (IFACES) in Chicago, are implementing CBITS, a school-based group intervention for traumatized children. Two 12-session groups have been completed with refugees from Iraq, Burma, Ethiopia, East, and West Africa. The Ambit Network, University of Minnesota (UNM) have implemented three 14-session PTC groups with East African mothers. The goal of PTC is to improve child adjustment (reduce behavior problems and depression) among children in families facing a variety of stressors. Presenters from IFACES and UNM will describe implementation and adaptation of CBITS and PTC, and present data on fidelity, effectiveness, feasibility and acceptability. An expert on evidence-based practices and one of the developers of CBITS will serve as a discussant on this panel.

Concurrent 12
Symposium
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Laurel A-B

Strategies to Improve the Assessment and Management of Trauma, PTSD and Comorbid Conditions in Primary Care
(Clin Res, Mil/Vets)

Strategies to Improve the Assessment and Management of Trauma, PTSD and Comorbid Conditions in Primary Care

Seal, Karen, MD, MPH1; Engel, Charles, MD, MPH2

1San Francisco VA Medical Center/ UCSF, San Francisco, California, USA
2Uniformed Services, University of Health Sciences, Bethesda, Maryland, USA
This symposium features four studies that exemplify innovative strategies to improve access to PTSD treatment within primary care, especially for veterans of the current conflicts in Iraq and Afghanistan. We focus on PTSD treatment within primary care because an increasing number of studies demonstrate that this newest generation of veterans with high rates of PTSD are not accessing mental health treatment due to a variety of barriers, including stigma. In contrast, these veterans are disproportionately accessing primary care medical services. The first two abstracts present quantitative and qualitative comparative effectiveness data from a study of a new integrated primary care and mental health services clinic compared to usual primary care for Iraq and Afghanistan veterans. The third abstract describes the development and implementation of a new online PTSD training program for primary care providers and describes the preliminary results of the training in terms of primary care providers' detection and initial management of PTSD symptoms, and referral for evidence-based PTSD treatments. The final abstract reports results from a novel 3-session “Brief Trauma Treatment” for primary care patients who have experienced trauma. All four studies indicate that PTSD treatment in primary care is feasible and may improve access to needed services.

Concurrent 12
Symposium
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Laurel A-B

Strategies to Improve the Assessment and Management of Trauma, PTSD and Comorbid Conditions in Primary Care
(Clin Res, Mil/Vets)

Increasing Access to Mental Health Care for Iraq and Afghanistan Veterans: Outcomes of Embedding PTSD Psychologists in Primary Care

Seal, Karen, MD, MPH; Cohen, Gregory, MSW; Cohen, Beth, MD, MAS; Maguen, Shira, PhD; Daley, Aaron, MA; Bertenthal, Daniel
San Francisco VA Medical Center/ University of California - San Francisco, San Francisco, California, USA

Despite escalating rates of PTSD in Iraq and Afghanistan veterans, few veterans access mental health services. In contrast, veterans with PTSD and other mental health problems are significantly more likely to use medical (non-mental health) services than those without mental health problems. Capitalizing on this epiphrenomenon, we established an Integrated Care Clinic at a VA Medical Center that offers an initial co-located, 3-part primary care, mental health, and social services visit to newly returned combat veterans. Multivariable models compared the independent effects of integrated care (IC) versus usual primary care (UC) on receiving mental health care within one month of the initial primary care visit. Among 347 Iraq and Afghanistan veterans who initiated primary care between April 1, 2007 and April 31, 2009, 92% seen in the IC versus 59% in UC received an initial mental health evaluation (RR=1.74, p < 0.001). Women, younger veterans, and those with positive mental health and TBI screens were independently more likely to have had an initial mental health evaluation if seen in the IC versus UC clinic (all p-values < 0.05). Embedding mental health services in primary care greatly increased access to an initial mental health evaluation among more vulnerable subgroups of veterans.

Concurrent 12
Symposium
Saturday, November 5
Strategies to Improve the Assessment and Management of Trauma, PTSD and Comorbid Conditions in Primary Care
(Clin Res, Mil/Vets)

Clinicians’ Perspectives on Integrating Mental Health Within Primary Care: A Qualitative Study

Koenig, Christopher J., PhD; Cohen, Greg, MA; Daley, Aaron, MA; Maguen, Shira, PhD; Seal, Karen, MD, MPH
San Francisco Veterans Administration Medical Center, San Francisco, California, USA

Iraq and Afghanistan veterans are returning from deployment with high rates of PTSD and co-morbid mental health disorders, yet few veterans access specialty mental health treatment (Seal et al., 2009; Hoge et al., 2004). To address this problem, the VA promotes integrating primary and mental health care (Zeiss & Karlin, 2008). However, questions remain about the acceptability and feasibility of integrated care (IC) versus usual care (UC) for Iraq and Afghanistan veterans. In this qualitative study, we conducted 31 semi-structured interviews with IC clinicians (n= 16) and UC clinicians (n=15) to compare attitudes, beliefs, and practice behaviors among clinicians working in these two different clinical models. Thematic analysis indicates that compared to UC providers, IC providers reported greater communication and collaboration with mental health colleagues, less patient stigma regarding mental health, and enhanced access to psychosocial services for their patients. Drawbacks to integrated care were also reported by IC clinicians, including extended visit length for patients, patient information overload, and blurred role responsibility between primary care and mental health providers. While integrated primary care appears to improve access to mental health services, further refinements may be needed to decrease patient burden and facilitate more efficient and effective inter-disciplinary collaboration.

Online PTSD Training for Primary Care Providers

Samuelson, Kristin, PhD¹; Choucroun, Gerard, MSW²; Medina, Emily, MPH, MA¹; Seal, Karen, MD, MPH¹
¹San Francisco VA Medical Center, San Francisco, California, USA
²Northern California Institute for Research and Education, San Francisco, California, USA

Previous research indicates that patients with PTSD are more likely to present to primary care than to mental health clinics, yet most primary care providers (PCPs) have not been trained to detect PTSD, initiate PTSD symptom management, or refer for evidence-based mental health treatment. We report
findings from developing and piloting a brief on-line PTSD educational training program for PCPs. The training emphasizes rapid assessment and detection of PTSD symptoms using standard measures and describes differential and comorbid mental health and medical conditions encountered in primary care. Dramatized clinical scenarios provide examples of assessing for PTSD, delivering a probable PTSD diagnosis, and overcoming patient barriers to accepting a mental health referral through the use of motivational interviewing. PCPs are educated about evidence-based PTSD pharmacotherapy for direct management of patients in primary care, which is particularly relevant for rural clinicians. Education on PTSD psychotherapies will assist PCPs in making targeted referrals and encouraging treatment retention. We present PCPs’ feedback about the feasibility and acceptability of the training and describe barriers to implementation and dissemination. We report training outcomes such as pre- and post-training changes in PTSD-related knowledge and practice behaviors, and durability of these changes.

Concurrent 12
Symposium
Saturday, November 5
9:30 a.m. - 10:45 a.m.
Laurel A-B

Strategies to Improve the Assessment and Management of Trauma, PTSD and Comorbid Conditions in Primary Care

A Posttraumatic Stress Intervention to Improve Care in an Integrated VA Primary Mental Health Clinic

Goldstein, Elizabeth, PhD1; Harmon, A. Lisa, PhD1; Shiner, Brian, MD, MPH2; Bernardy, Nancy, PhD2

1 White River Junction VAMC, White River Junction, Vermont, USA
2 National Center for PTSD, White River Junction, Vermont, USA

The Department of Veterans Affairs has supported initiatives to increase access to mental health services for Veterans with posttraumatic stress. One initiative is the integration of mental health services in primary care because most Veterans with PTSD seek primary care. Consistent with this initiative, we developed an innovative veteran-centered brief trauma treatment (BTT) in a VA mental health clinic co-located in primary care. The 3-session BTT included psychoeducation, behavioral activation and motivational interviewing with the primary goal of enhancing subsequent engagement in evidence-based PTSD treatment. A single-arm observational study of 80 male veterans participating in BTT was conducted to assist in further refinement of the intervention. Of the 80 veterans, nearly half (46%) were Iraq and Afghanistan veterans and 83% had a primary diagnosis of PTSD. Among those who completed the BTT and carried a diagnosis of PTSD, nearly 40% engaged in follow-up mental health treatment, most initiating evidence-based psychotherapies for PTSD, which represents a significant improvement over rates reported elsewhere (e.g. Seal et al., 2010). There was 2.7 point decrease in mean PCL score. The BTT intervention results in improved engagement in mental health treatment among Veterans with PTSD. Further refinements may result in improved symptoms and functioning.

Concurrent 13
Symposium
Saturday, November 5
11:00 a.m. - 12:15 p.m.
The DSM-5 Work Group has proposed numerous changes to the draft diagnostic criteria for PTSD. In order to compare the new criteria with those in DSM-IV, two internet surveys have been conducted: one a civilian cohort, primarily of female sexual trauma; and the other a cohort, primarily of male combat veterans.

The questions addressed are:
1) Comparative PTSD prevalence between DSM-IV and proposed DSM-5 criteria;
2) Consequences of different definitions of Criterion A;
3) PTSD likelihood following different Criterion A events;
4) Effect of different symptom thresholds to meet criteria for a given symptom cluster;
5) Item response analysis using both DSM-IV and proposed DSM-5 criteria;
6) Impact of expanding the PTSD construct beyond fear conditioning;
7) Performance of DESNOS/Complex PTSD items

There will be three presentations. The first will provide an overview of both the proposed DSM-5 Criteria and of the design of the internet surveys. The second will discuss data from the civilian survey and the third will present results from the veteran survey. Rather than a formal Discussant, the session will then be open to full discussion from the entire audience.
discussed. In short, the surveys tested comparative PTSD prevalence with the two criteria sets, implications of different Criterion A events, the effect of different symptom thresholds to meet criteria for a given symptom cluster, the consequences of adding, deleting or revising certain symptoms, and the performance of DESNOS/Complex PTSD items. We will also discuss the impact of expanding PTSD beyond a strict fear conditioning context.

Concurrent 13
Symposium
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Grand/Salon VI

Internet Surveys on Proposed DSM-5 Criteria for PTSD
(Assess Dx, Violence)

Pilot Study of a DSM-V Internet Survey Instrument in a U.S. Department of Veterans Affairs PTSD Sample

Miller, Mark, PhD; Wolf, Erika, PhD; Marx, Brian, PhD; Holowka, Darren, PhD; Resnick, Ph.D.; Heidi, PhD; Kilpatrick, Dean, PhD; Gates, Margaret, PhD; Rosen, Ray, PhD; Guey, Lin, PhD; Keane, Terry, PhD; Friedman, Matt, MD, PhD

1VA National Center for PTSD/VA Boston Healthcare System, Boston, Massachusetts, USA
2VA National Center for PTSD/VA Boston Healthcare System, Boston, USA
3Medical University of South Carolina, Charleston, South Carolina, USA
4New England Research Institutes, Inc, Watertown, Massachusetts, USA
5VA National Center for PTSD/White River Junction VA Medical Center, White River Junction, Vermont, USA

This paper will present findings of a VA pilot study of a DSM-V PTSD assessment instrument. Veterans in an OEF/OIF PTSD registry and a National Center for PTSD recruitment database were invited to complete the DSM-V internet survey developed by Kilpatrick and colleagues along with the PTSD Checklist (PCL). 338 veterans completed the survey. The sample was 68% male and 80% Caucasian. 30% reported serving during OEF/OIF, 43% during the Vietnam, 81% reported combat-related trauma. The presentation will focus on results of analyses focusing on the following issues: comparison of DSM IV and DSM V diagnostic prevalence rates using various diagnostic algorithms, the effects of linking individual symptom reports to specific events, examination of the psychometric performance of the new symptoms and proposed factor structure using item-response theory and confirmatory factor analyses, and comparing results across the VA and MUSC samples. Clinical and nosological implications will be discussed.
An Examination of Proposed DSM-V Criteria for PTSD in a Civilian Sample Exposed to Assault and Other Potentially Traumatic Events.

Kilpatrick, Dean, PhD; Resnick, Heidi, PhD; Guille, Constance, MD
Medical University of South Carolina, Charleston, South Carolina, USA

Proposed changes for the DSM V PTSD diagnosis include changing Criterion A, removing Criterion A2, adding new symptoms, modifying other symptoms, and expanding the number of symptom criteria from 3 in DSM-IV to 4 in DSM-V. This raises the question of whether PTSD prevalence will change using DSM-V criteria. This paper will describe the results of a large nationwide sample of U.S. adults (n=2953) who were screened for Criterion A events, PTSD symptoms, and functional impairment. The sample was recruited from a large national panel of adults with internet access who had volunteered to participate in web surveys. A majority of the sample was female (62.8%) and European American (82.6%). Seventeen percent comprised those who reported that they were Hispanic (4.8%), African American (7.4%), Asian (3.4%), or Native American (.8%). The sample was diverse in terms of age, with 29% of participants reporting that they were between the ages of 18 to 34, 28.6% between the ages of 35 to 54, and 42% age 55 or older. Findings will focus on comparisons of DSM IV and DSM V PTSD classification, addressing the following questions or issues: 1) Comparative prevalence using DSM-IV and proposed DSM-V criteria. 2) Consequences of different definitions of Criterion A; 3) Effects of applying different symptom criteria thresholds; 4) Item response analysis using DSM-IV and proposed DSM-V criteria. Implications of findings for research and clinical practice will be discussed.

Concurrent 13
Symposium
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Essex

The Interface Between PTSD and Borderline Personality Disorder – Psychopathology and Treatment
(Clin Res,Adult/Cmplx)

Schmahl, Christian, MD
Central Institute of Mental Health, Mannheim, Germany

PTSD and Borderline Personality Disorder share etiological and biological factors. Comorbidity between both disorders is high and several clinical features such as disturbed emotion regulation and dissociation can be found in both disorders. This symposium focuses on the interaction of emotion regulation with social cognition as well as with working memory and presents data from a newly developed treatment for patients who suffer from both disorders.

Concurrent 13
Symposium
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Essex
The Interface Between PTSD and Borderline Personality Disorder – Psychopathology and Treatment
(Clin Res, Adult/Cmplx)

Borderline Personality Disorder in US Military Veterans At High Risk for Suicide: A Preliminary Study of Dialectical Behavioral Therapy

Mazza, Mary Carol, PhD1; New, Antonia S, MD2; Goodman, Marianne, MD2; Sasso, Scott, BA1; Boussi, Ayelet, BSc1
1James J Peters VAMC, New York, New York, USA
2James J Peters VAMC, MIRECC, New York, New York, USA

Suicide is a pressing problem in the US military, with evidence of increased risk for suicide particularly among soldiers serving in Iraq and Afghanistan. Our study characterizes a group of veterans at “High Risk” for suicide (recent attempt, severe suicidal ideation requiring hospitalization) regardless of psychiatric diagnosis and compares them to veterans who similarly are seen in through James J Peters VAMC psychiatric service but have no suicide history or significant ideation. We randomize HR subjects to treatment with 6-months of Dialectical Behavioral Therapy or Treatment As Usual overall 18-months. To date, we have completed assessments on 79 veterans (42 high-risk, 37 low-risk). To determine the predictive value of diagnoses and symptom domains for differentiating high-risk vs. low-risk groups, we modeled psychiatric diagnoses and self-report measures using logistic regression analysis. The model was highly significant. Borderline personality disorder diagnosis alone was the most robust predictor (chi-square=30.1, p<0.001; 80.3% correct classification). A model including both depression score and borderline diagnosis was also significant (chi-square=38.5, p<0.001; 82.9% correct classification). No other variables were significant predictors, including PTSD diagnosis. We will present more detailed information on our study participants to date and include preliminary data on tasks of social cognition and treatment adherence.

Concurrent 13 Symposium
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Essex

The Interface Between PTSD and Borderline Personality Disorder – Psychopathology and Treatment
(Clin Res, Adult/Cmplx)

Neuroimaging Social Emotional Processing in PTSD: FMRI Study

Frewen, Paul, PhD, Cpsych; Lanius, Ruth, MD, PhD
University of Western Ontario, London, Ontario, Canada

Studies of response to script-driven imagery in individuals with PTSD have primarily examined idiographic traumatic events, less being known about responses to standardized events making group comparisons difficult. This study investigated self-report and functional neural responses to imagery of standardized interpersonal (social) versus intrapersonal (non-social) negative and positive events in women with (n=57) versus without (n=49) PTSD. Women with PTSD reported decreased positive affect in response to imagery of positive events, and increased negative affect, emotional avoidance, and priming of episodic recall in response to imagery of both negative and positive events. BOLD responses within 14 women
PTSD versus 20 controls completing the task while undergoing fMRI at 4-Tesla revealed decreased response within the left dorsomedial prefrontal cortex and temporal pole specifically while imaging positive social events. Women with PTSD evidenced greater response within left insula during imagery of relaxation events, whereas amygdala responses correlated with negative affect experienced during the relaxation events in women with PTSD. Future research directions and clinical implications for social and emotional functioning including anhedonia in trauma-related disorders including PTSD and BPD will be discussed.

Concurrent 13
Symposium
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Essex

The Interface Between PTSD and Borderline Personality Disorder – Psychopathology and Treatment
(Clin Res, Adult/Cmplx)

Influence of Emotional Distraction on Working Memory in PTSD and Borderline Personality Disorder

Elzinga, Bernet, PhD; Krause, Anne, PhD Candidate; Veer, Ilya, PhD Candidate; Bohus, Martin, PhD; Oei, Nicole, PhD; Rombouts, Serge, PhD; Schmahli, Christian, PhD, MD; Spinhoven, Philip, PhD

1Leiden University, Leiden, Netherlands
2Central Institute of Mental Health, Mannheim, Germany
3Leiden University Medical Center, Leiden, Netherlands

Objective: Emotion dysregulation, characterized by heightened emotional arousal is a core feature of both Posttraumatic Stress Disorder (PTSD) and Borderline Personality Disorder (BPD), although the stimuli that trigger the dysregulation may differ. Although current theories emphasize the disruptive potential of negative emotions on cognitive functioning in PTSD and BPD, behavioral and neurobiological data on this relation are still scarce. Methods: Using functional magnetic resonance imaging (fMRI, 3T) neural activity was investigated during performance of a Sternberg working memory task, while being distracted by emotional and neutral pictures in two samples: (i) PTSD patients (n=14) vs healthy participants (n=14), and (ii) BPD patients with a history of abuse (n=22) vs healthy participants (n=22, matched for age, education and IQ. Results: In both PTSD and BPD patients, emotional distraction during WM performance was associated with a significantly higher activation in the amygdala. Patients with BPD, but not PTSD, showed significantly longer reaction times during emotional distraction, suggesting that they were most distracted by emotional pictures during working memory performance. Moreover, in BPD patients, a significant negative correlation between activation in limbic brain regions and self-reports of current dissociative states was found. Conclusions: These findings suggest amygdala hyperresponsiveness to emotional distracting pictures in both PTSD and BPD, and underline the importance of emotion dysregulation in the context of cognitive functioning in these stress-related disorders.

Concurrent 13
Symposium
Saturday, November 5
11:00 a.m. - 12:15 p.m.
The Interface Between PTSD and Borderline Personality Disorder – Psychopathology and Treatment

(D Clin Res, Adult/Cmplx)

Dialectical-Behavior-Therapy for Severe Posttraumatic Stress Disorder After Childhood Sexual Abuse: A Randomized Controlled Trial

Bohus, Martin, MD; Schmahl, Christian, MD
Central Institute of Mental Health, Mannheim, Germany

Objectives: We modified standard dialectical behavior therapy (DBT) to meet the specific needs of adult patients experiencing borderline personality disorder (BPD) plus therapy resistant PTSD related to childhood sexual abuse. We evaluated the effects of DBT-PTSD.

Method: 80 women meeting DSM-IV for BPD and co-occurring PTSD related to CSA were randomised to either a waitlist condition (WL) or a three month residential DBT-PTSD program. Patients were assessed prior to randomisation (t1), post treatment (t2, 3 months post randomisation), at 6 weeks and 3 months post discharge (t3, t4; 4.5 months and 6 months post randomisation). Assessments included Clinician Administered PTSD Scale (CAPS), Posttraumatic Diagnostic Scale (PDS), Beck Depression Inventory (BDI), SCL90R, and Borderline Symptom List (BSL).

Results: Group Comparisons at t1 and t3 revealed significant response and remission for the DBT-PTSD group. Manovas revealed significant time x group interactions, showing a significantly greater reduction of symptomatology in CAPS, PDS, and BDI for DBT-PTSD as compared to WL. Cohen’s d (t1 vs. t4, CAPS) was 1.4 for DBT-PTSD and 0.19 for the WL.

Conclusions: Data suggest that DBT-PTSD has high promise for reducing severe and chronic PTSD and comorbid psychopathology related to CSA.

Concurrent 13
Workshop
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Grand/Salon III & IV

Ethical Decisions Within an Empirical Frame in the Treatment of PTSD
(Ethics, Caregvs)

Schulz, Priscilla, LCSW1; Williams, Amy, PhD2; Galovski, Tara, PhD3
1Uniformed Services University of the Health Sciences, Silver Spring, Maryland, USA
2Private Practice, Flower Mound, Texas, USA
3University of Missouri - St. Louis, St. Louis, Missouri, USA

Government- and professionally-generated clinical practice guidelines support the use of empirically-supported treatments (EST) for PTSD (Forbes, et al., 2010). Clinical practice, however, is exceptionally complex. Ethical practitioners must consider multiple issues when making treatment decisions not the least of which are ethical principles such as “take care to do no harm” “practice within areas of competence” and “safeguard the welfare and rights” of patients (APA 2002; NASW 2008). Some
practitioners view the promotion of ESTs for PTSD as a benevolent movement informed by research and motivated by a wish to improve standards of care for trauma-exposed, symptomatic individuals. Others have expressed concern that the promotion of ESTs for PTSD is a biased, almost hegemonic, attempt to restrict patient and practitioner choice in mental health care.

In this workshop, the presenters will open with a brief history of the debate between science and practice in PTSD treatment. Next, presenters will review ethical principles that are points of concern among clinicians when making intervention decisions in PTSD. Models for assessing competence in the ESTs for PTSD that are in current use will also be shared. Finally, real-life case scenarios will be used in two ways: (1) to demonstrate ethical decision-making that takes into account the empirical literature, patient characteristics, and clinician variables such as theoretical orientation and extent of EST training; (2) as a way to give audience members an opportunity in small groups to use the proposed decision-making rubric.

**Concurrent 13**
**Workshop**
**Saturday, November 5**
**11:00 a.m. - 12:15 p.m.**
**Laurel A-B**

**Concurrent Treatment for Posttraumatic Stress Disorder and Alcohol Dependence**
(Clin Res, Violence)

**Yusko, David, PsyD; McLean, Carmen, PhD**
*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

The prevalence of comorbid posttraumatic stress disorder (PTSD) and alcohol dependence (AD) is quite high, especially in clinics specializing in either disorder, but also in general psychiatric clinics. Therefore, many clinicians are in search of efficacious treatments that address both disorders. While research has identified effective treatments for each disorder separately, these comorbid patients are often left in a revolving door of recidivism due to the lack of an effective combined treatment. In this workshop a treatment program for patients with comorbid PTSD/AD will be presented. The program combines prolonged exposure therapy (PE) for PTSD and a counseling program developed specifically for AD (BRENDA). The workshop will begin by briefly presenting results on the efficacy of the program. Next, PE treatment and BRENDA will be described. In particular, the workshop will focus on the following aspects: 1) provide an overview of a typical PE treatment; 2) creating an effective in-vivo exposure hierarchy; 3) facilitating optimal emotional engagement during imaginal exposure; and 4) modifying procedures for PE when necessary. The treatment will be demonstrated with patients’ videotapes. This workshop is geared toward participants who have had previous training in alcohol treatment and/or prolonged exposure therapy and will focused on the added clinical complexity involved in this comorbid population.

**Participant Alert:** Patient videos of therapy sessions where the patient is revisiting a trauma memory.
Cross-cultural Assessment and Intervention: Lessons from the United States and Rwanda (Cul Div, Civil/Ref)

Fabri, Mary, PsyD¹; Piwowarczyk, Linda, MD²; Hastings, Erica, MA²; Bolton, Paul, MB, BS³
¹Heartland Alliance Kovler Center, Chicago, Illinois, USA
²Boston Center for Refugee Health and Human Rights, Boston, Massachusetts, USA
³Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

This workshop will address cross-cultural assessment and intervention which require cultural and linguistic adaptation. First, developing a cross-cultural instrument to assess functioning involves engaging communities to talk about their daily lives, their families, and their communities. The community of concern was torture survivors from Uganda, Cameroon, Somalia and Sierra Leone resettled in the United States. Free listing and key informants were used to develop a list of activities perceived as healthful for men and women and to identify symptoms. The resultant measure was compared with clinical diagnoses. Second, the adaptation of Trauma-Focused Cognitive Behavioral Therapy with local mental health providers resulted in a manual for use in Rwanda. The therapeutic components of psycho-education, relaxation, affect modulation and cognitive processing were culturally and linguistically adapted using focus groups, practice sessions, and a pilot training. In February 2011, 38 Rwandan mental health providers participated in forty hours of training. On a 12-item pre- and post-knowledge test, the mean score improved from 8.6 to 9.8 (p<0.001, paired t-test). Workshop participants will learn the considerations taken to engage in these cross-cultural processes. Presenters will discuss the challenges and rewards of undertaking such collaborations with culturally diverse communities and share their lessons learned.

Concurrent 13
Panel
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Harborside Ballroom

The Impact of Sexual Abuse on Female Development: Lessons from a Multigenerational, Longitudinal Research Study (Train/Ed/Dis, Child/Adol)

Trickett, Penelope K., PhD¹; Noll, Jennie G., PhD²; Putnam, Frank W., MD²; Haralson, Katherine J, BS²
¹University of Southern California, Los Angeles, California, USA
²Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

Panel members will report on findings of a 23-year longitudinal study of the impact of intrafamilial sexual abuse on female development. The conceptual framework of this study integrated concepts of psychological adjustment with theory regarding how psychobiological factors might impact development. Participants included 6-16 year old females with substantiated sexual abuse and a demographically similar comparison group. A cross-sequential design was used and six assessments have taken place, with participants at median age 11 at the first assessment and median age 25 at the 6th assessment. Mothers of participants took part in the early assessments and offspring took part at the 6th assessment. Results of many analyses, both within circumscribed developmental stages and across development, indicated that sexually abused females (on average) showed deleterious sequelae across a host of biopsychosocial domains including: earlier onsets of puberty, cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, HPA attenuation, asymmetrical stress responses, high rates
of obesity, more major illnesses and healthcare utilization, dropping out of high school, persistent PTSD, self mutilation, DSM diagnoses, physical and sexual re-victimization, premature deliveries, teen motherhood, drug and alcohol abuse, and domestic violence. Offspring born to abused mothers were at increased risk for child maltreatment and overall maldevelopment.

Concurrent 13
Panel
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Grand/Salon I & II

Children Parents and Community: Circles of Building Resilience in Different Cultural Contexts
(Commun, Child/Adol)

Vogel, Juliet, PhD¹; Pat-Horenczyk, Ruth, PhD²; Brom, Danny, PhD²; Baum, Naomi, PhD²; Pfefferbaum, Betty, MD³
¹North Shore LIJ Health System, Manhasset, New York, USA
²Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem, Israel
³University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA

This panel will explore and discuss recent advances and major theoretical questions regarding the concept of resilience as it relates to individuals, families and communities. The panel will highlight the importance of considering all three of these levels, and of taking into consideration cultural context and developmental issues. We will provide an overview of theoretical models for considering resilience at individual (e.g Masten & Obradovic, 2008), family (e.g. Patterson, 2002; Walsh, 2006) and community levels, and the interface of these levels (e.g. Patterson, 2002). Then we will present a new model for building resilience in early childhood in the context of living under continual threat. Data from research about the resilience and distress of young children and their parents will be presented (Pat Horenczyk et al., in press). A project for building community resilience in the unique context of Bedouin society also will be described. This community is experiencing high levels of both political and domestic violence with low levels of resources. A discussion integrating the lessons learned and future directions will conclude this panel.

Concurrent 13
Panel
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Dover

Exposure to Media Coverage of the Japan Earthquake in France and Canada: A Prospective Study

Brunet, Alain, PhD¹; Rodgers, Rachel, PhD²; Herbert, Christophe, PhD¹; Franko, Debra, PhD²; Simon, Naomi, MD, MsC³; Birmes, Philippe, MD, PhD⁴; Bui, Eric, MD, PhD⁵
¹Douglas Mental Health University Institute and McGill University, Montreal, Quebec, Canada
²Northeastern University, Boston, Massachusetts, USA
³Harvard Medical School/ Massachusetts General Hospital, Boston, Massachusetts, USA
⁴Université de Toulouse, Toulouse, France
It has been suggested that exposure to media coverage of disasters increases the risk for developing symptoms of post-traumatic stress disorder (PTSD) and may affect other psychopathology such as disordered eating. However, to date, studies have been limited by recall biases as they have been mainly conducted weeks or months after the event. Furthermore, little data is available on the psychological impact of the exposure to media coverage of a distant disaster. Additional limitations lie in the fact that the large majority of research in this area has been conducted within the U.S. moreover it has failed to account for the growing role played by Internet in the media coverage of disasters. This symposium presents the initial results from an online survey conducted immediately after the March 11th 2011 Japan earthquake in France and Canada examining the impact of the TV and Internet coverage of this event and its aftermath on psychological distress across cultures. Participants (n = 612, age range 18 - 66, French or English speaking, 73% female), were assessed for exposure to the television and Internet coverage of the earthquake and its aftermath, peritraumatic reactions and sleep disturbance during the course of the previous week using validated self-report questionnaires. Participants were then invited to complete a follow-up survey two months later, reporting on PTSD symptoms and eating disorder symptoms. Sixty percent of participants reported increased media consumption. a) A model in which peritraumatic reactions fully mediated the relationship between exposure to TV and Internet coverage of the Japan earthquake and its aftermath and sleep disturbances revealed a good fit to the data in the overall sample, however multigroup analysis revealed significant differences across cultures. b) Both peritraumatic distress dissociation fully mediated the prospective relationship between exposure to internet coverage of the earthquake and 2-month PTSD symptoms. Furthermore, exposure to television coverage and peritraumatic distress were predictors of disordered eating. Peritraumatic reactions due to exposure to media coverage of a distant disaster may have a negative impact on mental health, however this impact may vary according to cultural setting.

Concurrent 13
Panel
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Dover

Exposure to Media Coverage of the Japan Earthquake in France and Canada: A Prospective Study

Herbert, Christophe, PhD¹; Bui, Eric, MD, PhD²; Rodgers, Rachel, PhD³; Brunet, Alain, PhD⁴

¹Douglas Mental Health University Institute, Montreal, Quebec, Canada
²Laboratoire du Stress Traumatique, Universite Toulouse 3 & CHU de Toulouse, Toulouse, France
³Northeastern University, Boston, Massachusetts, USA
⁴McGill University/ Douglas Institute, Montreal, Quebec, Canada

An online survey was conducted simultaneously in France and Canada one to three weeks after the March 11th 2011 Japan earthquake. Participants (n = 612, age range 18 - 66, French or English speaking), were assessed for exposure to the television and Internet coverage of the earthquake and its aftermath, peritraumatic reactions and sleep disturbance during the course of the previous week using validated self-report questionnaires. Mean age was 38.5 (SD=12.8) and 73% were of female gender. They reported having spent on average 36 (SD=53.7) and 28 (SD=52.6) minutes viewing television and Internet coverage of the event, respectively, and 60% of them reported having increased their media consumption after the event.
Exposure to Media Coverage of the Japan Earthquake in France and Canada: A Prospective Study

Bui, Eric, MD, PhD; Rodgers, Rachel, PhD; Herbert, Christophe, PhD; Simon, Naomi, MD, MS; Brunet, Alain, PhD

1 Laboratoire du Stress Traumatique, Toulouse, France
2 Northeastern University, Boston, Massachusetts, USA
3 Douglas Mental Health University Institute, Verdun, Quebec, Canada
4 Massachusetts General Hospital, Boston, Massachusetts, USA
5 McGill University / Douglas Institute, Montreal, Ontario, Canada

The aim was to examine the relationships between exposure to television and Internet coverage of the disaster, peritraumatic distress and dissociation, and sleep disturbance. Although mean reported peritraumatic reactions were overall low, both peritraumatic distress and dissociation significantly correlated with time spent viewing TV and Internet coverage (all rs>.24, all ps<.001) and with sleep disturbances (all rs>.4, all ps<.001). Controlling for age and gender, both peritraumatic distress and dissociation predicted sleep disturbances in the first week (beta = .31 and .32, respectively). A model in which peritraumatic reactions fully mediated the relationship between exposure to TV and Internet coverage of the earthquake and its aftermath and sleep disturbances was tested and revealed a good fit to the data (χ2 = 4.11, p = .128, CFI=.996, RMNSEA = .043). In this model, all paths were significant (p<.05), except for the one from TV exposure to peritraumatic dissociation. Results from the multigroup analysis on the hypothetical model revealed significant differences across cultures in terms of the structural model. Our findings suggest that peritraumatic reactions fully mediate the relationship between exposure to media coverage of a distant disaster and sleep disturbance. Furthermore these factors may affect individuals differently according to their cultural background.

Exposure to Media Coverage of the Japan Earthquake in France and Canada: A Prospective Study

Rodgers, Rachel, Ph.D.; Bui, Eric, MD, PhD; Herbert, Christophe, Ph.D.; Franko, Debra, PhD; Brunet, Alain, PhD

1 Northeastern University, Boston, Massachusetts, USA
2 Laboratoire du Stress Traumatique, Universite Toulouse 3 & CHU de Toulouse, Toulouse, France
3 McGill University / Douglas Institute, Montreal, Quebec, Canada

An online survey was conducted simultaneously in France and Canada one to three weeks after the March 11th 2011 Japan earthquake. Participants were invited to complete a follow-up survey two months
after completing the initial survey, reporting on PTSD symptoms and eating disorder symptoms. At two-month posttraumatic stress symptoms correlated with internet coverage of the earthquake \( (r = .30, p < .005) \), peritraumatic distress \( (r = .59, p < .001) \), and peritraumatic dissociation \( (r = .56, p < .001) \). Of three dimensions of disordered eating, oral control correlated the strongest with exposure to television coverage of the earthquake \( (r = .38, p < .001) \). Oral control was also associated with peritraumatic dissociative experiences \( (r = .36, p < .001) \) and just failed to meet significance with peritraumatic distress \( (r = .18, p = .091) \). Multiple regression analyses revealed that exposure to television coverage \( (p < .005) \) and peritraumatic distress \( (p < .01) \) were predictors of oral control. Bootstrapping analyses revealed that both peritraumatic distress and peritraumatic dissociative experiences fully mediated the relationship between exposure to internet coverage of the earthquake and PTSD symptoms. These findings suggest that media coverage of disasters may prospectively predict both PTSD and disordered eating symptoms.

Concurrent 13
Case Study Presentation
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Kent

Acceptance & Commitment Therapy with a Veteran with Military Related PTSD: The Value of Valuing
(Practice, Mil/Vets)

Smith, Wanda, PhD
McMaster University, Hamilton, Ontario, Canada

Military related PTSD has been documented to present with unique features including pervasive dysfunction and significant comorbidity such as depression, substance abuse, chronic pain and anger. Research has yielded effective psychological treatments however implementation has been challenging in complex clinical presentations. The case study illustrates a complex clinical presentation and the challenges in applying treatment protocols for PTSD. The veteran served in the Canadian Forces with the United Nation’s Peacekeeping Mission in the former Yugoslavia in 1993/94 seeking treatment 10 years post-deployment and having functioned marginally in the interim, e.g., multiple substance abuse, episodes of extreme anger, alienation of family and friends and inability to be gainfully employed. Axis I diagnoses included PTSD, depression, substance abuse and pain disorder. Initial psychological treatment included Behavioural Activation and CBT including exposure and cognitive restructuring followed by Acceptance and Commitment Therapy (ACT) with a focus on values. His course of treatment illustrates the difficulties in treating such a complex case with periods of improvement interspersed with relapses. The case presentation illustrates ongoing struggling and the utility of ACT in assisting a veteran to live a valued life as well as illustrating the importance of a sound therapeutic relationship. Clinical data will be presented.

Concurrent 13
Paper Session
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Grand/Salon VII & VIII

Military and Social Support
(Clin Res, Civil/Ref)
Does Social Support Help Recovery? A Moderator Analysis of the Relationships Between Social Connections and Improvement in Depression, Anxiety, and PTSD for War and Torture Survivors

Vinson, Gregory, PhD  
Center for Victims of Torture, Minneapolis, Minnesota, USA

Social support is often posited as a factor contributing to psychological health for trauma survivors. After the trauma experiences of torture, war, and forced migration, many torture survivors have great difficulty forming and maintaining trusted networks of support. Sixty torture survivors residing in the United States received services designed to address clients’ mental health and social needs, including social support. They were administered depression, anxiety, and posttraumatic stress disorder inventories at intake and after 3-months. Concurrently, clients were administered a measure of social circumstances and functioning, including Social Connections ($\alpha = .71$). We examined if changes in psychological symptoms were associated with changes in social support. More specifically, we examined whether changes in social support, between intake and follow-up, moderated the degree of psychological symptoms change. While clients showed statistically significant improvement in symptom areas, generally, we found that clients’ with greater increases to social support reported greater decreases in depression symptoms ($t (57) = 2.99, p = .004$) and anxiety symptoms ($t (57) = 2.064, p = .044$) but not PTSD symptoms ($t (57) = 1.105, p = .274$). In sum, changes in social support were associated with greater recovery in some psychological symptom areas but not for PTSD.

Concurrent 13  
Paper Session  
Saturday, November 5  
11:00 a.m. - 12:15 p.m.  
Grand/Salon VII & VIII

Military and Social Support  
(Clin Res, Civil/Ref)

The Role of Social Support in PTSD Diagnosis and Course in National Guard Troops Following Return from Iraq or Afghanistan.

Shea, Tracie, PhD1; Johnson, Jennifer, PhD2; Reddy, Madhavi, PhD2  
1Veterans Affairs Medical Center, Providence, Rhode Island, USA  
2Brown University, Providence, Rhode Island, USA

Although estimates of PTSD in both active duty and national guard / reserve troops following deployment in Iraq and Afghanistan have been widely reported, little information is available regarding the subsequent course of PTSD in this population, nor in factors that may increase risk of a chronic course. This presentation will report findings from a study of National Guard troops assessed following return from deployment and at multiple follow-up points using structured interviews for PTSD symptoms, diagnosis, and course. Preliminary findings based on 215 participants with at least 6 months of post-deployment data show that 48% of those meeting PTSD criteria following return no longer met criteria as assessed by the CAPS at one or more follow-up points. However, examination of continuous (weekly) course ratings showed that only 10% had a more complete remission (minimal or no symptoms) at any point during the follow-up period which ranged from 6 months to 2 years. Lower social support post deployment is one of several variables found to significantly predict a diagnosis of PTSD in this sample. This presentation will extend these findings to describe the role of social support in predicting the course of PTSD.
Attachment Styles, Social Functioning, Guilt, and PTSD in War Veterans

Malta, Loretta S., PhD; Huber, Daniel M., PhD; Courtney, Jennifer M., LMSW; Kennedy, Charles R., PhD
Albany Stratton VA Medical Center, Albany, New York, USA

Healthy attachments to significant others are particularly important after exposure to trauma. Negative social environments and insecure attachment predict more severe PTSD. This study investigated whether insecure attachment would be associated with chronic guilt, impaired social functioning, and PTSD, particularly numbing symptoms. Veterans completed a standardized battery as a part of routine clinical assessments. Symptoms were assessed with the PCL, Mississippi Scale for Combat-Related PTSD, and the BDI. Attachment was assessed with the Relationship Questionnaire (RQ) and Experiences in Close Relationships - Revised Scale (ECR-R). Secure attachment was associated with less severe PTSD numbing symptoms. Fearful (RQ), anxious, and avoidant attachment (ECR-R) correlated with more severe PTSD avoidance and numbing symptoms. Fearful and anxious attachment styles also correlated with more severe PTSD hyperarousal symptoms. Combat-related guilt and social problems predicted more severe PTSD symptoms. Guilt and social problems were negatively correlated with secure attachment (RQ); and positively correlated with anxious and avoidant attachment styles (ECR-R) and with fearful attachment (RQ). Social problems were also associated with dismissive attachment styles (RQ). The results suggest that attachment functioning affects the ability to recover from trauma exposure. Additional analyses to be presented include a path analysis of attachment and psychological health problems and tests of whether attachment styles predict treatment outcomes and completion.
This presentation will describe the role of peer-support and leadership in the development and implementation of a recovery-oriented group therapy model for veterans with PTSD. This model, called Meaning, Purposeful Action, and Recovery Therapy (MPART), was developed by VA clinicians in conjunction with veterans receiving treatment for PTSD, as a supplement to trauma-focused therapy. It aims to address the difficulties in meaning-making that have been shown to be prevalent in PTSD by enhancing life purpose through value and goal development as well as the application of strengths in pro-social capacities. Following ten sessions led by clinicians, participants continue to meet in a veteran-led format to provide ongoing support as they engage in mentorship and other volunteer activities in both VA and community settings. We propose that providing services to other veterans and community members will enhance self- and collective-efficacy, future-focus, and hope. We will draw on interview data to describe experiences of a core group of PTSD clinic veterans in developing and refining this model, and present the results of a preliminary trial demonstrating the extent to which participants go on to increase social engagement. Implications for the implementation of peer-run services in the VA setting will be discussed.

Concurrent 13
Saturday, November 5
11:00 a.m. - 12:15 p.m.
Grand/Salon IX & X

The Things They Carry: The Bonds of 9/11 First Responders
(Practice, Emerg Wrkrs)

The Things They Carry: The Bonds of 9/11 First Responders
Barrett, Minna, PhD\(^1\); Demaria, Thomas, PhD\(^2\); Melkumov, Melissa, BA\(^3\); Smith, Tamara, MSW, MHSA, ACSW, BCD\(^3\); Banks, Josette, PhD\(^2\)
\(^1\)SUNY Old Westbury, Old Westbury, New York, USA
\(^2\)LIU CW Post, Brookville, New York, USA
\(^3\)First Responder Alliance, Manhasset, New York, USA

The "Things they Carried" (1990) was a touching account of items carried by soldiers in Vietnam during their missions. The panel will feature perspectives on the work culture, memories of their service at Ground Zero, strained family relationships and traumatic bonds still carried by 9/11 First Responders. The cost and benefits of maintaining these connections will be reviewed based on the work of the panelists in the delivery of mental health services for the past ten years to 9/11 First Responders and their families. Many of the rescue and recovery workers who responded to the terrorist attacks continue to suffer from debilitating mental health and medical concerns. Their traumatic exposure at the World Trade Center resulted in a dramatic transformation of their personal identities, work identities and family relationships. Findings from recent research about their adjustment and quality of life will also be presented. An analysis of common artifacts collected by First Responders at Ground Zero will be used to illustrate the many bonds First Responders still maintain ten years after the terrorist attacks.

Concurrent 14
Panel
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Harborside Ballroom

Grief and DSM-5
For the first time, persistent and severe grief reactions are being recognized in DSM-5 in the form of a distinct disorder. Categorized as an Adjustment Disorders Related to Bereavement, it describes grief reactions persisting beyond 6 months and that are characterized by yearning and preoccupation with the loss or circumstances of the death. Additionally, the Appendix of DSM-5 provides a further detailed proposal of potential persistent grief symptoms that should be studied in future to empirically identify more comprehensive ways of describing grief responses associated with impairment. This panel will initially outline the background of the new diagnosis and the process by which it was determined. The arguments offered for and against the diagnosis will be described, as well as subsequent debates about its criteria. Panelists will describe the application of the criteria to a range of populations affected by bereavement, including children, military and their families, and diverse cultural populations. Data will be presented from a range of studies that address the applicability of the new diagnostic criteria in the context of the varieties of grief reactions. Following brief presentations from panelists, there will be a discussion between panelists and the audience regarding the future directions of this diagnosis.

Concurrent 14
Workshop
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon III & IV

Enhancing Social Connections in Integrated Trauma and Addiction Treatment
(Practice, Adult/Cmplx)

Litt, Lisa, PhD
Columbia University, New York, New York, USA

The value of providing integrated treatment for traumatic stress symptoms and substance use disorders has become increasingly clear, with a growing empirical support base for several treatment models. These models typically provide a multi-dimensional approach to recovery, including varying degrees of attention to trauma processing, affect management, interpersonal relationships, behavioral change and cognitive restructuring, with either simultaneous or sequential attention to the dual diagnoses presented. This workshop will provide a comparative overview of several of these treatments, with particular emphasis on the ways in which these models emphasize the importance of repairing and benefiting from social relationships in the course of recovery from trauma and addiction. For both posttraumatic stress, particularly complex posttraumatic stress, and substance use, interpersonal growth can be a critical factor in achieving and sustaining healing. The workshop will highlight the experience of implementing integrated treatments in both research and clinical settings, with attention to Seeking Safety, (Najavits, 2002) and other treatment models. The practical adjustments that can be helpful in adopting such empirically supported treatments into community mental health and substance abuse programs will be discussed.
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon IX & X

Couples Issues and Interventions in Trauma Populations
(Clin Res, Mil/Vets)

Kachadourian, Lorig, PhD
National Center for PTSD, Boston VA Medical Center, Boston, Massachusetts, USA

Four clinician researchers will discuss problems that couples from trauma populations may experience. In addition to PTSD symptoms, such problems include increased relationship distress, increased risk of intimate partner aggression, and the occurrence of infidelity. Treatments that have been designed to target couples experiencing these problems, specifically PTSD, relationship distress, and risk for intimate partner aggression, will be discussed and findings from studies examining such interventions will be presented. Research on the experience of infidelity among trauma populations also will be discussed and findings documenting its effect on mental health functioning will be presented.

Concurrent 14
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon IX & X

Couples Issues and Interventions in Trauma Populations
(Clin Res, Mil/Vets)

Cognitive-Behavioral Conjoint Therapy for PTSD: Results from a Randomized Controlled Trial

Monson, Candice, PhD; Fredman, Steffany, PhD; Macdonald, Alexandra, PhD; Schnurr, Paula, PhD; Resick, Patricia, PhD, ABPP; MacDonald, Helen, PhD; Adair, Kathryn, BA; Vorstenbosch, Valerie, MA; Wagner, Anne, MA

1 Ryerson University, Toronto, Ontario, Canada
2 Massachusetts General Hospital, Boston, Massachusetts, USA
3 VA Boston Healthcare System, Boston, Massachusetts, USA
4 VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA
5 VA National Center for PTSD, Women’s Health Sciences Division, Boston, Massachusetts, USA

Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT for PTSD) is a manualized psychotherapy with the simultaneous goals of improving PTSD and enhancing intimate relationships. Prior uncontrolled trials with male Vietnam veterans and their wives and a community sample with different types of trauma survivors and their partners have provided initial evidence of its efficacy and safety. In the current study, a total of 40 couples in which one member of the couple is diagnosed with PTSD will be randomized to receive the treatment immediately or wait for 3 months to receive the therapy. To date, 35 couples have been randomized and the remainder of the couples should be randomized prior to presentation of the results. Recent analyses of treatment effects indicate that the pre- to post-treatment effect sizes for PTSD symptoms according to clinician, patient, and partner are quite large (d = 2.15-3.46) and relationship...
satisfaction treatment effects according to patient and partner are also large (d = 1.10-2.09). CBCT for PTSD holds promise to be an efficient and efficacious treatment for PTSD, as well as the intimate relationship problems associated with the condition. Clinical considerations in incorporating significant others in PTSD treatment will be discussed.

Concurrent 14
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon IX & X

Couples Issues and Interventions in Trauma Populations
(Clin Res, Mil/Vets)

Couple-Based Treatments for PTSD in OEF/OIF Veterans

Glynn, Shirley, PhD¹; Sautter, Frederic, PhD²; Armelle, Aaron, PhD²; Wielt, Dustin, PhD²; Casselli, Marin, MSW²; Diaz, Aleyda, MSW Candidate³

¹West Los Angeles Veterans Health Care System, Los Angeles, California, USA
²Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA
³Tulane University Health Sciences Center, New Orleans, Louisiana

Evidence-based couples interventions for PTSD are limited. This presentation reports preliminary findings regarding the development of a novel couple-based treatment, named Structured Approach Therapy (SAT), to reduce PTSD in OEF/OIF veterans. This manualized 12-15 session behavioral PTSD treatment is designed to provide OEF/OIF couples with empathic communication skills to facilitate the processing of deployment-related trauma, and exposure-based interventions to reduce trauma-related anxiety. Couple-based behavior activation interventions target emotional numbing by providing training in emotional expressiveness and emotion regulation. This preliminary study, conducted with seven OEF/OIF veterans and their partners, showed significant reductions in overall PTSD severity in both self-reported PTSD symptoms (t=3.7, p<.01) and clinician-rated PTSD symptoms (t=4.86, p<.002). A second study compared emotion regulation, experiential avoidance, and other aspects of relationship functioning in groups of OEF/OIF veterans with and without PTSD and their partners. Relationship problems associated with PTSD in OEF/OIF veterans will be identified and discussed during the presentation. Data from these studies suggest that SAT offers promise as an effective treatment for PTSD in OEF/OIF veterans. A randomized trial is currently underway.

Concurrent 14
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon IX & X

Couples Issues and Interventions in Trauma Populations
(Clin Res, Mil/Vets)

Strength at Home Couples Program to Prevent Partner Aggression: Pilot Findings
Taft, Casey, PhD; Monson, Candice, PhD; Howard, Jamie, PhD; Macdonald, Alexandra, PhD; Krill, Sarah, MEd; Murphy, Christopher, PhD; Resick, Patricia, PhD

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

Ryerson University, Toronto, Ontario, Canada

National Center for PTSD, Boston VA Medical Center, Boston, Massachusetts, USA

University of Maryland Baltimore County, Baltimore, Maryland, USA

Rates of intimate partner aggression (IPA) are particularly elevated among veterans exposed to trauma. Given the lack of effectiveness of available IPA programs, primary prevention programs focused on improving intimate relationships and reducing the risk of onset of IPA are particularly indicated. In this talk we will focus on a couples-based program designed to prevent IPA for male Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. The intervention is based on an information processing model for trauma and abusive behavior. Proximal targets for the intervention include relationship satisfaction and social problem solving skills. Distal targets of the intervention include reduced incidence and frequency of intimate partner physical assault and psychological aggression. We will provide background information for the intervention, an outline of intervention components, and preliminary outcome data. Initial pilot findings suggest significantly reduced physical and psychological aggression among those receiving the intervention.

Concurrent 14
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon IX & X

Couples Issues and Interventions in Trauma Populations
(Clin Res, Mil/Vets)

Associations Between Infidelity and Post-Deployment Mental Health Functioning in a Sample of OEF/OIF Veterans

Kachadourian, Lorig, PhD; Smith, Brian, PhD; Vaughn, Rachel, BA; Vogt, Dawne, PhD

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

National Center for PTSD, Boston VA Medical Center, Boston, Massachusetts, USA

The frequent and lengthy deployments that characterize military service place considerable stress on the marriages of service men and women. These deployments—often characterized by service members being away from significant others for extended periods of time—may increase the likelihood that spouses will engage in infidelity. Although research has shown that infidelity is common in the general population, and can have a negative impact on faithful partners, little to no research has examined infidelity in military populations. As part of larger study of OEF/OIF Veterans, the present study examined the extent to which veterans experienced infidelity and were concerned about infidelity during their most recent deployment, and whether these experiences were associated with current mental health. Preliminary results showed that during their most recent deployment, 11% of Veterans discovered that their partners had cheated on them, while 26% were concerned about being cheated on. Multiple regression analyses revealed that being concerned about infidelity was positively associated with current posttraumatic stress symptoms, after controlling for the occurrence of other stressful life events during and after deployment, as well as the actual experience of infidelity during deployment.
The National Health Security Strategy (NHSS) is the United States’ first comprehensive national strategy to protect the health of the population by providing guidance for the preparation, response, and recovery to large-scale events that put people at risk. The foundation of the NHSS relies on the development of community resilience through effective risk communication, the integration of government and non-government organizations, enhancing social connectedness, and promoting the physical and behavioral health of the population. These activities must occur before, during, and after a disaster. Science and lessons learned from previous disasters have shaped current efforts to inform communities and policy about the most effective methods for implementing the NHSS. Panelists from the Office of the Assistant Secretary for Preparedness and Response have reviewed the scientific literature, facilitated roundtable discussions with key community players throughout the country, and have guided national policy development. Based on these experiences, discussion will focus on relations between behavioral health, social connectedness, and community resilience; ways that community behavioral health and social connectedness can be improved; and how the NHSS incorporates the available science and establishes a pathway for developing community resilience.

Shame-based flashbacks are common in PTSD. They are highly distressing and disturbing for most people. The personal meaning conveyed in the fragmented images and flashbacks is often painful,
condemning and shaming. High levels of self-criticism appear to maintain the sense of current psychological threat. Evidence suggests that those who suffer from shame-based PTSD are often very self-critical and struggle to regulate threat-based emotions with self-soothing. Current evidence-based treatments promote the use of exposure or enhanced reliving to treat PTSD and flashbacks, yet this is based on an anxiety paradigm where fear is the predominant emotion associated with the trauma. Emerging evidence suggests that shame-based PTSD is not always suitable for such treatment approaches, especially if clients are very self-critical and lack skills in self-soothing. This talk will explore the theoretical and practical understanding of using compassion-focused therapy and compassionate images to work with shame-based flashbacks in order to enhance feelings of self-soothing, safeness in the memories and reduce self-critical maintenance cycles.

Concurrent 14
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon VII & VIII

Helping to Heal Torture Survivors with Evidence-Based Mental Health Programming: Processes and Results from Controlled Trials in Iraq
(Clin Res, Surv/Hist)

Murray, Laura, PhD
Johns Hopkins University, Baltimore, Maryland, USA

This symposium will present findings from recent studies in Northern and Southern Iraq. The first presentation will include data from a recently completed randomized controlled three-arm trial focusing on two evidence-based mental health interventions. Behavioral Activation and Cognitive Processing Therapy were used to treat torture survivors in Kurdistan, northern Iraq. The second presentation will present data on the non-specific counseling arm involved in the trial. Information will include training, attendance and outcomes. Finally, the 3rd presentation will present evidence for the use of components-based interventions in low-resource countries, and present data on initial findings from a randomized controlled trial in Southern Iraq.

Concurrent 14
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon VII & VIII

Helping to Heal Torture Survivors with Evidence-Based Mental Health Programming: Processes and Results from Controlled Trials in Iraq
(Clin Res, Surv/Hist)

Results from a Randomized Controlled Trial of Two Specific Mental Health Interventions for Torture and Chemical Attack Survivors in Erbil and Suleimaniya, Northern Iraq
There have been few trials of mental health interventions for torture survivors conducted in low resource countries, and none that we are aware of in the Middle East. We will present final results on the impact and feasibility of 2 specific interventions provided to Kurdish survivors of torture, imprisonment and/or chemical attacks during the Saddam Hussein government in Iraq. This trial was conducted in collaboration with Heartland Alliance, a US-based NGO, and the Kurdish regional government. Interventions were provided by Community Mental Health Workers working in primary health care centers in Kurdistan. Overall results show that cognitive processing therapy (CPT) had one third as many dropouts as Behavioral Activation (BA) and showed an effect size in reducing depression severity of .67 compared with .46 for BA. Detailed data will include uptake, and attendance at sessions and impact on symptoms of depression, anxiety, PTSD, and traumatic grief, and on functioning.

Concurrent 14
Symposium
Saturday, November 5
2:00 p.m. - 3:15 p.m.
Grand/Salon VII & VIII

Helping to Heal Torture Survivors with Evidence-Based Mental Health Programming: Processes and Results from Controlled Trials in Iraq
(Clin Res, Surv/Hist)

Results from a Randomized Trial of a Non-Specific Counseling Intervention for Torture Survivors in Dohuk, Northern Iraq

Mohammad, Thekra, MD¹; Sabir, Goran, MD²; Bolton, Paul, MD, MPH³; Bass, Judith, PhD, MPH³; Murray, Laura, PhD³
¹Heartland Alliance, Dohuk, Iraq
²Heartland Alliance, London, United Kingdom
³Johns Hopkins University, Baltimore, Maryland, USA

The most commonly available mental health services in many low resource countries consist of non-specific counseling services provided by NGOs or health or social service centers. However, the impact of these services has rarely been assessed. We conducted a randomized controlled trial of the feasibility and impact of these services in one section of Kurdish northern Iraq. Providers were Community Mental Health Workers who had previously received unusually extensive training received more extensive and refresher training. Participants were survivors of torture and/or imprisonment, mostly from the Saddam Hussein period. This trial was conducted in collaboration with Heartland Alliance, a US-based NGO, and the Kurdish regional government. The intervention demonstrated significant improvements in depression and function with effect sizes of .46 and .32 respectively. Other data will include uptake, and attendance at sessions and impact on symptoms of depression, anxiety, PTSD, and traumatic grief, and on functioning.
Global mental health research is increasingly showing that evidence-based treatments (EBTs) from the West are more effective than “psychosocial programs” in treating mental health related problems and improving functioning. Research shows that the implementation of these are feasible. However, implementing EBTs that focus only on one disorder means that in order for local counselors to serve a widely varied population, they would need to be trained in at least 2-4 EBTs. For each one, there is significant time and resources needed to train, supervise, and show the effectiveness of each EBT model before scaling it up.

As a solution, we have adapted the components-based or modular approach currently being tested in the United States. Components-based intervention (CBI) is built based on the current literature which has already synthesized the data and demonstrated which components are most effective for which problems. This presentation will outline the CBI approach for Southern Iraq, explain the process of training CBI to local counselors with no formal mental health training, and present initial findings from a pilot study with fifteen completed cases. The pilot study showed significant drops in symptoms based on the locally validated HTQ, as well as strong attendance and satisfaction.

Social Support and School-Based Mental Health Care Post-Hurricane Katrina: A Five Year Synopsis

Project Fleur-de-lis (PFDL), an intermediate and long-term school-based mental health response to Hurricane Katrina was designed to conduct school-based trauma informed treatment, to triage students in need of community-based mental health care, and to provide social and professional support to school-based mental health professionals.

Qualitative data describing PFDL’s supportive consultation was gleaned from school-based mental health professionals associated with the program over the past 5 years. Quantitative data for this workshop is derived from weekly case consultation and school-based interventions provided by PFDL since the program’s inception in September 2006.
School engagement and associated support has increased since the 2006 - 2007 academic year when 45 schools participated in PFDL. The number of participating schools now stands at 60, a total that is made up of public, public charter, private and parochial schools in the Greater New Orleans area.

Creating collaborative working relationships with schools to provide mental health services post-disaster is a complex process that is significantly influenced by the nature of the disaster, the hierarchy of needs of schools as they recover, the manner in which schools are continually engaged, and the type and duration of mental health supportive services available. Collaborative relationships with school-based counselors post-disaster provide social and professional support that increases the long-term sustainability of mental health within school settings and the larger community health system.

**Concurrent 14**
**Symposium**
**Saturday, November 5**
**2:00 p.m. - 3:15 p.m.**
**Kent**

**Trauma Among Child Soldiers Across Nations: Risks, Protective Factors, and Interventions**
(*Clin Res, Diverse Pop*)

_Kerig, Patricia, PhD_
*University of Utah, Salt Lake City, Utah, USA*

Around the world, an estimated 300,000 children are enlisted as soldiers in war zones where they are forced to endure horrific traumas (Wessells, 2006). As efforts are made to reintegrate these youth back into their communities, research is beginning to demonstrate that, of all the risk and protective factors influencing their outcomes, social bonds are among the most significant. This international symposium brings together investigators from four laboratories focused on intervening with former child soldiers in diverse geographical contexts, including Uganda, Nepal, and Sierra Leone. The first paper addresses the important issue of complex trauma/Developmental Trauma Disorder as an underlying construct for understanding the impact of war-related interpersonal trauma in a sample of children from Uganda. The second paper concerns the particular problems associated with girl soldiers from Uganda during the process of reintegrating with their families and communities, and describes the development of an intervention designed to address their complex relational traumas. The third paper describes an intervention developed to enhance resilience in Nepalese child soldiers, particularly by fostering positive reintegration with peers. The fourth paper focuses on the role of protective resources in the family and community in promoting reintegration of former child soldiers in Sierra Leone.
Children exposed to repeated interpersonal trauma often develop symptoms in several areas of mental health extending beyond the criteria for posttraumatic stress disorder (PTSD), better described with the emerging concept of developmental trauma disorder (DTD). The present study examines complex trauma symptoms in a sample of 330 former Ugandan child soldiers (age: 11-17 years, female: 49%). Prevalence rates were 33% for PTSD, and 36.4% for depression. In the absence of a measurement items of a broad scale for behaviour problems (YSR), PTSD (MINI-KID), and dissociation (PDEQ) were allocated to the DTD categories by three independent experienced trauma therapists. Interrater reliability was Krippendorff's alpha .74. Criteria for DTD were met by 87% of the children. The relationship between PTSD, depression and DTD will be investigated. Further, we will identify the most critical predictors for DTD. Implications for treatment will be discussed.

A longitudinal study of war-affected youth in Sierra Leonean War-Affected Youth

Betancourt, Theresa, ScD, MA; Newnham, Elizabeth, PhD
Harvard School of Public Health, Boston, Massachusetts, USA

A longitudinal study of war-affected youth in Sierra Leone was conducted to determine the risk and protective factors associated with post-traumatic stress (PTS) reactions. A cohort of war-affected youth,
largely former child soldiers (N=285, 29% female, mean age 16.5 years at baseline), were interviewed at two time points (2004, 2008). The primary outcome measure was PTS symptoms assessed using a 9-item version of the UCLA Child PTSD Reaction Index. Family and community support were assessed with instruments adapted for use with child soldiers in Sierra Leone. Linear growth models were used to investigate trends in outcomes related to war experiences and post-conflict risk and protective resources. In this sample, PTS reactions tended to decrease in the absence of further adverse life events \( (t(284)=6.60, p<.01) \). However youth who experienced especially toxic forms of violence during the war (such as rape) demonstrated continued difficulties. We also found that PTS reactions were exacerbated by post-conflict risk factors (daily hardships) and partially mitigated by protective resources in the family and community. Ongoing exposure to post-conflict stressors may serve to undermine tendencies for PTSD symptoms to attenuate with time. Findings suggest that intervention programs can leverage natural protective resources to address the post-conflict challenges that aggravate distress.

**Concurrent 14**
**Symposium**
**Saturday, November 5**
**2:00 p.m. - 3:15 p.m.**
**Kent**

**Trauma Among Child Soldiers Across Nations: Risks, Protective Factors, and Interventions**
*(Clin Res, Diverse Pop)*

**Socioecological Supports of Former Child Soldiers in Nepal: Psychosocial Wellbeing and Function and the Ecological Impact During the Post-Reintegration Stage**

**Morley, Christopher A., MPH, MA; Kohrt, Brandon A., MD, PhD**

*Emory University, Atlanta, Georgia, USA*

There is a paucity of evidence for effective interventions to improve the mental health of child soldiers returning home after war. Most approaches emphasize family support and vocational rehabilitation. War effectively distorts and creates profound change in children's socioecology. This change affects normal child development, and put them at greater risk psychologically. Many children who participate in conflict often return to their homes only to find new struggles with problematic reintegration and psychological trauma. Child soldiers in Nepal exhibited high incidence of depression and post-traumatic stress disorder, over twice the average global burden. Research has demonstrated, however, that when a child is provided family and social support, they build greater resilience and show more positive reintegration outcomes, as opposed to those child soldiers with limited to no support. Guided by major theories, research with Nepali child soldiers shows that the greatest perceived protective factors and enhancers of positive reintegration are peers within the community, and the presence of educational opportunity. This study examined peer social support in promoting psychosocial resilience among child soldiers in Nepal. As the mental health of child soldiers and other children affected by armed conflict are influenced significantly by the degree of social support, especially from peers and family members, post-conflict interventions should consider that fostering peer support and minimizing discrimination can have dramatic effects on promoting resilience of reintegrating child soldiers.
Using Gay Affirmative Psychotherapy To Treat Lesbian, Gay, and Bisexual Trauma Survivors
(Practice, Diverse Pop)

Alessi, Edward, PhD, MSSW1; Johnson, Laura, PsyD2; Glenn, Catherine, PhD Candidate2
1School of Social Work, Rutgers, The State University of New Jersey, Newark, New Jersey, USA
2Edith Nourse Rogers Memorial Veterans Hospital, Bedford, Massachusetts, USA

Research has found that lesbians, gays, and bisexuals (LGBs) are more likely than heterosexuals to have PTSD (Roberts et al., 2010). However, there is a lack of discussion on the use of gay affirmative psychotherapy (GAP) with LGB trauma survivors. This workshop addresses this knowledge gap by applying Davies’s (1996) GAP model to the treatment of LGBs with PTSD. Three presenters (one clinical social worker, one psychologist, and one postdoctoral fellow) will introduce the model and discuss how to use it to help LGB trauma survivors connect with community supports that promote healing and recovery. Such supports include LGB social groups and activist-driven organizations. GAP is not an independent practice approach; it can be incorporated into any treatment approach for PTSD. Because many LGB individuals contend with stigma and internalized homophobia following a traumatic event (Brown, 2003), it will be important to apply GAP specifically to this population in order to support their identities as survivors and as LGB. Methods of training will include didactics and case vignettes to demonstrate the use of GAP with LGB trauma survivors. Audience members will also be encouraged to discuss clinical issues relevant to LGB trauma survivors.

A Unique Study of Posttraumatic Mental Health: An Epidemiological Study of Serving Australian Defense Force Personnel
(Commun, Mil/Vets)

McFarlane, Alexander, MB, BS
The University of Adelaide, Adelaide, Australia

In 2010, all Australian Defence Force of were surveyed in order to determine the level current levels of mental health. This symposium will describe the methodology of this survey, including the importance of determining the appropriate cut-offs for commonly used psychiatric measures in military populations. The symposium will focus on the prevalence of a range of psychiatric disorders and the associated risk factors of deployment and non-military trauma. The concept of the healthy worker effect will be discussed as it is critical to the interpretation of these data. Such a study provides an invaluable platform for future longitudinal studies of Defence Force members and veterans.
A Unique Study of Posttraumatic Mental Health: An Epidemiological Study of Serving Australian Defense Force Personnel

The Challenges of Surveying Military Personnel Across a Land Larger Than Europe: The Australian Defense Force Mental Health Prevalence Study

In 2009 a major mental health review of the Australian Defence Force, the Dunt Review, recommended that a mental health prevalence study be conducted. At the time of this recommendation, a separate research program focusing on the veterans of the Middle East Area of Operations of which there are 26,000 Australian veterans was being planned for 2010. This study provided a unique collaborative opportunity to survey all currently serving personnel in order to make prevalence estimates across the entire ADF. This presentation will describe the range of risk factor and exposure variables that were assessed as well as the range of psychometric measures. A response rate of 42% for the entire sample was obtained representing approximately 21,200 individuals of a possible 50,000. Unlike most other epidemiological research, background demographic and psychometric information is available on the entire population, which allows estimations of the response biases created by such a return rate. The method of addressing the representativeness of the sample will be discussed.
There have been considerable discussion about the optimal cut-offs on questionnaires such as the PHQ and the PCL for the detection of psychiatric caseness in military populations. To address this issue, participants in the ADF Mental Health Prevalence Study were interviewed using the CIDI. An enriched sample of 1,500 participants screened using the K-10, PCL, and AUDIT were selected to determine the optimal cut-offs of the questionnaires against the CIDI diagnostic categories of major depressive disorder, posttraumatic stress disorder and substance use disorders. This presentation will highlight the challenge in choosing an optimal cut-off for military populations using ROC curves. In the present study, a large number of participants who met criteria for a diagnosable disorder fell below the commonly used cutoffs for the PCL and PHQ. The problems of using these cut-offs for screening purposes in the military and the need to increase the sensitivity of these instruments to enable accurate case detection will be discussed. The findings about the patterns of co-morbidity and risk factors will also be presented.

Concurrent 14  
Saturday, November 5  
2:00 p.m. - 3:15 p.m.  
Kent  

A Unique Study of Posttraumatic Mental Health: An Epidemiological Study of Serving Australian Defense Force Personnel  
(Commun,Mil/Vets)  

The Prevalence of Mental Health Disorders in the Australian Defense Force: The Healthy Worker Effect Versus a Risky Employment Environment  

Hodson, Stephanie, PhD\(^1\); Verhagen, Alan, PhD\(^1\); van Hooff, Miranda, PhD\(^2\); McFarlane, Alexander, MB, BS\(^2\)  
\(^1\)Australian Defense Force, Canberra, Australia  
\(^2\)The University of Adelaide, Adelaide, Australia  

The mental health of Defence Force personnel is a critical issue of concern because of their high level of exposure to combat and other traumatic events. Previously, prevalence estimates have been limited to a selected representative sample of the Canadian Forces. In this study the prevalence of psychiatric disorders across the entire Australian Defence Force was made by questionnaire. Unlike other studies such as the Millennium Cohort Study that have used pre-determined cut-offs for instruments such as the PHQ and the PCL, the prevalence estimates in this study were calculated on the basis of specific examinations of the psychometric performance of these measures in this particular population. The rates of posttraumatic stress disorder, major depressive disorder, panic disorder and alcohol abuse will be reported and differentially examined between those who have been on an operational deployment and those who have not. An important confound that will be considered is the high level of physical and mental health required for service personnel to deploy, a factor that tends to minimize the differences between deployed and non deployed samples.

Concurrent 14  
Saturday, November 5  
2:00 p.m. - 3:15 p.m.  
Kent  

A Unique Study of Posttraumatic Mental Health: An Epidemiological Study of Serving Australian Defense Force Personnel
Combat Exposure and Non-Military Trauma as a Cause of Psychiatric Disorder in the Australian Military

Hodson, Stephanie, PhD¹; Verhagen, Alan, PhD¹; van Hooff, Miranda, PhD²; McFarlane, Alexander, MB, BS²

¹Australian Defense Force, Canberra, Australia
²The University of Adelaide, Adelaide, Australia

There has been a high operational tempo in the Australian Defence Force in the past 15 years. The relationship between deployment to peacekeeping and combat roles and psychiatric disorder will be presented for the entire defence force. Furthermore, the rates of non-military traumatic exposures will also be reported as these events appear to be equally relevant to the mental health of the Defence members. The relative contribution of trauma exposure to PTSD, major depressive disorder, panic disorder and alcohol abuse will be reported. The role of trauma in all disorders is significant. This database provides a case register against which the effectiveness of future interventions and treatment programs within the ADF can be benchmarked. Importantly, significant barriers to care were identified with these tending to be greater amongst those suffering from psychiatric disorders.
Becoming Resolute as a Recovery Process for Women Surviving Childhood Maltreatment: A Narrative Study

Hall, Joanne, PhD, RN
University of Tennessee, Knoxville, Tennessee, USA

An NIH-funded narrative study of 44 women survivors of childhood maltreatment (CM) (20s-60s) completed a multiple interview narrative study concerning how they achieved or did not achieve successes in work and relationships. Aims included assessing abuse aftereffects, strengths and strategies of recovery, helpful relationships, and sociopolitical contexts of recovery. The interdisciplinary team discovered a recovery process, “becoming resolute,” development of self-sufficiency, agency and a steely willfulness that de-centered abuse in one’s life, achieved by 3/4 of participants from childhood into middle adulthood. A series of 1-3 interviews revealed what worked and did not work in recovering from CM The team analyzed of relationships, trajectories of abuse and recovery, memory patterns, clinical histories, and reframing of abuse dynamics. The becoming resolute process involved six characteristics or tasks accomplished by the more successful women, and to some extent, those who had not yet achieved success after trauma: determined decisiveness, counter-framing perceptions, redefining abuse and abusers, facing down death, quest for learning, and moving beyond. Illustrative quotes are included, and important contrasts between the process of Becoming Resolute and the concept of resilience are made.

The Positive Effects of Relationships and Encounters in the Lives of Women Thriving Despite Childhood Maltreatment

Roman, Marian, PhD, RN; Diebold, Renee, Doctoral, Student; Hall, Joanne, PhD, RN
University of Tennessee Knoxville, Knoxville, Tennessee, USA
The World Health Organization has called for a public health approach toward early interventions to minimize the effects of childhood maltreatment (CM). Until prevention is reality, our focus must shift from the wounds to what helps, including the importance of everyday positive others and community. This NIH-funded study was specifically designed to capture narratives of women who saw themselves as successful in their lives despite CM--not surviving but thriving. Forty-four women, aged 25 to mid-60's volunteered to confidential, semi-structured interviews with a mental health practitioner 3 times over one year. Most had endured several types of CM, often of multi-year duration. The role of relationships and interactions was one of the study's four specific aims.

Both teams and individual researchers utilized narrative, discourse and content-directed analysis methods in analyzing the data. Affirming relationships, fleeting or long term, were considered transformative. Three motifs of positive relationships were identified as pivotal, occurring in childhood or adulthood. These interactions were recounted in vivid detail. A strengthened sense of self--unique, valuable, worthy of respect and love-evolved through interactions primarily outside the abusive home. Scaffolding by caring others aided self-reconstruction for many, not all. Study limitations and implications will be discussed.

Concurrent 15
Paper Session
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon I & II

Women and Relationships
(Prevent, Adult/Comple)

Partner Relationships by Women Victimized as Children

Widera Wysoczanska, Agnieszka, PhD
Institute of Psychology University of Wroclaw, Wroclaw, Poland

The study's aim was to discover links between childhood victimization on one side and the type of parent-child attachment and the quality of relationships in adulthood on the other side. The sample consisted of ninety-eight females who were victimized in their childhood (emotionally, physically, sexually and by substance abuse), 25 to 45 years of age, selected by criterion-based purposeful sampling. The structured interviews "Family Childhood Abuse Questionnaire" and "Intimate Situations Questionnaire", were used to determine the type of childhood abuse experienced by the women. The structured interview "Retrospective Perception of Parental Attitudes" was used to identify the women's retrospective and subjective perception of their parents' parental attitudes. The quality of intimate relationships in adulthood was investigated using the "Intimate Relationships" structured interview. In the sample, four types of mothers were distinguished (non-protective, distant, overprotective, and abusive), and three types of fathers (abusive, overprotective, and emotionally absent). As adults the women indicated these Interpersonal problems: lack of relationships because of anxiety, because of unclear sexual orientation, several short-term relationships, and relationships with abusive partners. The women's believes concerning intimate relationships are described. The stages of an integrated therapeutic program for persons who experienced childhood abuse are discussed.

Concurrent 15
Paper Session
Saturday, November 5
The purpose of the study was to compare the characteristics of the intimate partner relationship, support groups and complex trauma throughout life in Colombian women. The participants were 120 women - 80 victims of intimate partner violence (IPV) and 40 non-victims (NV). A semi-structured protocol on intimate partner violence was used. The results indicate complex trauma in both groups, somewhat greater in IPV group (74%) as opposed to NV (65%). Complex trauma is characterized as inter-familiar: it tends to occur in infancy, greater frequency for infant maltreatment and witnessing IPV among parents (36%) and infant sexual abuse (15%). Violence can also occur in other stages of development, violence in previous intimate partner relationships (25%). Despite suffering different forms of victimization the majority of women (76%) indicated having as support networks family and friends, who provide economic support and motivate the women to seek specialized help. NV women indicate not having a support network (32.5%) while the IPV group did (20%). One can conclude that infancy is a vulnerable stage and can predispose one to future traumas, that IPV is not inter-generational. This was demonstrated in the fact that NV women, despite witnessing IPV between parents, is not a risk factor, but rather aids in IPV not repeating in their intimate relationships. It was also reflected that the lack of marital satisfaction is a risk factor for IPV.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon III & IV

Clinical and Neurobiological Aspects of Complex Trauma Disorders
(Clin Res,Adult/Cmplx)

Courtois, Christine, PhD, ABPP
Private Practice, Washington DC, Dist. of Columbia, USA

Affect regulation, as well as self-referential and trauma processing, appear to be altered in individuals with complex trauma disorders compared to those with and without posttraumatic stress disorder (PTSD). Complex trauma survivors frequently engage in dissociation, self-harm and other forms of maladaptive coping to regulate affect and physiological arousal. Due to affect/arousal regulation deficits, these individuals are challenging to treat. Two papers will present the neural correlates of processing trauma narratives, social emotion, and self-referential reflection tasks among those with and without complex trauma disorders. The relevance of a social cognitive and affective neuroscience (SCAN) paradigm for an understanding of the psychology and neurobiology of complex PTSD and its effective treatment will be discussed in relationship to these findings. Two papers will illustrate treatments that are effective in improving affect regulation, PTSD, and related symptoms. One study presents a RCT that uses daily
monitoring to demonstrate the efficacy of teaching affect regulation among urban women to reduce a range of complex PTSD symptoms. The second treatment study, using a prospective, longitudinal design and therapist and patient reports, demonstrates that patients with dissociative disorders respond to treatment with improvements on a wide variety of outcomes.
Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon III & IV

Clinical and Neurobiological Aspects of Complex Trauma Disorders
(Clin Res,Adult/Cmplx)

How Understanding the Neurobiology of Complex PTSD Can Inform Clinical Practice

Lanius, Ruth, MD, PhD; Frewen, Paul, PhD
The University of Western Ontario, London, Ontario, Canada

The relevance of a social cognitive and affective neuroscience (SCAN) paradigm for an understanding of the psychology and neurobiology of complex posttraumatic stress disorder (PTSD) and its effective treatment will be discussed. We suggest that SCAN offers a novel theoretical paradigm for understanding psychological trauma and its numerous clinical outcomes, most notably problems in emotional/self awareness, emotion regulation, social emotional processing, and self-referential processing. A core set of brain regions appear to mediate these collective psychological functions, most notably the cortical midline structures, the amygdala, the insula, posterior parietal cortex, and temporal poles, suggesting that problems in one area (e.g., emotional awareness) may relate to difficulties in another (e.g., self-referential processing). We further propose, drawing on clinical research, that the experiences of individuals with PTSD related to chronic trauma reflect impairments in all of these abilities. It is therefore important that the treatment for individuals with chronic PTSD addresses not only the traumatic memories but also takes a SCAN informed approach that focuses on the underlying deficits in emotional/self awareness, emotion regulation, social emotional processing, and self-referential processing.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon III & IV

Clinical and Neurobiological Aspects of Complex Trauma Disorders
(Clin Res,Adult/Cmplx)

Results of a Longitudinal Naturalistic Study of Treatment Outcome for Patients with Dissociative Disorders (TOP DD Study)

Brand, Bethany, PhD; McNary, Scot, PhD; Myrick, Amie, MA; Classen, Catherine, PhD; Lanius, Ruth, MD, PhD; Loewenstein, Richard, MD; Pain, Clare, MD, FRCPC; Putnam, Frank, MD
Towson University, Towson, Maryland, USA
There is limited systematic research of treatment outcome with dissociative disorders patients, particularly regarding treatment outcome among patients in the community. Cross sectional, longitudinal, and moderator results of a prospective, naturalistic study of international patients are reported. Cross sectional results suggest that according to therapist and patient reports, patients in later stages of treatment had fewer symptoms (e.g., dissociation, PTSD) and better adaptive functioning. The 6, 18, and 30 month data indicate that patients show less severe symptoms of depression, dissociation, PTSD and general distress, fewer suicide attempts and self-injurious behaviors, and better adaptive functioning than at baseline. Analyses of the outcome of patients with comorbid borderline personality disorder and severe major depressive disorder are currently being conducted and will also be presented.

**Concurrent 15**
**Symposium**
**Saturday, November 5**
**3:30 p.m. - 4:45 p.m.**
**Grand/Salon III & IV**

**Clinical and Neurobiological Aspects of Complex Trauma Disorders**
(Clin Res,Adult/Cmplx)

**Daily Monitoring Outcomes of Affect Regulation Therapy for Women with Complex PTSD**

_Ford, Julian, PhD; Tennen, Howard, PhD_

_University of Connecticut, Farmington, Connecticut, USA_

Daily monitoring methodologies may provide more detailed and ecologically valid psychotherapy outcome data than standard structured interviews and questionnaires. An interactive voice recall (IVR) daily monitoring procedure was used to collect data for up to 30 days prior to and after a twelve-week course of manualized psychotherapy from urban low-income women with complex trauma histories and current full or partial posttraumatic stress disorder (PTSD) who were parenting a young child. Women were randomly assigned to three experimental conditions: Trauma Affect Regulation: Guide for Education and Therapy (TARGET); Present Centered Therapy (PCT), or wait-list. In mixed model repeated measures analyses, TARGET was consistently associated with greater improvement than PCT or wait-list on composite daily measures of positive affect and self-perceptions, goal attainment, support seeking, solution-focused coping, hopelessness, humiliation, affect dysregulation, and risky behavior. TARGET and PCT were associated with greater reductions in daily PTSD symptoms than wait-list. Daily monitoring data provided evidence that affect regulation and social problem solving therapies were efficacious in reducing daily PTSD symptoms, with affect regulation therapy showing greater efficacy than social problem solving therapy for remediating affect dysregulation, extreme negative self-appraisals, social detachment, and risky or ineffective goal-directed behavior.

**Concurrent 15**
**Symposium**
**Saturday, November 5**
**3:30 p.m. - 4:45 p.m.**
**Grand/Salon III & IV**

**Clinical and Neurobiological Aspects of Complex Trauma Disorders**
(Clin Res,Adult/Cmplx)
FMRI Study of Altered Self-Referential Processing in PTSD Related to Childhood Trauma

Frewen, Paul, PhD, Cpsych; Lanius, Ruth, MD, PhD
University of Western Ontario, London, Ontario, Canada

Suggestions for revision of the PTSD diagnosis for DSM-V include recognizing the effects of psychological trauma on explicit self-referencing processing (SRP) and associated emotions (e.g., shame), including impacts of negative SRP and identity disturbance. However, little is known about implicit SRP in PTSD or the neural correlates of SRP in PTSD. We conducted an fMRI study comparing SRP in women with (n=20) vs without (n=20) PTSD principally-related to histories of childhood-trauma. Women with PTSD evidenced more negative explicit SRP, more negative affective responses to the task, and altered implicit SRP (as measured by reaction time) depending on task conditions. The neural correlates of such differences included response within medial prefrontal cortex, posterior cingulate cortex, insula, and amygdala, depending on task conditions. Theoretical and clinical implications will be discussed.

Concurrent 15
Panel
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon VI

Torture and Maltreatment in the War on Terror: Rupturing Professional and Clinical Bonds
(Social, Diverse Pop)

Keller, Allen, MD1; Porterfield, Katherine, PhD1; Xenakis, Stephen, MD2
1NYU School of Medicine, New York, New York, USA
2Brigadier General (Retired), US Army, Arlington, Virginia, USA

The widely documented torture and maltreatment committed by the United States in “the War on Terror” has disrupted the social bonds that connect us across a number of contexts. This includes relationships among health professionals, such as psychologists, psychiatrists and other care providers who have an ethical obligation to do no harm. Additionally, clinical relationships between detainees in U.S. run detention centers, such as Guantanamo, and the medical personnel at these facilities are impacted, as are interactions with outside clinicians who conduct evaluations for forensic purposes. The discussants, who include a psychiatrist, psychologist and general internist, will draw upon their extensive experience in addressing U.S. torture and maltreatment policies and practices with regards to professional ethics and accountability, as well as in the clinical and forensic context of working with detainees in Guantanamo. A brief overview of U.S. torture and maltreatment, particularly with regards to the role of health professionals, will be presented. Discussion will include means for promoting and maintaining professional standards to prevent torture. Presenters will draw upon case materials from their evaluations of Guantanamo and Abu Ghraib detainees. Key themes regarding detainee reactions to health professionals will be discussed, including issues of trust, fear, and informed consent.

Participant Alert: Photographs from Guantanamo and Abu Ghraib

Concurrent 15
Symposium
Dissociation in PTSD: Assessment and Treatment Implications
(Assess Dx, Mil/Vets)

Wolf, Erika, PhD
National Center for PTSD at VA Boston Healthcare, Boston, Massachusetts, USA

The nature of the relationship between trauma, dissociation, and PTSD has received much attention in the psychological literature, with theory about dissociation and trauma dating back to the 1800s. Dissociation may serve a protective function for individuals experiencing extreme trauma and trauma-related symptoms, but chronic dissociation may inhibit the normal process of personality and cognitive development and interfere with the effectiveness of psychotherapy for PTSD. Controversy surrounds the questions of how prevalent posttraumatic dissociation is and whether or not dissociative phenomena should be incorporated into existing or new trauma-related diagnoses in the DSM. In this symposium three speakers will present studies that evaluated the nature of dissociation in PTSD. The first paper used latent profile analysis to evaluate the evidence for a distinct latent class of dissociative PTSD. The second paper reports on validation of a new dissociation measure, including relationship to PTSD and trauma exposure in six samples. The final study evaluated the effects of dissociation on PTSD psychotherapy outcome. Charles Marmar, MD, will serve as a discussant to the symposium and discuss clinical and nosological implications of this work.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon IX & X

Dissociation in PTSD: Syndrome or Subtype?

Wolf, Erika, PhD1; Miller, Mark, PhD1; Reardon, Annemarie, PhD2; Ryabchenko, Karen, PhD2; Freund, Rachel, PhD3; Castillo, Diane, PhD3
1 VA National Center for PTSD & Boston University School of Medicine, Boston, Massachusetts, USA
2 VA National Center for PTSD, Boston, Massachusetts, USA
3 New Mexico VA Health Care System, Albuquerque, New Mexico, USA

This study evaluated evidence for two competing hypotheses regarding the association between PTSD and dissociation in a sample of 492 trauma-exposed veterans and their partners. We tested if the relationship between these two constructs was best characterized as linear (“the syndrome” hypothesis) or if dissociation was only evident in a distinct subtype of PTSD (“the subtype” hypothesis). Participants were assessed for PTSD and dissociative symptoms using the Clinician Administered PTSD Scale (CAPS). Results revealed that dissociative phenomena tended to occur rarely and a latent profile analysis of severity scores on the 17 PTSD and 3 dissociative items on the CAPS provided support for a latent dissociative subtype, comprising 6% of the sample, in addition to two other latent classes reflecting low PTSD and high PTSD severity. In contrast, PTSD and dissociation severity evidenced only a weak linear
relationship (mean $r = .33$), arguing against the syndrome hypothesis. The dissociative subtype was associated with higher severity scores on PTSD Criterion B (flashbacks) and greater exposure to child and adult sexual abuse, relative to the other latent classes. Results help to inform the conceptualization of dissociation in PTSD. Implications for DSM will be discussed.
Dissociation in PTSD: Assessment and Treatment Implications
(Assess Dx, Mil/Vets)

Validation Studies of the Traumatic Dissociation Scale: A Measure of Dissociation Associated with Traumatic Stress

Carlson, Eve, PhD¹; Palmieri, Patrick, PhD²; Waelde, Lynn, PhD³; Smith, Steve, PhD⁴; McDade, Elizabeth, PhD¹; Gauthier, Justin, BA¹
¹National Center for PTSD, Menlo Park, California, USA
²Summa Health System, Akron, Ohio, USA
³Palo Alto University, Palo Alto, California, USA
⁴University of California, Santa Barbara, Santa Barbara, California, USA

Dissociative symptoms are clinically important responses to traumatic stress, but are not well represented in the diagnostic criteria for PTSD and not studied as much as other trauma responses. The most widely used measure of dissociation, the Dissociative Experiences Scale (DES & DES-R), has the limitation that it includes severe identity dissociation items that are rarely endorsed and normative items that are frequently endorsed. The Traumatic Dissociation Scale (TDS) is a 24-item self-report measure that assesses past week frequency of disruptive experiences of derealization, depersonalization, gaps in awareness and memory, and gaps in awareness accompanied by reexperiencing or momentary sensory misperceptions. We collected expert ratings of items and conducted psychometric analyses of data from four non-clinical samples and two clinical samples. Results showed strong internal consistency (good test-retest reliability, α values in the .90s), expected relationships with theoretically related constructs (correlations of .70-.80 with PTSD symptoms and .20-.50 with trauma exposure), factor analysis results indicating coherent factors, and a correlation of r = .80 between a subset of 10 TDS items and the same items assessed in real time over the prior week. Overall, the results indicate that the TDS is a valid measure of trauma-related dissociation.
Little is known about the effect of dissociation on treatment outcomes for cognitive-behavioral therapies for PTSD. A recent study found that dissociation did not have a deleterious impact on treatment response (e.g., Hagenaars, Minnen, & Hoogduin, 2010). The current study examined the impact of dissociation on the efficacy of cognitive processing therapy (CPT) and its constituent components. Data for the current investigation were drawn from a recent dismantling study of victims of interpersonal violence comparing the full package of CPT (n= 56) with its constituent components: cognitive therapy only (CPT-C, n=51) and written accounts (WA, n=55)(Resick et al., 2008). The dissociation subscale of the Trauma Symptom Inventory (Brier, 1995) was administered pre-treatment, and the Posttraumatic Diagnostic Scale (Foa, 1995) was measured on nine occasions spanning pre-treatment to a 6-month follow-up assessment. Growth curve analyses revealed a significant dissociation x treatment condition interaction: CPT-C produced faster and larger decreases in PTSD symptoms compared to full CPT for participants who reported low levels of dissociation; whereas full CPT produced faster and larger decreases in PTSD symptoms for participants with high levels of dissociation. These findings have important implications for matching clients to appropriate treatments.

**Concurrent 15**
**Symposium**
**Saturday, November 5**
**3:30 p.m. - 4:45 p.m.**
**Dover**

**Rwanda: Lessons from the Field to Improve Social Environments**
(Commun, Civil/Ref)

**Fabri, Mary, PsyD**
*Heartland Alliance Marjorie Kovler Center, Chicago, Illinois, USA*

Rwanda provides a special opportunity to increase our understanding of the long-term consequences of a horrific trauma such as the 1994 genocide. This symposium will examine the impact of trauma on the family bonds, resulting problems, and offer community-based interventions that increase access to and reduce negative social stigma.

**Concurrent 15**
**Symposium**
**Saturday, November 5**
**3:30 p.m. - 4:45 p.m.**
**Dover**

**Rwanda: Lessons from the Field to Improve Social Environments**
(Commun, Civil/Ref)

**The Impact of Exposure to Domestic Violence on Children in Rwanda**
Rutembesa, Eugene, PhD  
National University of Rwanda, Butare, Rwanda

In Rwanda domestic violence presents many challenging problems. Thirty-five percent of female respondents reported marital violence in a country health survey conducted in 2005. Children who witness domestic violence often develop behavioural, emotional, and cognitive sequelae. This study identified methods of violence committed by perpetrators and the psychological impact of exposure to domestic violence had on the children. Approval was obtained from the Rwanda National Ethics Committee. Consent forms were obtained from participants, including parental permission for children under the age of eighteen years. Five women with a history of domestic violence and their children were enrolled in the study from a local mental health program. Separate structured interviews were conducted with five women, five children and three treating clinicians. The major psychological symptoms identified among the children were: lack of confidence; anxiety; diminished concentration; sleep disturbances; intrusive thoughts; aggressive behaviour and poor relationships with peers at school; depression; and frequent bouts of illness. Recommendations include sensitizing communities and teachers to the impact of domestic violence on children and the creation of specialized centres to respond to the needs of battered women and their children.

Concurrent 15  
Symposium  
Saturday, November 5  
3:30 p.m. - 4:45 p.m.  
Dover

Rwanda: Lessons from the Field to Improve Social Environments  
(Commun, Civil/Ref)

Promoting Healthy Parent-Child Relationships and Parenting in the Face of Genocide and HIV

Betancourt, Theresa, ScD, MA  
Harvard School of Public Health, Boston, Massachusetts, USA

In Rwanda, the dual vectors of HIV and legacy of the 1994 genocide have had devastating consequences for children and families. As a result, the country has one of the highest rates of orphanhood in Africa. In such low-resource settings, children and families affected by HIV/AIDS are at increased risk of mental health problems, particularly when these risks are compounded by extreme poverty. However, even in the face of tremendous hardship, many children and families demonstrate better than expected outcomes. To design interventions that harness these natural sources of resilience, greater knowledge of local protective processes is needed. This study used free listing exercises (N=68), key informant interviews (N=58), and focus groups (N=9) with adults and children (ages 10-17), to investigate the mechanisms through which children and families manage difficulties such as chronic illness, social isolation, despair, and family conflict. Findings suggest that family-based interventions promoting family unity, communication and parenting skills may mitigate risks for mental health problems. This information on culturally-appropriate practices for building resilience, along with input from local community advisory boards and the government has informed the development of a Family Strengthening Intervention which has broad applications to many forms of adversity and trauma.

Concurrent 15  
Symposium
Saturday, November 5  
3:30 p.m. - 4:45 p.m.  
Dover  

**Rwanda: Lessons from the Field to Improve Social Environments**  
(Commun, Civil/Ref)  

**Addressing Long-Term Trauma Consequences Through Integrative Care in Rwanda**  

*Fabri, Mary, PsyD*¹; *Bamukunde, Anne Marie, BSC, RN*²; *Mukanyonga, Henriette, BA/BS*²; *Cohen, Mardge, MD*³  
¹Heartland Alliance Marjorie Kovler Center, Chicago, Illinois, USA  
²WE-ACTx, Kigali, Rwanda  
³WE-ACTx, Boston, Massachusetts, USA  

More than seventeen years post-genocide, many Rwandans are still suffering from the traumatic memories of the genocide, living with HIV/AIDS and poverty. Long-term mental health consequences often get lost when rebuilding society after a devastating conflict. In a recent country probability sample of 1000, 79% reported trauma experiences, 29% had PTSD and 54% had co-morbidity of depression. Another study conducted by Rwandan Women Inter-association Study and Assessment (RWISA) with HIV+ (658) and HIV- (192) women in Kigali found in the HIV+ women 58% suffered from PTSD and 81% from depression and in the HIV- women 66% had PTSD and 65% depression. Providing mental health services, including psychiatric care, in a medical clinic setting creates access and diminishes a gap in treatment. Women’s Equity for Access to Care & Treatment (WE-ACTx), an HIV and primary care program, hired a psychiatric nurse to work in the clinic. During 2010, 978 women, 374 men, and 382 youth received care in the WE-ACTx clinic. The psychiatric nurse provided assessment and treatment for 534 patients, with 420 cases (78.6%) of depression. Trauma counselors conducted weekly support groups for 161 women, 37 men, and 310 youth. Integrative health care is a solution for post-conflict countries.

**Concurrent 15**  
**Workshop**  
Saturday, November 5  
3:30 p.m. - 4:45 p.m.  
Kent  

**Cognitive-Behavioral Conjoint Therapy (CBCT) for Posttraumatic Stress Disorder (PTSD) in Military Couples**  
(Train/Ed/Dis, Mil/Vets)  

*Hernandez, Ann Marie, PhD*¹; *Malach, Steffany, PhD*¹; *Monson, Candice, PhD*²; *Donahue, D. Allen, BA*¹  
¹University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA  
²Ryerson University, Toronto, Ontario, Canada  

Posttraumatic Stress Disorder (PTSD) is associated with numerous intimate-relationship problems, and family functioning has been associated with the efficacy of individual evidence-based PTSD treatment. This is illustrated in research examining the interaction between PTSD and relationship difficulties among OEF/OIF veterans that identified important clinical issues surrounding the application of Cognitive-
Behavioral Conjoint Therapy (CBCT) in military couples. This workshop will provide an overview of CBCT, a therapy designed to decrease PTSD symptoms, improve relationship functioning, and enhance the well-being of significant others. CBCT for PTSD is a 15-session, manualized therapy comprised of 3 phases. Phase 1 focuses on psychoeducation about traumatic stress-related problems and an interpersonally-oriented rationale for treatment, as well as conflict management strategies. Phase 2 simultaneously focuses on improving communication and decreasing experiential and behavioral avoidance. Phase 3 involves specific dyadic cognitive strategies aimed at problematic trauma appraisals and trauma-relevant beliefs held by the couple. Results of uncontrolled trials, as well as from an ongoing randomized-controlled trial, support CBCT’s efficacy with a range of couples. Case examples of CBCT for PTSD in military couples will be used in the workshop to illustrate the delivery of key interventions. Clinical considerations in incorporating intimate others in PTSD treatment will be discussed.

Concurrent 15 Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon VII & VIII

Child Sexual Abuse in Switzerland – Epidemiologic Data and Insights from the Optimus Study
(Clin Res,Child/Adol)

Maier, Thomas, MD
Psychiatric Services of the Canton St. Gallen-Nort, Wil, Switzerland

Child abuse, especially sexual abuse is supposed to have a serious impact on affected individuals with negative effects lasting far up into adult life. Mental, physical and intellectual developments of victims are compromised, psychological problems of various nature might occur not only in childhood, but all through later life. Available data on the frequency of the problem imply, that the abuse of children and adolescents is a frequent and widespread phenomenon. However, many aspects of the problem are unknown to researchers and to practitioners in the field: How frequent is the problem? What forms of abuse are common? Who are the perpetrators? What are the characteristics of victims? What kind of risk factors influence the phenomenon? Are there differences between various social classes, different ethnic groups, diverse geographic areas? What proportion of cases of child abuse is disclosed? What is done by agencies and authorities?

The Optimus Study is an ambitious research project aiming to gather epidemiological and qualitative data on child abuse in Switzerland using various approaches and methods. A parallel study is currently conducted in China. In this symposium members of the Swiss Optimus research team will present results from different parts of this study. Consequences for clinicians, researchers, and child protection authorities are discussed.

Concurrent 15 Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon VII & VIII
Child Sexual Abuse in Switzerland – Epidemiologic Data and Insights from the Optimus Study

Child Sexual Abuse in Switzerland - A Multimodal Data Gathering Approach

Schnyder, Ulrich, MD1; Landolt, Markus, PhD2; Maier, Thomas, MD3; Meidert, Ursula, MSc4; Mueller-Pfeiffer, Christoph, MD5; Mohler-Kuo, Meichun, ScD6

1Department of Psychiatry, University Hospital, Zurich, Switzerland
2University Children's Hospital, Zurich, Switzerland
3Psychiatric Services of the Canton St. Gallen-North, Wil, Switzerland
4Institute of Social and Preventive Medicine, Zurich, Switzerland
5Massachusetts General Hospital and Harvard Medical School, Charlestown, Massachusetts, USA
6Institute of Social and Preventive Medicine, Zurich University, Zurich, Switzerland

Background: The currently available data on incidence and prevalence of Child Sexual Abuse (CSA) is far from robust due to the limitations of available samples and methodologies. We conducted a nation-wide survey, using multiple methods of collecting data. Methods: A school-based national representative sample of approximately 9'921 adolescents attending the 9th grade (age 14-17) was drawn using a latest list of all schools and classes provided by the Federal Bureau of Statistics. The sample was stratified according to the 7 great regions and all 26 cantons in Switzerland. A computer-based self-administered questionnaire using laptops was given in class, resulting in a total of 6'826 completed interviews. We also conducted an internet based comprehensive survey of cases of CSA and other forms of maltreatment involving more than 1'400 agencies in Switzerland. Data of over 2'200 cases were collected online, using a modified and translated version of the NIS-4 data form. Finally, 26 adolescent victims of CSA (23 girls, 3 boys) underwent in-depth interviews, and data analyzed using qualitative content analysis. Results: Results will be presented by the following three speakers. Conclusions: The results of the study will contribute to a better estimate of prevalence and annual incidence of CSA in Switzerland. Lessons learned will be discussed at the end of the symposium.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon VII & VIII

Child Sexual Abuse in Switzerland – Epidemiologic Data and Insights from the Optimus Study

Life-Time Prevalence and Annual Incidence of Child Sexual Abuse in Switzerland: A School Survey

Landolt, Markus A., PhD1; Mohler-Kuo, Meichun, PhD2; Maier, Thomas, MD3; Meidert, Ursula, BSc2; Schnyder, Ulrich, MD

1University Children's Hospital Zurich, Zurich, Switzerland
2University of Zurich, Institute of Social and Preventive Medicine, Zurich, Switzerland
3Cantonal Psychiatric Services of St. Gallen, Wil, Switzerland
4Department of Psychiatry and Psychotherapy, University Hospital Zurich, Zurich, Switzerland
Background: Available data on incidence and prevalence of child sexual abuse (CSA) is far from robust due to the limitations of available samples and methodologies. This paper reports lifetime prevalence and annual incidence of CSA among adolescents ages 14-17 years in Switzerland.

Methods: A school-based national representative sample of 6,787 adolescents attending the 9th grade was assessed. The sample was stratified according to the 7 great regions and all 26 cantons in Switzerland. Contact and non-contact CSA was assessed by the respective items of the Juvenile Victimization Questionnaire and additional self-developed questions. A computer-based self-administrative questionnaire using laptops was conducted in class.

Results: Lifetime prevalence of any kind of contact and non-contact CSA was 45.9% in girls, and 23.7% in boys. Past year incidence rates were 31.9% for girls, and 17.3% for boys. Contact CSA was reported by 22.4% (lifetime) and 14.3% (past year) of the girls, and 8.6% (lifetime) and 6.2% (past year) of the boys. German speaking parts of Switzerland showed the highest rates of CSA. Conclusions: Even in a well developed country like Switzerland CSA is a frequent phenomenon. Measures to improve prevention are urgently needed.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon VII & VIII

Child Sexual Abuse in Switzerland – Epidemiologic Data and Insights from the Optimus Study
(Clin Res,Child/Adol)

Annual Incidence of Disclosed Cases of Child Sexual Abuse in Switzerland: The Optimus Agency Study

Maier, Thomas, MD¹; Schnyder, Ulrich, MD²; Jud, Andreas, PhD, MSc³; Mohler-Kuo, Meichun, MS⁴; Landolt, Markus A., PhD⁵
¹Psychiatric Services of the Canton St. Gallen-North, Wil, Switzerland
²Psychiatric Dept., University Hospital, Zurich, Switzerland
³McGill University, School of Social Work, Montreal, Quebec, Canada
⁴Institute of Social and Preventive Medicine, University of Zurich, Zurich, Switzerland
⁵University Children’s Hospital, Zurich, Switzerland

Background: A large number of cases of Child Sexual Abuse (CSA) are not reported to any authority or agency. In addition to epidemiological surveys, there is a need to assess the number of cases of CSA disclosed to agencies. We report findings from a nationwide agency survey assessing the annual incidence of disclosed cases of CSA.

Methods: We conducted an internet based comprehensive survey on cases of CSA and other forms of maltreatment involving more than 1,400 agencies in all 26 cantons of Switzerland. Agencies were classified into three categories: i) tutelary (civil) child protection agencies, ii) penal authorities, iii) voluntary services of child protection. using an. Data were collected online, using a modified and translated version of the NIS-4 data form.

Results: A total of 2,259 cases of child abuse were reported during the 6-months collection period leading to an estimation of 10,963 disclosed cases of child abuse per year in whole Switzerland. Some 44% of these cases involve any kind of sexual abuse, while physical abuse and neglect were involved in 33% and 30% of the cases. Details about the nature and severity of maltreatment, characteristics of the
children involved, perpetrators, families, and interventions initiated by the agencies will be presented.

**Conclusions**: The results of the study contribute to a better understanding of how, when and by whom cases of CSA are disclosed. Patterns of maltreatment and services' involvement are identified and allow for a discussion of needed improvements in child protection services.
Child Sexual Abuse in Switzerland – Epidemiologic Data and Insights from the Optimus Study

Concurrent 15 Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Grand/Salon VII & VIII

Perpetrators of Child Sexual Abuse in Switzerland: Results from a Nation-Wide Survey

Mueller-Pfeiffer, Christoph, MD1; Maier, Thomas, MD2; Mohler-Kuo, Meichun, ScD3; Schnyder, Ulrich, MD4; Landolt, Markus A., PhD5

1Massachusetts General Hospital and Harvard Medical School, Charlestown, Massachusetts, USA
2Psychiatric Services of the Canton St. Gallen North, Wil, Switzerland
3Zurich University, Zurich, Switzerland
4University Hospital Zurich, Zurich, Switzerland
5University Children's Hospital Zurich, Zurich, Switzerland

Background: The relationship to the perpetrator is an important factor in how victims cope with child sexual abuse and harassment (CSA). Yet, there is limited data about the perpetrators of CSA.

Methods: A school-based national representative sample of 6,780 adolescents attending the 9th grade was assessed. The sample was stratified according to the 7 great regions and all 26 cantons in Switzerland. Data on CSA and perpetrators were collected inside classrooms by a computer-based self-administrative questionnaire.

Results: A considerably higher rate of male and female victims of CSA reported to be abused or harassed by juvenile perpetrators (80.6% in boys, 70.5% in girls) than by adult perpetrators (21.6% in boys, 47.4% in girls). This was true in respect to most types of noncontact and contact CSA. Intrafamilial CSA was reported considerably less (8.6% in girls, 6.3% in boys) than extrafamilial CSA.

Conclusions: Our results suggest that not only “milder” forms of CSA such as verbal molestation but also abuse forms involving forced intercourse are more often perpetrated by juveniles. When comparing our findings to former studies, they suggest an increase of CSA committed by peers in recent years.

Concurrent 15 Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Essex

Intimate Partner Abuse: Appraisals, Decision-Making, and Responses to Intervention

(Clin Res, Violence)
Intimate partner abuse (IPA) against women is a widespread problem with severe and chronic physical and mental health consequences. Reducing the negative impact of IPA requires improved understanding of relationship decision-making processes as well as primary intervention targets. The current symposium connects knowledge obtained from basic research on stay/leave decision-making with results from intervention studies with women exposed to IPA. In particular, the symposium will focus on the impact of cognitive appraisals of IPA and interventions that target such appraisals. The symposium includes presentation of two basic research studies (one qualitative and one quantitative study) that examine the impact of cognitive appraisals and contextual factors on stay/leave decisions utilizing the Transtheoretical Model of Stages of Change. Two additional presentations focus on interventions for women exposed to IPA, including (1) a community-coordinated response program that targeted fear and distress, and (2) Cognitive Trauma Therapy for Battered Women that includes cognitive restructuring and psychoeducation and skills training. Together, these presentations will provide an overview of factors that have an impact on responses to IPA, including stay/leave decision-making and treatment outcomes.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Essex

Intimate Partner Abuse: Appraisals, Decision-Making, and Responses to Intervention
(Clin Res, Violence)

The Impact of Appraisal Processes on Readiness to Leave An Abusive Relationship

Matlow, Ryan, PhD Candidate; DePrince, Anne, PhD
University of Denver, Denver, Colorado, USA

The current longitudinal study examines the association between posttraumatic appraisals experienced in response to an incident of intimate partner abuse (IPA) and subsequent readiness to leave an abusive relationship. An ethnically-diverse sample of women (N=177) completed a multidimensional measure of posttraumatic appraisals shortly after a domestic violence report to law enforcement. One year later, women reported on their readiness to leave the abusive relationship based on the Transtheoretical Model of Stages of Change (SOC). Importantly, posttraumatic appraisals were evaluated while controlling for additional contextual and individual difference factors that are thought to impact SOC (e.g., age, socioeconomic status, abuse severity, trauma-related psychopathology). Multiple regression analyses revealed that readiness to change was (1) positively predicted by fear appraisals, and (2) negatively predicted by shame appraisals. The impact of posttraumatic appraisals was significant within the context of additional factors (i.e., dependence on the perpetrator, stalking behaviors) that also significantly predicted SOC. The current findings suggest that posttraumatic appraisals of IPA incidents impact subsequent readiness to leave an abusive relationship. Implications for understanding reactions to IPA and intervention efforts will be discussed.
Intimate Partner Abuse: Appraisals, Decision-Making, and Responses to Intervention
(Clin Res, Violence)

A Qualitative Analysis of College Women’s Leaving Processes in Abusive Relationships

Edwards, Katie, PhD; Murphy, Megan, PhD Candidate; Tansill, Erin, PhD Candidate; Myrick, Christina, BA; Probst, Danielle, PhD; Corsa, Rebecca, BA; Gidycz, Christine, PhD

1 University of New Hampshire, Durham, New Hampshire, USA
2 Ohio University, Athens, Ohio, USA
3 Simon Fraser University, Burnaby, British Columbia, Canada
4 University of Michigan, Ann Harbor, Michigan, USA

This study assessed the process of leaving an abusive dating relationship utilizing a qualitative design. Participants included 123 college women in abusive dating relationships as identified at the initial study session and who returned two-months later for the follow-up portion of the study. Qualitative content analyses were used to analyze women's written responses to an open-ended question administered at the second study session about their leaving processes over the interim period. A variety of categories and themes emerged for women in different stages of the leaving process, consistent with the transtheoretical model of change. Further, women often mentioned factors such as relationship satisfaction, investment, commitment, and quality of alternatives, all investment model variables, as important factors in their stay/leave decision making process. Moreover, the data shed light on women's cognitive appraisals of the abuse in their relationships. For many women, especially women in earlier stages of the leaving process, there was lack of acknowledgment, minimization, and normalization of abuse. These data have important implications for dating violence intervention and prevention programming on college campuses as well as for college health providers who assist women in abusive dating relationships.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Essex

Intimate Partner Abuse: Appraisals, Decision-Making, and Responses to Intervention
(Clin Res, Violence)

Outcomes and Correlates of a Specialized Cognitive Trauma Therapy for IPV Victims
Cognitive Trauma Therapy (CTT; Kubany & Ralston, 2008) incorporates components of empirically supported posttraumatic stress disorder (PTSD) treatments with interventions targeting other common sequelae of intimate partner violence (IPV), including excessive trauma-related self-blame and guilt, low self-esteem, learned helplessness and passivity, trouble constructively expressing anger, difficulty with problem solving, and diminished ability to identify potentially abusive partners. Among 20 female IPV survivors treated with CTT, we found statistically significant and clinically meaningful pre-to-post treatment reductions in PTSD symptoms. None of the subjects met criteria for PTSD at post treatment, and gains were maintained at the 3 month follow-up. As predicted, participants also experienced significant improvements in trauma-related guilt, self-esteem, and perceived functioning. Exploratory analyses suggested that, contrary to studies involving traditional PTSD treatments, child abuse severity and guilt were positively correlated with pre-to-post PTSD symptom reductions. Consistent with previous findings, the PTSD symptom decreases were associated with higher levels of pre-treatment PTSD, other anxiety symptoms, borderline personality disorder features, and levels of functioning.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Essex

Intimate Partner Abuse: Appraisals, Decision-Making, and Responses to Intervention
(Clin Res, Violence)

Community-Coordinated Response Following Intimate Partner Abuse: A Randomized Clinical Trial

DePrince, Anne, PhD; Labus, Jennifer, PhD; Belknap, Joanne, PhD; Buckingham, Susan, PhD Candidate; Gover, Angela, PhD
1 University of Denver, Denver, Colorado, USA
2 UCLA Center for Neurobiology of Stress, Los Angeles, California, USA
3 University of Colorado Boulder, Boulder, Colorado, USA
4 University of Colorado Denver, Denver, Colorado, USA

The impact of a coordinated community response (CCR) intervention for intimate partner abuse (IPA) on women’s PTSD, depression, fear, social support, and revictimization was assessed within a longitudinal randomized controlled trial. A diverse group (74% racial/ethnic minority) of 236 women (Mean Age=33.4) with police-reported IPA were randomly assigned to either CCR (involving outreach from community-based agencies) or treatment-as-usual (involving referrals to community-based agencies made by system-based advocates). Participants were interviewed within 26 (median) days of police-reported IPA and again 6 months and 12 months later. Primary outcome measures included criminal case resolution; exposure to IPA; PTSD and depression symptom severity; fear; and social support. Compared to treatment-as-usual, the CCR decreased PTSD and depression symptom as well as fear one year later. Impact on criminal justice outcomes will also be described. This is one of the first studies to examine coordinated community outreach (as opposed to outreach from a help-seeking institution, such as a shelter or emergency room). Early CCR was associated with declines in distress one year later, suggesting its effectiveness in intervening with IPA victims. Implications for treatment and policy will be considered.
Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Laurel A-B

Insights from Neuroimaging Research: Probing Emotional Circuitry and Identifying Longitudinal Neural Changes
(Clin Res, Violence)

Tuma, Farris, ScD
National Institute of Mental Health/NIH, Bethesda, Maryland, USA

Presently, the field lacks sensitive and specific measures to predict both risk of adverse outcomes and to guide decisions about appropriate prevention or intervention efforts following traumatic events. To better understand Posttraumatic Stress Disorder (PTSD) risk, both the psychosocial and biological factors need to be understood. The traumatic stress field has experienced significant advances in recent decades demonstrating the importance of the social environment, repeat exposure, and effective treatment in the course of illness and recovery. Compared to such notable advances, understanding the pathophysiology of PTSD is less advanced. Across the field, biomarkers for mental disorders remain elusive, with PTSD no exception. Several research trials utilizing functional imaging are now underway and aim to help clarify circuits underlying PTSD vulnerability as well as those indicated in treatment response. These investigations probing emotional circuitry abnormalities as well as those exploring longitudinal neural changes over the course of treatment may provide evidence for better identification of those at greatest risk, better matching of treatments to specific patients’ needs, and new targets for novel more efficient interventions.

Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Laurel A-B

Insights from Neuroimaging Research: Probing Emotional Circuitry and Identifying Longitudinal Neural Changes
(Clin Res, Violence)

Resting State and Activity-Induced fMRI Differences with Behavioral Measures

Sheline, Yvette, MD1; Bruce, Steven, PhD2; Fales, Christina, PhD1; Buchholz, Katherine, PhD Candidate2; Brown, Wilson, PhD Candidate2; Yan, Zhizi, BS1; Durbin, Tony, MA1
1Washington University School of Medicine, St. Louis, Missouri, USA
2University of Missouri - St. Louis, St. Louis, Missouri, USA

Introduction: Post-Traumatic Stress Disorder (PTSD) is a disorder with high prevalence, often going undetected for years prior to treatment. Symptoms range from mild distress to pronounced disability and may be correlated with disruptions in neural circuitry.
Methods: 38 female participants meeting criteria for PTSD and 13 matched female controls were enrolled and underwent MRI scanning in a 3T TRIO system. Functional images were collected using a spin-echo sequence BOLD contrast T2* weighted while participants performed an “emotional conflict” task in which emotionally laden images from the Ekman series were distracters in a matching task.

Results: Compared with controls PTSD participants had significant activation differences in PFC, insula, ACC, medial PFC and hippocampus. Specifically PTSD was associated with higher bilateral DLPFC activity, correlated with anxious arousal. In addition, increased resting state connectivity of affective, cognitive control and default mode networks was determined.

Discussion: These preliminary results indicate that neuroimaging activation and connectivity differences were associated with current anxiety symptoms in PTSD. We will continue to correlate neuroimaging variables with age at onset of trauma, duration of trauma and severity of PTSD symptoms to allow further characterization of abnormal neural circuitry and correlation with important markers of PTSD pathophysiology and vulnerability.

Concurrent 15 Symposium Saturday, November 5 3:30 p.m. - 4:45 p.m. Laurel A-B

Insights from Neuroimaging Research: Probing Emotional Circuitry and Identifying Longitudinal Neural Changes (Clin Res, Violence)

The Neurocircuitry of PTSD: An fMRI Study of Fear Extinction

Neria, Yuval, PhD¹; Milad, Mohammed, PhD²; Wager, Tor, PhD³; Bravova, Margarita, MA¹; Schafer, Scott, MA³; Lindquist, Martin, PhD⁴; Malaga Aragon, Maria, MD¹; Neria, Mariana, MA¹; Markowitz, John, MD¹; Sullivan, Gregory, MD¹

¹Columbia University & NYSPI, New York, New York, USA
²Harvard University & Massachusetts General Hospital, Boston, Massachusetts, USA
³University of Colorado, Boulder, Colorado, USA
⁴Columbia University, New York, New York, USA

Clarifying neural circuits that underlie extinction learning can facilitate identification of biomarkers associated with the development of and recovery from Posttraumatic Stress Disorder (PTSD), allowing for more effective psychotherapeutic and pharmacotherapeutic interventions for PTSD.

We present preliminary data from an ongoing NIMH-funded study that aims to: a) indentify circuits underlying extinction deficits in PTSD, and b) determine neural effects of Prolonged Exposure (PE) treatment on fear-extinction circuits.

Functional Magnetic Resonance Imaging (fMRI), Skin Conductance Response (SCR), and 2-day extinction learning protocol are employed in PTSD patients and trauma-exposed healthy controls (TE-HCs). The procedure is repeated 10 weeks later, after PTSD subjects have completed PE treatment. Key findings suggest that PTSD patients, compared to TE-HCs, show less activation in response to conditioned stimuli previously paired with a mild shock (CS+), compared to unpaired stimuli (CS-) in the vPFC and right-vmPFC during extinction; greater responses to extinguished CS+ than the unextinguished CS+ in the amygdala; and a decreased responses in the vmPFC during recall.

Differences between pre-treatment and post-treatment data will be also presented. The findings support the hypothesis that PTSD is associated with abnormal functioning of brain regions underlying fear circuitry and extinction learning. Theoretical and clinical implications will be discussed.
Concurrent 15
Symposium
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Laurel A-B

Insights from Neuroimaging Research: Probing Emotional Circuitry and Identifying Longitudinal Neural Changes
(Clin Res, Violence)

Developments in Identifying PTSD-Specific Biomarkers and Understanding Treatment Interventions Through the Imaging and Causal Manipulation of Neural Circuitry

Etkin, Amit, MD, PhD
Stanford University, Stanford, California, USA

Challenges to a neurobiological understanding of PTSD and its treatment, and consequently opportunities for novel treatment interventions, come from several important factors, including: 1) existence of few cross-sectional comparisons of PTSD with other disorders, 2) poor understanding of causality in human neuroimaging data, and 3) little knowledge of the neural correlates of treatment response. In this talk I will outline results from several studies that aim to address these areas of pressing need. Using resting-state imaging of functional connectivity, based on anatomical models informed by work on experimental animals, I will provide evidence for a network-level deficit in PTSD that distinguishes it from related conditions including generalized anxiety and major depressive disorders. To further a causal understanding of brain network interactions in humans, I will report on experiments combining simultaneous focal non-invasive brain stimulation with transcranial magnetic stimulation and recording of neural activity with functional neuroimaging, in both healthy subjects and PTSD patients. Finally, I will report on early data from our ongoing neuroimaging study of emotional processing and regulatory mechanisms involved in Prolonged Exposure psychotherapy for PTSD. Together, these experiments highlight several exciting and promising domains for neurobiological research on PTSD.

Concurrent 15
Workshop
Saturday, November 5
3:30 p.m. - 4:45 p.m.
Laurel C-D

Disturbances of Regulation in Young Children: Frequencies of Co-Occurring Symptomology
(Assess Dx, Child/Adol)

Black-Pond, Connie, LMSW; Atchison, Ben, PhD
Southwest Michigan Children's Trauma Assessment Center/WMU, Kalamazoo, Michigan, USA
Traumatized children are frequently referred for mental health treatment to address emotional and behavioral concerns that interfere in their daily functions and relationships with others. Description of their problematic behavior (or symptomology) often includes internalizing and/or disorganized behaviors associated with affective and physiological dysregulation; including that associated with complex trauma in children. These internalizing symptoms may be overshadowed by externalized behaviors (i.e. aggression and oppositional behavior) which often demand immediate attention, yet are perplexing and distressing to both children and their caregivers. Such behaviors may also interfere with necessary bonding and attachment critical to a child’s working model of self and world. This workshop will address the frequency of internalizing behaviors in young children that represent their difficulty with arousal regulation, such as disturbances in regulation in bodily functions (i.e. sleep disturbances, over/under reactivity to sensory stimuli) and an impaired capacity to identify and express emotional states. Data from the Children’s Trauma Assessment Center (CTAC) related to the frequencies of reported sleep disturbances, somatic complaints and traumatic exposure will be provided as well as corresponding difficulty with identification and expression of emotions (alexithymia) and attachment.
Thursday Poster Session  
Thursday, November 3  
5:00 p.m. - 6:00 p.m.  
Grand V

The Role of Social Contexts and Age in Treatment of Children Disaster Survivors: A Meta-Analysis  
(Clin Res, Child/Adol)

Kirlic, Namik, BA¹; Tett, Robert, PhD¹; Biden, Sarah, Undergraduate¹; Nelson, Summer, PhD Candidate¹; Liles, Brandi, PhD Candidate¹; Newman, Elana, PhD¹; Pfefferbaum, Betty, MD²

¹The University of Tulsa, Tulsa, Oklahoma, USA  
²University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA

Little is known about the effectiveness of interventions among children survivors of natural and man-made disasters presenting with post-traumatic symptomology. Additionally, the effects of social connections and age on treatment outcomes have not been explored. Here we present data from a meta-analysis of 27 published studies, focusing specifically on the role these factors may play in improving symptoms of PTSD. Studies that provided any outcome data on early interventions for children exposed to disaster, accidents, or bereavement were included. Interventions included Cognitive Therapy, Strict Cognitive Behavioral Therapy (CBT), CBT with Grief Interventions, Eclectic with some CBT components, Eye Movement Desensitization and Reprocessing (EMDR), Exposure, Massage, Relaxation, and Psychological Debriefing/Crisis Intervention. In general, large effect sizes were found for PTSD symptom reduction as a result of intervention, and treatment conditions resulted in better outcomes than control conditions. Children receiving individual treatment fared better than those in group treatment. Both individual and group treatments involving parents produced larger effect sizes than treatments in which parents were not invited to participate. Interestingly, elementary school children responded better to treatment than adolescents, who responded better than children in middle school, although effect sizes were large for all groups.

Thursday Poster Session  
Thursday, November 3  
5:00 p.m. - 6:00 p.m.  
Grand V

Understanding Interpersonal Violence and Its Impact on Common Psychiatric Disorders: A Systematic Review of the Literature  
(Res Meth, Diverse Pop)

DiGangi, Julia, MS (PhD, Student)¹; Koenen, Karestan, PhD²; Galea, Sandro, PhD, MPH²; Cerda, Magdalena, PhD, MPH²

¹DePaul University, Chicago, Illinois, USA  
²Columbia University, New York, New York, USA

Broken social bonds have a profound impact on mental health. Evidence shows that individuals exposed to interpersonal trauma develop psychopathology at higher rates than those exposed to other types of events. Specifically, there is a growing body of longitudinal studies that link violence to depression, anxiety and substance abuse. Parallel with such proliferation of research is an increasing concern about important methodological issues that may affect the validity of existing data and, subsequently, impair our ability to draw sound causal inferences about the relationship between interpersonal violence and
common forms of psychopathology. This review seeks to elucidate the methodological issues and limitations of the literature on interpersonal violence and depression, anxiety and substance use, by reviewing the 35 existing longitudinal studies on this topic, published between 1996 - 2011 and available in PsycINFO. We focus on issues of study design, sampling, characterization of the course of violent traumatic events and psychopathology over the lifecourse, measurement of violent traumatic events, and limitations to causal inference. We also propose how we can take advantage of current methodologic innovations in epidemiology and statistics to deepen our understanding of violent trauma, its prevention and treatment.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

An Assessment of the Moderating Effect of Firearm Violence Between Adolescent Psychological Abuse and PTSD Symptoms: A Nationwide Sample
(Social, Child/Adol)

Giammittorio, David, BS; McCloskey, Wilfred, MA, PhD, Student; Calvert, Maegan, BS; Maxwell, Kendal, BA; Lauterbach, Dean, PhD
Eastern Michigan University, Ypsilanti, Michigan, USA

On average, in the United States there is a child firearm fatality every three hours (Edelman, 1995). This equates to an entire classroom of children every three days. A nation-wide survey (N = 20188) of firearm ownership indicated that 31.7% of respondents owned a gun. The highest rates of ownership were found in Southern and Midwestern regions, with prevalence rates exceeding 50%. The lowest rates were in eastern seaboard with rates below 19%. There is also a high prevalence of psychological abuse and neglect among adolescents. Abuse has been shown to have a negative effect on individuals’ psychological well-being. This study uses data from the LONGSCAN consortium, to examine the moderating effects of firearm exposure on the relationship between psychological abuse and PTSD, while also accounting for geographical locations. A sample of adolescents (N= 881) from five regions of the country were assessed for psychological abuse, firearm exposure and PTSD symptoms. Findings suggest a significant moderating effect of firearm exposure. There was a significant positive correlation between firearm exposure, psychological abuse and trauma symptoms, though the magnitude of those associations was modest. Findings on the moderating effects of firearm exposure will be presented separately for 5 regions of the US.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

A Diagnostic Utility Analysis of the PTSD Checklist in Active Duty Marines
(Assess Dx, Mil/Vets)

Dickstein, Benjamin, MA1; Marino-Carper, Teresa, PhD2; Weathers, Frank, PhD3; Goldsmith, Abigail, PhD4; Baker, Dewleen, MD4; Litz, Brett, PhD2
1 Boston University, Boston, Massachusetts, USA
2 VA Boston Healthcare System, Boston, Massachusetts, USA
3 Auburn University, Auburn, Alabama, USA
4 VA San Diego Healthcare System, San Diego, California, USA
The PTSD Checklist (PCL) is the most widely-used self-report measure of posttraumatic stress disorder (PTSD) symptomatology (McDonald & Calhoun, 2010). Although the PCL has been validated in a variety of populations, only one study to date has examined its diagnostic efficiency in active duty service members. Bliese et al. (2008) investigated the PCL using a sample of Army soldiers who completed assessments 3 months after returning from deployment to Iraq.

In an effort to confirm the diagnostic cutoff values recommended by Bliese et al. (30-34), we are in the process of conducting a signal-detection diagnostic utility analysis comparing the PCL and Clinician-Administered PTSD Scale (CAPS) scores of a large sample of active duty Marines assessed 3 months following deployment to Iraq or Afghanistan. Based on these findings, we will determine optimally efficient cutoff values and compare our results to those of Bliese et al.

Preliminary findings suggest that the PCL cutoffs identified by Bliese et al. may not be optimally efficient in our sample. A cross tabulation analysis conducted with 130 participants reporting a PCL score of 34 or higher revealed that only 55 (42.3%) met diagnostic criteria for PTSD on the CAPS using the traditional “F1/I2” rule.

**Thursday Poster Session**
**Thursday, November 3**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**How Can We Increase Our Understanding of the Links Between Social Support and Posttraumatic Stress Disorder?**
(Res Meth, Diverse Pop)

Nachar, Nadim, PhD Candidate¹; Guay, Stephane, PhD¹; Lavoie, Marc, PhD¹; Marchand, Andre, PhD²; O'Connor, Kieron, PhD¹

¹University of Montreal, Montreal, Quebec, Canada
²University of Quebec in Montreal, Montreal, Quebec, Canada

Overt behavioral support processes and physiological responses are dimensions that have been much overlooked in the exploration of the links between social support and PTSD. A multi-method strategy was thus developed in our laboratory. The mean heart rate (HR) of 48 participants with PTSD was respectively measured during a series of 4 conditions: (1) a 2 minute resting baseline, (2) a 10 minute neutral interaction with the significant other, (3) a 15 minute active interaction with the significant other evoking the impacts of PTSD on their lives, and (4) a 2 minute recovery phase. Participants with elevated HR in the active condition, compared to the neutral one, reported higher PTSD symptoms (t=2.30, p<0.05). Perceived and observed social support were associated with lower PTSD symptoms (r from -0.31 to -0.57, p<0.05). As for observed negative interactions, they were positively and significantly associated with higher levels of PTSD symptoms (r from 0.30 to 0.54, p<0.05). Higher observed behaviors of support from the significant other, such as attention and listening, were also associated with attenuated HR in the active condition, compared to the neutral one (r=0.35, p<0.05). More results and their implications will be presented.
Attachment-Style Mediates Childhood Maltreatment and Suicidality Among African American Women
(Clin Res, Adult/Complx)

Zimmerman, Lindsey, PhD Candidate¹; Woods, Amanda, PhD²; Carlin, Erica, Phd³; Hill, Allison, PhD Candidate²; Santorelli, Noelle, PhD²
¹Georgia State University, Atlanta, Georgia, USA
²Emory University, Atlanta, Georgia, USA
³Emory/Georgia State University, Atlanta, Georgia, USA

Childhood maltreatment is associated with adult attachment (Alexander, 2009) and suicide risk (Grunebaum et al., 2009; Stepp et al., 2008). The present investigation examined whether the relationship between childhood maltreatment and suicidality is mediated by self- and other-attachment (Bartholomew & Horowitz, 1991). African American women (N = 140; mean age = 36 years) were recruited from a southeastern urban hospital; all attempted suicide in the previous year and 58% reported a current abusive relationship. Research measures included the Childhood Trauma Questionnaire (28 items; α = .91), Relationship Style Questionnaire (30-items; α = .70), and Beck Scale for Suicidal Ideation (21 items; α = .86). Bootstrapping meditational analysis revealed that childhood maltreatment was significantly negatively associated with positivity of self (β = -.60, P < .01) and positivity of other (β = -.40, P < .05), but only positivity of other significantly mediated the relationship between childhood maltreatment and suicidal ideation (95% bootstrap CI of .04 to 1.27). Among this sample, an internal model of self-worth was not as protective as perceiving others to be available and supportive. Clinical intervention targets designed to maximize protective social relationships against suicide-risk among female African American childhood trauma survivors will be discussed.

Examining the Relationship Between Social Support and Mental Health: A Longitudinal Study of Hurricane Katrina
(Clin Res, Disaster)

Chan, Christian, MA; Lowe, Sarah, MA; Rhodes, Jean, PhD
University of Massachusetts Boston, Cambridge, Massachusetts, USA

In a three-wave longitudinal study, 336 women reported levels of perceived social support and symptoms of psychological distress and post-traumatic stress (PTS) one year prior to, one year after, and four years after Hurricane Katrina. Results of linear regression indicated that post-disaster social support was associated with short and long-term psychological distress but not PTS. Results of mediation analysis indicated that levels of exposure to hurricane-related stressors mediated the relationship between pre-disaster social support and post-disaster PTS. This mediating relationship was not found for general psychological distress. Controlling for pre-disaster psychological distress and age, symptoms of PTS...
were associated with loss of vehicle, lack of medication, and death of a family member due to the hurricane, both one year and four years after the disaster.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Perceptions of Lack of Social Support and Transient Spikes in Depression Symptoms Over the Course of PTSD Treatment
(Clin Res, Violence)

Keller, Stephanie, Doctoral, Student¹; Feeny, Norah, PhD¹; Zoellner, Lori, PhD²
¹Case Western Reserve University, Cleveland, Ohio, Ohio, USA
²University of Washington, Seattle, Washington, USA

Change over the course of treatment for depression occurs discontinuously (Hayes et al., 2007). What is less known is how change unfolds in depression symptoms during PTSD treatment. In addition, little is known regarding pre-existing client characteristics that predict discontinuities. Examining client characteristics associated with change patterns can lead to personalization of treatment for individual client needs. Thus, the present study examined lack of social support, one of the strongest predictors of PTSD development, as a predictor of transient depression spikes during PTSD treatment. The present study examined relationships between pre-treatment self-reported support and transient depression spikes over the course of PTSD treatment. Individuals with chronic PTSD (N = 200) receiving either 10 weekly sessions of prolonged exposure therapy or sertraline participated in the study. Higher levels of negative trauma-related support (e.g., blame) predicted the presence of a depression spike. Notably, higher perceptions of positive trauma-related support were not strongly associated with spikes. These findings suggest that individuals with less perceived support may be more vulnerable to brief, temporary increases in depressive symptoms during PE or sertraline treatment. In these individuals, clinicians may want to focus on altering support networks, specifically by reducing damaging relationships that include negative reactions.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Eye to the Future: Mental Health of a Community Sample of Children Living in the Gaza Strip.
(Commun, Child/Adol)

Caccappolo, Amanda, BA¹; Aboagye, Adjoa, BA¹; D’Andrea, Wendy, PhD¹; Bergholz, Lou, BS²
¹The New School for Social Research, New York, New York, USA
²Edgework Consulting, Somerville, Massachusetts, USA

The current state of life for children in Gaza is characterized by perpetual distress and a constant feeling of a lack of safety. Being exposed to unsafe and violent living conditions may lead to increased levels of anxiety, depression, social isolation, poor decision-making, poor impulse control, hypersensitivity to threat, reactive aggression, and hopelessness. A few key ways that children can remain well-balanced in the face of stress is through positive relationships with adults and peers, having a sense of control over their environment and being able to self-regulate. This project presents baseline data from an intervention
with 500 children ages 9-13 living in the Gaza Strip. Children were invited to participate in a violence-prevention program based on community of residence, rather than on clinical symptoms. The preliminary assessment utilized children’s self-reported mental health, optimism, loneliness and beliefs about aggression, as well as parents’ reports of their children’s mental health. All measures are standardized for population norms. Based on their self-reports and on parent-reports of symptoms, children in this nonclinical community sample report levels of symptoms suggestive of a mental health epidemic: over half of all children met criteria for one or more psychiatric syndromes, as well as endorsement of violence as a solution to conflict. Key targets for intervention at the individual and population level are discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

PTSD and Parenting: Maternal Hyperarousal, Parenting Style, and Child Abuse Potential
(Res Meth, Adult/Complx)

Cross, Dorthie, PhD Candidate1; Williams, Justin, MA2; Smith, Ami, PhD3; Kamkwalala, Asante, BS3; Samples, Tara, MA, LPC3; Jovanovic, Tanja, PhD1; Bradley, Bexh, PhD1

1Emory University, Atlanta, Georgia, USA
2Georgia State University, Atlanta, Georgia, USA
3Fielding University, Atlanta, Georgia, USA

PTSD is associated with increased risk of child abuse. We examined the impact of PTSD symptom clusters and emotional dysregulation on child abuse potential and overreactive parenting. We recruited 56 low-income, primarily African-American mothers who were primary caregivers for children ages 6 to 12. We administered the PTSD Symptom Scale, Emotional Dysregulation Scale, Overreactivity Subscale of the Parenting Scale (OVR), Child Abuse Potential Inventory (CAPI), and the Traumatic Events Screening Inventory for Children--Parent-report. For 31 of these mothers we administered the Behavioral Assessment System for Children--Second Edition to their child. We found that maternal hyperarousal symptoms--but not avoidance or intrusive symptoms--predicted maternal CAPI and OVR; however, the relationship between hyperarousal and CAPI was fully mediated by maternal emotional dysregulation, p<.01. Emotional dysregulation did not affect OVR. Additionally, the maternal CAPI--but not OVR--was positively associated with child-reported symptoms of anxiety and negatively with child-reported self-esteem and mother-reported child trauma exposure, p<.06. Hyperarousal has a broad impact on parenting, resulting in an overreactive style, but when coupled with emotional dysregulation results in potentially abusive parenting, which, not surprisingly, is related to greater distress in children. Risk for childhood abuse is part of a complex system of experience, traits, and symptoms. These factors may lead to improved preventative interventions. Research in this area should consider both maternal and child factors.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Investigating Brief Exacerbations in Reexperiencing Symptoms Across Imaginal Exposures
(Clin Res, Violence)
Post, Loren, PhD Candidate¹; Feeny, Norah, PhD¹; Zoellner, Lori, PhD²
¹Case Western Reserve University, Cleveland, Ohio, USA
²University of Washington, Seattle, Washington, USA

Trauma exposure is strongly associated with reexperiencing symptoms, suggesting that the reexperiencing symptom cluster may be a strong marker for PTSD. Well-controlled studies have documented the efficacy of prolonged exposure therapy (PE) for PTSD, in which imaginal exposure (IE) occupies a central role. Despite this, clinicians may be concerned that IE could exacerbate reexperiencing symptoms, particularly for clients who become highly distressed, and that such exacerbations could ultimately negatively affect treatment outcome (Becker, Zayfert, & Anderson, 2004). In a sample of 109 individuals with PTSD undergoing PE, we examined whether clients experienced exacerbations in reexperiencing symptoms between eight IE sessions and whether those who experienced exacerbations (exacerbators) differed from those who did not (non-exacerbators) on in-session engagement level and post-treatment functioning. Thirty-seven percent (n = 40) of participants experienced some temporary exacerbation in reexperiencing symptoms over the course of treatment. However, there were no significant differences between exacerbators and non-exacerbators on level of engagement during any IE sessions (F (8, 54) = .70, ns), PTSD symptom change (F (1, 103.80) = .57, ns), or depression symptom change (F (1, 103.08) = 1.76, ns). Thus, a minority of clients experienced a brief exacerbation in reexperiencing symptoms during IE. However, symptom exacerbations are unrelated to engagement during IE sessions and are not detrimental to treatment outcome.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Posttraumatic Distress and the Presence of Posttraumatic Growth Following a Mass Shooting: The Role of Experiential Avoidance
(Assess Dx, Disaster)

Miron, Lynsey, BA; Hannan, Susan, BA; Varkovitzky, Ruth, MA; Orcutt, Holly, PhD; Moss, Courtney, Undergraduate
Northern Illinois University, DeKalb, Illinois, USA

A growing body of research has investigated the presence of posttraumatic stress symptoms (PTSS) and posttraumatic growth (PTG) as they relate to experiential avoidance (EA). PTG, or an experience of positive adjustment resulting from a traumatic life event, has recently received attention in the literature as a potential buffer from negative psychosocial outcomes. Recent studies have suggested that people reporting low levels of EA (defined as an unwillingness to be in contact with distressing thoughts and feelings) evidence greater PTG, even when experiencing greater PTSS. The current study explores how EA, PTSS, and level of exposure to a potentially traumatic event influence PTG. Data was collected from a prospective study examining the reactions of female NIU students following the NIU mass shooting (N = 672) who completed an online survey follow-up approximately 27 days after the event. After the shooting, approximately 50% of women reported clinically significant levels of PTSS. Preliminary analysis showed that all variables (PTG, EA, and PTSS) were positively correlated. A hierarchical linear regression indicated that exposure to the shooting, as well as PTSS and EA, independently predicted PTG. There were no interaction effects. Implications of these findings for future research and clinical intervention will be discussed.
Social Support, Social Constraints, and PTSD in Treatment-Seeking Trauma Survivors
(Clin Res, Diverse Pop)

Wong, Lorraine, BA; Dimmitt, Julie, BA (Hons); Hawkins, Nate, BA; Hernandez, Julia, BA; Shapiro, Allison, BA; Weinkam, Taryn, BA
Palo Alto University, Palo Alto, California, USA

Social support has been inversely associated with PTSD following trauma. However, the link between negative social interactions and post-trauma adjustment has received relatively less attention. Social constraints refer to negative social responses to talking about trauma related thoughts and feelings. This study evaluated the relationships among social support, social constraints, and PTSD in a sample (n=39) of recently traumatized adults seeking free treatment at a trauma research clinic. Participants were a mean of 44.3 years of age, predominantly female (79.5%), a mean of 148 days post-trauma, and had completed a mean of 15.5 years of education. Baseline, pre-treatment scores on the Posttraumatic Stress Disorder Checklist, the Duke-UNC Social Support Questionnaire, and the Social Constraints Scale were examined. Social support was inversely associated with social constraints ($r = -.50, p<.01$). Less social support ($r = -.37, p<.05$) and greater social constraints ($r = .59, p<.001$) were associated with greater PTSD. Social support and social constraints accounted for 35% of the variance in PTSD symptoms, $F(2,36)=9.7, p<.001$. However, only social constraints was a significant predictor of PTSD symptoms, beta = .54, $t(38)=3.45, p<.01$. Negative social responses to trauma-related disclosure may be of central importance in determining adjustment following traumatic events.

Symptom Persistence and Memory Deficits in Posttraumatic Stress Disorder: A Gene X Environment Study
(Bio Med, Diverse Pop)

David, Annie-Claude, PhD Candidate; Thakur, Geeta A., PhD Candidate; Akerib, Vivian, PhD Candidate; Rouleau, Isabelle, PhD; Brunet, Alain, PhD
Douglas Mental Health Institute, Montreal, Quebec, Canada
Université du Québec à Montréal, Montreal, Quebec, Canada

Most studies examining the relationship between PTSD and the glucocorticoid receptor-regulating co-chaperone of stress proteins FKBP5 have focused on how childhood adversity interacts with genetics in the prediction of adult PTSD symptomatology. Such studies are limited in that they fail to distinguish between the development and the persistence of PTSD. In the present study, the association between four single-nucleotide polymorphisms (SNPs) in FKBP5 (rs3800373, rs9296158, rs1360780, and rs9470080) and remission/persistence of PTSD was prospectively investigated over a 9-month period. DNA was extracted from 22 trauma-exposed individuals with acute PTSD, at risk for developing chronic
PTSD. The four SNPs interacted with improvement in PTSD symptoms as well as PTSD diagnostic status (remitted vs. unremitting PTSD). An interactive effect of the SNPs and subjective trauma severity on memory functioning was also found in participants homozygous for the AA allele of rs3800373, the CC allele of rs9470080, the CC allele of rs1360780, and the GG allele of rs9296158 but not for participants with the other genotypes, suggesting a risk factor role for these genotypes in persistent PTSD. This study provides further evidence of a gene x environment effect in PTSD persistence/remission.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Cultural Correlates of Resiliency in African American Battered Women
(Cul Div, Violence)

Kramer, Nicole, Undergraduate; Johnson, Dawn, PhD; Zucosky, Heather, Undergraduate
The University of Akron, Akron, Ohio, USA

Intimate partner violence (IPV) is an important social issue in the United States. IPV can cause victims to face daunting external and internal obstacles which can complicate the process of leaving and, later, of adjusting (Werner-Wilson, Zimmerman, & Whalen, 2000). Research suggests that PTSD is the most common mental health problem in battered women, especially in the most severe cases of IPV. One of the more recent findings in IPV literature is that while African American women consistently report higher rates of victimization than White women, they also report lower levels of PTSD symptoms than White women, suggesting that African American IPV victims might be more resilient to PTSD than are White victims. In this poster we will report findings from an ongoing study of 125 IPV victims. We hypothesized that the cultural factors of John Henryism (JH; i.e., a predisposed active coping mechanism) and Collectivism will contribute to the resilience observed in African American IPV victims. Preliminary analyses find a negative relationship between JH and PTSD severity. The mediational role of JH and the role of Collectivism will also be explored. Clinical implications of findings will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

The Importance of Subjective Experience in Understanding Trauma
(AsseS Dx, Caregvrs)

Dewey, Daniel, MA, PhD, Student; Schulberg, David, PhD
University of Montana, Missoula, Montana, USA

Posttraumatic stress disorder is a psychiatric syndrome that refers to symptoms that can follow a traumatic event. The current DSM criteria for a traumatic event differentiate between the objective event, criterion A1, and an individual’s subjective response, criterion A2. This study investigated the importance of criterion A2 and other intense negative emotions in the development of PTSD. Self-report measures determined the presence or absence of event criteria A1 and A2, PTSD symptoms, and intensity of different emotions at the time of an event. Criterion A2 emotions were associated with higher levels of PTSD symptoms, regardless of the presence or absence of an A1 event. There was no significant difference in PTSD symptoms between non-criteria A1 events and criterion A1 events, when controlling for time since the event. Finally, in addition to the peritraumatic emotion of fear, peritraumatic guilt also
significantly predicted PTSD symptom intensity. In contrast to the proposed revisions of the DSM this study emphasizes the importance of understanding an individual’s subjective experience of an event for classifying it as traumatic. Factors in addition to the type of event, including perceived social support, are likely to influence the subjective experience of it, as well as the development of symptoms.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Posttrauma Risk Checklist as a Practical Screening Tool During Psychological First-Aid
(Assess Dx, Disaster)

Joo, Hye-Sun, MS (PhD, Student); Ahn, Hyun-nie, PhD
Ewha Womans University, Seoul, Korea, Republic of

The purpose of this study was to develop a screening tool that is based on empirical findings on predictors of PTSD and that can efficiently distinguish those who need closer monitoring or referrals during initial service phase for trauma survivors. Using both the PsychINFO database and the RISS (largest database in Korea), we found 108 empirical studies that included the keywords ‘PTSD predictor or risk factor’, ‘peri-traumatic response’, and ‘post-traumatic response’, published from 1980 to date. From those studies, we extracted factors that were associated with PTSD, and categorized them into (1) Personal domain (e.g., pre-, peri-, and post-trauma factors), (2) Event domain (e.g., trauma type and severity, involvement of loss or death), and (3) Recovery domain (e.g., social support). Using a prototypical procedure for a scale development and validation with 660 adults who had experienced or directly witnessed traumatic incident(s), we developed the Posttrauma Risk Checklist (PRC) that consisted of 53 items, scored as either 0 or 1. Cutoff scores are provided to categorize high, moderate, and low risk groups for developing PTSD. The PRC is not a diagnostic scale but has several practical merits, such as brief administration time and immediate scoring, to be used during psychological first-aid.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Mental Health Risks, Resilience, and Interaction Paradigm Among OEF/OIF Veterans
(Assess Dx, Disaster)

Youssef, Nagy, MD
Durham VA Medical Center/Duke Univ Medical Center, Durham, North Carolina, USA

Childhood trauma is a risk factor for adulthood depression and suicidal ideation. This is complicated in Veterans by the additional exposure to combat and increased symptoms of posttraumatic stress disorder (PTSD). This presentation presents results of a study that evaluated the effect of childhood trauma exposure and the role of resilience.

1488 military Veterans who had served since September 11, 2001, completed questionnaires that assessed depressive, suicidal, and PTSD symptoms, combat and, childhood trauma exposure, and resiliency. This study is part of a multicenter study of post-deployment Veterans involving several medical
centers in the Department of Veterans Affairs (VA). Participants were enrolled between June 2005 and July 2010.

Results revealed a significant interaction between resilience and combat exposure for depressive symptoms. For the cognitive component of depressive symptoms, resilience interacted with both combat exposure and childhood trauma exposure to affect the overall levels of these symptoms. There was an inverse main effect for resilience on suicidal ideation such that higher resilience was associated with lower suicidal ideation.

These results potentially suggest a protective association of resilience for depressive symptoms and suicidal ideation. Implications for clinical care and future research are discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Symptom Structure of Posttraumatic Stress Disorder in White and Hispanic Female Veterans
(Assess Dx, Diverse Pop)

Nason, Erica, MS (PhD, Student)¹; C'de Baca, Janet, PhD²; Castillo, Diane, PhD²
¹University of New Mexico; Albuquerque Veterans Affairs Hospital, Albuquerque, New Mexico, USA
²Albuquerque Veterans Affairs Hospital, Albuquerque, New Mexico, USA

Valid assessment in mental health requires that measurement instruments are equally appropriate for use with diverse ethnic groups (U.S. Department of Health and Human Services, 2001). While recent findings have suggested that PTSD symptom structure models fit adequately well in both non-Hispanic White (NHW) and Hispanic samples, other recent evidence has shown the mean scores for items on the PTSD Checklist (PCL) are not comparable between NHWs and Hispanics in nonclinical or non-English speaking Hispanic samples (Hoyt & Yeater, 2010). The current study extends previous research by comparing a treatment-seeking clinical sample of English speaking White and Hispanic female veterans with PTSD. Additionally, the Clinician Administered PTSD Scale (CAPS), commonly regarded to be the gold standard of PTSD assessment, was used to compare the PTSD symptom structure of 172 NHWs and 71 Hispanic female veterans. First, using previously proposed models, within-groups confirmatory factor analysis (CFA) will be used to identify symptom structure models that demonstrate adequate fit for both samples. Multiple groups CFA will then be used to test the measurement invariance of any models shown to have adequate fit within the NHW and Hispanic samples.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Personality Profiles of Intimate Partner Violence Offenders with and Without PTSD
(Assess Dx, Violence)

Hoyt, Tim, PhD; Wray, Alisha, MS
University of New Mexico, Albuquerque, New Mexico, USA
Intimate partner violence (IPV) is a serious forensic and clinical problem throughout the United States. Research aimed at defining and differentiating subgroups of IPV offenders using standardized personality instruments may eventually help with matching treatments to specific individuals to reduce recidivism. The current study used an ethnically diverse (20% White) sample of court-ordered IPV offenders to explore whether the presence of PTSD can reliably differentiate this population in terms personality characteristics and clinical symptoms. Profile analysis showed meaningful differences between PTSD (n = 21) and non-PTSD groups (n = 43) on a variety of MCMI-III and PAI personality and clinical scales. Both groups endorsed significant exposure to traumatic events, including occurrences of interpersonal and gang violence. The PTSD group endorsed more overall distress as well as more anxiety, depression, and negativistic-avoidant-borderline traits across instruments. In addition, significant differences in trauma variable correlations emerged between groups, including differential correlates of trauma exposure and PTSD symptoms on several scales linked to interpersonal violence. These results suggest the need for greater emphasis on trauma and PTSD symptoms in treatment programs for IPV.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Comparing Linguistic Correlates of PTSD in Survivors of a Technological and Natural Disaster
(Assess Dx, Disaster)

Brown, Brienne, BA; D’Andrea, Wendy, PhD
The New School for Social Research, New York, New York, USA

Research suggests varying responses to disaster situations. Survivors of a technological disaster such as an oil spill have been shown to have more detrimental mental health consequences than survivors of a natural disaster such as a hurricane; yet, Posttraumatic Stress Disorder (PTSD) is seen in survivors of both types of disasters. The present study examines differences in linguistic correlates of PTSD in narrative blog posts written by survivors of the British Petroleum (BP) oil spill (technological disaster) and Hurricane Katrina (natural disaster). Narratives by 70 disaster survivors (35 each from survivors of Hurricane Katrina and the BP oil spill) were analyzed by the Linguistic Inquiry and Word Count (LIWC) program. Statistically and clinically significant differences were found on numerous linguistic dimensions including those that may indicate PTSD symptoms. Different linguistic correlates of PTSD were found within the survivors of the B.P. oil spill and survivors of Hurricane Katrina indicating the possibility that PTSD may be expressed differently depending on the nature of the disaster. Implications may include the need for differing treatment modalities based on the type of disaster to which an individual has been exposed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Confirmatory Factor Analysis of the Detailed Assessment of Posttraumatic Stress (DAPS) in Trauma-Exposed College Students
(Assess Dx, Violence)
The structural validity of posttraumatic stress disorder (PTSD) has been the focus of numerous confirmatory factor analytic studies, most of which have used 17-item measures directly corresponding to the 17 DSM-IV PTSD symptoms (Palmieri, Weathers, Difede, & King, 2007). Currently, evidence supports the validity of two four-factor models: the numbing model (King, Leskin, King, & Weathers, 1998), with reexperiencing, avoidance, numbing, and hyperarousal factors; and the dysphoria model (Simms, Watson, & Doebbeling, 2002), with reexperiencing, avoidance, dysphoria, and hyperarousal factors. However, the generalizability of these models to other types of PTSD measures is unknown. The present study evaluated the relative fit of the numbing and dysphoria models using the Detailed Assessment of Posttraumatic Stress (DAPS; Briere, 2001), a 104-item self-report measure of PTSD and related constructs that includes 39 items assessing DSM-IV PTSD symptoms. Participants were 665 (189 male, 476 female) trauma-exposed college students. Scores on the 39 DAPS PTSD symptom items were submitted to confirmatory factor analysis (CFA). Although both four-factor models demonstrated adequate fit, the latent structure of the DAPS was better represented by the dysphoria model. Findings are consistent with recent CFA studies of self-report PTSD measures. Implications regarding the structural validity of PTSD will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Brief Grief Questionnaire: Validation for a Japanese Sample
(Assess Dx, Violence)

Ito, Masaya, PhD; Nakajima, Satomi, MD, PhD; Konishi, Takako, MD, PhD; Shirai, Akemi, PhD; Ishimaru, Keiichiro, PhD; Kim, Yoshiharu, MD, PhD

1National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan
2Musashino University, Tokyo, Japan
3International University of Health and Welfare, Tokyo, Japan
4University of Tokyo, Tokyo, Japan

Background: Complicated grief, which is often under-recognized and under-treated, can lead to substantial impairment in functioning. The Brief Grief Questionnaire (BGQ) is a 5-item self-report or interview instrument for screening complicated grief. Although investigations with clinical samples suggest that the BGQ is valid and reliable, it has not been validated for use in the general population. Method: General and high-risk Japanese bereaved (n=264, female=77.3%, 19-75 years) completed the self-administered scale of BGQ, Inventory of Complicated Grief (ICG), and Prolonged Grief Disorder Assessment (PG-13). Results: Cronbach’s alpha (.81) and one-month test-retest correlation (r=.88, p<.01) were sufficiently high to confirm the reliability of BGQ. Multiple group confirmatory factor analysis supported a uni-dimensional factor for BGQ. Using the Receiver Operating Characteristic (ROC) curve, the optimal cut-off score for ICG criteria (ICG=30 or higher) was 3/4 (sensitivity=88%, specificity=88%, the area under the curve=.96) and for PG-13 criteria was 6/7 (sensitivity=100%, specificity=94%, the area under the curve=.98). Conclusion: The results of this study support the reliability and validity of the BGQ in the general and high-risk population. The BGQ is a promising screening instrument for use in various settings providing mental health care.
Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Traumatized Self-System in Adults Repetitively Exposed to Interpersonal Trauma
(Assess Dx, Adult/Complx)

Jang, Jin Yi, PsyD
Ewha Womans University, Seoul, Korea, Republic of

The purpose of this study was to investigate whether repetitive interpersonal trauma lead to significant disruption in the individual’s self-system as well as to posttraumatic symptoms that are different from the symptoms caused by simple trauma or single event interpersonal trauma. First of all, in order to conceptualize complex posttraumatic syndrome caused by repetitive interpersonal trauma as the disruption of the self-system, this study developed the Traumatized Self-System Scale (TSSS) which was validated by pilot study. TSSS items contain such self-related domains as I-self, Me-self, Self-regulation, and Relational self impaired by repetitive interpersonal trauma. There were significant difference in I-self (e.g., self-consistency, self-awareness, self-agency, self-integration), Me-self (e.g., negative self, shame), Self-regulation (e.g., under-regulation, self-destructive behavior) and Relational self between those who had experienced repetitive interpersonal trauma and those who had experienced simple trauma or single event interpersonal trauma. However, the results revealed no significant difference in self-reflection, guilt, and over-regulation. The results of this study showed empirically that different types of trauma cause distinct disruptions of self-system. Such results suggest that it is necessary to assess and adopt distinct intervention strategies in order to restore the disruption of self-system.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Linking Childhood Maltreatment Characteristics to Mental Health Symptoms in Adolescence: The Role of Emotion Regulation Difficulties
(Assess Dx, Child/Adol)

Sundermann, Jane, Doctoral, Student; DePrince, Anne, PhD; Chu, Ann, PhD
University of Denver, Denver, Colorado, USA

Childhood maltreatment characteristics (e.g., age at onset, chronicity) predict mental health symptoms (e.g., younger onset and higher chronicity are linked to greater symptoms). Because emotion regulation (ER) difficulties may mediate links between childhood maltreatment characteristics and symptom severity, studies assessing ER difficulties are sorely needed. Past research has rarely measured multi-dimensional aspects of emotional functioning, such as ER difficulties. The current study examined maltreatment characteristics as predictors of both ER difficulties and symptom severity (anger, anxiety, post-traumatic stress, dissociation, depression) in an ethnically diverse sample of 68 female adolescents involved with the child welfare system. Participants completed the Traumatic Events Screening Inventory for Children (TESI-C), the Difficulties in Emotion Regulation Scale (DERS), and self-report symptom measures. Results of simultaneous regression models will be presented with maltreatment characteristics (age at onset and chronicity) as predictors; and ER difficulties and symptom severity as outcomes. Higher
chronicity, but not age at onset or the interaction, predicted greater ER difficulties and symptom severity. Results suggest that ER difficulties may mediate links between childhood maltreatment characteristics and symptoms, pointing to the need for longitudinal research on this topic.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

The Structure of PTSD Before, During, and Following Deployment to Iraq
(Assess Dx, Mil/Vets)

Meis, Laura, PhD1; Erbes, Christopher, PhD, LP1; Kaler, Matthew, PhD2; Arbisi, Paul, PhD, ABPP1; Polusny, Melissa, PhD, LP1
1Minneapolis VA Health Care System, University of Minnesota, Minneapolis, Minnesota, USA
2Minneapolis VA Health Care System, Minneapolis, Minnesota, USA

Evidence suggests a four-factor emotional numbing (King, Leskin, King, & Weathers, 1998) or dysphoria model (Simms, Watson, & Dobbelling, 2002) likely reflects the underlying structure of posttraumatic stress disorder (PTSD). Questions remain as to which structure best represents PTSD, how structure changes with time, the applicability of models to returning veterans, and the validity of symptom clusters. The present study addresses these questions among two longitudinal samples of National Guard soldiers assessed prior to (Sample 1, Time 1: n = 516), during (Sample 2, Time 1: n = 2,436), and following a combat deployment to Iraq (Sample 1, Time 2: n = 423; Sample 1, Time 3: n = 340; Sample 2, Time 2: n = 943). Using the PTSD Checklist (Weathers et al., 1993), our findings supported a four-factor intercorrelated dysphoria model of PTSD that remains stable across samples and time points, over five previously supported models of PTSD, including the three-factor DSM-IV model and the four-factor emotional numbing model. Differential associations were observed between symptom clusters, depression, and combat exposure over time, supporting important distinctions between trauma-specific (i.e., intrusive memories, effortful avoidance, and trauma-specific hyperarousal) and non-specific (i.e., dysphoria) symptom clusters.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

PTSD, Combat Exposure, and Traumatic Brain Injury as Predictors of Neuropsychological Performance and Functional Impairment Among Iraq and Afghanistan War Veterans
(Assess Dx, Mil/Vets)

Meyer, Eric, PhD; Woodward, Matt, BA; Kruse, Marc, PhD; Kimbrel, Nathan, PhD; Morissette, Sandra, PhD; Gulliver, Suzy, PhD
VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA

Although TBI is a signature injury of the wars in Iraq and Afghanistan, the effect of mild TBI (mTBI) on neuropsychological test performance is not well-established compared to the effect of PTSD. Participants were war Veterans (n=132; age=37.7), of whom 54 (40.1%) met CAPS criteria for current PTSD, and 62 (47.0%) screened positive for deployment-related mTBI. Participants completed tests of processing speed, attention, verbal memory, working memory, set-shifting, and verbal fluency, and the Full Combat
Exposure Scale (FCES) and World Health Organization Disability Assessment Schedule-II (WHODAS-II). In hierarchical regressions, model covariates included age, years of education, and current alcohol use. FCES, mTBI screen, and PTSD symptom severity were then entered, in order. Neither FCES nor positive mTBI screen was a significant predictor of any neuropsychological test score. PTSD predicted verbal memory ($\Delta R^2 = .06$, $\beta = -.29$, $p = .003$) only. Verbal memory was the only neuropsychological test that was associated with functional impairment ($r = -.33$, $p = .003$). Using path analysis, PTSD fully mediated the effects of combat exposure and mTBI on functional impairment and verbal memory. Findings support prior research with war Veterans indicating that PTSD is negatively associated with verbal memory and that neuropsychological performance is more strongly predicted by PTSD symptoms than by mTBI.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Responses of Children to Parental Death: A Report and Comparison of Military and Civilian Caregivers
(Assess Dx, Mil/Vets)

Cozza, Stephen, MD; Schmidt, Janet, PhD; Fullerton, Carol, PhD; Feerick, Margaret, PhD; Harris, April, BA; Ursano, Robert, MD
Uniformed Services University, Bethesda, Maryland, USA

This poster will report and compare baseline data that have been collected on 157 surviving military and civilian children (ages 2 to 18 years) whose parents have died since Sept 11, 2001 and their current adult caregivers to document child and family responses, experiences and needs post-parental death. To our knowledge, there are no U.S. studies that compare parental loss in military and civilian families. Major domains of interest include traumatic response, psychological distress, communication and interpersonal connection. Results will compare reported bereavement responses between military and civilian children and family members and describe any identified differential impact of sudden, traumatic military death (such as combat related death) with other potentially traumatic causes of parental death (e.g. motor vehicle accident, suicide) or more predictable parent deaths (e.g. illness).

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Combat Related PTSD and Intimate Relationship Difficulties Among Soldiers and Spouses: The Role of Attachment and Emotion Regulation
(Assess Dx, Mil/Vets)

Lambert, Jessica, PhD; Clinton, Morgan, Undergraduate
University of Colorado, Colorado Springs, Colorado Springs, Colorado, USA

The purpose of this study was to expand current knowledge of post-trauma symptoms and intimate relationship functioning with a theoretically based study of couples where one partner was an OEF/OIF veteran. Drawing from contemporary adult attachment theory, we hypothesized that partners who reported greater attachment insecurity would also report more severe psychological distress, greater difficulty regulating emotions, and lower relationship quality. Participants were 25 couples (active duty soldiers and female spouses), married for an average of 7
years. On average soldiers reported high levels of psychological distress and spouses reported mild to moderate psychological distress. Mean scores on the measure of relationship quality were also in the distressed range. Using the couple as the unit of analysis, we examined correlations among study variables. Results showed that attachment insecurity was significantly associated with higher levels of psychological distress, more difficulties with emotion regulation and lower relationship quality for both partners. Further, female spouses’ attachment anxiety was significantly negatively correlated with husbands’ perceived relationship quality, whereas husbands’ attachment avoidance was associated with wives’ perceived relationship quality. These preliminary findings support tenets of attachment theory and highlight areas for clinical intervention with couples where one partner is a combat veteran.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

The Role of PTSD Severity, Depression, and Perceived Social Support in Predicting Quality of Life After Interpersonal Trauma
(Assess Dx, Violence)

Chappuis, Courtney, BA (Hons); Koucky, Ellen, MA, PhD, Student; Galovski, Tara, PhD
University of Missouri - St. Louis, St. Louis, Missouri, USA

Trauma survivors experience decreased quality of life as compared to non-traumatized individuals (Hidalgo et al., 2000). Examined separately, there is evidence to suggest that PTSD (Olatunji et al., 2007), depression (Kashdan et al., 2009), and lack of perceived social support (Araya et al., 2007) contribute to poor quality of life in trauma survivors. The present study seeks to assess the relative contribution of PTSD severity, depression, and perceived social support in predicting quality of life following interpersonal trauma. Preliminary analyses were conducted using a sample of 91 PTSD-positive participants from an NIH-funded outcome trial. Linear regression analyses revealed a significant overall model (F(3, 87) = 12.78, p< .001), with PTSD, depression, and perceived social support accounting for 30.6% of the variance in quality of life. Within this model, depression (β = -.36) and perceived social support (β = .32) were unique predictors of quality of life. Results suggest that depression and perceived social support are important clinical targets for improving quality of life in assault survivors. Additionally, PTSD severity should continue to be assessed as part of a larger constellation of factors influencing quality of life. The sample will be doubled for the presentation in November (N ≈ 200).

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

A Psychometric Analysis of the Chinese Version of the Revised Posttraumatic Growth Inventory for Children
(Assess Dx, Child/Adol)

Liu, Shu-Tsen, MD
Department of psychology, National Taiwan University, Taipei, Taiwan

Background:
Posttraumatic growth has received little attention among Asian youths. Only one research investigated the positive growth measured by the PTGI-C-R with the items of spiritual change deleted among Chinese
adolescents after the Sichuan Earthquake. The present study aimed to investigate the psychometric properties of the complete Chinese version of the PTGI-C-R (C_PTGI-C-R).

Methods
285 child participants (aged 9-17, mean = 13.4 years, SD = 2.7 years, 161 [56.5%] female) completed the C_PTGI-C-R in relation to the most disturbing event specified in the UCLA PTSD reaction index for DSM IV, on which they reported PTSS. CFA was conducted with ESQ 6.1. The robust maximum-likelihood estimation procedure was adopted.

Results:
The proposed 5-factor model had satisfactory data fit: The Satorra-Bentler scaled Chi-square (25) = 38.59 (p < .05), NFI: .97, NNFI=.96, CFI = .98, and RMSEA = .046. The Cronbach's alpha coefficient was .87. The standardized item loadings were all above .55. The C_PTGI-C-R had fair 6-week test-retest reliability (κ= .21-.25, p < .01). There was a significant positive correlation between the scores of C_PTGI-C-R and PTSS among children and adolescent (r = .24, .28, p < .01).

Conclusion:
The C_PTGI-C-R has been demonstrated to be reliable and validated. The original five-factor structure was replicated in Taiwanese youths.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Peritraumatic Tonic Immobility Predicts the Severity of PTSD Symptoms in Brazilian Male Police Officers
(Assess Dx, Emerg Wrkr)

Maia, Deborah, MD\textsuperscript{1}; Figueira, Ivan, MD\textsuperscript{1}; Coutinho, Evandro, MD, PhD\textsuperscript{2}; Volchan, Eliane, MD, PhD\textsuperscript{1}; Mendowicz, Mauro, MD\textsuperscript{3}
\textsuperscript{1}Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil
\textsuperscript{2}Escola Nacional de Saude Publica, Rio de Janeiro, Brazil
\textsuperscript{3}Universidade Federal Fluminense, Niteroi, Brazil

Objective: To compare peritraumatic tonic immobility (PTI), peritraumatic panic, and peritraumatic dissociation as predictors of PTSD symptoms in a cohort of male police officers one year after graduating from a police academy in Brazil

Method: 330 cadets volunteered to participate in the study. A year later, 287 participants, now working as police officers, completed the following questionnaires: Posttraumatic Stress Disorder Checklist - Civilian Version (PCL-C), Physical Reactions Subscale, Peritraumatic Dissociative Experiences Questionnaire (PDEQ), Tonic Immobility Scale (TIS), and Critical Incident History Questionnaire. We employed a zero-inflated negative binomial regression models, given that the proportion of cases with no symptoms in the PCL-C scale was excessive and data was overdispersed.

Results: 132 officers (46%) were considered to have been exposed to critical incidents. For each additional point in the TIS, there was a 9% increment in the PCL-C mean scores (RM=1.09), whereas for panic reaction, the increment was 7% (RM=1.07). As the severity of peritraumatic dissociation increased one point in the PDEQ, the chance of having at least one symptom in PCL-C increased 22% (RM=0.82). Conclusions: Our findings highlight the need of expanding the investigation on the incidence and impact of PTI on the performance and mental health of police officers.
PTSD and College Adjustment in Students Exposed to Criterion a and Non-Criterion a Stressors
(Assess Dx, Violence)

Davis, Margaret, BA; Mason, Elizabeth, MS (PhD, Student); Weathers, Frank, PhD
Auburn University, Auburn, Alabama, USA

A growing number of studies have questioned whether exposure to a traumatic stressor is necessary for the development of posttraumatic stress disorder (PTSD). For example, Gold et al. (2005) found higher PTSD prevalence and severity in undergraduates exposed to non-traumatic versus traumatic stressors, as defined by Criterion A for PTSD. Using Gold et al.'s procedure for classifying stressors, a previous study from our lab (Mason et al., 2011) failed to replicate their findings, and found opposite results using alternative procedures that better fit the DSM-IV definition of Criterion A. The present study involved a second replication and extension of Gold et al., with added focus on Criterion F (functional impairment) with respect to college adjustment. Trauma-exposed undergraduates (N=129) completed the PTSD Checklist (PCL) and Student Adaptation to College Questionnaire (SACQ). Results again failed to replicate Gold et al., and again provided evidence consistent with the current conceptualization of PTSD requiring exposure to a traumatic stressor. Using our alternative procedures for classifying stressors, the Criterion A group had higher PTSD prevalence and symptom severity and greater functional impairment, as indicated by poorer adjustment to college, than did the non-Criterion A group. Implications for the importance of Criterion A will be discussed.

Early Predictors of Traumatic Stress in Children Exposed to Acute Trauma: Findings from the PACT Archive
(Assess Dx, Child/Adol)

Kassam-Adams, Nancy, PhD1; Kenardy, Justin, PhD2; Delahanty, Douglas, PhD3; Palmieri, Patrick, PhD4; Rork, Kristine, PhD5; Kohser, Kristen, MSW1
1Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
2University of Queensland, Brisbane, Australia
3Kent State University, Kent, Ohio, USA
4Summa Health System, Akron, Ohio, USA

This poster will report on initial analyses from the PTSD after Acute Child Trauma (PACT) Archive. This unique international data archive was created as part of an NIMH-funded project to develop PTSD prediction tools. At present, the archive contains existing datasets from more than 20 prospective studies conducted between 1999 and 2008 in the US, Australia, and Europe. Together, these studies assessed more than 3000 children exposed to acute traumatic events. We will report the results of initial steps in developing PTSD prediction tools utilizing this unique data resource: a) combining data from multiple
studies to create common predictor variables and PTSD outcome variables, b) describing the prevalence of potential predictors in this large combined sample: acute stress reactions and other pre- and peri-trauma variables, and c) evaluating the association of these potential predictors with PTSD outcomes. Among the studies included here, half (56%) assessed children within 24 hours of a traumatic event, an additional 33% assessed children within 2 weeks, and all assessed PTS outcomes (most commonly 6 to 12 months post-trauma). These analyses begin to advance the overarching aim of the PACT Archive, which is to enhance research on early risk factors and PTS symptom development in children.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

**Characteristics of Sexual Violence Presenting At a Rape Trauma Service: Comparison Between Male and Female Attendees**
(Assess Dx, Violence)

Gisladottir, Agnes, PhD Candidate¹; Gudmundsdottir, Berglind, PhD, Cpsych²; Thorisdottir, Audur Sjofn, BSc²; Jonsdottir, Eyrun, BSc²; Valdimarsdottir, Unnur, PhD¹

1Center of Public Health Sciences, University of Iceland, Reykjavik, Iceland
2National Trauma Center at Landspitali - The National University Hospital of Iceland, Reykjavik, Iceland

**Introduction:** Sexual violence against adult men has received scarce attention in the scientific literature. The aim of this study was to compare characteristics of sexual violence against male and female attendees to an emergency Rape Trauma Service.

**Methods:** All medical records on visits to the service since opening in March 1993 through 2007 were reviewed. Characteristics of assaults and victims were compared with descriptive statistics.

**Results:** Of 1566 visits, male visits were 55, or 3.4%. The mean age was 29.3 years (median 25.0) for men and 24.3 years (median 20.0) for women. Approximately three of every four victims of both genders had experienced rape or genital touch. Of those assaults, 72% of assaults against men involved a stranger perpetrator, and 28% involved a friend/acquaintance, compared with 47% and 43% respectively of assaults against women. A higher proportion of men were mentally or physically disabled; 20% compared to 6% of women. Half of the men utilized the offered follow-up visit(s) compared to 62% of the women; where a higher proportion of men compared to women reported suicidal ideation/attempts.

**Conclusion:** Even though women represent 96.6% of the attendees, male victimization occurs with distinct characteristics. The importance of solid follow-up support is highlighted by the risk of adverse psychological consequences for female and male victims.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

**Normal and Complicated Grief Response and Associated Psychological and Behavioral Sequelae in a Young Adult Sample**
(Assess Dx, Disaster)
Few studies have specifically distinguished between the normal and complicated grief responses of young adults. This study compared the psychological, physical, and behavioral outcomes of normal and complicated grief groups with a non-bereaved control group, to more fully understand different types of grief response and the associated psychophysiological sequelae that may affect functioning following loss. Participants were 197 undergraduates, including 135 who had lost a family member or close friend within the past three years. Those with complicated grief were more likely to meet criteria for subthreshold or threshold PTSD diagnosis, as measured by the PCL, than the normal grief group. Further, participants with complicated grief were more likely to score higher on the intrusive, avoidance, and hyperarousal symptom clusters than those in the normal grief group. Those experiencing complicated grief also reported more general distress, depression, and physical health complaints, and heavier alcohol use than the normal grief and control groups. The complicated grief group reported more frequent physician contacts than the nonbereaved group. Younger individuals may be less prepared to manage the persistent psychological distress following loss, and therefore, identification of at-risk individuals has important implications for early intervention.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Examination of the Latent Factor Structure of the Alcohol Use Disorders Identification Test (AUDIT) in Two Independent Trauma Patient Groups
(Assess Dx, Violence)

Wade, Darryl, PhD; Varker, Tracey, PhD; O'Donnell, Meaghan, PhD; Forbes, David, PhD
Australian Centre for Posttraumatic Mental Health, University of Melbourne, East Melbourne, Australia

Recent research on the factor structure of the AUDIT provides support for two underlying factors: Consumption and Consequences. The current study sought to extend these findings to two independent trauma populations: patients with traumatic injury (n=918) and military veterans treated for PTSD (n=4,112). We hypothesized that a correlated two-factor solution would provide the most parsimonious solution compared to one- and three-factor models. For both patient groups, the two- and three-factor solutions provided the best fit to the data, but there was a very high correlation between the second and third factors of the three-factor solution. Parsimony suggests that the two-factor solution is the preferred model with the second and third factor of the three-factor solution collapsed into a single dimension. The two-factor model has implications for screening procedures, and a proposed screening algorithm to detect problematic drinking and alcohol use disorders among diverse trauma exposed patient groups will be presented.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Does Traumatic Grief Predict Chronic PTSD?
(Assess Dx, Violence)
Craig, Carlton, PhD  
*University of Kentucky, Lexington, Kentucky, USA*

Researchers have investigated relationships between traumatic grief and PTSD. However, few have investigated the relationship of traumatic grief to chronic PTSD. This study tests the hypothesis that traumatic grief is a significant predictor of chronic PTSD. Survey packets (N = 500) with psychometrically validated measures of trauma, PTSD, and Traumatic Grief were randomly distributed to Bosnian Refugees who had been resettled in the United States. The measures were translated into Bosnian using the translation-back translation method. All translated measures were factor analyzed with reliability coefficients above .70. All Bosnian individuals who indicated at least one criterion A trauma, who reported symptoms of PTSD for more than 3 months including the 1, 3, 2 criteria, and who were above a clinical cut-off score for PTSD were selected (N =81). In addition, three items that measure grief, anger, and guilt were factor analyzed and determined to be a measure of normal grief (α = .88). Hierarchical regression analysis indicated Traumatic Grief is a significant predictor of chronic PTSD above and beyond age, gender, and normal grief accounting for an additional 38% of the variance. Results indicate a need to focus on grief issues earlier rather than later in the treatment of PTSD.

**Thursday Poster Session**  
**Thursday, November 3**  
5:00 p.m. - 6:00 p.m.  
Grand V

**Using the SIRS-2 to Distinguish Genuine from “Coached” Dissociative Identity Disorder**  
(Assess Dx, Adult/Complx)

Tzall, David, MA1; Tursich, Mischa, MS (PhD, Student)1; Brand, Bethany L., PhD2; Turner, Chris, BS2; Loewenstein, Richard J., MD3

1Nova Southeastern University, Ft. Lauderdale, Florida, USA  
2Towson University, Towson, Maryland, USA  
3University of Maryland School of Medicine, Baltimore, Maryland, USA

Dissociative identity disorder (DID) may be feigned in clinical and forensic settings, making it essential that criteria are developed to distinguish genuine from feigned DID. Research has shown that the original Structured Interview of Reported Symptoms (SIRS), the most widely used interview in forensic settings to detect malingering, may inaccurately classify a significant subset of DID individuals as feigning. Research is needed to determine whether the improved SIRS-2 criterion for determining feigning has better sensitivity and specificity with this population. The SIRS-2 scores of a group of well-coached simulators (N=77) were compared to those of 50 SCID-D-R diagnosed DID patients. Using the SIRS-2 criteria, 36% of coached simulators were classified as feigning and 18% were misclassified as genuine responders. Furthermore, only 50% of the DID individuals were classified as genuine while 2% of the DID patients were misclassified as feigning. These results indicate that additional research may be needed to improve SIRS-2 criteria for detection of feigning in DID individuals.

**Thursday Poster Session**  
**Thursday, November 3**  
5:00 p.m. - 6:00 p.m.  
Grand V

**Utility of the SIRS-2 Trauma Index in Detecting Genuine from Simulated Dissociative Identity Disorder**
Dissociative identity disorder (DID) may be feigned in clinical and forensic settings, making it important to develop criteria to distinguish genuine from malingering DID. Research has shown that the Structured Interview of Reported Symptoms, 2nd ed. (SIRS-2), a well-validated, updated version of the gold standard for detecting feigning in forensic settings, may incorrectly classify genuine DID patients as feigning. Rogers et al. (2009) have proposed the use of a Trauma Index to aid in classification of severely traumatized individuals such as those with DID. The present study evaluated the incremental validity of the proposed guidelines for use of the Trauma Index in a sample of SCID-D-R diagnosed DID patients (N=50), uncoached simulators (N=71), and well-coached simulators (N=77). None of the individuals classified as feigning in any group were above the Trauma Index cut score of > 6.0. However, the Trauma Index cut score aided in distinguishing between DID patients and simulators who were classified as “indeterminate.” Implications for further research and practice are discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Rates and Predictors of Proposed Criteria for DSM-V Posttraumatic Stress Disorder
(Assess Dx, Disaster)

Thompson, Julia, Doctoral, Student; Adams, Leah, Doctoral, Student; Walls, Valerie, Doctoral, Student; Kelley, Mary, PhD
Louisiana State University, Baton Rouge, Louisiana, USA

This study seeks to compare rates of PTSD based on DSM-IV-TR criteria and PTSD based on proposed revisions to DSM-V (www.dsm5.org). A large sample of primarily low-income African American women participated in a longitudinal study on the effects of Hurricane Katrina. In addition to completing the Posttraumatic Stress Diagnostic Scale, participants completed questionnaires regarding psychopathology, of which items were selected that parallel most of the proposed changes to the current DSM-IV-TR criteria. In addition, in keeping with the theme of this year’s conference, “Social Bonds and Trauma through the Lifespan,” this poster will examine predictors of proposed criteria for DSM-V PTSD including social support, hurricane exposure and prior traumatic exposure using hierarchical regression. Results and conclusions to follow.

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DISCLAIMER: The views and conclusions contained in this document are those of the authors and should not be interpreted as necessarily representing the official policies, either expressed or implied, of the US Department of Homeland Security.
Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Evaluating the Impact of Exposure to a Natural Disaster in Childhood on Adult Social, Physical and Psychological Functioning - A 30-Year Longitudinal Follow-Up
(Assess Dx, Disaster)

Cocks, Jane, PhD Candidate; Van Hooff, Miranda, PhD; McFarlane, Alexander, MBBS(Hons)MDFRANZCP
University of Adelaide, Adelaide, Australia

Major natural disasters provide a unique opportunity to gain insight into the differential impact of unpredictable trauma on subsequent mental health across communities. In 1983, a devastating bushfire, known as the Ash Wednesday Bushfire, rampaged through South Australia causing significant damage to property and infrastructure, and resulted in a significant loss of life and livelihood. This study represents the fifth phase of a 30-year longitudinal follow-up study examining approximately 800 children exposed to the fire, and approximately 700 matched controls. The prevalence of DSM-IV disorders, health risk behaviours and service utilisation will be measured and examined in relation to childhood symptoms and previous follow-ups. The stability of psychological functioning will be examined in the context of the bushfire trauma alone and in addition to all lifetime trauma. Preliminary data from this study will be reported, and will elucidate the primary developmental risk and resilience factors which impact on adaptive social, physical and psychological functioning following exposure to a childhood trauma.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Early Predictors of PTSD One Year After the 2008 Earthquake in Iceland: The Role of Earthquake Related Factors, Formal Psychosocial Support and Psychological Symptoms Immediately Following the Event
(Assess Dx, Disaster)

Gudmundsdottir, Berglind, PhD; Ragnarsdottir, Karen, MA; Thordardottir, Edda Bjork, Doctoral, Student; Blondal, Margret, BS; Valdimarsdottir, Unnur A., PhD
1National Trauma Center at Landspitali - The National University Hospital of Iceland, Reykjavik, Iceland
2Center of Public Health Sciences, University of Iceland, Reykjavik, Iceland

Historically, earthquakes have been a destructive natural force in Iceland. Despite this, very little scientific attention has been given to their psychological effects. The current study offers a unique opportunity to examine the impact of the May 29th 2008 earthquake in South Iceland, which caused widespread and significant damage in the affected area. The goal of the study was to examine early predictors (age, gender, perception of the earthquake, receiving formal psychosocial support, symptoms of PTSD and depression 2 months post earthquake) of PTSD symptoms 12 months following the earthquake. Participants were 533 individuals (aged 18 to 80 years, 56.3% women) randomly selected from the National Registry of Iceland of those that lived in the affected area during the earthquake. Multiple
regression analysis revealed that PTSD and depression symptoms 2 months after the earthquake were
the best predictors of PTSD symptoms one year later. Receiving psychosocial support immediately
following the disaster did not uniquely predict PTSD symptoms 12 months later. This study offers
important information for the health care needs of individuals following earthquakes. It highlights the
importance of early detection of post trauma problems and the availability of empirically supported
interventions in an area affected by a strong earthquake.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Neuropsychological Profile of Victims of Urban Violence in a Sample of Brazilians
Adults: Relation to Trauma and Posttraumatic Stress Disorder
(Assess Dx, Violence)

Flaks, Mariana, PhD, DSc; Malta, Stella, MA, MSc; Mello, Marcelo, PhD; Lacerda, Acioly, PhD;
Bressan, Rodrigo, PhD
UNIFESP, São Paulo, Brazil

Background-Type of trauma has been suggested to be relevant in determining neurobiological
abnormalities in Posttraumatic Stress Disorder (PTSD). However, scant information on this issue is
available for urban violence. Objective-To explore neuropsychological abnormalities associated with
urban violence in a sample of Brazilian adults. Methods-Sample: 218 subjects, 84 exposed to traumatic
life experiences resulting in PTSD (PTSD+, 69% females; 36.3±10.24 years; 10.64±2.37 years of
education), 75 victims of traumatic life experiences without PTSD (PTSD-, 70.7%; 38.55±11.94;
10.68±2.72), and 59 with no history of trauma (healthy controls-HC, 64.4%; 33.39±10.8; 11.69±1.91),
assessed by CAPS interview and DSM-IV criteria, and matched for gender, age, and years of education.
Neuropsychological battery: Vocabulary and Block Design (WAIS-III); Digit Span, Spatial Span and Visual
Reproduction (WMS-III), Mesulan Cancellation Test, Rey Auditory Verbal Learning Test, Stroop Test,
Wisconsin Card Sorting Test. Results-Neuropsychological performance of PTSD+ did not differ from
PTSD-. However, compared to HC, both had similar deficits in tests of attention and executive functioning
(visual sustained, verbal and visual working memory, processing speed, response inhibition, flexibility);
memory (verbal and visual immediate and late recall), learning; and visuoconstructive ability.
Conclusion-neuropsychological alterations associated with urban violence may be related to trauma
exposure independent of development of PTSD.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Romantic Attachment Style as a Moderator Between Childhood Trauma and
PTSD During Adulthood
(Assess Dx, Adult/Complx)

Busuito, Alexandra, Undergraduate; Gallagher, Erin, MS (PhD, Student); Huth-Bocks, Alissa, PhD
Eastern Michigan University, Ypsilanti, Michigan, USA

Research has demonstrated that childhood trauma (i.e., sexual, physical, and emotional abuse)
predisposes an individual to the development of Posttraumatic Stress Disorder (PTSD). Furthermore,
several studies have found that romantic attachment style mediates the relationship between childhood abuse and later psychopathology (Dimitrova et al., 2004, Shapiro & Levendosky, 1999). However, almost no research has examined possible interaction effects or associations between childhood abuse, romantic attachment style, and PTSD in pregnant women, even though pregnancy is a time when attachment styles and social bonds are particularly important for overall functioning (Monk, 2008). This study examined childhood trauma, romantic attachment styles, and PTSD symptoms among a sample of 120 primarily low-income pregnant women. Regression analyses revealed a significant main effect between childhood trauma and PTSD symptom severity (β = .42, p < .01), and a significant main effect between romantic attachment avoidance and PTSD symptoms severity (β = .21, p < .01). Finally, romantic attachment avoidance moderated the association between childhood trauma and adult PTSD symptoms severity (β = .16, p < .05). Findings extend the literature on possible pathways to adult trauma symptoms, particularly, the critical role of childhood abuse and romantic attachment styles.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

An Examination of Subthreshold PTSD Among OIF/OEF Servicemembers
(Assess Dx, Mil/Vets)

Pritchett, Lonique, PhD(1); Peskin, Melissa, PhD(1); Selwyn, Beatrice Jo, ScD(1); Ross, Michael, PhD(1); Graham, David, MD(2); Teng, Ellen, PhD(2)

(1)University of Texas Health Science Center at Houston, School of Public Health, Houston, Texas, USA
(2)Michael E. DeBakey VA Medical Center, Houston, Texas, USA

Veterans with subthreshold PTSD may often be overlooked for treatment. This is concerning because these Veterans frequently experience similar levels of psychological and emotional distress as Veterans with full PTSD. However, there has been relatively little systematic investigation of this issue. This study examined the prevalence of subthreshold PTSD and comorbidity rates in comparison to full and no PTSD among 1,362 OIF/OEF Veterans.

Sixty eight percent of Veterans with full PTSD had depressive disorders compared to Veterans with subthreshold (34.9%) and no PTSD (17.9%, p<.001). Those with subthreshold PTSD had a significantly higher prevalence of comorbid anxiety disorders (39.1%) compared with Veterans with full (20.3%) and no (11.6%) PTSD (p<.001). Veterans with subthreshold PTSD were 2.5 times more likely to have a diagnosis of depression compared to those with no PTSD (95% CI: 1.80-3.33). Those with subthreshold PTSD were nearly five times more likely to have anxiety disorders compared to Veterans with no PTSD (95% CI: 3.49-6.82).

These results suggest that OIF/OEF Veterans with subthreshold PTSD experience similar levels of psychological distress as those with full PTSD and highlight the need to provide timely and appropriate mental health services to these individuals. Implications of these findings will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Attentional Bias, Self-Reported Symptoms, and Physiological Reactivity in Complexly Traumatized Women
(Assess Dx, Adult/Complx)
This research investigated attentional bias in 23 community-dwelling women who had been exposed to significant lifetime interpersonal violence. Participants completed a dot probe task using verbal stimuli with concurrent physiological monitoring, as well as a battery of self-report measures. Results suggest an overall attentional bias toward trauma-relevant material in the sample. Unexpectedly, self-reported anxiety symptoms predicted bias away from trauma-relevant material. Skin conductance and several measures of general psychopathology and PTSD-specific symptoms predicted heightened response latencies to probes during the task. Results suggest a complex relationship among anxiety, arousal, information processing, and attention in this population. In light of these findings, we argue that treatment strategies for this group that focus on affect regulation and mindful attention to sensorimotor experiences may be advantageous.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

The Psychometric Characteristics of the Morally Injurious Events Scale
(Assess Dx, Mil/Vets)

Marino-Carper, Teresa, PhD1; Mills, Mary Alice, PhD1; Au, Teresa, MA1; Nash, William, MD2; Litz, Brett, PhD1
Some combat experiences create risk for mental health problems not because of intense fear or life threat, but because they compromise deeply held beliefs about moral and ethical conduct (e.g., Litz et al., 2009). These psychological, social, biological, and spiritual manifestations of inner conflict and poorly accommodated challenges to moral beliefs are referred to as moral injury. Research to date has been hampered because there are no assessment tools. To redress this, after reviewing the literature, we rationally derived the Morally Injurious Events Scale (MIES). The initial MIES is an 11-item self-report questionnaire with a 6-point Likert-type response scale. The MIES was administered to 551 Marines one-week post-deployment to Iraq or Afghanistan. The overall Cronbach’s alpha was .86, indicating good internal consistency. An exploratory factor analysis using promax rotation supported a three-factor solution, which explained 64.52% of the common variance. All 11 items were retained since they had factor loadings greater than .35 and no cross-loadings greater than .3. Factor 1 reflects witnessing or perpetrating putatively immoral acts, factor 2 describes perceived betrayal by others, and factor 3 consists of items describing distrust. A confirmatory factor analysis will be reported on a second sample of deployed Marines.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Baseline Sleep Quality Predicts PTSD Symptoms in a 4-Year Prospective Study of Police Officers
(Assess Dx, Emerg Wrks)

St-Hilaire, Marie-Helene, PhD, BSc, KIN\(^1\); Richards, Anne, MD, MPH\(^2\); Neylan, Tom, MD\(^2\); Metzler, Tom, PhD\(^3\); Henn Haase, Clare, PsyD\(^4\); Marmar, Charles, MD\(^4\)

\(^1\)UCSF and Centre d’Éducation en Psychologie, Montreal, Quebec, Canada
\(^2\)University of California San Francisco (UCSF) and VAMC, San Francisco, California, USA
\(^3\)San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA
\(^4\)New York University, New York City, New York, USA

Poor sleep quality is known to have a negative effect on mental health. This prospective study examines the relationship between sleep quality and PTSD symptoms among police recruits (N=372) followed for 4 years. Participants (M=27 years old, SD=4.8) were evaluated with the Pittsburgh Sleep Quality Index (PSQI) at baseline and the PTSD Checklist (PCL) at 1, 2, 3 and 4 year follow-ups. PCL was completed with respect to the worst critical incident exposure during police service. A random effects logistic mixed analysis was utilized to model the presence of significant PTSD symptoms based on PCL cut-off score of 25 as predicted by baseline PSQI score. Results demonstrate that each unit increase in PSQI score at baseline predicts a 27% increase in the odds of PCL score &gt;25 (beta=.237, OR 1.27, p=0.001). When controlling for baseline depression and peritraumatic dissociation, the relationship between baseline sleep quality and PTSD symptoms over time remains significant (beta=.137, OR=1.15, p=0.043). Baseline depression (beta=2.087, OR=8.06, p=0.004) and peritraumatic dissociation (beta =1.942, OR=6.97, p&lt;0.0001) were also strong predictors in the model. These findings reinforce the impact of poor sleep quality in increasing risk of future PTSD symptoms, above and beyond the risk attributable to depression and dissociation.
Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Maternal Trauma, Parenting Style and Child Abuse Potential: Exploring Pathways for Intergenerational Trauma
(Assess Dx, Adult/Complx)

Smith, Ami, PhD, LP\(^1\); Samples, Tara, MS, LPC\(^2\); Cross, Dorthie, MA\(^3\); Poole, James, BA\(^3\); Jovanovic, Tanja, PhD\(^3\); Bradley, Bekh, PhD, LP\(^4\)

\(^1\)Emory University School of Medicine/Georgia Perimeter College, Atlanta, Georgia, USA
\(^2\)Fielding Graduate University, Santa Barbara, California, USA
\(^3\)Emory University School of Medicine, Atlanta, Georgia, USA
\(^4\)Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia, USA

Low-income, urban African Americans experience disproportionately high incidence of trauma related disorders. Low-income children living in urban environments frequently experience high rates of traumatic event exposure during their formative years, exposing them to increased risk for intergenerational transmission of stress disorders. Previous research suggests that familial patterns can act as both protective and vulnerability factors in the development of stress disorders. The current study of 50 low income mothers and their elementary aged children utilizes a mixed methods approach to investigate vulnerability and protective factors as well as interaction effects of maternal factors which may contribute to stress related difficulties in trauma exposed children. All reported results were significant (p<.05). In this sample of highly traumatized parents, maternal childhood trauma was associated with disorganized attachment style, increased over-reactive parenting and increased child abuse potential. Conversely maternal secure attachment style, psychological health and parental warmth were associated with lower self-reports of child social stress. Secure maternal attachment was related to lower child reported anxiety and depression and higher self-esteem. This data suggests that maternal childhood trauma is a vulnerability factor which may increase adult over-reactive parenting and abuse risk, while secure attachment may act as protective factor for child psychological health.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Social Bonds and Trauma Through Adolescence
(Assess Dx, Child/Adol)

Scotti, Joseph, PhD
West Virginia University, Morgantown, West Virginia, USA

In keeping with the conference theme, we present three papers examining the course and impact of traumatic events into the adolescent period. We present research on two samples: 500 college students, and 90 incarcerated juvenile offenders. An overall theme is the examination of patterns of cumulative interpersonal (e.g., sexual/physical abuse, sexual assault, violent crime) and non-interpersonal (e.g., disasters, vehicular crashes) events that are potentially traumatic over the life spans of these adolescents. In the first paper, we examine patterns of event exposure that are related to behaviors in
adolescence that are components of borderline personality disorder and PTSD. The second paper examines juvenile offenders with histories of severe abuse and associated PTSD, and the implications for treatment. The final paper examines in more detail the patterns of exposure and differential trajectories associated with borderline personality and PTSD behaviors, and the relation between forms of abuse and subsequent sexual/violent offenses. All papers consider the role of social factors (attachment, parenting, family environment, support) in the course and outcomes. Overall implications, including considerations of complex PTSD, are discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Trauma and Anger Expression in Young African American Adults
(Assess Dx, Diverse Pop)

Huntley, Edward, MA, PhD, Student; Hall Brown, Tyish, PhD; Mellman, Thomas, MD
Howard University, Washington, Dist. of Columbia, USA

Exposure to traumatic stress can precipitate problems with anger such as angry ruminations and the physical or verbal expression of anger which can contribute to the maintenance of PTSD symptoms. The aim of this study is to determine the association between trauma exposure and dimensions of anger (e.g. state, trait, expression and control) in a sample of young African American adults. We hypothesized that participants with higher levels of PTSD symptoms would have higher rates of anger expression. Participants were 413 African American research volunteers (ages 18 - 35) recruited from an urban community who completed questionnaires including the State-Trait Anger Expression Inventory-2 (STAXI), Life Events Checklist (LEC) and the PTSD Checklist (PCL) at Howard University Hospital. Probable rates of PTSD based on a PCL cut-off score of 44 yielded a cohort of 20% (n = 84) with probable current PTSD. Group comparisons between those with probable current PTSD and those without yielded small to medium effects between groups (r ranged from .09 - .47) for all STAXI scales except for the Anger Control-Out scale. Study participants with probable PTSD had higher levels of state and trait anger and reported more expression of their anger and less control of their affect. These results suggest that subsequent to trauma exposure individuals who develop significant symptoms of PTSD may be at risk for experiencing chronic anger and have difficulty expressing and controlling their affect. These characteristics of anger have been associated with an increased risk for the development of cardiovascular health problems (e.g. hypertension).

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Self-Reported Posttraumatic Stress and Borderline Personality Behaviors: Relation to Traumatic Events, Attachment, Parental Behavior, and Social Support
(Assess Dx, Child/Adol)

Jacoby, Vanessa, MS (PhD, Student); Scotti, Joseph, PhD
West Virginia University, Morgantown, West Virginia, USA

Borderline personality disorder (BPD) and PTSD are conceptualized as separate constructs in the DSM-IV, but research increasingly reveals an association among the symptoms of these disorders. Two relational models were examined: a Shared Risk Factor Model and a Continuum Model. In a sample of
500 college students, principle axis factoring of the Borderline Symptom List and PTSD Checklist showed minimal overlap in symptom presentation, partially supporting a Shared Risk Factor Model. Further support was established as regression analyses showed shared risk factors for reporting a greater number of BPD and PTSD behaviors, including experiencing at least one interpersonal traumatic event, a greater number of incidents of interpersonal trauma, and interpersonal trauma across more age periods (0-5, 6-10, etc.). Mediation analyses suggest only parental behavior mediated the relation between trauma characteristics and PTSD. However, there were multiple mediators of BPD and trauma characteristics, including parental behavior, attachment, and social support by the primary supporter. We discuss implications for conceptualizing these disorders and for understanding their development.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

PTSD, Family Environment, and Social Support in Incarcerated Juveniles: Implications for Treatment
(Assess Dx, Child/Adol)

Stacom, Elizabeth, MS (PhD, Student); Scotti, Joseph, PhD
West Virginia University, Morgantown, West Virginia, USA

There remains a dearth of research on PTSD in adolescents (Broman-Fulks et al., 2009; Wolfe et al., 2004), especially incarcerated juveniles, who report high levels of PTSD (32% to 86%, depending on measures and samples). Further, juveniles who are confined in detention facilities may be abused by other juveniles, witness acting-out behaviors of other residents, or be isolated/restrained if they demonstrate PTSD-related distress. Incarcerated juveniles are also likely to have a history of foster-care placements, separation from their families, parental substance use, and parental criminal behavior (Krischer & Sevecke, 2008). This paper reports on PTSD symptoms, caregiver instability, and social support in a sample of juveniles incarcerated in a maximum security facility. Ninety juveniles were divided into groups based upon offense type: (a) sexual offenses, (b) violent non-sexual offenses, and (c) non-violent non-sexual offenses. High rates of PTSD (greater than 90%) were evident across groups. Groups are compared on a range of variables, including social environment and social support. The implications for the treatment of PTSD in juvenile offenders--prior to release--are discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Effects of Cumulating Interpersonal and Non-Interpersonal Traumatic Events: Examination of College Students and Incarcerated Juveniles
(Assess Dx, Child/Adol)

Scotti, Joseph, PhD; Jacoby, Vanessa, MS (PhD, Student); Stacom, Elizabeth, MS (PhD, Student)
West Virginia University, Morgantown, West Virginia, USA

Research suggests that those who experience abuse may be more likely to perpetuate abuse (Ford & Linney, 1995; Worling 1995), and that childhood abuse and neglect are associated with a 53% increase in criminal behavior and subsequent incarceration as an adolescent (Widom, 1992). Further, it is suggested that those who experience early interpersonal trauma are at risk for further exposure to interpersonal
traumatic events (vs. non-interpersonal events) and, subsequently, for borderline personality disorder or complex PTSD. We examine data from 500 college students and 90 incarcerated juvenile offenders to determine: (a) differential trends in exposure to potentially traumatic interpersonal and non-interpersonal events (college sample), (b) symptom outcomes for various trauma histories/trajectories (college sample), and (c) the relation between forms of abuse and subsequent sexual/violent offenses (offender sample). The effects of social variables (support, family) are evaluated. We discuss the impact of cumulating trauma exposure on the risk of further exposure to different types of events (e.g., interpersonal events predicting further such exposure), and complex symptom outcomes.

**Thursday Poster Session**  
**Thursday, November 3**  
5:00 p.m. - 6:00 p.m.  
**Grand V**

**When Dissociation, Not PTSD, is the Problem-- Preparing Political Asylees for Court Testimony When Dissociative Symptoms Impair Cognition or Emotionality**  
(Assess Dx, Civil/Ref)

Griffith, James, MD¹; Fajon, Sabine, MA²; Amri, Saara, MA, PhD, Student²; Iwase, Noriko, LCSW²; Gaby, Lynne, MD¹  
¹George Washington University School of Medicine, Washington, Dist. of Columbia, USA  
²Northern Virginia Family Services, Falls Church, Virginia, USA

Immigration court judges and attorneys are often familiar with PTSD reexperiencing, avoidance, and hyperarousal symptoms, including effects upon explicit memory. However, they often are unaware how posttraumatic dissociative symptoms, absent prominent reexperiencing/avoidance/hyperarousal symptoms, nevertheless can produce impairments in concentration, memory, and executive functions, or flatness of emotional expression, of such degree that an asylee cannot provide competent testimony. Cognitive errors or emotional flatness are then misinterpreted as signs of malingering. Panel members will discuss: (1) effects of dissociation upon cognition and emotionality; (2) clinical findings and psychological testing that document cognitive dissociative symptoms; (3) preparation of psychological report to the court; (4) preparation of client for court appearance (psychoeducation, affect regulation skill training, psychopharmacology); (5) strategies to aid clients during courtroom testimony; (6) strategies for educating and collaborating with attorneys.

**Thursday Poster Session**  
**Thursday, November 3**  
5:00 p.m. - 6:00 p.m.  
**Grand V**

**Gender Differences in PTSD Assessment Responses Among U.S. Veterans of the Wars in Iraq and Afghanistan: Results from Random Forest Classification**  
(Assess Dx, Mil/Vets)

King, Matthew, PhD; Street, Amy, PhD; Resick, Patricia, PhD, ABPP; Gradus, Jaimie, ScD, MPH; Giasson, Hannah, BA  
National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

Although known gender differences exist in rates of exposure to traumatic stressors and base risk of a PTSD diagnosis, potential differences in the manifestation of PTSD between women and men are not well elaborated. To this end, an exploratory analysis of gender differences across 17 items on the PTSD
Checklist (PCL) - mapping onto the 17 DSM-IV diagnostic criteria - was undertaken in a sample of 2,341 U.S. Veterans deployed in support of OEF/OIF (51% women), using a random forest (RF) classifier, a data mining method that progressively partitions the sample into clusters of cases both similar in symptom reporting and relatively homogenous in gender. Whereas the distributions of overall PTSD symptom severity were similar between genders, conservative tests of the RF classifier revealed modest discriminability (accuracy = .61, AUC = .63). Among the differences in patterns of symptom reporting was the finding that reports of intense concentration difficulties were more associated with women. Among cases where concentration difficulties were less severe, men were more likely than women to report symptoms of hyper-alertness and emotional numbing. These different patterns of symptom reporting have implications for understanding gender-varying etiological pathways of PTSD expression and for the construction of unbiased diagnostic criteria.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Traumatic Life Events, Posttraumatic Cognitions, and Psychological Distress
(Assess Dx, Violence)

Johnson, Kristine, MS (PhD, Student); Kuruvilla, Beena, Doctoral, Student; Lawyer, Steven, PhD
Idaho State University, Pocatello, Idaho, USA

In order to inform prevention and treatment programs for trauma survivors, researchers need to identify possible mechanisms through which traumatic events exert their detrimental effects. Traumas may produce changes in thoughts and beliefs that play an important role in emotional responses to trauma, and there is empirical support for a significant role of cognitions in PTSD (e.g., Ehlers & Clark, 2000). The present investigation contributes to the existing literature by focusing on the potential mediating role of cognitions. Specifically, the present study is examining the relationships between varied traumatic life events, post-traumatic cognitions, and symptoms of PTSD in a sample of 150 university students. It is hypothesized that cognitions will mediate the relationship between experiences of trauma and symptoms of PTSD. Data collection is ongoing; however, preliminary regression analyses (N = 32) support the primary hypothesis. Traumatic life events significantly predict negative cognitions about the self, and, when controlling for traumatic life events, negative cognitions about the self predict PTSD symptoms (R² = .327, F(2, 29) = 7.057, p < .01). The product of coefficients approach was used to test the significance of the mediated effect (Sobel z = 2.057, p < .05). The implications of these results will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Ethnic Differences in Exposure to Race-Related Stressors
(Assess Dx, Diverse Pop)

Pan, Ivy, Doctoral, Student; Delorefice, Allison, Doctoral, Student; Harrison, Leighna, Doctoral, Student; Gruen, Johanna, Doctoral, Student; Waelde, Lynn, PhD
Pacific Graduate School of Psychology, Palo Alto University, Palo Alto, California, USA

Research shows that racial discrimination and race-related stress have negative effects on individuals’ health and wellbeing and these effects vary according to ethnicity. However, most studies have focused on the experiences of African Americans, and few have made ethnic comparisons of exposure to race-
related stress. The current study aims to examine differences in Caucasian, Latino, and Asian Americans’ exposure and responses to race-related stressors (RRS) among N= 217 college students. Participants completed a survey concerning their exposure to RRS, PTSD symptoms, and demographic questions. An ANOVA was conducted to examine ethnic differences in the total number of RRS for the three groups. Results of the ANOVA showed that there were differences among all groups on number of RRS, but there were no differences in severity of race-related PTSD symptoms. Post hoc analyses revealed that Caucasians reported significantly lower levels of exposure to RRS than all other groups, and Hispanic Americans reported more RRS than Asian Americans. These findings are consistent with previous research showing that ethnic minority groups perceive more discrimination than do Caucasians. Given that Latino and Asian Americans are the fastest growing groups in the United States, these results highlight the importance of understanding these groups’ experiences of racism.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Lower RSA Prospectively Predicts PTSD
(Assess Dx, Emerg Wrkrs)

Pole, Nnamdi, PhD1; Metzler, Thomas, MA2; Neylan, Thomas, MD2; Song, Christina, Undergraduate1; Marmar, Charles, MD3
1Smith College, Northampton, Massachusetts, USA
2University of California, San Francisco, California, USA
3New York University, New York, New York, USA

Urban police officers make a career of placing themselves in harms way thereby increasing their risk for posttraumatic stress disorder (PTSD). It would be useful to know in advance which officers are most likely to develop PTSD given their inevitable exposure to life threat. We invited 130 police cadets to view a video of scenes depicting actual police officers facing life-threatening situations while we monitored their cardiac and respiratory responses. They subsequently completed annual measures of PTSD symptoms. We found that officers who showed lower respiratory sinus arrhythmia (RSA), a psychophysiological index of emotion regulation, while watching the video developed more intense PTSD symptoms by their second year of police work ($r = -.25, p \lt .01$). Our findings support the view that diminished emotion regulation during stress may be a prospective marker for PTSD in police.

Participant Alert: The poster may include a distressing image of injury or death

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

A Comparison of Sexual and Physical Assault Survivors Across Constructs
(Assess Dx, Violence)

Preston, Brittany F., BA; Griffin, Michael G., PhD; Borkowski, Kimberly A., MA
University of Missouri- St. Louis, St. Louis, Missouri, USA

Research focusing on interpersonal violence in women is underrepresented in the trauma literature despite the prevalence of this criterion A event. When it is studied, sexual and physical assault survivors are often combined for analyses. We compared survivors of first degree physical assault and sexual
assault on several constructs including emotional and physical reactions, PTSD symptom severity, and perceived life threat. Female victims of rape (n=20) and physical assault (n=20) were matched on race and age. Preliminary results indicate that rape survivors demonstrate higher PTSD symptom scores on the CAPS (t (38) = 2.22, p < .05) particularly in avoidance and hyperarousal clusters and significantly higher levels of fear (t (35) = 2.24, p < .05), disgust (t (35) = 2.31, p < .05), guilt (t (35) = 3.05. p < .01), and helplessness (t (35) = 3.64, p < .01) during the trauma. There were no significant differences in feelings of anger (t (35) = .36, p = .46), perceived life threat (t (35) = .59, p = .56) or other demographic variables. A larger sample will be presented at the time of the conference and results will be discussed in terms of strengths and weaknesses of combining trauma samples.

**Thursday Poster Session**

**Thursday, November 3**

5:00 p.m. - 6:00 p.m.

Grand V

**Relational Health with Peers as a Buffer Between Early Childhood Abuse and Trauma Symptoms**

(Assess Dx, Child/Adol)

**Theran, Sally, PhD; Han, Sohyun, BA (Hons)**

Wellesley College, Wellesley, Massachusetts, USA

Theorists have suggested that traumatic experiences, particularly those involving close interpersonal relationships, are likely to affect the quality and authenticity of relationships, as well as individuals’ sense of self (Herman, 1992; Pearlman & Courtois, 2005). Research also suggests that social support may buffer the effects of trauma on mental health outcomes (Schumm, Briggs-Phillips, & Hobfoll, 2006). The goal of the current study was to assess the quality of relationships with peers (defined as relationships with characteristics of engagement, empowerment, and authenticity), as a buffer in the relation between early childhood trauma and traumatic symptoms. Two-hundred and fifty-seven female students from a small liberal arts college were administered questionnaires examining their relational health with peers, history of childhood trauma, and current trauma symptoms. Approximately 30% of the participants experienced physical abuse, physical neglect, emotional abuse, and/or emotional neglect. Results from regression analyses indicate that relational health with peers does buffer against the effects of emotional and physical abuse on trauma symptoms (t = -2.24, p = .03, and t = -4.32, p < .001, respectively), but not against the effects of emotional and physical neglect. These results suggest important clinical implications for intervening and counseling those who have experienced childhood maltreatment.

**Thursday Poster Session**

**Thursday, November 3**

5:00 p.m. - 6:00 p.m.

Grand V

**An Assessment of the Prevalence of PTSD and Co-Occurring Serious Mental Illness and SUD in Women in Jail**

(Assess Dx, Diverse Pop)

**Lynch, Shannon, PhD**; **DeHart, Dana, PhD**; **Belknap, Joanne, PhD**; **Green, Bonnie, PhD**

1Idaho State University, Pocatello, Idaho, USA
2The Center for Child and Family Studies, University of South Carolina, Columbia, South Carolina, USA
3University of Colorado, Boulder, Colorado, USA
4Georgetown University Medical Center, Washington, Dist. of Columbia, USA
Female inmates represent approximately 7% of individuals under state and federal jurisdiction. However, there is comparatively little research on female offenders. Recent estimates suggest female inmates report twice the rate of serious mental disorders (e.g., Major Depressive Disorder, Bipolar I/II, Schizophrenia, Schizophrenia spectrum disorders, Psychotic/Delusion disorders) than do male offenders. In addition, the NIC has indicated that PTSD is one of the most common anxiety disorders found among female offenders and numerous studies have indicated the high prevalence of alcohol and drug dependence in female offenders. In sum, many female offenders likely meet criteria for multiple disorders suggesting complex treatment needs. The current project utilizes structured clinical interviews to assess comorbidity of PTSD with SUD and serious mental illness (SMI) in women in jail in rural and urban settings across four sites. Data collection is in progress. A total N of 450 is expected, with N=200 by presentation. This presentation will describe preliminary results regarding prevalence of trauma exposure, PTSD with comorbid SUD and SMI as well as access to treatment prior to incarceration. Results will be used to inform corrections policy and identify the treatment needs of incarcerated women.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Posttraumatic Stress Disorder in Pathological Gamblers: Associations with Psychiatric, Personality, Trauma, and Gambling-Related Variables
(Practice, Adult/Complex)

Milosevic, Aleks, PhD Candidate¹; Ledgerwood, David M., PhD²
¹Royal Ottawa Health Care Group, Integrated Forensic Program, Brockville, Ontario, Canada
²Wayne State University, Department of Psychiatry and Behavioral Neurosciences, Detroit, Michigan, USA

Posttraumatic stress disorder (PTSD) occurs in pathological gamblers (PGs) at rates higher than in the general population. PTSD is associated with comorbid mood, anxiety, and substance use disorders, maladaptive personality traits, and childhood histories of maltreatment, but little is known about the relationship between PTSD and these factors in PGs. Furthermore, while evidence supports the self-medication hypothesis for substance abuse in PTSD, there is no research on the use of gambling to cope with negative emotions by individuals with PTSD. In a sample of 150 individuals (50% male) who met criteria for current and/or lifetime PG, those with PTSD were compared to those without PTSD. Greater than 70% of the sample reported at least one DSM-IV Criterion A traumatic event, and 20% were diagnosed with PTSD. PGs with PTSD were more likely to be female; have unipolar mood and anxiety disorders; have drug use disorders; have elevated negative emotionality and attentional impulsiveness; have childhood maltreatment histories; and use gambling to reduce or avoid negative emotions. These findings suggest factors associated with PTSD in non-PGs are also related to PTSD in PGs, and provide the first evidence that PGs with PTSD gamble in order to regulate negative emotions.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

The Effects of Depression Symptoms on PTSD Treatment Choice and Beliefs
(Practice, Violence)
Depression is associated with decreased preference for psychotherapy (Zoellner et al., 2009). We investigated the impact of depressive symptoms and the presentation of depression content in treatment rationales on treatment choice and treatment beliefs. We hypothesized that depression symptoms would be associated with decreased preference for combination therapy (i.e. medication and psychotherapy) and that the presentation of depression content would increase positive treatment beliefs for individuals with symptoms of depression. To examine this, 439 participants, ages 18 to 30 were asked to imagine that they were assaulted and had PTSD symptoms. A second sample of 200 trauma-exposed participants is also being collected. Participants watched videotaped treatment rationales for prolonged exposure (PE) and medication and were asked to choose a PTSD treatment (PE, medication, combination, none). Depression symptoms were associated with decreased chance of selecting PE and increased chance of selecting combination therapy, especially for men \(\chi^2(3) = 9.37, p < .05\). For participants who chose medication, beliefs about combination therapy \(F(1,29) = 5.85, p<.05\) and psychotherapy \(F(1,29) = 7.69, p<.05\) were more positive amongst participants who received the depression rationale. Depression symptoms may be associated with an increased desire for medication, but treatment rationales may impact treatment beliefs.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

The Dreams and Imagery of Posttraumatic Growth in Traumatized Populations
(Practice, Diverse Pop)

Pikiewicz, Kristi, Doctoral, Student; Mullard, Michael, MA, PhD, Student; Mondragon-Gilmore, Joy, MS (PhD, Student)
Pacifica Graduate Institute, Carpinteria, California, USA

This panel presentation will examine commonalities in dreams and imagery among a range of the presenters’ traumatized client populations, specifically including mothers of chronically ill children (Cabizuca, et al., 2009), incarcerated adolescents (Fonagy, 2003), combat veterans (Iverson, et al, 2008), firefighters (Washburn, Lablanc, & Fahy, 1997) and persons who have near-death experiences (Greyson, 2001; Atwater, 2008). Presenters will introduce clinical case examples from their own case studies and from related literature of trauma dream experiences (e.g. Dahlen, 1999) to model experiences in working with dream imagery and populations affected by PTSD symptoms.

Additionally, presenters will draw on attachment theory (Beebe 1986; Fonagy et al. 1995), an Object Relations conceptualization of the “Other” (Corbett, 1996), and an adaptive Rorschach protocol to explore specific client interpretations of these images that influence the path of posttraumatic growth over posttraumatic stress disorder. Transformation and growth can manifest as both client-specific and more universal images in traumatized populations’ dreams (Mellman, 1995). Through this presentation, attendees will learn to both recognize and sculpt trauma images in their own client populations, helping to guide clients along the path of emotional and psychological growth.
Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Combat Exposure, PTSD, and Religious Participation Among Male Veterans in the NVVRS
(Practice, Mil/Vets)

Flipse Vargas, Alison, MA; Kraus, Douglas, MS; Hanson, Thomas, MA; Conway, Alison, MA; Foy, David W., PhD
Pepperdine University, Los Angeles, California, USA

While trauma exposure has been associated with both positive and negative changes in religion/spirituality (R/S), few studies have examined the relationship between combat and changes in R/S. The current study capitalizes on a large national sample to assess relationships between combat exposure, PTSD diagnosis and religion among male theater veterans (N=1203) in the National Vietnam Veterans’ Readjustment Study (NVVRS). Higher combat exposure, and a positive PTSD diagnosis were associated with infrequent religious service attendance. For veterans with no religious identification prior to military service, those with the lowest and highest levels of combat exposure were most likely to report acquiring a religious preference post-war. These findings suggest both positive and negative changes in R/S are found among combat veterans. A strength of this study is that it used data from a national non-clinical sample of combat veterans. However, the present results are limited by the self-report nature of data that not specifically designed to investigate change in R/S. Future research should use longitudinal designs and broader measures of R/S to explore these associations.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Stockholm Syndrome - A Case in a 11 Year Old Girl
(Practice, Child/Adol)

Hoffmann, Elis Viviane, MS (PhD, Student); Coelho Milani, Ana Carolina, MD; Petrilli, Joana, Sr Clin Psychologist; Schlichter, Ana Cristina, MS, PhD; Galvão de Sousa, Daniela, MS (PhD, Student); Feijó de Mello, Marcelo, PhD
Federal University of São Paulo, São Paulo, Brazil

The Stockholm syndrome is a rare and paradox psychological phenomenon that characterized by a positive bond between victim and perpetrator. There is a discussion about the factors that predispose the development of this syndrome. The aim is to present a case of Stockholm syndrome, with symptoms of PTSD and eating disorder not otherwise specified, in a 11 years old female patient, kidnap victim, assisted in the Program of Research and Care on Violence (PROVE) - Department of Psychiatry - EPM / UNIFESP, in 2010. The child was about 7 days in captivity and in the course of the investigation, she should recognize the possible perpetrators at the police station, but she vehemently denied, showing feelings of affection for one of the kidnappers. Encouraged by her mother, without her own previous consent, she underwent psychiatry treatment and, after several appointments, agreed to use 25 mg of sertraline daily and weekly psychotherapy. After 8 months of intensive treatment, her symptoms remitted.
Considering the syndrome’s rarity and the fact that there is no studies in children showing their peculiarities, their following consequences and the best treatment to these patients, this poster aims to contribute to this vast and necessary field of research.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Personality Patterns of Non-Hispanic White, African American, and Hispanic Women Veterans Diagnosed with PTSD
(Practice, Mil/Vets)

C'de Baca, Janet, PhD; Castillo, Diane, PhD
NM VA Health Care System, Albuquerque, New Mexico, USA

APA defines Personality Disorders (PD; 1994) as inflexible patterns of perceiving, reacting, and relating to people and events that impairs social functioning. Studies of veterans indicate high PD rates (outpatient-45%, inpatient-79%; Dunn et al., 2004; Bollinger et al., 2000). A growing literature suggests personality pathology may be higher in those diagnosed with posttraumatic stress disorder (PTSD; Ghafoori & Hierholzer, 2010). Among traumatic events, rape and combat pose the highest risk for development of PTSD (Kessler et al., 1995; Fontana, Litz, & Rosenheck, 2000), putting female soldiers at increased risk. Ethnicity is also associated with higher rates of PTSD (NVVRS, 1980). Understanding the intersection of gender and culture on the expression of PTSD and PD comorbidity is important to diagnosis and treatment. This study examined a treatment-seeking sample of non-Hispanic White (n=244), Hispanic (n=106), and African American (n=37) female veterans with PTSD who completed the Millon Clinical Multiaxial Inventory and the CAPS. In the total sample, 34% met criteria for a Cluster A PD (odd or eccentric), 19% for Cluster B (dramatic, erratic) and 43% for Cluster C (anxious and fearful). Comparisons between ethnicity, PTSD severity, and PD clusters will be presented and implications for conceptualization, assessment, and treatment will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Comparison of Evidence-Based Trauma Treatment Outcomes Among Veterans with PTSD
(Practice, Mil/Vets)

Swander, Janea, LCSW1; Buonomano, Lisa, MS2
1Department of Veterans Affairs, Roanoke, Virginia, USA
2Radford University, Radford, Virginia, USA

There has been extensive research looking at trauma treatment outcomes both in the civilian and veteran populations. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) have demonstrated effectiveness in treating various types of trauma. Yet, limited research is available regarding potential differences in treatment outcomes when comparing military sexual trauma (MST) with other military related trauma (Non-MST). This study compares outcome measures as defined by treatment completion rates and pre- and post-treatment BDI-II and PCL-C scores. Additionally, the role of social support (i.e., participation in group treatment before trauma therapy and veterans’ relationship status and quality) was
explored. Data was collected on a veteran population (N=105) in an outpatient PTSD clinic at the Salem Veterans Affairs Medical Center. Results currently show significance between the type of trauma treated (MST or Non-MST) and change in pre- and post-BDI-II scores with MST veterans reporting less depression post-treatment than Non-MST veterans. At this time, results do not indicate significant differences between MST and Non-MST veterans on the other variables analyzed. Data for this study continues to be collected within the clinic.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Health Correlates of Traumatic Stress in a Community Sample
(Practice, Diverse Pop)
Iverson, Grant, PhD1; Saffer, Boaz, BA2; Rosenblatt, Cirelle, PhD2; Koehle, Michael, MD1
1 University of British Columbia, Vancouver, British Columbia, Canada
2 Copeman Healthcare Centre, Vancouver, British Columbia, Canada

The purpose of this study was to examine physical, medical, and mental health correlates of traumatic stress in a community sample. Participants were 482 adults from a private health care center. Each patient accessed a web-based personal health portal and completed online screening for physical and mental health problems. Forty-one patients who reported a history of traumatic stress that bothers them a lot in their daily life were compared to 441 patients who reported no history of traumatic stress. The groups did not differ in rates of diabetes, hypertension, or myocardial infarction. Those with traumatic stress reported higher rates of atrial fibrillation (p<.005) and osteoporosis (p<.014). Those with traumatic stress were less likely to exercise regularly (p<.016), exercise during times of stress (p<.001), or maintain healthy eating habits during times of stress. Those with traumatic stress were more likely to feel depressed (p<.001), experience stress at home (p<.001) and work (p<.001), have anger control problems (p<.001), be dissatisfied with their sex life (p<.001), have low levels of social support (p<.005), and report low life satisfaction (p<.001). Traumatic stress was associated with multiple psychological symptoms, worse general health, and lower health-promoting behaviors.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Childhood Sexual Abuse Disclosure Patterns Among African American and Latina Women with a History of Multiple Incidents of Abuse
(Practice, Adult/Complx)
Glamb, Lauren, MA1; Archambeault, Michele, PsyD1; Hanson, Thomas, MA1; Loeb, Tamra, PhD2; Vargas-Carmona, Jennifer, PhD2
1 Pepperdine University, Los Angeles, California, USA
2 University of California, Los Angeles, Los Angeles, California, USA

Previous experiences disclosing child sexual abuse (CSA) may influence disclosure of later incidents of abuse. Unlike most CSA studies that examine the first or worst incident of abuse, this study examines disclosure experiences across up to three incidents for women who experienced multiple incidents of abuse. Using a data archive, the present qualitative study examines the thematic patterns of 20 African American and 11 Latina CSA survivors who experienced multiple incidents of abuse across abuse
incidents on a case-by-case basis. Specifically, the study examines patterns in to whom the women disclosed as children, what occurred as a result of the disclosure, and reasons for nondisclosure. Open-ended questions regarding disclosure from the Wyatt Sexual History Questionnaire (Wyatt, Lawrence, Vodounon, & Mickey, 1992) were content analyzed and triangulated with information from the Non-Supportive Responses to Disclosure scale (Spaccarelli, 1995). A discussion describing the disclosure characteristics of the Latina and African American participants in the study relative to previous research is provided.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Building Trust and Connection Through the Therapeutic Relationship: Mindfulness-Based Treatment of Dissociative Identity Disorder
(Practice, Adult/Complx)

Zerubavel, Noga, MA, PhD, Student; Messman-Moore, Terri, PhD
Miami University, Oxford, Ohio, USA

We explore how treatment of dissociative identity disorder (DID) can benefit from mindfulness-based therapy, focusing on how it cultivates trust and connection through the therapeutic relationship. The successful treatment of DID relies on the development of a strong therapeutic alliance (Brand, 2001; Chu, 1998; Kluft, 1996; Putnam, 1989; Steinberg, 1994). Mindfulness-based therapy strengthens the therapeutic relationship (Hick, 2008; Lambert & Simon, 2008; Safran & Reading, 2008) and encourages the therapist to present a dialectical worldview (e.g., wholeness, polarity synthesis; Chödrön, 2002; Linehan, 1993). Mindfulness practice in session creates stabilizing and grounding experiences in therapy, cultivates the experience of interconnectedness, and promotes the client’s feeling of safety and trust in the therapist (Hick, 2008; Shapiro et al., 2006; Wilson & Dufrene, 2008). In addition, the therapeutic relationship acts as an experiential model of applying a mindful orientation to experience (e.g., nonjudgment, compassion, receptivity; Hayes, 2004; Roemer & Orsillo, 2009) into interaction with another, which can then be generalized to other relationships. This is of great importance, given that clients with DID often experience interpersonal difficulties (e.g., unstable relationships, stormy romantic partnerships; Coons, 1984; Putnam, 1989). We will illustrate these points with a case study.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Post-Traumatic Social Trauma: From Risk Factors to Structured Clinical Assessment, Conceptualization, and Treatment for Active-Duty U.S. Army Soldiers with Post-Traumatic Stress Disorder
(Practice, Mil/Vets)

Friedlander, Joshua, PsyD
Walter Reed Army Medical Center, Washington, Dist. of Columbia, USA

Lack of social support is well known to be a risk factor for the development and maintenance of post-traumatic stress disorder (Brewin, Andrews, B., & Valentine, J.D. 2000; Schnurr, Lunney, Sengupta, 2004). However, there has been limited work done on how to incorporate such variables into clinical work
with a U.S. Army population. “Post-traumatic Social Trauma” (Friedlander, J. 2010ab; 2011), has been proposed as a related variable to describe the “clinical impact” of such variables on the traumatized person. Conceptualization of post-traumatic social trauma within a cognitive-behavioral model will be presented. Case studies with active-duty U.S. Army Soldiers will be presented which illustrate how to conceptualize and treat post-traumatic social trauma with particular emphasis on Cognitive Processing Therapy are presented. A novel, structured, post-traumatic social trauma interview will be presented. Preliminary descriptive data on the prevalence and types of post-traumatic social trauma from a trauma recovery program at Walter Reed Army Medical Center will be presented.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Gender and Service-Era Differences in Goals of U.S. Veterans Entering Residential PTSD Treatment
(Practice, Mil/Vets)

Katz, Emerald, BA; Rosen, Craig, PhD; Tiet, Quyen, PhD; Kalaf, Kathryn, BS
National Center for PTSD, Menlo Park, California, USA

The recovery movement and positive psychology stress empowering clients to define their own goals (Slade, 2010). Yet few studies have examined the treatment priorities of trauma-exposed Veterans (Sayer et al., 2010). A total of 826 male and female U.S. Veterans entering five VA residential PTSD treatment programs were enrolled in the Telephone Case Monitoring for Veterans with PTSD trial. Subjects were asked to specify (open-ended) their primary treatment goals. Results were coded and frequencies were compared by gender and by OEF/OIF vs. prior period of service. PTSD (70%), depression (45%), anger (39%), coping (27%), anxiety (27%), and relationships (26%) were the most common client-identified treatment goals. Significantly more male than female veterans identified PTSD (71% vs. 62%), and anger (41% vs. 22%) as treatment priorities. Female veterans identified goals related to coping (40% vs. 25%), self-concept (21% vs. 6%), and military sexual trauma (7% vs. 0.4%), significantly more often than did males. Treatment goals of Veterans who served in OEF/OIF were generally similar to those of other Veterans, but more OEF/OIF Veterans listed reducing anxiety as a priority (32% vs. 25%). These results highlight the importance of considering patient-centered goals and gender differences in treatment planning.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Self-Reported Parenting Changes and Perceived Social Support Following Sexual Assault
(Practice, Violence)

Swopes, Rachael, MS (PhD, Student); Miller, Katherine, Doctoral, Student; James, Scholl, Undergraduate; Liles, Brandi, MA, PhD, Student; Newman, Elana, PhD, LP; Davis, Joanne, PhD, LP; Bell, Kathy, MS
University of Tulsa, Tulsa, Oklahoma, USA
Research has found that posttraumatic symptoms may negatively impact parenting. However, protective factors relating to parenting deserve more attention. Social support has been proposed to buffer the effects of stress on parenting, and has been related to positive changes following sexual assault. This study extends previous literature by exploring connections between various sources of social support and changes in parenting in women following sexual assault. This study was part of a larger evaluation of a brief video intervention, and included follow-up assessments by telephone. It was hypothesized that more social support would relate to more positive changes in parenting post-assault. Initial ANOVA analyses did not find differences on the variables of interest by intervention status or assault history. Therefore, Pearson correlation analyses were conducted with parents across the entire sample at 2 weeks (n = 28), 2 months (n = 33), and 6 months (n = 27) post-assault. Statistically significant positive relationships were identified between reported parenting changes and perceived social support at each time point. Overall, findings indicate that positive changes in parenting post-assault may relate to level and type of social support received. Qualitative self-statements regarding parenting will be highlighted. Implications and directions will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Predictors of PTSD Symptoms in Brazilian Police Officers: The Synergy of Negative Affect and Peritraumatic Dissociation
(Practice, Emerg Wrkrs)

Maia, Deborah, MD; Berger, William, MD; Fiszman, Adriana, MD; Luz, Mariana, MD; Marques-Portella, Carla, MD
Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Background: Exposure to duty-related critical incidents is a necessary but not sufficient condition for the development of posttraumatic stress disorder (PTSD). Pretrauma, peritrauma and posttrauma factors interact to impact on symptom severity. The aim of the present study is to determinate risk factors for PTSD symptoms in Brazilian police officers.

Methods: In a cross-sectional sample of active duty officers (n=221), participants were asked to fill out a socio-demographic questionnaire and self-report scales on affective traits, cumulative critical incident exposure, peritraumatic distress and dissociation, PTSD symptoms and social support. Hierarchical linear regression analysis was conducted to examine predictors of PTSD symptoms.

Results: Variables related to negative affect (NA), job duration, frequency of critical incident exposure, peritraumatic dissociation, and lack of social support remained significant in the final model and explained 55% of the variance in PTSD symptoms. When interaction terms were evaluated, a synergistic effect between NA and peritraumatic dissociation was found.

Limitation: The cross-sectional design prevents us to ascertain cause-effect relations.

Conclusions: The risk factors found in this study provide clues on how to elaborate primary prevention strategies with regards to PTSD symptoms in police officers.
The Relationship Between Posttraumatic Stress Disorder, Posttraumatic Cognitions, and Distress Tolerance
(Practice, Violence)

Weiner, Elliot, MA; McKay, Dean, PhD, ABPP
Fordham University, Bronx, New York, USA

Individuals with PTSD often report that their symptoms require constant emotional modulation, yet there is little research on the relationship between trauma, PTSD, and distress tolerance. Interpretations assigned to one’s responses to trauma, including PTSD symptoms, may influence both actual and perceived distress tolerance. Thus, this study investigated the relationship between trauma history, PTSD, and distress tolerance, as well as the mediating role of posttraumatic cognitions.

Participants (n=171) completed a battery of measures including a trauma inventory and measures of PTSD, posttraumatic cognitions, and distress tolerance. ANOVA indicated significant differences in distress tolerance between individuals with PTSD, trauma history but no PTSD, and no trauma history. Tukey post-hoc comparisons further showed that the PTSD group reported significantly lower distress tolerance than the other two groups, which did not differ significantly. Using Sobel’s test, posttraumatic cognitions were found to significantly mediate the relationship between PTSD and distress tolerance. Further investigation showed that this was primarily accounted for by negative cognitions about the self, whereas negative cognitions about the world and self-blame were not significant mediators of the relationship between PTSD and distress tolerance. Thus, these findings highlight the impact that maladaptive cognitions about oneself may have on distress tolerance following trauma.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Pastoral Care in Group Contexts for Trauma Survivors
(Practice, Mil/Vets)

Oliver, John, Other
Durham VA Medical Center, Durham, North Carolina, USA

Chaplains in the Durham Veterans Affairs Medical Centers provide spirituality groups for Veterans. Spirituality groups provide Veterans with various opportunities which include exploration of how their own spiritual journey has been affected by the trauma of war, engagement with others who have experienced similar traumas and safe spaces where they can build a community of trust and interdependence that is similar to the communities they lost after their service. Topics of forgiveness, reconciliation, trust, community, vocation and life meaning are discussed in great detail. Spirituality groups are not religious groups in which individual religious ideas are compared, but rather groups in which Chaplains support Veterans as the Veterans explore what gives their life meaning.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V
PTSD Knowledge Repository: Building a Clinician Focused Resource Center and Uniting Treatment Communities

(Practice, Cargvrs)

Metz, Sarah, PsyD; Spangler, Shana, PsyD; Ruzek, Josef, PhD
National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA

As the world becomes more Internet dependent and our field produces PTSD treatment resources, a venue is needed to unite these spheres of influence. Two clinical psychologists will discuss the process of creating, deploying, and disseminating the Posttraumatic Stress Disorder (PTSD) Knowledge Repository (KR), an extensive on-line resource for Veteran Affairs (VA) mental health providers. The KR offers resources in various forms (e.g., PDFs, PPTs, podcasts) and categories including treatment, assessment, Veteran resources, and clinician education, to name a few. Presenters will review knowledge management theory, describe the relevance of KR resources to VA providers, and explain how the KR facilitates a community of support and resource sharing. Further discussion will focus on creating an audience specific resource, navigating the constraints of building on-line resources within VA requirements, including 508 compliance (1973 Rehabilitation Act ensuring accessibility to individuals with disabilities) and the VA 6102 Handbook (requirements for creating and deploying VA funded web and intranet resources), and working with outside contractors to create VA compliant web products. Closing discussion will address dissemination of the KR and how other communities of practice (e.g., women’s health, substance use) can apply lessons learned to create their own audience specific resources and networking hubs.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Treatment of Subthreshold PTSD Among Those with a History of Sexual Abuse: A Systematic Review and Meta-Analysis
(Practice, Adult/Complx)

Miller, Chris, MD; Weathers, Coire, MD; Himelhoch, Seth, MD, MPH
University of Maryland School of Medicine, Baltimore, Maryland, USA

Context: Sexual abuse victims may represent the largest subpopulation of posttraumatic stress disorder (PTSD) patients. Literature assessing differential efficacy of psychotherapies in this group is scant, particularly subthreshold cases.

Objective: Compare individual psychotherapies in decreasing core symptoms of PTSD in adult sexual abuse survivors.

Data sources: Randomized controlled trials (RCT) identified in PubMed and PsycInfo databases up to August 28, 2010.

Study selection: RCTs comparing PTSD symptom scales before and after psychotherapeutic interventions in adult sexual assault victims. Fifty-two articles met selection criteria, with 7 studies retained for detailed review (471 participants).

Data extraction: Two reviewers performed data extraction independently. Effect sizes (ES) were represented by standardized mean difference (SMD), for which 95% confidence intervals (CI) were calculated.
Results: Overall ES was 1.36 (CI 0.88, 1.84), with significant heterogeneity (I² = 81.25%). Except for body-oriented therapy, all modalities (cognitive, prolonged exposure, eye movement desensitization and reprocessing, and miscellaneous) resulted in significant improvement in PTSD scales compared with control groups. Inter-modality comparison didn’t reveal any significant difference. Stratification yielded a more homogeneous tracing in participants lacking a history of adult sexual trauma (I² = 0%).

Conclusions: Criteria-based and subthreshold PTSD in sexual abuse victims shows significant response to multiple psychotherapeutic interventions.

**Thursday Poster Session**
**Thursday, November 3**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**Outcome of PTSD Patients Victims of Urban Violence in São Paulo-Brazil**
(Practice, Violence)

**Pupo, Mariana, Doctoral, Student**¹; Mello, Marcelo, PhD¹

¹Universidade Federal de Sao Paulo, Sao Paulo, Brazil

The main aim of this study was to assess the outcome of patients with PTSD due to urban violence on a specialized outpatient clinic in Brazil.

Method: PTSD outpatients admitted for treatment between 2009-2010, were evaluated at baseline and 6-months after. All patients administered a diagnostic interview and instruments to measure PTSD, depressive and anxiety symptoms. All patients received standard treatment with medications, and psychotherapy.

Results: 149 subjects with PTSD were included. After 6 months, 19(12.5%) received medical discharge, 36(24%) abandoned the treatment, 26(17.5%) were referred to other medical services, and 68(45.5%) remained on treatment. Eight subjects (5.5%) refused the second evaluation.

Most of the participants were females (68.5%) and the mean age was 40(±/-0.93) years old. The average number of years of education was 8.4. The sample presented a heterogeneous range of traumatic experiences: assault (31%), lost someone close to homicide (15.5%), sexual violence (13.8%) and kidnapping (8.6%). At baseline the scores on CAPS was 65.2(±/-3.09), 29.69(±/-1.91) for BDI, and 35.80(±/-2.56) for BAI. 50% from the sample looked for treatment after one-year from the traumatic event. 27.6% had more than 5-years since the traumatic event. After 6 months all subjects improved, but not significantly.

**Thursday Poster Session**
**Thursday, November 3**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**Moderators of the Relations Between Perceived Control and Distress**
(Practice, Violence)

**Meredith, Liza, BSc, Hons, Psychology: frazier, pat, PhD; Perera, Sulani, PhD Candidate: anders, Samantha, PhD Candidate; Keenan, Nora, PhD Candidate; Howard, Kelli, MEd; Shalliccross, Sandra, PhD Candidate; Hintz, Samuel, MA**

Univ of mn, minneapolis, Minnesota, USA
Controllable events are hypothesized to be associated with lower PTSD risk (e.g., Foa et al., 1992). However, recent research suggests that perceived control is not always associated with less distress. For example, past (e.g., Could I have prevented this?) and future (e.g., Can I keep this from happening again?) control have small positive relations with distress, whereas present control (e.g., What can I do about the event now?) is consistently associated with less distress (Frazier et al., 2011). Findings regarding future control are least consistent. This poster examines whether the relations between perceived future control and distress differ across events using data collected from seven samples of undergraduate students (total N = 3,866). All samples provided information on stressors experienced; perceived past, present, and future control over those stressors; distress (e.g., depression, PTSD symptoms) and event characteristics (e.g., future likelihood, discrete vs. ongoing). The relations between future control and distress were found to differ across events. Future control was positively related to distress for discrete past events and negatively related to distress for ongoing events. Future control also was more strongly associated with distress for events that are more (vs. less) likely to recur. Additional moderator analyses will be reported.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Microaggression Rupture & Repair in Complex Trauma Treatment with Ethnic Minorities
(Practice, Diverse Pop)

Gaztambide, Daniel, PsyD Candidate
Graduate School of Applied & Professional Psychology, Rutgers University, Highland Park, New Jersey, USA

The literature on complex trauma has emphasized both its repetitive, chronic nature, and the role of developmental and contextual factors in its etiology. The field in turn has developed greater awareness of the complicated relationship between chronic trauma and culture, with some authors arguing that therapist avoidance of these topics, or enactment of cultural stereotypes, may lead to invalidation and further traumatization of patients from underprivileged ethnic minority communities. This “aversive bias” will be understood in light of racial microaggression research, and conceptualize it as a type of cultural rupture in the therapeutic relationship. Sue’s Phase-Process Model of Microaggression will illustrate the effect of cultural ruptures on therapeutic alliance. Sue’s work will be integrated with Safran & Muran’s Stage-Process Model of rupture/repair resolution, in order to yield a relational-experiential model for addressing cultural ruptures in complex trauma treatment. Parallels will be drawn between complex trauma survivors’ sensitivity to relational mistreatment, and ethnic minorities’ perceptiveness of cultural slights. The patient’s sensitivity to unconscious bias will be emphasized in relation to the therapist’s capacity to own their bias, and engage in reparative relational acts. The therapist’s non-defensive response then opens the possibility of a corrective reconciliation which improves retention and treatment outcome.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V
Socioemotional Functioning of Incarcerated Individuals: Trauma, Bonds, and Reentry
(Practice, Diverse Pop)

Shivy, Victoria A., PhD, LP; Guion, David B., PhD Candidate
VCU, Richmond, Virginia, USA

The transition from prison back to the community is termed offender reentry, a topic that has received increased attention due to the staggering number of people involved—about 729,295 prisoners were released from state and federal prisons in 2009. Key challenges in reentry have been identified, including ex-offender substance abuse, physical and mental health, employability and workforce participation, and housing, and the interrelationships among these factors (Travis et al., 2001). Researchers also are beginning to explore specific socioemotional aspects of the reentry process, many of which include disrupted social bonds and previous traumatic experiences. This presentation reports on the outcome of a three-wave longitudinal study (N ~ 120) of the socioemotional functioning of offenders currently in the VA Correctional system. Variables of interest include social and emotional difficulties that inmates bring to prison, in the form of lifetime violence exposure, traumatic experiences, and problems regulating emotion. The social experiences of offenders during their incarceration, including attachment, coping, and victimization during imprisonment also are examined. Emerging research suggests offenders who have stronger relationships with their families, healthy friends, and other social entities (e.g., faith-based or spiritual communities; the workplace) have better reentry-related outcomes.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Multi-National Community-Based Approaches to Promoting Growth, Development & Learning Among Children, Adolescent Trauma Survivors
(Commun, Child/Adol)

Pat-Horenczyk, Rith, PhD1; Baum, Naomi, PhD1; Shaw, Holly, PhD, RN2
1Israel Center for Psychotrauma, Herzog Hospital, Jerusalem, Israel
2Adelphi University, New York, USA

Presenters with extensive clinical and field work expertise from Australia, US and Israel will present their innovative community and school based approaches to promote healing and optimum growth and development among Ugandan former child soldiers, Israeli survivors of terrorism, and Japanese children recovering from the March, 2011 earthquake and Tsunami. Program models will be presented, as well as extensive web and social media based/bibliotherapy resources, social policy recommendations and opportunities for global collaboration.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Volunteering and Recovery: Impact of Volunteering Treatment for Trauma and Substance Abuse
(Commun, Adult/Complex)
Restoring the connection between a trauma survivor and his or her community is a core assumption underlying many trauma-related treatments (Herman, 1992), yet community engagement is seldom a focus of treatment or treatment outcome. With this in mind, a trauma-focused substance abuse jail diversion program has integrated opportunities for women in the program to perform volunteer work as part of treatment. Quantitative and qualitative data analysis of six-month follow-up assessments regarding the volunteering revealed that the majority assessed found the volunteer work to be a helpful component of their treatment. Additionally, the majority reported that they have continued to volunteer after graduating from the program. Subscale scores on the Volunteer Functions Inventory suggested that the women were motivated to volunteer by a desire to behave in ways consistent with their values, and to understand more about themselves and the world. These results are subject to change, as additional six-month follow-up assessments are collected.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Client and Organizational Perspectives on Trauma-Informed Care in Social Service Organizations
(Commun, Diverse Pop)

Wolf, Molly, PhD Candidate; Green, Sue, MSW, LCSW; Nochajski, Thomas, PhD; Kusmaul, Nancy, Doctoral, Student; Mendel, Whitney, Doctoral, Student; Wilson, Bincy, Doctoral, Student
State University of New York at Buffalo, Amherst, New York, USA

Background and Purpose: An organization utilizing a trauma-informed care perspective is sensitive to the ways in which trauma may affect individuals, families, and entire groups (Bloom, 2008). This qualitative study examined whether employees in local social service organizations felt the organization was using trauma-informed care within the agency, whether they were delivering trauma-informed care to clients, and whether clients felt they were receiving it.

Methods: Focus groups and interviews with multiple levels of personnel in eight social service agencies were conducted, as were individual interviews with clients from three of those agencies. Questions were derived from the five main principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment (as developed by Fallot & Harris, 2006).

Results: From a staff perspective, they felt they were delivering trauma-informed care to clients, but did not feel the agency used a trauma informed approach with the staff themselves. The clients felt satisfied that they had experienced high levels of care even when trauma-informed care was not a focus of the agency’s practice.

Conclusions and Implications: Although clients were satisfied with services, these findings suggest a need to provide further training to organizations to understand trauma-informed care as a prevention for vicarious traumatization.
Sexual Abuse, PTSD, and Substance Use Among Jail Diversion Participants
(Commun, Violence)

Cusack, Karen, PhD
University of North Carolina, Chapel Hill, North Carolina, USA

Research on individuals with serious mental illness involved in the criminal justice system indicates high rates of interpersonal victimization such as sexual abuse, and high rates of alcohol and drug abuse. Little attention has been paid to the prevalence of PTSD and its potential role in the substance use of mentally ill offenders. The current study used a path analytic framework to test the hypothesis that PTSD mediates the relationship between sexual abuse and level of alcohol and drug use among individuals (N=386) with mental illness enrolled in a multi-site (N=7) jail diversion project. A random effects generalized linear model for multinomial data was used with lifetime history of sexual assault (yes/no), PTSD score (continuous), and age (<35 vs. ≥35), in separate models of heavy drinking and drug use. Days of heavy drinking and days of drug use were each transformed into categorical variables due to their highly skewed distribution with a significant excess of zeros relative to the poisson distribution. Sexual abuse was strongly associated with PTSD, which was in turn associated both with days of drug use and days of heavy drinking. These findings suggest PTSD may be an important target for jail diversion programs.

Retrospective Perceptions of Caregivers’ Parenting Styles and Childhood Maltreatment as Predictors of Adult PTSD Symptoms
(Commun, Violence)

Miller, Ashley, MA; Liles, Brandi, MA; O’Neal, Stephanie, BS; Wiedeman, Rachel, MA; Newman, Elana, PhD
The University of Tulsa, Tulsa, Oklahoma, USA

Social bonds in childhood may affect later trauma responses. Although childhood maltreatment has been well studied as a predictor of adult PTSD symptoms, the role of parenting style in predicting PTSD risk has not. Authoritarian parenting, characterized by high parental demands and low parental affection and responsiveness, has been linked with negative outcomes in adolescents, such as general anxiety and substance use. Based on this, it was hypothesized that a combination of childhood maltreatment and authoritarian parenting style might predict PTSD symptoms among treatment-engaged substance-using women. As part of an ongoing study, this poster examines the relationship between perceptions of caregiver’s parenting styles (Parenting Authority Questionnaire) and PTSD symptoms (PTSD Checklist) among adult women who were and were not exposed to childhood maltreatment (Trauma Assessment for Adults). Mixed model analysis, which accounted for missing data, was used. Among the 58 participants assessed thus far, results indicated that neither child maltreatment nor perceptions of caregiver’s parenting style was a significant predictor of PTSD symptoms for this sample. However, a post-hoc power
analysis determined that 10 more participants are needed to detect a medium effect size. Data collection is ongoing and updated results will be presented at the time of the conference.

Thursday Poster Session  
Thursday, November 3  
5:00 p.m. - 6:00 p.m.  
Grand V

**Sexual Trauma Related Veteran Health Administration Outpatient Health Care: Which Veterans Utilize This Free Care?**  
(Mil/Vets)

*Turchik, Jessica, PhD*¹; *Pavao, Joanne, MPH, MA*²; *Hyun, Jenny, MPH, PhD*²; *Mark, Hanna, BA*²; *Kimerling, Rachel, PhD*²  
¹VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Palo Alto, California, USA  
²VA Palo Alto Health Care System, National Center for PTSD, Palo Alto, California, USA

The Veterans Health Administration (VHA) provides free sexual trauma-related outpatient treatment services to Veterans who report military sexual trauma (MST); this system provides a unique opportunity to examine factors related to the utilization of mental health and non-mental health outpatient services utilized by patients with sexual trauma. No prior research has examined factors related to Veterans use of MST-related services. The current study examined sociodemographic, military service factors, and primary diagnoses related to the use and utilization intensity of MST-related care among 4,458 Operation Enduring Freedom/Operation Iraqi Freedom Veterans in a one-year period following the report of an MST experience during screening. Although 75.9% of Veterans had at least one MST-related VHA outpatient visit in the year following reporting MST, service utilization and intensity differed by sociodemographic, military service, and diagnostic variables. The most significant finding being that men with MST are less likely to receive MST-related care and utilize less MST-related care than women with MST. The results also demonstrated that the majority of Veterans, regardless of diagnosis, are more likely to receive care that is not designated as MST than MST-related. This study has important treatment implications for the treatment of both Veteran and civilian sexual trauma survivors.

Thursday Poster Session  
Thursday, November 3  
5:00 p.m. - 6:00 p.m.  
Grand V

**Reach and Quality of Post Disaster Crisis Counseling Services Within a Variety of Interpersonal Social Networks**  
(Commun, Disaster)

*Bellamy, Nikki, PhD*¹; *Wang, Mitch, PhD*²  
¹SAMHSA/CMHS, Rockville, Maryland, USA  
²University of Maryland, College Park, Maryland, USA

SAMHSA will present an update from the Crisis Counseling Program (CCP) online data system that was launched in 2009. The CCP, funded by FEMA, is administered through an interagency agreement with SAMHSA’s Center for Mental Health Services to provide supplemental funding to States and Territories for individual and community crisis intervention services during a Presidential declared disaster. It supports individual and community recovery and resilience utilizing, psycho-education, skill building, and
community networking approaches. Data collection and evaluation are crucial elements of this grant program. This web based data system allows CCP data to be entered and maintained at the local provider level. CCP data can be viewed in real time for multiple levels of user access. Users are able to analyze, track, and report on the various activities occurring in a CCP. The data system provides for multiple levels of user access. Predetermined and custom reports can be generated in a variety of formats. Analysis and reporting of data results allow Federal partners, States and local service providers to discuss and adjust outreach strategies as needed as well as document and monitor ongoing program achievements. A demonstration of the website will be conducted during which a discussion of current data results from grants that have used the system with regards to individual and group counseling encounters to explore differences and/or similarities across several key social network variables to include demographics, behavioral disaster event reactions, service type, group identifies, and delivery setting.

**Thursday Poster Session**  
**Thursday, November 3**  
**5:00 p.m. - 6:00 p.m.**  
**Grand V**

**Exposure to Traumatic Events Among Emergency Room Nurses in Quebec: Translation and Psychometrics Properties of a French Version of the Clinical Events Questionnaire**  
(Assess Dx, Emerg Wkr)

Lavoie, Stéphan, PhD Candidate¹; Talbot, Lise, PhD, PsyD¹; Mathieu, Luc, DBA, RN¹; Dallaire, Clémence, PhD, RN²; Dubois, Marie-France, PhD¹  
¹Université de Sherbrooke, Sherbrooke, Quebec, Canada  
²Université Laval, Québec, Quebec, Canada

To have a better understanding of risk factors of PTSD symptoms among ER nurses, we need to identify the traumatic events they face. The Clinical Events Questionnaire (CEQ) has been previously used in research on this population. The CEQ features 29 questions, in three subscales (grief, emergency and risk) where respondents are asked to rate clinical events according to their perceived degree of “criticalness” and the most stressful event. Only an English version is available. The aims of the study are to: translate the CEQ into a French version; test some psychometric properties; determine the clinical events ER nurses perceived as “critical” and the most stressful event. The translation followed a stepwise process of translation, back translation and consensus among experts. A sample of ER nurses completed the questionnaire twice (T1: n=26, and T2: n=20) in 2010. Internal consistency was assessed at T1 with Cronbach’s alpha and test-retest reliability between T1 and T2 with the intraclass correlation coefficient (ICC). Internal consistency of the French CEQ proved to be comparable to that of the English version: Cronbach’s alphas were 0.94, 0.94, 0.83, and 0.71 for the global score and grief, emergency and risk subscales respectively. Test-retest reliability was good for the global score (ICC= 0.59). ICCs were 0.57, 0.64 and 0.50 for the grief, emergency and risk subscales respectively. The most stressful event reported is the death of a child. Psychometric properties were good but should be tested on a larger sample. The results regarding stressful events are comparable to previous research done with this population.
PTSD in Primary Care
(Assess Dx, Diverse Pop)

Greene, Talya, PhD; Gross, Raz, MD, MPh
Sheba Medical Center, Israel, Tel Hashomer, Israel

In this review, we summarize 12 studies conducted on Posttraumatic Stress Disorder (PTSD) in primary care settings, looking at prevalence, detection and correlates. We consider the clinical and public health outcomes and make suggestions for future research. The papers included in the review support considerable prior data that PTSD is associated with high comorbid health conditions (particularly mental disorders), poor functioning, and increased health care utilization. The studies reviewed found current PTSD prevalence in primary care patients that ranged from 2%-23%. Despite this, three of the papers showed that PTSD is often not detected by physicians in primary care settings, suggesting that primary care physicians need better training in PTSD detection. The findings of this review have a number of potential clinical implications. Firstly, the review suggests that primary care clinics are important locations for the early detection of PTSD, and perhaps even as the providers of prompt intervention. Secondly, the high level of comorbid mental health disorders suggests that anyone who is diagnosed with PTSD should be screened for other mental health disorders.

Mental Disorders in Shark Attack Victims
(Assess Dx, Violence)

Patricia Sales, Amanda, MSW, Registered Psychologist; Camara Filho, José Waldo, MD; Sougey, Everton, MD, PhD
Federal University of Pernambuco, Recife, Brazil

Brazil is the 4th country in the world-wide ranking of shark attacks. The state of Pernambuco, located in the northeast region, is the place where there had been more victims: Since the year of 1992, 53 attacks with 20 deaths had occurred. Although the amount of victims in the world, there isn't, of our knowledge, no study about the psychopathologic consequences in this population. Twenty-five victims had been interviewed using the Structured Clinical Interview for DSM-IV (SCID-IV); Peritraumatic Dissociative Experiences Questionnaire (PDEQ-SRV); The Dissociative Experiences Scale; The Resilience Scale of Wagnild and Young; General Health Questionnaire (QSG); The World Health Organization Quality Of Life Instruments (WHOQOL - Brief); Hamilton Scales of Depression and Anxiety; The Global Assessment of Functioning (GAF); Trauma History Questionnaire (THQ); PTSD Checklist-Civilian Version (PCL-C) and social and demographic information. The results shown that 50% of the cases had developed anxiety disorder, especially Panic Disorder and Post Traumatic Stress Disorder. In 90% of the victims, Depression was diagnosed. Ten percent had not presented any mental pathology after the attack, corroborated with a high score of the Resilience Scale.
Comparison of Grief Responses in Young Adults Following the Loss of a Sibling, Close Friend, or Relative
(Assess Dx, Disaster)

Mash, Holly, PhD; Fullerton, Carol, PhD; Ursano, Robert, MD
Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

Loss of a family member or friend is one of the most painful, devastating experiences that one can endure. It is particularly problematic for the younger bereaved, who are more likely to experience losses that are untimely, unexpected, sudden, and occur in an unnatural manner. This population, as well as younger deceased individuals, needs attention but has received relatively little. This study examined the extent to which relationship type and similarity of age between the bereaved and deceased were associated with grief response in young adults. Participants were 137 undergraduate students (mean age= 20.4 years) who had lost a sibling, close friend, or distant relative within the past three years. They completed the Texas Revised Inventory of Grief, Inventory of Complicated Grief, and World Assumptions Scale. Participants who lost a sibling and those who lost someone similar in age reported higher levels of normal and complicated grief and a lower sense of meaningfulness of the world than those who lost a close friend or relative and those who lost an older loved one. These findings lend to a better understanding of the effect of loss on younger bereaved individuals, who may be at particular risk of pathological grief responses.

The Effects of Perceived Post-Disaster Social Support on Victims Health 16 Years After Catastrophic Avalanches in Iceland
(Assess Dx, Disaster)

Thordardottir, Edda, Doctoral, Student¹; Gudmundsdottir, Berglind, PhD²; Valdimarsdottir, Unnur, PhD³; Hansdottir, Ingunn, PhD⁴; Resnick, Heidi, PhD⁴; Shipherd, Jillian, PhD⁵
¹Centre of Public Health Sciences, University of Iceland, Reykjavik, Iceland
²National Trauma Center at Landspitali - The National University Hospital of Iceland, Reykjavik, Iceland
³Department of Psychology, University of Iceland, Reykjavik, Iceland
⁴Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA
⁵National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

Previous research has identified social support as a protective factor for post-disaster health problems. However, the long term effects of social support on victims health has received less scientific attention. In 1995 two villages in the western part of Iceland were struck by avalanches, taking the lives of many inhabitants and causing considerable damage. This study assesses the role of social support on the recovery of survivors (n= 453) 16 years after the catastrophes. Questionnaires are used to assess social support and mental and physical health. Posttraumatic stress symptoms are assessed with the Posttraumatic Diagnostic Scale (PDS) and depression and anxiety symptoms with the Depression Anxiety Stress Scales 21-item (DASS-21). Social support is assessed with questions of whether or not victims perceived that they had someone to talk to about their traumatic experience at different time periods after
the disaster. The effects of moving away from the disaster area on perceived social support and health will be analyzed. Currently, data collection is underway. Data processing and analyses will be finished in May. This study will enhance our understanding of the long term effects of social support after natural disaster on victims' health, providing an opportunity to improve future interventions in the aftermath of disasters.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Sensitivity and Specificity of the SIRS-2 in Detecting Genuine from “Uncoached” Simulated Dissociative Identity Disorder
(Assess Dx, Adult/Complx)

Tursich, Mischa, MS¹; Tzall, David, MA¹; Brand, Bethany L., PhD²; Turner, Christopher J., Undergraduate²; Loewenstein, Richard J., MD³

¹Nova Southeastern University, Fort Lauderdale, Florida, USA
²Towson University, Towson, Maryland, USA
³Sheppard Pratt Health System, Towson, Maryland, USA

Dissociative identity disorder (DID) may be feigned in clinical and forensic settings, making it essential to develop criteria distinguishing genuine from feigned DID. Research has shown that the Structured Interview of Reported Symptoms (SIRS), a gold standard for detecting feigning in forensic settings, may inaccurately classify DID individuals as feigning. The SIRS-2 implements more stringent criteria for feigning, and the present study aims to determine whether the SIRS-2 has better sensitivity and specificity with this population. Uncoached simulators (N=71) were instructed to simulate DID, and their SIRS-2 scores were compared to SIRS-2 scores of SCID-D-R diagnosed DID patients (N=50). Using the SIRS-2 criteria for feigning, 2% of the DID patients were misclassified as feigning, while 61% of the simulators were correctly classified as feigning. Although the SIRS-2 showed acceptable specificity with DID individuals, only 50% of the DID group were correctly identified as responding genuinely. Among the simulators, 13% were incorrectly classified as responding genuinely. These results suggest that, although the SIRS-2 criteria provide improved sensitivity and specificity over the SIRS criteria, further research may be needed to improve guidelines for detection of feigning in DID individuals.
Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Understanding Cultural Responses to Trauma : Making Informed Judgments  
(Train/Ed/Dis, Civil/Ref)

Herlihy, Jane, DPsych(Clin)¹; Turner, Stuart, MD²
¹Centre for the Study of Emotion and Law, London, United Kingdom
²Centre for the Study of Emotion & Law / Trauma Clinic, London, United Kingdom

The 1951 Geneva Convention Relating to the Status of Refugees commits signatory countries to recognising people who are in “fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion”. In order to be recognised, individuals must present an account of their persecution and their fear to legal decision makers in a host country. Refugees in western countries have elevated rates of PTSD (n=6743; Fazel, Wheeler & Danesh, 2005), which is poorly understood by decision makers (Herlihy, Gleeson & Turner, 2010). However, PTSD symptoms may be influencing the way in which crucial life or death decisions are made. For example inconsistencies in memory are seen to suggest lying (Herlihy, Scragg & Turner, 2002); 16/27 people rated high levels of dissociation in immigration interviews (Bogner, Herlihy & Brewin, 2007); cultural differences in memory are not recognised (Jobson, 2009) and the presentation of PTSD overlaps with cues indicating deception (Rogers, Fox & Herlihy, in prep.). Using these examples and preliminary data on cues of distress and credibility assessment at the UN/Cambodian trials (ECCC) we will discuss the importance and implications of properly understanding others’ experiences of trauma, across cultures.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Perceived Stress, Sleep, and Nightmares in Veterans with PTSD: What Sleep Diaries Reveal About the Impact of Stress  
(Clin Res,Mil/Vets)

Harb, Gerlinde, PhD¹; Gehrmann, Philip, PhD²; Cook, Joan, PhD³; Ross, Richard, MD, PhD²
¹Philadelphia VAMC, Philadelphia, Pennsylvania, USA
²University of Pennsylvania; Philadelphia VAMC, Philadelphia, Pennsylvania, USA
³Yale University, National Center for PTSD, New Haven, Connecticut, USA

Associations among perceived stress, nightmares, and insomnia were examined in a sample of Veterans with PTSD. Subjects were 63 Vietnam Veterans with chronic PTSD and nightmares, mean age = 59.1 (SD = 3.9) and mean CAPS total = 79.5 (15.3), who participated in Sleep Management treatment in a trial for sleep disturbance. Over the six week treatment, participants completed daily diaries recording nightmare frequency/distress, sleep latency, number of awakenings, total hours slept, and sleep quality, as well as the total number of stressors each day. Number of psychosocial stressors was significantly associated with more frequent nightmares, higher nightmare-related distress, and taking longer to fall asleep (p<0.05). Perceived stress level during the day was associated with nightmare frequency and distress, but not with insomnia symptoms other than prolonged sleep latency. This suggests that, once an
individual is asleep, perceived stress during the day may not impact sleep continuity during the night. This study’s strength is the use of prospective method, its limitation is the exclusive use of self-report measures. Clinical implications of these findings will be discussed. This pattern of results supports the use of stress management approaches as a means of decreasing nightmares and sleep latency in individuals with PTSD.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Relationship Between Client Usage of Cognitive Techniques and Clinical Outcomes in Cognitive Processing Therapy
(Clin Res, Mil/Vets)

Calloway, Amber, BA1; Wiltsey Stirman, Shannon, PhD1; Monson, Candice, PhD2; Macdonald, Alexandra, PhD3; Rasmusson, Ann, MD1; Resick, Patricia, PhD, ABPP1
1 Women’s Health Sciences Division, National Center for PTSD; Boston University, Boston, Massachusetts, USA
2 Ryerson University, Toronto, Ontario, Canada
3 Behavioral Sciences Division, National Center for PTSD, Boston, Massachusetts, USA

Numerous studies have found some relationship between therapist competence, the skill with which treatment-specific techniques or methods are implemented, and treatment outcome (Strunk et al., 2010; Webb, DeRubeis, & Barber, 2010). Additional evidence to suggest that the development and independent use of CT material predicts reduced risk for depression relapse has also been found (Strunk, DeRubeis, Chiu, Alvarez, 2007). However, evidence of the role of client competence at using particular cognitive techniques as a predictor of subsequent symptom change, especially in terms of PTSD treatment, is lacking. To observe the relationship between client competence and symptom change, we rated previously recorded sessions of CPT with 30 PTSD patients in a VA setting. The Assessment of Cognitive Therapy Techniques Scale (Strunk, DeRubeis, Chiu, Alvarez, 2007), and client-specific items added to the Nishith & Resick scale were used to assess whether and how well the client used cognitive techniques learned in session such as identifying automatic thoughts and providing alternatives to automatic thoughts. Preliminary analyses reveal that client usage of particular cognitive techniques in session was associated with subsequent symptom change. Implications for treatment will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

OEF/OIF Veterans' Patterns of Mental Health Treatment: Do Specialty PTSD Mental Health Services Make a Difference?
(Practice, Mil/Vets)

Himelhoch, Seth, MD, MPH; Slade, Eric, PhD; Dixon, Lisa, MD, MPH
University of Maryland School of Medicine, Baltimore, Maryland, USA

Objective: We examined the effect of participation in Department of Veterans Affairs (VA) specialized outpatient PTSD programs on Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) veterans’ receipt of mental health care.
Methods: Using VA administrative encounter and pharmacy data, we identified 773 OEF/OIF veterans in the mid-Atlantic service region who in fiscal year 2009 (FY09) entered a VA PTSD program. Using multivariable regression, we compared receipt of inpatient and outpatient services and medications during the 180 days pre-program entry versus 180 days post-program entry. Covariates included demographics, VA service connected disability rating, months since military discharge and months since first PTSD diagnosis.

Results: Adjusted regression estimates indicated that entry into PTSD-specialized care resulted in greater days of supply of psychotropic medications (58 days versus 17 days pre-entry, P<.001), with antidepressants being the most common medication prescribed, a greater number of psychotherapy days (7 days versus 1 day pre-entry, P<.001), and greater use of mental health residential care (10 days versus 2 days pre-entry, P<.001). There were no significant differences in inpatient mental health or outpatient substance abuse utilization.

Conclusion: OEF/OIF veterans’ entry into specialized outpatient PTSD care dramatically increases the intensity of their outpatient mental health services utilization.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Factors Impacting Treatment Completion in Traumatized Youth: What Can Make a Difference?
(Practice,Child/Adol)

Sprang, Ginny, PhD1; Craig, Carlton, PhD1; Vergon, Keren, PhD2; Cohen, Judy, MD3; Gurwitch, Robin, PhD4
1 University of Kentucky, Lexington, Kentucky, USA
2 University of South Florida, Tampa, Florida, USA
3 Allegheny General Hospital, Pittsburg, Pennsylvania, USA
4 University of Cincinnati, Cincinnati, Ohio, USA

This study utilizes a “barriers to treatment” model to investigate predictors of treatment completion in a national sample of over 8000 traumatized youth receiving evidence-based trauma treatments. Using data from the National Child Traumatic Stress Initiative’s Core Data Set, hierarchical regression analyses were conducted to determine the predictive power of treatment characteristics on treatment completion and dropout, above and beyond the contributions of child, culture, event and problem-related variables that have been proven to be robust predictors of treatment success in the general psychotherapy literature. Analysis of treatment progress and retention patterns across intervention approaches provides important insight into the barriers to treatment experienced by children and families receiving outpatient services. Implications for Practice in a variety of practice settings are offered as ways to attenuate treatment attrition.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V
Traumatic Exposure in Humanitarian Aid Work: A Quantitative Analysis of Iraqi and Jordanian Aid Workers and the Prevalence of Trauma Related Symptoms
(Self-care, Emerg Wrkrs)

Ansloos, Jeffrey, MA; Eriksson, Cynthia, PhD; Duke, Thomas, MA
Fuller Theological Seminary, Graduate School of Psychology, Pasadena, California, USA

Mental health risks for aid workers involved in the Iraqi refugee crisis are immense. This study explores the influence of demographic variables (nationality and gender) and exposure to trauma on the report of posttraumatic distress among national aid workers. The sample was 258 local aid workers from Jordan (n = 165) and Iraq (n = 90). Most of the participants were female (73%). It was hypothesized that Iraqi women would have the highest levels of symptoms of traumatic distress due to research suggesting limited access to care for Arab women and inflated levels of traumatic distress in national aid populations working within their own culture. The pencil and paper survey assessed posttraumatic stress disorder (PTSD) symptoms, war-related trauma exposure, and exposure to trauma-related stories during aid work. Preliminary analyses indicated that Iraqis reported higher frequency of direct traumatic exposure, (M = 6.81, SD = 5.90, n = 75), than that of Jordanians, (M = 1.54, SD = 2.03, n = 147). When direct and secondary trauma exposure were included as covariates in an ANCOVA, there was no main effect or interaction effect for gender or nationality on severity of PTSD. Implications for further research are discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Perceived Social Support and Psychological Outcome Following Sexual Assault
(Practice, Violence)

Miller, Katherine E., Doctoral, Student¹; Cranston, Christopher C., MA¹; Swopes, Rachael M., MA¹; Balliett, Noelle, PhD Candidate¹; Siebenmorgen, Marsha, MA¹; Davis, Joanne L., PhD¹; Newman, Elana, PhD¹; Bell, Kathy, MS²
¹The University of Tulsa, Tulsa, Oklahoma, USA
²Tulsa Police Department, Tulsa, Oklahoma, USA

Research suggests social support mitigates post-traumatic stress symptoms, depression, and overall distress among persons exposed to trauma. The present study tested the hypothesis that a perception of positive social support would be associated with less psychological distress in service-seeking survivors of sexual assault. Perceived family support was also hypothesized to be associated with less distress compared to other support networks. The present study, part of a larger longitudinal study, builds upon previous findings by examining the differences in perceived social support between women with or without previous sexual assault(s) and those receiving a brief psychological intervention at the forensic exam. Self-report measures for perceived social support, state anxiety, PTSD symptoms, and depression symptoms scores 2 months following a rape were used. No differences in social support networks or psychological distress levels were found between the groups (n = 64). A perception of total and friend positive social support was significantly related to lower psychological distress. Family support had less association with this relationship. These preliminary results suggest the value of overall and friendship perceived social support, with or without previous assault and psychological intervention, in association to lower psychological distress post sexual assault. Implications and limitations will be discussed.
Adjustment to breast cancer can be viewed as an active psychosocial process resulting in both positive and negative outcomes. Part of this adjustment may involve a new social identity based on being a breast cancer survivor. Social bonds created through peer support programs can positively shape this survivor identity and promote posttraumatic growth. The current study was a phenomenological investigation of women’s experiences during Amazon Heart Thunder (AHT); a peer support program based on riding motorcycles for women diagnosed with breast cancer. Qualitative data from interviews and surveys were collected from participants (N = 37) prior and after the ten-day program. Key elements of the ride experience were identified as: a safe network of other survivors providing understanding and acceptance; bonding with positive role models; and overcoming challenges. As a result of being an AHT group member, some participants described a shift in identity as they attributed positive meaning to being a breast cancer survivor. Posttraumatic growth domains, such as personal strength and new life priorities, were reported as important outcomes of both their cancer experience and AHT. The current study discusses how peer support programs, such as AHT, can assist in post-diagnosis recovery for women diagnosed with breast cancer.

What Kind of Support Is Preferred by a Tourist Population Following a Natural Disaster?
(Commun, Disaster)

Michel, Per-Olof, MD, PhD; Rosendal, Susann, MD; Weisaeth, Lars, MD, PhD; Heir, Trond, MD, PhD
1 Uppsala University, Uppsala, Sweden
2 University of Copenhagen, Copenhagen, Denmark
3 Oslo University, Oslo, Norway

There is limited knowledge about what kind of support is preferred by disaster survivors. The aim of this study was to describe the use of and satisfaction with support in three Scandinavian countries following the 2004 Southeast Asian tsunami. Main data have been published in European Psychiatry (Michel et al. 2011). In all, 6772 individuals responded to a questionnaire after returning to Scandinavia from the 2004 Southeast Asia tsunami. Most of them were satisfied with the informal support they received on site. However, many were dissatisfied with support from embassies and consulates in the region. Support from
close relatives rendered highest degree of satisfaction after returning home. Consultation with general practitioner (GP) differed between the countries and most responders were satisfied with their GP. Higher levels of posttraumatic stress reactions were associated with use of support. Social support was used to a high degree and rendered considerable satisfaction in all three countries. However, the use of and satisfaction with societal support varied more. Differences between the countries will be discussed.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

PTSD, Pain and Prescription Opiate Use in Iraq and Afghanistan Veterans: Help or Harm?
(Clin Res, Mil/Vets)

Seal, Karen, MD, MPH¹; Bertenthal, Daniel, MPH²; Cohen, Gregory, MSW²; Cohen, Beth, MD, MAS¹; Krebs, Erin, MD, MPH³
¹San Francisco VA Medical Center/ UCSF, San Francisco, California, USA
²San Francisco VA Medical Center, San Francisco, California, USA
³Indiana University School of Medicine, Indianapolis, Indiana, USA

Increasingly, veterans of Iraq and Afghanistan have received comorbid diagnoses of posttraumatic stress disorder (PTSD) and pain conditions, which often result in the prescription of opiate medications. This study investigated the association between PTSD and opiate prescriptions for pain and the impact of opiates on the use of mental health (MH) services for PTSD. Of 394,205 Iraq and Afghanistan veterans presenting to VA from September 2005 through December 2009, 28.8% received a PTSD diagnosis, 18.3% received a MH diagnosis other than PTSD, and 52.9% had no MH diagnoses. Pain diagnoses were most common in veterans with PTSD, and opiates were most likely to be prescribed for pain diagnoses in veterans with PTSD compared to those with MH diagnoses other than PTSD, or those without MH diagnoses. Among veterans with pain prescribed opiates, those with PTSD were most likely to have comorbid substance use disorder diagnoses, be on higher opiate doses, and on benzodiazepines and/or sedative-hypnotics concurrently. Veterans with PTSD and pain on opiates (versus not on opiates) were less likely to have initiated MH treatment. Combat veterans with PTSD and pain are more likely to be prescribed opiates than others, resulting in higher risk and poorer engagement in MH treatment.

Thursday Poster Session
Thursday, November 3
5:00 p.m. - 6:00 p.m.
Grand V

Mental Health Disorders Increase the Risk of During and Post-Deployment Alcohol Abuse Among Ohio Army National Guards
(Bio Med, Mil/Vets)

Marshall, Brandon, PhD¹; Prescott, Marta, MPH¹; Calabrese, Joseph, MD²; Tamburrino, Marijo, MD³; Liberzon, Israel, MD⁴; Galea, Sandro, MD, DrPH¹
¹Columbia University Mailman School of Public Health, New York, New York, USA
²Case Western Reserve University, Cleveland, Ohio, USA
³University of Toledo, Toledo, Ohio, USA
⁴University of Michigan, Ann Arbor, Michigan, USA
Background: Alcohol use disorders are common in military personnel; however, it is not clear if mental health conditions increase the risk of during and post-deployment alcohol abuse among this population. Methods: Ohio National Guards were randomly selected to complete computer-assisted telephone interviews between June 2008 and February 2009. The primary outcome was reporting alcohol abuse meeting DSM-IV criteria first occurring during or post-deployment. Primary exposures of interest included during-/post-deployment major depressive disorder (MDD) and posttraumatic stress disorder (PTSD). Predictive logistic regression was used to determine the independent correlates of during-/post-deployment alcohol abuse.

Results: Of 963 deployed participants, 113 (12%) screened positive for during-/post-deployment alcohol abuse, of whom 35 (34%) and 23 (33%) also reported during-/post-deployment MDD and PTSD, respectively. In a multivariate model MDD (adjusted odds ratio [AOR] = 3.89, 95%CI: 2.12-7.15, p<0.001) and PTSD (AOR=2.73, 95%CI: 1.37-5.42, p=0.004) were associated with alcohol abuse. The conditional probability of during-/post-deployment alcohol abuse was 7%, 16%, 22%, and 43% among those with no MDD/PTSD, PTSD only, MDD only, and both PTSD and MDD, respectively.

Conclusions: We observed a high prevalence of during-/post-deployment alcohol abuse among Ohio National Guards. Concurrent mental health conditions were highly predictive of developing alcohol abuse, and thus may constitute an etiologic pathway through which deployment-related exposures increase the risk of alcohol problems.
Friday Poster Session  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V  

Preliminary Data on Forgiveness and PTSD in Veterans in Empirically-Supported Treatment  
(Clin Res, Mil/Vets)  

Didion, Lea, PsyD; Vance, G. Todd, PhD  
Salem Veterans Affairs Medical Center, Salem, Virginia, USA  
This pilot study examined the relationship between Posttraumatic Stress Disorder (PTSD) and forgiveness in veterans receiving either Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT) for PTSD. Participants completed measures of PTSD, using the PCL-C; depression, using the BDI-II; and forgiveness, using the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) and the Heartland Forgiveness Scale (HFS). Data was collected on 10 male participants, half of which entered PE and half of which received CPT. Correlational analyses revealed a strong positive correlation between the BDI-II and PCL-C. Significant negative relationships were found between the PCL-C and BMMRS and the PCL-C and HFS Total Score. No significant relationship was found between the BMMRS and BDI-II or between the HFS Total Score and the BDI-II in this sample, indicating that an inverse relationship exists between PTSD and forgiveness independent of global distress levels. The implications of these findings are discussed.

Friday Poster Session  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V  

Resiliency and Healthy Weight  
(Clin Res, Violence)  

Millard, Hun, MD; Huntley, Edward, MA; Kobayashi, Ihori, PhD; Mellman, Thomas, MD  
Howard University College of Medicine, Washington, Dist. of Columbia, USA  

Background: Posttraumatic stress disorder (PTSD) develops in some but not in others, those that do not go on to develop symptoms of PTSD after trauma exposure are considered resilient. PTSD is linked to adverse health outcomes, particularly overweight and obesity. Prior research has connected PTSD to increased body weight, whereas the weights of those who are resilient have not been characterized.  

Objective: To determine if there is a relationship between PTSD / Resiliency status and body weight in young adult African Americans.  

Methods: Secondary analysis of body weight from an ongoing cross-sectional parent study which recruits young adult African Americans to evaluate the relationship between PTSD and nocturnal blood pressure. Normal weight was defined by a body mass index (BMI) of 18-24.9 kg/m², overweight 25-29.9 and obesity by a BMI of ≥30.  

Results: The resilient group (n=13) demonstrated a significantly lower BMI with a mean of 23.7 ± 3.4 as compared to the PTSD group (n=22) mean BMI of 27.8 ± 6.1 (t=2.55, p<0.008). The other groups have
intermediate BMI values which are not significantly different from the resilient or current PTSD groups.

**Conclusion:** These findings provide preliminary evidence linking a healthier weight range with resiliency status. This preliminary finding suggests there are common factors contributing to trauma resiliency and positive health.

**Friday Poster Session**  
**Friday, November 4**  
**5:00 p.m - 6:00 p.m.**  
**Grand V**

**Intimate Partner Violence and Psychological Distress Among Young Couples: Analysis of the Moderating Effect of Social Support**  
(Clin Res, Violence)

*Fortin, Isabel, PhD Candidate*¹; *Guay, Stéphane, PhD*¹; *Lavoie, Vicky, PhD Candidate*²; *Boisvert, Jean-Marie, PhD*²; *Beaudry, Madeleine, PhD*²  
¹*Université de Montréal, Montréal, Quebec, Canada*  
²*Université Laval, Québec, Quebec, Canada*

Young adults are more likely to experience intimate partner violence (IPV) than older adults but little is known about the effect of confiding to others about sustained violence on the mental health of victims. The objective of this study was to explore the links between IPV, help-seeking behaviors and psychological distress by gender in a sample of 233 young couples. Our results indicate that the frequency of sustained psychological violence, but not of physical violence, was positively associated to distress. For women, seeking help from a greater number of confidents moderated (decreased the strength) of the association between violence and psychological distress. For men, results showed that frequencies of physical and psychological violence were both positively linked to distress. However, unlike women, social support had no buffering effect on their distress. These findings increase our understanding of the effects of social support on young adults’ distress following episodes of IPV.

**Friday Poster Session**  
**Friday, November 4**  
**5:00 p.m - 6:00 p.m.**  
**Grand V**

**Symptom Changes and Predictors of Treatment Outcome Following Participation in Seeking Safety**  
(Clin Res, Mil/Vets)

*Voss Horrell, Sarah, PhD*; *DeMarce, Josephine, PhD*; *Lehman, Philip, PhD*; *Holohan, Dana, PhD*  
*Salem VA Medical Center, Salem, Virginia, USA*

*Seeking Safety* (Najavits, 2002) is a manualized group psychotherapy intervention for individuals who have experienced trauma and have a history of substance abuse or dependence. Results from previous studies, though positive, have not consistently demonstrated the intervention's value above treatment as usual (Hein, et al. 2009; Desai, et al. 2008). Additionally, little is known about the variables that differentiate successful completers from those whose symptoms do not remit or become worse despite treatment.

The aims of this pilot study were to evaluate outcomes for participants in a Seeking Safety group at a VA Medical Center and to identify participant characteristics (e.g., symptom severity) that were predictive of
treatment outcome. Participants were 69 veterans who received outpatient treatment at a VA Medical Center in the southwest United States.

Results indicated that veteran's who completed treatment had significant improvement in self-reported depression, PTSD symptoms, and feelings of shame. Changes in self-esteem were not significant, although they were in the predicted direction. Regression equations examined the impact of pre-treatment variables on post-group outcomes. The strongest predictor of post-group depression scores was number of inpatient hospitalizations pre-group. Implications for future research and the treatment of PTSD and substance abuse disorders are discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Examination of Social, Emotional, and Behavioral Problems in Children of Combat Veterans with PTSD Symptoms: A Pilot Study
(Clin Res, Mil/Vets)

Walsh, Trudi, PhD, Cpsych1; Adduri, Cassandra, MA1; Boivin, Michele, PhD, Cpsych2; St Cyr, Katherine, MSc3; Robertson, Carrie, BA2
1 OSI Clinic Deer Lodge Centre, Winnipeg, Manitoba, Canada
2 OSI Clinic Royal Ottawa Mental Health Centre, Ottawa, Ontario, Canada
3 OSI Clinic Parkwood Hospital, London, Ontario, Canada

There is a small but emerging literature on the relation between veteran parents’ PTSD and the social, emotional, and behavioral problems in their children. This pilot study examines the frequency of social, emotional, and behavioral problems in children of male combat veterans with PTSD symptoms. A convenience sample of combat veterans (defined as a male who has or is currently serving in the Canadian Forces, and who has had direct exposure to acts of military conflict) completed the PTSD Checklist - Military Version (PCL-M), Beck Depression Inventory, Second Edition (BDI-II), Beck Anxiety Inventory (BAI), and Child Behavior Checklist (CBCL). Spouses completed the PTSD Checklist - Civilian Version (PCL-C), Beck Depression Inventory, Second Edition (BDI-II), Beck Anxiety Inventory (BAI), Physical Assault and Psychological Aggression subscales of the Revised Conflict Tactics Scale (CTS2), and Child Behavior Checklist (CBCL). This pilot study provides preliminary data about the frequency of social, emotional, and behavioral problems in children of combat veterans with PTSD symptoms. Additionally, this pilot study also assesses the feasibility of the study procedures (e.g., dropout rates, retention rates, eligibility rates). Results of the pilot will be used to develop the protocol for a larger prospective, correlational study about the phenomenology of PTSD.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Childhood Trauma, PTSD Symptoms, and Social Support Outcomes in Veterans Who Have Served Since 09/11/2001
(Clin Res, Mil/Vets)

Dedert, Eric, PhD1; Beckham, Jean, PhD1; Van Voorhees, Elizabeth, PhD2
1 Durham Veterans Affairs Medical Center, Durham, North Carolina, USA
2 Durham VA Medical Center/Duke Univ Medical Center, North Carolina, USA
Childhood trauma may affect adult adjustment to traumatic stress via a variety of mechanisms. This study examined the role of childhood trauma and combat exposure on posttraumatic stress disorder (PTSD) symptoms and adult social support in 866 male and female veterans who served in the military since 09/11/2001. Regression was used to predict PTSD symptoms (Davidson Trauma Scale) based on demographic characteristics, combat exposure (Combat Exposure Scale), and exposure to childhood trauma (Traumatic Life Events Questionnaire). While combat exposure was the most powerful predictor of total PTSD symptoms \( (p<.0001) \), childhood trauma also contributed significantly to the model \( (p<.001) \). This finding replicates results observed in samples of Vietnam and Gulf War veterans. Further, when controlling for combat exposure, PTSD symptomatology mediated the relationship between childhood trauma exposure and adult social support. This finding suggests that trauma in childhood may contribute to PTSD symptomatology that, in turn, compromise an individual's capacity the garner social support to cope with further traumatic stressors. Results are discussed in the context of the "conservation of resources" model (Hobfoll, 1989), wherein individuals with fewer personal and coping resources are postulated to be vulnerable to poorer emotional and physical health outcomes compared to individuals with a broader range of options.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**A Predictive Longitudinal Model of PTSD Symptoms in OIF National Guard Veterans**
(Assess Dx, Mil/Vets)

**Lancaster, Steven, PhD; Erbes, Christopher, PhD; Polusny, Melissa, PhD; Arbisi, Paul, PhD**
*Minneapolis Veterans Affairs Health Care System, Minneapolis, Minnesota, USA*

The aim of the current study is to test and extend recent integrated models (e.g., Renshaw, 2010) of the development of PTSD symptoms after combat and warzone experiences in combat veterans utilizing a longitudinal (pre- and post-deployment) sample of recently returned OIF National Guard soldiers \( (N=423) \). Previous studies of post-deployment PTSD symptoms have implicated combat exposure, perceived threat, and preparedness; but have not, for the most part, considered the role of pre-deployment variables such as personality. The longitudinal nature of the current project will help elucidate the complex roles of pre- and post-deployment variables in predicting PTSD symptom levels in recently returned veterans. Regression and structural equation modeling techniques will be used to examine main effects as well as possible interactions (moderating relationships) amongst the predictors. Initial results do not support the moderating relationships proposed by Renshaw, but do provide support for the role of personality variables and other pre-deployment factors predicting later distress. These results suggest pre-deployment psychological functioning may incrementally add to future models of the development of combat-related PTSD symptoms.
PTSD Treatment Preferences and Correlates in Treatment and Non-Treatment Seeking Populations
(Clin Res, Caregvrs)

Waldrep, Edward, BA¹; Johnson, Dawn, PhD²; Doane, Lisa, PhD³; Kramer, Nicole, Undergraduate²;
Zucosky, Heather, Undergraduate²
¹Kent State University, Stow, Ohio, USA
²University of Akron, Akron, Ohio, USA
³Cleveland State University, Cleveland, Ohio, USA

A majority of the extant literature on treatment preferences for PTSD has investigated treatment preferences in non-treatment seeking populations. This research consistently shows that non-treatment seeking individuals tend to prefer empirically supported treatment methods (i.e., exposure based therapies). However, little is known about treatment preferences for active PTSD treatment seeking adults. The current investigation examined PTSD treatment preferences for both treatment-seeking and non-treatment seeking adults. Data was collected from 572 undergraduate university students, as well as 100 patients seeking outpatient therapy for trauma-related difficulties. In both samples, participants read treatment rationales for three psychological interventions, Prolonged Exposure (PE), Cognitive Processing therapy (CPT), and Present Centered therapy (PCT) and rated them for credibility and personal reactions. Participants were also asked to choose which treatment they would prefer. Data was also collected on participants’ trauma history, treatment history, PTSD and depressive symptoms, and overall distress. Preliminary analyses show that as expected, university students tended to prefer the empirically supported treatments of PE and CPT over PCT, whereas active treatment seeking participants reported no differences in treatment preferences. Correlates of treatment preferences as well as clinical implication of findings will be discussed.

Readiness to Change in Victims of Intimate Partner Violence
(Clin Res, Violence)

Johnson, Nicole, MA, PhD, Student; Johnson, Dawn, PhD
The University of Akron, Akron, Ohio, USA

Intimate partner violence (IPV) is a significant problem linked to a number of health problems including Posttraumatic Stress Disorder (PTSD), Depression, and Substance Use Disorders (SUD). Although many victims of IPV are likely to benefit from mental health treatment and other services, treatment may not always be sought. A victim’s stage of change, or readiness to change, may be one variable impacting their pursuit of treatment and other resources. The current study’s purpose was to investigate correlates of readiness to change, and determine whether readiness to change impacts treatment utilization. Data was collected from 223 women residing in battered women shelters. Correlational analyses find that
generally IPV victims with more psychopathology and distress (e.g., PTSD, substance use), as well as more social support were more ready to change. Step-wise regression analyses found PTSD symptoms, overall general distress and social support to be the strongest predictors of readiness to change. Finally, results indicated that IPV victims higher in readiness to change are more likely to seek mental health treatment and other IPV-related services. Implications of findings will be discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

More Than Just Getting Hit: Fear of Retaliation as a Barrier to IPV-Related Help-Seeking
(Clin Res, Violence)

Wright, Caroline Vaile, PhD; Miller, Casey E., BS; Johnson, Dawn M., PhD
1Saint Elizabeths Hospital, Washington, Dist. of Columbia, USA
2University of Akron, Akron, Ohio, USA

Fear of retaliation from the perpetrator (i.e., perceived threat and expectation of abuse from the batterer or others) is believed to be the biggest deterrent to legal help seeking among the victims of intimate partner violence (Erez & Belknap, 1998; Jordan, 2004). When women act on their fear of retaliation by not pursuing prosecution, it allows these controlling behaviors to work, creating a vicious cycle (Hoyle & Sanders, 2000) and maintaining psychological distress (Dunmore et al., 2001; Halligan et al., 2003). Most research has solely focused on fear of physical reabuse by the abuser; however, it is likely that IPV victims’ fear is not this narrowly defined. Therefore the proposed study utilizes a mixed methods approach to better understand the depth and breadth of such fears. Using a grounded theory approach, transcripts from four focus groups were analyzed, resulting in three core categories (self, abuser, and other) and six sub-categories. From these categories as well as the extent literature, a 25-item self-report measure tapping five domains was developed and piloted with 115 IPV-victims. Results from both the qualitative and quantitative studies will be presented in the hopes of assisting the adaptation of IPV treatments to specifically address these concerns.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Barriers to Implementing Use of Birth Control in Survivors of Interpersonal Violence
(Clin Res, Violence)

Perez, Sara, PhD; Palmieri, Patrick, PhD; Schuster, Rachael, PhD
1Louis Stokes Cleveland VA Medical Center, Brecksville, Ohio, USA
2Summa Health System Summa Health System Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA
3Summa Health System Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

Violence against women continues to be a public health crisis (Tjaden & Thoennes, 2000). Previous research has documented the negative physical and mental health toll experienced by victims including physical injury, reproductive health concerns, and mental health difficulties. Previous research has documented many negative reproductive health difficulties for female victims of interpersonal violence
including increased gynecological concerns, sexually transmitted infections, mistimed and unintended pregnancies, and induced abortions (Coker, 2007). Many women who have been victims of interpersonal violence are not able to make adequate use of existing methods to exercise control over their reproductive health. Focus group data gathered from survivors of interpersonal violence is presented to discuss barriers to accessing reproductive healthcare, focusing on the use of hormonal and barrier methods of birth control. Barriers discussed fall into three primary categories including barriers related to the self, their partner, and logistical barriers. Barriers related to the self include personal and cultural beliefs, impact of trauma history, and fear of partner’s reaction. Barriers related to partner including willingness and violence in the relationship. Finally, barriers related to access include ability to discuss with health care providers and ability to obtain effective methods. Strategies to address these barriers will be discussed.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**The Role of Dissociation and Suppressed Physiological Reactivity in Predicting PTSD Symptomatology**
(Clin Res, Diverse Pop)

Chidume-Okoro, Nkenna, MS¹; Stafford, Jane, PhD²

¹Henry Jackson Foundation for DVBIC, Washington, Dist. of Columbia, USA
²University of South Carolina Aiken, Aiken, South Carolina, USA

A number of studies have found that persistent dissociation is a better predictor of PTSD than peritraumatic dissociation. Several studies have also shown that those with high levels of dissociative symptoms exhibit suppressed physiological reactivity when exposed to trauma-relevant stimuli. The present study will explore these relationships in a sample of college students with trauma histories to further our understanding.

Method: 75 college students completed measures of traumatic experiences, PTSD, and dissociation. The physiological reactivity (i.e., skin conductance) was measured while participants wrote about their trauma. Results: Hierarchical regression analyses found that persistent dissociation accounted for more variance in PCL scores than peritraumatic dissociation: R² = .567, F(1, 72) = 61.83, p<.001 compared to R²=.196, F(1, 73) = 17.78, p<.001 when only peritraumatic dissociation was entered into the model. However, there was no difference between those who reported high and low levels of peritraumatic dissociation, t (41) = -0.42, p =.76, or high and low levels of persistent dissociation, t (41) = -0.27, p =.80, on physiological reactivity.

Discussion: The present data provides support for the relationship between persistent dissociation and PTSD symptomatology but not for the relationship between dissociation and physiological reactivity. Implications of these findings will be discussed.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Emotion Regulation, Trauma-Related Beliefs, and Symptom Severity in Children and Adolescents with Histories of Sexual Abuse**
(Clin Res, Child/Adol)
Children with histories of abuse often experience a wide range of psychological difficulties, including internalizing and externalizing symptoms. Additionally, they often show impairment in emotion regulation capacities and possess negative trauma related beliefs. The present study explored how emotion regulation skills (i.e. emotional awareness and expression) and post traumatic beliefs regarding personal security and damage relate symptom severity. Participants were 42 children (aged 6-17) who had experienced sexual abuse; many had histories of physical abuse as well. As expected, more reluctant emotional expression was related to increased depression (and other internalizing symptoms) and use of dissociative coping. The weaker emotional awareness was associated with greater internalizing and externalizing symptoms as well as behavioral problems (e.g., rule breaking, aggression and conduct problems). A stronger belief one was permanently and negative changed following the trauma corresponded to higher levels of depression, anger, and overt dissociation. Similarly, a stronger belief of fragile person in a scary world was associated with higher levels of anger. These emotion regulation capacities and beliefs regarding security and personal damage are also pivotal for positive social connection. The role of these factors merit exploration in relation to trauma treatment response and also protective mechanisms.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Childrenhood Sexual Abuse, Drinking Behavior, and PTSD Symptoms as Predictors of Adult Sexual Assault Among Sexual Minorities
(Clin Res, Diverse Pop)

Han, Sohyun, BA; Gallagher, Matthew, MA, PhD, Student; Franz, Molly, BA; Chen, May, BA; Cabral, Fabiana, BA; Marx, Brian, PhD
National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

Prior research indicates that significant predictors of adult sexual assault (ASA) include childhood sexual abuse (CSA; e.g., Arata, 2002), drinking behavior (e.g., Abbey et al., 2004), and PTSD symptoms (e.g., Ullman, Najdowski, & Filipas, 2009). An important limitation of this work, however, is that it largely excluded sexual minorities. The present study sought to remedy this by examining the extent to which CSA, drinking behavior, and PTSD symptoms predict ASA among lesbian (n=124) and gay (n=120) individuals. As part of a larger study (Heidt et al., 2005), participants completed a series of self-report questionnaires on drinking behaviors, PTSD symptoms, and history of CSA and ASA.

A structural equation model was used to predict ASA, which was defined as completed rape. Model fit was good in both the gay (CFI = .98, NNFI = .97, RMSEA = .056) and lesbian (CFI = .99, NNFI = .98, RMSEA = .052) samples. CSA was the best predictor of ASA (B=0.30, SE=.083, p < .01) in the gay sample, whereas total drinking volume was the best predictor of ASA (B=0.25, SE=.085, p < .01) in the lesbian sample. Some of the risk factors known to predict ASA among heterosexual females were not found to predict sexual assault among lesbian and gay individuals. These results indicate that certain risk factors may be differentially related to ASA among groups with different sexual orientations. Such findings deepen our current understanding of ASA and pose critical implications for reducing the risk of ASA, particularly for sexual minorities.
Friday Poster Session  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V

**Parental Emotional Support and Adolescents: Bonding in a Domestically Violent Family**  
(Clin Res,Child/Adol)  

*Aubrey, Debra Larsen, PhD*  
*Idaho State University, Pocatello, Idaho, USA*

This project examines the key components of adolescents’ perceived parental emotional support in families that report a history of domestic violence and in non-violent families. Participating families (n=55) completed multiple self-report measures and a video-taped parent-child interaction. Measures of parental emotional support included: frequency of maternal/paternal verbal and physical affection, family bonding/cohesion, and positive communication patterns. Families with a history of domestic violence (24%) were identified via maternal report of clinically elevated aggression with her existing partner (MSI-r self-report and intake interview).

Adolescent perceptions of parental support are best predicted by maternal physical affection (p=.02), paternal physical affection (p=.000) and behavioral observations of maternal verbal affection (p=.04). Male adolescents (in both violent and non-violent families) report lower levels of emotional support and less frequent physical or verbal parental affection (p<.05). Adolescents from domestically violent homes report physical affection from both their mother and father as the most salient predictors of perceived emotional support (p<.05) and paradoxically report 2-3 times more frequent physical affection from parents than their peers from non-violent homes. If increased parental bonding and support is a goal for adolescents, different intervention targets and techniques may be necessary for violent and non-violent parents.

Friday Poster Session  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V

**Computer-Based Attention Retraining for the Treatment of PTSD in a Veteran Population**  
(Clin Res,Mil/Vets)  

*Self, Jennifer, PhD*¹; *Holohan, Dana, PhD*¹; *King, Kristine, MS*²; *Clum, George, PhD*²  
¹*Salem Veterans Affairs Medical Center, Salem, Virginia, USA*  
²*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

Attention retraining interventions have shown promising efficacy for treating several anxiety disorders; however, little research has evaluated attention aetraining for treating PTSD. A recent study utilized a Computer-Based Attention Retraining (CBAR) intervention to treat a PTSD-diagnosed civilian sample, resulting in large effect sizes for decreases in PTSD and depression symptoms (King, 2010). The current study sought to replicate these results with a PTSD-diagnosed veteran population. Participants completed a baseline assessment which included the SCID-I PTSD Module, PTSD Checklist, Center of
Epidemiologic Studies-Depression Scale, and Quality of Life Enjoyment and Satisfaction Questionnaire. They were then assigned to a 4-week wait condition or the intervention condition. The intervention consisted of twice-weekly CBAR sessions which involved repeated presentations of two words (trauma-specific threat words and neutral words), followed by a dot probe appearing in the previous placement of one of the words. Participants were instructed to indicate the placement of the dot probe as quickly as possible. The dot probe appeared in place of the neutral word 90% of the time, providing differential reinforcement for attending to neutral stimuli versus threatening stimuli. Baseline questionnaire measures were repeated at post-treatment and 4-week follow-up. Data collection is ongoing, with preliminary results demonstrating decreased PTSD and depression symptoms.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

From Treatment Decision to Treatment Outcome: The Influence of Comorbid PTSD and Depression
(Clin Res, Mil/Vets)

Walter, Kristen, PhD
Cincinnati VA Medical Center, Cincinnati, Ohio, USA

Major Depressive Disorder (MDD) is the most common comorbid diagnosis with posttraumatic stress disorder (PTSD) and can result in significant impairment for individuals, including interpersonal strain. Treating these comorbid disorders and investigating how these conditions influence treatment is an important area of clinical research. Four clinician-researchers present findings that will address the role of comorbid PTSD and MDD at various stages of evidenced-based treatments. The first presentation examines the influence of depression on PTSD treatment choice (prolonged exposure; antidepressant medication; both treatments; no treatment) within a community sample. A second presentation demonstrates that for treatment-seeking Veterans, PTSD, depression, and their interaction predict suicidality for Vietnam-era Veterans, while only depression predicts suicidality for Veterans of more recent eras. A third presentation illustrates the effects of cognitive-behavioral conjoint therapy on co-morbid PTSD, depression, and relationship satisfaction among Veterans and their partners. The final presentation evaluates the role of MDD on treatment outcome among Veterans with PTSD and a history of traumatic brain injury receiving cognitive processing therapy-cognitive in a residential treatment program. Overall, findings highlight the unique influence of depression on various stages of evidenced-based treatment and suggest that special considerations may be needed when treating individuals with comorbid PTSD and MDD.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

The Influence of Depressive Symptoms on Suicidal Ideation in Veterans with PTSD
(Clin Res, Mil/Vets)

Pukay-Martin, Nicole, PhD; Pontoski, Kristin, MA; Maxwell, Melissa, MA; Beckham, Jean, PhD; Calhoun, Patrick, PhD; Clancy, Carolina, PhD; Hertzberg, Michael, MD; Collie, Claire, PhD
Durham VA Medical Center, Durham, North Carolina, USA
Major depressive disorder (MDD) co-occurs frequently with PTSD, and both disorders are linked to suicidal ideation. An emergent literature examines suicidality in veterans of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). However, little research has studied the role of PTSD and comorbid MDD on suicidality across combat eras. Therefore, the goal of this study was to examine the impact of comorbid MDD on suicidal ideation for both OEF/OIF and Vietnam veterans with PTSD. The sample included 164 Vietnam and 98 OEF/OIF veterans evaluated at a VA outpatient PTSD Clinic. Using structured interviews, 63% of the Vietnam sample and 45% of the OIF/OEF sample were diagnosed with comorbid current MDD. Measures included self-report assessments of PTSD and depressive symptoms and the Personality Assessment Inventory (PAI). Results of multiple regression analyses suggested that, for Vietnam veterans with increased depressive symptoms, the relationship between PTSD symptoms and suicidal ideation was stronger. However, for OEF/OIF veterans, only depressive symptoms were related to suicidal ideation. These results highlight the need to consider depressive symptoms in the treatment of veterans with PTSD. Future research should focus on suicidal ideation and behaviors as they change over time in these two cohorts.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Examining the Effects of Cognitive-Behavioral Conjoint Therapy on Co-Morbid PTSD and Depression and Relationship Satisfaction
(Clin Res, Mil/Vets)

Luedtke, Brandi, PsyD; Davis, Louanne, PsyD
Roudebush VA Medical Center, Indianapolis, Indiana, USA

Many veterans return from deployment in Iraq and Afghanistan with co-morbid PTSD and depression, which has been shown to significantly impact many aspects of their lives, particularly intimate relationships. Research findings consistently suggest that the degree of severity of PTSD symptoms correlates with the degree in which individuals rate intimate relationship distress, however, little research has focused on the link between the severity of PTSD and depression symptoms. Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD is an intervention developed to treat both PTSD and relationship dysfunction that has shown promising preliminary results. Case examples will be presented that illustrate how couples benefit from this intervention through descriptions of pre-post changes on self-reported measures of symptoms. Additionally, PTSD and depression data will be presented based on an innovative treatment approach that includes integrating mindfulness with CBCT which will be offered in a combined retreat and weekly couples' session format. Mindfulness practices have been shown to be effective in reducing symptoms of depression and more recently has emerging evidence for improving both PTSD and relationship functioning. It is expected that veterans will report a decrease in PTSD and depression symptoms as well as demonstrate better relationship satisfaction after receiving the combined treatment.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Trauma Exposure in Anxious Primary Care Patients Treated in the CALM Study
(Clin Res, Diverse Pop)
Trauma exposure is disproportionately high in primary care patients. Given that primary care frequently is the primary treatment setting for anxiety disorders it is important to understand the sequelae of trauma exposure in this population. The present study examines rates of trauma exposure and associated clinical characteristics in a large sample of anxiety disordered primary care patients. The effect of trauma exposure on treatment response also was evaluated. Baseline participants were 1516 (914 trauma-exposed) individuals assessed for the multi-site Coordinated Anxiety Learning and Management project (Roy-Byrne et al., 2010). Results indicated that participants with trauma exposure were more likely to meet diagnostic criteria for agoraphobia, panic disorder, and major depression and had higher self-reported anxiety severity. After controlling for PTSD, trauma exposure continued to be associated with agoraphobia (OR = 2.4) and greater anxiety-related impairment (p < .01). In the 432 treatment completers, there was a significant positive response to treatment that did not vary based on trauma exposure. Thus, individuals with a history of trauma had greater comorbidity that appears partially accounted for by the presence of PTSD. Although trauma exposure was associated with comorbidity and anxiety severity it did not appear to adversely impact treatment response.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Differences in Styles of Coping and Attitudes Toward Violence Among Young Adults in Violent and Non-Violent Relationships
(Clin Res, Violence)

Ziehnert, Aryn, BA; Hernandez Armstrong, Geniel, PhD Candidate; Fiore, Christine, PhD
University of Montana, Missoula, Montana, USA

Intimate Partner Violence (IPV) is far too common, with 653,000 non-fatal incidents of IPV reported in 2008 (Bureau of Justice Statistics, 2011). Fritz and O’Leary (2004) found that IPV declines over time in many relationships where violence has occurred. Thus, individuals in newly developing relationships may be at higher risk for experiencing IPV. Several factors may help predict relationship violence. Studies show that different types of coping are related to more relationship violence (e.g., Cohn, McCrady, Epstein, & Cook, 2010). Additionally, Finchman, Cui, Braithwaite, and Pasley (2008) found that more accepting attitudes toward violence are related to higher levels of IPV. The current study assesses coping and attitudes toward IPV in 166 young adults in violent (n = 99) and non-violent (n = 67) relationships. T-test analyses found that individuals in violent relationships are significantly more likely to use the following types of coping: self-distraction (p = .008), denial (p = .003), behavioral disengagement (p = .043), and venting (p = .020), and have significantly more positive attitudes toward violence (p = .001), specifically
the use of violence \( (p = .008) \) and abuse in relationships \( (p = .002) \). These findings may help better predict and prevent IPV in young adults.

**Friday Poster Session**  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V

**Relative Influence of Event, Person, and Cognitive Variables in PTSD Symptom Severity in University Students and Hospital Patients**  
(Clin Res, Diverse Pop)

**Reiland, Sarah, PhD**\(^1\); **Lauterbach, Dean, PhD**\(^2\); **Facemire, Vanessa, BA**\(^1\); **Palmieri, Patrick, PhD**\(^1\)

1. Summa Health System, Akron, Ohio, USA  
2. Eastern Michigan University, Ypsilanti, Michigan, USA

Risk and resilience factors have been identified that predict differential responses to stressful events, but the relative importance of these factors is not well understood. Social-cognitive theories (e.g., Foa, Steketee, & Rothbaum, 1989) emphasize the role of cognitions in the development and maintenance of posttraumatic stress disorder (PTSD). This study examined the relationships among posttraumatic stress (PTS) symptoms and event (e.g., duration, type), person (e.g., sex, trauma history), and cognitive variables (e.g., core beliefs, hardness) in a sample of 423 university students who reported stressful experiences and a sample of hospital patients receiving outpatient treatment for trauma-related symptoms. It was hypothesized that cognitive variables would account for the greatest variation in PTS severity in both samples. Consistent with hypotheses, cognitive variables accounted for 47% of variability in PTS symptoms in 220 university students who reported exposure to a stressful event that met DSM-IV criterion A and 56% of variability in PTS symptoms in 203 students who reported stressful events that did not satisfy criterion A. Preliminary data from the hospital sample will also be presented. The findings support social cognitive theories of PTSD and suggest that cognitive factors are associated with risk and resilience following stressful life events.

**Friday Poster Session**  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V

**Inconsistencies in Mothers’ and Group Therapists’ Evaluations of Resilience in Preschool Children Exposed to Intimate Partner Violence**  
(Clin Res, Child/Adol)

**Howell, Kathryn, PhD Candidate**; **Miller, Laura, MS (PhD, Student)**; **Graham-Bermann, Sandra, PhD**  
University of Michigan, Ann Arbor, Michigan, USA

Until recently, there has been little research on how young children cope with traumatic events, including exposure to intimate partner violence (IPV). This study evaluates the association between mother-reported child adjustment problems and group therapists’ ratings of resilience in preschool children who witness IPV. Next, this project assesses multiple reporters’ evaluations of resilience in preschoolers to answer the questions of whether and how children display evidence of resilient coping, following exposure to potentially traumatic events, at home and in treatment. Reporters are mothers and child therapists who assessed resilient coping in 52 preschoolers exposed to severe IPV. Children range in age from 4 to 6 years and mothers range in age from 21 to 54 years. Forty six percent of the children in this sample are girls. Resilience is conceptualized as strengths in emotion regulation ability and prosocial
skills. Results reveal that group therapists’ ratings of resilience are negatively correlated with children’s externalizing behavior problems. Further, findings indicate poor rater agreement between mothers and group therapists, particularly on the measure of emotion regulation, where mothers’ ratings were significantly lower than group therapists’ ratings. Evaluations appear to differ based on specific demographic factors, with the most variability for the youngest cohort of children. Given that only one reporter supplies most of the data used in studies of child functioning, the current project expands findings by comparing mothers’ reports to child therapists’ reports across settings.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Compensation and Treatment: The Influence of PTSD Disability Benefits on Treatment Outcomes for Veterans Engaged in Residential Trauma Programs
(Clin Res, Mil/Vets)

Belsher, Bradley, MS\(^1\); Tiet, Quyen, PhD\(^2\); Garvert, Donn, BA\(^3\); Rosen, Craig, PhD\(^4\)

\(^1\)Washington, DC VA Medical Center, Washington, Dist. of Columbia, USA
\(^2\)National Center for PTSD, VA Palo Alto Health Care System; CSPP-Alliant International University/Stanford University, Menlo Park, California, USA
\(^3\)National Center for PTSD, VA Palo Alto Health Care System, Palo Alto, California, USA
\(^4\)National Center for PTSD, VA Palo Alto Health Care System; Stanford University, Menlo Park, California, USA

Debate abounds over the role of PTSD disability compensation on trauma treatment outcomes (Frueh et al., 2007). Previous studies evaluating this issue have not explored mechanisms through which compensation status might influence treatment outcomes. Treatment expectations may be one potential pathway. The present study evaluated the influence of military cohort, compensation-status, and treatment expectations on treatment outcomes of 806 Veterans enrolled in VA residential trauma programs. Veterans without service connection who were seeking compensation (NSC/SC) did not show lower treatment expectancies or less improvement in outcomes. When military cohort and depression severity at intake were controlled, service-connected Veterans seeking increased compensation (SC/SC) showed less improvement in depression (beta = -.09, p < .03) than service-connected Veterans not seeking increased compensation (SC/NSC). Positive treatment expectations predicted greater symptom improvement for both PTSD (beta = -.12, p < .01) and depression (beta = -.13, p < .01). Veterans SC/SC endorsed significantly lower treatment expectations compared to SC/NSC (beta = -.13, p < .01). Treatment expectations partially mediated the effect of compensation status on depression at discharge (Sobel statistic = 2.31, p < .02). The findings support a mediational model that suggests that lowered treatment expectations mediate the pathway between SC/SC and poorer treatment outcomes.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Application of the Stressor Vulnerability Model to PTSD and Alcohol Problems in a College Population
(Clin Res, Adult/Complx)
PTSD and alcohol use disorders (AUDs) frequently co-occur with up to 52% of men and 28% of women with PTSD also meeting lifetime criteria for alcohol abuse/dependence in the general population (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). However, the role of moderating variables that may make this relationship more likely has not been well explored in younger samples. According to the stressor-vulnerability model (SVM) being male, holding positive alcohol outcome expectancies, and engaging in avoidance coping (AVC) strategies may characterize those who drink alcohol in response to distress (Cooper, Russell, Skinner, Frone, & Mudar, 1992). The present study sought to examine the moderating influence of these variables on the relationship between PTSD and alcohol problems in a college population. Undergraduates (N=250) enrolled in psychology courses completed online questionnaires assessing PTSD, alcohol problems, and the moderating variables described above. Results indicated that males (p < 0.001) and individuals endorsing greater tension-reduction alcohol outcome expectancies (p < 0.001) reported greater PTSD symptoms and alcohol problems. However, the interaction between PTSD symptoms and AVC was not statistically significant (p = 0.40). Collectively, these results lend support to the SVM as a useful model for understanding PTSD and alcohol problems in college populations.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Interpersonal Betrayal: The Role of Relational Closeness in How Victims Appraise Betrayal
(Clin Res, Adult/Complx)

Gamache Martin, Christina, MS (PhD, Student); Freyd, Jennifer, PhD; Huss, Jennifer, Undergraduate
University of Oregon, Eugene, Oregon, USA

The emotional and cognitive appraisal “I've been betrayed” is a complex response to violations of trust. Adaptive reactions typically involve strategies that decrease the likelihood of future betrayals. However, betrayal trauma theory posits that betrayals perpetrated by individuals on whom the victim depends for basic needs (i.e., material and emotional support) are more likely to lead to betrayal blindness—an unawareness of the betrayal—in order to maintain the relationship. In the current study we examined how current relational closeness to the perpetrator was associated with betrayal blindness through attribution style and betrayal appraisals. Participants were 733 college students who primarily identified as female (55%; 20% did not identify a gender). Participants were asked to describe an experience of betrayal, including who betrayed them, and their thoughts at the time of the betrayal and currently. We hypothesize that victims in a current relationship with the perpetrator will be more likely to make attributions of self-blame and appraisals of acceptance rather than negative appraisals (i.e., threat, violation of rights, or loss), or those indicative of positive growth. Preliminary results will be presented. Betrayal blindness and the risk for revictimization will be discussed.
Gender and Cohort Predictors of Outcomes in PTSD, Depression, Functional Impairment, Violence, and Substance Abuse Among U.S. Veterans

Shin, Hana, PhD Candidate; Greenbaum, Mark, MS/MA; Jain, Shaili, MD; Rosen, Craig, PhD
VA Palo Alto Health Care System, Palo Alto, California, USA

As mental health services mobilize to meet the needs of Veterans from Iraq and Afghanistan (OIF/OEF), females, and older Veterans from prior eras, it is important to assess how these subgroups benefit from VA care. This study analyzed the effects of gender and era of service on 6-12 month longitudinal changes in PTSD, depression, substance abuse, and violent behavior among 380 veterans recently diagnosed with PTSD. Predictors of change were assessed using linear regression and zero-inflated Poisson regression. Males showed greater PTSD symptom severity than females at baseline, but there was no gender difference in degree of improvement in PTSD between Time 1 and Time 2. OIF/OEF veterans experienced greater improvement over time in PTSD (β = -3.42, t(306) = -1.95, p = .05), but not in depression or functional impairment. Gender or era of service did not predict changes in violent behavior. At baseline, younger, male, and OIF/OEF veterans were more likely to have endorsed greater days of alcohol intoxication. Declines in heavy drinking by Time 2 were greater among OIF/OEF (eB = -.53, OR = 0.59, p < .05) and younger veterans (eB = -0.016, OR = 0.98, p < .01). Despite the challenges in engaging OIF/OEF veterans with PTSD in treatment, our findings suggest encouraging trends in outcomes over time.

Child Neglect and Protective Factors in Army Families: A Multimethod Approach

Cozza, Stephen, MD; Fullerton, Carol, PhD; Schmidt, Janet, PhD; McKibben, Jodi, PhD; Feerick, Margaret, PhD; Greco, Julie, MA
Center for the Study of Traumatic Stress, Uniformed Services University, Bethesda, Maryland, USA

This project is the first in-depth study of Army child neglect utilizing a three-pronged, cross-informing methodology including clinical record reviews of substantiated child neglect cases in four Army installations with high rates of child neglect, questionnaire data from health care providers, soldiers and spouses, and data on military and civilian community resources. This study identifies risk and protective factors that contribute to child neglect in Army families including deployment; community contributions to child neglect, and understanding surrounding civilian community factors associated with child neglect in the context of stressors such as multiple combat deployments. Our three-pronged methodology serves as a model for better understanding child neglect in military families by providing preliminary descriptive data from: key informant interviews, clinical record reviews of substantiated child neglect cases, and military and civilian community resources and characteristics. Methodological factors of key informant...
questionnaires conducted in-person at four Army installations, electronically at twenty-four installations, and telephonically at six installations are addressed. These multiple methodologies illustrate the integration of empirical data from multiple sources to better understand and describe child neglect and protective factors in Army families with implications for individual and community interventions.

**Friday Poster Session**  
**Friday, November 4**  
**5:00 p.m - 6:00 p.m.**  
**Grand V**

**Mindfulness, Experiential Avoidance, and PTSD in a National Sample of Emergency Medical Technicians**  
(Train/Ed/Dis, Emerg Wrks)

**Popick, Victoria, PsyD Candidate**; Spokas, Megan, PhD; Block Lerner, Jennifer, PhD; Cardaciotti, LeeAnn, PhD; Martin, Robert, PsyD Candidate

1 La Salle University, Philadelphia, Pennsylvania, USA  
2 Kean University, Union, New Jersey, USA

Rates of PTSD among emergency medical technicians (EMTs) are estimated at approximately 20% (Clohessy & Ehlers, 1999), yet limited research is available that identifies the correlates of PTSD in this population. Orsillo and Batten (2005) put forth a conceptualization of PTSD that highlights the role of experiential avoidance (EA), and recent research has begun to suggest that EA may play a key role in both the development and maintenance of PTSD symptoms (Roemer et al., 2001; Amstadter & Vernon, 2006). Furthermore, mindfulness has been used to reduce EA in the treatment of PTSD with promising results (Batten & Hayes, 2005). Therefore, the purpose of the present study was to explore the relationship between EA, mindfulness, and the PTSD symptom clusters in a sample of EMTs. We hypothesized that mindfulness would account for a significant portion of the variance in PTSD symptom severity over and above the effects of EA. Data were collected from 305 EMTs across the United States. Results somewhat supported the hypothesis. EA significantly predicted PTSD symptoms, and mindful acceptance, though not mindful awareness, predicted PTSD symptoms after accounting for the effects of EA. Implications for the treatment and prevention of PTSD in EMTs will be discussed.

**Friday Poster Session**  
**Friday, November 4**  
**5:00 p.m - 6:00 p.m.**  
**Grand V**

**Self-Blame Appraisals and Ongoing Victimization Among Women with Histories of Childhood Betrayal Trauma**  
(Clin Res, Adult/Complx)

**Babcock, Rebecca, Doctoral, Student; DePrince, Anne, PhD**  
*University of Denver, Denver, Colorado, USA*

Research documents links between childhood betrayal trauma (BT) exposure (e.g., abuse by a parent) and victimization in adulthood; however, factors that mediate this relationship are not clearly understood. This study examined whether self-blame appraisals mediate the relationship between childhood BT exposure and ongoing intimate partner abuse in adulthood. Women (N=158) from diverse ethnic backgrounds in an urban city were recruited from police reports of domestic violence. Within a month of the target domestic violence incident, women completed the Trauma History Questionnaire to assess childhood BT and the Trauma Appraisal Questionnaire to assess appraisals about the domestic violence.
Six months later, women reported on ongoing physical and psychological aggression, sexual coercion, injury, and stalking events with the same perpetrator, using the Conflict Tactics Scale. Bivariate correlations revealed a significant relationship between childhood BT and initial self-blame. Significant correlations were also present between childhood BT and physical aggression, sexual coercion, and injury at the 6-month interview; however, there was no relationship between childhood BT and psychological aggression or stalking. Hierarchical regressions tested self-blame as mediator of childhood BT-victimization links. Implications will be discussed.

**Friday Poster Session**

**Friday, November 4**

5:00 p.m - 6:00 p.m.

**Grand V**

**Psychological Resiliency in Parentally Bereaved Children**

(Clin Res, Child/Adol)

Farber, Alanna, Undergraduate; Howell, Kathryn, PhD Candidate; Wardecker, Britney, BS; Kaplow, Julie, PhD, ABPP

*University of Michigan, Ann Arbor, Michigan, USA*

The death of a parent may mark a highly significant and traumatic life event for children. Some bereaved children are able to manage this adversity with psychological resilience, defined in the present study as fewer symptoms of complicated grief and meaningful levels of posttraumatic growth (the ability to make meaning from trauma). This study sought to determine whether hypothesized protective factors such as spirituality, emotional expression, and social connectedness were related to resilient outcomes. The sample consisted of 20 children, ages 7 to 12, who lost a parent 6 months prior to the baseline interview. Using Pearson bivariate correlations, it was found that spirituality at baseline was significantly related to resilient outcomes 6 months later ($r = .76, p < .05$), with certain spirituality items strongly associated with posttraumatic growth. There was a strong positive relationship between avoidant coping and complicated grief symptoms ($r = .80, p < .01$), suggesting that emotionally expressive coping is connected to lower levels of complicated grief. Higher frequency of contact with friends was moderately associated with fewer complicated grief symptoms, indicated by a significant negative correlation ($r = .48, p < .05$). These findings suggest that spirituality, emotional expression, and social connectedness are meaningful protective factors for children coping with parental death. Further research is needed to examine the relationship of these protective factors with other forms of resiliency and to identify additional protective factors that lead to resilience in bereaved children.

**Friday Poster Session**

**Friday, November 4**

5:00 p.m - 6:00 p.m.

**Grand V**

**The Effectiveness of Group Psychotherapy in Improving Trust and Changing Neural Substrates in Veterans with PTSD**

(Clin Res, Mil/Vets)

Williams, Wright, PhD, ABPP; Eiseman, Jessica, MS; McCurry, Katie, BA; Chiu, Pearl, PhD; King-Casas, Brooks, PhD

1 Michael E DeBakey VAMC, Houston, Texas, USA
2 Baylor College of Medicine, Houston, Texas, USA
3 Virginia Tech Carilion Research Institute, Roanoke, Virginia, USA
People with PTSD frequently have impairments in social functioning and difficulty trusting others. Psychotherapy improves their ability to regulate their emotions and reduce their social isolation. This pilot study investigated the effectiveness of group psychotherapy in improving trust and changing neural substrates in combat veterans with PTSD. Sixteen experimental subjects were scanned in an fMRI while playing the Trust Game, before and after a course of group psychotherapy. Six experimental subjects participated in a process group, ten in a Cognitive Processing Group (CPT). Six controls were matched on age and combat exposure, and scanned at similar intervals. Experimental subjects, but not controls, significantly increased their investment in the early rounds of the Trust Game after group treatment. (Repeated Measures ANOVA, Time x Rounds, p = .03). PTSD Check List (PCL-M) scores decreased significantly in the experimental, but not the control group (T-Test, p=.03). In the CPT, but not the process group, lower PCL scores before and after group correlated with increased investments. These preliminary findings lend credibility to our hypotheses that: veterans with PTSD frequently have diminished interpersonal trust, and treatment for PTSD may reduce the symptoms of PTSD and improve the level of trust in combat veterans.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Anger in Cognitive Processing Therapy Dropouts Versus Completers
(Clin Res, Violence)

Jones, Kaylin, BA1; Galovski, Tara, PhD2
1University of Missouri - St. Louis, University City, Missouri, USA
2University of Missouri - St. Louis, St. Louis, Missouri, USA

Anger is a predictor of poor treatment outcome within PTSD-positive trauma survivors (Forbes, Creamer, Hawthorne, Allen, & McHugh, 2003). The six core components of anger, as assessed by the State-Trait Anger Expression Inventory-2 (Speilberger, 1991; STAXI), each differ in relationship to PTSD intervention outcomes. The present study sought to assess relationships between scores on the six anger scales (state anger, trait anger, anger in, anger out, anger control, and anger expression) and cognitive processing therapy (CPT) completion status (dropout versus completer). Additionally, efficiency of response to CPT was assessed among completers (number of sessions required to meet good end-state functioning). Current analyses were conducted using a sample of 70 PTSD-positive participants from a NIMH-funded treatment grant. Results indicated that initial scores on the trait anger scale, χ2 (1, N=67) = 4.27, p < .05, anger control scale, χ2 (1, N=64) = 11.61, p = .001, and anger expression scale χ2 (1, N=58) = 9.03, p < .05, predicted dropout status with respective success rates of 70.1, 64.1, and 67.2 percent, accounting for 8.9, 23.6, and 20.5 percent of the total variance. Initial scores on each of the six anger scales did not predict number of sessions needed to reach good end-state functioning.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Gender Role, Thought Control Strategies, and Posttraumatic Stress in Individuals Exposed to Trauma
(Clin Res, Violence)

Valdez, Christine, BA; Lim, Ban Hong, BA; Lilly, Michelle, PhD
Northern Illinois University, DeKalb, Illinois, USA
Extant literature has shown that women are twice as likely to develop PTSD than men, which may be a function of gender (i.e., cultural prescriptions of masculinity and femininity) rather than biological sex (e.g., Norris et al., 2001). One possible explanation for these disparities is gender-specific expectations for coping in the form of thought control strategies. Ineffective thought control strategies (i.e., suppression, worry, punishment) more frequently observed in women may contribute to intrusions and exacerbate PTSD symptomatology. Participants in this study consisted of 402 (54% female) undergraduate students. Biological sex was not related to PTSD symptoms in a subsample \((n=143)\) of interpersonal trauma (IPT) survivors who endorsed Criterion A1 of PTSD (i.e., intense fear, helplessness, or horror), though masculinity showed a significant inverse relationship \((r = -.28, p < .001)\). Ineffective thought control strategies were positively related to both Criterion A1 IPT endorsement \((r = .14, p = .004)\) and PTSD symptoms \((r = .67, p < .001)\). Ineffective thought control strategies mediated the relationship between Criterion A1 IPT endorsement and PTSD symptoms. Femininity had a significant effect on this mediation by increasing reports of A1. These results further suggest that the relationship between gender and PTSD is complex and in need of continued investigation.

**Friday Poster Session**  
**Friday, November 4**  
5:00 p.m - 6:00 p.m.  
**Grand V**

**Attachment, Affect Regulation and Trauma Related Guilt in Relation to Post-Traumatic Stress Disorder Symptomatology**  
(Clin Res, Violence)

Bechar, Amy, BSc, Hons, Psychology\(^1\); Grover, Shana, MSc\(^1\); D’Andrea, Wendy, PhD\(^1\); Pole, Nnamdi, PhD\(^2\)

\(^1\)New School for Social Research, New York, New York, USA  
\(^2\)Smith College, Northampton, Massachusetts, USA

Recent literature has provided evidence that attachment reinforces maladaptive affect regulation strategies, some of which may increase vulnerability to guilt and shame. Furthermore, experiences of trauma have been associated with insecure attachment, thus possibly leading to an increased vulnerability to Post-Traumatic Stress Disorder (PTSD). Additionally, trauma-related guilt has been found to be a salient aspect contributing to increased PTSD symptomatology. Due to a lack of research specifically examining the relationship between attachment, affect regulation and trauma related guilt as predictors of PTSD, there is a need to elucidate whether these factors are distinct mediators. This study attempts to address this relationship in a sample of 27 females who experienced interpersonal violence prior to adulthood. Self-report measures were obtained by using the Young Schema Questionnaire (YSQ), Negative Mood Regulation Questionnaire (NMR), Trauma Related Guilt Inventory (TRGI) and the PTSD Checklist (PCL). Results demonstrate that attachment schemas \((p=0.022)\) and trauma related guilt \((p=0.003)\) each independently predict affect regulation. Furthermore, attachment and affect regulation predict PTSD symptomatology \((p=0.009)\), whereas trauma related guilt does not. Findings from the study provide insight into the importance of attachment, affect regulation and trauma related guilt in the maintenance and development of PTSD. Moreover, this further substantiates the importance of regarding these aspects when examining the criteria of PTSD.
Environmental and Interpersonal Correlates of Dissociation in Parentally Bereaved Children
(Clin Res,Child/Adol)

Wardecker, Britney, BS; Kaplow, Julie, PhD, ABPP
University of Michigan, Ann Arbor, Michigan, USA

Children who have experienced the loss of a parent are at a high risk of developing negative mental health outcomes when the loss is accompanied by a history of trauma prior to bereavement. Supportive relationships with remaining caregivers may help children overcome the adverse psychological effects of childhood trauma combined with the loss of a parent. The current study examines environmental (trauma history) and interpersonal (sharing emotions with surviving parent) correlates of dissociation in bereaved children. The sample consisted of 21 children (ages 7-12), who experienced the death of a parent within 6 months of the interview. The child’s trauma history, prior to parental bereavement, was assessed using the Infant Toddler Social and Emotional Assessment and current dissociation was assessed using the Child Dissociative Checklist. The Sharing Emotions with Parent Scale measured emotional sharing. Results demonstrate a significant relationship (r = .45, p <.05) between trauma history and current dissociation. Additionally, there was a significant inverse relationship (r = -.50, p <.05) between dissociation and the degree to which emotions were shared with a parent. These findings suggest that trauma exposure may be associated with the development of dissociation following the loss of a parent. However, symptoms of dissociation may be buffered by the extent to which emotions are shared with a remaining parent. These findings have important implications for the prevention of dissociation in bereaved children and the need for effective parent-child communication and emotional expression following the death.
dissociation from a history of childhood betrayal trauma may involve a persistent unawareness of future threats to both self and children.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

PTSD and Spousal Social Support in Observed Couple Interactions
(Clin Res, Violence)

Leifker, Feea, MPH; Marshall, Amy, PhD
Pennsylvania State University, University Park, Pennsylvania, USA

Lack of social support following exposure to a traumatic event is one of the strongest predictors of the development and maintenance of posttraumatic stress disorder (PTSD). The most important source of social support is often an intimate partner; however, PTSD is also associated with problems within the intimate relationship including marital discord, relationship dissatisfaction, and intimate partner violence (IPV). We propose that couple conflict, in particular IPV, may moderate the relation between social support and PTSD. Sixty-four couples in which at least one partner met initial screening criteria for PTSD self-reported the frequency of past-year IPV victimization and engaged in a 10-minute video recorded discussion about a problem in their relationship. These discussions were coded for social support using a modified version of the Social Support Behavior Code (SSBC; Cutrona & Suhr, 1992). As expected, relations among PTSD, IPV, and the provision and receipt of different types of social support were found. The data also suggested possible gender differences. Regression analyses indicated that IPV victimization moderates the link between received social support and PTSD such that spousal social support may not have ameliorative effects on PTSD among those couples also reporting IPV.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Family Matters: Associations Among Social Support, Family-Related Deployment Stressors, and Posttraumatic Stress Symptomatology (PTSS)
(Clin Res, Mil/Vets)

Wang, Joyce, BA¹; Smith, Brian, PhD²; Di Leone, Brooke, PhD¹; Vaughn, Rachel, BA¹; Vogt, Dawne, PhD²
¹VA Boston Healthcare System, Boston, Massachusetts, USA
²VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts, USA

Research demonstrates that social support is positively associated with health and well-being. Within a military context, considerable research on social support has focused on its ability to protect against traditional deployment stressors, such as combat exposure. However, less is known about the protective benefits of social support against relational stressors during deployment, although studies have found evidence for associations with posttraumatic stress symptomatology (PTSS) and the potentially mitigating effects of social support. The present research examined associations among relational stressors (i.e., family stressors, concerns about life/family disruptions), social support, and PTSS. The Deployment Risk and Resilience Inventory and PTSD Checklist were administered to a national sample of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans who had returned from service within the previous two years (n=440). Regression analyses demonstrated main effects of concerns about
life/family disruptions (B=.103), deployment support from family/friends (B=.137), and postdeployment support (B=-.581) on PTSS (p < .05). An interaction between concerns about life/family disruptions and unit support was also found, such that higher levels of unit support weakened the association between concerns about life/family disruptions and PTSS.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

The Impact of Cognitive Behavioral Therapy in Biological Parameters of PTSD Patients
(Clin Res, Diverse Pop)

Gonçalves, Raquel, Doctoral, Student; Nörte, Carlos Eduardo, MA, Student; Marques, Priscila, Undergraduate; Monteiro, Camila, Undergraduate; Souza, Gabriela, PhD; Souza, Ana Carolina, PhD; Volchan, Eliane, PhD; Figueira, Ivan, PhD, MD; Ventura, Paula, PhD
Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

The efficacy of cognitive behavioral therapy (CBT) applied to PTSD patients have been tested in a more objective way than those that rely on psychometric scales. Changes in biological parameters for CBT-treated patients have been observed. Despite this advance, the few studies that used this method have evaluated those parameters relying only on pre and post measurements. This study aimed to test the efficacy of CBT in treating PTSD through biological parameters measured during the treatment. So far six patients were randomly assigned to CBT (four) or wait list (WL) (two). We assessed cardiac parameters, skin conductance and cortisol levels as well as psychometric measures. All the variables were measured at six time points: before the treatment, once monthly and at one month follow up. Biological parameters (cardiac measures, cortisol) were only regulated in the treatment group. In general, these results were correlated to psychometric evaluation. Cortisol levels were correlated to the increase of anxiety and depression levels during exposure periods. This result was not present in the WL group. The other parameters are under analysis. Despite the small sample, preliminary results seem to support the hypothesis of CBT being able to promote regulation of biological parameters in PTSD.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

The Distinctiveness of Prolonged Grief and Posttraumatic Stress Disorder in a Sample of Adults Bereaved By the Death of Loved Ones in the Attacks of September 11th
(Clin Res, Disaster)

Barnes, J. Ben, BA1; Dickstein, Benjamin, MA1; Litz, Brett, PhD1; Neria, Yuval, PhD2
1Boston VA Healthcare System, Boston, Massachusetts, USA
2New York State Psychiatric Institute, NY, New York, USA

There has been a movement in bereavement research to include Prolonged Grief Disorder (PGD) in the DSM-V by proving its distinctiveness from other forms of psychopathology. Although previous research supports the distinctiveness of PGD and posttraumatic stress disorder (PTSD; e.g., Boelen et al., 2010),
we sought to test whether these constructs would remain distinct even within the context of sudden, violent loss.

To address this aim, we conducted a series of exploratory factory analyses using a sample of 728 bereaved adults who lost loved ones in the 9-11 attacks. Participants completed web-based surveys 2.5 to 3.5 years after the event. PGD was measured using a 9-item screening measure (Prigerson, 2004: Prigerson & Jacobs, 2001). PTSD was measured using the 17-item PTSD Checklist (Weathers et al., 1993).

A two factor solution (PGD and PTSD) was found to best fit our data. Interestingly, two PGD items (lost ability to care for others, and lost sense of security) grouped with the PTSD factor and one PGD item (bitterness over the death) did not load onto either factor.

Generally, our results support the existence of a PGD construct independent of PTSD, even within the context of sudden violent, loss. Implications of these findings will be discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Associations Between Civilian and Military Trauma Exposures and Subsequent Aggressive Behavior
(Clin Res, Mil/Vets)

Lenhardt, Jenna, BA; Howard, Jamie, PhD; Taft, Casey, PhD
National Center for Posttraumatic Stress Disorder, Boston VA Healthcare System, Jamaica Plain, Massachusetts, USA

Researchers have cited a myriad of traumatic events, including childhood maltreatment, exposure to domestic and community violence, and military related traumas as predictors of aggressive behavior. To date, much of this research has been conducted primarily in civilian samples. However, with more service members returning home from their tours it is imperative to understand the long-term effects of trauma on veterans. The present study intended to replicate and expand previous research findings by assessing civilian trauma exposure at three different time points (prior to entering the military, during service in the military, and post-discharge) and comparing these events to military related traumas as predictors of aggression. The sample consisted of male Vietnam veterans, who were primarily Caucasian (67%), and the majority of whom served in the Army (62%). Multiple regression analyses were conducted to identify the relative strength of the predictor variables on aggressive behavior. Highlighted results suggest that when examined simultaneously, post-military civilian trauma ($\beta = .56$, $p<.001$) and combat exposure ($\beta = .143$, $p<.001$) were predictive of aggressive behaviors. These findings highlight the importance of providing clinical interventions and community support to trauma-exposed returning veterans because they are at an increased risk of perpetrating violence.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Negative Mood Regulation as a Mediator of PTSD Outcome in Skills Training in Affective and Interpersonal Regulation and Modified Prolonged Exposure (STAIR/MPE) Treatment
Turchik, Jessica, PhD¹; Nazarian, Deborah, PhD²; Cloitre, Marylene, PhD³
¹VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Palo Alto, California, USA
²VA Palo Alto Health Care System, Sierra Pacific MIRECC/Stanford University, Palo Alto, California, USA
³VA Palo Alto Health Care System, National Center for PTSD/New York University Langone Medical Center, Palo Alto, California, USA

A recent investigation has shown that including an introductory phase of treatment focused on emotion regulation (in this case, Skills Training in Affective and Interpersonal Regulation or STAIR) preceding a modified version of prolonged exposure (MPE) provided superior benefits compared to MPE without skills training. Improved outcomes included higher rates of PTSD remission and greater reductions in emotion regulation and interpersonal problems. In addition, symptom exacerbation during the exposure sessions was substantially diminished when preceded by the skills training. The current study evaluated potential mechanisms for these effects by combining data across three studies that used the STAIR/MPE protocol (n = 95). The study tested and found support for the hypothesis that changes in negative mood regulation (NMR) during the initial STAIR phase significantly contributed to CAPS PTSD symptom reduction at the end of treatment (p < .05). We will also explore whether reductions in psychopathology symptoms (e.g., depression, state anxiety) during STAIR contribute to PTSD symptom reduction post-treatment and whether these contributions (if any) are mediated by NMR. The results of the current study have important implications for enhancing treatment outcomes among patients with PTSD, particularly those with emotion regulation difficulties.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Shared Pathogeneses of Posttrauma Pathology: Attachment, Emotion Regulation, and Cognitions
(Clin Res, Caregvrs)

Lim, Ban Hong, BA (Hons); Valdez, Christine, BA; Lilly, Michelle, PhD
Northern Illinois University, DeKalb, Illinois, USA

Experiencing interpersonal trauma (IPT) enhances risk for a myriad of psychological disorders, including Posttraumatic Stress Disorder (PTSD), Borderline Personality Disorder (BPD), and depression. Comorbidity among these disorders is evident, suggesting that they may not be entirely distinct from one another and likely share etiology. Nevertheless, there is a dearth of research in this area, which is needed to advance understanding of mental health sequelae post-IPT, and may have serious implications for intervention. This study aims to identify areas of impaired functioning following IPT exposure (i.e., attachment difficulties, emotion dysregulation, cognitive disruptions) and how they relate to the development of posttrauma symptoms. A sample of undergraduates who had endorsed at least one lifetime IPT were included. Correlations between symptoms of BPD, PTSD, and depression were very high, with the correlation between BPD and depression suggesting that these disorders may not be distinct constructs in this sample (r = .58, p < .001). Stepwise regression analyses revealed that attachment anxiety, emotion dysregulation, and cognitive disruptions each uniquely predicted symptoms of BPD, PTSD, and depression. Results suggest that symptoms of these disorders are highly correlated, and further that borderline PD, PTSD, and depression share similar pathogeneses. Implications for intervention are discussed.
Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

An Examination of Risk Factors for Sexual Victimization and Revictimization Among College Women
(Clin Res, Violence)

Kelly, Erika, BA1; Murphy, Megan, MS1; Orchowski, Lindsay, PhD2; Gidycz, Christine, PhD1
1Ohio University, Athens, Ohio, USA
2Brown University, Providence, Rhode Island, USA

Research shows that college women are at heightened risk for sexual assault, and that sexual assault history is a risk factor for sexual revictimization. Recent research has proposed risk factors for sexual assault and potential mediators of the relationship between past sexual assault and revictimization. However, much of this research has been cross-sectional, resulting in a lack of conceptual clarity of the specific relationships. Psychological barriers to resistance and appraisals in risky dating situations have been identified, including sexual attitudes and sexual resistance self-efficacy. The current study uses a longitudinal design to examine the roles of self-efficacy and sexual attitudes in risk for sexual assault. Participants were 374 college women who completed surveys assessing childhood sexual abuse, adolescent/adult sexual assault, self-efficacy related to resistance of unwanted sexual activity, and sexual attitudes. The relationship between sexual resistance self-efficacy and sexual attitudes (Time 1) and sexual assault at a 7-month follow-up was examined. Results of a logistic regression showed that more negative sexual attitudes and lower sexual self-efficacy predicted revictimization. Results of analyses testing the mediating role of sexual resistance self-efficacy in the relationship between sexual assault history and revictimization will also be presented.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Using Eye Gaze Tracking to Study Attentional Biases in Sub-Clinical PTSD
(Clin Res, Violence)

Thomas, Charmaine, PhD Candidate; Goegan, Lauren, BA (Hons); Sears, Christopher R., PhD
University of Calgary, Calgary, Alberta, Canada

A considerable number of trauma-exposed individuals do not meet diagnostic criteria for PTSD, yet experience significant impairment due to their symptoms. Previous research suggests that individuals with PTSD preferentially attend to threat-relevant cues in their environment, a process known as an attentional bias (Shipherd & Salters-Pedneault, 2008). This process is hypothesized to contribute to PTSD symptom persistence (e.g., Buckley, Blanchard, & Neill, 2000). What is not understood is whether individuals with sub-clinical levels of PTSD exhibit this same attentional bias. The present study used eye gaze tracking to assess attention to emotional images in an analog sample of individuals with sub-clinical and clinical PTSD, and a control group. Participants were shown sets of four images (one each of threat-related, negative, positive, and neutral) for a 6-second viewing interval while their eye movements were tracked and recorded. To assess for group differences in attention we analyzed the type of image first
attended to, the number of fixations to each image type, and the total fixation time to each image type. To assess for group differences in the disengagement of attention we used a gaze contingent endogenous cuing procedure whereby images were occasionally probed and participants were instructed to immediately move their gaze away from the probed image. The implications of the relationship between PTSD symptom severity and attentional biases are discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

What Predicts Change in Quality of Life Following Trauma-Focused Treatment?
(Clin Res, Violence)

Chappuis, Courtney, BA (Hons); Blain, Leah, MA, PhD, Student; Galovski, Tara, PhD
University of Missouri - St. Louis, St. Louis, Missouri, USA

Several trauma-focused treatments effectively reduce PTSD symptomatology with substantial gains observed in the psychosocial functioning of survivors as well (Galovski et al., 2005). This study examined the role of changes in PTSD, depression, and perceived social support in predicting change in quality of life immediately following Cognitive Processing Therapy (CPT) and at 3-month follow-up in a sample of 37 completers of CPT from an NIH-funded outcome trial. As expected, quality of life significantly increased over the course of treatment (t = -4.18, p < .001) and improvements were maintained at follow-up (t = -6.27, p < .001). Changes in depression and perceived social support, but not PTSD symptoms, were significantly associated with change in quality of life immediately following treatment. Overall, changes in PTSD, depressive symptoms, and perceived social support accounted for 40.2% of the variance (R2) in change in quality of life from pre-treatment to 3-month follow-up (F(3,33) = 7.40, p = .001). Within this model, changes in depressive symptoms (β = .49) and perceived social support (β = .39) were unique predictors of change in quality of life. This suggests that depression and perceived social support are important clinical targets for increasing quality of life for trauma survivors.

Military Sexual Trauma in Men: Reviewing Reported Rates and Assessment Barriers
(Clin Res, Mil/Vets)

Hoyt, Tim, PhD; Rielage, Jennifer, PhD; Nason, Erica, PhD Candidate
1Madigan Army Medical Center, Tacoma, Washington, USA
2New Mexico Veterans Affairs Health Care System, Albuquerque, New Mexico, USA
3University of New Mexico, Albuquerque, New Mexico, USA

Military sexual trauma (MST) historically has been associated with female service members, but also is experienced by male service members. This presentation will discuss reported prevalence and incidence rates of men's MST in 29 studies from the Department of Defense, the U.S. Military Service Academies, and the Department of Veterans Affairs. Analysis of these studies shows significant variability in reported rates of men's MST, with MST reported by approximately .09% of male service members each year, and 1.1% of male service members over the course of their military careers. Determining prevalence and incidence rates for men’s MST is fraught with limitations, including cross-study variation in sample,
method, definitions, and assessment. This presentation also will review each of these limitations with an eye toward addressing male-specific issues related to MST in research and practice.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Posttraumatic Cognitions as Mediators of the Relationship Between Perceived Life Threat and PTSD and Depression
(Clin Res, Violence)

Domino, Jessica, BA; Davis, Margaret, BA; Talbert, Christy, MS (PhD, Student); Weathers, Frank, PhD
Auburn University, Auburn, Alabama, USA

Although a dose-response relationship exists between the severity of a traumatic event and poor psychological outcomes, the mechanisms by which trauma severity increases the risk for the subsequent development of PTSD and depression are not clear. The present study examined posttraumatic cognitions about self and world as mediators of the relationship between perceived life threat and PTSD and depression symptoms in a sample of college women (N= 96) who experienced sexual assault. Participants were administered the Life Threat and Betrayal Inventory (Kelley et al., 2010), the Posttraumatic Cognitions Inventory (PTCI; Foa et al., 1999), the PTSD Checklist (PCL; Weathers, 1993), and the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). Results indicated that trauma severity, as measured by ratings of perceived life threat, was significantly correlated with both PTSD and depression. Results further indicated that cognitions both about the self and the world fully mediated the relationship between perceived life threat and PTSD and the relationship between perceived life threat and depression. These findings are consistent with constructivist models of response to trauma, and suggest that cognitions related to self and world play an important role in the development of PTSD and depression following sexual assault.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Personality Traits Moderate Intimate Partner Violence and Depressive Symptoms
(Clin Res, Violence)

Yalch, Matthew, BA; Lannert, Brittany, MA; Levendosky, Alytia, PhD; Bogat, Anne, PhD; Hopwood, Christopher, PhD
Michigan State University, East Lansing, Michigan, USA

Although depression is a common outcome following the traumatic stress of intimate partner violence (IPV), not all women who are abused develop depressive symptoms. One factor that moderates the development of depressive symptoms after traumatic events is personality traits, although this has not been assessed with IPV specifically. This study examined the moderating role of these traits in the development of depressive symptoms following experiences of IPV. Personality, depression, and IPV data were gathered from a community sample of women (N = 206) as part of a 10-year longitudinal study on IPV. Results indicate that neuroticism was positively correlated with depressive symptoms whereas agreeableness, conscientiousness, extraversion, and openness were negatively correlated. Further, neuroticism and extraversion moderated the relationship between IPV and depression. When women
experienced IPV, those with high levels of neuroticism had higher levels of depression than those with low levels of neuroticism. Women with high levels of extraversion had lower levels of depressive symptoms than those with low levels of extraversion. These results could be due to more neurotic women interpreting IPV as more stressful and more negative globally whereas the more extraverted may appraise the trauma in a less negative light.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Alcohol/Drug Problems and Active and Avoidant Coping in the Prediction of PTSD Symptoms Among Veterans Following Residential PTSD Treatment
(Clin Res, Mil/Vets)

Meggan, Bucossi, BA1; Boden, Matthew, PhD2; Drescher, Kent, PhD3; Bonn-Miller, Marcel, PhD4

1Veterans Affairs Palo Alto Health Care System, Menlo Park, California, USA
2Center for Healthcare Evaluation, VA Palo Alto Health Care System, Menlo Park, California, USA
3National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
4National Center for PTSD and Center for Health Care Evaluation, VA Palo Alto Health Care System, Menlo Park, California, USA

The present investigation tested the moderating role of active and avoidant coping in the relation between alcohol/drug problems and PTSD symptom severity. The sample consisted of 588 military veterans (M_age = 52.2 years) admitted to a VA PTSD residential rehabilitation program. Participants completed the Alcohol & Drug Problems Scale (Ouimette et al., 1997), PTSD Checklist (PCL-M; Weathers et al., 1993), Beck Depression Inventory (Beck et al., 1988), Combat Exposure Scale (Keane et al., 1989), and Brief Cope (Carver, 1997) at treatment intake and the PCL-M again at treatment discharge. After controlling for combat exposure, psychological distress, and PTSD symptom severity at intake, the interaction between alcohol/drug problems and active coping significantly predicted PTSD symptom severity at treatment discharge (p < .05). The interaction between alcohol/drug problems and avoidant coping, however, did not predict PTSD symptom severity. Regardless of level of alcohol/drug problems, low levels of active coping were associated with higher levels of PTSD symptom severity at discharge. Additionally, those with high levels of alcohol/drug problems and low levels of active coping had the highest levels of PTSD symptom severity. Findings will be discussed in terms of improving PTSD treatment by promoting active coping.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Predeployment Trauma, Perceived Threat During Deployment, and Postdeployment Posttraumatic Stress Symptoms in Veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF)
(Clin Res, Mil/Vets)

Giasson, Hannah, BA; Gradus, Jaimie, ScD, MPH; Street, Amy, PhD; Resick, Patricia, PhD
VA Boston Healthcare System, Boston, Massachusetts, USA
Understanding the impact of multiple traumas across the lifespan involves the exploration of mechanisms by which exposure to earlier life stressors predicts posttraumatic stress disorder (PTSD) symptoms in response to later stressors. Perceived threat, which has been identified as an important predictor of postdeployment adjustment, may explain this relationship. This study examined predictors of postdeployment PTSD symptoms in female (n=1209) and male (n=1139) Veterans deployed in support of OEF and OIF between 2002 and 2010. Linear regression analyses were used to examine perceived threat during deployment as a mediator of the association between premilitary trauma and postdeployment PTSD symptoms, stratified by gender. Predeployment trauma predicted PTSD symptoms in women (β=1.765, p<.001) and men (β=1.328, p<.001). This association was partially mediated by perceived threat during deployment for both women (β=1.141, p<.001) and men (β=0.615, p<.01).

Examination of the indirect pathway from premilitary trauma to PTSD through perceived threat also provided evidence of partial mediation. Additional analyses will examine the role of deployment stressors in these associations (e.g., combat exposure, sexual harassment). These results suggest that perception of threat in the warzone is an important construct to consider when understanding observed associations between premilitary trauma and postmilitary adjustment experiences of OEF/OIF Veterans.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Mindfulness Skills and Use of Emotion Regulation Strategies Among Veterans in PTSD Treatment
(Clin Res, Mil/Vets)

Reber, Cecily, Doctoral, Student1; Boden, Matthew, PhD2; Alvarez, Jennifer, PhD3; Gross, James, PhD4; McLean, Caitlin, BA5; Bonn-Miller, Marcel, PhD6
1PGSP-Stanford Psy.D. Consortium & VA Palo Alto Health Care System, Palo Alto, California, USA
2Center for Health Care Evaluation, VA Palo Alto Health Care System, Menlo Park, California, USA
3VA Palo Alto Health Care System, Menlo Park, California, USA
4Department of Psychology, Stanford University, Palo Alto, California, USA
5National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
6National Center for PTSD and Center for Health Care Evaluation, VA Palo Alto Health Care System, Menlo Park, California, USA

Building upon extant theory and research linking improvements in emotion regulation with aspects of mindfulness (e.g., Vujanovic et al., 2010), the present study investigated associations between facets of mindfulness and frequency of use of two types of emotion regulation strategies (suppression, cognitive reappraisal) among 49 male Veterans (M_Age = 44.65, SD = 14.48) recruited from a residential rehabilitation program for PTSD. The Kentucky Inventory of Mindfulness Skills (KIMS; Baer et al., 2004) was administered at treatment intake, while the PTSD Checklist-Military Version (PCL-M; Weathers et al., 1993) and Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) were administered at treatment intake and discharge. It was found that greater nonjudgmental acceptance at intake predicted decreases in suppression (β = -.37; p < .05) and cognitive reappraisal (β = -.35; p < .05) between treatment intake and discharge. Additionally, greater ability to observe emotions at intake was associated with decreases in cognitive reappraisal between treatment intake and discharge (β = -.32; p < .05). These relations remained after controlling for changes in PTSD symptoms. Findings will be discussed in terms of the potential role of mindfulness skills training among Veterans with PTSD.
Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Propranolol Reduces the Emotional Intensity of Traumatic Memories and Symptoms of PTSD
(Clin Res, Violence)

Ashbaugh, Andrea, PhD; Saumier, Daniel, PhD; Tremblay, Jacques, MD; Brunet, Alain, PhD
Douglas Mental Health University Institute, Montreal, Quebec, Canada

Memory reconsolidation blockade is a promising new treatment for PTSD. Studies demonstrate that the use of propranolol to block reconsolidation in PTSD reduces physiological arousal to trauma imagery. Effects on subjective memory have not been examined. This study assesses changes in the phenomenological features of traumatic memories in individuals with PTSD following six sessions of memory reconsolidation blockade. We predicted that the emotional intensity of the traumatic memories, but not other phenomenological features (e.g., vividness, sensory detail), would change during treatment. Participants were randomised to be given single-blindly 1 or 1.5 mg/kg of propranolol prior to reading aloud a script describing their traumatic event for 6 weekly sessions. Four weeks prior to treatment, as well as at the end of each session, participants completed the Impact of Events Scale - Revised (IES-R), to assess symptoms of PTSD, and the Memory Experiences Questions (MEQ), to assess the phenomenological features of their memory. Results reveal that participants’ symptoms of PTSD declined significantly across the 6 treatment sessions. Participants also reported a significant decline in the emotional intensity of their traumatic memories. Other phenomenological features of the memory were unaffected. The implications of these findings for the treatment of PTSD and the theory of memory reconsolidation will be discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Cognitive Behavioral Conjoint Therapy for Posttraumatic Stress Disorder and Substance Dependence: Results of a Case Study
(Clin Res, Mil/Vets)

Vorstenbosch, Valerie, MA¹; Wanklyn, Sonya G., BA¹; Monson, Candice M., PhD, Cpsych¹; Schumm, Jeremiah A., PhD²
¹Ryerson University, Toronto, Ontario, Canada
²Cincinnati VA Medical Center, Cincinnati, Ohio, USA

Epidemiological studies have documented an association between PTSD and relationship problems (Davidson et al., 1991), and PTSD and substance use disorders (SUD; Kessler et al., 1995). Cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD), which has shown to be efficacious in uncontrolled trials and in a current randomized controlled trial (Monson et al., 2004; 2011), has the ability to decrease PTSD symptomatology, increase relationship satisfaction and improve partner’s mental health functioning (Monson et al., 2008). Behavioral Couple Therapy for SUD has shown to be efficacious in a number of randomized controlled trials (O’Farrell & Fals-Stewart, 2000). In an effort
to make conjoint therapy accessible to individuals living with PTSD who might otherwise be excluded from PTSD clinical trials because of comorbid SUD, we did an initial test of a developing therapy for comorbid PTSD and SUD (Schumm, Monson, O’Farrell, & Chard, 2010) with a couple in which the husband had comorbid PTSD and Cannabis Dependence and the wife had Cannabis Dependence. The dyad completed the 15-session protocol, as well as pre-treatment, mid-treatment, post-treatment, and 3-month follow-up assessments. Results will be discussed in terms of PTSD symptom reduction, reduced substance use, and increased relationship satisfaction.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Operation Iquit: Internet-Based Smoking Cessation and Tele-Medicine to Reduce Smoking Among U.S. OEF/OIF Veterans
(Clin Res, Mil/Vets)

Calhoun, Patrick, PhD1; Hill, Michael, MSW2; Rohrer, Lesley, MPH, MA2; Gierisch, Jennifer, PhD2; Smith, Valerie, MS2; Grambow, Steven, PhD2; Hamlett-Berry, Kim, PhD2; Beckham, Jean, PhD1; Bastian, Lori, MD, MPH1; Dutton, Courtney, 5
1 Durham VAMC/Duke University Medical Center, Durham, North Carolina, USA
2 Durham VAMC, Durham, North Carolina, USA
3 Durham VAMC/Duke University, Durham, North Carolina, USA
4 Department of Veterans Affairs- Central Office/Public Health Strategic Health Care Group, Washington, Dist. of Columbia, USA
5 Durham VAMC, Carrboro, North Carolina, USA

Trauma exposure is associated with increased prevalence of cigarette smoking. More deaths are caused each year by tobacco use than by all deaths from suicide, homicide, motor vehicle accidents, illegal drug use and alcohol combined. Specialty smoking cessation clinics are highly efficacious, however, they have limited reach which restricts their impact on smoking prevalence. The current project examines the effectiveness of tele-medicine and internet-based smoking cessation intervention designed to increase reach of smoking cessation care among recent U.S. veterans. Computerized medical records are used to identify OEF/OIF Veteran smokers. Veterans are recruited proactively through an introductory letter and telephone calls and randomized to receive access to the internet/tele-medicine intervention or to clinic-based specialty care. While the study is ongoing, 39% of 344 eligible Veterans contacted by phone to date report willingness to make a quit attempt and have enrolled in the study (n=134). To date, 49% of participants have screened positive for PTSD. Preliminary results from completed 3-month follow-up surveys show that 29% of the intervention group report abstinence compared to 15% of those randomized to clinic-based specialty care. Web-based and tele-medicine interventions using proactive recruitment strategies are feasible in OEF/OIF Veteran smokers and may significantly reduce smoking.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Integrating Remote Delivery of Care ByTelephone with Geographically Dispersed Clinical Teams
(Clin Res, Mil/Vets)
The telephone is one of many types of Tech increasingly being utilized to increase access to mental health care and improve treatment outcomes for Veterans (Olden et al., 2010). As use of remote delivery of care increases, so do questions as to how to integrate it with care the patient receives locally.

The Homecoming Line trial, funded by the U.S. Department of Defense, tests whether telephone monitoring and support improves the outcomes of Veterans entering PTSD treatment in VA clinics in Northern California, North Carolina, and Washington State. Collaborating with the clinics and coordinating with local treatment providers are essential to aiding new patients’ engagement and retention in outpatient treatment. However, each clinic functions differently and each treatment team has a different culture. In some cases, local clinicians are initially uncomfortable with distant strangers inserting themselves in the treatment milieu. In others, clinicians are supportive of the intervention, but too busy to be effective collaborators. The presenter will discuss the challenges faced in managing relationships with geographically dispersed providers and how the telephone-based support intervention was modified to accommodate the needs of each clinic. The presenter will also suggest considerations in planning remote delivery of interventions.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Coping Style, Social Support, and Emotion Regulation as Predictors of Posttraumatic Growth in Individuals with HIV/AIDS
(Clin Res, Diverse Pop)

Flores, Sergio, BA; Kamen, Charles, PhD; Lee, Susanne, MPH; Gore-Felton, Cheryl, PhD
1PGSP-Stanford PsyD Consortium, Palo Alto, California, USA
2Department of Psychiatry & Behavioral Sciences, Stanford University, Stanford, California, USA

Posttraumatic Growth (PTG) refers to a positive psychological transformation experienced as a result of overcoming adverse situations or challenging circumstances. Available research highlights factors such as active coping and social support as predictors of PTG in individuals diagnosed with life-threatening diseases. However, less is known about the role that emotion regulation, a feature often associated with trauma recovery, might play in PTG. In our study of men living with HIV and trauma histories, we expected to find relationships among PTG, emotion regulation, coping style, and social support.

Regression analyses indicated that PTG was negatively associated with lack of emotional awareness (β = - .31, p < .001) and positively associated with coping through religion (β = .42), planning (β = .16), and use of emotional social support (β = .22, all p < .05). Furthermore, coping style served as a significant mediator between emotion regulation and PTG. Results suggest that interventions that focus on bolstering coping strategies and social support are likely to enhance regulation of emotional responses to stress, thereby increasing the likelihood of PTG among individuals living with HIV and trauma histories.
Mental Health Service Utilization in the US Army
(Clin Res, Mil/Vets)

Gray, Christine, MPH; Fullerton, Carol, PhD; McKibben, Jodi, PhD; Probe, Deborah, MA; Kody, Natalie, MA; Ursano, Robert, MD
Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

Understanding mental health service utilization among Army soldiers is important to providing appropriate health care services. Of particular interest is whether soldiers in need of mental health care actually obtain care from a mental health professional. This study identifies the types of mental health services sought by Army soldiers.

This study is a secondary analysis of a public use Department of Defense data set from a large, cross-service health risk behavior self-report survey conducted in 2008 by Research Triangle Institute. Participants were 28,546 military personnel across all services. Mental health service utilization over a 12 month period included 1) seeking counseling or therapy from a general medical doctor, 2) seeking counseling or therapy from a mental health professional, or 3) being prescribed psychiatric medications. Overall, 22% of Army soldiers used at least one of the mental health services studied. Of those using services, 48.7% use a general medical doctor; 69.1% use a mental health professional; and 52.2% were prescribed psychiatric medication. Further, 45.6% of Army personnel used at least two mental health services.

Mental health service use across service sectors is relatively evenly distributed. Among those using mental health services, nearly one third (31.5%) are not seeking any care from mental health professionals.

Cognitive-Behavioral Treatment of Resistant Posttraumatic Stress Disorder
(Clin Res, Violence)

Pedrozo, Ana, MA; Ventura, Paula, PhD; Figueira, Ivan, MD, PhD; Gonçalves, Raquel, Doctoral, Student; Coutinho, Evandro, DO
Institute of Psychiatry Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Post-traumatic Stress Disorder (PTSD) has severe symptoms that impair professional, social and personal functions. In Brazil, there is not yet a systematic program to treat PTSD patients. **Aim:** to use an adapted protocol based on Dr. Foa’s program, for PTSD and verify CBT efficacy in addition to drug treatment. **Method:** 10 PTSD patients resistant to pharmacological treatment (5 in the intervention group and 5 in the control group). Protocol was held in 16 weekly sessions with a therapist and 45 sessions with a co-therapist. **Results:** Comparison of initial and final scores showed that the mean reduction was greater in intervention group (PCL-C -16.2, -12.8 BAI and BDI -5.4) than in control group (PCL-C 2; BAI -
3, 2 and BDI -1.2). But only in PCL-C this difference reached borderline level of statistical significance (PCL-C 0.07; BAI 0.17 and BDI 0.46). Four of five intervention’s patients showed significant improvement. Results suggest that the program was effective at the studied sample.

**Friday Poster Session**

**Friday, November 4**

**5:00 p.m - 6:00 p.m.**

**Grand V**

**Family Participation in Mental Health Treatment of Veterans with PTSD and Serious Mental Illness**

*(Clin Res, Mil/Vets)*

**Murray-Swank, Aaron, PhD; Belsher, Brad, MS (PhD, Student)**

*Washington DC VA Medical Center, Washington, Dist. of Columbia, USA*

Family participation in treatment is a central component of PTSD care. While family involvement has been incorporated into SMI treatment models, it has not received as much attention for PTSD. The goals of this study were to: 1) develop a measure to assess preferences for family involvement in treatment; 2) explore experiences regarding family involvement in treatment among veterans with PTSD and SMI.

The sample included 50 veterans in VA residential programs (PTSD=29; SMI=21) who completed the Family Involvement in Treatment (FIT) Scale, a new measure to assess preferences regarding family participation in treatment that ranges from desire for low intensity involvement (educational materials) to intensive involvement (participation in sessions).

The FIT was valid, feasible, and internally consistent. Veterans with PTSD endorsed high levels of interest in family involvement with some preference for less intensive involvement. While there was a trend for veterans with PTSD to express more interest in family involvement compared to SMI, those with PTSD were less likely to report that clinicians contacted their family (14% vs. 38%; p=.03). These findings underscore the importance of including family in PTSD treatment, suggest ways to assess preferences for family involvement, and support initiatives to include family members in treatment.

**Friday Poster Session**

**Friday, November 4**

**5:00 p.m - 6:00 p.m.**

**Grand V**

**Prospective Study of Female Victims of Domestic Violence and Their Children: The Relationship Between the Mental Health of the Mother and the Child**

*(Clin Res, Child/Adol)*

**Kamo, Toshiko, MD, PhD¹; Ujiie, Yuri, MD, PhD²; Nakayama, Michi, MA²; Kim, Yoshiharu, MD, PhD³; Ito, Fumie, MA²**

¹Tokyo Women’s Medical University, Institute of Women’s Health, Tokyo, Japan
²Institute of Women’s Health, Tokyo Women’s Medical University, Tokyo, Japan
³Department of Adult Mental Health, National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan

The purpose of this study was to examine the mental health of female victims of domestic violence and their children’s cognitive performance. We employed a prospective study design over the period of one year to assess the trajectory of their mental health. Fifty-eight pairs of mothers and children were
assessed at the baseline and 3, 6, 9, and 12 months after they utilized a shelter for DV victims. We examined the relationships between the children’s cognitive performance levels--assessed using the Continuous Performance Test (“Mogura-zu”)--and the mother’s post-traumatic symptoms, dissociation, post-traumatic negative cognitions, and psychological symptoms (which were assessed using the IES-R, DES-II, PTCI, and SCL-90-R, respectively). Although the mother’s mental health improved significantly after 3 months, in the subsequent period, no improvements were seen in her mental health, and a constant unhealthy level was maintained. Correlation analysis showed that the mother’s PTSD was not associated with the child’s task performance. However, the child’s task performance was related to the mother’s dissociation (r=-.20, p<.01), post-traumatic negative cognitions regarding the self (r=-.15, p<.05) and the world (r=-.16, p<.05), and distress caused by various psychological symptoms. The results from this study indicate that mother and child interactions require constant support.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

PTSD as a Predictor of Mental Health Service Utilization in the US Army
(Clin Res,Mil/Vets)

McKibben, Jodi, PhD; Fullerton, Carol, PhD; Gray, Christine, MPH; Kodsky, Natalie, MA; Probe, Deborah, MA; Ursano, Robert, MD
Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

Introduction: Identifying predictors of mental health service utilization among Army soldiers is important to understanding whether soldiers are accessing appropriate care. The present study examined the association between PTSD and mental health service utilization in Army soldiers.

Methods: This study is a secondary analysis of a DoD dataset from a large health risk behavior self-report survey by Research Triangle Institute. Participants included 28,546 military personnel from all active services. Participant responses for mental health service utilization in the 12 months preceding the survey included 1) seeking counseling or therapy from a general medical doctor, 2) seeking counseling or therapy from a mental health professional, or 3) being prescribed psychiatric medications. PTSD was assessed using the PTSD Checklist (PCL).

Results: In the weighted univariate logistic regression, PTSD was significantly associated with the use of the aforementioned mental health services (OR=8.3, CI=6.6 - 10.6). After adjusting for socio-demographic variables (gender, race, age, education, marital status, and pay grade) and other mental health issues (substance use and positive screen for depression), weighted multivariate logistic regression analyses showed that PTSD remains significant (OR=5.3, CI=4.2 - 6.7).

Conclusions: While PTSD is an important predictor of mental health service utilization, over 40% of Army soldiers with PTSD do not receive any of the aforementioned mental health services, even after accounting for socio-demographics and other mental health issues.
A Brief Manualized Approach for Trauma Treatment in Primary Care: Description of An Integrated Assessment-Treatment Model and Preliminary Findings

Fields, Laurie, PhD; Goldman, Alison, PsyD Candidate
University of California, San Francisco, San Francisco, California, USA

There are many benefits to treating PTSD in primary care. Mental health stigma, sociocultural issues, and the hallmark avoidance of PTSD itself all deter patients from following through on mental health referrals. Addressing psychiatric issues in the primary care clinic facilitates patient acceptance, tolerance and treatment compliance. Untreated PTSD also impacts medical treatment by clouding the diagnostic picture, reducing treatment adherence, impacting trust in the patient-physician relationship, and triggering avoidance of the physical exam itself. Several agencies have developed systems-level triage and computer-assisted multi-anxiety disorder treatment programs but not a brief PTSD-specific toolset. This presentation will detail the Trauma Recovery in Primary Care (TRIP-C) manualized 4-8 session treatment, including brief assessment tool, adapted CBT-based patient materials and protocols. Findings during initial development were promising and will be presented along with patient acceptance data identifying beneficial elements. This approach offers a structured intervention to professionals and paraprofessionals to provide PTSD treatment in primary care. It can increase engagement in PTSD treatment for those unwilling to attend treatment in a mental health setting, and reduce negative impacts that PTSD has on medical care, patient functioning and distress levels. Implications for future research and development will be presented.

Predictors of PTSD in U.S. Army Special Operations Soldiers

Naifeh, James, PhD; Fullerton, Carol, PhD; Riley, Stephanie, BA; Benedek, David, MD; Zhang, Lei, MD; Ursano, Robert, MD
Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

The current study examined cross-sectional predictors of posttraumatic stress disorder (PTSD) in a sample of trauma-exposed U.S. Army Special Operations Soldiers, an elite and understudied military population. Active duty Soldiers (n = 430) were recruited from U.S. Army Special Operations Command units as part of a larger study on genetic biomarkers of traumatic stress in military personnel. After obtaining informed consent, groups of participants were administered an anonymous self-report survey, including measures of traumatic event exposure, peritraumatic emotional responses, current PTSD symptoms, and personality characteristics. PTSD symptom severity, based on the PTSD Checklist, ranged from 17 to 85 (M = 28.2, SD = 12.3), with 8.7% of participants reporting probable PTSD. A multiple regression analysis revealed that, after controlling for relevant demographic variables, PTSD
Symptom severity was significantly predicted by number of childhood traumatic events, number of past-year deployment stressors, severity of peritraumatic emotional responses, and trait neuroticism. Similar results were observed in the prediction of probable PTSD. Implications of the findings are discussed.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Clearing the Way for Clinicians: An Analysis of Barriers and Facilitators of Implementation of Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder**
(Clin Res, Caregvr)

Wanklyn, Sonya, BA (Hons); Brown-Bowers, Amy, Other; Vorstenbosch, Valerie, MA; Cozzi, Derek, BA; Landy, Meredith, MA; Monson, Candice, PhD
Ryerson University, Toronto, Ontario, Canada

A priority in mental health services has been the dissemination and implementation of evidence-based treatments (EBTs; Drake et al., 2001). However, there is a gap between psychotherapy science and practice in real-world clinical settings. This study examined the anticipated and actual barriers faced by clinicians attempting to implement a novel therapy, Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder (CBCT for PTSD), and factors that facilitated implementation. CBCT for PTSD is a manualized therapy designed to simultaneously improve PTSD symptoms and enhance relationships (Monson & Fredman, in press). Participants were 224 mental health clinicians serving the U.S. Air Forces, U.S. Army, and Canadian Forces, who attended a workshop on CBCT for PTSD. Preliminary results suggest the most pronounced anticipated and actual barriers to therapy uptake were a perceived lack of available supervision and factors specific to the couple framework, respectively. The most commonly cited factor that helped facilitate implementation of the protocol was the clinician's workplace promoting evidence-based practice. Results will be discussed in terms of the ways in which institutions and those disseminating EBTs can help overcome barriers of implementation in order to better translate EBTs from the science of randomized controlled trials to into real-world utilization of these therapies.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**The Application of Structural Equation Modeling to Test Group Difference: A Step By Step Guide**
(Res Meth, Violence)

McSweeney, Lauren B., MS; Lauterbach, Dean, PhD
Eastern Michigan University, Ypsilanti, Michigan, USA

Traditional strategies for comparing groups on a continuous variable include t-tests, ANOVA, and MANOVA. However, structural equation modeling (SEM) can also be used to compare known groups, such as those with and those without PTSD, on latent variables, such as severity of depression or level of social support. This talk will illustrate this two-step technique using a sample of 490 women who had experienced interpersonal violence in the previous year. In the initial step, a two-factor model is developed composed of depression and social support. The factorial invariance (i.e., form invariance and
measurement invariance) of this model is tested across those with (n = 315) and those without (n = 175) PTSD. In the second step, those with and those without PTSD will be compared on the latent variables depression and social support. Advantages of this strategy over traditional between-groups analyses will be discussed, particularly with reference to developmental variables.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Predicting Posttraumatic Growth in Hurricane-Exposed Families
(Clin Res, Disaster)

Schexnaildre, Mark, MA; Adams, Leah, MA; Kelley, Mary Lou, PhD
Louisiana State University, Baton Rouge, Louisiana, USA

Hurricane Katrina remains one of the most devastating natural disasters in United States history. Families who were displaced by the storm suffered a great deal of psychological distress. Disaster affected families experienced a disruption of their routines, loss of possessions, and disconnection from their community, neighborhoods, and schools.

Although considerable research has evaluated variables related to psychological distress in Katrina affected children and adults, there is a paucity of studies that examined factors related to positive outcomes. Although not extensively studied in disaster victims, posttraumatic growth (PTG), the positive psychological change experienced as a result of the struggle with highly challenging life circumstances, is an emerging area of research.

The current study evaluated predictors of PTG in mothers and children who experienced Hurricane Katrina. Measures of coping, social support, hurricane exposure, and PTG were used. It was hypothesized that active coping, social support, and hurricane exposure would positively predict PTG. Participants were 85 mothers and 94 children, who were mostly African American (55%). PTG was assessed approximately 40 months post-storm. Preliminary results partially supported the stated hypotheses. For mothers, positive coping but not hurricane exposure or social support predicted PTG. For youth, both positive coping and social support significantly predicted PTG, while hurricane exposure did not. These results have several clinical implications and encourage further research.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Changes in Relationship Satisfaction Among Male Veterans Receiving Group Cognitive Behavioral Therapy for Intimate Partner Aggression: A Pilot Study
(Clin Res, Mil/Vets)

Macdonald, Alexandra, PhD1; Maguire, Emily, BA2; Murphy, Christopher, PhD3; Monson, Candice, PhD4; Shea, Tracie, PhD5; Howard, Jamie, PhD1; Taft, Casey, PhD6
1 VA Boston Healthcare System, Boston, Massachusetts, USA
2 National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
3 University of Maryland Baltimore County, Baltimore, Maryland, USA
4 Ryerson University, Toronto, Ontario, Canada
5 Providence VA Medical Center, Brown University, Providence, Rhode Island, USA
Intimate partner aggression (IPA) refers to acts of physical, sexual, psychological aggression perpetrated by one partner towards another. Rates of IPA are up to three times higher in US military populations than in civilians, and IPA has a range of negative impacts on military families, including relationship dissatisfaction. Unfortunately, there is currently no empirically validated IPA intervention for military populations. The current study evaluates Strength At Home-Men's Program (SAH) - a cognitive behavioral intervention designed to end IPA in current relationships and prevent IPA in future relationships by helping participants to develop effective conflict resolution skills, enhance intimacy and closeness in their relationships, and reduce the negative effects of stress on their relationships. Initial evidence suggests that SAH reduces incidences of IPA following intervention, however, questions remain regarding the effect this intervention may on improving relationship satisfaction. The current study aims to assess the relationship satisfaction among male veterans enrolled in the SAH pilot study and their female partners, who provided collateral information. Initial results indicate small to moderate effect size improvements in relationship satisfaction for both veterans and their partners, and most individuals reported reliable improvement in satisfaction. The theoretical and practical implications of this research are discussed.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Depression as a Mediator Between Posttraumatic Stress Symptoms and Guilt**
(Clin Res, Violence)

**Defever, Erin, BA**¹; **Rytwinski, Nina, PhD**¹; **Feeny, Norah C., PhD**¹; **Zoellner, Lori A., PhD**²

¹Case Western Reserve University, Cleveland, Ohio, USA
²University of Washington, Seattle, Washington, USA

Guilt is significantly increased after traumatic events and is positively associated with both PTSD and depression (e.g., Kubany & Manke, 1995). However, no one has examined guilt as it relates to specific PTSD symptom clusters, nor the role that depression plays in mediating this relationship. Thus, the present study examined the relationship between guilt, depression, and PTSD symptom clusters (hyperarousal, avoidance, dysphoria, and intrusions; Simms et al. (2002)). We hypothesized that depression would mediate the relationship between PTSD symptoms and guilt. Further, given that guilt is related to both avoidant coping (Street et al., 2005) and depression, we hypothesized that the relationship between the avoidance cluster and guilt would also be mediated by depression. Two hundred participants with chronic PTSD completed measures of clinician-assessed PTSD severity and self-reported depression and guilt. Mediation analyses revealed that depression mediated the relationship between overall PTSD and guilt ($z' = 4.21, p < .05$). Contrary to our hypothesis, examination of the PTSD clusters revealed depression only mediated the relationship between dysphoria and guilt ($z' = 4.28, p < .05$) and intrusions and guilt ($z' = 3.73, p < .05$). These findings highlight the central role of depression in guilt, and may suggest that trauma related guilt simply reflects overlap with depression.
Tonic Immobility and PTSD: The Potentially Mediating Role of Posttraumatic Cognitions in Survivors of Childhood Sexual Abuse  
(Clin Res, Adult/Complx)  
Van Buren, Brian R., BA; Weierich, Mariann R., PhD  
Hunter College, CUNY, New York, New York, USA  
Tonic immobility (TI) is a peritraumatic behavioral response associated with symptoms of PTSD in survivors of childhood sexual abuse (CSA). TI symptoms include motor inhibition and other physiological responses, and can occur when traumatic exposure is accompanied by the perception that escape is impossible. In sexual abuse survivors, TI is associated with greater PTSD symptom severity. Negative posttraumatic cognitions following sexual victimization can also influence the development of PTSD. For example, negative self-appraisals or negative beliefs about the world are associated with increased risk for PTSD. We examined the potential relationship among tonic immobility, posttraumatic cognitions, and PTSD in female participants with a history of CSA. Participants completed questionnaires that assessed the TI response, posttraumatic cognitions, and PTSD symptoms. We hypothesized that negative beliefs about the self and the world would mediate the relation between symptoms of TI and PTSD symptom severity. Contrary to our hypotheses, preliminary analyses suggest that the first steps in the mediation model were not met: TI symptoms did not predict PTSD symptom severity or negative posttraumatic cognitions. However, there was a trend for perceived inescapability to be associated with negative self-appraisals and PTSD symptoms. Clinical implications for survivors of childhood sexual abuse will be discussed.

The Role of Parental Overprotection in Posttraumatic Symptoms Among Asian and Asian American Students Following the April 16th Shootings At Virginia Tech  
(Clin Res, Disaster)  
Amatya, Kaushalendra, BS; Donlon, Katharine, BA; Anderson, Scott, MS (PhD, Student); Hughes, Michael, PhD; Jones, Russell, PhD  
Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA  
Parental overprotectiveness and infantalization of children and adolescents have been found to increase PTSD symptoms following traumatic events (Bokszczanin, 2008; McFarlane, 1987). Studies have consistently found that parents in collectivistic Asian societies use authoritarian parenting style characterized by overprotection, high control, and low warmth (Inman, Howard, Beaumont, & Walker, 2007). However, research on the impact of parental overprotection on posttraumatic symptoms following traumatic events in the Asian population is sparse. The current study aims to understand the relationship between parental overprotection and posttraumatic symptoms in Asian students following the April 16th shootings at Virginia Tech. Participants were 254 Asian students who were present on campus
during and immediately after the shootings, completed an online survey. The survey included items regarding parenting behavior and perceived parental overprotection. The survey also included a 13-item scale for posttraumatic symptoms modeled after the Trauma Screening Questionnaire (TSQ, Brewin et al., 2002), a validated screen for PTSD (Kessler, Galea, Jones, & Parker, 2006). Preliminary analyses suggest that parental overprotection contributes to posttraumatic symptoms. In conclusion, it may be important to examine the role of parental overprotection among Asian and Asian American college students in the development and persistence of psychological distress following a traumatic event.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Differential Efficacy of Psychological and Pharmacotherapy Interventions for PTSD: A Meta-Analytic Review
(Clin Res, Diverse Pop)

Messer, Stephen, PhD
Nova Southeastern University, Fort Lauderdale, Florida, USA

Posttraumatic stress disorder (PTSD) is estimated to affect 8-9% of individuals in the population at some point in their lives. PTSD is associated with high rates of comorbidity and constitutes a major public health morbidity and mortality burden, highlighting the importance of prevention and intervention efforts. Moreover, current combat operations are resulting in significant rates of PTSD and related conditions. Treatment guidelines for PTSD include expert consensus recommendations, empirical reviews of the literature, and meta-analyses. Generally, the recommendations are consistent. However, several high profile (e.g., Institute of Medicine) reviews have generated some controversy and many lack statistical comparisons. No systematic quantitative review has been published to date comparing the relative efficacy of psychological and pharmacological therapies for PTSD, particularly the most recommended modalities of SSRIs/SNRIs and trauma-focused CBT. The current study follows the PRISMA group’s recommendations for conducting rigorous meta-analytic reviews. In addition, to providing an empirical estimate of differential efficacy between pharmacological and psychological best practices, subgroup and meta-regression analyses examine relations such as baseline severity of PTSD symptoms, gender, comorbidity, depression diagnosis, and attrition with relative efficacy of psychological and pharmacologic treatments for PTSD.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Child Sexual Abuse and Sexual Revictimization in Women: Linking Experiential Avoidance
(Clin Res, Adult/Complx)

Ghimire, Devika, BA; Follette, Victoria, PhD
Department of Psychology, University of Nevada, Reno, Reno, Nevada, USA

Empirical evidence has established a relationship between child sexual abuse and sexual victimization in adolescence or adulthood, a phenomenon referred to as revictimization. However, a clear understanding of the etiology and the specific mechanisms that serve as risk factors is necessary. Experiential
avoidance, which refers to chronic avoidance of negative internal experiences, is one variable that could be particularly relevant in revictimization. Experiential avoidance is thought to play a fundamental role in the psychological impairment associated with a history of abuse (Follette, Palm, & Rasmussen-Hall, 2004) and studies have shown that it exacerbates psychological distress in survivors of child sexual abuse (Rosenthal, Hall, Palm, Batten, & Follette, 2005). The current cross-sectional study will examine whether greater levels of experiential avoidance among CSA survivors may provide one possible explanation for revictimization. Data collection for the study has been completed and female undergraduate students (N=314) filled out standardized questionnaires to assess for child sexual abuse, sexual victimization in adolescence and/or adulthood, post traumatic stress symptoms, general distress, and experiential avoidance. In order to examine differences between CSA survivors and non victims, a number of statistical techniques will be employed and presented including chi square, t-tests, analysis of covariance and logistic regression analyses. The results of this study could have important prevention and treatment implications which will be discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Beliefs About PTSD Treatment: The Impact of Providing Treatment Testimonials
(Clin Res, Caregvr)

Henricksen, Erik, BSc1; Todhunter, Briana, Undergraduate1; Hanson, Robert, BSc1; Scur, Michael, BA2; Pruitt, Larry, PhD1; Zoellner, Lori, PhD1; Feeny, Norah, PhD2
1University of Washington, Seattle, Washington, USA
2Case Western Reserve University, Cleveland, Ohio, USA

Understanding treatment choice has been an important field of study in recent years (Cochran et al., 2008; Zoellner et al., 2003). Much is still unknown about the individual beliefs that underlie treatment choice and if these beliefs can be altered by providing patient testimonials of treatment experiences. We hypothesized that testimonials would affect participant's treatment beliefs. Four hundred and thirty-nine undergraduates were asked to imagine struggling with the symptoms of PTSD, provided with standardized treatment rationales and asked to choose which of the following treatments they would most prefer: prolonged exposure, sertraline, a combination treatment, or no treatment. Prior to this choice, half of the participants received a positive testimonial about the effects of treatment. Not only does providing testimonials affect treatment choice, but that it also affects participant's beliefs about treatment. Specifically, providing testimonials decreases the belief that talking about a trauma will make it worse (d = .33), while increasing the beliefs that psychotherapy is a logical treatment (d = .33), and that medication visits take up less time (d = .34). Thus, when presented with treatment options, positive patient testimonials may serve to bolster one’s treatment beliefs, reduce a major practical barrier to treatment engagement.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Sex Differences in Protective Factors Buffering the Effects of Military Sexual Trauma on Mental Health
(Clin Res,Mil/Vets)
Research has demonstrated the negative consequences of military sexual trauma (MST), including a variety of mental health concerns. However, potential protective factors that might mitigate the impact of MST are less well-known, as are possible sex differences in such protective factors. This study investigated the potential buffering role of social support, hardiness, and self-esteem in a sample of 320 men and 367 women who had formerly been Marine Corps recruits. Relationships between MST and three mental health outcomes (PTSD, depression, and anxiety) were examined. Hierarchical multiple regressions indicated that among men, none of the proposed variables moderated the relationships between MST and PTSD, depression, or anxiety (β for interaction terms ranging from -0.15 to 0.16, all ps > .05). These findings were in direct contrast with findings among the female participants. Among the women, each of the proposed variables served as buffers in several relationships. Specifically, social support moderated the relationships between MST and PTSD and between MST and anxiety, while hardiness and self-esteem both moderated the relationships between MST and each of the three outcomes (PTSD, depression, and anxiety; β for interaction terms ranging from -0.14 to -0.26, all ps < .05). Implications of these findings, as well as limitations and future directions, will be discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Parental Provided Social Support and Parental Adjustment as Predictors of Children’s Positive Adjustment Following a Man-Made Disaster
(Clin Res, Child/Adol)

Aikins, Jamarri, PhD Candidate; Kelley, Mary Lou, PhD
Louisiana State University, Baton Rouge, Louisiana, USA

Although many individuals experience significant psychological distress post-disaster, some individuals are able to recover more quickly and to sustain their recovery better than others (Bonanno, 2005). Researchers have identified numerous variables associated with positive adjustment in individuals who have experienced disasters. Parent provided social support has been shown to be a significant predictor of positive adjustment in children and adolescents post-disaster (Vigna, Hernandez, Paasch, Gordon & Kelley, 2009). The current study will examine parent provided social support and its subsequent effect on child-reported personal adjustment in families who have experienced the recent Gulf Horizon oil spill. In addition, parental levels of adjustment will be examined to determine the degree to which they predict positive adjustment in children. Preliminary data have been collected from parents (n = 92) and children (n = 67). A series of hierarchical regression analyses will be calculated investigating social support, parental adjustment and child adjustment.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

The Role of Social Support on Mental Health Following Multiple Wildfire Disasters
(Clin Res, Disaster)
Following traumatic events or disasters, it is common for individuals to experience stress reactions that impact mental health. One of the more consistent findings related to risk and resilience factors post-disaster is that of social support in protecting mental health. This study explores the role of social support following multiple wildfire disasters that affected a California community within a two-year period. Collectively, the wildfires destroyed or damaged over 300 homes and causes tens of thousands of people to be evacuated. The influence of fire exposure to current mental health and at the time of the most stressful fire for the participant was explored. The direct and moderating influences of social support on mental health, and in relation to life stressors since the disaster, were examined. A random digit dial telephone survey of adults (N=402) in the affected communities was conducted. The number of evacuations experienced was related to lower mental health at the time of the fire, but there were no differences in current mental health. Social support had a direct effect on mental health at the time of the fire and currently. Social support moderated the impact of life stressors since the disaster on current mental health.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Trauma, Forgiveness, and Expressive Writing: Challenges for the Returning Veteran Population
(Clin Res, Caregvr)

Tamez, Jeannine, PhD¹; Romero Barber, Catherine, PhD²; Teng, Ellen, PhD³
¹Baylor College of Medicine, Houston, Texas, USA
²University of St. Thomas, Houston, Texas, USA
³Michael E. DeBakey VA Medical Center, Houston, Texas, USA

Sub-threshold PTSD is a potential risk factor for the development of full-blown PTSD (Buckley, Blanchard, & Hickling, 1996; Carty, O'Donnell, & Creamer, 2006) and is associated with increased suicidality (Marshall et al., 2001); however, Veterans with sub-threshold PTSD are less likely to seek and receive psychological services related to their trauma. Expressive writing incorporating forgiveness is a viable intervention for this underserved population and has been associated with improved mood and health outcomes (Smyth, 1998). Indeed, difficulty with forgiving oneself and others has been found to be positively associated with PTSD symptoms and depression among Veterans with PTSD (Witvliet et al., 2004). The current pilot study examines the feasibility of utilizing a forgiveness-based expressive writing intervention for returning OEF/OIF Veterans diagnosed with sub-threshold PTSD (N = 8). Forgiveness, anger, depression, anxiety, and PTSD symptoms were assessed pre- and post-treatment and at a one-month follow-up. Although Veterans generally found the intervention helpful, several challenges related to recruitment and treatment adherence arose. Recommendations for addressing these challenges in a clinical setting and implications regarding the applicability and adaptability of implementing forgiveness-based expressive writing for a Veteran population will be addressed.
Posttraumatic Stress Disorder and Traumatic Brain Injury have been identified as the signature wounds of the conflicts in Iraq and Afghanistan. Hoge et al. (2008) reported associations between mild TBI (mTBI) and health concerns among active duty military personnel. Research has also linked both PTSD and TBI to certain kinds of functional impairment (Marx et al, 2008; Rassovsky et al, 2005). What remains unclear is whether these relationships are observed in different populations, and the extent to which these factors interfere in psychosocial functioning domains.

Participants were 268 US Army and Marine OEF/OIF Veterans; 49% were female, and 34% identified as members of a racial or ethnic minority. Participants completed online questionnaires and a brief telephone interview. Questionnaires included the Health and Work Performance Questionnaire, the Patient Health Questionnaire and the Psychosocial Functioning Inventory. Participants were interviewed regarding the occurrence of TBI and the presence of PTSD symptoms. Of the total sample, 172 met criteria for current PTSD (66 with mTBI) and 72 did not (24 with mTBI). Results indicated significant associations between PTSD symptoms and all areas of functioning. Significant correlations were also observed between mTBI and absenteeism, depression, PTSD symptoms and decreased physical health. Mild TBI was also associated with impairments in family, work and friendships, but not romantic relationships, parenting, education or self-care. The association between mTBI and absenteeism remained significant, while controlling for PTSD symptoms and Depression.

Parenting Post-Disaster: An Analysis of the Mediating and Moderating Effects of Social Support, Psychopathology, and Coping Style on Parenting Practices Following Hurricane Katrina

Adams, Leah M., MA; Thompson, Julia E., MA; Schexnaildre, Mark A., MA; Kelley, Mary Lou, PhD; Jones, Glenn N., PhD
Louisiana State University, Baton Rouge, Louisiana, USA

Hurricane Katrina had a devastating effect on the psychological adjustment of New Orleans residents. In the wake of a disaster, parents must alter their child-rearing practices and routines. Research has
suggested that parenting distress has a negative impact on parenting behavior. For example, maternal depression is associated with negative, coercive parenting techniques and negative child behavior. A recent study by Kelley et al. (in press) indicates that lack of social support and negative coping are associated with more negative parenting practices, specifically harsh and ineffective discipline. Additionally, broad literary evidence illustrates the profound effect maternal variables such as social support, psychopathology, and coping style have on parenting practices. However, research examining the mediating and/or moderating effects of these maternal variables on parenting behaviors in a post-disaster environment is limited. This study examines the mediating and moderating effects of social support, psychopathology, and coping style on both positive and negative parenting practices post-disaster. Participants are 279 displaced mother-child dyads from New Orleans and surrounding parishes directly affected by Hurricane Katrina. Participants are primarily low-income African American families. Results and implications will be discussed.

Friday Poster Session  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V

Cognitive Processing Therapy Treatment Outcomes: Internalizing, Externalizing, and Simple Subtypes Within PTSD-Positive Interpersonal Assault Survivors  
(Clin Res, Violence)

Jones, Kaylin, BA; Elwood, Lisa, PhD; Galovski, Tara, PhD  
University of Missouri - St. Louis, St. Louis, Missouri, USA

PTSD-positive trauma survivors experience interindividual variability within personality diagnoses, temperament scales, and co-morbid Axis I diagnoses. Past research identified three subtypes (internalizers, externalizers, and simple) of traumatic reactions based on personality features (Miller, Kaloupek, Dillon, & Kean, 2004). Recently, the subtypes were replicated within a sample of interpersonal assault survivors (Miller & Resick, 2007). The present study sought to replicate the existence of the three subtypes within a preliminary sample of interpersonal assault survivors (N = 70), and assess impact of subtype upon length of treatment within a variable course of cognitive processing therapy (CPT). Cluster analyses of the Schedule for Nonadaptive and Adaptive Personality (Clark, L., 1996; SNAP) indicated that there were three qualitatively different subtypes (externalizers, internalizers, and simple), consistent with previous studies. One-way ANOVA's indicated personality subtype differences between the three SNAP temperament scales (positive temperament, negative temperament, and disinhibition), seven SNAP trait scales (dependency, exhibitionism, detachment, self-harm, manipulativeness, aggression, and impulsivity), and six SNAP diagnostic scales (self-defeating, passive-aggressive, dependent, avoidant, antisocial, and borderline personality disorders). There were no differences in completion status (dropout versus completer) or efficiency of response to CPT among completers (number of sessions required to meet good end-state functioning) by personality subtype.

Friday Poster Session  
Friday, November 4  
5:00 p.m - 6:00 p.m.  
Grand V

Neural Responses to Threat Words in Posttraumatic Stress Disorder with Comorbid Panic: A Functional MRI Case Study  
(Clin Res, Mil/Vets)
Neuroimaging studies of persons with PTSD propose that reduced activity in the medial prefrontal cortex (mPFC) leads to impaired inhibition of fear-processing networks in the amygdala. However, little research is available regarding the neural processes related to threat in persons with comorbid anxiety disorders. The purpose of this case series was to examine brain activation in response to threat-related stimuli in two Veterans with PTSD and panic disorder who participated in a functional magnetic resonance imaging (fMRI) task as part of a larger treatment study. A threat-word paradigm was used during fMRI, in which patients were presented with threat-valenced and emotionally neutral words. Preliminary analyses suggest greater neural response to threat relative to neutral words in structures related to affective processing. Specifically, both participants showed greater BOLD activation in mPFC, and one participant showed additional increased response in insular cortex. There was an absence of activation in the ventromedial prefrontal cortex (vmPFC) for both participants. Both mPFC and insular cortex have been previously associated with emotion regulation processes. These data suggest that mPFC may be involved generally with emotion regulation while insular cortex may play a role in affective reactivity in a subset of individuals.
Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Re-Experiencing Symptoms Predict Alcohol Use in OIF-OEF Veterans During the First Month Post-Deployment
(Clin Res, Mil/Vets)

Capone, Christy, PhD¹; Carter, Ashlee, PhD²; Shea, Tracie, PhD¹
¹Department of Veterans Affairs, Providence, Rhode Island, USA
²Brown University Center for Alcohol and Addiction Studies, Providence, Rhode Island, USA

The co-occurrence of posttraumatic stress disorder (PTSD) and alcohol use disorders (AUDs) is well-documented. Among OIF-OEF veterans, combat exposure and associated PTSD symptoms have been strongly linked to the development of AUDs and new-onset heavy drinking. Little is known about the time period when trauma-related factors most contribute to heavy alcohol use and the development of AUDs. The primary aims of the current study were to examine associations between PTSD symptoms and alcohol use post-deployment and to identify the time period during which PTSD symptoms most strongly predicted drinking outcomes. Members of the Rhode Island National Guard and Army Reserves (n = 238; males = 220; mean age = 33.50, SD = 9.48) completed an in-person, baseline assessment and a 6-month follow-up. Alcohol use during the first and sixth months following deployment was retrospectively measured via the Timeline Follow-Back (TLFB). Drinking outcomes were total alcohol use, drinks per drinking day, and number of heavy drinking episodes. Multiple regression analyses examined predictors of drinking outcomes after controlling for gender and age. Predictors included combat exposure, total CAPS and PCL scores, and PTSD symptom clusters. Results indicated that re-experiencing symptoms significantly predicted total alcohol use (B = 3.51, p < .001) and heavy drinking episodes (B = 0.31, p < .01) during the 1st month post-deployment, but not at 6 months post-deployment. Our findings suggest that early identification of PTSD symptoms and heavy drinking behavior is critical for intervention efforts with this population.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Child Maltreatment and PTSD on Maternal Relationships
(Clin Res, Adult/Complx)

Varlesi, Tina, BA; Waxler, Ellen, BS; Thelen, Kelsie, BA; Richardson, Patricia, BA; Muzik, Maria, MD, MS
University of Michigan, Ann Arbor, Michigan, USA

Previous literature suggests that attachment styles are fairly consistent from infancy (infant-caregiver relationships) into adulthood (romantic partner relationships) (Collins, 1996; Hazan & Shaver, 1987, 1994). The current study explores the associations among lifetime PTSD diagnosis, history of child maltreatment (CM), child-mother attachment and adult romantic relationship attitudes in a sample of 243 mothers overselected for histories of child maltreatment. Findings suggest that there is a significant association between maternal attitudes about romantic relationships and mother-infant attachment
classification. We find that both lifetime PTSD symptoms and CM predict attitudes about romantic relationships, however, women with CM resilient to PTSD are more similar to controls, in that they have a history of child maltreatment but not PTSD, than women with CM and PTSD suggesting that the association is driven mainly by PTSD. In contrast, mother-infant attachment is significantly associated with a maternal history of CM, but not lifetime PTSD, suggesting that the link is driven by history of trauma. Findings demonstrate salient implications on emphasis for prevention and intervention of insecure maternal relationships.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

How Trauma-Related Cognitions About the Self and World Affect Depression Symptoms in a Sample of Individuals with Chronic PTSD
(Clin Res, Diverse Pop)

Brennan, Elle, BA
Rytwinski, Nina, PhD
Feeny, Norah, PhD
Zoellner, Lori, PhD

1Case Western Reserve University, Cleveland, Ohio, USA
2University of Washington, Seattle, Washington, USA

Cognitions surrounding negative life events are theorized to be central to PTSD (Ehlers & Clark, 2000) and depression (e.g., Beck, 1987). Further, negative views of self and others mediate the relationship between trauma and depression (Kaysen et al., 2005). Thus, it was hypothesized that individuals with comorbid PTSD and depression would endorse greater negative trauma-related beliefs about self and world than individuals with PTSD alone. Additionally, we predicted that negative cognitions would be associated with greater depression symptoms following treatment. Participants (N=200) with chronic PTSD completed measures of trauma-related beliefs and clinician-assessed depression before and after receiving PTSD treatment. As predicted, preliminary MANOVA analyses revealed that, at pre-treatment, participants with comorbid PTSD and depression had significantly more negative beliefs about self [F(1, 114)=21.00, p < .01] and world [F(1, 114)=6.07, p < .05] than individuals with PTSD alone. Contrary to our hypothesis, pre-treatment negative views of the world were associated with lower post-treatment depression scores [β = -.28, p < .05] after controlling for initial depression scores. Thus, although future research is needed, individuals with more negative views of the world potentially had more room to make profound changes in these beliefs over the course of therapy.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Predictors of PTSD Symptom Change During CPT in a Residential Treatment Program for PTSD
(Clin Res, Mil/Vets)

McLean, Caitlin, BS
Alvarez, Jennifer, PhD

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

Despite widespread dissemination, little is known about factors which may predict outcome in evidence-based treatments for PTSD. A recent study suggested OIF/ OEF veterans treated with Cognitive Processing Therapy (CPT) in VA outpatient therapy may report fewer symptoms of PTSD post-treatment than Vietnam veterans (Chard et al., 2010). This study (in progress) examines 16 OIF/OEF and 18
Vietnam male veterans treated with CPT in a VA residential treatment program for PTSD; $M_{\text{Age}}=46.71$, $SD=14.89$. We examined the association between demographic/baseline characteristics including combat exposure (CES) and childhood trauma (CTQ-28), and scores on the PTSD Checklist (PCL) during treatment. Preliminary results indicate that all veterans improved significantly on the PCL and very few demographic/baseline characteristics were associated with outcome. OIF/OEF and younger veterans reported more symptoms at program discharge ($F(2,32)=5.43$, $p=.027$) but not at the conclusion of CPT. Preliminary analyses with 11 female veterans indicate similar improvement in treatment; additional examination of predictors is warranted. Individual trajectories and predictors of change over time will be examined with Hierarchal Linear Modeling after additional data collection. Preliminary findings suggest that CPT interventions in a residential treatment program may be beneficial for veterans of diverse backgrounds, periods of service and varied histories of trauma exposure.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Trauma Exposure Severity and Its Relation to Tobacco Use Characteristics Among a Community-Recruited Sample**
*Clin Res, Violence*

**Harte, Christopher, PhD Candidate; Vujanovic, Anka, PhD**
*VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA*

The association between cigarette smoking and PTSD has been documented in several studies, and results indicate that individuals with current PTSD are approximately twice as likely to report current tobacco use, compared to those without this diagnosis. Traumatic event-exposed persons without PTSD also show higher rates of smoking and nicotine dependence compared to unexposed individuals. This study aimed to explore the association between trauma exposure severity and several indices of tobacco use among 149 (67 women) trauma-exposed adult smokers (Mean age = 27.5; SD = 12.16). Relation of lifetime trauma severity (number of trauma types) and several smoking characteristics were examined, such as current smoking frequency, nicotine dependence, duration of most recent quit attempt, and several motives and expectancies of cigarette smoking. After controlling for age, posttraumatic symptom severity, and anxiety sensitivity, number of traumatic event exposure types provided an independent and unique contribution to current smoking frequency and nicotine dependence, but not to duration of last quit attempt or to smoking-related motives and expectancies. These findings suggest that trauma exposure severity, irrespective of PTSD diagnosis, may be an important factor in understanding tobacco use characteristics among trauma-exposed individuals.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Maternal Expectations and the Risk for Child Maltreatment**
*Clin Res, Child/Adol*

**Calvert, Maegan, BS; Lauterbach, Dean, PhD; McCloskey, Wilfred, MA; Giammittorio, David, BS**
*Eastern Michigan University, Ypsilanti, Michigan, USA*

Maternal expectations and values (e.g., empathy, expectations for children’s behavior, beliefs about use of non-corporal discipline, and family roles) have been found to have a significant impact on the way
mothers interact with their children (King, Moreno, & Robinson, 2004). Similar findings have been found in a Head Start sample (Hubbs-Tait et al., 2006). Furthermore, maternal values of non-corporal discipline were negatively associated with child maltreatment (Li, Godinet, & Arnsberger, 2011). The current study is a secondary data analysis using the LONGSCAN data that includes a unique sample of high risk children (49% male, 51% female) as identified by CPS reports, state programs, and health clinics. The purpose of the present study was to examine the relationship between 4 facets of maternal expectations/behaviors and two subscales of the Conflicts Tactics Scale (psychological aggression, minor assaults) in a sample 1171 young children (mean age 4.2). Ethnic composition of this sample includes Caucasian (27%), African-American (79%), Mixed-race (11%), and Hispanic (3%). Valuing the use of non-corporal punishment was predictive of less severe psychological aggression and minor assaults. In addition, appropriateness of maternal expectations was predictive of minor assaults Additional findings on the relationship between maternal expectations and ‘down-stream’ outcomes will be presented.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Predictors of Resiliency in Women Following Hurricane Katrina
(Clin Res, Disaster)

Walls, Valerie, BS, BA; Kelley, Mary Lou, PhD
Louisiana State University, Baton Rouge, Louisiana, USA

While the physical devastation of Hurricane Katrina was immediately obvious, the psychological effects of the storm are still being investigated and the positive effects of trauma, although few, have yet to be adequately explored. Although most individuals will experience a trauma during their lifetime, only a small minority experience negative psychological consequences (Breslau, 2002). Resiliency is a quickly developing area in the literature; however, few studies have investigated predictors of resilience and positive outcomes in adults exposed to natural disasters. The purpose of this study is to explore individual factors and predictors of resilience in women exposed to Hurricane Katrina.

Three to seven months after the hurricane, participants (n=279) were asked to complete a variety of questionnaires as part of a larger study investigating mother and child functioning. Hierarchical regression analyses will be conducted to examine the relationships between the constructs of interest. It is theorized that prior exposure, previous levels of psychological distress, coping strategies, and social support will be important predictors of resiliency. Further, it is believed that prior exposure and previous levels of psychological distress will predict psychological distress for the participants of this sample. Implications for future disasters and limitations will also be discussed.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

The Relationship Between a Trauma-Related Bodily Disfigurement and Levels of PTSD Symptomatology, Experiential Acceptance, and Interpersonal Fears of Social Rejection Based on Appearance
(Clin Res, Diverse Pop)

Lopez, Albertina, Undergraduate; Callaghan, Glenn, PhD
San Jose State University, San Jose, California, USA
Trauma has a significant impact on an individual’s well-being. Traumatic events are associated with a variety of psychopathology including anxiety, substance abuse, and mood disorders. Having a long-lasting visible disfigurement from a trauma (e.g., a visible burn scar on the face) can affect the severity of PTSD symptoms as well as an individual’s body image. The current study sought to investigate the relationship between traumatic events that produce lasting physical effects in the form of bodily disfigurement (e.g., scarring, burns), PTSD symptomatology, interpersonal relations, acceptance, and body image using a sample of over 400 participants. The following hypotheses were tested: (1) whether those with a bodily disfigurement have more PTSD symptoms as well as more body image distress than a comparison group who experienced trauma without a resulting disfigurement, (2) that those with PTSD and bodily disfigurement who showed more psychological acceptance would correspondingly show less PTSD symptoms, and (3) whether those with a bodily disfigurement and with PTSD symptoms would also show a correspondingly higher level of sensitivity to social rejection based on appearance. These data have implications for a model of trauma-related bodily disfigurement as well as for psychological interventions that may help alleviate its associated distress.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Emotion Regulation in the Treatment of PTSD for Childhood Abuse and Non-Child Abuse Trauma Survivors with Prolonged Exposure and Sertraline**
(Clin Res, Adult/Complx)

Worly, Alissa, BA¹; Pruitt, Larry, PhD¹; Zoellner, Lori, PhD¹; Feeny, Norah, PhD²
¹University of Washington, Seattle, Washington, USA
²Case Western Reserve University, Cleveland, Ohio, USA

Emotion regulation (ER; Gross & Muñoz, 1995) is the ability to influence one’s emotional experience and expression. ER deficits are found in many Axis I disorders (Gross & Levenson, 1997), including PTSD (Eftekhari, Zoellner, & Vigil, 2009). The hypothesis that emotional dysregulation is more common in childhood abuse (CA) survivors than in adult-onset trauma survivors (Cloitre, Scarvalone, & Difede, 1997) led to the development of an exposure-based treatment that includes ER skills training for adults with histories of CA (Cloitre et al., 2010). To date, it has not been explored whether CA survivors differ from those exposed to trauma in adulthood in changes in ER over the course of treatment. In this study, 200 adults with PTSD received 10 weeks of either prolonged exposure or sertraline. ER was assessed pre-and post-treatment. No significant differences were found in change scores between CA and non-CA survivors on any ER variables. At post-treatment, the CA group did show more negative affect than the non-CA group, F (1, 141) = 4.86, p = 0.029, but the two groups did not differ significantly on any other ER variables. These findings cast doubt on the need for targeted ER treatment for CA survivors with PTSD.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Impact of Experiential Acceptance and Cognitive Restructuring on Decreasing Alcohol Use in Individuals with PTSD and Alcohol Dependence: An Initial Test of Mediation**
(Clin Res, Diverse Pop)
Focused assessment of whether specific coping strategies are beneficial in decreasing alcohol use has been limited, particularly for individuals with comorbid Posttraumatic Stress Disorder (PTSD) and Alcohol Dependence (AD). We sought to evaluate the feasibility of using an innovative study design to decipher mechanisms of change associated with two brief coping interventions, experiential acceptance (EA) and cognitive restructuring (CR), for decreasing alcohol use with individuals with comorbid PTSD/AD. Kazdin and Nock’s (2003) primary criteria for evaluating mechanisms of change were followed. After an initial baseline period, 78 civilian and veteran participants with comorbid PTSD/AD attended the intervention visit and were randomly assigned to either EA or CR or an attention placebo control. Participants were taught their assigned coping strategy with a therapist during a 1 hour period. Participants received four brief coaching calls over the next 4 weeks and simultaneously completed 5 weeks of daily post-intervention IVR monitoring. Preliminary results indicated that neither EA nor CR resulted in significantly reduced post-intervention drinking than the control condition. However, EA and CR were both associated with the use of their respective coping strategies during the post-intervention period and greater use of each type of coping strategy was associated with reduced drinking during the post-intervention period. Preliminary findings support the important role of practical skill application of EA and CR in individuals’ daily lives for reducing alcohol use in those with comorbid PTSD/AD.
Interpersonal Psychotherapy (IPT) for Posttraumatic Stress Disorder
(Clin Res, Adult/Complx)

Markowitz, John, MD
Columbia University/NY State Psychiatric Institute, New York, New York, USA

Most empirically-based psychotherapies for posttraumatic stress disorder (PTSD) are based on exposing patients to reminders of trauma. Consensus and organizational (American Psychiatric Association, Institute of Medicine) guidelines endorse this approach. Exposure-based treatment works, yet not all patients tolerate this sometimes grueling treatment. Moreover, individuals with high levels of dissociation may fare poorly in exposure-based treatments.

We have developed interpersonal psychotherapy (IPT), a time-limited treatment with demonstrated efficacy in treating mood disorders and bulimia, as a non-exposure-based alternative to treating PTSD. IPT focuses 1) on affective attunement, which emotionally detached patients need; 2) on rebuilding social skills and interpersonal trust, which PTSD damages; and 3) on mobilizing social supports, whose lack predisposes to PTSD and whose provision aids recovery.

This paper will present encouraging pilot data supporting IPT as a treatment for PTSD and describe an ongoing, NIMH-funded randomized clinical trial comparing 14 weeks of treatment with Prolonged Exposure, Relaxation, and IPT. This study assesses Reflective Function (emotional/interpersonal understanding) as a potential mediator and moderator of treatment outcome. The author will also present a social support theory of PTSD. IPT potentially offers an affect- and attachment-focused alternative to exposure-based treatments for PTSD.

Social Determinants of the Longer Term Mental Health of Former Child Soldiers in Northern Uganda
(Clin Res, Civil/Ref)

Vindevogel, Sofie, MA, PhD, Student; Derluyn, Ilse, PhD, PsyD; Broekaert, Eric, PhD, PsyD
Ghent University, Gent, Belgium

Given the divergent courses in mental health among children formerly recruited by armed forces, the question arises as to which factors influence their mental health in the longer term. This study aims at testing an explorative model to identify potential determinants.

The study is conducted in northern Uganda through cooperation with a former Interim Care Centre for child soldiers returned from the Lord’s Resistance Army. Their follow-up database (n=424) is analyzed.
using descriptive statistics and path analysis, including child soldiering-related and socio-ecological variables on the one hand and symptomatology on the other hand.

The outcomes reveal that the most significant determinant of the longer-term mental health of former child soldiers in this study is stigmatization ($Z=4.894, SD=0.103, p<0.001$), of which nearly half of the sample ($n=206, 48.6\%$) suffers. When being stigmatized, former child soldiers tend to manifest more mental health symptoms assessed by the Interim Care Centre.

This illustrates how socio-ecological factors mediate the relationship between child soldiering and mental health of former child soldiers. This implies that the impact of war exposure should - albeit sufficiently acknowledged - not be overemphasized, and that the impact of warfare's socio-ecological consequences and their interference with mental health deserves proportionally more attention.

### Friday Poster Session

**Friday, November 4**  
**5:00 p.m - 6:00 p.m.**  
**Grand V**

**A Randomized Controlled Trial for Group Exposure, Cognitive, and Skills Therapies in Female OEF/OIF Veterans**  
(Clin Res, Mil/Vets)

Castillo, Diane, PhD\(^1\); Chee, Christine, PhD\(^1\); Nason, Erica, MS\(^1\); Keller, Jenna, BS\(^1\); Qualls, Clifford, PhD\(^2\)

\(^1\)New Mexico VA Health Care System, Albuquerque, New Mexico, USA  
\(^2\)University of New Mexico, Albuquerque, New Mexico, USA

Group delivery of exposure and cognitive therapies has not demonstrated the comparable robust effects the individual literature has shown in PTSD improvement (Cahill, et. al., 2009). A Randomized Controlled Trial (RCT) examined a 16-week group delivery of exposure, cognitive, and skills treatment blocks in female Iraq/Afghanistan veterans with PTSD. Preliminary descriptive data ($n=46$) reflected a young ($M=36$), educated (91\% some college), ethnically diverse (43\% Hispanic, 24\% Native American), highly traumatized (94\%>3 trauma types; 90\%>10 trauma incidents) sample, with Axis I and II co-morbidities (78\% and 22\%, respectively) and high total Clinician Administered PTSD Scale (CAPS) scores ($M=156$). A repeated measures analysis of pre, post, 3-, and 6-month follow-up in subjects completing treatment ($n=10$) showed significant decreases on the total ($p=.01; ES=1.08$), re-experiencing ($p=.02; ES=0.79$), and avoidance/numbing ($p=.03; ES=1.1$) CAPS scores. Additionally, significant improvement was found on three of eight SF36 scales (role limitations due to emotional problems, emotional well-being, and social functioning, $p<.03$). Initial comparisons on the PTSD Symptom Checklist (PCL; $n=22$) between blocks of treatment (cognitive, exposure, skills) showed significant PTSD decreases in the skills group block; data will be analyzed controlling for block order effects. Detailed descriptive data and outcome analyses with implications will be presented.

### Friday Poster Session

**Friday, November 4**  
**5:00 p.m - 6:00 p.m.**  
**Grand V**

**Band of Brothers or Ship of Fools? Does Military Occupational Group Membership Mediate PTSD Symptoms After the Effects of Cohesion Are Removed?**
Jones, Michael, PhD
Madigan Army Medical Center, Spanaway, Washington, USA

Increased combat exposure has been clearly tied to increased symptoms of PTSD. In addition, group factors, such as cohesion play a role in post traumatic stress symptoms. Since the military conflict in Iraq and Afghanistan have been carried out in unconventional settings, many more military members outside of combat units have been exposed to direct combat actions. Although military medical specialties have been identified as having higher rates of PTSD, there have been no evaluations that compare occupation specialties across the military. This study compares PTSD rates across 5 classes of military occupational specialties controlling for the effect of combat exposure and unit cohesiveness. Results indicate a main effect of occupational type on PTSD symptoms and an interaction effect between occupation specialty and combat exposure. Medical occupational specialties showed marked jumps in PTSD symptoms compared to other occupational specialties following combat participation. In addition, even when cohesion was accounted for, combat arms specialties show fewer PTSD symptoms than other specialties that are exposed to combat. Combat units may have a particular social structure beyond cohesion that promotes resiliency.

Friday Poster Session
Friday, November 4
5:00 p.m - 6:00 p.m.
Grand V

Intimate Relationships and Prolonged Exposure: Can Treatment Heal Intimate Relationships and Intimate Relationships Heal in Treatment?
(Clin Res, Violence)

Hembree, Elizabeth, PhD1; Meis, Laura, PhD2; Brinen, Aaron, PsyD1; Kushner, Elyssa, PsyD1; Sposato, Rosanna, PsyD1
1University of Pennsylvania, Philadelphia, Pennsylvania, USA
2Minneapolis VA Health Care System, University of Minnesota, Minneapolis, Minnesota, USA

Research clearly documents the detrimental impact of posttraumatic stress disorder on intimate relationships, yet little research has examined how distress in intimate relationships may impact the process and outcome of trauma-focused treatment or if such interventions can improve relationship distress. The present study addresses these gaps through a randomized trial conducted at two community-based clinics in urban Philadelphia. Participants were women survivors of sexual assault or childhood sexual assault with chronic PTSD, randomized to either Prolonged Exposure (PE) or “treatment as usual” (TAU; group therapy, Site 1; individual supportive counseling, Site 2). Evaluations were conducted at post-treatment and 3-, 6-, 12-, and 24-months following completion of therapy. Data were used to address the following questions: 1) Are women who report greater relationship adjustment at pre-treatment more likely to a) have lower baseline symptoms of PTSD, b) finish treatment, and c) exhibit better treatment outcomes than women with poor relationship adjustment? 2) Is completion of either treatment associated with greater improvements in relationship adjustment? 3) Is PE specifically associated with greater improvements in relationship adjustment than TAU? 4) Is a positive response to treatment associated with greater likelihood of establishing and maintaining intimate relationships over the 2 year follow-up?
Mental Health of Children and Their Traumatized Parents After the Kosovo War
(Clin Res, Civil/Ref)

**Morina, Naser, PhD Candidate; Muller, Julia, PhD**
*Department of Psychiatry and Psychotherapy, University Hospital Zurich, Zurich, Switzerland*

Survivors directly or indirectly exposed to war conflict experience a variety of stressors. They are at high risk to develop mental disorders, particularly long-term post-traumatic stress reactions. Literature shows that parental trauma affects not only the mental health of their children but also their school performance and social behavior, aggression and quality of life.

The aim of this study was to examine the mental health of children living in a post-war zone and to assess the relationship between parents’ traumatic experiences and children’s behavior.

The study was conducted in Kosovo ten years after the war. The sample included 100 families, with 150 parents and 100 children aged 11-17, all of them were living during the war and after that in Kosovo. Parents and children completed structured interviews and questionnaires regarding their mental health, traumatic event types, children’s behavior problems, interfamilial relationship and quality of life.

Preliminary results show that exposure to war trauma impacts on both parents’ and children’s mental health, whose emotional responses are inter-related. The results will be discussed on how this population could be supported.

Improving Recruitment and Retention in Clinical Trials: A Questionnaire to Determine the Motivations and Perceived Barriers to Participation in Clinical Trials Among Active Duty Service members
(Res Meth, Mil/Vets)

**Kuesters McCutchan, Phoebe, MPH**
*Deployment Health Clinical Center, Washington, Dist. of Columbia, USA*

Recruitment and retention of research participants represent two significant challenges to the successful completion of a clinical trial. Reviews of civilian and Veterans Affairs (VA) trials have demonstrated as many as 60-69% of clinical trials failing to achieve their recruitment goals and almost half failing to achieve an adequate sample at outcome assessments. Although there are no published reviews of the impact of such issues in Active Duty (AD) military populations, there is evidence suggesting similar difficulties. Given the billions of dollars invested in recent years in trauma/PTSD research programs, understanding the factors that influence recruitment/retention is essential. This study developed and evaluated a questionnaire examining the motivations and perceived barriers of AD servicemembers’
willingness to participate in clinical trials. In a content validity evaluation performed by expert panelists, interrater agreement indexes for both relevance and clarity of the questionnaire were 0.69, and the content validity and factorial validity indices for the questionnaire were 0.9 and 0.7, respectively. Thus, although there was suboptimal interrater agreement, the questionnaire demonstrated acceptable content validity. Next steps include questionnaire refinement and data collection in an AD population. Findings are expected to help identify effective strategies to enhance recruitment and retention.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**Grief and Attachment in a Muslim Setting**
(Cul Div, Disaster)

**Joscelyne, Amy, MSc; Bryant, Richard, PhD**
*University of NSW, Sydney, Australia*

Although traumatic grief has been studied in terms of attachment theory in western settings, it has been largely ignored in non-western cultures. In 2004 the Asian tsunami caused widespread death and destruction in Aceh, Indonesia, where conflict spanning 30 years had already resulted in thousands of casualties. The current study examined the impact of attachment style on grief reactions in the context of a collectivist, Muslim society. Using a social mapping task, 40 adult participants were asked to indicate how close they currently feel to a deceased loved one. Participants also provided measures of attachment style and yearning for the deceased. Yearning for the deceased was predicted by an avoidant attachment style and the tendency to report a close ongoing connection to the deceased. The findings are discussed in the context of theories of attachment and continuing bonds, and how these models need to be adapted to accommodate response to traumatic loss in Islamic collectivist society. Implications for treatment are discussed.

**Friday Poster Session**
**Friday, November 4**
**5:00 p.m - 6:00 p.m.**
**Grand V**

**A Decennium in Memoriam: Identifying Commemorative Themes and Social Bonds Throughout the Lifespan of Bereaved 9/11 Families**
(Clin Res, Disaster)

**Stallings, Konata, MA; Wysocki, Melody, MS; Blake, Brianna, MA; Demaria, Thomas, PhD**
*Long Island University, CW Post, Brookville, New York, USA*

Limited research has been conducted to assess the shifts in coping strategies used by 9/11 families ten years after the 9/11 terrorist attacks. A sample of these families from a suburb of New York City participated in an art therapy task in which they were asked to express on a fabric quilt what they would like to "especially remember this 2010 holiday season." The art work that was produced was divided by age and gender. A qualitative analysis of the individual panels was then conducted. The coding themes generated from the artwork provided insight into the current commemorative focus of the 9/11 bereaved family members. Themes throughout different periods of the lifespan were also identified. The potential use of art therapy by psychologists as a way to assess recovery processes throughout the lifespan will be reviewed. In addition, implications for the use of commemorative focus in assessing the adjustment of victims of traumatic violence and its effects on social bonds will be discussed.
Resilience Following Sexual Victimization: The Role of Social Support
(Clin Res, Violence)

Goel, Kathryn, Doctoral, Student; Amatya, Kaushalendra, BA; Jones, Russell, PhD
Virginia Tech, Blacksburg, Virginia, USA

Research suggests that the experience of sexual victimization leads to higher levels of psychopathology. It has been noted, however, that resource loss following the victimization, as opposed to the act of victimization itself, is the driving factor in adaptation following the victimization. The current study attempted to address the impact of resource loss following sexual victimization on resilience, as defined by a lack of psychology. In addition, the current study sought to gain a better understanding of the role of social support in this relationship. It is hypothesized that higher levels of resource loss following victimization will lead to lower levels of resilience. In addition, it is hypothesized that social support will moderate this relationship. Data was collected as a part of a larger project assessing the impact of victimization on functioning in college students. Sexual victimization was measured using the Sexual Experiences Scale, Resource loss was measured using the Conservation of Resources Scale (COR-E), social support was obtained using the Multi-dimensional Scale of Social Support and resilience was assessed using a composite score obtained from the Posttraumatic Stress Scale (PSS), Center for Epidemiologic Studies Scale, Depression (CES-D) and the Four Dimension Symptom Scale - Anxiety Subscale. Preliminary analyses indicate that sexual victimization is negatively related to resilience. Future analyses will examine the role of social support in this relationship.
The Impact of Family and Community Bonds on Psychological Adjustment Following the Gulf Horizon Oil Spill
(Clin Res, Disaster)

Raines, Chrissy, MA; Kelley, Mary Lou, PhD
Louisiana State University, Baton Rouge, Louisiana, USA

The Gulf Horizon oil spill had a devastating effect on the psychological adjustment and community cohesion of southern Louisiana residents. This disaster threatened to destroy the livelihood of thousands of individuals financially dependent on the fishing and oil industries. Researchers have identified numerous variables associated with psychological distress in individuals who experience natural and manmade disasters, including a lack of social support (Breslau, 2002; Brewin, Andrews, & Valentine, 2000). The purpose of this study was to examine the quality of proximal and distal relationships among family and community members impacted by the Gulf Horizon oil spill, and identify risk and protective factors within these ecologies that are associated with psychological distress. Specifically, family and marital satisfaction and neighborhood cohesion will be examined, using a series of multiple regression analyses, for their potential relationships to negative psychological outcomes including anxiety and depression [data collection is ongoing, current n= 90]. The results, limitations, and implications of the study will be discussed.

Changes in PTSD Symptoms Over Time: The Role of Social Support
(Clin Res, Mil/Vets)

Rosito, Olga, MS (PhD, Student); Blau, Kathy, MS (PhD, Student); Kalaf, Kathryn, BS; Tiet, Quyen, PhD
VA Palo Alto HCS, Menlo Park, California, USA

The relationship between social support and onset of PTSD symptoms is well established. More recent studies have examined whether social factors impact the maintenance of PTSD symptoms (Laffaye, 2008). In a retrospective review of Vietnam era veterans, lower social support was associated with the maintenance of PTSD symptoms (Schnurr, 2004). However, social support was not a factor in chronicity or severity of PTSD symptoms among Gulf War veterans 2 and 7 years after deployment (King, 2006). The present study examined the role of social support on the trajectory of PTSD symptoms in veterans undergoing PTSD inpatient treatment. Participants (n=717) were participants in a randomized trial investigating the effects of telephone case management on clinical outcomes. Patients were evaluated at intake, discharge, and 4 months after inpatient treatment. Social support only predicted improvement in PTSD symptoms from intake to discharge. The trajectory of PTSD scores from discharge to 4 months follow-up was not predicted by social support. This is consistent with a recent study that found social supports did not predict Veterans’ maintenance of PTSD symptoms after discharge from an inpatient
treatment (Laffaye, 2008). Social support may play a different role during inpatient treatment and in post-discharge maintenance of PTSD symptoms.

**Friday Poster Session**  
**Friday, November 4**  
5:00 p.m - 6:00 p.m.  
Grand V

**Peritraumatic and Persistent Dissociation as Predictors of PTSD Development**  
(Assess Dx, Violence)

**Borkowski, Kimberly, MA, PhD, Student:** Griffin, Michael, PhD  
University of Missouri - Saint Louis, Saint Louis, Missouri, USA

Recent research has investigated persistent dissociation as a possible factor that predicts PTSD development. The current study examines dissociative responses in female rape and physical assault victims (N=112) at three time points: during the trauma, persistent dissociation one month (M = 30.3 days post trauma) and six months later (M = 227.3 days post trauma). PTSD symptoms were assessed with the CAPS; peritraumatic dissociation with the PDEQ; persistent dissociation with the CADSS. We predict persistent dissociation will predict PTSD symptom scores and will more strongly predict PTSD at six months. Results indicate peritraumatic dissociation and persistent dissociation at one month significantly predict initial PTSD symptom scores (R²=.370, p<.001) and PTSD diagnosis at six months (R²=.224, p=.044). Peritraumatic dissociation and persistent dissociation at six months significantly predicts PTSD symptom scores (R²=.324, p=.021) and PTSD diagnosis (R²=.227, p=.050) at six months. Measurement of persistent dissociation at both time points independently contributed to the prediction of PTSD total symptom score and diagnosis above peritraumatic dissociation pointing to the predictive validity of persistent dissociation across time points. The relationship between these results and psychophysiological reactivity from a laboratory assessment also will be explored.

**Saturday Poster Session**  
**Saturday, November 5**  
5:00 p.m. - 6:00 p.m.  
Grand V

**Long-Term Influences of DHEA After Severe Accidental Injury**  
(Bio Med, Disaster)

**Oe, Misari, MD**¹; **Schnyder, Ulrich, MD**¹; **Schumacher, Sonja, MS**¹; **Mueller-Pfeiffer, Christoph, MD**²; **Wilhelm, Frank, PhD**³; **Martin-Soelch, Chantal, PhD**¹  
¹University Hospital Zurich, Zurich, Switzerland  
²Massachusetts General Hospital, Boston, Massachusetts, USA  
³University of Salzburg, Salzburg, Austria

Dehydroepiandrosterone (DHEA) and its metabolite dehydroepiandrosteronesulfate (DHEA-S), which are also adrenal gland products, have prominent effects on GABA_G receptor activity. DHEA(S) may play a role in resilience and in successful adaptation to stress. The aim of our study was to test chronic/long-term DHEA(S) changes in participants who had developed PTSD after severe accidental injury. We measured plasma DHEA and DHEAS concentrations as well as the DHEA-cortisol ratio in 13 survivors who developed PTSD after severe accidents 10 years ago but were remitted at the time of the investigation, 14 survivors who did not develop PTSD after a severe accidents 10 years ago (trauma-controls), and 16 age and gender matched healthy participants, who did not experience any traumatic
events in their lifetime. In order to disentangle the influence of manifest PTSD symptoms on the plasma DHEA(S) concentrations, we tested only participants with remitted PTSD. A significant group effect was found for plasma DHEA concentration (F (2, 39) =3.900, p=0.03), but not for DHEAS concentration (F (2, 40) =0.913, p=0.4) and DHEA-cortisol-ratio (F (2, 40) =2.103, p=0.1). Post-hoc tests evidenced a significant lower DHEA concentration in trauma-controls compared to no-trauma (p=0.03, Bonferroni corrected for multiple comparisons). The unexpected lack of significant differences between the remitted PTSD group and the no-trauma control group could be associated with the remission of the PTSD symptoms.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Relationship Between PTSD and Physical Recovery Following a Motor Vehicle Accident
(Bio Med, Diverse Pop)

Nevolo, Zachary, Undergraduate\(^1\); Sledjeski, Eve, PhD\(^1\); Delahanty, Douglas, PhD\(^2\)
\(^1\)Rowan University, Glassboro, New Jersey, USA
\(^2\)Kent State University, Kent, Ohio, USA

Prior research suggests that posttraumatic stress disorder (PTSD) is linked with somatic symptoms, poor physical health and increased utilization of medical services (Schnurr & Jankowski,1999; Wagner et al., 2007; Hoge et al., 2007). However, minimal research has explored the relationship between PTSD symptoms and physical recovery following a motor vehicle accident (MVA). The present study examined the relationship between PTSD symptoms and physical recovery among 175 (84 females) MVA victims. PTSD symptoms were assessed 6 weeks posttrauma and physical recovery from the MVA was assessed 6 months posttrauma. After controlling for injury severity scores at the time of the MVA, higher PTSD symptoms at 6 weeks predicted worse physical functioning (β=-.390, t=-5.5, p=.000), more physical pain (odds ratio = 1.02, 95%CI=1.01-1.04), and more physical symptoms (β=.454, t=6.7 p=.000) 6 months following the MVA. Further, among males. PTSD symptoms predicted a greater likelihood of still being in pain at 6 months (OR = 1.04, 95%CI=1.01-1.07); however, this relationship was nonsignificant for females. Gender did not moderate the relationship between PTSD and physical functioning or physical symptoms. Results revealed that PTSD may impede physical recovery following a trauma further highlighting the need for a multidisciplinary team-based approach to patient care.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Moderating Effects of Age, Gender, & Other Anxiety Disorders on Posttraumatic Stress Symptoms and Sleep Disturbances
(Bio Med, Diverse Pop)

Smith, Brian, Undergraduate\(^1\); Wiltsee, Taylor, Undergraduate\(^1\); Sledjeski, Eve, PhD\(^1\); Delahanty, Douglas, PhD\(^2\)
\(^1\)Rowan University, Glassboro, New Jersey, USA
\(^2\)Kent State University, Kent, Ohio, USA
Prior research has indicated that sleep disturbances are prevalent among those suffering from Posttraumatic Stress Disorder (PTSD; e.g. Kobashi, Boarts, & Delahanty, 2007). However, little research has investigated how other factors such as gender, age, and the presence of other anxiety disorders may moderate this relationship. The present study examined the moderating effects of gender, age, and other anxiety disorders on the relationship between PTSD and sleep disturbances in a sample of 124 (56 females, 45%) motor vehicle accident (MVA) victims. PTSD and the presence of other anxiety disorders were assessed 6 weeks posttrauma and sleep disturbances were assessed 3 months posttrauma. Higher PTSD symptoms significantly predicted poor overall sleep quality ($r=.472$, $p<.000$). Age appeared to moderate this relationship where the PTSD-sleep disturbances link was strongest among individuals aged 55 and older ($r=.735$, $p<.001$) and nonsignificant among individuals aged 30-39 ($r=.281$, $p=.218$). Gender and other anxiety disorders did not moderate this relationship. These findings suggest that older individuals with PTSD may be especially prone to sleep disturbances highlighting the need for sleep related treatment. We will also examine the specific sleep components (e.g. sleep latency, sleep duration, sleep disturbances) that are accounting for this relationship.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Sex Differences in Sleep Abnormalities Among Trauma-Exposed African Americans with and Without PTSD
(Bio Med, Diverse Pop)

Kobayashi, Ihori, PhD¹; Huntley, Edward, PhD Candidate²; Lavela, Joseph, BA¹; Mellman, Thomas, MD¹
¹Howard University, Washington, Dist. of Columbia, USA
²American University, Washington, Dist. of Columbia, USA

Findings regarding objective sleep disturbances in posttraumatic stress disorder (PTSD) have been mixed. In the author’s meta-analysis of polysomnographic (PSG) studies, shallow sleep and REM sleep abnormalities in PTSD were found in studies with only male participants. Therefore, the present study examined sex differences in PSG sleep parameters among trauma-exposed African Americans with and without PTSD. Participants with current full or subthreshold PTSD (10 women, 6 men) and trauma-exposed PTSD-negative individuals (13 women, 12 men) completed two-consecutive-night PSG monitoring. A 2 (PTSD status) x 2 (sex) ANOVA was performed for each sleep parameter measured on the second night. Results indicated interaction effects for stage 1 sleep (S1) ($F= 3.47$, $p=.07$) and stage 3 sleep (S3) ($F=7.71$, $p=.009$). Simple effect tests revealed significantly increased S1 ($F=10.7$, $p=.002$) and decreased S3 ($F=10.8$, $p=.002$) in men with PTSD compared to PTSD-negative men, but such differences were not found in women. A main effect of PTSD status was found for rapid-eye-movement (REM) segment duration ($F=10.3$, $p=.003$), indicating shorter REM segment duration in the PTSD group regardless of sex. Present results suggest that shallower sleep may be a PTSD-related sleep disturbance specific to men whereas REM fragmentation is associated with PTSD in both sexes.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Neurocircuitry of PTSD: A Quantitative Meta-Analysis
(Bio Med, Violence)
The prevailing neurocircuitry model of PTSD suggests that it is a stress and fear-based disorder that can be largely understood through the principles of fear conditioning and extinction. Neuroimaging studies of PTSD have investigated regions involved in fear conditioning including the amygdala, hippocampus, and prefrontal cortex. However, inconsistencies in these neuroimaging findings suggest that the existing neurocircuitry models may require modification to better understand PTSD. We performed a quantitative review of the existing functional neuroimaging data to examine brain regions most consistently activated across tasks in PTSD. After a review of the literature, 35 PET and fMRI symptom provocation and cognitive studies were selected for inclusion in the analysis. Activation Likelihood Estimation analysis of whole brain coordinates revealed that compared to controls, PTSD patients showed greater activity in the right rostral anterior cingulate (ACC), bilateral dorsal ACC, and right middle temporal gyrus. By contrast, patients showed hypoactivity in the ventromedial prefrontal cortex, left rostral ACC, right inferior frontal gyrus, and thalamus. When region of interest coordinates were added to our analyses, PTSD patients showed bilateral amygdala hyperactivation. These results provide support for a modified neurocircuitry model of PTSD that is largely consistent with neural patterns associated with stress and fear.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Resilience and Vulnerability to PTSD: Brain Differences in Pregenual Anterior Cingulate and Premotor Cortices.
(Bio Med, Violence)

Rocha-Rego, Vanessa, PhD; Marques-Portella, Carla, PhD; Portugal, Liana, PhD; Ventura, Paula, PhD; Volchan, Eliane, PhD
UFRJ, Rio de Janeiro, Brazil

Objective: Resilience, conceptualized as a positive adaptation in the context of significant risk or adversity, characterize the survivors of trauma that do not develop PTSD. The present study aimed to investigate brain areas differentiating victims of urban violence with PTSD (vulnerable) and without PTSD (resilient). Methods: Questionnaires (ego-resilience, PANAS) assessed trait predisposition. Structural magnetic resonance images were acquired for voxel-based analysis. Results: Resilient group presented significant higher scores on ego-resilience trait and positive affect trait, and lower scores on negative affect trait when compared to the PTSD group. Voxel-based morphometry revealed that gray matter volume in pregenu anterior cingulate cortex (pgACC: BA 32) and ventral premotor cortex (vPM, BA 6) differentiated the resilient from the PTSD group (p<0.05 corrected). Conclusions: Positive affect and ego-resilience traits have been related with successful coping strategies in face of traumatic events. Activity in the rostral pregenu anterior cingulate (BA 32) has been associated with happiness and pleasant states; while the ventral premotor cortex was shown to play a role in the preparation of action in response to threat. Altered volumes in those areas potentially provide clues to the neurobiological mechanisms underlying resilience and vulnerability to traumatic events.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V
Stress Reactivity in Patients with PTSD and Alcohol Dependence: Craving, Anxiety, and Cardiovascular Changes with Prazosin Treatment

(Bio Med, Diverse Pop)

Jackson, Eric, PhD
National Center for PTSD - Clinical Neurosciences Division, West Haven, Connecticut, USA

PTSD and alcohol dependence are each associated with abnormal subjective and physiological responses to stress. The co-occurrence of these disorders is relatively prevalent, however, little is known about stress reactivity in alcohol-dependent PTSD patients, nor about how it may change with pharmacological treatment. This study measured stress reactivity before and during a placebo-controlled, randomized clinical trial of prazosin in dually-diagnosed men and women. Three personalized scripts were developed for each participant from a traumatic, a stressful, and a relaxing life event. Responses to script-driven guided imagery were evaluated before and after 6 weeks of placebo or prazosin treatment. During reactivity sessions, the 5-min scripts were presented in random order, each followed by a 10-min recovery period and 10-min relaxation period. Measures of subjective anxiety, craving, blood pressure, and heart rate were collected repeatedly throughout. Preliminary analyses indicated that, overall, the trauma and stress scripts induced significantly higher elevations in craving, anxiety, and cardiovascular response than the relaxing script. Overall, reactivity to all the scripts was reduced at follow-up. Differences that emerge between the placebo and prazosin treatment groups speak to the utility of prazosin in decreasing stress-related symptoms and the potential of stress reactivity as a marker of treatment outcome.
Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Gender Role Expectation as the Mediator Between Guilt and Shame, and Psychological Symptoms in Korean Women Survivors of Trauma
(Cul Div, Diverse Pop)

Joo, Hye-Sun, MS (PhD, Student)¹; Park, Chol Ok, MS (PhD, Student)¹; Han, Min Hee, MS (PhD, Student)¹; Cho, Yoonhwa, PhD²; Ahn, Hyun-nie, PhD¹

¹Ewha Womans University, Seoul, Korea, Republic of
²Yongmoon Graduate School of Counseling Psychology, Seoul, Korea, Republic of

Guilt and shame are common emotional reactions after traumatic experiences that contribute to the maintenance of psychological symptoms by interacting with appraisal of the trauma. We believe that sociocultural factors, such as gender-role expectations, affect how trauma survivors appraise their experiences that lead to differences in trauma symptomatology. In our study, we first examined the relationships among trauma-related guilt, shame, gender-role expectation, and current psychological symptoms in Korean female and male survivors of traumatic events, and then qualitatively analyzed their interpretation (i.e., appraisal) of trauma experiences. Shame (TOSCA-3; Tangney, 1990), trauma-related guilt (TRGI; Kubany et al., 1996), psychological symptoms (BSI-18; Derogatis, 1993), and gender role expectation (Korean Gender Role Conflict Scale; Kim et al., 2003) were measured from 113 female adult trauma survivors, and compared them with those of 98 male survivors. Qualitative data were collected from in-depth interviews with 15 female survivors to examine their appraisal of the events. Results indicated that shame and guilt were associated with psychological symptoms for both women and men, but gender role expectations had a stronger mediation effect between trauma-related emotions and psychological symptoms for women. Interesting culture-specific narratives were found from the in-depth interviews with women and were categorized into meaningful themes.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Connecting Across Cultures: Retaining Native Americans in Residential PTSD Treatment Programs
(Cul Div, Mil/Vets)

Nye, ella, PhD; Morrison, James, LICSW
Veterans Affairs Healthcare System, Albuquerque, New Mexico, USA

The Substance Abuse and Trauma Rehabilitation Residence (STARR) is a 23 bed residential treatment program at the Raymond G. Murphy Veterans Affairs Medical Center in Albuquerque, New Mexico designed for veterans with comorbid PTSD and alcohol/substance abuse. Program evaluation data revealed that Native American veterans are significantly more likely to leave treatment prior to completion. Focused interviews were conducted with Native Americans who had participated in the STARR program in an attempt to identify possible contributors to early discharge. Participants were 20 Native American veterans admitted to STARR between 2009 and 2011. A variety of tribes were represented in the sample,
with the majority being Navajo or Pueblo. All participants were diagnosed with PTSD, 90% combat-related. The sample was predominantly male, and 96% alcohol abusing. Interviews were conducted both in person and by telephone. A semi-structured interview was used, querying participants’ experience in STARR. Participants’ statements were coded and categorized based on content, including comments addressing issues of 1) access to treatment, 2) residential program structure, 3) psychotherapeutic process, 4) cultural issues, and 5) spirituality. Findings are discussed in terms of possible modifications that might enable residential PTSD/substance abuse programs to better meet the needs of Native American veterans.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

PTSD in Latino Veterans: Relationships Between Sociocultural Indicators and Symptom Severity
(Cul Div, Mil/Vets)

LeFevre, Ann, LCSW
VA Palo Alto Health Care System, Palo Alto, California, USA

Although numerous risk factors are related to the severity of PTSD symptoms, ethnicity - especially factors related to Latino ethnicity - has recently been reported as a risk factor in numerous studies. Although not all studies have found racial differences in PTSD, most evidence suggests increased symptom severity among Latinos. The reason for this phenomenon is unclear. The purpose of this study is to identify and examine social and cultural factors that may contribute to increased PTSD symptoms among Latino veterans through the development of a cultural model of traumatic stress. This exploratory model includes empirically and theoretically supported sociocultural variables and assesses the presence of significant relationships between potential risk and protective factors and severity of PTSD symptoms in a sample of Latino veterans. Grounded in stress and coping theory, the proposed cultural model can be broken down into three phases: 1) pre-trauma; 2) peri-trauma; and 3) post-trauma. This study proposes that numerous social and cultural variables work together to influence severity of PTSD symptoms. Mail surveys were used to gather information from a sample of Latino veterans enrolled in the VA Palo Alto Health Care System. Multiple regression was used to analyze the proposed model. Results are presented and recommendations are made for future research.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Queering the Therapeutic Dyad: Therapeutic Outcomes and Working Alliance with LGBQ Clients
(Cul Div, Diverse Pop)

Minshew, Reese, Doctoral, Student¹; Gil, Elsa, Undergraduate¹; D’Andrea, Wendy, PhD¹; Pole, Nnamdi, PhD²
¹New School for Social Research, New York, New York, USA
²Smith College, Northampton, Massachusetts, USA
Existing literature suggests that Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning individuals are at increased risk for exposure to trauma. However, treatment outcomes for this population, as compared to heteronormative controls, have not been empirically measured.

This study addresses that gap in the literature by providing empirical evidence of therapeutic treatment efficacy for LGBQ women as compared to heterosexual controls. Additionally, it investigates the impact of working alliance, therapist non-judgment, and therapist willingness to discuss sexual identity as mediators of symptom reduction in LGBQ and heterosexual samples.

A group of complexly traumatized women, including several LGBQ women, were given the Brief Symptom Inventory. Participants then saw a therapist for twelve sessions, and were again administered the BSI, as well as the Working Alliance Inventory-Client Form. Regression analysis indicates that, contrary to expectations, working alliance had a significant effect on the change in the overall worst symptom for the heterosexual (p=.025), but not LGBQ (p=.947), women. Additionally, change in anxiety was mediated by therapist non-judgment for heterosexuals (p=.017), but again not LGBQ women (p=.942). This suggests that sexual minority women "compartmentalize" their experiences, and may not bring into psychotherapy the parts of themselves that could jeopardize the therapeutic alliance.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Posttraumatic Growth in Nagasaki Atomic Bomb Survivors: Social Change Following Trauma May Foster Positive Personal Change
(Cul Div, Disaster)

Hiraki, Koichi, PhD Candidate¹; Nakane, Hideyuki, MD, PhD²
¹Nagasaki Wesleyan University, Isahaya, Nagasaki, Japan
²Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan

Interviews with four survivors (Male, Mean Age=76.8) of the atomic bombing of Nagasaki, Japan (1945) revealed similar post-traumatic change to that discussed by Tedeschi and Calhoun (1996); new life paths to the future; increased personal strength; and altered life values. The development of pacifist sentiment was a specific style of expressing "relating to others". Posttraumatic growth (PTG) was clearly initiated by reaction to the traumatic experience of the bombing and the resulting destruction of future hopes and expectations. However, the atomic bombing seemed not the only cause of PTG. First, the survivors interviewed were young at the time of the bombing, and natural maturational processes continued to occur after the event. Second, the survivors’ growth was nurtured in a freer social environment, as Japanese society shifted from a militarized doctrine to pacifism after WWII. Thus, our research suggests that the PTG of atomic bomb survivors occurred and was promoted by events that were cultivated in a democratic society throughout the entire life span. Of course, this conclusion cannot generalize to other atomic bomb survivors due to small sample qualitative research. Future research should be undertaken.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Exile and Social Disruption in Refugees, Asylum Seekers and Asylees: Lessons from the Field with Children Caught in Armed Conflicts, Torture Survivors
Reuniting with Family, and Women Who Have Experienced Female Genital Cutting
(Cul Div, Civil/Ref)

Berthold, S. Megan, PhD, LCSW, CTS; Kamya, Hugo, PhD; Durocher, Rose Marie, PhD

1 Univ. of Connecticut & Program for Torture Victims, W. Hartford, Connecticut, USA
2 Simmons College School of Social Work, Boston, Massachusetts, USA
3 Program for Torture Victims, Los Angeles, California, USA

In this panel, we will review research and practice knowledge related to the psychology of exile and the theme of social disruption in refugees, asylum seekers and asylees. The panelists will illustrate and discuss the nuances of these issues drawing from the literature as well as their research and clinical work with children caught in armed conflicts, torture survivors who are reuniting with their children and spouses, and women who have experienced female genital cutting (FGC). Children caught in war conflicts have experiences that not only alienate them from others but also internally create isolation from their own psychic integrity (Faulkner, 2001; Garbarino, Kostelny & Dubrow, 1991). Asylees and their children suffer disruptions in attachment, losses, and changes in emotional relationships and roles in the family (Rousseau et al., 2004; Orozco et al. 2002). Research and practice knowledge with women who have experienced FGC highlight the role of ritual, relational and betrayal trauma, as well as loss and grief (Abusharaf, 2006; Gruenbaum, 2001; Wangila, 2007). Individual and cultural differences will be examined and promising practice interventions will be presented drawing on clinical case examples. Discussion will include recommendations for future research and practice.

Participant Alert: Verbal descriptions or other materials may cause some distress. Participants will be forewarned at the beginning.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Influence of Racial Discrimination on PTSD in Young Adult African Americans
(Cul Div, Diverse Pop)

Brownlow, Janeese, MS (PhD, Student); Hall Brown, Tyish, PhD; Mellman, Thomas, MD
Howard University, Washington, Dist. of Columbia, USA

Exposure to trauma is common among African Americans living in economically disadvantaged urban environments. However, not all individuals exposed to trauma develop posttraumatic stress disorder (PTSD). Studies have examined psychological and social correlates of racial discrimination; however few studies have explored the relationship between perceived racism across several domains and PTSD. The purpose of this study was to examine the degree to which perceived racism contributed to PTSD in a young adult African American population. Participants completed the Perceived Racism Scale, which measures frequency of exposure over the past year and over one’s lifetime in various settings.

Additionally, participants completed the PTSD Checklist with the Life Event Questionnaire. The sample included 251 African Americans that were on average 22.4 (SD=3.8) years of age with 44.2% males (n=111). We found that PCL scores were positively associated with overall experiences of perceived racism with the strongest relationship in the past year while on the job ($r=.26, p<.000$) followed by the public realm over one’s lifetime ($r=.23, p<.000$). A multivariate analysis revealed that perceived racism on the job and in the public realm were the most predictive of PTSD symptom severity ($r^2=.07, p=.000$; $r^2=.09, p=.03$) accounting for 5% and 2% of the variance respectively. Given that secondary stressors are potential risk factors to the onset and maintenance of PTSD, health care providers should consider racial
discrimination as a potential risk factor for PTSD in African Americans when providing comprehensive treatment.

Saturday Poster Session  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

Childhood Trauma, Social Support, and Physical Health Functioning in a National Sample of Sexual Minority Women  
(Cul Div, Diverse Pop)  
Lehavot, Keren, PhD; Kaysen, Debra, PhD  
University of Washington, Seattle, Washington, USA

Childhood abuse has been linked with a host of physical health consequences among heterosexual women. For example, women with a history of childhood abuse have more medically documented, non-psychiatric diagnoses and are more than twice as likely to report multiple problems such as headaches and gastrointestinal distress than women who have not reported such abuse. Despite lesbian and bisexual women’s greater risk for and prevalence of childhood abuse, few studies have examined its associations with physical health among this population, or the protective factor of social support. In this study, we examined the role of childhood abuse and social support as predictors of self-perceived physical health functioning. Women were recruited via the Internet and completed measures assessing childhood trauma, social support, and perceptions of physical health, including somatic symptom severity (N = 1,381). A history of childhood abuse was common, with over half the sample meeting cut-off criteria for any abuse and 40% indicating sexual abuse. Both childhood abuse and social support independently predicted physical health symptoms, although their interaction was not significant. Implications for research and practice will be discussed.

Saturday Poster Session  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

The Effects of Critical Incident Stress Among First Responders in Japan  
(Cul Div, Emerg Wrkrs)  
Osawa, Tomoko, PhD  
Hyogo Institute for Traumatic Stress, Kobe, Japan

Objectives: The study looks at the effects of critical incident stress and its implication on mental health.  
Method: 1457 first responders who are affiliated with a government-ordinance-designated city's fire department completed a questionnaire including demographic, the Impact of Event Scale-Revised, the Kessler's 10, and the Pittsburg Sleep Quality Index measuring impacts of work related major critical incidents they experienced since they joined the department.  
Results: Data is under analysis, and the results will be presented.
Psychologists and Religious Diversity: A Study of the Religiosity of Psychologist and Using Religion as an Additional Strength of Clients
(Cul Div, Caregvrs)

Dunckel, Gina, Doctoral, Student; Kleinman, Brighid, DPsych(Clin)
Argosy University, Chicago, Chicago, Illinois, USA

Religion is an important social bond for many people coping with PTSD. Research suggests utilizing spiritual worship can improve symptomatology (Nelson-Pechota, 2004), suggesting that therapists who recognize the benefits of religion may be better equipped to help their patients just as multiculturally aware therapists are often more competent clinicians (Fukayama & Sevig, 1999). Unfortunately, therapists often neglect to appreciate patients’ religious beliefs in therapy, often seeing them as weaknesses (Paragment, 2007). The purpose of this study was to examine whether therapists who value religion would express more religious competence in understanding and treating patients with PTSD. We asked a multiculturally diverse group of therapists to read one of four vignettes, varied by degree of religiosity and ethnicity, that described a client with PTSD who had stopped attending church, a prior coping skill. We rated participants’ awareness of patients’ religiosity in their conceptualizations and their skills in using religion for treatment planning. Preliminary results suggested that therapists’ competence in identifying and using religion for treatment may be moderated by the patient’s ethnicity. Further results indicated that therapists who used religion in treatment planning often failed to discuss treatment of the trauma symptoms and vice versa, suggesting that some therapists may fail to use religious and social re-engagement techniques with treatment for PTSD. The results are discussed in the context of the importance of increasing clients’ social resources thus improving their mental health.

Reflections of Australian Military Chaplains in Southeast Asia, 1962-1972: A Case Study in Oral History
(Ethics, Mil/Vets)

Reams, Melissa, MPH candidate; Adams, David, PhD, MPH; Plaspohl, Sara, PhD
AASU, Health Sciences Department, Savannah, Georgia, USA

An extensive amount of research has been conducted on the manner in which war affects combat military personnel. Numerous investigators have concluded that the experience of war exerts a profound impact on combatants, leaving many with post traumatic stress disorder (PTSD). Many non-combatants (e.g., corpsmen, medics, chaplains, etc.) also may witness the horrors of war, yet little research has examined their effect on this cohort. Chaplains, serving in a centuries-old military role, may serve on the front lines. Providing comfort to the sick, wounded, and dying, they may become intimately enmeshed with the combatants’ war experience.
This case study, based on oral historical data provided by military field chaplains, highlights not only the troops’ perceptions of the chaplain’s presence, but the personal reflections of chaplains who experienced such critical moments. Their experiences from the Australian Vietnam War Era (1962-1972), as the oral interview data suggest, have become intertwined with their postwar pastoral duties.

Were these chaplains able to ultimately separate themselves from the muddy fields of Southeast Asia or have they, like so many of their combatant peers, carried residual stress and fear into their personal and professional lives? This paper will attempt to offer, in lieu of further research on the population, preliminary insight into these questions.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Use and Misuse of Benefits in Trauma Research
(Ethics, Caregvrs)

Affleck, William, PhD Candidate
McGill University, Montreal, Quebec, Canada

Concern about risk has been particularly acute in studies examining traumatic events. This has led researchers to empirically examine the specific harms and benefits associated with participating in trauma research. Along with risks, researchers have found that often there are benefits associated with participation in trauma studies. In this paper, we argue that researchers are presenting these benefits in a variety of ways that are ethically problematic, and have implications for both risk/benefit analysis and informed consent. Some researchers, for example, suggest that the benefits experienced by the majority of participants outweigh the risks experienced by the minority. Others suggest that potential benefits outweigh potential risks for the individual. Lastly, some researchers are failing to differentiate between direct and indirect benefits, as well as clinical and anecdotal benefits, and are presenting research studies as “therapeutic”. Beyond the theoretical debate, presenting benefits in this way has had significant practical repercussions, as it has led some investigators and participants to conflate research and therapy (therapeutic misconception). In this paper we outline how trauma researchers are presenting benefits, and discuss the corresponding ethical issues. We recommend alternative ways of presenting benefits that are less ethically problematic.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Sexual Violence: Reflections of Resettled Refugees
(Global, Civil/Ref)

Piwowarczyk, Linda, MD, MPH1; Bishop, Hillary, MPH2; Mohamoud Hashi, Hiba, BA3; Raj, Anita, PhD2
1 Boston Center for Refugee Health and Human Rights/Boston Medical Center, Boston, Massachusetts, USA
2 Boston University School of Public Health, Boston, Massachusetts, USA
3 Somali Development Center, Boston, Massachusetts, USA
The nature of war itself is changing placing women and girls at greater risk. Sexual violence is becoming increasingly a part of military strategy and a weapon of war. This study focuses on experiences of and attitudes toward sexual violence against women in two African refugee communities - Somali and Congolese who have been resettled in the United States. Qualitative data were obtained from a series of focus groups with men and women from these two communities (n=48) who reflected on the personal consequences of sexual violence in addition to family and community responses. The results were contextualized by a community-based survey (n=296) which further elaborated on social factors that affect disclosure. The current study, part of the African Women’s Good Health Ujambulo Project, was conducted as a partnership between academics at Boston University Schools of Medicine and Public Health and two community-based organizations serving African refugees in Greater Boston - the Congolese Women’s Association of New England and the Somali Development Center.

**Participant Alert:** There are focus group comments that talk about the impact of sexual violence.

**Saturday Poster Session**
**Saturday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**Trauma and Treatment in Southeast Asian Victims of Sex Trafficking**
(Global, Diverse Pop)

**Hu, George, PsyD**  
*Portia Bell Hume Behavioral Health Center, Alameda, California, USA*

One of the most egregious human rights offenses of our time is a modern-day version of slavery called sex trafficking. The International Labor Organization estimates that 1.39 million people worldwide are forced into commercial sexual exploitation, and that 40-50% of these are children. Additionally, UNICEF reports that most human trafficking in East Asia and the Pacific is into child prostitution. As commerce and infrastructure in Southeast Asia continues to develop, so does the demand for child prostitutes, fueled in part by economic and cultural factors that combine to victimize the most vulnerable. This research will examine sex trafficking in Southeast Asia, the cultural factors that underpin the supply and demand, the presentation of trauma symptoms in the victims, and the best practices used to treat victims in the region. This research was conducted in Cambodia, India, and Vietnam, and will focus specifically on how cultural factors are being used in the region to provide a relevant model of treatment and aftercare, including narrative therapy, trauma-focused CBT, and community integration. Additional focuses include symptoms of community trauma after the Vietnam War and the reign of the Khmer Rouge have fueled sex trafficking.

**Saturday Poster Session**
**Saturday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**Traumatic Exposure and Social Bonds Among Refugees Living in Cairo During the Egyptian Revolution of 2011**
(Global, Civil/Ref)

**Pascal, Sara, BA; Blake, Brianna, MA; Stallings, Konata, MA; Wysocki, Melody, MS; Fichter, Cassie, BA; Demaria, Thomas, PhD**  
*Long Island University, New York, New York, USA*
The recent revolution in Cairo, Egypt, was a pivotal event that will have a reverberating impact on the entire region of Northern Africa. Egypt serves as a safe haven for refugees fleeing from the hostile activities of their native territories. Unfortunately, for many refugees, the revolution in Cairo created another disruption to an already unstable communal life. The Africa and Middle East Refugee Assistance (AMERA) program provides psychosocial services to African refugees living in Cairo, an area greatly lacking in resources. This study examined the disruption in social bonds and trauma through the life span following the recent revolution in Cairo among refugees involved with AMERA. Qualitative interviews and online surveys were used to investigate their traumatic exposure and disruption in social bonds since their refuge to Cairo, and more specifically during the revolution. It was hypothesized that recent events resulted in traumatic exposure, which created disruptions in the social bonds of the refugee communities in Cairo. The results from these assessments and common themes within participants' responses will be discussed. Implications for the importance of social bonds as a protective factor from the development of traumatic symptoms in the refugee community in Cairo will also be explored. This study highlights the importance of further discussion of how to best support other refugee communities throughout the world.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Impact of Media News on Stress Reactivity and Memory: How Men and Women Differ?
(Media, Diverse Pop)

Marin, Marie-France, PhD Candidate; Morin-Major, Julie-Katia, Undergraduate; Schramek, Tania, MSc; Beaupré, Annick, BSc; Perna, Andrea, BSc; Juster, Robert-Paul, PhD Candidate; Lupien, Sonia, PhD
Centre for Studies on Human Stress, Fernand-Seguin Research Center, Louis-H. Lafontaine Hospital, Montreal, Quebec, Canada

Sex differences exist for stress reactivity and emotional memories. Studies assessing the relationship between stress and emotion have often used artificial stimuli that lack ecological validity. In the aims of augmenting the realism that approximate mundane emotional stimuli, we used newspaper headlines. By comparing differences between the sexes, our aims were (1) to determine whether reading negative emotional news would be stressful, (2) to determine whether reading negative emotional news prior to a standardized stress protocol would modulate one's stress hormone reactivity and (3) to measure the recall capacity of these news one day later. Fifty-six healthy men (n=28) and women (n=28) aged 18 to 35 were exposed to neutral or emotional news. They were then all exposed to a validated stressor. Salivary cortisol samples were collected every ten minutes. One day later, participants were asked to recall the news. The newspaper task did not elicit cortisol variations. Interestingly for women, reading emotional news led to significantly greater stress hormone reactivity in comparison to reading neutral emotional news. Moreover, women remembered significantly more emotional headlines than men. These results suggest that negative news may render women more stress reactive. Future studies could investigate whether ruminative ability explains the obtained findings.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Translational Leadership Communication (TLC): A Communication Model for Building Social Bonds for at Risk Populations
This poster will illustrate a model using research-informed messages that can positively influence public perception, leadership behavior, and policy development. Leadership often calls upon subject matter experts to help develop public communication around traumatic events and issues. This poster describes methodology used to consult with leadership seeking to build social bonds between the military and civilian communities.

Today’s military children and families face many challenges from repeated deployments, single parenting and separation distress, anxiety about the health and wellbeing of deployed service members, the prospect of combat injury and parental death. To sustain service members and their families, awareness and programs must span military/civilian geographic communities to build broader communities of resources, understanding and caring.

What messages are important to both military and civilian populations for bridging the social bonds of communities and environments of care? How can research results around military family and child trauma be translated into easily understood messages that engage and motivate supportive professional and citizen behavior? The poster will depict the art and science of messaging using a matrix model that trauma stakeholders can use to support translational leadership communication.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Developing a Two-Item PTSD Screen for Injured Adolescents Treated in Acute Care Medical Settings
(Prev El, Child/Adol)

Several recent studies have developed screening procedures for injured children and adolescents admitted to acute care medical settings who are at risk for developing PTSD. However, few investigations have developed brief screens with high ecological validity and ease of implementation in busy trauma centers. Therefore, we developed a brief, two-item screening measure in order to predict future PTSD symptoms in this patient population. The 22 Item PTSD-RI was administered to 120 hospitalized adolescents in the initial days and weeks post-injury (mean days post-injury: 9 days (standard deviation = 9). Psychometric methods including all sub-set regression models were used to discern which items from the PTSD-RI demonstrated optimal 2 month prediction of symptoms consistent with a diagnosis of PTSD. The two items with the best predictive utility were “Did you have dreams about the event in which you were injured or other bad dreams?” and “Did you have feelings of sadness or anger?” The two-item screen had good area under the ROC curve (0.81), excellent specificity (0.81) and adequate sensitivity (0.57). The two item screen can be feasibly administered in acute inpatient and outpatient settings. Policy guidelines for adolescent acute care could include recommendations for brief screening procedures.
The Relationship Between Peritraumatic Responses and Subsequent Physical Health Symptoms: Avoidant Coping as a Potential Mechanism
(Prev El, Violence)

Pacella, Maria, MA1; Irish, Leah, Doctoral, Student2; Sledjeski, Eve, PhD3; Fallon, William, MD4; Delahanty, Douglas, PhD2
1kent state university, stow, Ohio, USA
2kent state university, Kent, Ohio, USA
3Wesleyan University, Middletown, Connecticut, USA
4Summa Health System, Akron, Ohio, USA

Previous research suggests peritraumatic dissociation (PD) and initial posttraumatic stress symptoms (PTSS) contribute to the development of physical health consequences post-trauma. Further, these peritraumatic responses lead to avoidant coping, an emotion-focused strategy associated with negative physical health outcomes. The current longitudinal study examined whether avoidant coping served as a mechanism through which PD and initial PTSS contributed to 6- and 12-month physical health symptoms in 356 motor vehicle accident victims. Participants completed the PDEQ and the IES-R in-hospital, the Brief Cope 6-weeks post-trauma, and the Cohen-Hoberman Inventory of Physical Health Symptoms 6- and 12-months post-trauma. Controlling for age, gender, and injury severity, separate hierarchical linear regressions revealed that PD, PTSS, and avoidant coping predicted higher 6- and 12-month physical health symptoms (ps < .05). Further, PD and PTSS predicted avoidant coping (ps < .05). Sobel tests confirmed avoidant coping as a mediator between PD and physical health 6- and 12-months post-trauma (ps < .05). However, a Sobel test only confirmed avoidant coping as a mechanism between PTSS and 6-month physical health symptoms (ps < .01); results were non-significant at 12-months. Post-trauma active coping strategies may serve to reduce subsequent physical health symptoms in those who display high levels of peritraumatic responses (especially PD).

Cognitive Emotion Regulation Strategies and Recovery from PTSD
(Prev El, Violence)

Wisco, Blair, MS; Sloan, Denise, PhD; Marx, Brian, PhD
National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

Cognitive emotion regulation (CER) strategies predict adjustment following stressful life experiences (Garnefski & Kraaj, 2007). Generally, self-blame and rumination are positively associated with depression and anxiety, whereas positive reappraisal is negatively associated. CER strategies are thought to be important in the development of PTSD, however, the literature is limited by use of nonclinical samples and reliance on self-report measures of PTSD (Kraaj & Garnefski, 2006). We will present data on CER strategies in 42 motor vehicle accident survivors diagnosed with PTSD using the Clinician Administered
PTSD Scale. Participants were randomly assigned to waitlist or brief narrative exposure treatment and were assessed post-treatment and at a 3-month follow-up. At baseline, self-blame is positively correlated with PTSD symptom severity, whereas positive reappraisal and perspective-taking are negatively correlated. Repeated measures ANOVA indicated that positive reappraisal, perspective-taking, and positive refocusing interacted with treatment condition to predict symptom change over time. These strategies predicted symptom reduction over 3 months in the waitlist, but not the treatment, condition, suggesting facilitation of natural recovery from PTSD. These results replicate findings indicating the benefit of positive reappraisal and suggest that perspective-taking may be particularly important for individuals with PTSD. Implications for PTSD prevention and treatment will be discussed.

Saturday Poster Session
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5:00 p.m. - 6:00 p.m.
Grand V

Impact of Specific Risk Factors on the Development of Acute Child PTSD Symptoms (PTSS) Following Pediatric Injury
(Prev El, Child/Adol)

Ostrowski, Sarah, PhD¹; Christopher, Norman, MD²; Delahanty, Douglas, PhD³

¹Western Kentucky University, Bowling Green, Kentucky, USA
²Akron Children's Hospital, Akron, Ohio, USA
³Kent State University, Kent, Kentucky, USA

A complex interplay of pre-, peri-, and post-trauma risk factors have been identified in the development and maintenance of PTSS. However, few have examined the impact of these risk factors in the acute aftermath of a child’s trauma. The present study examined the impact of individual risk factors on acute child PTSS. One hundred and eighteen children admitted to the Emergency Department for non-abuse related injuries and their primary caregivers were assessed in-hospital and 2- and 6-weeks post-trauma. Results revealed that Injury Severity Score, age, gender, race, type of injury, and family income were not related to PTSS at any time point (all ps > .09). Hierarchical linear regression analyses examined the impact of significantly correlated risk factors on the development of 2- and 6-week PTSS. Results revealed that in-hospital child PTSS, 2-week caregiver PTSS and depression, and 2-week family independence (all ps < .05) significantly predicted child 2-week PTSS. However, at 6-weeks post-trauma, 6-week caregiver PTSS was the only significant variable (p < .05). The present study can help elucidate the differential relationship of risk factors at varying times post-trauma and help in the identification of those children at greatest risk for developing PTSS following injury.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Traumatic Brain Injury Severity, PTSD and Length of Stay Among Civilian Injury Survivors
(Prev El, Diverse Pop)

Petrie, Megan, BA; Wang, Jin, PhD; Russo, Joan, PhD; O'Connor, Stephen, PhD; Zatzick, Douglas, MD
University of Washington, Seattle, Washington, USA
Few investigations have assessed the interrelationships between traumatic brain injury (TBI) severity, the development of PTSD, and inpatient length of hospital stay (LOS). Eight hundred seventy eight randomly sampled hospitalized trauma survivors were assessed for TBI, PTSD and LOS. TBI severity was categorized from chart-abstracted ICD-9-CM codes. Symptoms consistent with a DSM-IV diagnosis of PTSD were assessed with the PTSD Checklist at the time of injury hospitalization. Regression analyses were used to assess the associations between TBI, PTSD and length of inpatient stay. At the time of injury hospitalization, 25% of patients had suffered mild TBI, 10% moderate/severe TBI, and 65% of patients no TBI. In univariate analyses, patients with mild TBI were significantly more likely to have symptoms consistent with a diagnosis of PTSD (31%) when compared to all other injured patients (23%); however after adjusting for relevant clinical variables such as prior trauma history, these significant associations were no longer apparent. PTSD was associated with significantly increased LOS ($p < .01$).

Mild TBI is associated with elevations in PTSD symptoms, which in turn impacts inpatient resource utilization. Acute care policy research and policy guidelines should consider TBI/PTSD inpatient screening and intervention procedures.

**Saturday Poster Session**  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

**Are Certain Types of Rape Myths More Predictive of Sexual Aggression Than Others?: A Prospective Analysis**  
(Prev El, Violence)

**Edwards, Katie, PhD**$^1$; Turchik, Jessica, PhD$^2$; Gidycz, Christine, PhD$^3$

$^1$University of New Hampshire, Durham, New Hampshire, USA  
$^2$VA Palo Alto Healthcare System/Stanford University, Palo Alto, California, USA  
$^3$Ohio University, Athens, Ohio, USA

Rape myths (prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists) have been found to be a significant predictor of men’s engagement in sexually aggressive behaviors. Although there is a burgeoning body of literature related to rape myths, no published study has prospectively explored how specific types of rape myths predict college men’s engagement in sexually aggressive behaviors. The purpose of the current study was to explore this gap in the literature by examining seven different types of rape myths. Participants were 538 college men who completed surveys at two time-points between two and three months apart. At the bivariate level, sexually aggressive behaviors over the interim were significantly and positively related to overall level of rape myth endorsement and five of the specific rape myths endorsed at the first study session: “rape as a trivial event”, “she asked or it”, “it wasn’t really rape”, “she wanted it”, and “rape is a deviant event”. However, “rape is a trivial event” was the only significant rape myth type to prospectively predict sexual aggressive behaviors over the interim in the presence of the other rape myths. These findings have important implications for sexual violence prevention programming.

**Saturday Poster Session**  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

**Coping Self-Efficacy and Posttraumatic Growth in Survivors of Intimate Partner Violence**  
(Prev El, Violence)
Posttraumatic growth (PTG) has been emphasized in trauma literature as an important aspect of coping, resilience, and recovery. Few studies have measured PTG in survivors of intimate partner violence or explored associations between PTG and self-efficacy. The purpose of this study was to explore the types of posttraumatic growth reported by female survivors of intimate partner violence and examine the relationships between coping self-efficacy, posttraumatic growth, and psychological distress. It was hypothesized that coping self-efficacy would be positively correlated with posttraumatic growth and negatively correlated with posttraumatic distress, and that longer time since the abuse would be associated with a strengthening of these correlations. A group of 31 female survivors of partner violence completed the Posttraumatic Growth Inventory (PTGI), the Coping Self-Efficacy scale (CSE), and the Impact of Events Scale-Revised (IES-R). Relationships between total and subscale scores of the PTGI and IES-R are reported. Ninety percent of participants reported a "very great degree" of growth in at least one category of the PTGI. Coping self-efficacy was positively associated with posttraumatic growth (p=0.00) and negatively associated with PTSD symptoms as reported on the IES-R (p=0.016). Time since abuse was not found to be a moderator of these relationships.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Coping with Acute Trauma: Pilot Data Assessing the Acceptability and Functionality of a Web-Based Preventive Intervention Tool
(Prev El, Child/Adol)

Clawson, Kathleen, MS, Ed¹; Kassam-Adams, Nancy, PhD¹; March, Sonja, PhD²; Kenardy, Justin, PhD²; Kohser, Kristen, LMSW¹; Hildenbrand, Aimee, Undergraduate¹; Winston, Flaura, MD, PhD¹; Marsac, Meghan, PhD¹
¹Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
²University of Queensland, Queensland, Australia

Millions of children each year experience acute traumatic events such as fires, injuries, and car crashes resulting in traumatic stress reactions for many children. Limited resources are available to help children recover, and parents often do not know how to best promote emotional recovery in their child. To address the need for easily accessible resources for families following acute traumatic events, we developed a web-based intervention: Coping Coach. Coping Coach utilizes psychoeducation and cognitive behavioral skill-building to promote children’s recovery from acute traumatic events. In this study, we assessed the acceptability and functionality of Coping Coach website. Participants included children undergoing treatment for a physical injury and their parents. Participants completed Coping Coach activities and semi-structured interviews to provide feedback. The majority of participants found Coping Coach acceptable (e.g., 66% children/ 88% parents would use it again and 78% children/ 100% parents reported it offered good advice). The functionality of the intervention was moderate (e.g., 55% of children and parents found it easy to use). While most children and parents found the intervention to be an engaging, acceptable tool, some difficulties were identified in the functionality of Coping Coach. Next steps will include modifying activities to increase ease of use.
Reused exposure to a startling stimulus has been shown to elicit psychophysiological response habituation over time. In this study, we examined whether individual differences in psychophysiological habituation to a startle probe presented under threat of electric shock predicted later development of anxiety symptoms. In this sample of police officers (n = 214), we analyzed the relationship between habituation obtained during police academy training in the form of skin conductance response (SCR), and eye-blink electromyogram (EMG) from a startle task, and scores on the Symptom Checklist 90-R (SCL-90-R), a broad measure of psychological problems, after 12 months of police service. EMG habituation was not associated with anxiety symptoms; however, we found a positive correlation (r = .15, p<.05) between SCR habituation and scores on the SCL-90-R Anxiety index at 12 months. These overall results suggest that a slower SCR habituation to startle sounds represents a vulnerability for later development of anxiety symptoms over time.
disaster. As suggested by the model, minimal social support immediately following the flood predicted increases in psychological distress one year later.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

A Flexible Framework for Creating Trauma-Sensitive School Environments: Using Multidisciplinary Collaboration and Comprehensive Trauma-Informed Prevention and Intervention to Promote School Success for Children Experiencing Complex Trauma
(Prev El, Child/Adol)

Dorado, Joyce, PhD¹; Martinez, Miriam, PhD¹; Cole, Susan, JD²; Ristuccia, Joel, MEd³
¹UCSF, San Francisco, California, USA
²Harvard Law School & Massachusetts Advocates for Children, Cambridge, Massachusetts, USA
³Massachusetts Advocates for Children & Trauma and Learning Policy Initiative, Boston, Massachusetts, USA

This multidisciplinary panel discusses theory, research, practice, and policy issues pertaining to addressing complex trauma’s effects on children’s school functioning through the use of cross-disciplinary collaboration and trauma-informed prevention and intervention. Complex trauma can affect school behavior, relationships, and achievement (Cole et al., 2005; Horn Ratner et al., 2006), leading to educational consequences including school failure and drop-out, resulting in higher risk for unemployment and incarceration (Center for Labor Market Studies, 2009). An educational professional will review research on these effects. A flexible framework developed by the Massachusetts Advocates for Children Trauma and Learning Policy Initiative (TLPI) with multidisciplinary collaborators (Cole et al., 2005) will be presented by the TLPI director (attorney and former school teacher). This framework uses a trauma-informed lens to address multiple levels: school-wide culture, infrastructure, and policies; staff training; mental health services; academic instruction; and parent/caregiver engagement. A description of UCSF Healthy Environments and Response to Trauma in Schools (HEARTS) illustrates this framework’s application in under-resourced, culturally diverse public school settings. The HEARTS lead psychologists will present preliminary HEARTS data. We will then highlight essential elements of a comprehensive, cross-disciplinary approach to trauma in schools. Policy implications will be discussed, and a new resource guide introduced.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Plasma Brain-Derived Neurotrophic Factor Predicts Posttraumatic Stress Disorder in Chinese Motor Vehicle Accident Survivors
(Prev El, Disaster)

Wang, Zhen, MD
Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China

OBJECTIVE: Brain-derived neurotrophic factor (BDNF) has an important role in learning, motivation and regulation of mood. A body of research indicates that dysregulation of BDNF is found in post-traumatic
stressed disorder (PTSD). The aim of this study was to investigate the association of baseline plasma BDNF and follow-up PTSD symptoms in Chinese motor vehicle accident survivors. **METHOD:** Motor vehicle accident (MVA) survivors were recruited from one Emergency Room of Shanghai. BDNF plasma levels were measured in 24 hours after motor vehicle accident. The Clinician-Administered PTSD Scale (CAPS) was used to evaluate PTSD symptoms one month after accident. Totally, 60 MVA survivors participated in this study and 49 of them completed follow-up evaluation. **RESULTS:** In the one month follow-up interview, 14 of the MVA survivors met the PTSD diagnosis. The PTSD MVA survivors shown lower baseline BDNF plasma level when compare with non-PTSD participants (p<0.05). **CONCLUSIONS:** People who show lower plasma BDNF after traumatic event may be more susceptible to PTSD, and plasma BDNF could be a predictor of PTSD.

**Saturday Poster Session**
**Saturday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**The Impact of Early Trauma on Adult Attachment Relationships**
(Prev El, Adult/Complx)

_Pamela, Holens, PhD; DeLuca, Rayleen, PhD_
*University of Manitoba, Winnipeg, Manitoba, Canada*

Early trauma in the form of childhood maltreatment has been show to negatively impact upon numerous domains of functioning, both in the short-term and over longer periods of time. Some of the affected domains include social competence, behavioral functioning, and the potential development of mood disorders. The impact of childhood maltreatment upon long-term attachment dynamics has, to date, not been as rigorously examined. Based on Bowlby's postulate that a strong causal relationship exists between individuals' childhood experiences with their parents and their later capacity to make affectional bonds, the current study examined the impact of childhood maltreatment upon one’s ability to form secure attachment relationships in adulthood. Two hundred seventy-eight university students completed a series of questionnaires examining demographic factors, childhood maltreatment experiences (physical, sexual, and psychological), protective factors, resilience, and attachment dynamics. A regression model of the data showed that individuals who reported childhood abuse, particularly in the form of psychological maltreatment, were more likely than their non-maltreated counterparts to have developed insecure attachments in their adult relationships. The impact of resiliency and hypothesized protective factors was also examined, with mixed results. Explanations for the results and potential implications are explored.

**Saturday Poster Session**
**Saturday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**Examining the Effects of Postdeployment and Unit Social Support on PTSD Among Ethnically and Racially Diverse Veterans**
(Prev El, Mil/Vets)

_Pritchett, Lonique, PhD(1); Peskin, Melissa, PhD(1); Selwyn, Beatrice Jo, ScD(1); Ross, Michael, PhD(1); Graham, David, MD(2); Teng, Ellen, PhD(2)_

1University of Texas Health Science Center at Houston, School of Public Health, Houston, Texas, USA
2Michael E. DeBakey VA Medical Center, Houston, Texas, USA
Social support is a protective factor against the development of PTSD. It is unclear how postdeployment social support and deployment unit support affect minority OIF/OEF Veterans. This study investigated the association between postdeployment social support and deployment unit support with PTSD by race/ethnicity among 1,115 OIF/OEF Veterans.

Hispanics (33.5%) were more likely than White (30.1%) or Black (32.6%) OIF/OEF Veterans to be diagnosed with PTSD. Hispanics with no PTSD diagnosis had greater deployment unit support than those with PTSD diagnoses (p<.001). Likewise, Hispanics were 1.5 times more likely than Whites to have PTSD. Blacks with higher levels of postdeployment social support were 69.9% less likely to have PTSD than those with lower levels of support. Similarly, Black Veterans with higher levels of deployment unit support were 28.5% less likely than those with lower levels of unit support to have PTSD.

These results suggest that OIF/OEF Veterans of all race/ethnicities can benefit from strong social support systems. Postdeployment social support was found to be a protective factor against the development of PTSD among White, Black and Hispanic veterans while deployment unit support was a protective factor only among Black Veterans. Implications of these findings will be discussed.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Development of a Manual for the Early Psychological Care of Crime Victims
(Prev El, Violence)

Nakajima, Satomi, MD, PhD¹; Suzuki, Yuriko, MD, MPh¹; Asano, Keiko, MA, Student²; Fukasawa, Maiko, MSc¹; Kim, Yoshiharu, MD, PhD¹
¹National Center of Neurology and Psychiatry, National Institute of Mental Health, Kodaira, Japan
²Graduate School of Musashino University, Nishitokyo, Japan

Empirical research has not developed guidelines/manuals for early psychosocial care that will be of help to individual crime victims. We attempted to develop a manual for early psychosocial care by referring to the TENTS guidelines.

On the basis of a literature review and the opinions of a focus group, we created a draft of the manual, which consisted of 124 items and the following 4 categories: (1) the basic approach, (2) the first response, (3) practical support, and (4) support for the service provider. We recruited 89 experts, for instance, staff from a victim support center, mental health professionals, and survivors. We asked them to evaluate the pertinence of this draft by using the Delphi process.

We collected three rounds of opinions through the Internet, and we obtained responses from 82 participants (response rate = 92.1%). Among the 128 items, to which 4 items were added, consensus was achieved on 118 items. High consensus was obtained on the items that recommended providing comfort and practical support. To the best of our knowledge, this is the first study to develop a manual for the early psychosocial care of crime victims on the basis of expert consensus by using the Delphi process.
Comprehensive Psychosocial Support Following a Natural Disaster in Iceland: Implementation, Utilization and Perception
(Prev El, Disaster)

Blondal, Margret, BS; Gudmundsdottir, Berglind, PhD
National Trauma Center at Landspitali - The National University Hospital of Iceland, Reykjavik, Iceland

Due to the often immense negative effects of disasters early psychological interventions have been developed to reduce suffering and prevent the development of chronic psychological problems. Over the past decade the Department of Civil Protection and Emergency Management (DCPEM) in collaborations with key institutions has developed a comprehensive plan for psychosocial support. This plan is based on empirically informed guidelines presented by the World Health Organization and different experts on trauma recovery, as well as field experience. The DCPEM psychosocial support plan was implemented for the first time following a strong earthquake in Iceland 2008, causing widespread and significant damage. The purpose of the current report was to examine how individuals living in the affected area during the earthquake utilized and perceived the psychosocial support offered. Participants were randomly selected, 979 individuals (aged 18 to 80 years) who experienced the earthquake as a trauma. Only 12% of participants reported seeking psychological support. Women were three times more likely than men to seek support. Individuals who reported significant post trauma symptoms were more likely to seek psychological first aid. The current study provides a unique insight into comprehensive psychosocial support after disasters but raises questions on its implementation and cost effectiveness.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Maternal Personality Moderates the Relationship Between Intimate Partner Violence and Maternal Representations
(Prev El, Child/Adol)

Lannert, Brittany, MA; Huston, Parker, MA; Yalch, Matthew, BA; Levendosky, Alytia, PhD; Bogat, Anne, PhD
Michigan State University, East Lansing, Michigan, USA

Intimate partner violence (IPV) can influence the earliest mother-child relationship through its effects on perinatal maternal representations, which are evolving cognitive representations of, attitudes toward, and expectations for the child that inform mother-infant interactions. Balanced and insecure (distorted and disengaged) representations are analogous to secure and insecure attachment. However, not all women are affected similarly; thus, it is important to examine the risk and resilience factors that differentially affect representations. The current study examines the moderating effect of one such potential factor - that of maternal personality traits - on the effects of IPV on maternal representations. A sample of 180 women enrolled in a longitudinal study were assessed for IPV, personality traits, and maternal representations of their child during pregnancy and when the child was age 1. Multinomial logistic regression analyses revealed that the personality traits of openness and agreeableness negatively predicted disengaged and distorted representations, respectively. Only among women who experienced IPV did neuroticism and conscientiousness predict insecure representations. Extraversion predicted change toward positive representations at age 1. These findings indicate that personality traits function as both risk and resilience factors in moderating the relationship between IPV and maternal representations.
Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Impact of Combat Injury on Intimacy and Sexual Functioning: a Preliminary Report
(Practice, Caregivers)

Schmidt, Janet, PhD; Cozza, Stephen, MD; Mendelson, Mona, LCSW; Guimond, Jennifer, PhD; Vineburgh, Nancy, MA; Fullerton, Carol, PhD; Ursano, Robert, MD

1USUHS, Bethesda, Maryland, USA
2NICHD, NIH, Bethesda, Maryland, USA

This poster describes preliminary self-report, individual interview and focus group data collected from combat injured service members and their spouses while attending a National Military Family Association (NMFA) Operation Purple Healing Adventures family camp in the summer of 2010. While much progress has been made in the identification and treatment of injuries sustained in combat (including “invisible” wounds such as TBI and PSTD), research describing the impact of these injuries on emotional intimacy is lacking. Couples provided information about the impact of these experiences on emotional closeness, quality of the relationship and sexual practice following war injury. Issues such as physical limitations, pain, side effects of medications, psychological changes or distress, shift to care taking functions and changes in self image were identified as impactful issues. As result of this work, public and professional education fact sheets were created for injured military couples, as well as medical and behavioral health professionals. The poster highlights the importance of using evidence informed practices in addressing this often neglected area of post-injury family health.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Better Todays/Better Tomorrows Gatekeeper Training Curriculum: Examining Quality, Post-Course Knowledge, Knowing Youth in Need of Mental Health Care and Knowing Youth Who Have Attempted or Completed Suicide
(Prev El, Child/Adol)

Kirkwood, Ann D, MA; Stamm, Beth Hudnall, PhD; Bennett, Lynda, MA

1Idaho State University, Meridian, Idaho, USA
2Idaho State University, Pocatello, Idaho, USA

Better Todays/Better Tomorrows is an adult gatekeeper training program that teaches the signs and symptoms of mental disorders and suicide. Between 2000 and 2011, 10,000 gatekeepers have been trained with the science-based B2T2 curriculum. B2T2 includes modules general mental disorders, traumatic stress and suicide. Resiliency modules for helpers include compassion satisfaction, compassion fatigue and vicarious traumatization. Customized trainings exist for school, primary care, emergency services, juvenile justice, coroners, LGBT, Tribal, Hispanic, and parent audiences. The data here are from courses conducted between April 2010 and March 2011. Five hundred and forty six (546) people registered; 264 used advance online registration and 158 registered onsite. The overall attendance rate
was 78%. The most common profession was education (n=164, 30%) followed by Juvenile Justice (n=146, 25%). Post-course assessment return rates exceeded 90%. The assessment includes subscale for knowledge (alpha .85) and course quality (alpha = .81). The mean agreement (1-low to 5-high) on the course quality scale is 4.28 (SD .59) and 4.5 (SD.44) on knowledge. Two questions ask participants if they know a youth (a) who needs help with a mental disorder and (b) who has attempted or died by suicide. The agreement with knowing a child with a mental disorder is 3.8 (SD.97) and on the suicide question is 4.1 (SD 1.13). Sixty three percent (n=275) of people knew a youth who needed help with a mental disorder and 77% (n=340) knew youth who attempted or completed suicide. No statistical differences were observed across the different courses.

**Saturday Poster Session**

**Saturday, November 5**

5:00 p.m. - 6:00 p.m.

Grand V

**An Analysis of Training, Policy, Operations, Finance and Economic Aspects of Suicide and Suicide Prevention Hotlines in the U.S.**  
(Prev El, Child/Adol)

Stamm, Beth Hudnall, PhD1; Kirkwood, Ann D, MA2; Piland, Neill F,1; Hudnall, Amy C, MA3

1Idaho State University, Pocatello, Idaho, USA
2Idaho State University, Meridian, Idaho, USA
3Appalachian State University, Boone, North Carolina, USA

A large, national study of suicide hotlines was conducted. Thirteen separate studies used policy analysis, archival data and primary data fed into the larger study. Individual studies include an analysis of the 15 states with the highest suicide rates, accreditation criteria for hotlines, policies for hotlines, training curriculum for hotlines, use of scripted mock calls, a study of 2-1-1 directors, survey of hotline directors, interpolation and extrapolation of call volumes for a hotlines, economic costs of suicide, hotline sustainability sources and social marketing of a hotline. The results showed that the suicide rates in the top 15 states are considerably, not incrementally, higher than the rest of the US. The policy analysis of accreditation standards indicated that there were two main standards, American Association of Suicidology and CUSA (Contact USA). Operating policies varied widely from explicit to general and probably not legally sound. Training curriculums for hotlines were typically hybrid ones that included standard and local curriculum. Scripted calls were discovered to reduce errors when compared to free role play calls. Cultural differences exist between 2-1-1 lines where success is measured by how quickly the operator conclude the call compared to suicide prevention calls are often, and appropriately, long. Operating a 24/7 hotline was marginally more expensive than business hours only. The economic analysis showed that suicides cost each year $30.4 billion dollars in medical and lost productivity costs. Hotlines need dedicated funding to work and participate in the national Lifeline.

**Saturday Poster Session**

**Saturday, November 5**

5:00 p.m. - 6:00 p.m.

Grand V

**The Impact of Rumination and Behavioral Inhibition and Activation on PTSD Symptom Severity**  
(Res Meth, Violence)

Ractliffe, Kendra, MA, Student

University of South Dakota, Sioux Falls, South Dakota, USA
This study assesses the impact of Gray’s (1981) Behavioral Inhibition/Behavioral Activation model of temperament, as well as ruminative thought style on Posttraumatic Stress Disorder (PTSD) symptom severity. 310 primary care medical patients with a history of exposure to traumatic events were studied. Using correlational and hierarchical multiple regression analyses, significant relationships between Rumination, the interaction of Rumination and Behavioral Inhibition, and PTSD symptom severity were identified. This may indicate that individuals who are high in behavioral inhibition and use ruminative coping may be at risk of developing more severe PTSD symptoms. Overall, the present study adds to the body of research on individual differences in vulnerability to PTSD.

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Grand V

The PTSD Checklist as a Screening Tool for PTSD in a Community Sample
(Res Meth, Diverse Pop)

Parker-Maloney, Kelly, MS; Leifker, Feea, MPH; Sippel, Lauren, MS; Marshall, Amy, PhD
Pennsylvania State University, University Park, Pennsylvania, USA

The PTSD Checklist (PCL; Weathers et al., 1993) is a useful screening instrument for identifying individuals with posttraumatic stress disorder (PTSD), particularly in settings with elevated base rates of PTSD (e.g., primary care; Andrykowski et al., 1998; Walker et al., 2002). Its utility for identifying individuals with PTSD in the general population has not been examined, but is critical for maximizing the quality and efficiency of community-based PTSD research. In the current study, we examined the utility of the PCL as a screening tool in the recruitment of individuals with PTSD in a community sample. PCL scores were compared with the Clinician Administered PTSD Scale (Blake et al., 1995), the "gold standard" interview measure for assessing PTSD. Sensitivity, specificity, receiver operating characteristic analysis, positive predictive power, and negative predictive power were examined. Based on these analyses, we recommend use of a higher cut score for the recruitment of PTSD participants from mixed trauma community samples than the cut scores suggested in the literature for alternate purposes (e.g., to identify PTSD patients in higher base rate samples). Also, different cut scores may be indicated for men versus women. Implications of these findings will be discussed.

Saturday Poster Session
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Grand V

Using Automated Natural Language Processing to Assess Variation in Delivery of Evidence-Based Psychotherapy for Posttraumatic Stress Disorder in Routine Care in VA-New England
(Res Meth, Mil/Vets)

Shiner, Brian, MD, MPH1; D’Avolio, Leonard, PhD2; Nguyen, Thien, PhD3; Goryachev, Sergey, MS3; Zayed, Maha, PhD3; Watts, Bradley, MD, MPH5; Fiore, Louis, MD, MPH5
1VA National Center for PTSD, White River Junction, Vermont, USA
2Massachusetts Veterans Epidemiology Research and Information Center, Boston, Massachusetts, USA
3Massachusetts Veterans Epidemiology Research and Information Center, Boston, Massachusetts, USA
4VA Medical Center, White River Junction, Vermont, USA
5VA-New England Veterans Engineering Resource Center, White River Junction, Vermont, USA
Recent studies have used administrative data to characterize the quality of care for PTSD in VA clinics. A key limitation in these studies is that they do not tell us which psychotherapy protocols Veterans receive. Research shows that some psychotherapy protocols are more effective than others in the treatment of PTSD. Chart review can generate detailed information about clinical processes, including psychotherapists’ reports of the protocols they used, but is time-consuming and difficult to apply on a large scale. We need a method of evaluating the quality of psychotherapy that combines the scale and efficiency of administrative data analysis with the granularity of chart review. One potential method is natural language processing (NLP).

We performed initial testing with the Automated Retrieval Console (ARC), a VA-developed NLP software application. ARC reliably replicated the performance of a manual chart review team in classifying clinical notes as "psychotherapy vs. not psychotherapy" at a single site. We are currently performing a multi-site evaluation of ARC for classification of psychotherapy notes for Veterans who presented to the six outpatient VA specialized PTSD clinics in New England during the first half of fiscal year 2010 (n=1928). In this iteration, we are interested in whether ARC can help us detect whether empirically-supported psychotherapies endorsed by the VA were delivered. We will report the results of a 3-way classification of notes associated with encounters administratively coded as individual psychotherapy: 1) cognitive processing therapy (CPT), 2) prolonged exposure (PE), 3) not CPT or PE.

Saturday Poster Session
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Grand V

Attachment and Trauma Exposure as Predictors of College Adjustment: Results of a 4-Year Longitudinal Study
(Res Meth, Child/Adol)

LeQuang, Natalie, BS, BA; Mattanah, Jonathan, PhD; Brand, Bethany, PhD
Towson University, Towson, Maryland, USA

Research suggests trauma exposure increases risk for adjustment difficulties during the college transition, although a history of secure attachment to parents can moderate that risk (Banyard & Cantor, 2004; Duncan, 2000). Past studies were limited by cross-sectional designs and exclusive focus on the first year of college whereas the current study examined longitudinal relationships between trauma exposure and secure attachment at end of high school and adjustment in the fourth year of college. At the end of high school, 156 students completed the Trauma Events Questionnaire (Vrana & Lauterbach, 1994) and Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987); they completed the Beck Depression Inventory and Student Adaptation to College Questionnaire (Baker & Siryk, 1984) during their fourth year of college. More severe trauma predicted greater depression and emotional adjustment difficulties four years later, even after controlling for initial adjustment difficulties ($\Delta R^2$ ranged from 4-11%). Secure attachment to mothers predicted better adjustment over time and moderated the effects of trauma, such that students with elevated trauma exposure and insecure attachment had significantly worse depressive symptoms ($M = 11.00$) when compared with students with elevated trauma exposure but secure attachment ($M = 4.33$).
Identifying Longitudinal Symptom Trajectories Following Sexual Assault Using Latent Growth Curve Analyses
(Res Meth, Violence)

Frankfurt, Sheila, BA; Frazier, Patricia, PhD
University of Minnesota, Minneapolis, Minnesota, USA

Few longitudinal studies have assessed symptom change following sexual assault. Most of these studies report group means over time which masks individual differences in symptom trajectories. Prior research (e.g., Bonanno, 2004) has found four common trajectories of post-trauma symptoms: chronic and severe (10-30% of people), delayed onset (5-10%), a recovery trajectory in which symptoms abate over time (15-35%), and a resilient trajectory in which symptoms remain at low levels over time (35-55%). Thus, resilience is the most common. This is the first study to use latent growth curve analysis to identify symptom trajectories following sexual assault. Data were collected from a sample of female sexual assault survivors initially seen at an emergency room in Minneapolis, MN (N=171). Participants were surveyed at 2 weeks, and 2, 6, and 12 months post-assault. Participants completed the depression, anxiety, phobic anxiety, and hostility subscales of the Brief Symptom Inventory at each time point. As in other research, four classes of trajectories, differing markedly in terms of symptom severity and course of recovery, were identified. As expected, chronic distress was generally the least common; recovery/resiliency classes were generally the most common. Additional analyses will use measures of prior sexual victimization to predict symptom trajectories.

PTSD and Shame: A Multi-Method, Longitudinal Assessment of Shame Related to PTSD
(Res Meth, Adult/Complx)

Menke, Rena A., Doctoral, Student1; Mason, Erin, BA (Hons)1; Thelen, Kelsie, BA2; Simon, Valerie A., PhD1; Muzik, Maria, MD, MS2
1Wayne State University, Detroit, Michigan, USA
2University of Michigan, Ann Arbor, Michigan, USA

Several studies document links between shame and symptoms of Posttraumatic Stress Disorder (PTSD), leading some to suggest that shame is a core component of PTSD. However, interpretability of these results is limited by reliance on cross-sectional, self-report data. The current study addresses these methodological concerns by examining prospective associations between PTSD symptoms and a subsequent multi-method assessment of abuse-specific shame. Observer ratings of nonverbal shame and self-reports of shameful emotions were collected as women were interviewed about their childhood maltreatment experiences. Participants include 94 women age 18-45 years with histories of childhood maltreatment. Prior levels of PTSD symptoms predicted subsequent levels of self-reported shame (T1: r =
.38, p < .01; T2: r = .34, p < .01; T3: r = .57, p < .01) as well as with observer ratings of nonverbal shame (T2: r = .21, p < .05; T3: r = .26, p < .05). Interestingly, self-report and observational ratings of shame were unrelated (r = .10, p = .37) suggesting that some individuals display but do not report shame.

Discussion will focus on the utility of assessing non-verbal shame and the importance of multi-method assessments for elucidating the conceptual links between shame and PTSD.

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Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

CBT for Pharmacotherapy Non-Remitters - A Systematic Review of a Next-Step Strategy
(Res Meth, Diverse Pop)

Rodrigues, Helga, MA, Student¹; Ventura, Paula, PhD²; Figueira, Ivan, MD²; Gonçalves, Raquel, Doctoral, Student²; Macedo, Tânia, MA, Student²; Mendlowicz, Mauro, MD²
¹Federal University of Rio de Janeiro, Macaé, Brazil
²Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Non-remission rates to pharmacotherapy for anxiety disorders are related to higher relapse rates, decreased quality of life and greater functional impairment. We sought to investigate the efficacy of cognitive-behavior therapy as a next-step strategy in the treatment of patients with anxiety disorders who did not remit after a pharmacological intervention. We carried out a systematic review in the ISI, Pubmed and PsycINFO/PsychLit databases. We considered resistant patients who failed to respond (did not fully remit) to an adequate trial of pharmacotherapy and still exhibited residual symptoms of anxiety disorder. We identified 603 references in our survey, of which 17 were included: eight were on OCD, five on panic disorder, and four on PTSD. We observed a lack of standardization of terminology and of definitions of resistance, which makes comparison of results difficult. Finally, all of the identified studies showed benefits from the addition of CBT as a next-step strategy. CBT seems to be a promising next-step strategy for patients with anxiety disorders who did not remit with drug-based therapies. However, further clinical trials with strong methodological designs are needed to definitely establish its efficacy in this population.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Normal Dissociation in Japanese Adolescence
(Res Meth, Child/Adol)

Ryota, Masuda, PhD; Masaharu, Maeda, MD, PhD; Naohisa, Uchimura, MD, PhD
Department of Neuropsychiatry Kurume University School of Medicine, Kurume, Japan

The Purpose of this presentation was to study normal dissociation in Japanese Adolescence. Six hundred and fourteen undergraduates (614) with a mean age of 20.12 years completed the questionnaire of Normal Dissociation Scale, Dissociative Experiences Scale (DES).

Normal Dissociation Scale was composed of temporary amnesia and imaginative involvements, fantasy, feeling of control, absorption.
Temporary amnesia and imaginative involvements, fantasy, absorption showed a significant positive correlation with DES.

The results indicated criterion-related validity of this scale.

**Saturday Poster Session**
**Saturday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**Challenges of Conducting Research in a Military Setting**
(Res Meth, Mil/Vets)

Fullerton, Carol, PhD; Cozza, Stephen, MD; Schmidt, Janet, PhD; McKibben, Jodi, PhD; Feerick, Margaret, PhD; Farrish, Shelby, MA

Center for the Study of Traumatic Stress, Uniformed Services University, Bethesda, Maryland, USA

Conducting research within military populations presents unique challenges. This presentation addresses the challenges of conducting research in military populations. We draw primarily from lessons learned from our experience conducting research in military settings. We describe gaining entrée to military personnel and military installations, understanding and adhering to military culture, issues of confidentiality in research with soldiers, eliciting research participation, and providing feedback to military research participants and leadership. Research participants described include soldiers, spouses, and military health care providers. We describe multiple methodologies including in-person and telephone interviews, and electronic questionnaires distributed within military installations. Examples of the challenges of conducting research in a military setting are described and illustrated using actual experiences encountered by our research team while utilizing the different methodologies described above. We will present data on response rates, accessibility to military personnel and attrition rates conducting longitudinal research in military populations. Data collection includes assessments of service members, spouses, service providers and leadership. Implications for intervention with soldiers and military families as well as policy change are described. Understanding the military environment and culture facilitates critical research in the field in order to identify the challenges facing soldiers and their families.

**Saturday Poster Session**
**Saturday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**Nowhere to Turn: Institutional Betrayal Exacerbates Traumatic Aftermath of Sexual Assault**
(Social, Violence)

Smith, Carly P, MA; Freyd, Jennifer J, PhD

University of Oregon, Eugene, Oregon, USA

Research has documented the profound negative impact of betrayal within experiences of interpersonal trauma such as sexual assault (Betrayal Trauma Theory; Freyd, 1994; 1996; 2009, Freyd, DePrince & Gleaves, 2007). In the current study we examined whether involvement of institutions (e.g., universities) in events surrounding experiences of sexual assault may similarly exacerbate trauma symptomology. We posit that the harm of sexual assault may be made much worse by institutional failure to prevent sexual
assault or respond supportively when it occurs -- what we call "institutional betrayal". We collected self-reports of unwanted sexual experiences, trauma symptoms, and experiences of institutional betrayal in a sample of female college students (N=345). Institutional betrayal was assessed by asking whether an important institution played a role in any unwanted sexual experiences (e.g., creating an environment where these experience seemed more likely, making it difficult to report these experiences, etc.). Nearly half (47%) of the women reported at least one unwanted sexual experience and institutional betrayal experiences moderated the relationship between unwanted sexual experiences and later trauma symptoms. Specifically, women who had reported experiencing institutional betrayal surrounding their unwanted sexual experience reported increased levels of anxiety, sexual trauma-specific symptoms and problematic sexual functioning.

Saturday Poster Session
Saturday, November 5
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Grand V

Traumatic Stress of Japanese Volunteer Firefighters
(Social, Emerg Wrkrs)

Seonyoung, Yoo, MS (PhD, Student)¹, Miho, Hatanaka, PhD²; Yutaka, Matsui, PhD¹
¹University of Tsukuba (Japan), Tsukuba, Japan
²Meijo University (Japan), Nagoya, Japan

Although previous studies have found that firefighters frequently face traumatic events as a part of their work, there are few studies investigating the traumatic stress of volunteer firefighters regarding their volunteer activities. In this context, the present study explored the actual condition on the traumatic stress of volunteer firefighters. Participants were 456 Japanese volunteer fire corps who belong to Tokyo Fire Department. Participants were asked to respond to a questionnaire related to not only the traumatic events, stress reaction scale during volunteer activities but also the Japanese version of the Impact of Events Scale-revised (IES-R: Asukai et al., 2002).

The results indicate that only 26.3% of participants responded that [there was no traumatic event for past 10 years]. In others words, more than 70% of participants had an experience of feeling shock during their volunteer activities for past 10 years. Also, 3.5% of participants (N=280, who answered the IES-R scale completely) scored over the cutoff point (25) for potential PTSD as defined by Asukai et al. (2002). Moreover, the percentage of who answered [no posttraumatic stress reaction relevant to the traumatic event] was just 44.8%, which means half of participants had experienced at least one of the posttraumatic stress reaction.

Saturday Poster Session
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Grand V

Physical Health Problems in Undergraduates with PTSD
(Social, Violence)

Gabert-Quillen, Crystal, MA; Delahanty, Douglas, PhD
Kent State University, Kent, Ohio, USA

Studies have reported a relationship between trauma history, posttraumatic stress disorder (PTSD) and physical health problems in a variety of trauma samples. However, less is known about the effect of
trauma on the physical health of undergraduates. In a sample of 772 undergraduates, the majority (60.6%) experienced at least one traumatic event in their lifetime. We compared differences in general and specific health symptoms, and health care utilization in undergraduates with no trauma history (n = 299), trauma history without PTSD (n = 368), and trauma history with PTSD (n = 105). Undergraduates with PTSD were statistically more likely to report worse general health symptoms (p < .001), more likely to have normal activities restricted due to health (p = .003), suffer from insomnia (p < .001), headaches (p < .001), back pain (p < .001), stomach aches (p < .001), and muscle aches (p < .001) than those with and without a trauma history. Health symptoms did not differ for running nose & congestion, health center visits, and the number of sick days reported. Results demonstrate a strong impact of PTSD on physical health symptoms, even in an undergraduate population of relatively healthy young adults.

Saturday Poster Session
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Grand V

Dating Violence: Mental Health Consequences Based on Type of Abuse
(Social, Violence)

Eshelman, Lee, BA (Hons); Levendosky, Alytia, PhD
Michigan State University, East Lansing, Michigan, USA

This study aimed to determine the relationship between psychological, physical, and sexual abuse and mental health symptoms and physical injuries. Female college students (N = 499) reported on experiences of abuse, symptoms of depression, PTSD, and physical injuries. Sixty-four percent of the women reported abuse from a romantic partner. Five groups of participants were found, as follows: Group 1 (N = 181) no abuse; Group 2 (N = 27) psychological abuse; Group 3 (N = 103) physical abuse; Group 4 (N = 92) psychological and physical abuse; and Group 5 (N = 95) psychological, physical, and sexual abuse. Group 5 reported the highest rate of physical injuries and mental health symptoms. Increased frequency of abuse was also related to more mental health symptoms and physical injuries. Having two or more types of abuse was related to poor outcomes. Thus, female college students are at high risk for abuse by a romantic partner and their experiences of abuse have significant consequences for their health. These findings suggest that university administration and health care facilities need to address both prevention and intervention of dating violence in order to ensure the mental health and physical safety of the women on their campuses.

Saturday Poster Session
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5:00 p.m. - 6:00 p.m.
Grand V

Stages of Change and Social Support in Battered Women
(Social, Violence)

Zucosky, Heather, BA; Kramer, Nicole, BA; Johnson, Dawn, PhD
The University of Akron, Akron, Ohio, USA

Intimate Partner Violence (IPV) is a serious problem in society that is accompanied by the possibility of detrimental consequences. It is important for us to understand the factors that can serve as helpful to women when ending the abuse (Alexander, Tracy, Radek, & Koverola, 2009). Leaving an abusive partner is not simply a onetime decision but is often a process that sometimes can take years (Anderson &
It is important to consider the process that abused women go through in trying to change their situation (Brown, 1997). Brown (1997) applied the Transtheoretical or Stages of Change (SOC) model (Prochaska, DiClemente, & Norcross, 1992) to explain the change in battered women. One major factor that has been related to leaving an abusive partner is social support. This presentation will describe the results of an ongoing study with 125 victims of intimate partner violence. The relationship between both structural and functional support and different stages of change will be examined. Preliminary analyses find that earlier stages of change are negatively related to both structural and functional support, and later stages of change are positively related to structural and functional support. Clinical implications will be discussed.

**Saturday Poster Session**  
**Saturday, November 5**  
**5:00 p.m. - 6:00 p.m.**  
**Grand V**

**An Analysis of U.S. Federal Law and Policy on Service Animals and the Department of Veterans Affairs (VA) History and Policy on Guide and Service Dogs for Military Veterans**  
(Social, Mil/Vets)

**Stamm, Beth Hudnall, PhD**¹; **Blamped, Susan, BA**²; **Beck, Kirstina, Other**³  
¹Idaho State University, Pocatello, Idaho, USA  
²Brandeis University, Waltham, Massachusetts, USA

This poster presents a policy analysis on guide and service dogs for military veterans from WW I to 2010. One result of OEF/OIF has been the proliferation of service dogs which has heightened awareness of guide and service dogs sparking a bitter debate about the use, definitions and access to guide and service animals for veterans and civilians alike. While there is almost no research, they are perceived to support a veteran’s recovery from trauma, improving independence and community integration. The VA has a long-standing record of assistance dog policies, though its implementation of these policies has faced challenges. There is a considerable history of legal support for the use guide and service dogs for veterans. The “Blind Veterans’ Guide-Dog Law” of 1946 authorized the VA to provide guide dogs to blinded veterans. In 2001 Congress authorized service and hearing dogs and in 2009 clarified that they included as service dogs trained psychiatric service dogs for disorders like PTSD. VA policy has lagged legal authority, a fact underscored by the 2010 “VA Office of the Inspector General Office of Audits and Evaluations, VHA Audit of Guide and Service Dog Programs.” Analysis of eligibility based on discharge status, financial and technical support show a bias against service dogs compared to guide dogs. Between 2008 and 2010, 230 veterans got support for guide dogs and 8 for service dogs. The study also examined law and policy emerging from the Americans with Disability Act and the Americans with Disabilities Act as Amended including public access, housing and transportation. It concludes with research and policy recommendations.

**Saturday Poster Session**  
**Saturday, November 5**  
**5:00 p.m. - 6:00 p.m.**  
**Grand V**

**How do Individuals with Post Traumatic Stress Disorder (PTSD) Interact with Significant Others About Their Issues? Validation of an Observational Measure**  
(Social, Violence)
Social support represents both a risk and a protective factor in the etiology of PTSD. However, empirical data in this area of research rely uniquely on self-report measures. The use of direct observations of social support interactions might bring a complementary point of view. The purpose of this study was to evaluate the links and potential mediation effects of perception of support between observed social interactions and PTSD symptoms. Sixty eight dyads composed of a victim with PTSD and a significant other were invited to discuss the impact of PTSD. Their interactions were codified and a factorial analysis revealed 5 dimensions: 1) significant other’s participation ($\alpha = .85$), 2) victim’s participation ($\alpha = .90$), 3) general positive support ($\alpha = .79$), 4) general negative social interactions ($\alpha = .81$) and 5) focus on the discussion ($\alpha = .88$). Correlation analyses showed significant associations between: observed positive support and PTSD symptoms ($r = -.28$, $p =.020$), marital adjustment ($r = .58$, $p < .001$) and perception of negative support ($r = -.47$, $p < .001$). Bootstrap mediation analysis showed that perception of support was not a significant mediator. Thus, measures of observed and perceived social support appear to be complementary.
The Impact of Positive and Negative Social Support on the Development of Posttraumatic Stress Disorder Among Police Officers: A Longitudinal Study
(Social, Emerg Wrkrs)

Nadeau, Celine, PhD Candidate¹; Marchand, André, PhD¹; Guay, Stéphane, PhD²
¹Département de psychologie, Université du Québec à Montréal, Montréal, Quebec, Canada
²Centre d’Étude sur le Trauma, Hôpital Louis-H. Lafontaine, Montréal, Quebec, Canada

This study’s objective is to determine if positive social support and negative social interactions represent respectively protective and risk factors for the development of PTSD and also to compare the relative importance of these variables as predictors of PTSD. It is postulated that positive social support received from peers and superiors at work and from significant others outside the work environment will be negatively related to PTSD symptoms while negative social interactions will be positively related. We also predict that negative social interactions will be a stronger predictor of PTSD symptoms than positive social support. Eighty-three police officers (n=83) from different municipal police corps in Quebec who had recently lived a critical incident in the course of their work were recruited for this study. They were interviewed and responded to questionnaires 2 weeks (T1), 1 month (T2), 3 months (T3) and 12 months (T4) after the incident in order to measure their PTSD symptoms and the social support (positive and negative) they've experienced after the incident. The results partially confirm the hypotheses. The positive social support was not related to PTSD symptoms but as postulated, negative social interactions were positively related to PTSD symptoms for each time of measure. Implications of these findings and future research are discussed.

Links Between Trauma and Insomnia in Young African American
(Social, Diverse Pop)

Koroma-Nelson, Mariatu, MD; Altaee, Duaa, BA
Howard University, Bristow, Virginia, USA

Background: Insomnia can be a life long problem leading to adverse health outcomes and compromised quality of life. Sleep disturbances are common complaints in individuals diagnosed with posttraumatic stress disorder (PTSD). Minorities living in urban areas may experience their sleep environments as threatening. PTSD and threatening environments may lead to vigilance in relation to sleep. The purpose of our study is to evaluate the contribution of trauma, PTSD, city stress and fear of sleep to insomnia.

Methods: 306 African American research volunteers (ages 18-35) completed questionnaires including the Insomnia Sleep Index (ISI), City Stress Inventory (CSI), Fear of Sleep Inventory (FOSI), and the PTSD Checklist (PCL) at Howard University Hospital. Pearson correlations were calculated to examine
the association between CSI, FOSI, PCL and ISI. Prediction of insomnia was further analyzed using a regression model.

Results: All but 17 of the participants endorsed trauma exposure. Forty nine percent endorsed clinically significant sleep disturbances (ISI score ≥ 8). FOSI and CSI scores were strongly correlated (r = .31, p < .001). Scores on the PCL (β=.292, p<.001) and the FOSI (β=.373, p<.001) were significant independent predictors of ISI in the regression model.

Conclusion: Our study shows that a significant proportion of young African Americans exposed to trauma experienced clinically significant sleep disturbances. Fear of, or vigilance in relation to sleep, and PTSD appear to be mediators of relationships between trauma, stressful environments, and insomnia and are important to target with interventions.

Saturday Poster Session
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5:00 p.m. - 6:00 p.m.
Grand V

Psychological Effects of the 17 August 1999 Marmara Earthquake After 10 Years
(Social, Disaster)

Aker, A. Tamer, MD¹; Yilmaz, Banu, PhD²
¹Kocaeli University, Kocaeli, Turkey
²Ankara University, ANKARA, Turkey

Two massive earthquakes hit Turkey's one of the most densely populated region, Marmara, in 1999. These catastrophic events have been the cause of psychological trauma in millions of people living in that region. Posttraumatic reactions, if not detected and approached appropriately during the acute period, have the potential to turn into permanent health problems. The aim of this study is to investigate the presence and the predictors of posttraumatic stress disorder (PTSD), and the psychological effects 10 years after the 1999 earthquake in people living in Kocaeli, a city which was the epicenter of the first earthquake. The sample is composed of 933 participants. The data has been collected by Traumatic Stress Symptom Checklist (TSSC). The results have revealed that 9.8% of the participants are diagnosed PTSD due to distress associated with the earthquake. In addition to this finding, it has been found out that 60.4% of the participants tried to overcome the psychological problems they experienced through these years by the help of a mental health professional. The results have indicated that the psychological consequences of the earthquake are visible even after 10 years. This fact points out the necessity of extending the post-disaster mental health interventions for years.

Acknowledgement: This study has been supported by the Scientific and Technological Research Council of Turkey (TUBITAK) (project code: 107K538).

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Social Support for Help-Seeking Among Substance Dependent Incarcerated Women
(Social, Adult/CompLx)
Influences on help-seeking among incarcerated women are an important area of study because these women have high rates of trauma, substance abuse, and mental health problems. The impact of social support generally on treatment use and intentions to seek help has yielded mixed results. Eighty-four substance dependent incarcerated women participated in the study. Demographic variables, childhood abuse, attitudes toward treatment, coping styles, and perceived social support for help-seeking were assessed, along with a measure of future intentions to seek help in the face of substance abuse problems. The women reported high rates of childhood trauma (64.2%); however, there were no differences in attitudes, perceived stigma, or social support for treatment between those with or without a childhood abuse history. Women with a history of childhood abuse (M=33.87; SD=9.27) were more likely to conceal information than women without a childhood abuse history (M=28.63; SD=10.14; t(82)=2.47, p=.02). This study failed to replicate a previous negative relationship between childhood trauma and help-seeking. Social support for help-seeking was correlated with intentions to seek treatment (.33, p=.00) as well as attitudes towards treatment (.48, p=.00), and perceived stigma (.53, p=.00). Continuing research is needed to better understand the influence of social support on help-seeking.

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5:00 p.m. - 6:00 p.m.
Grand V

Predictors of Veterans Affairs (VA) Mental Healthcare Use Among Male and Female OEF/OIF Veterans
(Social, Mil/Vets)

DiLeone, Brooke, PhD; Vogt, Dawne, PhD; Street, Amy, PhD; Gradus, Jaimie, ScD, MPH; Giasson, Hannah, BA (Hons); Resick, Patricia, PhD, ABPP
VA Boston Healthcare System, Boston, Massachusetts, USA

What determines whether veterans who need mental healthcare choose to use VA facilities for that care? The present research, using data obtained in a national mail survey of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans, examined predictors of VA mental healthcare use for men and women separately. Participants were included in analyses if they met commonly-used minimum criteria for probable PTSD, anxiety, depression, or alcohol abuse (N=1040). In multivariate logistic regression analyses, the factors that predicted use of VA care were similar for women and men. Positive perceptions of VA care (women: OR=1.16, 95%CI=1.10, 1.23; men: OR=1.11, CI=1.05, 1.18), higher levels of warfare exposure (women: OR=1.03, CI=1.01, 1.05; men: OR=1.03, CI=1.02, 1.04), and higher number of probable mental health conditions (women: OR=1.84, CI=1.44, 2.34; men: OR=1.60, CI=1.25, 2.04) were significant predictors of VA mental healthcare use for men and women. For men (but not women), minority racial status positively predicted use of VA mental healthcare (OR=2.52, CI=1.36, 4.64). For women (but not men), older age (OR=1.03, CI=1.00, 1.06) and greater exposure to deployment sexual harassment (OR=1.08, CI=1.02, 1.15) positively predicted use of VA mental healthcare. Results suggest that gender should be considered in examinations of mental healthcare decisions.

Saturday Poster Session
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5:00 p.m. - 6:00 p.m.
Grand V
Received Support, Perceived Support, and Symptom Clusters of PTSD
(Social, Violence)

Jones, Daniel, BA; Lauterbach, Dean, PhD; Giammattorio, David, BS
Eastern Michigan University, Ypsilanti, Michigan, USA

Social support is certainly known to be strongly related to the course of PTSD, but there is often a lack of clarity about the particular support construct which is measured (Guay, Billette, & Marchand, 2006). In particular, the distinction between received and perceived support (Wills & Shinar, 2000) deserves more explication, particularly as these constructs relate to PTSD symptomatology. The present study examines both received and perceived support in an undergraduate population; the current analyses describe 128 participants. Contrary to findings which suggest that perceived support is more highly related to symptomatology, a t-test revealed that, within this sample, only received support differed by presumptive PTSD diagnosis, with those diagnosed reporting more received support. At the level of symptom clusters, received support was significantly correlated with reexperiencing and hyperarousal, but showed no relationship with avoidance symptoms. Perceived support, on the other hand, was significantly correlated with avoidance. Implications of these and other findings will be discussed, particularly in light of how support interactions may be affected by particular symptoms of PTSD.

Saturday Poster Session
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5:00 p.m. - 6:00 p.m.
Grand V

Exploring Trauma Histories of Domestic Abuse Perpetrators
(Social, Violence)

Maguire, Emily, BA
VA Boston Healthcare System; National Center for PTSD, Boston, Massachusetts, USA

Research in the realms of trauma, PTSD, anger, and the intergenerational transmission of violence has documented associations between abuse victimization and subsequent perpetration. There is a dearth of descriptive and empirical literature, however, characterizing the kinds of trauma experienced by men who perpetrate domestic violence. The current project extends previous research by exploring the potentially traumatic events (PTEs) experienced by men (N=230) enrolled in a 41-week group domestic violence perpetrator intervention program in an urban Northeastern city. Preliminary analyses suggest that 93% of perpetrators reported experiencing at least one PTE in their lifetime, with the average number of PTEs experienced being 5.6. Correlations indicate an association between the number of PTEs experienced and the frequency of self-reported perpetration of intimate partner physical and psychological aggression. The proposed poster presentation will depict these findings and discuss implications for how understanding trauma can inform domestic violence intervention programs.

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Grand V

Applying Hip Hop Psychology in Police Complex Spiral Trauma
(Train/Ed/Dis, Emerg Wrkrs)

Papazoglou, Konstantinos, MA; Gardner, Lauren, MSW Candidate; Roychoudhury, Debangshu, MA, Student
Police officers directly or vicariously experience traumatic events on “a predictable, although episodic basis” (Van der Kolk, et al. 1996, p. 445). We take into consideration the complexity of police trauma, called as “police complex spiral trauma” (Papazoglou, 2010) and the fact that police culture and traditional psychotherapy often stigmatizes traumatized officers as mentally ill or disabled or weak (Woody, 2005; Plaxton-Hennings, 2004; Cross & Ashley, 2004). Therefore, we propose Hip Hop Psychology as an alternative, nonstigmatizing, and multilingual and expressive preventive intervention utilizing the artistic elements of Hip Hop performance (i.e. rapping, urban dance, visual art, and music production) (Gardner & Roychoudhury, 2010). Hip Hop Psychology is an amalgam of music, art, dance, and drama therapies with a philosophical basis in Urban Positive Psychology, Preventive Medicine, Emotionology, and Multiple Identity and Intelligences Theories (Gardner & Roychoudhury, 2010).

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Impact of Combat Injury on the Adjustment of Military Service Members, Spouses, and Their Children
(Clin Res, Mil/Vets)

Cozza, Stephen, MD¹; Feerick, Margaret, PhD¹; Schmidt, Janet, PhD¹; Guimond, Jennifer, PhD²; Mendelson, Mona, MSW, LCSW³; Riley, Stephanie, BS¹
¹USUHS, Bethesda, Maryland, USA
²NIH, Bethesda, Maryland, USA

Since the onset of the wars in Iraq and Afghanistan, more than 40,000 US service members have sustained combat-related injuries, including musculoskeletal injuries, spinal cord injuries, disfigurement, amputations, burns, traumatic brain injuries (TBI), and visual impairment. Although some reports have documented the detrimental impact of such injuries on children and families, little research to date has examined the specific effects of combat injury on the adjustment of service members and their families or factors (e.g., social support, parenting, family communication about the injury) that may affect individual and family functioning and symptoms of distress. This poster presents preliminary findings from a study of combat injured service members and their spouses and children. Twenty two families (including 21 service members, 22 spouses, and 30 children) attending National Military Family Association (NMFA) Operation Purple Healing Adventures family camps completed a variety of measures of family functioning, traumatic response, and psychological distress and symptoms, including both parent and child (self) reports of symptoms of post-traumatic stress, depression, and anxiety. Results will describe the adjustment of children and families and explore individual and family factors that contribute to functioning and symptoms of trauma and distress.

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Grand V

Overcoming the Negative Impact of Childhood Maltreatment and Trauma on Learning
(Train/Ed/Dis, Child/Adol)
Childhood maltreatment and trauma has a profound effect on personality development, physical growth and learning. This panel brings together the expertise of clinicians and educators to discuss the key issues and approaches to working with children, families, schools and communities in helping children overcome the learning challenges resulting from adverse experiences such as violence, war, disaster, neglect, bullying, foster and refugee placements. The Symposium includes: 1) an overview of the research literature outlining the global range and scope of adverse childhood experiences and the physical, psycho-social, and cultural consequences as they impact on learning, 2) examples from clinical fieldwork, therapeutic interventions, and policies aimed to heal fractured social bonds and improve the learning trajectory of child disaster survivors and child warriors from Uganda, and 3) teaching traumatized children: a summary of the state of the art development and implementation of trauma-sensitive primary and secondary school curricula including teaching methodologies and workforce preparation.

**Saturday Poster Session**
**Saturday, November 5**
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**Grand V**

**The Physical, Psycho-Social and Cultural Consequences of Adverse Childhood Experiences on Learning**
(Train/Ed/Dis, Child/Adol)

**Stuhlmiller, Cynthia,**
*University of New England, Armidale, Australia*

This presentation provides an overview of the range and scope of physical, psycho-social and cultural consequences that result from adverse childhood experiences as they impact on learning. A global perspective will be used to summarize the literature, policies, and current best practices that have been identified to help children overcome learning problems related to maltreatment and trauma.

**Saturday Poster Session**
**Saturday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Grand V**

**An Evaluation of a Community Support Training Program in the Aftermath of the Victorian Bushfires**
(Train/Ed/Dis, Disaster)

**Nursey, M.Psych Clinical Neuropsychology, Jane, BBSc, MPsyCh¹; Wade, Darryl, PhD¹; Varker, Tracey, PhD¹; Creamer, Mark, PhD¹; Fitzpatrick, Therese, Other²**
¹Australian Centre for Posttraumatic Mental Health, East Melbourne, Australia
²beyondblue, Hawthorn West, Melbourne, Australia

In June 2009, the Australian and Victorian governments funded the development, delivery and evaluation of a Community Support Training Program as part of the psychosocial response to the Victorian bushfires in February 2009. Thirty-three two hour workshops were delivered to community leaders across the state of Victoria. The program reflected the principles of Psychological First Aid and aimed to educate members of the community to identify signs of distress and trauma in themselves and others and to enhance their
skills in supporting and assisting traumatised members of the community. Four hundred and seventy-seven participants completed pre- and post-workshop surveys, assessing their knowledge and confidence in identifying and managing post trauma reactions in themselves and others. Paired sample t-tests on pre- and post-workshop data demonstrated significant improvement across all domains assessed. Results of a satisfaction survey revealed high satisfaction levels with the form and content of the workshop. This poster presentation will describe the development, aims and content of the Community Development Program; present the survey results; and discuss the limitations and implications of these findings for future disaster response protocols.

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Grand V

Hypothesized Mediators Between Childhood and Adolescent/Adulthood Sexual Victimization and Physical Health Symptomatology
(Train/Ed/Dis, Violence)

Tansill, Erin, MS (PhD, Student)1; Edwards, Katie, MS (PhD, Student)1; Kearns, Megan, PhD2; Gidycz, Christine, PhD1
1Ohio University, Athens, Ohio, USA
2University of Georgia, Athens, Georgia, USA

Between 40% and 75% of women report sexual victimization histories (Lloyd & Emery, 2000). Sexual violence survivors who engage in avoidant coping develop more negative sequelae and experience more psychological distress (e.g., Bal et al., 2003). These survivors also experience increases in physical health concerns (e.g., Campbell et al. 2002). Avoidant coping is a possible link between sexual violence and posttraumatic stress (PTS) symptomatology whereas PTS and depressive symptomatology are possible links between sexual violence and physical health concerns. Participants were 980 college women. A path analysis to explore these relationships was conducted. Measures included the Childhood Sexual Victimization Questionnaire (Finkelhor, 1979), the Sexual Experiences Survey (Koss & Oros, 1982), the Ways of Coping Questionnaire (Folkman & Lazarus, 1985), the Trauma Symptom Checklist (Briere & Runtz, 1989), the depression subscale of the Brief Symptom Inventory (Derogatis & Melisaratos, 1983), and the Pennebaker Inventory of Limbic Languidness (Pennebaker, 1982). Results supported most mediating hypotheses. Implications and future directions will be discussed.

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Grand V

Development of Online Resources and Their Role in Building Bridges Between Treatment Communities
(Train/Ed/Dis, Mil/Vets)

Spangler, Shana, PhD, PsyD
National Center for PTSD, Menlo Park, California, USA

Creating and disseminating effective web-based knowledge resources for an online community of treatment providers and their patients presents unique challenges. Psychologists from the Department of Veterans Affairs will discuss lessons learned during their roles in the development of several web-based
projects intended for use by clinicians, Veterans, military personnel, and their families, including the PTSD Knowledge Repository and the Military Sexual Trauma Resource Homepage. The discussion will include how tenets of knowledge management theory and social marketing inform efforts to build a web presence that must serve a consultation and support role for a diverse audience, focusing in particular on clinicians working with survivors of trauma. Particular challenges presented by the development infrastructure (e.g., government regulations, software platforms) will also be described. The Symposium should be relevant to anyone interested in cultivating an online community of clinical professionals and other stakeholders.

Saturday Poster Session
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Grand V

The Role of Social Support Following Childhood Abuse in Predicting Revictimization
(Train/Ed/Dis, Adult/Complx)

Wilson, Laura, MA, PhD, Student; Scarpa, Angela, PhD
Virginia Tech, Blacksburg, Virginia, USA

To examine factors related to revictimization, 94 female survivors of childhood sexual or physical abuse (based on Child Abuse Survey-Modified; Esposito & Clum, 2002) completed the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Simet, & Farley, 1988). The results demonstrated that 39 of 94 (41.5%) childhood survivors reported being sexually victimized during adulthood (based on Sexual Experience Survey; Koss & Gidycz, 1985). Logistic regression revealed that friend social support following childhood abuse was a significant predictor of revictimization so that greater friend social increased the odds the women would report being revictimization. Conversely, family social support was not a significant predictor. These results suggest that adulthood victimization is common among childhood abuse survivors with almost half of the sample reporting adulthood sexual victimization. The surprising finding regarding the role of friend social support could be related to prior research demonstrating that adolescent risk-taking behaviors act as a mediator between childhood abuse and adult victimization (Fargo, 2009). When combined with the current study, it suggests that increased interaction with and “support” from risk-taking peers may increase one’s odds of being revictimized. Future research is needed because the current study did not assess the quality or nature of the friend support.

Social Support as a Moderator in the Link Between Type of Childhood Abuse and Posttraumatic Stress Symptoms
(Train/Ed/Dis, Adult/Complx)

Wilson, Laura, MA, PhD, Student; Scarpa, Angela, PhD
Virginia Tech, Blacksburg, Virginia, USA

To examine social support as a moderator in the relationship between the type of childhood abuse and subsequent posttraumatic stress symptoms (PTSS), 88 female survivors were identified as having
experienced childhood sexual/physical abuse (36 participants) or only physical abuse (68 participants) based on the Child Abuse Survey-Modified (Esposito & Clum, 2002). Social support was assessed using the seeking social support subscale of the Revised Ways of Coping Checklist (Vitalino, Russo, Carr, Maiuro, & Beck, 1985) and PTSS was assessed with the Impact of Event Scale-Revised (Weiss & Marmar, 1997). The results demonstrated that the childhood sexual/physical abuse group reported significantly greater PTSS than the only physical abuse group, \( B \) (standardized) = 2.24, \( p = .000 \). The most noteworthy finding was that there was a significant interaction between abuse type and social support in predicting PTSS, \( B \) (standardized) = -1.22, \( p = .019 \). Specifically, survivors of sexual/physical abuse who reported low social support evidenced significantly higher levels of PTSS than survivors of only physical abuse regardless of level of social support or survivors of sexual/physical abuse who reported high levels of social support. The current study supports the importance of considering the interplay between characteristics of childhood abuse and coping strategies when examining subsequent psychopathology.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Prevalence of Mental Health Disorders and On-Campus Service Utilization Among Student Veterans
(Train/Ed/Dis, Mil/Vets)

Cate, Chris, PhD\(^1\); Holmes, David, MA\(^2\)
\(^1\)Student Veterans of America, Santa Barbara, California, USA
\(^2\)University of California at Santa Barbara, Goleta, California, USA

Colleges and universities have seen an increase in student veteran enrollment in recent years. Many student veterans will arrive on college campuses with a unique set of difficulties and needs due to their military service. In addition to the physical wounds of combat, student veterans may be arriving on college campuses with mental health disorders, such as Post Traumatic Stress Disorder (PTSD), Depression, and Substance Use. Colleges and universities already have established programs (e.g. Disabled Student Programs and Services, Veteran's Affairs Office) which may serve student veteran needs and aid in their transition from the military to post-secondary education. However, the frequency with which student veterans access these services and the academic benefits they receive from these services are not widely known. The Student Veteran School Experiences Web Survey is an annual survey distributed to student veteran organizations across the country designed to measure student veterans' experiences while in college. Results from the academic year 2010-2011 survey measured the prevalence of PTSD, Depression, and substance use among student veterans, their use of on-campus services, and the benefits they receive from these services. Data is being analyzed at the time of this abstract submission.

Saturday Poster Session
Saturday, November 5
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Grand V

The Use of Standardized Patients in Training Military Psychology Interns
(Train/Ed/Dis, Mil/Vets)
The use of standardized patients, actors with scripted roles who portray patients with particular disorders (Lewy, Sells, Gilhooly, & McKelvey, 2009), has become a valuable tool in the training of health professionals, such as psychiatric residents and nurses (McNaughton, Ravitz, Wadell, & Hodges, 2008). For graduate students in clinical psychology, however, opportunities to practice skills in an environment that replicates real-life situations is largely missing. Simulated training allows repeated practice for trainees and no harm to a vulnerable individual seeking psychological care (Stamper, Jones, and Thompson, 2008). This may be particularly relevant for students who are learning to provide treatment to survivors of traumatic events, work which requires proficiency in empathic understanding, self-awareness, and skill development (e.g., Cloitre, Cohen, & Koenen, 2006). The military is an environment in need of professionals who are skilled in providing trauma focused treatment. This presentation will focus on the process of developing and implementing the use of standardized patients in training military psychology interns at a large military medical center. Emphasis will be placed on its utility in enhancing skills for treatment with active duty soldiers, specifically in providing Prolonged Exposure Therapy (PE) to soldiers with PTSD.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Tonic Immobility in Humans: A Systematic Review of the Literature
(Train/Ed/Dis, Violence)

Freitas, Rosana, MD¹; Fiszman, Adriana, MD, PhD¹; Portella, Carla Marques, MD, PhD¹; Mendlowicz, Mauro, MD, PhD²; Volchan, Eliane, MD, PhD¹; Figueira, Ivan, MD, PhD¹
¹Federal University of Rio de Janeiro, Rio de Janeiro, Brazil
²Federal Fluminense University, Rio de Janeiro, Brazil

Tonic immobility (TI) is the last ditch of the defensive cascade elicited under inescapable threat. It is characterized by an involuntary and unlearned state of immobility with abrupt initiation and cessation, intermittent eye closure, unfocused gaze, tremors, reduced vocalization, sense of being cold and reduced capacity to feel pain, with preservation of awareness. Despite extensively investigated in the animals, TI in humans remains understudied. Our purpose was to systematically review the literature of TI in humans conducting electronic search on the main bases (ISI/Pubmed/PsycINFO/PILOTS) using the following syntax: ("tonic immobility" OR (freez* AND fear) OR (paraly* AND fear) AND (human* OR participant* OR victim* OR volunteer* OR subject*)). The inclusion criterion was empirical articles on TI in human. We found 17 publications. TI prevalence vary into 37% to 52% in different types of trauma events. Our results have pointed to the urgency of recognition of TI in humans by clinicians and researchers because of its negative impact on PTSD severity and prognosis. Also, dissemination to the public of the high incidence of TI in the aftermath of trauma may help to alleviate shame and guilt often experienced by the victims, especially rape victims, and enhances social and legal support.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V
Predictors of Deployment Concerns in Active Duty and National Guard Army Personnel
(Clin Res,Mil/Vets)

Franz, Molly, BA\(^1\); MacDonald, Helen, PhD\(^1\); Marx, Brian, PhD\(^1\); Brailey, Kevin, PhD\(^1\); Proctor, Susan, ScD\(^2\); Vasterling, Jennifer, PhD\(^1\)

\(^1\)Department of Veterans’ Affairs National Center for Posttraumatic Stress Disorder, Boston, Massachusetts, USA
\(^2\)US Army Research Institute of Environmental Medicine, Natick, Massachusetts, USA

It is well-established that threat perception can play a role in how stressor exposure contributes to negative psychological outcomes (see Ozer, Best, Lipsey, and Weiss, 2008), yet little is known about predictors of threat perception, particularly in deployed military groups. The Neurocognition Deployment Health Study, a prospective cohort study of Army soldiers who deployed to Iraq, presents an opportunity to examine deployment and pre-deployment predictors of military service-related threat perception. This sample includes Active Duty (n=670) and National Guard (n=104) participants assessed prior to (Time 1) and following (Time 2) deployment. Relevant Deployment Risk and Resilience Inventory modules and the PTSD Checklist were administered as part of a larger battery of tests.

Hierarchical multiple regressions were conducted to test whether combat exposure, prior deployment, life events, preparedness, unit support, and pre-deployment PTSD symptoms were associated with deployment threat perception. Among Active Duty participants, combat exposure predicted 6.1% of the variance in threat perception (\(p < .001\)) after adjusting for demographics. Deployment preparedness and prior deployment experience predicted an additional 3.3% of the variance (\(p < .05\)). Among National Guard participants combat exposure predicted 27.4% of the variance in threat perception (\(p < .001\)), but no other predictors were significant. Findings highlight the role deployment and pre-deployment factors play in soldiers’ appraisal of war-zone threat.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Personality Characteristics, Organizational Structure and Job Satisfaction of Sexual Assault Nurse Examiners (SANE)
(Self-Care, Caregvr)

Strunk, Kathleen, APRN
University of Tulsa, Tulsa, Oklahoma, USA

This NIOSH funded research will present results of investigating personality characteristics of Sexual Assault Nurse Examiners (SANE) and the organizational structure present in their work environments and which, if either, have an impact on job satisfaction and retention. The hypotheses are: there are shared personality characteristics of SANE nurses, these specific personality characteristics relate to job satisfaction, and organizational structure of the work environment is related to job satisfaction. The population utilized was SANE nurses at over 18 locations in medium to large sized cities across the central & western United States. Measurements include the Mini International Personality Item Pool, (Donnellan, et al, 2006), The Conditions of Work Effectiveness Questionnaire II (Laschinger, et al, 2001), the abridged Job Descriptive Index (Stanton, et al, 2001), the Turnover Intention Scale (Kelloway, et al, 1999), and a demographic questionnaire. There is also an organization demographic form. The study will utilize a comparative effect size and goodness-of-fit research design. 125 nurses have completed the measures and data collection continues. Determining what personality characteristics, and/or structures...
in the work environment may have an impact on satisfaction and retention will be helpful to trauma organizations as they provide quality nursing care to the sexual assault/domestic violence client populations.

**Saturday Poster Session**
**Saturday, November 5**
5:00 p.m. - 6:00 p.m.
Grand V

**Secondary Traumatic Stress Among Substance Abuse Clinicians in Australia: Does Personal Trauma History Matter?**
(Self-Care, Caregvrs)

Ewer, Philippa, BSc, Hons, Psychology¹; Mills, Katherine, PhD¹; Teesson, Maree, PhD¹; Sannibale, Claudia, PhD¹; Roche, Ann, PhD²

¹University of New South Wales, Sydney, Australia
²Flinders University, Adelaide, Australia

**Background:** Among people with substance use disorders, trauma exposure is almost universal and up to one-third have current PTSD. Studies have shown that individuals who are involved in the assessment and treatment of traumatised clients may be at risk of secondary traumatic stress (STS), however, limited research has been conducted in the area. In particular, little research has examined whether having a personal history of trauma exposure or PTSD increases one’s likelihood of developing STS when working with traumatised clients. **Aims:** This study aims to determine the prevalence of STS among substance abuse clinicians in Australia, and factors associated with the presence of STS and its severity (e.g., professional experience and training; a personal history of trauma exposure and PTSD)? **Method:** Over 400 clinicians from across Australia completed an anonymous online survey which assessed current level of trauma education and training, trauma screening practices, along with both their exposure risk and levels of STS. Levels of past trauma exposure and PTSD among AOD workers were also assessed. **Results and discussion:** Preliminary analysis indicates that 19% met criteria for STS in the past week. Bivariate analyses on the preliminary data indicated that high levels of stress and higher traumatised client workload predicted STS. A history of prior trauma exposure and PTSD was not associated with experiencing current STS. These findings highlight the importance of providing adequate support for clinicians working with traumatised clients.
Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Genetic Associations Between the Dopamine Transporter Gene and Externalizing Behavior in a Trauma-Exposed Sample of Veterans and Their Intimate Partners
(Bio Med, Mil/Vets)

Harrington, Kelly, PhD¹; Miller, Mark, PhD¹; Wolf, Erika, PhD¹; Baldwin, Clinton, PhD²; Koenen, Karestan, PhD³
¹National Center for PTSD at VA Boston Healthcare System, Boston, Massachusetts, USA
²Boston University School of Medicine, Boston, Massachusetts, USA
³Columbia University, Mailman School of Public Health, New York, New York, USA

This study examined genetic associations between single nucleotide polymorphisms in the dopamine transporter (DAT1) and monoamine oxidase A (MAOA) genes and externalizing behavior in a sample with high lifetime rates of posttraumatic stress disorder (PTSD; 63%). The sample was predominantly Caucasian (82%) and consisted of 526 trauma-exposed male and female veterans (n = 360) and their intimate partners/spouses (n = 166). Linear regression analyses were conducted using PLINK software, adjusting for race/ethnicity, sex, and the effects of multiple testing. Results revealed evidence of significant association between DAT1 rs6348 genotype and severity of lifetime cocaine abuse/dependence symptoms (p = .00045; p = .006 using permutation testing) and between DAT1 rs464528 genotype and severity of antisocial personality disorder symptoms (p = .001; p = .01 using permutation testing). Significant interaction was also detected between DAT1 rs6348 genotype and number of different trauma types in predicting lifetime cocaine abuse/dependence symptoms (p = .042), such that the minor allele (i.e., putative risk variant) appeared to confer greatest risk for cocaine abuse/dependence in the presence of high levels of trauma exposure. These findings add to growing evidence implicating genes involved in dopamine regulation in the pathophysiology of externalizing disorders, including substance use and antisocial behavior.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Duplicity of Children’s Posttraumatic Cognitions in Chinese Culture
(Cul Div, Child/Adol)

Liu, Shu-Tsen, MD
Department of psychiatry, National Taiwan University Hospital Yunlin Branch, Yunlin County, Taiwan

Background:
Traumatic experience can alter individuals' cognitive processes. It is important to identify the determinants of developing positive or negative cognitive processes. In Chinese culture, transformation and duplicity (e.g. coexisting opposing yin and yang) are key components. The present study aimed to investigate the phenomenon of duplicity of children’s posttraumatic cognitions.
Methods:
285 child participants (aged 9-17, mean = 13.4 years) completed the revised Posttraumatic Growth Inventory for Children (PTGI-C-R) and the Child Post-Traumatic Cognitions Inventory (CPTCI) in relation to the most disturbing event specified in the UCLA PTSD reaction index for DSM IV.

Results:
The qualitative data shown in the two open-ended questions about posttraumatic change was coded as (1) negative cognitions, (2) positive change, (3) transformation (e.g., “I have to be really careful because something bad could happen” as the premise leading to the action: “I feel closer to my family” or “I appreciate each day more than I used to”), (4) no change, (5) coexisting of the negative and positive change. 15.1% was clarified as “transformation” or “coexisting”.

There was a significant positive correlation between negative posttraumatic cognitions measured by the CPTCI and posttraumatic growth on the PTGI-C-R ($r = .22, p < .01$) when severity score of PTSS was below the cut-off of 38.

Discussion:
The study has demonstrated the existence of duplicity of posttraumatic cognitions. Experiencing “adequate” severity of posttraumatic distress may facilitate the transformation of negative posttraumatic cognitions to growth.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Earthquake Trauma and Causal Explanation Associating with PTSD Among South East Anatolian Woman
(Cul Div, Disaster)

Sezgin, Ufuk, PhD
Istanbul University, Istanbul Medical Faculty, Istanbul, Turkey

The nature of experience is considered important in affecting survivors’ ways of responding and recovering from trauma. Researchers agree that the meaning given to trauma can decisively affect the mental health consequences. There is, a consensus that interpretation and reasoning, judgement of own behaviour and responsibility, cultural systems of meaning and appraisals of harm and available resources moderate the negative trauma impacts on mental health.

The research questions were, how exposure to earthquake-related traumatic events is associated with PTSD among women after one year of the disaster, how the nature of trauma does associate with psychiatric symptoms, and does the causal explanations for the trauma moderate the association between traumatic events and psychiatric symptoms.

Participants were 1253 women from South East Anatolian.

Results show relatively high prevalence of PTSD, 61%. The nature of trauma was, significant in the associations with PTSD. Almost a half of the women referred to God’s will and guidance as the main reason for their trauma. Women who blamed other humans for the disaster reported higher levels of depressive and somatic symptoms than those explaining it as God’s will or a natural event. Women who blamed other people and their irresponsibility for the disaster had had a higher level of earthquake-related traumatic events than women whose explanations involved God and nature. Religious and political commitment could protect women’s mental health from negative trauma impacts.
The Culture of Male Military Sexual Trauma
(Cul Div, Mil/Vets)

McClain, Mike, PhD¹; Cretzymeyer, Margaret, PhD²; Mengeling, Michelle, PhD²; Booth, Brenda, PhD²; Sadler, Anne, PhD²
¹Iowa City VAMC, Coralville, Iowa, USA
²Iowa City VAMC—CADRE, Iowa City, Iowa, USA
³University of Arkansas, Little Rock, Arkansas, USA

This qualitative study sought to identify the perceptions of Reserve and National Guard (R/NG) service men toward the subject of sexual assault of male service members (military sexual trauma: MST), particularly within the context of deployment. R/NG service-men expressed limited recognition that male MST actually occurs (“Men being raped?..Hey, this is something that needs to be brought forward right now. Not later, but right now”). Attitudes and military norms were presented that characterized the male victims as partially to primarily responsible for their assault(s) and lack of self-protection (“You didn’t defend yourself; you didn’t do what you could to protect yourself?”). Reserve troops faced deployment challenges and barriers to reporting victimization as well as being marginalized by active duty members. National Guard troops reported facing additional barriers to reporting MST due to their citizen-soldier status. Rank and being male in general were also identified as complicating factors (“⋯because knowing that a male is less likely to say what happened to him⋯it’s going to be seen as⋯subordination⋯when really it is something deeper”). Other themes focused upon the perceived individual, structural, and cultural factors involved with male MST victimization.

Participant Alert: Possibly for those who have been assaulted, the general topic may be somewhat upsetting

PTSD and Life Satisfaction: Buffering Effects of Age and Religion
(Cul Div, Emerg Wrkrs)

Madan, Anita, PhD¹; Komarovskaya, Irina, PhD¹; McCaslin, Shannon, PhD²; Marmar, Charles, MD¹
¹New York University, Medical Center, New York, New York, USA
²San Francisco VA Medical Center, San Francisco, California, USA

PTSD can profoundly impact life satisfaction. However, it is unclear whether this relationship is inevitable or whether it is moderated by certain characteristics. Research has identified a number of cultural and demographic variables that buffer the impact of life stress on well-being. We tested four potential socio-demographic moderators of the PTSD-life satisfaction link: age, religiosity, religious affiliation, and SES. Participants were 406 male first responders to Hurricane Katrina, aged 19-60, who were primarily Caucasian and Christian (Protestant, Catholic, or “Other Christian”). Overall, PTSD was associated with lower life satisfaction. None of the demographic characteristics directly predicted PTSD or life satisfaction.
However, age ($\beta = .35, \ p = .01$) and religious affiliation ($\beta = .13, \ p < .05$) strongly moderated the PTSD-life satisfaction link. The detrimental effect of PTSD on life satisfaction was 1.5 times stronger among the younger compared to older participants. For religious affiliation, a significant difference was found between Protestants and non-Protestants such that the PTSD-life satisfaction link was half as strong among Protestants. Findings suggest that older age and religious culture buffer the impact of PTSD on well-being. Elucidating factors that modify the impact of PTSD on well-being can lead to a deeper understanding of which groups may maximally need/benefit from targeted interventions.

Saturday Poster Session  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

The Mental Health Status of Internally Displaced Persons Three Years Subsequent to the 2004 Tsunami in Aceh Barat, Indonesia  
(Cul Div, Disaster)

Steel, Zachary, PhD$^1$; McDonald, Robert, PhD$^2$; Meijer, Catherine, Other$^2$; Tampubolon, Amelia, Other$^2$  
$^1$University of New South Wales, Sydney, Australia  
$^2$Yasan Mulia Hati, Meulaboh, Aceh, Indonesia

This paper presents findings from a multistage probabilistic survey undertaken with 650 adults living in internally displaced camps as a result of the 2004 Asian Tsunami that hit Aceh Barat on the south-west coast of Aceh, Indonesia. The survey was undertaken during 2007 by Yasan Mulia Hati, a local non-government organization formed in the wake of the tsunami with support from the University of New South Wales. Nearly all (96%) of the respondents surveyed had lost their house and belongings, with 85% having lost a family member or friend and 65% seeing a family member or friend swept away. The nature of the complex emergency in Aceh is reflected by the finding that in addition to the Tsunami, 19% of respondents also reported being exposed to combat during the conflict in that region. The level of psychological distress remained high at the three year point with 28% having evidence of severe ongoing psychological distress as measured by the K10 and 27% reporting symptoms consistent with DSM-IV criteria for PTSD using the Harvard Trauma Questionnaire. This assessment also examined rates of explosive anger with 11% reporting daily episodes and 35% reporting daily or weekly episodes.

Saturday Poster Session  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

Operational Stress and the Police Marriage: A Narrative Study of Police Spouses  
(Prev El/Emerg Wrkrs)

Thompson, Alanna, MA, Student  
The University of British Columbia, Vancouver, British Columbia, Canada

Routine exposure to violence in the community, and witnessing the harm and death of others while on-the-job places police officers at risk of developing traumatic stress over time. The operational stress experienced by the officer can ‘spillover’ to his or her home life, and a spouse or significant other can become traumatized by association, a concept known as secondary trauma. While much of the research has examined the direct impact of operational stress on the individual officer, studies that have considered its effects on police spouses and the marital relationship are based on survey data. The
quality of police marriages appears to be dependent on the ability of the couple to cope effectively with the ‘spillover’ effect. Using a Life Story interview method and narrative analysis with a small group of police spouses, an investigation of the perceived impact of operational stress on the marriage reveals how officers and their spouses understand and cope with the effects of work-related stress. Given that social support is viewed as a buffer against the development of traumatic stress, findings from this study will advance treatment and prevention initiatives in the workplace aimed at enhancing social support and resilience factors for police families.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

A Study on the Current Condition and Capacities of Therapists for Intimate Partner Violence Among Taiwanese University Students
(Prev El, Caregvs)

Chen, Roda, PhD, LP
National Dong Hwa University, Hualien, Taiwan

Therapists periodically counsel clients who are involved in intimate partner violence (IPV). The purpose of this study is to understand the nature and prevalence rate of IPV happened in campus, and to explore what therapists’ perceptions about their capacities which are ability to accurately assess IPV, using violent risk assessment tools and safety plans to facilitate clients’ safety for clients who involved in IPV. Sixty-nine administers and two hundred and sixteen therapists of university counseling centers fully filled-out questionnaires which constructed by researcher. Results found that IPV in campus is much serious than before and clients acquire help by safety-related counseling considerations; however, some situations and difficulties indicated that therapists need more advanced training for promoting to identify IPV, using assessments, acknowledgement about offenders and treatment. In addiction to the nature and situation about campus IPV, some therapeutic and ethical suggestions for professional training and supervision were discussed.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Influence of Psychosocial Factors on Bystanders’ Roles at a Traumatic Violence in School Among Korean-American in the United States
(Prev El, Diverse Pop)

Choi, Sumi, PhD1; Kim, Dongil, PhD2
1 Pusan National University, Pusan, Korea, Republic of
2 Seoul National university, Seoul, Korea, Republic of

Bullying is one of traumatic violence which adolescents experience commonly in school. In particular, bullying based on ethnicity is a common and growing problem in a multicultural society. This current study investigated how psychosocial variables were associated with the three types of bystanders’ behavior with Asian population, especially Korean-American population and Korean students abroad in the US, and to contribute the design of an effective preventive intervention program to stop bullying. A sample of students from the 3rd to 12th grade was Korean-American (63.4%) and Korean abroad in the US (23.9%). The result indicated that while those receiving classmate supports had lower probability exhibiting
outsider behaviors in a bullying situation over non-involver, those receiving teacher supports had less likelihood of exhibiting assistant, outsider, and defender behaviors over non-involver. Furthermore, those showing higher responsibility exhibited less probability to be a defender group over non-involver; whereas, those showing higher empathy produced higher chance to be a defender group over non-involver.

The previous and current studies indicated that bystanders would be valuable resources to prevent and intervene in bullying. Given the importance of a bystanders' behavior in a bullying, the development of preventive and intervening programs about bullying should consider the bystanders as well as the bully and the victim. This study provides the implications to how the contents in an effective prevention program should be designed to utilize a bystander in reducing bullying in a school setting.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Adult Attachment and Posttraumatic Adjustment: A Prospective Analysis
(Prev El, Adult/Complx)

Shallcross, Sandra, BA; Anders, Samantha, BA; Frazier, Patricia, PhD; Paulsen, Jacob, BA; Meredith, Liza, BA
University of Minnesota, Minneapolis, Minnesota, USA

Attachment theory suggests that insecure adult attachment orientation (fundamental negative schemas about the self in relation to others) can inhibit posttraumatic adjustment. Based on correlational evidence, attachment orientation relates to posttrauma adjustment. However, no study has assessed whether attachment assessed prior to trauma predicts changes in psychological well-being from pre- to post-trauma. Our study is unique in that we prospectively assessed the occurrence of a wide variety of difficult interpersonal events. At Time 1, we collected data from 600 undergraduate students regarding adult attachment, psychological symptoms (i.e., anxiety, depression and hostility subscales of the Brief Symptom Inventory), and relational well-being (i.e., Relationship Quality, Felt Security within current dating relationships). At a 2-month follow-up we again assessed these aspects of adjustment and trauma exposure between Time 1 and Time 2. For those who reported experiencing an event (n = 227), adult attachment anxiety was associated with greater increases in psychological symptoms and greater decrements in relational well-being from pre- to post-trauma. Avoidant attachment was not related to these explicit measures of functioning, but will be examined in relation to coded narratives regarding events. Thus, attachment anxiety may be an important vulnerability factor for PTSD and other negative sequelae of traumatic events.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Posttraumatic Growth Among Children and Adolescents: A Systematic Review
(Prev El, Child/Adol)

Meyerson, David A., PhD Candidate¹; Grant, Kathryn E., PhD¹; Smith Carter, Jocelyn, PhD¹; Kilmer, Ryan P., PhD²
¹DePaul University, Chicago, Illinois, USA
²University of North Carolina at Charlotte, Charlotte, North Carolina, USA
Stress and trauma research has traditionally focused on negative sequelae of adversity. Recently, research has begun to focus on positive outcomes, specifically posttraumatic growth (PTG) - “positive change experienced as a result of the struggle with trauma” - which emphasizes the transformative potential of one’s experiences with highly stressful events and circumstances. The positive changes of PTG are generally thought to occur in five domains: new possibilities, relating to others, personal strength, appreciation of life, and spiritual change. The study of PTG has, for the most part, been centered on adults, and not until very recently has there been sufficient research on PTG among children and adolescents to justify a review. The current systematic review of the literature on PTG among children and adolescents included 25 studies that tested associations between PTG and conceptually-relevant variables that have found to be associated with PTG in adults and hypothesized to play similar roles in young people, including environmental characteristics, distress responses, social processes, psychological processes, positive outcomes, and demographic variables. Links were made between a theoretical model of PTG among youth and findings of the current review. Limitations and recommendations for future research are discussed.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Children and Adolescent Populations Are Underrepresented in the Mainstream PTSD Literature: A Bibliometric Study
(Res Meth, Child/Adol)

Luz, Mariana, MD, MsC1; Mendlowicz, Mauro, MD, PhD2; Marques-Portella, Carla, MD, MPh1; Berger, William, MD, PhD1; Figueira, Ivan, MD, PhD1
1Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil
2Universidade Federal Fluminense, Niterói, RJ, Brazil

Childhood traumatization represents an important risk factor for psychiatric disorders, especially PTSD. This study aims at: analyzing the articles with child/adolescent participants in the mainstream PTSD literature; and determine the traumatic events (TEs) in focus and the geographic distribution of these articles.

Original articles on PTSD in the ISI/Web of Knowledge (1991-2006; n=2,570) were classified according to the age of participants, TE studied and country of the corresponding author. We analyzed the absolute and proportional figures of articles with child/adolescent participants according to each TE and country of origin.

Only 7.4% of the total of articles studied children/adolescents. High-income countries published the vast majority of these articles (94.2%), while low-income countries did not participate in this output. Injury, war-related trauma, natural disaster and violent crime were the most commonly found TEs among the articles with an identifiable TE.

The small number of articles with child/adolescent participants in the mainstream PTSD literature reflects the disparity between the social, epidemiological and clinical relevance of childhood trauma and the amount of research devoted to it. The determination of the types of TE studied and the country of origin of the articles has a key importance in planning research and resource allocation.
Multilevel Regression Analysis on (In)Dependence in Intrusion and Avoidance Symptoms Within Parent Couples After a Burn Event of Their Child
(Res Meth, Child/Adol)

Bakker, Anne, MA, PhD, Student¹; Van Loey, Nancy E.E., PhD¹; Van der Heijden, Peter G.M., PhD²; Van Son, Maarten J.M., PhD³
¹Association of Dutch Burn Centres, Beverwijk, Netherlands
²Department of Methodology and Statistics, Faculty of Social Sciences, Utrecht University, Utrecht, Netherlands
³Department of Clinical and Health Psychology, Utrecht University, Utrecht, Netherlands

Parents of an ill or injured child may experience posttraumatic stress symptoms (PTSS). Previous studies have predominantly focused on mothers’ PTSS. Consequently, there is little knowledge regarding fathers’ PTSS, and similarities and differences within parent dyads. The aim of this prospective study was to explore prevalence and predictors of mothers’ and fathers’ PTSS after a burn event in their preschool child. Parents’ self-reported intrusion and avoidance symptoms were assessed within the first month postburn. As measurements of fathers and mothers are nested within parent couples, we used multilevel regression analysis to investigate multiple predictors in a dependent structure. Although mothers (n = 182) had higher scores than fathers (n = 154), the scores within parent couples (n = 143) were significantly correlated. For symptoms of avoidance but not for intrusion, a significant part of the variance was found at the shared parent level. Predictors were found mainly at the individual parent level, e.g. parent’s gender. Burn characteristics at the shared parent level (e.g. child’s burn extent) only contributed to symptoms of avoidance. Interestingly, these short-term results suggest that intrusion symptoms are mainly intra-individual, whereas avoidance symptoms are, to some extent, shared within parent dyads. Implications of these findings are discussed.
Results: 94.2% of the survivors reported to "very strongly" experience at least one positive consequence in the aftermath of the cancer experience, whereas most PTG was found in the domain "greater appreciation of life". Comparison of survivors with more or less PTG (median split) revealed no association with PTSS but was associated to a greater amount of depression today (p<.01; d=0.15). In addition, Survivors with more PTG experienced more fear of death at time of treatment (p<.01; d=0.24). What is more, survivors who received psychosocial support during hospital stay reported more PTG today than survivors without this care (p<.001; d=0.35).

Conclusion: More than five years after cancer diagnosis PTG is shown by almost all survivors and associated with fear of death and psychosocial care during treatment as well as symptoms of depression today. Nevertheless, further clarification of the concept of PTG in cancer survivors is warranted.

Acknowledgement of Funding: Funded by the Deutsche Krebshilfe e.V.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Social Support as a Moderator of the Relationship Between Bullying and Substance Use
(Social, Child/Adol)

Grimes, L. Michelle, MS (PhD, Student); Johnson, Kristine, MS (PhD, Student)
Idaho State University, Pocatello, Idaho, USA

Bullying, described as experiencing violence, threats to safety, and harassment, is associated with negative outcomes, such as increased risk for depression, school underachievement, and substance abuse. Prevention efforts and intervention programs to decrease bullying play a critical role in ameliorating the consequences of bullying. Communities and families can also play a role. There has been recent interest in understanding the role that social support, such as having caring adults in the home and community, influences and may protect against these negative outcomes. The present research from the Alaska Healthy Kids Survey (N = 1654), investigated the complex relationships between being bullied, feeling connected to one’s home and community environments, and substance abuse. Preliminary analyses suggest that social support significantly moderates the relationship between severity of bullying and substance abuse. For example, adolescent victims of bullying who reported feeling connected to their communities were less likely to use methamphetamine than were those bullied youth who did not feel connected. Additional analyses and the implications of these findings will be discussed.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

In-Theater Mental Health Service Use Among Marines Deployed to Operation Enduring Freedom
(Social, Mil/Vets)

Dickstein, Benjamin, MA1; Marino-Carper, Teresa, PhD2; Larson, Gerald, PhD3; Baker, Dewleen, MD4; Nash, William, MD5; Litz, Brett, PhD2
1Boston University, Boston, Massachusetts, USA
Investigations of mental healthcare utilization among active duty service members have primarily examined healthcare use occurring within the first 12 months following deployment (e.g., Kim, Thomas, Wilk, Castro, & Hoge, 2010). To our knowledge, no survey data have been published to date describing the types and rates of mental health service use by military personnel during an active deployment.

To address this issue, we examined rates of in-theater mental health service use reported by a sample of 516 Marines 1 week following return from deployment to Operation Enduring Freedom. We found that approximately 22% (n = 111) of participants reported seeking healthcare services for symptoms of stress, sleep dysregulation, family problems, or other emotional difficulties during deployment. However, further analysis revealed that of those who sought care for psychological symptoms, only 7.2% (n = 8) reported seeing a mental health professional, as opposed to a unit medical officer, a unit corpsman, or a chaplain. These results suggest that a salient minority of actively deployed service members are interested in discussing mental health issues, but that services offered by in-theater mental health professionals are not well-utilized. Implications of these findings will be discussed.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Hardiness: The Psychological Impact of September 11, 2001 on Social Workers
(Train/Ed/Dis, Disaster)

Matthieu, Monica M., PhD, MSW; Swensen, Angela B., MSW Candidate
Washington University in St. Louis\ St. Louis VA Medical Center, Saint Louis, Missouri, USA

Prolonged episodes of emotional, physiological, and physical stress after a disaster impact a person’s well-being, and social supports, disrupting one’s abilities to recover. One psychological attribute, hardiness, has been utilized to assess resiliency among various populations who have experienced extreme stress and trauma. The purpose of this study is to examine the hardiness of social work graduate students living in two areas of the Northeast, who experienced September 11, 2001. First year students enrolled in two graduate schools of social work, one in Boston (n=102) and one in New York City (n=283), participated in a one month post 9/11/01 disaster survey assessing the psychological toll of this disaster on these novice mental health providers. Utilizing the Dispositional Resilience Scale (Bartone et al., 1989), results indicate a higher level of hardiness among Boston students (M=162.72, SD=13.31), as compared to New York City students (M=158.65, SD=11.92) (t=2.79, p=.006). Further, students relied on the social support of friends and family in times of disaster related distress. Future disaster mental health research should focus interventions which target resilience and supports for novice social workers, building their capacity to become competent providers to serve others in times of disaster.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

The Mental Health of Failed Asylum Seekers in Switzerland
(Clin Res, Civil/Ref)
Asylum seekers and refugees often suffer from severe psychopathology in the form of posttraumatic stress disorder (PTSD). As PTSD impacts memory functions, and as asylum applications rely on personal accounts, AS with PTSD are at more risk of being rejected than refugees.

We studied the mental health of failed asylum seekers (FAS, N=40) and a matched sample of asylum seekers (AS, N=40). Participants were administered structured interviews on sociodemographics, flight, exile, and standardised questionnaires on PTSD, anxiety, depression and pain.

Both samples were severely affected; over 80% exhibited at least one clinically significant condition. Given the great vulnerability of these individuals, long and unsettling asylum processes as practised in western host countries seem problematic, as does the withdrawal of health and social welfare benefits. Finally, high rates of psychopathology amongst FAS indicate that refugee and humanitarian decision-making procedures may be failing to identify those most in need of protection.

Saturday Poster Session
Saturday, November 5
5:00 p.m. - 6:00 p.m.
Grand V

Professional Quality of Life, Compassion Fatigue, and Burnout Amongst Psychology Trainees: Effects of Early Career Contact with Traumatized Clients
(Self-Care, Caregivers)

Hansel, Joseph, PhD; Weber, Stephanie, MA
University of Indianapolis, Indianapolis, Indiana, USA

The current study examined the impact of working with trauma survivors upon levels of professional quality of life, compassion fatigue, and burnout on graduate students in clinical psychology programs. The sample was comprised of survey responses from 164 participants of APA-accredited doctoral programs in clinical psychology. More advanced trainees (2 or more years of practicum) were found to experience compassion fatigue and burnout at greater levels than more novice counterparts. Trainees who worked with at least one client where trauma was the primary therapeutic focus scored significantly higher on a measure of compassion fatigue. Analyses revealed the supervisory working alliance significantly mediated the relationship between the number of trauma clients seen in individual therapy and trainees' scores on compassion fatigue and burnout. The effects of basic characteristics (e.g. gender, setting) on compassion satisfaction, compassion fatigue, and burnout are presented. Results of this study are largely consistent with previous related findings. Given that the stressful effects of clinical work with trauma survivors is evident even in trainees, implications for training in effective trauma therapy are discussed. In particular, suggestions for the effective management of the supervisory relationship when trainees are working with trauma survivors are offered.
Saturday Poster Session  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

**Working Conditions and Secondary Traumatic Stress: Mitigating Effects of Coworker Cohesion**  
(Self-Care, Caregivers)

**Schwartz, Rahel, PhD, MSW**  
JCADA, Potomac, Maryland, USA

Social support, in the form of coworker cohesion, was found to be a protective factor in the face of traumatic stress in a study that examined the relationship between working conditions and levels of secondary traumatic stress in social workers. This was an explanatory, cross sectional study based on social workers' self report of conditions of work and their experience of STS. Data were collected by means of a mailed survey comprised of three parts: (1) the Work Environment Scale to measure working conditions; (2) the Secondary Traumatic Stress Scale to measure STS; and (3) professional characteristics and personal demographic information. A systematic random sample of 500 social workers was drawn from mailing lists from state social work licensing boards representing at least one state in each of the ten federal regions. The return from social workers employed by organizations represented 36% (n=182).

The overall perception of the work environment measured by the WES served as a strong predictor for STS. Within the work environment, coworker cohesion, work pressure and physical comfort were the strongest predictors of STS. The findings of this study hold significance for the nature of training and recommendations given to social workers to mitigate the effects of STS.

Saturday Poster Session  
Saturday, November 5  
5:00 p.m. - 6:00 p.m.  
Grand V

**Heightened Attention to Task-Irrelevant Stimuli in Police Officers with High PTSD Symptomatology: A Dense Electrode Event Related Potential (ERP) Study**  
(Bio Med, Emerg Wrkrs)

**Violanti, John, PhD¹; Shucard, Janet, PhD²; Shucard, David, PhD²**  
¹SUNY at Buffalo, Social & Preventive Medicine, Buffalo, New York, USA  
²SUNY at Buffalo, Department of Neurology/Jacobs Neurological Institute, Buffalo, New York, USA

Advances in the understanding of the neurobiological mechanisms of posttraumatic stress disorder (PTSD) suggest that inhibitory mechanisms that act to minimize distracting stimuli and enhance attentional control may be disrupted in this disorder. In the present study, event-related potential (ERP) data were obtained to Go, NoGo, and task-irrelevant stimuli of an A-X Continuous Performance Task with trauma-exposed police officers and controls. Stimuli were presented under normal and degraded discrimination conditions. Police officers with high PTSD symptomatology had greater fronto-central P3 amplitude to the No-Go and task-irrelevant stimuli than officers with low symptomatology and controls. Degraded stimuli enhanced the anterior amplitude effect more so for police officers than controls. All
police officers had shorter P3 latency to Go stimuli than controls. ERP P3 Source localization maps showed that police officers with higher PTSD symptoms had greater activity in the anterior cingulate cortex (ACC) to NoGo and task irrelevant stimuli than controls. Results suggest that there are disruptions in frontal attentional brain mechanisms in police officers with high PTSD symptomatology as evidenced by the heightened attention to No-Go and task-irrelevant stimuli. The greater ACC activity to No-Go and irrelevant stimuli may reflect an increase in demand on executive inhibition in PTSD.